MARK BOX WITH AN 'X' AND NUMBER FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT
INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD.
FORM OF FORMS IN TOTAL



# **AUTHORIZED FOR PUBLIC DISCLOSURE**

Questionnaire	
Number	

# Malawi Government National Statistical Office

# FOURTH INTEGRATED HOUSEHOLD SURVEY, 2016/17

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

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

# HOUSEHOLD QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION
WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.
CODE NAME
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 Y2-HHID FROM TRACKING FORM:
A10. NAME OF HOUSEHOLD HEAD FROM IHPS:
A11. LOCATION OF HOUSEHOLD:  SAME DWELLING UNIT
A12. IHPS ROSTER ID & NAME OF TRACKING TARGET:
A13. CURRENT NAME OF HOUSEHOLD HEAD:
A14. LOWEST IHPS ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1:  REFER TO COMPLETED TO AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

<u>VISIT 1</u>		VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)						
A15. DESCRIPTION OF LOCATION OF HOUSEHOLD:		A31. IS THIS HOUSEHOLD IN	THE SAME DWELLING AS IN VISIT 1?	YES1 ►A33 NO2				
		A32. DESCRIPTION OF NEW L	LOCATION OF HOUSEHOLD:					
A16. WHAT ARE THE GPS COORDINATES OF THE DWELLING	 6?	A33. WHAT ARE THE GPS CO	ORDINATES OF THE DWELLING? (RETA	AKE - DO NOT COPY)				
LATITUDE (S)			LATITUDE (S)					
LONGITUDE (E)			LONGITUDE (E)					
A17. WEATHER CONDITION AT MEASUREMENT:  Clear/ Sunny	5	A34. WEATHER CONDITION A  Clear/ Sunny  Mostly Clear / Mostly Sunny  Partly Cloudy / Partly Sunny	1 Mostly Cloudy / Considerable Cloudine2 Completely Cloudy	5				
A18. PHONE NUMBER FOR HOUSEHOLD HEAD:		A35. PHONE NUMBER FOR H	OUSEHOLD HEAD: (RETAKE - DO NOT CO	PY)				
A. NAME: B. PHONE:		A. NAME:	B. PHONE:					
A19. CONTACT INFORMATION - REFERENCE PERSON 1:	A20. CONTACT INFORMATION	N - REFERENCE PERSON 2:	A21: CONTACT INFORMATION - REFE	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:	<u> </u>				
E. TA, STA, or TOWN:	E. TA, STA, or TOWN:		E. TA, STA, or TOWN:					
F PLACE / VILLAGE:	F PLACE / VILLAGE:		F PLACE / VILLAGE:					

VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)
A36. ENUMERATOR CODE:
A37. ENUMERATOR NAME:
DATE START END MODULES
A38. Attempt 1
Attempt 2
Attempt 3 HH MM HH MM
GE ENUMERATOR>> NEXT PAGE
A39. SUPERVISOR CODE:
A40. SUPERVISOR NAME:
A41. DATE OF INSPECTION:
LL BE RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.
PLEASE MARK AN `X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS.

#### INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

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

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

#### **CROSS-SECTION:**

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

#### **ALL PANEL:**

You were one of the households interviewed as part of the Third Integrated Household Survey (IHS3) in 2009/2010 administered by the National Statistical Office in Zomba and selected for a follow-up interview in 2013 as part of the Integrated Household Panel Survey (IHPS). The two surveys asked questions about how you were living and the responses provided were intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

#### **IHPS HOUSEHOLDS:**

Now in 2015/2016, we are returning to see how things are progressing in terms of living standards.

#### **SPLIT-OFF HOUSEHOLDS:**

At the time of IHPS, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

#### ALL:

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

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

### **TABLE OF CONTENTS**

FAGE				

DAGE

- 5 MODULE B: HOUSEHOLD ROSTER
- 8 MODULE C: EDUCATION
- 11 MODULE D: HEALTH
- 15 MODULE E: TIME USE & LABOUR
- 27 MODULE F: HOUSING
- 30 MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK
- 38 MODULE H: FOOD SECURITY
- 39 MODULE I: NON-FOOD EXPENDITURES OVER PAST ONE WEEK & ONE MONTH
- 40 MODULE J: NON-FOOD EXPENDITURES
- 41 MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS
- 42 MODULE L: DURABLE GOODS
- 44 MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

#### PAGE

- 46 MODULE N: HOUSEHOLD ENTERPRISES
- 54 MODULE O: CHILDREN LIVING ELSEWHERE
- 56 MODULE P: OTHER INCOME
- 58 MODULE Q: GIFTS GIVEN OUT
- 59 MODULE R: SOCIAL SAFETY NETS
- 60 MODULE S: CREDIT
- 63 MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING
- 65 MODULE U: SHOCKS & COPING STRATEGIES
- 66 MODULE V: CHILD ANTHROPOMETRY
- 67 MODULE W: DEATHS
- 68 MODULE X: FILTER QUESTIONS FOR AGRICULTURE &

FISHERY QUESTIONNAIRES

MODULE B: HOUSEHOLD ROSTER ENUMERATOR: RECORD START DATE & TIME FOR MODULE B:

DAYS MONTHS HOURS MINUTES

DAYS MONTHS HOURS MINUTES

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

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

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

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN BO2 to BO4.

Are there any other person not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling. FILL IN BO2 to BO4.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat theimeals together here, such as servants, lodgers, or other who are not relatives.
FILL IN BO2 to BO4.

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

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

								DAYS	MONTHS H	OURS MINUTES						
	B01	B02	B03	B04	B04a	B04_1	B05		B05_1	B05_2	B06		B06_1	B06_2	B06_3	
neir AND 1.	C O D E D	NAME  MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.  (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)  FILL IN 802 TO 804 BEFORE COMPLETING QUESTIONS 804_1 AND FOLLOWING.	SEX	HEAD:  HEAD	Does [NAME] have a working cell phone?		(ALL HOUSEHO PANEL HOUSEHO FILL IN VI HOW old is IF 6 YEARS OVER, GIV ONLY. IF L THAN 6 YE AGE, GIVE AND MONT	OLDS. OLDS SIT 1)  [NAME]?  GAND E YEARS ESS ARS IN YEARS	PERSON [NAME] AGED 12 YEARS OR OLDER?		When was (F NAME) born? HOO		(PANEL HOUSEHOLDS ONLY - VISIT 1) IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHPS ROSTER ID NUMBER FROM TRACKING FORM ELSE, ENTER 99	VISIT 2)  Is [NAME] still a member of your household?  STAYED1 NEW2 LEFT	(PANEL HOUSEI ONLY - VISIT 2) How old [NAME]? IF 6 YEAR OVER, G YEARS IN YEARS IN YEARS IN GIVE YEAR MONTHS	is ?  RS AND SIVE DONLY. IF IAN 6 N AGE, ARS AND
ed ld		AND FOLLOWING.	MALE1	RELATIVE 14 OTHER NON-RELATIVE 15	YES1		1/=1=0		YES1>>B06	YES1			ELSE, ENTER 99	PERMANENTLY3 DIED4>>NEXT		-
ve			FEMALE2	OTHER (SPECIFY) 16	NO2>>B05		YEARS	MONTHS	NO2	NO2	MONTH	YEAR (4-DIGIT)	IHPS ROSTER ID	ROW	YEARS	MONTHS
	1															
sons	2															
ly s	3															
ing	4															
	5															
of	6															
who	7															
heir ch r	8															$\neg \neg$
	9															
	10															
D ERE, FING	11															
TING	12															
	13															
RE GE	14															
3E	15															
	10					<u> </u>										

#### MODULE B: HOUSEHOLD ROSTER (CONTINUED)

В	1 B	07	B08	B09	B10		B11	B12	B13	B14	B15		B16	B17	B18	B19	B20	B21
I D	O m D th M YI [N <b>an</b>	e past 12 onths (since IONTH/	How many days did [NAME] eat in this household in the past 7 days?	Where was [NAME] born?  THIS VILLAGE1>>B11 OTHER VILLAGE IN THIS DISTRICT2>>B11 VILLAGE IN OTHER DISTRICT3 THIS TOWN OR URBAN CENTRE4>>B11 TOWN OR URBAN CENTRE IN THIS TOWN OR URBAN CENTRE IN THIS CENTRE IN OTHER	In which district/country [NAME] born?  IF BORN IN ANOTHER DISTRICT IN MALAWI, L THE DISTRICT NAME & CODE; IF BORN ABROA LIST THE COUNTRY NA CODE.  REFER TO THE MANUA FOR DISTRICT AND COUNTRY CODES.  (THEN >> B12)  DISTRICT/COUNTY	LIST AD, AME &		is it since	What was the main reason that [NAME] moved here?  PARENTS MOVED1  TO LIVE WITH RELATIVES	OTHER VILLAGE IN THIS DISTRICT2>>B16 VILLAGE IN OTHER DISTRICT3 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT5>>B16 TOWN OR URBAN CENTER IN OTHER	From which district/did [NAME] move from an interpretation of the moved from the	OM?  OTHER I, LIST S OM  ODE.	Where is [NAME]'S father?  IF MEMBER OF HH. COPY ID AND >>B19 LIVING OUTSIDE OF HH97>>B18 DEAD.98 NOT.	[NAME]'s age when	educational qualification acquired by [NAME]'s father?  NONE 1 PSLC 2 JCE 3 MSCE 4 NON-UNIV.	Where is [NAME]'s mother?  IF MEMBER OF HH, COPY ID AND >>B22  LIVING OUTSIDE OF HH97>>B21  DEAD.98  DOES NOT NOW, 99>>B21	[NAME]'s	What was the highest educational qualification acquired by [NAME]'s mother?  NONE. 1 PSIC. 2 3 MSCE. 3 MSCE. 3 MSCE. 3 MSCE. 1 DIPLOMA, DIPLOMA, DIPLOMA, DIPLOMA, DIPLOMA, DEGREE 6 POST-GRAD, DEGREE 7
		MONTHS	DAYS	DISTRICT6 OUTSIDE MALAWI7	NAME (	CODE	>>B16 NO2	YEARS	FROM ILLNESS. 12 OTHER (SPEC.). 13	DISTRICT6 OUTSIDE MALAWI7	NAME	CODE	KNOW.99>>B18	YEARS	DEGREE . 7	KNOW.99>>B21	YEARS	DEGREE . /
	ı																	
:	2																	
:	3																	
Ŀ	1																	
	5																	
-	3																	
	7																	
	3																	
	-																	
-	0																	
1																		
-	2																	
1	-																	
1	-																	
1	5																	

#### MODULE B: HOUSEHOLD ROSTER (CONTINUED)

В	01 B	322	B22_4	B23	B24	B24_1	B24_2	B25	B26						B27	B28	
I	O H D th E la s	IEAD: What is ne main anguage you peak at home? CHEWA	ENUMERATOR: IS THIS PPERSON [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?	COPY THE ID CODE OF THE WIFE/ HUSBAND.  In what year did [NAME] marry or form a consensual union?  IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.			Does [NAME] have a spouse living outside of this household now?	How many spouses does [NAME] have who are residing else- where?				
		SENA8 NYAKYUSA9 TONGA10 LAMBYA11 SENGA12		NONE1 TRADITIONAL2	OR NON-FORMAL UNION2 SEPARATED.3>NEXT ROW DIVORCED.4>>NEXT ROW		STAY IN OWN VILLAGE AS SPOUSE IS FROM THE SAME VILLAGE										
		SUKWA13 ENGLISH14	YES1	CHRISTIANITY3	WIDOW OR WIDOWER5>>NEXT ROW NEVER	PATRILINEAL1 MATRILINEAL2	STAY IN OWN VILLAGE EVEN IF SPOUSE IS FROM A DIFFERENT VILLAGE2		SPOU			JSE #2		JSE #3	YES1 NO2>>NEXT		
		(SPECIFY)15	NO2>>NEXT ROW	(SPECIFY)5		OTHER (SPECIFY)3	MOVE TO DIFFERENT VILLAGE3	YES1 NO2>>B27	ID	YEAR	ID	YEAR	ID	YEAR	ROW	NUMBER	
	1																
	2	$\geq \leq$															
L	3	$\geq \leq$															
	4	$>\!\!<$															
	5	><															
	6	> <															ENUMERATOR: RECORD
	7	$\overline{}$															PRIMARY RESPONDENT
	8	> <															ID FOR VISIT 1 MODULE B:
	9	> <															
-	10	> <															ID
	11	$\supset \sim$															ENUMERATOR:
-	12	$\supset \sim$															RECORD VISIT 1 END TIME FOR MODULE B:
	13	>															I ON MODULE B.
-	14	>															
	15	>>															HOURS MINUTES

# **MODULE C: EDUCATION**

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

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

C01	C02	C03	C04	C05	-	C06	C07		C08	C09	C10	C11
I D C O D E	PUT AN 'X' FOR ALL INDI- VIDUALS WHO ARE AGED BELOW 5 YEARS.  DO NOT ADMINISTER THIS MODULE TO THESE INDI- VIDUALS.	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER?  SELF- REPORTED1>>C05 ANOTHER HH MEMBER2	WHO IS REPORTING THE INFORM- ATION FOR THE INDI- VIDUAL? LIST FROM HOUSEHOLD ROSTER	Are you able write in the fo	ollowing	Have you ever attended school?  YES1>>c08	What was the re attended school'  LIST UP TO 2 RE,  STILL TOO YOUNG SCHOOL NO MONEY FOR FEI POOR QUALITY OF ILLNESS OR DISAI NOT INTERESTED, PARENTS DID NOT HAD TO WORK OR I SCHOOL TOO FAR I SCHOOL TOO FAR I SCHOOL CONFLICT BELIEFS OTHER (SPECIFY).  (THEN **NEXT MODIO**)	ASONS.  TO ATTEND	What class are you in or what was the highest class level you ever attended?  NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 FORM 6 - 14  PRIMARY  STND. 1 - 1 UNIVERSITY  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. 6 - 6 UNIV. 5 &  STND. 7 - 7 ABOVE - 19  STND. 8 - 8  TRAINING COLLEGE  SECONDARY FORM 1 - 9 TC YR. 1 - 20 FORM 2 - 10 TC YR. 3 - 22 FORM 3 - 11 TC YR. 4 - 23 FORM 4 - 12  ADULT INFORMAL	What is the highest educational qualification you have acquired?  NONE 1 PSLC 2 JCE 3 MSCE 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD.	How old	Did you attend school
			ID CODE	Chichewa	English	1102	1st reason	2nd reason	EDUCATION - 24	DEGREE . 7	YEARS	-
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
		•										

# **MODULE C: EDUCATION (CONTINUED)**

C01	C12	C13	C14	C15	C16	C17	C18	C19	
I D C O D E	What class were you in during the last completed academic year?  NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 PRIMARY FORM 6 - 14 STND. 1 - 1 STND. 2 - 2 UNIVERSITY STND. 3 - 3 UNIV. 1 - 15 STND. 4 - 4 UNIV. 2 - 16 STND. 5 - 5 UNIV. 3 - 17 STND. 6 - 6 UNIV. 4 - 18 STND. 7 - 7 UNIV. 5 & STND. 8 - 8 ABOVE - 19  SECONDARY FORM 1 - 9 FORM 2 - 10 TC YR. 1 - 20 FORM 3 - 11 TC YR. 2 - 21 FORM 4 - 12 TC YR. 3 - 22 TC YR. 4 - 23	Are you currently attending school or, if school is not now in session, did you attend school in the session just completed and plan to attend next session?  YES1>>C16 NO2	Why did you not continue your education?  ACQUIRED ALL EDUCATION WANTED . 1 NO MONEY FOR FEES OR UNIFORM . 2 TOO OLD TO CONTINUE . 3 MARRIED / BECAME PREGNANT 4 ILLNESS OR DISABILITY 5 FOUND WORK 6 NOT INTERESTED, LAZY 7 PARENTS TOLD ME TO STOP 8 HAD TO WORK OR HELP AT HOME . 9 POOR/CROWDED SCHOOL FACILITIES.10 POOR QUALITY INSTRUCTION	In which calendar year did you last attend school?  RECORD CALENDAR YEAR  IF WITHIN PAST 12 MONTHS>>C22  OTHERWISE>>NEXT MODULE	What type of school do you attend?  PRIMARY LEA/GOVERNMENT	Are you a day scholar or a boarder at the school?  DAY SCHOLAR1 BOARDER2>>C20	FOOT1 BICYCLE2 BUS/MINI- BUS3 PRIVATE VEHTCLE4 OTHER (SPECIFY).5		e you to ol by this
1								THIOUNT	
2									
3									
4									
5									
6									
7									
9									
10									
11									
12									
14 15									

# **MODULE C: EDUCATION (CONTINUED)**

C01	C20	C21	C22									
   D   C   O   D   E	At any time in the past 12 months, did you ever temporarily withdraw from school, so that you missed more than two consecutive weeks of instruction?	What was the main reason you temporarily withdrew from school?  NO MONEY FOR NECESSARY EXPENSES1 OWN-ILLNESS.2	IF NOTHING W	IS SPENT ON YOUR 6	RD ZERO.					ID THE TOTAL A	MOUNT IN THE	LAST COLUMN.
	YES1 NO2>>C22	HELP NEEDED AT HOME3 SUSPENSION. 4 TEACHERS ON STRIKE5 TEACHERS ABSENT6 FUNERAL7 OTHER (SPECIFY)8	A Tuition, including extra tuition fees	B Expenditures on after school programs & tutoring	C School books & stationery	D School uniform clothing	E Boarding Fees	F Contribution for school project fund	G Transport	H Parent/ Teacher Association & other related fees	Other (Specify)	J TOTAL  THEN>> NEXT MODULE  MK
1		(SPECIFI)8	MIX	MK	MK	MK	MIX	MIV	MIX	MIX	MIV	MK
2												
3												
4 5												
7												
8												
9												
10												
11												
12												
14												
15												

#### 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	WHO IS REPORTING THE INFORM- ATION FOR THE INDI- VIDUAL? LIST FROM HOUSEHOLD ROSTER	During the past 2 weeks have you suffered from an illness or injury?	What was the illness o  FEVER, MALARIA 1 B: DIARRHEA . 2 P; STOMACH ACHE . 3  VOMITING . 4 D; SORE THROAT . 5 M UPER RESPIRATORY CISINUSES . 6 6; LOWER RESPIRATORY . 7 FLU . 8 B! ASTHMA . 9 F! FLU . 8 BI ASTHMA . 9 FI FLU . 10 W FAINTING . 11 P; FAINTING . 11 P; SKIN PROBLEM . 12 P; DENTAL PROBLEM . 13 U EYP PROBLEM . 13 U EYP PROBLEM . 14 EAR, NOSE/THROAT . 15 BACKACHE . 16 OF HEART PROBLEM . 17	LOOD PRESSURE .18 AIN WHEN PASS- ING URINE .19 IABETES . 20 ENTAL DISORDER.21 B22 EVALLY FRANSMITTED DISEASE .23 URN .24 RACTURE .25 DUND .26 DISONING .27 REGNANCY .28 WSPECIFIED LONG-TERM LILIMESS .29	Who diagnosed  MEDICAL WORKER (DOCTOR, CLINIC OFFICER, NURSE) AT HOSPITAL . MEDICAL WORKER AT OTHER HEALTH FACILITY . TRADITIONAL HEAL NON-HH MEMBER (NOT MEDICAL) OTHER HH MEMBER. OTHER (SPECIFY)	. 1  2  NCE 3  ER 4 5 6 7	What action did you for your illness?  DID NOTHING, NOT DID NOTHING, NO MUSED MEDICINE HAD PERSONALLY KNOWN SOUGHT TREATMENT HEALTH FACILITY SOUGHT TREATMENT FOUGHT TREATMENT FRIVATE HEALTH CLINIC/WITS SUPERIVATE HEALTH CLINIC/WITS SUPERIVATE HEALTH CLINIC/WITS SUPERIVATE HEALTH CLINIC/WITS SUPERIVATE TO LOCAL GROMEDICINE. SOUGHT TREATMENT TREATMENT TREATMENT TREATMENT TREATMENT TREATMENT TREATMENT FAITH HEALER.	SERIOUS . 1 IONEY 2 D IN STOCK 3 REMEDIES. 4 AT GOVT 5 AT ACILITY . 6 AT ACILITY . 7 AT VILLAGE H HEALTH STANT . 8 RMACY 9 CERY FOR 10 WITH ER	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
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

#### MODULE D: HEALTH (CONTINUED)

D01	D10	D11	D12	D12_1	D13	D14	D15	D16	D17	D18	D19
I D C O D E	illnesses and injuries, including for medicine, tests, consultation, & in- patient fees, if any?			How much in total did you spend during the last 12 months for medical insurance?		cost of your hospital- ization(s) or overnight stay(s) in a medical facility during the last		spend on food during overnight stay(s) at the medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN- KIND PAYMENTS.	Did you or other members of your household have to borrow money or sell assets in order to pay for these costs during the last 12 months?	During the last 12 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	
1	MK	MK	MK	MK		MK	MK	MK			MK
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
_											

#### MODULE D: HEALTH (CONTINUED)

D01	D20	D21	D22	D33	D34	D35		D36			
D C O D	spend to travel to the traditional healer's or faith healer's dwelling for overnight stay(s) during the last 12 months?	on food during overnight stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months?	Did you or other members of your household have to borrow money or sell assets in order to pay for these costs during the last 12 months?	Do you suffer from a chronic illness?  YES1 NO2>>>37	What chronic illness of LIST UP TO 2. DEFINITION ILLNESS IS CONTINUOUS ILLNESS IS CONTINUOUS IN CONT	DN: CHRONIC USLY ILL FOR AT IHE PAST 12 MONTHS  RIA/FEVER 12345  ASIS67  CR8  RDER911121213 SS14	How long have from this illness illnesses)?	you sullered	Who diagnosed the illness?  MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY 2 HSA 3 TRADITIONAL HEALER 4 NON-HH MEMBER (NOT MEDICAL) . 5 SELF 6 OTHER H MEMBER . 7 OTHER (SPECIFY) . 8		
	MK	MK	NO2	NO277037	ILLNESS 1	ILLNESS 2	YEARS	MONTHS	ILLNESS 1	ILLNESS 2	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13							_				
14											
15											

#### MODULE D: HEALTH (CONTINUED)

D01	D37	D38	D44	D45	D46
	IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD?	What did you have for breakfast yesterday?	IS THIS PERSON, [NAME], A CHILD LESS THAN 5 YEARS OF AGE?	Where was this child delivered?	Who assisted in delivering this child?
CODE	YES1 NO2>>NEXT ROW	TEA/DRINK WITH SUGAR	YES1 NO2>>NEXT MODULE	HOSPITAL/ MATERNITY CLINIC1 AT HOME2 OTHER (SPECIFY).3	DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE 2 PATIENT ATTENDANT 3 TRADITIONAL BIRTH ATTENDANT 4 RELATIVE/FRIEND . 5 NO ONE 6 OTHER (SPECIFY) . 7  (THEN >> NEXT MODULE)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

#### MODULE E: TIME USE & LABOUR

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

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

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

E01	E02	E03	E04	E05	E06	E06_1a	E06_1b	E06_1c	E06_2	E06_3	E06_4	E06_5	E06_6	E06_7
	FOR ALL INDI- VIDUALS	IS THE RESPONDENT REPORTING FOR HIM/HERSELF?	WHO IS RESPONDING ON BEHALF OF [NAME]? LIST FROM HOUSEHOLD ROSTER	How many hours did you spend yester-day collecting water?	hours did you spend yesterday collecting firewood (or other fuel	In the last 12 months, did you work on household farming activities even if only for one hour?	did you work on household livestock activities		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?		In the last 12 months, did you work as an employee for a wage, salary, commission, or any payment in kind: including doing paid apprenticeship, domestic work or paid farm work, excluding ganyu, even if only for one hour?		In the last 12 months, did you engage in casual, part-time or ganyu 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>>E05 NO2												
		NO2	HH ROSTER			YES1	YES1	YES1	YES1	YES1	YES1	YES1	YES1	YES.1
			ID CODE	HOURS	HOURS	NO2	NO2	NO2	NO2	NO2	NO2	NO2	NO2	NO2>>E07
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

#### MODULE E: TIME USE & LABOUR (CONTINUE MODULE E: TIME USE & LABOUR (CONTINUED)

E01	E06_8 In what type of ecor		E07a	E07_1					E07_1a	E07_1b	E07_1c	E07_2a	E07_2b	E07_2c
C O D I E D	you spend most of your time in the last 12 months:  E  WAGE EMPLOYMENT EXCLUDING GANYU		How many hours in the last seven days did you spend on household farming activities whether for sale or for household food?	List up to 5 crops that you worked on during the last 7 days, listed in accordance with importance (importance defined as value addition in terms of non-market (consumption) or market (commercial sales) terms).  REFER TO CROP CODES AT THE END OF THE AGRICULTURE QUESTIONNAIRE. LIST ALL CROPS IN ORDER OF IMPORTANCE, STARTING WITH THE MOST IMPORTANT CROP. IMPORTANCE DEFINED AS VALUE ADDITION IN TERMS OF NON-MARKET (CONSUMPTION) OR MARKET (COMMERCIAL SALES) TERMS.		In regards to the first crop listed in E07_1, are the products you worked on  READ RESPONSES:  ALL INTENDED FOR SALE1>>E07_2a  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		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 SOLD1  MAINLY KEPT FOR FAMILY USE OR CONSUMPTION2	In regards to the second crop listed in E07_1, are the products you worked on  READ RESPONSES:  ALL INTENDED FOR SALE1>>E07_3a  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 CONSUMPTION BY YOUR SEMBLY	second crop listed in E07_1, is it intended to sell  READ RESPONSES:  LESS THAN 1/41 1/42 1/23 3/44 MORE THAN	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?  READ RESPONSES:  MAINLY SOLD			
	MAIN	SECONDARY	HOURS	1ST	2ND	3RD	4TH	5TH	CONSUMPTION BY YOUR FAMILY3>>E07_2a	3/45	CONSUMPTION 2	FAMILY1>>E07_3a	3/45	CONSUMPTION2
1			noone											
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

E01	E07_3a	E07_3b	E07_3c	E07_4a	E07_4b	E07_4c	E07_5a	E07_5b	E07_5c
C	In regards to the third crop listed in E07_1, are the products you worked on  READ RESPONSES:  ALL INTENDED FOR SALE1>>E07_4a	listed in E07_1, is it intended to sell	have these products been mainly sold or mainly kept for family use or consumption?	crop listed in E07_1, are the products you worked on  READ RESPONSES:  ALL INTENDED FOR SALE1>>E07_5a	fourth crop listed in E07_1,	In regards to the fourth 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 fifth crop listed in E66, are the products you worked on  READ RESPONSES:  ALL INTENDED FOR SALE	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?
	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	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	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 SOLD
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

pe of economic activity did d most of your time in the last most o
5
THEN>>E18)
IN SECONDARY

# MAIN WAGE JOB OVER THE LAST 12 MONTHS

E01	1 E14 E15 E16 E17 E18		E10	E19		E20			
О	days, do you have a job, business, or other economic or farming activity that you	What is the main reason you did not work at this activity during the last seven days?  ON LEAVE1	four weeks have you taken any action to look for any kind of work or start any kind of business / income	If you were offered a wage job, would you be willing to accept it?	ENUMERATOR: CHECK QUESTION E06_4. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your main wage job over the last 12	jc		main wage 1.
	will return to? NOT GANYU.	ILL2 BUSINESS CLOSED	generating activity?				(Supervisor		(Supervisor
	NOT GANYU.	TEMPORARILY3	activity?				to put in		to put in
		NOT FARMING SEASON4					occupation code <u>after</u>		industry code <u>after</u>
		OTHER	YES.1	YES.1	YES.1		interview)		interview)
	YES.1	(SPECIFY)5	NO2	NO2	NO2>>E46				
	NO2>>E16	(THEN >> E18)							
						WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

E01	E21	E21_1	E21_2	E21_3	E21_4	E22	E23	E24	E24_1
C	Is your employer for your main wage job over the last 12 months  READ RESPONSES	What type of position is your main wage job? READ RESPONSES	Does this wage job have a contract?  Are you enrolled in pension scheme for this wage job?		health insurance	In how many months over the last 12 months, did you work at this wage job?	months, approximately how many weeks per month did you work	many hours per	During the last 7 days, approximately how many hours did you work at this wage job?
	Private Company1 Private Individual2 Government3 State-Owned Enterprise (Parastatal)4 MASAF/Public Works Program5 Church/Religious Organization6 Political Party7 Other (Specify)8	Permanent	YES.1 NO2	YES.1 NO2	YES.1 NO2	NUMBER OF	NUMBER OF	NUMBER OF	NUMBER OF
1						MONTHS	WEEKS / MONTH	HOURS / WEEK	HOURS
2									
-									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

E	)1	E25	E26		E26_1		E27	E28		E28_1		E29	E30	E31
I D	O D E	payment for	What period do each of y payments co	our salary	use of your salary payment? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		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	time are you reporting your allowances and gratuity payments?		Who in the household controls/ decides on the use of your allowances or gratuities?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		Is this wage job considered an apprenticeship?	any payments to your employer for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship?  ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.
				TIME UNIT			ZERO, >> E29.		TIME UNIT			YES.1	YES.1	
			NUMBER OF	DAY3 WEEK .4	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2		NUMBER OF	DAY3 WEEK .4	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	NO2>>E32	NO2>>E32	
_		MK	TIME UNITS	MONTH.5			MK	TIME UNITS	MONTH.5					MK
	1													
_ :	2													
;	3													
	4													
	5													
(	6													
	7													
	8	,												
!	9													
1	0													
1	1	,												
1	2	,												
1	3	,												
1	4													
1	5													

SECONDARY WAGE JOB OVER THE LAST 12 MONTHS

		SECONDARY WAGE JOB OVER THE	LAST 12 MO	NIHO			
E01	E32	E33		E34		E35	E35_1
0	At any time over the last 12 months, were you employed for a second wage job , including casual/part-time labour, for a wage, salary,	Describe your secondary wage job over the I months.	ast 12	Describe what kind of trade or business your wage job over the last 12 months is connect		Is your employer for your secondary wage job over the last 12 months READ RESPONSES	What type of position is your secondary wage job? READ RESPONSES
	commission or any payment in kind, 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
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

E0′	E35_2	E35_3	E35_4	E36	E37	E38	E38_1	E39	E40		E40_1	
	Does this wage plot plot plot plot plot plot plot plot	Are you enrolled in a pension scheme for this wage job?	Are you enrolled in a health insurance scheme with this wage job?	months over the last 12 months, did you work at this wage job?	months, approximately how many weeks per month did you	weeks, approximately how many hours per week did you work	days,	How much was your last payment for wages/salary?	What period each of your payments co	salary	Who in the h controls/ dec use of your s payments? LIST UP TO 2 FROM HOUSI ROSTER	ides on the calary  MEMBERS
	YES.1	YES.1	YES.1							TIME UNIT		
	NO2	NO2	NO2	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		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15	1											

										UNPAID APPRENTICESHIP	
E01	E41	E42		E42_1		E43	E44	E45	E46	E47	
	receive in <u>allowances or</u> <u>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	Over what time are yo your allowa gratuity pay	u reporting nces and	Who in the controls/ de the use of y allowances gratuities?  LIST UP TO FROM HOUS ROSTER	cides on our or 2 MEMBERS	considered an apprenticeship?	Have you made any payments to your employer to for your apprenticeship?	you paid over alle last 12	ENUMERATOR: CHECK QUESTION E06_5. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your unpaid apprenticeship over the months?  REFER TO MAIN UNPAID APPRENTICESHIP, IF ONE	
	OF ANY IN-KIND PAYMENTS RECEIVED.										(Supervisor
	IF NOTHING, RECORD										to put in occupation
	ZERO, >> E43.		1						YES.1		code <u>after</u>
			TIME UNIT DAY3	HH ROSTER	HH ROSTER	YES.1 NO2>>E46	YES.1 NO2>>E46		NO2>>E55		interview)
		NUMBER OF	WEEK .4	ID CODE #1	ID CODE #2						
<u> </u>	MK	TIME UNITS	MONTH.5					MK		WRITTEN DESCRIPTION	OCCUP. CODE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

F01	E48	E49	E50	E51	E52	E52 1	E53	E54	E55
C	Describe what kind of trade or business you unpaid apprenticeship over the last 12 mont connected with?  REFER TO MAIN UNPAID APPRENTICESHIP, I MORE THAN ONE	Is your employer for your unpaid apprenticeship over the last 12 months	In how many	During these months, approximately how many weeks	During these weeks, approximately	During the last 7 days, approximately how many hours did you work at this unpaid apprenticeship?	Have you made any payments to your employer for your unpaid apprenticeship?	How much in total have you	ENUMERATOR: CHECK QUESTION E06_6. DID THE RESPONDENT REPORT YES TO THIS QUESTION?
	(Super to put indus code g interv	Private Individual2  isor Government3  in State-Owned Enterprise (Parastatal)4  MASAF/Public Works  test Program5  iew) Church/Religious Organization6 Political Party7 Other (Specify)8	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS	YES.1 NO2>>E55	MK	YES.1 NO2>>E60
1	WATTEN DESCRIPTION IND.	ODE	PIONTIIS	WEEKS / MONTH	HOOKS / WEEK	HOOKS		PIK	
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

		OUR 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	In how many months over the last 12 months, did you do ganyu labour?	During these months, approximately how many weeks per month did you do <i>ganyu</i> labour?	During these weeks, approximately how many days per week did you do ganyu labour?	What was the average daily wage, in cash or in kind, that you received for the days worked at <i>ganyu</i> over the last 12 months?		d controls/ in the use anyu	months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return?	households in total did you work as exchange labourer or to assist for nothing in return?		Among the households for whom you worked as exchange laborer or assist for nothing in return, how many were households of friends/neighbors?  RECORD ZERO IF NONE.	household of the village headman	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?
	NUMBER OF	NUMBER OF	NUMBER OF		HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	YES.1 NO2>>NEXT ROW	NUMBER OF HHS	NUMBER OF HHS	NUMBER OF HHS	YES.1 NO2	NUMBER OF
1	MONTHS	WEEKS / MONTH	DAYS / WEEK	MK				IN TOTAL	OF RELATIVES	OF FRIENDS/ NEIGHBORS		DAYS
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

MODULE F: HOUSI	NG			ENUME	ERATOR: RECORD	START DATE & TIM	E FOR <u>MODULE F</u> :	DAYS	MONTH		HOURS	MINUT	TES														
F01	F01_1						F01_2	F01_3	F01_4						F01_5							F01_6					
purchasing this property, is it provided to you by an employer, do you use it for free, or do you rent this property?  CONSID. 1  EURIUM 2  CONSID. 2  EMPLOYER  PROVIDES . 3>>F03  FREE, FREE,	Who in th	is househo	old owns ti	his propert	y?		yes, offer of lease1 yes, a title deed2 yes, certificate		the owr propert LIST UF FROM 1	nershi y? Y TO 4 THE H		ment fo	MEMBE OSTER.	RS LIST	housel LIST U THE H	old h	as the 4 HOUS HOLD I	right t SEHOL ROSTE	to sell it	ho within t? IBERS FR T UP TO 2	ОМ		HOUSEHOLD M	,		the right to bequeath	
AUTHORIZED4>>F03 FREE, NOT	HH ROSTER	HH ROSTER	HH ROSTER	HH ROSTER	NETWORK ROSTER ID CODE #1	NETWORK ROSTER ID CODE #2	OF LEASE3 NO4>>F01_5 YES, OTHER	YES1	HHID	HHID CODE		HHID	NWID CODE	NWID	HHID	HHID			IID NW		CODE #2	HH ROSTER	HH ROSTER	HH ROSTER	HH ROSTER	NETWORK ROSTER ID CODE #1	NETWORK ROSTER ID CODE #2
AUTHORIZED5>>F03 RENTED6>>F04	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE			(SPECIFY)5	NO2	#1	#2	#3	#4	#1	#2	#1	#2	#3	#4	4 #1	1		ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4		
						•																		•		•	•
F02		F03		F04		F04_1	F04_2													F04_3	3	F04_4	F04_5	F04_6	F05	F06	F07
If you sold this property how much would you re it?		Estimate you could if you ren property?	receive ted this	How muck rent this p	h do you pay to property?	that is considered part of this property besides	What is the area of ENUMERATOR: AS GPS LATER. MAKE CONSISTENT VALUE.	K THE RESP SURE TO ME	ONDENT	THE F	PROPER	RTY AR T OF T	EA WITH	H GPS							land n this	paid in the form of land		What was the total amount paid in the form of property tax during the past tax year?	How many years ago was this dwelling built? How old is it?	WHAT GENERAL TYPE OF CONSTRUCTION MATERIALS ARE USED FOR THE DWELLING?	THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?
			DAY3 WEEK4 MONTH5		DAY3 WEEK4							ACRE. HECTA SQUAI YARDS	S FOR U ARE RE METE S R (SPEC	ERS	2					YES	1	years!			IF DO NOT KNOW, RECORD 999.	PERMANENT 1 SEMI-PERMANENT 2 TRADITIONAL 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL	GRASS 1 MUD (YOMATA) . 2 COMPACTED EARTH (YAMDINDO) . 3 MUD BRICK (UNFIRED) . 4 BURNT BRICKS . 5
			YEAR6		MONTH5 YEAR6	uma 1	R	a. ESPONDENT E	STIMATI	ON					GPS	b. MEAS	SURF				.2>>					(GRASS, MUD)& MODERN MATERIALS	CONCRETE 6 WOOD 7
MK		MK	TIME UNIT	MK	TIME UNIT	YES1 NO2>>F04_3		AREA			1	UNIT				A IN A				104		MK	YES1 NO2>>F05	MK	YEARS	(IRON SHEET, CEMENT)	IRON SHEETS 8 OTHER (SPECIFY) 9

F08	F09	F10	F11	F12	F13	F14	F15	F16		F17	F18	F19
				What is your main source of	Do you ever use firewood	Do you ever collect firewood?	Where do	How long does	s it take you to	Of the firewood	What is the	Do you have
MAIN DWELLING IS	THE MAIN	members of your household occupy?	lighting fuel?	cooking fuel?	for fuel?		you go to	walk from you	r dwelling to	you used in the	total value of	electricity working
PREDOMINANTLY	DWELLING IS						collect	where you usu	ally go to	past week, how	the firewood	in your dwelling?
	PREDOMINANTLY	(DO NOT COUNT BATHROOMS, TOILETS,					firewood?	collect firewood	d?	much of it did	you used in	
MATERIAL?	MADE OF WHAT	STOREROOMS, OR GARAGE)								you purchase?	the past	
	MATERIAL?		COLLECTED	COLLECTED FIREWOOD. 1						ľ	week,	
			FIREWOOD1	(»F15)							whether	
			PURCHASED FIREWOOD 2	PURCHASED			OWN WOODLOT .1				gathered or	
			GRASS 3	FIREWOOD 2 (»F14)			COMMUNITY				purchased?	
GRASS1			PARAFFIN 4	PARAFFIN 3			WOODLOT .2				(Estimate	
IRON SHEETS2			ELECTRICITY5 GAS 6	ELECTRICITY. 4			FOREST RESERVE .3			ALL 2	purchase	
	SAND 1		BATTERY/DRY	GAS5 CHARCOAL6			UNFARMED				cost of	
TILES3	SMOOTHED MUD2		CELL	CROP RESIDUE 7			AREAS OF COMMUN-			HALF 4	gathered	
CONCRETE4 PLASTIC	SMOOTH CEMENT .3 WOOD 4		(TORCH)7 CANDLES8	SAW DUST 8 ANIMAL WASTE 9			ITY4				firewood.)	
SHEETING5	TILE 5		OTHER	OTHER	YES1	YES1	OTHER		MINUTE1 HOUR2	A LITTLE. 6	illewood.)	YES1
OTHER	OTHER	NUMBER OF	(SPECIFY)9	(SPECIFY)10	NO2>>F19	NO2>> <b>F18</b>	(SPECIFY).5	TIME		NONE7		NO2>>F27
(SPECIFY)6	(SPECIFY) 6	ROOMS						AMOUNT	UNIT		MK	
			The state of the s	·		·			-			

#### MODULE F: HOUSING (CONTINUED)

F20		F21	F22	F23	F24	F25	F26		F26_1	F26_2	F27	F28
In the event of a blar source of energy do ?			application to get electricity, how many weeks did you have to wait for your	fee to get a	how frequently did you experience blackouts in your area?	electricity?	To what length of tin electricity refer?		Would you agree or disagree with the following statement: On the whole ESCOM is responsive to the needs of households like mine?	How satisfied are you with ESCOM?  (THEN »F31)	do not have electricity in your dwelling, does your	ENUMERATOR: IS THE DWELLING OWNED BY THE HOUSEHOLD ACCORDING TO F01?
LIGHTING FIREWOOD1 PARAFFIN2 CAMDLES3 OTHER (SPECIFY)4	COOKING CHARCOAL.1 FIREWOOD.2 GAS3 FARAFFIN.4 OTHER (SPECIFY).5	YES1 NO2>> <b>F27</b>	connection to be in working order? IF DID NOT APPLY, RECORD 9999.	YES1 NO2	Never1 Exery day2 Several week3 Several times a month4	MK	TIME AMOUNT	DAY3 WEEK4 MONTH5 YEAR6 TIME UNIT	STRONGLY AGREE1 AGREE2 DISAGREE	VERY SATISFIED1 SATISFIED	village / neighborhoo d have access to electricity provided by ESCOM?  YES1 NO2>>F31	YES1 NO2>>F31

What is the main	waiting for?	telephone in working condition in the dwelling unit?	What was the total cost for	F33 To what length of ti	ne does this <u>MTL</u> telephone cost refer?	How many working cell phones in total does your household		PIPED INTO DWELLING. 1 PIPED INTO YARD/PLOT. 2 COMMUNAL STANDPIPE . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL . 5 PROTECTED WELL IN YARD/PLOT 6 PROTECTED FUBLIC WELL . 7 BORRENGE	F37 What was the total cost of drinking water for your house-hold last month? IF NONE, ENTER 0 AND CONTINUE TO F38.
CONNECTION3>>F31 APPLICATION PENDING4 LINE WAS DISCONNECTED5>>F31 OTHER (SPECIFY)6>>F31	WEEKS	YES1 NO2>>F34	MR	TIME AMOUNT	DAY3 NEEK4 MONTH5 YEAR6 TIME UNIT	NUMBER	MK	RIVER/STREAM. 10 POND/LAKE. 11 DAM 12 RAINWATER. 13 TANKER TRUCK/BOWSER. 14 BOTTLED WATER. 15 OTHER (SPECIFY). 16	мк

F38		F39	F40	F41	F42	F43	F44	F45	F46	F47
How long does it take yo WAY) to the main water			What is your <u>main</u> source of <u>drinking</u> water in the other season?	What kind of toilet facility does your household use?					ENUMERATOR: DOES THIS	Do the children under 5 in the household sleep under a bed net
dwelling?	Source from your	source	PIPED INTO DWELLING 1		READ RESPONSES			against mosqui-toes in the	HOUSEHOLD	at those times of the year when
IF THE WATER SOURCE	IS ON DREMISES		PIPED INTO YARD/PLOT 2						HAVE ANY CHILDREN	there are mosquitoes present?
RECORD 99 FOR TIME A			COMMUNAL STANDPIPE 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL 5				sleep under a bed net to		BELOW 5	
CONTINUE TO F39.			PROTECTED WELL IN YARD/PLOT 6	FLUSH TOILET 1			protect		YEARS OF AGE?	
		ALL YEAR AROUND1>>F41 ONLY	PROTECTED PUBLIC WELL. 7	VIP LATRINE2 TRADIT. LATRINE W/ROOF 3 TRADIT.		COLLECTED FROM RUBBISH BIN 1 RUBBISH PIT 2 BHIDNING 3	against mosquitoes at some time during the year?			YES, FOR <u>ALL</u> CHILDREN UNDER FIVE . 1
TIME AMOUNT	MINUTE1 HOUR2 TIME UNIT	RAINY SEASON2 ONLY DRY SEASON3	RAINWATER	LATRINE W/O ROOF. 4 NONE5>>F43 OTHER (SPECIFY) 6	Household members only 1 Other households also2	PUBLIC RUBBISH HEAP 4 OTHER (SPECIFY) 5 NONE 6	YES1 NO2>> F48	YES	YES1 NO2>>F48	YES, FOR SOME CHILDREN UNDER FIVE . 2 NO, NONE OF THE CHILDREN UNDER FIVE . 3
					_					

# **MODULE F: HOUSING**

F48	F49	F50	F51			F52	F53	F54	F55		
yourself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, village savings organization, or another financial	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	year (12 months), have you used an account at a bank, credit union, etc. of someone else in your household or your	ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.	months), has any other member of	HOUSEHOLD	OR: RECORD D ROSTER ID IVIDUALS, EX NDENT.	CODE FOR
institution?  YES1 NO2>>50	HH ROSTER ID CODE	YES1 NO2>> <b>52</b>	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER ID CODE #3	community?  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

PRIMARY RESPONDENT ID FOR MODULE F:

ID FOR MODULE F:

ID FOR MODULE F:

ID FOR MODULE F:

HOURS MINUTES

#### MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK **ENUMERATOR: RECORD START DATE & TIME FOR MODULE G:** DAYS MONTHS HOURS MINUTES G00\_1. Who in the household is most knowledgeable about **G00\_2.** Who in the household is reporting information food consumed in the household. LIST MEMBER ID. on food consumption in this module. LIST MEMBER ID. G03 G07 G02 G05 How much in total Over the past one week (7 days), did you How much came from How much did you How much came How much came or others in your household consume any did your household purchases? spend? from gifts and other from own-[. . .]? consume in the past production? sources? week? CODES FOR UNIT: INCLUDE FOOD BOTH EATEN YES..1 NO...2>> NEXT COMMUNALLY IN THE HOUSEHOLD AND KILOGRAMME . . . .1 ITEM THAT EATEN SEPARATELY BY INDIVIDUAL ITEM 50 KG. BAG . . . . 2 HOUSEHOLD MEMBERS. CODE QUANTITY UNIT QUANTITY UNIT MK QUANTITY UNIT QUANTITY PAIL (SMALL) . . .4 Cereals, Grains and Cereal Products PAIL (LARGE) . . .5 Maize ufa mgaiwa (normal flour) \* 101 No. 10 PLATE . . . 6 102 Maize ufa refined (fine flour) \* No. 12 PLATE . . . . 7 Maize ufa madeya (bran flour) \* 103 BUNCH. . . . . . . 8 Maize grain (not as ufa) \* 104 PIECE. . . . . . . . . 9 HEAP . . . . . . 10 Green maize \* 105 BALE . . . . . . 11 Rice 106 OX-CART 107 Finger millet (mawere) (UNSHELLED) . . 14 LITRE. . . . . . 15 108 Sorghum (mapira) GRAM . . . . . . 18 Pearl millet (mchewere) 109 MILLILITRE . . . 19 Wheat flour 110 TEASPOON. . . . .20 Bread 111 SATCHET/TUBE. . .22 Buns, scones 112 OTHER (SPECIFY). 23 **Biscuits** 113 114 Spaghetti, macaroni, pasta 15 Breakfast cereal 115 16 Infant feeding cereals 116 17 Other (specify) 117

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

# MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []?	G01		G03 How much in to did your house consume in the week?	ehold	G04 How much cam purchases?	ne from	G05 How much did you spend?	G06 How much ca from own- production?	ame	G07 How much cam from gifts and o sources?		
DE LINE NI	INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT ITEM	ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	DE LINE	CODES FOR UNIT:
19	Roots, Tubers, and Plantains											19	
20	Cassava tubers *		201									20	
21	Cassava flour		202									21	PAIL (SMALL)4
22	White sweet potato *		203									22	PAIL (LARGE)5
23	Orange sweet potato *		204									23	No. 10 PLATE6
24	Irish potato		205									24	No. 12 PLATE 7
25	Potato crisps		206									25	BUNCH
26	Plantain, cooking banana		207									26	
27	Cocoyam ( <i>masimbi</i> )		208									27	BALE 11
28	Other (specify)		209									28	OX-CART (UNSHELLED) 14
29	Nuts and Pulses											29	
30	Bean, white		301									30	CDAM 19
31	Bean, brown *		302									31	MILLILITRE 19
32	Pigeonpea ( <i>nandolo</i> ) *		303									32	TEASPOON 20
33	Groundnut *		304									33	SATCHET/TUBE22
34	Groundnut flour *		305									34	OTHER (SPECIFI). 23
35	Soyabean flour		306									35	1
36	Ground bean ( <i>nzama</i> )		307									36	
37	Cowpea ( <i>khobwe</i> )		308									37	1
38	Macademia nuts		309									38	1
39	Other (specify)		310									39	1

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

LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []?  INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL	YES1 NO2>> NEXT ITEM		G03 How much in t did your house consume in the week?	hold	G04 How much cam purchases?	ne from	G05 How much did you spend?	G06 How much ca from own- production?	me	G07 How much can from gifts and o sources?		LINE NUMBER	
DELI	HOUSEHOLD MEMBERS.	1124	ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	DE LI	
40	Vegetables												40	CODES FOR UNIT:  KILOGRAMME 1
41	Onion *		401										41	50 KG. BAG
42	Cabbage *		402										42	PAIL (SMALL)4
43	Tanaposi/Rape *		403										43	PAIL (LARGE)5
44	Nkhwani *		404										44	No. 10 PLATE 6
45	Chinese cabbage		405										45	No. 12 PLATE7
46	Other cultivated green leafy vegetables		406										46	BUNCH
47	Gathered wild green leaves		407											HEAP 10
48	Tomato *		408										48	BALE 11
49	Cucumber		409										49	OX-CART (UNSHELLED) 14
50	Pumpkin *		410											LITRE 15
51	Okra / Therere *		411										51	GRAM 18
52	Tinned vegetables (specify)		412										52	MILLILITRE 19
53	Mushroom		413										53	TEASPOON 20
54	Other vegetables (specify)		414										54	SATCHET/TUBE22
55	Meat, Fish and Animal products				•					•			55	OTHER (SPECIFY). 23
56	Eggs		501										56	
57	Dried fish *		502										57	
58	Fresh fish *		503										58	
59	Beef		504										59	
60	Goat		505										60	

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

IE NUMBER	Over the past one week (7 days), did you or others in your household consume any []?  INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND	YES1 NO2>> NEXT	G02	G03 How much in to did your house consume in the week?	hold	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much ca from own- production?	me	G07 How much came from gifts and othe sources?	LINE NUMBER	
DE LINE	THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	ITEM	ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY UN	111	
61	Meat, Fish and Animal products (Contir	ued)	0022	QUINTITI	01121	QUINTITI	01111		gomititi	01111	QUINTITI		CODES FOR UNIT:  KILOGRAMME 1
62	Pork		506										50 KG. BAG 2
63	Mutton		507									63	PAIL (SMALL)4
64	Chicken		508									64	PAIL (LARGE)5
65	Other poultry - guinea fowl, doves, etc.		509									65	No. 10 PLATE6
66	Small animal – rabbit, mice, etc.		510									66	No. 12 PLATE 7
67	Termites, other insects (eg Ngumbi, caterpillar)		511									67	BUNCH
68	Tinned meat or fish		512										HEAP 10
69	Smoked fish		513									69	BALE 11
70	Fish Soup/Sauce		514									70	OX-CART (UNSHELLED) 14
71	Other (specify)		515										LITRE 15
72	Fruits											72	GRAM 18
73	Mango *		601									73	MILLILITRE 19
74	Banana *		602									74	TEASPOON 20
75	Citrus – naartje, orange, etc.		603									75	SATCHET/TUBE22
76	Pineapple		604									76	OTHER (SPECIFY). 23
77	Papaya		605									77	
78	Guava *		606									78	
79	Avocado		607									79	
80	Wild fruit (masau, malambe, etc.)		608									80	
81	Apple		609									81	
82	Other fruits (specify)		610									82	

ABER	Over the past one week (7 days), did you or others in your household consume any []?	G01		G03 How much in tota did your househo consume in the p week?	old	G04 How much came purchases?	e from	G05 How much did you spend?	G06 How much car from own- production?	ne	G07 How much came from gifts and other sources?	MBER	
DE LINE NUMBER	INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT ITEM	ITEM CODE		JNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY UNI:	I LINE NU	20070 TOD VIVE
83	Cooked Foods from Vendors											83	CODES FOR UNIT:  KILOGRAMME 1
84	Maize - boiled or roasted (vendor)		820						$>\!\!<$	X		84	50 KG. BAG
85	Chips (vendor)		821						> <	X			
86	Cassava - boiled (vendor)		822						> <	X		86	PAIL (LARGE)5
87	Eggs - boiled (vendor)		823						$>\!\!<$	$\times$		87	No. 10 PLATE6
88	Chicken (vendor)		824						$>\!\!<$	X		88	No. 12 PLATE 7
89	Meat (vendor)		825						$>\!\!<$	X		89	BUNCH8 PIECE9
90	Fish (vendor)		826						$>\!\!<$	X		90	
91	Mandazi, doughnut (vendor)		827						$>\!\!<$	X		91	BALE 11
92	Samosa (vendor)		828						$>\!\!<$	$\times$		92	OX-CART (UNSHELLED) 14
93	Meal eaten at restaurant		829						><	$\times$		93	LITRE 15
94	Other (specify)		830						$\geq \leq$	$\times$		94	GRAM 18
95	Milk and Milk Products											95	MILLILITRE 19
96	Fresh milk		701									96	TEASPOON 20
97	Powdered milk		702									97	SATCHET/TUBE22 OTHER (SPECIFY). 23
98	Margarine - Blue band		703									98	OTHER (SPECIFI). 25
99	Butter		704									99	
100	Chambiko - soured milk		705									100	
101	Yoghurt		706									101	
102	Cheese		707									102	
103	Infant feeding formula (for bottle)		708									103	
104	Other (specify)		709									104	

		G01		G03		G04		G05	G06		G07		
ABER	Over the past one week (7 days), did you or others in your household consume any []?			How much in to did your house consume in the week?	hold	How much cam purchases?	e from	How much did you spend?	How much car from own- production?	me	How much came from gifts and other sources?	띪	
E LINE NUMBER	INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT ITEM	ITEM									E LINE NUMBI	
当	Sugar, Fats, and Oil		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY UNIT		CODES FOR UNIT:
105	Sugar		801									105	KILOGRAMME1
106	Sugar Cane		802										50 KG. BAG 2
107	Cooking oil *		803										PAIL (SMALL) 4 PAIL (LARGE) 5
108	Other (energity)		804									108	No. 10 PLATE 6
109	Beverages		004									109	No. 12 PLATE7
110	Tea		901							l		110	BUNCH8
111												111	PIECE 9
112	Coffee		902									112	HEAP 10
113	Cocoa, millo		903									113	BALE 11
114	Squash (Sobo drink concentrate)		904									114	OX-CART (UNSHELLED) 14
115	Fruit juice		905									115	LITRE 15
116	Freezes (flavoured ice)		906									116	GRAM 18
117	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907									117	MILLILITRE 19
118	Chibuku(commercial traditional-style beer)		908									118	TEASPOON 20
119	Bottled water		909									119	SATCHET/TUBE22 OTHER (SPECIFY). 23
120	Maheu		910									120	OIRER (SPECIFI). 23
121	Bottled / canned beer (Carlsberg, etc.)		911									121	
122	Thobwa		912									122	
123	Traditional beer (masese)		913									123	
124	Wine or commercial liquor		914									124	
125	Locally brewed liquor (kachasu)		915									125	
126	Other (specify)		916									126	

		G01	G02	G03		G04		G05	G06		G07			CODES FOR UNIT:
	Over the past one week (7 days), did you or others in your household consume any []?	household consume any did your household consume in the past sources? spend? from own- from gifts at sources?		How much can from gifts and sources?	-		KILOGRAMME 1 50 KG. BAG 2							
NUMBER	INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL	YES1 NO2>> NEXT ITEM		week?									OMBER	PAIL (SMALL) 4 PAIL (LARGE) 5
LINE	HOUSEHOLD MEMBERS.	1124	ITEM										I I	No. 10 PLATE6
핌			CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	2	No. 12 PLATE7
127	Spices & Miscellaneous											1:	27	BUNCH8
128	Salt *		810									1:	28	PIECE 9
	Spices		811									1:	29	HEAP 10
130	Yeast, baking powder, bicarbonate		812									1:	20	BALE 11 OX-CART
131	Tomato sauce (bottle)		813									1:	31	(UNSHELLED) 14
132	Hot sauce (Nali, etc.)		814									1:	32	LITRE 15
133	Jam, jelly		815									1:	22	GRAM 18 MILLILITRE 19
134	Sweets, candy, chocolates		816									1:		TEASPOON 20
135	Honey		817											SATCHET/TUBE22
136	Other (specify)		818									1:	36	OTHER (SPECIFY). 23

<sup>\*</sup> 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.  NUMBER OF DAYS		you	O. Over the past one week (7 did not list as household must STER] eat any meals in you YES1	embers [READ	
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)	NOMBER OF BATO				G10	G11
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 meals that were shared
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 []
Vegetables [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)					NUMBER OF DAYS	NUMBER OF MEALS
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		
Fruits [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)			В	Children 6-15 years		
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		
Fats/Oil [Previous Page: 703, 704, 803, 804 (if app.)] (Cooking Oil; Butter; Margarine; Other Fat/Oil)			D	People over 65 years old		
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)						
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)		PRIMA	RY R	ESPONDENT REG	UMERATOR: CORD TIME R MODULE G:	HOURS MINUTES

#### **MODULE H: FOOD SECURITY**

#### ENUMERATOR: RECORD START DATE & TIME FOR MODULE H: MONTH HOURS MINUTES H02 H03 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 that your situation when you household did not have would not enough food to feed the have enough household? food? a. Adults b. Children c. Children (5-17 Yrs of (6-59 months) b. Limit c. Reduce LEAVE BLANK IF NO YES.1 Age) a. Rely on less preferred portion size number of d. Restrict consumption e. Borrow food, or rely on NO..2 >>NEXT CODES FOR H06: CHILDREN and/or less expensive neals eaten by adults in order for help from a friend or YES..1 MODIII.E Inadequate household foods? times? in a day? small children to eat? relative? NO...2 stocks due to DAYS DAYS NUMBER NUMBER NUMBER DAYS DAYS DAYS drought/ poor rains.....1 Inadequate household H05 H06 food stocks due to crop pest damage.....2 What was the cause of this When did you experience this incident in the last 12 months? situation? Inadequate household MARK X IN EACH MONTH OF 2015 AND 2016 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD food stocks due to LIST UP TO 3 IN ORDER OF small land size.....3 LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MONTHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE. IMPORTANCE; USE CODES ON Inadequate household THE RIGHT. 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 2015 costs....6 Feb Mar Oct Nov Jan Apr May June July Aug Sep Dec No food in the market.....7 Floods/water logging.....8 2016 a. b. C. 1ST 2ND 3RD Feb Mar Jan Apr May June July Aug Sep Oct Nov Dec Other (Specify).....9

**ENUMERATOR**: RECORD

PRIMARY RESPONDENT

ID FOR MODULE H:

ENUMERATOR:

FOR MODULE H: HOURS MINUTES

RECORD

END TIME

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

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

г			1 1		
- 1					
L					
_	DAY	MONTH		HOURS	MINITES

#### **ONE WEEK RECALL**

		101	102	103	
NTRY	Over the past <u>one week (7 days)</u> , did your household purchase or pay for any []?	YES.1		How much did you pay in total?	ENTRY JUMBER
DATA ENTRY LINE NUMBER		NO2>>NEXT ITEM	ITEM CODE	мк	DATA ENTRY LINE NUMBER
1	Charcoal		101		1
2	Paraffin or kerosene		102		2
3	Cigarettes or other tobacco		103		3
4	Candles		104		4
5	Matches		105		5
6	Newspapers or magazines		106		6
7	Public transport - Bicycle Taxi		107		7
8	Public transport - Bus/Minibus		108		8
9	Public transport - Other (Truck, Oxcart, Etc)		109		9

#### ONE MONTH RECALL

ONE MONTH RECALL								
DATA ENTRY LINE NUMBER	Over the past <u>one month</u> , did your household purchase or pay for any []?	YES.1 NO2>>NEXT ITEM	ITEM CODE	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		209		8			
9	Postage stamps or other postal fees		210		9			
10	Donation - to church, charity, beggar, etc.		211		10			
11	Petrol or diesel		212		11			
12	Motor vehicle service, repair, or parts		213		12			
13	Bicycle service, repair, or parts		214		13			
14	Wages paid to servants		215		14			
15	Mortgage - regular payment to purchase house		216		15			
16	Repairs & maintenance to dwelling		217		16			
17	Repairs to household and personal items (radios, watches, etc., excluding battery		218		17			
18	Expenditures on pets		219		18			
19	Batteries		220		19			
20	Recharging batteries, cell phones		221		20			
	ENLIMERATOR: REC	ODD FN	JMFRAT					

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

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

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

DAY	MONTH	HOURS	MINUTES

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

	J01	J02	J03	
Over the past three months, did your			How much did you pay	
household purchase or pay for any []?	YES.1		in total?	
	NO2>>NEXT ITEM			
		CODE	MK	
Lady's other clothing		321		
Boy's shoes		322		
Men's shoes		323		
Girl's shoes		324		
Lady's shoes		325		
Cloth, thread, other sewing material		326		
Laundry, dry cleaning, tailoring fees		327		
Bowls, glassware, plates, silverware, etc.		328		
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		329		ENUMERATOR:
Cleaning utensils (brooms, brushes, etc.)		330		RECORD PRIMARY
Torch / flashlight		331		RESPONDENT ID FOR <u>MODULE J</u> :
Umbrella		332		
Paraffin lamp (hurricane or pressure)		333		
Stationery items (not for school)		334		ID
Books (not for school)		335		ENUMERATOR: RECORD
Music or video cassette or CD/DVD		336		END TIME FOR <u>MODULE J</u> :
Tickets for sports / entertainment events		337		
House decorations		338		HOURS MINUTES
Night's lodging in rest house or hotel		339		MINOTES

### 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	: ITEM	How much did you pay in total?
		CODE	MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Cement		408	
Bricks		409	
Construction timber		410	
Council rates		411	
Insurance - health (MASM, etc.), auto, home, life		412	
Losses to theft (value of items or cash lost)		413	
Fines or legal fees		414	
Lobola (bridewealth) costs		415	
Marriage ceremony costs		416	
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	

ENUMERATOR: RECORD START DATE & TIME FOR MODULE K:

DAY	MONTH	HOURS	MINUTES

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

Over the past one year (twelve months) did your household gather, purchase, or pay for any []?	YES.1 NO2>>NEXT ITEM	K02		K04 What was the cost of that which you purchased?
pay for any [].		CODE	MK	мк
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE K:		ENUMERATOR: RECORD END TIME		
'	ID	FOR MODULE K:	HOURS	MINUTES

#### MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME				
FOR MODULE L:	DAY	MONTH	HULIBS	MINIT

	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		513					
Refrigerator		514					
Washing machine		515					
Bicycle		516					

Malawi Fourth Integrated Household Survey - Household Questionnaire - Page 42	
vialawi Fourth integrated Household Survey - Household Questionnaire - Page 42	

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

	L01		L03	L04	L05	L06	L07	
	Does your household own a [ITEM]?	υo	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?	
ITEM	YES1 NO2>> NEXT ITEM	ITEM CODE	NUMBER	YEARS	MK	YES1 NO2 >> 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						ENUMERATOR:
Computer equipment & accessories		529						RECORD END TIME
Sattelite dish		530						FOR MODULE L:
Solar panel		531						
Generator		532						HOURS MINUTES

### MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

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

YES1	ENUMERATOR:	RECORL	STARTE	DATE	E & IIME	FOR MOL	OULE M
NO2>> NEXT MODULE		DAY	MONTH		HOURS	MINUTES	

			Does your household currently own	M01 How many [ITEM] does your household currently own?	What is the age of the [ITEM]? IF MORE THAN ONE [ITEM], ASK FOR THE	M03 If you wanted to sell one of this [ITEM] today, how much would you receive?	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>> M04	NUMBER	AVERAGE AGE OF ALL [ITEM]S.	IF MORE THAN ONE [ITEM], ASK FOR THE AVERAGE VALUE.	YES1 NO2>> <b>M07</b>	NUMBER	MK	YES1 NO2>> M10	IF NONE, RECORD ZERO AND >> M10.  NUMBER
1		MENTS		NOPIDER	TEARS	PHY		NOPIDER	PHY		NOPIBER
2		HAND HOE									
3	602	SLASHER									
4		AXE									
5	604	SPRAYER									
6	605	PANGA KNIFE									
7	606	SICKLE									
8	607	TREADLE PUMP									
9	608	WATERING CAN									
10	MACHI	NERY									
11		OX CART									
12		OX PLOUGH									
13	611	TRACTOR									
14		TRACTOR PLOUGH									
15		RIDGER									
16		CULTIVATOR									
17		GENERATOR									
18		MOTORISED PUMP									
19		GRAIN MILL									
20		OTHER (SPECIFY)									
21		TURES/BUILDINGS									
22		CHICKEN HOUSE									
23		LIVESTOCK KRAAL									
24		POULTRY KRAAL									
25		STORAGE HOUSE									
26		GRANARY									
27		BARN									
28	625	PIG STY									

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

			M09	M10	M11	M12	M13	M14	
			How much did it	Did your	What was the main	Did your	How many [ITEM]	How much did your	
				household use	reason for not	household rent	did your	household pay to	
					using the [ITEM]?		household rent or	rent or borrow	
				the last 12			borrow during the	[ITEM] during the	
				months?	NO NEED FOR	last 12 months?	last 12 months?	last 12 months?	
					ONE1				
					NEEDS			ESTIMATE THE VALUE OF IN-KIND	
` ∝					REPAIRS2 LENT TO			PAYMENTS	
돈핆					OTHERS3			T ATTIMIZATION	
ä≥				vna 155 vd 0	RENTED TO OTHERS4	YES1			
₽¤				YES1>> M12 NO2	OTHERS4	NO2 >>NEXT			
DATA ENTRY LINE NUMBER	ITEM		MK		(SPECIFY)5	ITEM	NUMBER	MK	
1	IMPLEI	MENTS							
2	601	HAND HOE							
3		SLASHER							
4		AXE							
5		SPRAYER							
6	605	PANGA KNIFE							
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SICKLE							
8	607	TREADLE PUMP							
9		WATERING CAN							
10	MACHI								
11		OX CART							
12		OX PLOUGH							ENUMERATOR:
13		TRACTOR							RECORD
14		TRACTOR PLOUGH							PRIMARY RESPONDENT
15		RIDGER							ID FOR MODULE M:
16		CULTIVATOR							
17		GENERATOR							
18	616	MOTORISED PUMP							
19		GRAIN MILL							ID
20		OTHER (SPECIFY)							ENUMERATOR:
21		TURES/BUILDINGS						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							1.50kb minores
28	625	PIG STY							

### **MODULE N: HOUSEHOLD ENTERPRISES**

**[ASK OF HOUSEHOLD HEAD]** 

ASK OF HOUSEHOLD HEAD			DAY	MONTH	HOURS	MINUTES	
Over the past 12 months has anyone in your household							
N01 owned a non-agricultural business or provided a non-agricultural service or a household-owned shop, as a carwash owner, metal worker, mechanic, carp tailor, barber, etc.?		N06 driven a househor transportation or moving			pick-up tru	ck to provide  YES1 NO2	
$N02\ldots$ processed and sold any agricultural by-products, including flour, starch, j jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fix		N07 owned a bar or re	estaurar	nt?		YES1 NO2	
N03 owned a trading business on a street or in a market?	YES1 NO2	N08owned any other is small business run from	•		-	ven if it is a  YES1 NO2	
	·	B. <b>ENUMERATOR:</b> IS THE THROUGH N08?	ERE A "1'	' FOR ANY	YES NO.	UESTIONS N01	o
	yes1				RES	SPONDENT ID AND	

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

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

	N09		N10		N11	N12		N13		N14	N15	
Е	Please provide details on the main prod	uct or service of	Who in the ho	usehold		Who in the ho	usehold owns	How many	individuals	What share of the	When wa	s this
Ν	each [ENTERPRISE] that your househo	ld operated	manages this	enterprise or	ID OF THE	this [ENTERP	RISE]?	outside of	the	profits from this	[ENTERP	PRISE] first
Т	during the past 12 months.		is most familia	r with it?	RESPONDENT,			household	are co-	[ENTERPRISE] is	started?	
Ε					FOR THIS	LIST UP TO 2 J	IOINT	owners of		kept by your		
R P	PROVIDE A WRITTEN DESCRIPTION COM		LIST UP TO 2 F		[ENTERPRISE].	OWNERS		[ENTERPF		household, rather		
R	MAIN PRODUCT/SERVICE OF EACH ENTI		HOUSEHOLD F	ROSTER	LIST FROM					than the other		
ì	THE HOUSEHOLD OPERATED DURING T MONTHS, BEFORE GOING ON TO N10. PL				HOUSEHOLD			IF NONE, R		owners?		
S	BUSINESS VENTURES THAT HAVE BEEN				ROSTER			ZERO IN BO COLUMNS,		5545 556564656		
Е	PERMANENTLY OR TEMPORARILY DURIN							N15.	AND >>	READ RESPONSES		
	MONTHS.							1413.				
1												
D												
1												
		Ī										
		(Supervisor								Almost none1		
		to put in								About 25%2		
		code after								About half3		
		interview)								About 75%4 Almost all5		
		INDUSTRY	MANAGER 1	MANAGER 2		OWNER 1	OWNER 2	MALE	FEMALE	Other		
	WRITTEN DESCRIPTION	CODE	HH ROSTER	HH ROSTER	ROSTER	HH ROSTER	HH ROSTER	NUMBER	NUMBER	(Specify)6	MONTH	YEAR
			ID CODE	ID CODE	ID CODE	ID CODE	ID CODE					(4-DIGIT)
1												
-												
2												
3												
٦												
4												
$\vdash$												
5												

	capital for this enterprise?		N17	N18	N19	N20		N21			N22
E N T E R P	What weres the so capital for this ente	rprise? IST UP TO 2. IF E, RECORD "99" IN IMN. IF NO IT-UP CAPITAL,	Where do you operate this [ENTERPRISE]? READ RESPONSES	Does this [ENTERPRISE] have access to working electricity?	What is the main source of electricity for this [ENTERPRISE]?	To whom do you products or service 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
S E I D	Own-savings fro agriculture Own-savings fro on-agriculture. Sale of assets Proceeds from a business Agricultural in Non-agricultural credit from bar or other instit Loan from money Loan from famil Savings club	omn n	Home (inside residence)1 >> N20 Home (outside residence)2 >> N20 Industrial site3 Traditional market place4 >> N20					a. Registrar of	YES1 NO2 b.	c. Local	any registered business association?
	Gift from famil Inherited Other (specify)		Commercial area shop5 Roadside6 >> N20 Other fixed place7 Mobile8 >> N20	Yes1 No2 >> <b>N20</b>	ESCOM/GRID1 SOLAR PANEL2 GENERATOR3 OTHER (SPECIFY)4	Other (enecity) 8		Companies?	Revenue Authority?	Assembly?	YES1 NO2
1											
2											
3											
4											
5											

	N23	ENUMERATOR: What is the source of the forest-based the forest-based average, or low?															N26						
Ε						nonths,	was th	is [ENT	ERPR	ISE] op	eration	al in the	e montl	h of [M	ONTH],	and if	so, we	re your	sales h	nigh,		Why was this	
N T		the forest-based	averag	ge, or lo	ow?																	[ENTERPRIS	
Ė	FOREST-BASED	product sold by this [ENTERPRISE]?	MARK	FOR FA	ACH MO	NTH IN	TURN	START	FROM	THE MO	OST RE	CENT N	MONTH	THAT V	AS CO	MPI FT	FD GO	ING BA	CK MOI	NTH BY		operation for INDICATED I	
R	PRODUCTS?	[LIVILIA NIOL]:	MONTH														,					READ RESPO	
P R		READ RESPONSES	PLACE	AN 'X'	ABOVE	THE C	URREN	T MONT	ГН.													LIST UP TO 2	
I S			MAKE	SURE A	ALL APF	PLICABL	E MON	THS IN	THE PA	ST 12 N	MONTH	PERIO	D ARE I	MARKEI	O WITH	ONE O	F THE (	CODES	BELOW	<i>1</i> .			
Ε			IC TUC	DE IQ N	IO MON		DKED W	/ITU "∩"	INI THE	DAST	12 MON	ITUQ QI	(ID TO	OHEST	IONI NIS	7							
1				INL IS IN	IO MON	I I I I IVIAI	NKLD W	/1111 0	IIN IIIL	FASI	IZ WON	11110, 0	VIF 10	QULST	ION NZ								
D																						Lack of non-labour	inputs1
												ATION.										Lack of credit	2
												 										Lack of cas	h3
									HIGH.				.3									Seasonal wo: Bad weather	
		Own land1 Forest/wild			DI ACE IVI PEL OW														Not profital	ble6			
		park reserve2			PLACE 'X' BELOW														Own-Illness to care for				
		Communal land3 Purchased from			PLACE 'X' BELOW															household mo			
		someone else4 Other (Specify).5					2015									20	16						_
	YES1 NO2>>N25	(0,0000,0000,0000,0000,0000,0000,0000,0000																				1ST	2ND
			APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост		
1																							
2																							
-																							
3																							
Н				<del>                                     </del>																			
4																							
1	I					<del>                                     </del>																	
5																							

Г	N27	N28	N29		N30															
Е	ENUMERATOR:		Why not?		A. Du	ring th	e last mo	nth of oper	ation,	which	househol	d member	s work	ed for	this [ENT	ERPRISE]	?			
N T	REFER TO N25. WAS THIS	to resume the	DE 4 D DE 0 D 0 1	1050	NANKE	CLIDE	THE DEC	PONDENT	ופ חבר	CDDIN		LACTMON	ITLLO		DATION AG	CTATEDI	NI OLIF	CTION	NOE	
Ė		operations of this [ENTERPRISE]	LIST UP TO 2	NSES			_	S FROM H	-			-				-				NOTHER
R	OPERATON IN	within the next 12				TIONN													,	
Р	THE LAST MONTH?	months?																		
R	WONTH?					ıring th ERPRI		nth of oper	ation i	in the p	ast 12 m	onths, how	many	/ days	did each	household	mem	ber wo	rk for this	
S					[CIVI	EKFKI	SEJ!													
E					C. Du	iring th	ose days	, approxim	ately,	how ma	any hours	did each	memb	er wor	k for this	[ENTERPF	RISE]?	?		
I D					D. Du	iring th	e last 12	months, ho	ow ma	ny mor	nths did e	ach memb	er wo	rk for t	his [ENTE	RPRISE]?	•			
ľ			Lack of																	
			non-labour Lack of	-																
			credit	2																
			cash																	
			Not profita Own-Illness	ble4 Need																
			to care for household m		5 OWNER#1 OWNER#2															
			Other (Spec																	
	YES1 >> N30	YES1 >> N30	1ST	2ND	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS
	NO2	NO2																		
1																				
2																				
3																				
٥																				
4			_																	
4																				
5																				
1																				

E N T E R P R	A. During the last month of operation, how many non-household member men/women/children (under-18) worked for this [ENTERPRISE]?  MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO QUESTION N32.  B. During the last month of operation in the past 12 months, how many days did a <b>typical</b> man/woman/child employee work?  C. During the days of employment in the last month of operation in the past 12 months, how many hours did a <b>typical</b> man/woman/child employee work?														
I S E I D	C. During the days of employment in the last month of operation in the past 12 months, how many hours did a <b>typical</b> man/woman/child employee work?  D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of <b>ALL</b> men/women/children employees?														
	MEN WOMEN CHILDREN (U-15)														
	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	LAST MONTH OF OPERATION		
1															
2															
3															
3															

	N33	N34	N35	N36	N37	N38	N39	N40
E	ENUMERATOR: REFER TO					During the last	During the last	During the last month of
N T	QUESTION 25.	month of average			month of high sales, what was the value of		month of average	operation, what was the profit (phindu) of this
E	WAS THE LAST MONTH OF					total sales	sales, what was the value of total sales	[ENTERPRISE]?
R P	OPERATION A MONTH OF	(zogulitsa) of	(zogulitsa) of	(zogulitsa) of		( <b>zogulitsa</b> ) of	( <b>zogulitsa</b> ) of	,
R		products, goods or	products, goods or			products, goods or	products, goods or	
1		services of this [ENTERPRISE]?	services of this [ENTERPRISE]?		services of this [ENTERPRISE]?	services of this [ENTERPRISE]?	services of this [ENTERPRISE]?	
S		[ENTERPRISE]:	[ENTERN RIOL]:	[LIVILIXI KIOL]:	[LIVILIXI KIOL]:	[LIVILIXI KIOL]:	[ENTERPRISE]!	
I -								
D								
ľ								
	LOW SALES1							
	AVERAGE SALES2 >> N36 HIGH SALES3 >> N38		>> N40		>> N40			
	HIGH SALES 77 NS6	AVG SALES	HIGH SALES	LOW SALES	HIGH SALES	LOW SALES	AVG SALES	PROFIT (MK)
		MK	MK	MK	MK	MK	MK	LAST MONTH OF OPERATION
								LACT MONTH OF CITATION
1								
2								
$\vdash$								
3								
-								
4								
5								
1								

	N41								
E N	During the last month	n of operation, what wa	s the total expenditure	of this [ENTERPRIS	E] on				
N T	MAKE CUDE THE DEC	PONDENT IS REFERRI			CTATED IN OUTCTION	N NOE			
Ė	MAKE SURE THE RES	PONDENT IS REFERRI	NG TO THE LAST MON	IN OF OPERATION AS	STATED IN QUESTION	N IN25.			
E R	INCLUDE: ESTIMATED	VALUE OF IN-KIND PA	YMENTS.						
P R	IF NOTHING WAS SPE	ENT DECODD ZEDO							
I	IF NOTHING WAS SEL	INT, RECORD ZERO.							
S									
Е									
1									
D									
	a.	b.	c.	d.	e.	f.	g.	h.	
	Raw Materials	Purchase of Goods for Sale (Inventory)	Freight / Transport	Fuel / Oil	Electricity	Water	Insurance	Other (Specify)	
	MK	MK	MK	MK	MK	MK	MK	MK	ENUMERATOR: RECORD
									PRIM ARY
									RESPONDENT ID FOR <u>MODULE N</u>
1									ID I OK MODULE IN
									-
2									
									ID
_									ENUMERATOR:
3									RECORD
									END TIME FOR <u>MODULE N</u> :
4									<u></u>
									<u> </u>
_									
5							ĺ	1	HOURS MINUTES

#### MODULE O: CHILDREN LIVING ELSEWHERE

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

ENUMERATOR: RECORD START DATE & TIME FOR MODULE Q:

O01 2 O03 O05 Please list all biological sons IF THIS Age Sex 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 and/or daughters of head MEMBER WAS [NAME] has completed in ever lived in this [NAME] leave the lived in this [DISTRICT/ current activity status? PRESENT AT IF IN MALAWI, ASK FOR THE NAME OF school? household? COUNTRY REPORTED and/or spouse 15 years old household? R and over who do not live in this LAST DISTRICT OF CURRENT RESIDENCE. IN O07]? SURVEY, E household. ENTER IHPS NEVER IF ABROAD, ASK FOR THE NAME OF COUNTRY S ATTENDED SCHOOL- 0 ROSTER ID OF CURRENT RESIDENCE. FORM 5 - 13 FORM 6 - 14 N E Р NUMBER PRIMARY
STND. 1 - 1 UNIVERSITY
STND. 2 - 2 ONIV. 1 - 15
STND. 3 - 3 UNIV. 2 - 16
STND. 4 - 4 UNIV. 3 - 17
STND. 5 - 5 UNIV. 4 - 18
STND. 6 - 6 UNIV. 5 - 6
STND. 7 - 7 ABOVE - 19
STND. 8 - 8
SECONDARY
FORM 1 - 9 TC YR. 2 - 21
FORM 2 - 10 TC YR. 3 - 22
FORM 3 - 11 TC YR. 4 - 23
FORM 4 - 12 0 N FROM TRACKING REFER TO THE MANUAL FOR DISTRICT AND N D U E FORM. COUNTRY CODES. ELSE, ENTER M B E N T 99. WORKING....1
UNEMPLOYED..2>>011
STUDENT....3>>011 CODES FOR UNIT: HOUSE WORK..4>>011 R HANDI-YEAR...2 D CAPPED.....5>>011 YES..1 OTHER FORM 4 - 12 CODE NO...2>>007 DISTRICT or (SPECIFY) ...6>>011 MALE...1 FEMALE..2 IHPS ROSTER ID COUNTRY YEARS (4-DIGIT) 01 02 03 04 05 06 07 80 09 10 11

#### MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

L I N E N U M B E R	[NAME]?  (Supervisor to put in occupation	O11 Did [NAME] send any cash to this household at any point during the last 12 months?  EXCLUDE FOOD AND NON-FOOD IN KIND ASSISTANCE.	O12 At what frequency did [NAME] send cash to this household during the last 12 months?  READ RESPONSES  Twice or More Per Month1 Monthly2 Quarterly3>>01. Semi-Annually4>>01. Annually5>>01. Sporadically5>>01. Sporadically	the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.	household kept/ decided on the use of this income?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER  (THEN >> 015)	household in total during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.		O14_2 In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER RECEIVED  USD1 POUNDS2 EUROS3 SOUTH A REFICAN	O14_3 How much cash did [Name] send through other means other than the bank during the last 12 months? RECORD THE AMOUNT RECEIVED IN THE CURRENCY SPEIFIED IN 014_2	O14_4 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER	O15 Did [NAME] send any in- kind assistance to this household at any point during the last 12 months? INCLUDE ONLY FOOD AND NON- FOOD IN-KIND ASSISTANCE.	during the last 12 months? READ RESPONSES Twice or More Per Month1 Monthly 2 Quarterly3 Semi- Annually 4 Annually 5		MEMBERS FROM HOUSEHOLD ROSTER (THEN >>NEXT ROW)
	DESCRIPTION OCCUP. CODE	YES1 NO2>>015	As Needed6>>01		HH ROSTER HH ROSTE ID CODE ID CODE #1 #2		YES.1 NO2>>014_4	RANDS4 OTHERS, SPECIFY5		HH ROSTER HH ROSTEF ID CODE ID CODE #1 #2	YES1 NO2>>NEXT ROW	Sporadically As Needed6 Other (Specify)7	мк	HH ROSTER HH ROSTER ID CODE ID CODE #1 #2
01														
02	2													
03	3													
04	1													
05	5													
06	3													
07	7													
08	3													
09														
10														
11														
12	2													
										P	NUMERATOR: RE		ENUMERATOR RECORD	

RECORD END TIME FOR MODULE O: HOURS MINUTES ID FOR MODULE O:

#### MODULE P: OTHER INCOME

ENUMERATOR: RECORD START DATE & TIME FOR MODULE P: MONTH HOURS MINUTES DAY P02 P03 1 P03 2 P03 3 P04 During the last 12 How much How much of [SOURCE] came from Who in your f Cash was In what currency How much [SOURCE] did your months, did you or rural/urban/international locations? received from was the cash? cash was household any members of household receive in another IF MORE THAN kept/decided what received ONE MEANS, your household total during the last through other to do with these country, did RECORD receive any 12 months? any of it come means other earnings? CURRENCY FOR ISOURCE!? through other than the bank THE MAIN CASH ESTIMATE THE CASH LIST UP TO 2 FROM 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 USD....1 THE NO..2>> NEXT POUNDS..2 CURRENCY ROW YES.1 EUROS...3 SPECIFIED IN NO..2>> P04 SOUTH AFRICA FROM RURAL FROM URBAN FROM OTHER нн P03\_2 RANDS...4 AREAS AREAS COUNTRIES ROSTER ROSTER OTHERS, ID CODE ID CODE SPECIFY..6 CODE SOURCE MK MK MK MK INCOMING TRANSFERS / GIFTS: Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO 2 101 NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE Food Transfers/Gifts from Individuals (Friends/Relatives) [DO 3 102 NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE Non-Food In-Kind Transfers/Gifts from Individuals 4 103 (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.] PENSION & INVESTMENT INCOME: 6 Savings, Interest or Other Investment Income 104 105 Pension Income RENTAL INCOME: 8 9 106 Income from Non-Agricultural Land Rental 10 107 Income from Apartment, House Rental

### MODULE P: OTHER INCOME (CONTINUED)

	1		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	How much of th	ne total [SOURC rnational location	Who in your household kept/decided what to do with these earnings?  LIST UP TO 2 FROM HOUSEHO ROSTER.		
DATA ENTRY LINE NUMBER	CODE	SOURCE	NO2 >> NEXT SOURCE	MK	FROM RURAL AREAS MK	FROM URBAN AREAS MK	FROM OTHER COUNTRIES MK	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
11		L INCOME (CONTINUED):		mix	MIX	mix.	······		
12		Income from Shop, Store Rental			$\nearrow$	$\times$	$\searrow$		
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			>>	$\times$	$\times$		
16	111	Income from Household Non-Agricultural Asset Sales			> <	><	> <		
17	112	Income from Household Agricultural/Fishing Asset Sales			><	><	><		
18	OTHER	INCOME:							
19	113	Inheritance							
20	114	Lottery/Gambling Winnings			$\geq$	$\geq$	><		
21	115	Other Income (Specify):			> <	> <	> <		
				ENUMERATO PRIMARY RE ID FOR <u>MODI</u>	SPONDENT	ENUMER RECORD END TIME ID FOR MOD	<b>=</b>		HOURS MINUTE:

#### MODULE Q: GIFTS GIVEN OUT

ENUMERATOR: RECORD START DATE & TIME FOR MODULE Q:

		<u> </u>										
_			Q01	Q02			Q02 1 (	Q02 2	MONTH Q02 3	Q03	MINUTES	7
				How much of the [ITEM] given away was destined to rural/urban/international locations?			If Cash was sent I to another country, did any I of it go through other means other than a bank?		How much cash was sent through other means other than the bank during the last 12 months? RECORD THE AMOUNT SENT IN	Who in the hor on the allocation given away to outside your he (friends/family) 12 months?	individuals busehold aduring the last	
ATA ENTRY NE 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	1	HH ROSTER ID CODE	HH ROSTER ID CODE	
ڐ۵	CODE	ITEM Outgoing Transfers/Gifts		MK	MK	MK				#1	# 2	4
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]										ENUMERATOR: RECOR PRIMARY RESPONDEN ID FOR MODULE Q:
3		Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K]										ENUMERATOR: RECORD
		Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						$\bigvee$				FOR MODULE Q:

**MODULE R: SOCIAL SAFETY NETS** 

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

	F HOUSEHOLD HEAD]	START DATE & TIME FOR MODI	OLE K.					
[ASK OI	F HOUSEHOLD HEAD]			DAY	MONTH	HOURS	MINUTES	
		R01 In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?	R02 In the last 12 months, what [PROGRAMME]?	t was the total assista	nce received	from	R03 Was the assi given to READ RESPO	
	PROGRAM  DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.	YES1 NO2 >>NEXT ROW	CASH MK	IN-KIND CASH		AIZE KG	Entire H. >> R05 Specific Members.	нн
CODE	SELD.		MIN	VALUE - MK		NG		
101	Free Maize (Specify)							
102	Free Food (other than Maize) (Specify)					$\bigvee$		
1031	MASAF - Public Works Programme					$\bigvee$		
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])					$\bigvee$		
104	Inputs-For-Work Programme					$\bigwedge$		
105	School Feeding Programme			><		$\overline{}$		
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])		$\bigvee$	> <		$\bigvee$		
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit			><		$\sim$		
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)					$\bigvee$		
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)							
111	Direct Cash Transfers from Government (Mtukula Pakhoma)					$\langle$		
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY					$\bigvee$		
113	Other, Specify:					$\overline{}$		

# MODULE R: SOCIAL SAFETY NETS (CONTINUED) [ASK OF HOUSEHOLD HEAD]

	PROGRAM	assistand	ce in the la	members ast 12 mo D ROSTER	nths?		R5 Who in yo household controls/di the use of assistance [PROGRA LIST UP TO HOUSEHOL	ecides on from MME]? 2 FROM D ROSTER	R6 In the last 12 months, for how many months did your household receive assistance from [PROGRAMME]?	time your househol this assis	ld received	
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)	
101	Free Maize											
102	Free Food (other than Maize)											
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						$\times$	$\times$				RECORD
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])						$\supset$	$\supset$				PRIMARY RESPONDEN ID FOR MODI
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit						$\supset$	> <				
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)						$\times$	$\times$				ENUMERATO
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 'Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)						X	X				RECORD END TIME FOR MODULI
111	Direct Cash Transfers from Government											
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY											HOURS MIN
113	Other, Specify:											

<b>MODULE S: CRE</b>	DIT
<b>[ASK OF HOUSE!</b>	HOLD 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?

YES1	
NO 2>> <b>S12</b>	

S02	S03	S04	S05		S06	S07	S08		S09	S10		S11
L	What are the names	CODE	Which househ	old member	What was main	How much	When did y	ou get the	Is the loan repaid?	Approximat	ely when	How much did you
	of the persons or	SOURCE	was responsib	ole for the	reason for	was		the past 12		do you exp		pay (do you expect
	institutions from	OF LOAN	loan?		obtaining loan?	borrowed?	months?			back the m	oney?	to have paid) in
	whom you or anyone				Was it: [READ]		JAN.	1		JAN .	1	total when you (will
	else in your		LIST UP TO 2 F HOUSEHOLD F		PURCHASE LAND1		FEB.			FEB.		have) paid off this
	household borrowed		HOUSEHOLD F	NOSTER	PURCHASE AGRI- CULTURAL INPUTS		MAR. APR.				3	loan (interest +
	on credit money for				FOR FOOD CROP .2		MAY.	5		APR MAY		principal)?
	business or farming over the past 12				PURCHASE INPUTS FOR TOBACCO3		JUN. JUL.			JUN.	6	
	months?				PURCHASE INPUTS		AUG.	8		JUL. AUG.		(THEN >> NEXT
	monung:				FOR OTHER CASH CROPS 4		SEP.			SEP	9	ROW.
	LIST ALL NAMES	USE CODES			BUSINESS START- UP CAPITAL 5		NOV.		YES1>>S11	OCT NOV	. 10	
	BEFORE GOING TO	ON THE NEXT			PURCHASE NON-		DEC.	. 12	NO2	DEC		WHEN ALL LOANS DONE, >> 12)
	THE NEXT QUESTION.	PAGE.	HH ROSTER	HH ROSTER	FARM INPUTS6 CONSUMPTION7		CALENDAR	CALENDAR	1	CALENDAR	CALENDAR	DONE, >> 12,
			ID CODE # 1	ID CODE # 2	OTHER (SPECIFY).8	MK	MONTH	YEAR		MONTH	YEAR	MK
1												
2												
3												
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 who	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	ANSWER TO QUESTIONS	borrow in the la	ast 12
you try to borrow			loan? Was it: [READ	for during the last 12	are you a	waiting	loan? Was it: [READ		months? [LIST	UP TO TWO
from someone	LIST UP T	O 2.	RESPONSES]	months?	word on a	a loan?	RESPONSES]	"NO"?	ANSWERS IN OR	DER OF
outside the			PURCHASE LAND1		LIST UP T	O 2.	PURCHASE LAND1		IMPORTANCE.]	
household or			PURCHASE AGRI-				PURCHASE AGRI-		NO NEED	1
from an insti-			CULTURAL INPUTS FOR FOOD CROP .2				CULTURAL INPUTS FOR FOOD CROP .2		BELIEVED WOUL	
tution and were			PURCHASE INPUTS				PURCHASE INPUTS	ANSWER TO ALL	REFUSED TOO EXPENSIVE	
turned down?			FOR TOBACCO3 PURCHASE INPUTS				FOR TOBACCO3 PURCHASE INPUTS	THREE QUESTIONS	TOO MUCH TROU	
			FOR OTHER CASH				FOR OTHER CASH	WAS ALWAYS	INADEQUATE CO	
	USE CO BELO	-	CROPS 4		USE C		CROPS 4	"NO"1	DO NOT LIKE TO	
	BELO	w.	BUSINESS START- UP CAPITAL5		BELC	ж.	BUSINESS START- UP CAPITAL5	ANSWER TO ALL	DO NOT KNOW A	NY LENDER.7
YES1			PURCHASE NON-	YES1 NO2>> <b>S18</b>			PURCHASE NON-	THREE QUESTIONS	OTHER (SPECIF	Y) 8
NO2 >>S15			FARM INPUTS6 CONSUMPTION7	No277515			FARM INPUTS6 CONSUMPTION7	WAS NOT ALWAYS	(THEN >> NE	EXT MODULE)
	1ST	2ND	OTHER (SPECIFY).8		1ST	2ND	OTHER (SPECIFY).8	"NO"2>>NEXT MODULE	1ST	2ND

CODES FOR S4, S13 & S16:	
RELATIVE	
NEIGHBOUR 2	
GROCERY/LOCAL	
MERCHANT 3	
MONEY LENDER	
(KATAPILA)4	
EMPLOYER 5	
RELITIOUS	
INSTITUTION 6	
MARDEF 7	
MRFC 8	
SACCO 9	
BANK (COMMERCIAL). 10	
NGO 11	
OTHER (SPECIFY) 12	
VILLAGE BANK13	

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

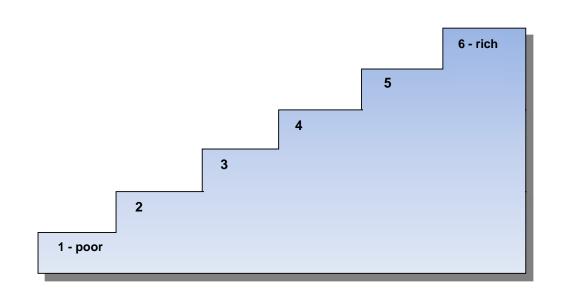
RECORD END TIME
FOR MODULE S: HOURS MINUTES

## MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

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

DAY	MONTH	ı	HOURS	MINUTES

			·				1	1		NIH HOUR	
T01	T02	T03	T04	T05	T06	T07	T08	T09	T10	T11	T12
Concerning your	Concern-	Concern-	Concerning	Imagine six s	teps, where o	on the	Which of the following is	How many	What do you (HH	What do you	What do you
household's <u>food</u>	ing your	ing your	the standard	bottom, the fi	rst step, stan	d the	true? Your current income.	changes of	HEAD) sleep on?	(HH HEAD)	(HH HEAD)
consumption over	housing,	house-	of health care	poorest peop	le, and on the	e highest	[READ]:	clothes do you		sleep under	sleep under
the past one	which of	hold's	you receive	step, the sixt	h, stand the ri	ich.		(HH HEAD)		in the cold	in the hot
month, which of	the	clothing,	for household					own?		season	<u>season</u>
the following is	following is	which of	members,	SHOW THE P	ICTURE OF TH	HE STEPS				(July)?	(October)?
true?	true?	the	which of the	BELOW.			ALLOWS YOU TO BUILD	(NUMBER OF TROUSERS FOR			
		following is	following is				YOUR SAVINGS1 ALLOWS YOU TO SAVE	MEN; SKIRTS/			
		true?	true?				JUST A LITTLE2	DRESSES FOR			
							ONLY JUST MEETS	WOMEN)	BED & MATTRESS 1		
							YOUR EXPENSES3		BED & MAT (GRASS). 2 BED ALONE 3	DI ANIZEE 6 OF	Innma 1
It was less than	adequate fo	or household	l needs. 1			On which	IS NOT SUFFICIENT, SO YOU NEED TO USE		MATTRESS ON FLOOR. 4	BLANKET & SE BLANKET ONLY	
It was just adeq	uate for hou	sehold need	ls 2		On which	_	YOUR SAVINGS TO		MAT (GRASS) ON FLOOR 5	SHEETS ONLY	
It was more than	adequate fo	or household	l needs. 3		On which	step are	MEET EXPENSES4		CLOTH/SACK ON	CHITENJE CLO	
(NOTE THAT 'ADEQUAT					step are	most of	IS REALLY NOT SUF-		FLOOR 6 FLOOR (NOTHING	SACK	5
RESPONDENT CONSID OF THE HOUSEHOLD.)		MINIMUM CONSU	JMPTION NEEDS		most of your	I.	FICIENT, SO YOU NEED TO BORROW TO		ELSE) 7	CLOTHES NOTHING	
0. 11.2 110002.1023.)				step are you	Ü	friends	MEET EXPENSES5		OTHER (SPECIFY) 8	OTHER (SPECI	
	_	1	ı	today?	today?	today?	1221 211211323	NUMBER			



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

T13 - T20 ASKED	OF ONLY CROSS	S-SECTIONAL HO	USEHOLDS				
T13	T14	T15	T16	T17	T18	T19	T20
During the last 12	•	•		•			
,	,	,	· '	,	· '	· '	months, was
there a time when							
you or others in	you or others in	you or others in	you or others in	you or others in	your household	you or others in	you or others in
your household	your household	,	,	,		your household	your household
worried about not	were unable to	ate only a few	had to skip a	ate less than you	because of a lack	were hungry but	went without
having enough	eat healthy and	kinds of foods	meal because	thought you	of money or other	did not eat	eating for a whole
food to eat	nutritious food	because of a lack	there was not	should because	resources?	because there	day because of a
because of a lack	because of a lack	of money or other	enough money or	of a lack of		was not enough	lack of money or
of money or other	of money or other	resources?	other resources	money or other		money or other	other resources?
resources?	resources?		to get food?	resources?		resources for food?	
NO1 YES2 DON'T KNOW3 REFUSED4	NO1 YES2 DON'T KNOW3 REFUSED4	NO1 YES2 DON'T KNOW3 REFUSED4	YES2 DON'T KNOW3	NO1 YES2 DON'T KNOW3 REFUSED4			

PRIMARY RESPONDENT ID FOR MODULE T:

ENUMERATOR: RECORD RECORD RECORD END TIME FOR MODULE T: HOURS MINUTES

#### **MODULE U: SHOCKS & COPING STRATEGIES** ENUMERATOR: RECORD START DATE & TIME FOR MODULE U: **[ASK OF HOUSEHOLD HEAD]** DAY MONTH HOURS MINUTES U02 RELIED ON OWN-SAVINGS....1 During the last Rank the three As a result of this [SHOCK], did your [...] ... What did your household do in RECEIVED UNCONDITIONAL HELP 12 months, was response to this [SHOCK] to try to most FROM RELATIVES/FRIENDS....2 your household significant regain your former welfare level? READ RESPONSES FOR EACH COLUMN affected shocks you RECEIVED UNCONDITIONAL HELP FOR EACH SHOCK, LIST UP TO 3 negatively by experienced -FROM GOVERNMENT.....3 ANSWERS BY ORDER OF IMPORTANCE. any of the Most Severe IF HAPPENED MORE THAN ONCE following (1), Second RECEIVED UNCONDITIONAL HELP Increase.....1 DURING THE LAST 12 MONTHS, ASK [SHOCK]? Most Severe Decrease.....2 FROM NGO/RELIGIOUS ABOUT THE MOST RECENT INCIDENT. Did Not Change...3 (2). Third (3). INSTITUTION.....4 USE CODES ON THE RIGHT. YES..1 NO...2 >> CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, FOOD NEXT SHOCK FOOD INCOME ASSETS 1ST 2ND 3RD PRODUCTION STOCKS PURCHASES REDUCED THE PROPORTION OR NUMBER CODE SHOCK OF MEALS PER DAY, OR 101 HOUSEHOLD MEMBERS SKIPPED Drought DAYS OF EATING, ETC.)....5 1101 Irregular Rains EMPLOYED HOUSEHOLD MEMBERS THE TOOK ON MORE EMPLOYMENT...6 102 Floods 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 HOUSEHOLD MEMBERS 104 Pests or Disease MIGRATED.....8 ASKED Unusually High Level of CON-105 ivestock Disease CERNING REDUCED EXPENDITURES ON HEALTH THE AND/OR EDUCATION...9 Unusually Low Prices for 106 **THREE** Agricultural Output OBTAINED CREDIT.........10 MOST Unusually High Costs of 107 SEVERE Agricultural Inputs SOLD AGRICULTURAL ASSETS.11 SHOCKS. AS 108 Unusually High Prices for Food NOTED IN SOLD DURABLE ASSETS.....12 End of Regular Assistance/Aid/ 1102. 109 Remittances From Outside Household SOLD LAND/BUILDING.....13 Reduction in the Earnings from Household LEAVE SOLD CROP STOCK.....14 110 (Non-Agricultural) Business ALL OTHER (Not due to Illness or Accident) SOLD LIVESTOCK.....15 ROWS Household (Non-Agricultural) Business 111 BLANK. Failure (Not due to Illness or Accident) INTENSIFY FISHING......16 Reduction in the Earnings of Currently Salaried Household Member(s) 112 SENT CHILDREN TO LIVE (Not due to Illness or Accident) Loss of Employment of Previously Salaried ENGAGED IN SPIRITUAL EFFORTS -113 Household Member(s) PRAYER, SACRIFICES, DIVINER (Not due to Illness or Accident) CONSULTATIONS.....18 Serious Ilness or Accident of 114 Household Member(s) DID NOT DO ANYTHING.....19 115 Birth in the Household OTHER (SPECIFY).....20 116 Death of Income Earner(s) 117 Death of Other Household Member(s) FNUMERATOR: ENUMERATOR: RECORD PRIMARY 118 Break-Up of Household RECORD RESPONDENT END TIME Theft of Money/Valuables/Assets/Agricultural ID FOR MODULE U: FOR MODULE U: 119 Output 120 Conflict/Violence HOURS MINUTES 121 Other (Specify)

)1	V02	V03	V04		V05	V06	V07	V08	AY MONTH HOU V09	V10	V11	V12	V13	V14	V15	V16	1
	CROSS-SECTIONAL: PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS).  PANEL: PUT AN 'X' FOR ALL NEW INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD. FOR IHPS HOUSEHOLD MEMBERS PUT AN 'X' FOR ALL MEMBERS WHO ARE OLDER THAN 10 YEARS OF AGE.	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOL D	How old [NAME] RECONI EXACT A MUST IN BOTH YI AND MC	FIRM AGE - ICLUDE EARS	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?	ASK OF MOTHER/ GUARDIAN : Does the child participate in an under-five clinic?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)? IF CHILD NOT MEASURED DO NOT	MONTHS OR	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				YES, MEASURED FULLY1>>			IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.	IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)					RESPOND.		older? ENUMERATOR: CHECK HEALTH CARD	
	INDIVIDUAL TYPE,  >NEXT MODULE.	HH ROSTER	YEARS	MONTHS	YES, MEASURED PARTIALLY.2 NO3	PERIOD TOO ILL UNWILLING. OTHER	2 >>V12 3			STANDING1 LYING DOWN.2 NOT APPLICABLE.3	NORMAL1 DIFFICULT.2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2>> NEXT CHILD	YES1 NO2	
1																	
2																	1
									_								1
																	ENUMERAT RECORD
																	PRIMARY RESPONDE
i								·	·								ID FOR MO
								•									
									·								ID
																	RECORD END TIME
)																	FOR MODU
1								<u> </u>	·								-
2							1								1	1	HOURS M

#### **MODULE W: DEATHS IN HOUSEHOLD**

W01. Over the past two years, did any member of your	VPO 1	<b>ENUMERATOR:</b> RECORD START DATE & TIME FOR MODULE W:				
Wor. Over the past two years, did any member of your	YES1		DAYS	MONTHS	 HOURE	MINITITES
household die, including any infants?	NO2>>NEXT MODULE		DAIS	MONTHS	HOURS	MINUTES

W02	W03	W04	W05	W06		W07		W08			W09	W10		W11		W12		W13	W14	W15
S E	NAME OF DECEASED	DECEASED'S RELATION-	SEX	AGE AT	DEATH	ACCOR TO W06			nd of wor		Did	What was		What wa				Was this cause	After this	What was
R	DECEASED	SHIP TO		IF UND	ER 5	THE		his/her I		UST OI	[NAME] die of old	[NON-ILLN cause of []	-	illness th caused	ıat	from this	suffering	diagnosed, or is	person died, did you or	the value of the land or
1		HEAD OF		YEARS,		DECEAS		FARMING		1	age, an	death?	w.uvi=10	[NAME]	s	before h		this only your	members of	assets lost?
A		HOUSEHOLD		INCLUD MONTH		UNDER YEARS			 'MERCHAN'		illness, or			death?		died?		own percep-	your house-	
L				WONTH		WHEN		TRANSPO	DRT	4	of some	TRAFFIC		CAN NOT				tion?	hold lose any	
N						SHE DIE	D?		MAN (MAS)		other cause?	ACCIDENT OTHER ACCI		I O I WO.					land or other assets due to	
0									SERVANT		cause?	OR INJURY	2						inheritance	
								DOCTOR/	NURSE/E	TC. 8		CHILDBIRTH COMPLICAT						MEDICAL	traditions?	
								CLERK/S	ROFESSI SECRETAR	Y .10	OLD AGE .1	MURDER SUICIDE .					DAY . 3	DIAGNOSIS 1		
									WORKER RANT, BA		(>>W14)	WITCHCRAFT	/				WEEK. 4	NON-MEDICAL DIAGNOSIS .2		
						YES 1>		GENERAI	LABOUR	ER.13	ILLNESS .2	SORCERY. OTHER (SPE					MONTH 5		YES1	
			MALE1					STUDENT		15	(>>W11) OTHER			CODES 1ST	BELOW 2ND	TIME	YEAR. 6	OWN PERCEPTION	NO2 (»NEXT	
		CODES BELOW	FEMALE.2	YEARS	MONTHS	1			XY		CAUSE3	(THEN >>	W13)	ILLNESS	ILLNESS	AMOUNT	UNIT	3	DECEASED)	MK
31																				
32																				
33																				
34																				
35																				
36																				
	ELATIONSHIP	CODES	•								ILLNESS (	CODES		•		•		•		
		CHILD3		GRANDF	ATHER/M	THER	. 10				MALARIA	1		/AIDS				LIVER DISEAS SEXUALLY TRA	SE ANSMITTED	14
					/MOTHER						MEASLES .	2		RT DISEA H BLOOD			9 RCULATOR	, DISEASE		
F	ATHER/MOTHER	₹ 6			RELATIVI T OR SEI		. 12				DIARRHEA.		PRO	BLEM	.10			DIABETES CON	MPLICATION	16
	ISTER/BROTHE ON/DAUGHTER-				IVE		. 13				MENINGIT	IS5		OKE CER				DOES NOT KNO		
		ER-IN-LAW 9			OR TEN		. 14				MALNUTRI:			NEY DISE				REFUSED TO A		18 19

JGHTER-IN-LAW8 R/SISTER-IN-LAW .9	TENANT OR TENANT'S RELATIVE 14	MALNUTRITION 6 TUBERCULOSIS 7	CANCER	DOES NOT KNOW  REFUSED TO ANSWER  OTHER (SPECIFY)	.18
			ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE W:	ENUMERATOR: RECORD END TIME  ID FOR MODULE W: HOURS	MINUTES

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

ENUMERATOR: RECORD START DATE & TIME F	OR MODULE X:	DAY MONTH HOURS MINUTES			
X01. ENUMERATOR: IS THIS A PANEL HOUSEHOLD?	YES1>>X10 NO . 2				
CROSS-SECTION		PANEL VISIT 1		PANEL VISIT 2	
X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON?	2014/151 2015/162	X10. Did you or anyone in your household own or cultivate a plot during the 2015/2016 rainy season?	YES1 NO2	X17. <b>ENUMERATOR:</b> 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 anyone in your household own any livestock in the last 12 months?	YES1 NO2	X18. Did you or anyone in your household cultivate a plot during the 2016 dry (dimba) season?	YES1 NO2
X04. <b>ENUMERATOR</b> : WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON?	20151	X11_1. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT	YES1 NO2	X19. 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]?		SAID 'YES' TO X10 <u>OR</u> X11.  X12_1. <b>ENUMERATOR</b> : IS THIS A PANEL A HOUSEHOLD?	YES1 NO2>>	X20. <b>ENUMERATOR:</b> 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	X16. Did you or anyone in this household do any	END OF HOUSEHOLD QUESTIONNAIRE YES1	SAID 'YES' TO ONE OF X17, X18 or X19.  X21. 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	fishing or fish trading in the last 12 months?	NO2	HOUSEHOLD?	NO2
X07. Did you or anyone in your household own any livestock in the last 12 months?	YES1 NO2	X16_1. ENUMERATOR: SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X16.	YES1 NO2	X22. Did you or anyone in this household do any fishing or fish trading in the last 12 months?	YES1 NO2
X08. <b>ENUMERATOR:</b> SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED?	YES1 NO2			X23. <b>ENUMERATOR</b> : 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 or fish trading in the last 12 months?  IF YES, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED.	YES1 NO2			ENUMERATOR: RECORD PRIMARY RESPONDENT RECORD ID FOR MODULE X: ID FOR MODULE X:	HOURS MINUTES

**END OF QUESTIONS** 

#### SURVEY HOUSEHOLD MEMBER LIST

B01	B02	B03	B05	
C C D I E D	NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.		ONLY. IF THAN 6 Y	RS AND IVE YEARS LESS 'EARS IN E YEARS
		MALE1 FEMALE2	YEARS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				