PUBLIC DISCLOSURE **AUTHORIZED**

Malawi Integrated Household Panel Survey - Household Questionnaire - Page 1

MARK BOX WI BELOW IF YO FORM TO COL	U USE <u>MORE</u> LECT	THAN THIS	SINGLE	DE
INFORMATION SURE TO MAR USED FOR TH	K IN THE S.	AME WAY TH		
FORM	OF	FORMS	IN TOTA	ΔL



STRICTLY CONFIDENTIAL

Number

Questionnaire Malawi Government National Statistical Office

INTEGRATED HOUSEHOLD PANEL SURVEY, 2013

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 1967 STATISTICS ACT. THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE									
MODULE A-1: HOUSEHOLD IDENT	[IFICATION								
A01: HOUSEHOLD ID:									
A02. PANEL: PANEL A 1 PANEL B 2									
A03: FULL HOUSEHOLD IDENTIFICATION	FROM IHS3:								
A04. NAME OF HOUSEHOLD HEAD FROM	IHS3:								
	OUSEHOLD 1 HOUSEHOLD2]						
AUG. LOCATION OF HOUSEHOLD.	SAME LOCATION 1 ► OCAL TRACKING2 STANCE TRACKING3	A08							
A07. IHS3 ROSTER ID & NAME OF TRACKI	ING TARGET: 0]						
A08. CURRENT NAME OF HOUSEHOLD HE	EAD:								
A09. DISTRICT:									
A10. TA, STA, or TOWN:									
A11. ENUMERATION AREA:									
A12. PLACE / VILLAGE NAME:	 -								
A13. LOWEST IHS3 ROSTER ID NUMBER F	FROM SECTION B, QUE		0	1			CONFIRM IN M	IODULE B HOUSEHOLD ROSTER	

<u>VISIT 1</u>		VISIT 2							
A14. DESCRIPTION OF LOCATION OF HOUSEHOLD:		A30. IS THIS HOUSEHOLD IN		S1 ▶33 2					
			LOCATION OF HOUSEHOLD:						
A15. WHAT ARE THE GPS COORDINATES OF THE DWELLING?			ORDINATES OF THE DWELLING? (RETAKE -						
LATITUDE (S)			LATITUDE (S)						
LONGITUDE (E)			LONGITUDE (E)						
A16. WEATHER CONDITION AT MEASUREMENT: Clear/ Sunny	5	A33. WEATHER CONDITION A Clear/ Sunny Mostly Clear / Mostly Sunny Partly Cloudy / Partly Sunny	1 Mostly Cloudy / Considerable Cloudiness4 Completely Cloudy5						
A17. PHONE NUMBER FOR HOUSEHOLD HEAD:		A34. PHONE NUMBER FOR H	OUSEHOLD HEAD: (RETAKE - DO NOT COPY)						
A. NAME: B. PHONE: _		A. NAME:	B. PHONE:						
A18. CONTACT INFORMATION - REFERENCE PERSON 1: A	19. CONTACT INFORMATIO	ON - REFERENCE PERSON 2:	A20: CONTACT INFORMATION - REFEREN	CE PERSON 3:					
A. NAME: A	NAME:		A. NAME:						
B. RELATIONSHIP TO HEAD: B	. RELATIONSHIP TO HEAD	:	B. RELATIONSHIP TO HEAD:						
C. PHONE:	. PHONE:	C. PHONE:							
D. DISTRICT:	D. DISTRICT:	D. DISTRICT:							
E. TA, STA, or TOWN:	. TA, STA, or TOWN:		E. TA, STA, or TOWN:						
F PLACE / VILLAGE:	PLACE / VILLAGE:	E PLACE / VILLAGE:							

MODULE A-2: SURVEY STAFF DETAILS VISIT 1	<u>VISIT 2</u>
A21. ENUMERATOR CODE:	A35. ENUMERATOR CODE:
A22. ENUMERATOR NAME:	A36. ENUMERATOR NAME:
A23. Attempt 1 Attempt 2 Attempt 3 HH MM HH MM ENUMERATOR>> NEXT PAGE	A37. Attempt 1 Attempt 2 Attempt 3 HH MM HH MM ENUMERATOR>> NEXT PAGE
A24. SUPERVISOR CODE:	A38. SUPERVISOR CODE:
A25. SUPERVISOR NAME:	A39. SUPERVISOR NAME:
A26. DATE OF INSPECTION:	A40. DATE OF INSPECTION: DD MM YYYY
A27. DATA ENTRY CODE:	A41. DATA ENTRY CODE:
A28. DATA ENTRY NAME:	A42. DATA ENTRY NAME:
A29. DATE OF DATA ENTRY: DD MM YYYY	A43. DATE OF DATA ENTRY: DD MM YYYY
RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.	RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.
PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS.	PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS.
A44. 2ND DE CODE: A45. 2ND DE NAME:	A46. DATE OF 2ND DE:

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

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 this year as part of the Integrated Household Panel Survey (IHPS). The IHS3 survey 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.

IHS3 HOUSEHOLDS:

Now in 2012/2013, we are returning to see how things are progressing in terms of living standards.

SPLIT-OFF HOUSEHOLDS:

At the time of IHS3, 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.

ΔΙΙ

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 qu estions 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 clarific ation? May I proceed with interviewing you and members of your household?

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42	MODULE L: DURABLE GOODS		FISHERY QUESTIONNAIRES

MODULE B: HOUSEHOLD ROSTER

ENUMERATOR: RECORD **VISIT 1** START DATE & TIME FOR <u>MODULE B</u>:

Th. 4 T.T.	3.403.1mrx		A CENTRAL MANAGE

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

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.
FILL IN B02 to B04.

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

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

										DAY MONTH	HOURS MINUTES																																										
	B01	B02	B03	B04	B04_1	B05		B06		B06_1	B06_2	B06_3																																									
f	- D C O D E	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 B02 TO B04 BEFORE COMPLETING QUESTIONS B04_1 AND FOLLOWING.	SEX	RELATIONSHIP TO HEAD: HEAD	PHONE NUMBER:	,		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS AND</u>		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND		How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS ANI		[NAME] born? AND 7. IF 6. 6. 6. 6. AND		IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHS3 ROSTER ID NUMBER FROM TRACKING FORM ELSE, ENTER 99	(VISIT 2 ONL Y) Is [NAME] still a member of your household? STAYED1 NEW2 LEFT	How old [NAME]' IF 6 YEA OVER, G YEARS C LESS TH YEARS II	is ? RS AND IVE DNLY. IF IAN 6 N AGE, ARS AND
			MALE1	RELATIVE 14 OTHER NON-RELATIVE 15		YEARS	MONTHS	MONTH	YEAR		PERMANENTLY3 DIED4>>NEXT	YEARS	MONTHS																																								
			FEMALE2	OTHER (SPECIFY) 16		YEARS	MONTHS		(4-DIGIT)	IHS3 ROSTER ID	ROW	YEARS	MONTHS																																								
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s	2																																																				
	3																																																				
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3	11																																																				
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	15																																																				

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B07	B08	B09	B10		B11	B12	B13	B14	B15	B16	B19
- D	For how many months during the past 12		THIS VILLAGE 1>>B11 OTHER VILLAGE IN THIS DISTRICT 2>>B11 VILLAGE IN OTHER DISTRICT 3 THIS TOWN OR URBAN CENTRE 4>>B11 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT 5>>B11	In which district/cour [NAME] born? IF BORN IN ANOTHER DISTRICT IN MALAWI THE DISTRICT NAME CODE; IF BORN ABR LIST THE COUNTRY I CODE. REFER TO THE MANU DISTRICT AND COUN CODES. (THEN >> B12	R I, LIST & DAD, NAME & JAL FOR ITRY	Has [NAME] always lived in this village or urban location?	is it since	What was the main reason that [NAME] moved here? PARENTS MOVED1 TO LIVE WITH RELATIVES .2 SCHOOLING3 MARRIAGE .4 FAMILY QUARREL .5 DIVORCE6 RETURN FROM WORK ELSEWHERE. 7 JOB TRANSFER .8 LOOK FOR WORK9 START NEW JOB OR BUSINESS .10 LOOKING FOR	OTHER VILLAGE IN THIS DISTRICT2>>B16 VILLAGE IN OTHER DISTRICT3 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT5>>B16	From which district/country did [NAME] move from? IF MOVED FROM ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF MOVED FROM ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FO DISTRICT AND COUNTRY CODES.	Where is [NAME]'s father? IF MEMBER OF HH, COPY ID	Where is [NAME]'s mother? IF MEMBER OF HH, COPY ID LIVING OUTSIDE OF HH97 DEAD.98
	CUMULATED	NUMBER OF	TOWN OR URBAN CENTRE IN OTHER	DISTRICT/COU	NTRY	YES1		LAND TO FARM. 11 TO RECOVER	TOWN OR URBAN CENTRE IN OTHER	DISTRICT/COUNTRY	DOES	DOES
	MONTHS	DAYS	DISTRICT6 OUTSIDE MALAWI7	NAME	CODE	>>B16 NO2	YEARS	FROM ILLNESS. 12 OTHER (SPEC.). 13	DISTRICT6 OUTSIDE MALAWI7	NAME CODE	NOT KNOW.99	NOT KNOW.99
1								ornak (oracı). 13				
2												
3												
4												
5												
6												
7												
8												
9				 						<u> </u>	<u> </u>	
10												
11												
12												
13												
14												
15												

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B22	B22_1	B22_2	B22_3	B22_4	B23	B24	B25	B26			B27	B28	
I D	ASK OF ONLY HH HEAD: What language do you speak at home?	IS THE SAMPLE HOUSEHOLD	IS THIS PERSON [NAME]	What is the highest educational qualification acquired by [NAME]?	IS THIS	What religion, if any, does [NAME] practice?	What is [NAME]'s present marital status?	Does [NAME]'s spouse live in this household now?	COPY TH WIFE/ HU IF MORE COPY ID WIVES RE HOUSEHO	SBAND. THAN ON CODES O ESIDENT	E WIFE, F ALL	Does [NAME] have a spouse living outside of this household now?	How many spouses does [NAME] have who are residing	
C O D E	CHEWA. 1 NYANJA. 2 YAO 3 TUMBUKA. 4 LOMWE. 5 NKHONDE. 6 NGONI. 7 SENA . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11 SENGA. 12 SUKWA . 13			NONE 1 PSLC 2 JCE 3 MSCE 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD.	YES1	NONE	MONOGAMOUS MARRIED OR NON-FORMAL UNION1 POLYGAMOUS MARRIED OR NON-FORMAL UNION2 SEPARATED.3>>NEXT ROW DIVORCED.4>>NEXT ROW WIDOW OR WIDOWER5>>NEXT ROW NEVER			ID CODE 2ND	3RD	YES1	else- where?	
	ENGLISH.14 OTHER . 15	YES1 NO2	YES1 NO2>>B22_4	DEGREE . 7	NO2>>NEXT ROW	RELIGION5	MARRIED6>>NEXT ROW	YES1 NO2>>B27	SPOUSE	WIFE	WIFE	NO2>>NEXT ROW	NUMBER	
1														
2	\gg	\gg												
3	$\geq \leq$	$\geq \leq$					ļ					 		
4	$\nearrow \bigcirc$	> <												
5	\nearrow	$\nearrow \langle$												
6	\sim													ENUMERATOR: RECORD
7	$\geq \leq$	$\geq \leq$												PRIMARY RESPONDENT
8	$\geq \leq$	$\geq \leq$												ID FOR VISIT 1 MODULE B:
9	><	$>\!\!<$												
10	$\nearrow \searrow$	><												ID
11	\sim	$\geq \leq$												ENUMERATOR: RECORD VISIT 1
12	${\color{red} >}$	$\geq \leq$												END TIME FOR MODULE B:
13	$\geq \leq$	>												
14	$\geq \leq$	$\geq \leq$												HOURS MINUTES
15	> <	$>\!\!<$												MOOKS MINUTES

VISIT 1 VISIT 2 ENUMERATOR: RECORD DATE: B001: **ENUMERATOR:** IS THIS A <u>PANEL A</u> OR <u>PANEL B</u> HOUSEHOLD? B003: **ENUMERATOR**: IS THIS A <u>PANEL A</u> OR <u>PANEL B</u> HOUSEHOLD? PANEL A...1 >> MODULE C PANEL B...2 PANEL A...1

B002: ENUMERATOR: IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?

Public transport - Bus/Minibus

Public transport - Other (Truck, Oxcart, Etc..)

108

109

Batteries

Recharging batteries, cell phones

B004: ENUMERATOR: IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?

PANEL B...2 >> MODULE C

			YES. NO	1 2 >> MODUI	LE X					YES1	>> MOD	ULE X			
MODULE B1: HOUSING ENUMERATOR: RECORD START TIME FOR MODULE B1: HOURS			RECC END 1		HOURS MIN	UTES			MODULE B2: FOOD CONSUMENUMERATOR: RECORD START TIME FOR MODULE B2: HOURS MINUTES] ENUMEI	Y RESP	RECORD ONDENT RECORD RECORD END IIM FOR MODULE	L	DURS MIN	NUTES
B101	B102	B103	B104	B105	B106	B107	B108			B201	B202		В	3201	B202
Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	THE <u>ROOF</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?		How many separate rooms do the members of your household occupy?	How many working cell phones in total does your household own?	Estimate the total cost for all <u>cell phone</u> service for all household members last month?	facility does your household use? FLUSH TOILET. 1 VIP LATRINE2 TRADIT.	Do any members household under a be to protect against mosquitoe	sleep ed net es at	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD	YES.1	ITEM		NO N	TES.1 102>> IEXT TEM	ITEN
BEING PURCHASED . 2	GRASS1 IRON	SAND1 SMOOTHED	COUNT	IF NONE,		LATRINE W/ROOF 3	some time during the		MEMBERS.	1	CODE	ITEM			COD
EMPLOYER PROVIDES 3 FREE,	SHEETS2 CLAY TILES3	MUD2 SMOOTH	BATHROOMS, TOILETS,	RECORD 0.		TRADIT. LATRINE W/O ROOF. 4			Maize ufa mgaiwa (normal flour) *		101	Eggs			501
AUTHORIZED4 FREE, NOT	CONCRETE4 PLASTIC SHEETING5	CEMENT3 WOOD4 TILE5	STOREROOMS, OR GARAGE)			NONE5	YES1		Maize ufa refined (fine flour) *		102	Beef			504
AUTHORIZED5 RENTED6	OTHER (SPECIFY)6	OTHER (SPECIFY).6	NUMBER	NUMBER	MK	(SPECIFY) 6	NO2		Maize ufa madeya (bran flour) *		103	Goat			505
									Rice		106	Pork			506
									Bread		111	Chicken			508
									Cassava tubers*		201	Other poultry-guinea fowl, doves, e	etc.		509
									White sweet potato*		203	Fresh milk			701
									Bean, brown*		302	Sugar			801
									Groundnut*		304	Cooking oil			803
									Nkhwani*		404	Chips (vendor)			821
MODULES B3, B4 & B5:	NON-FOOD EXPE	NDITURES							Tomato*		408	Mandazi, doughnut (vendor)			827
MODULE B3: ONE WEEK	RECALL			MODULE B	4: ONE MONT	TH RECALL			MODULE B5: THREE MONTH RE	CALL		_			
Over the past one week (7 chousehold purchase or pay the		B301 YES.1 NO2>> NEXT ITEM	B302		st <u>one month,</u> one pay for any [did your household .]?	B401 YES.1 NO2>> NEXT ITEM	ITEM CODE	Over the past <u>three months</u> , did your household purchase or pay for any []?	B501 YES.1 NO2>> NEXT ITEM	B502 ITEM CODE	ENUMERATOR: RECORD START TIME FOR MODULE B3: ENUMERATOR: RECORD	HOURS	MINUTES	
Charcoal			101	Bar soap					Men's trousers		308	PRIMARY RESPONDENT ID FOR MODULE B3,B4,B5:			
Paraffin or kerosene			102		or clothes soar	p)		202	Men's shirts		309	<u> </u>	,	ID	
Cigarettes or other tobacco			103	Clothes soa	p (powder)			203	Men's jackets		310	ENUMERATOR: RECORD]
Candles			104	Toothpaste,	toothbrush			204	Men's undergarments		311	FOR MODULE B5:		<u> </u>]
Matches			105	Glycerine, V	aseline, skin c	reams		206	Men's other clothing		312	1	HOURS	MINUTES	
Newspapers or magazines			106	Other perso	nal products (s	shampoo, razor			Boy's shoes		322	1			
Public transport - Bicycle Ta	xi		107		metics, hair pro			207	Men's shoes	1	323	1			

220

221

Girl's shoes

Lady's shoes

324

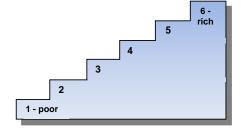
325

MODULE B6: ASSETS			MODU	<u>ILE B7: S</u>	HOCKS	<u> </u>			
ENUMERATOR: RECORD START TIME FOR MODULE B6: HOURS MINUTI	ES .		RECOF START		HOURS	MINUTES			
	B601 How many [ITEM]s do you own? IF NONE, RECORD ZERO.	B602						B701 During the last 12 months, was your household affected negatively by any of the following [SHOCK]?	B702 Rank the three most significant shocks you experienced - Most Severe (1), Second Most Severe (2), Third (3).
ITEM	NUMBER	CODE	CODE	sноск				NO2 >> NEXT SHOCK	
Mortar/pestle (mtondo)		501	101	Drought					
Bed		502	1101	Irregular R	tains				
Table		503	102	Floods					
Chair		504	1102	Landslides	3				
Radio ('wireless')		507	103	Earthquak	es	• • • • • •	• : • :		• • • • • • • • • • • • • • • • • • • •
Tape or CD/DVD player; HiFi		508	104	Unusually Pests or D			p		
Television		509	105	Unusually Livestock		vel of			
Sewing machine		511	106	Unusually Agricultur	Low Price				
Electric or gas stove; hot plate		513	107	Unusually Agricultura		sts of			
Refrigerator		514	108	Unusually		ices for F	ood		
Bicycle		516	109	End of Re Remittance					
Motorcycle/scooter		517	110	Reduction Household		arnings f	rom		
Car		518	111	Household Business	l (Non-A	gricultura	al)		
Upholstered chair, sofa set		522	112	Reduction Currently	in the E	arnings c	f		
Coffee table (for sitting room)		523	113	Loss of En Salaried	nployme	nt of Prev	iously		
Cupboard, drawers, bureau		524	114	Serious IIr Household			of		
Lantern (paraffin)		525	115	Birth in the	Housel	nold	• • • •		
Clock		527	116	Death of Ir	ncome E	amer(s)			
Iron (for pressing clothes)		528	117	Death of C Member(s)		usehold			
ENUMERATOR: RECORD PRIMARY RESPONDENT	\neg		118	Break-Up	of House	ehold			
ID FOR MODULE B6:			119	Theft of Management Assets/Ag					
ENUMERATOR: RECORD			120	Conflict/Vi	olence				
FOR MODULE B6: HOURS MINUT	ES		121	Other (Spe	ecify)				
			PRIM	MERATOR: I ARY RESPO R MODULE	DNDENT	ID	RE EN	IUMERATOR: ECORD ID TIME DR MODULE B7:	HOURS MINUTES

MODULE B8: SUBJECTIVE WELFARE

ENUMERATOR:		
RECORD		
START TIME \		
FOR MODULE B8:	HOURS	MINUTES

B801 Concerning your household's food consumption over the past one month, which of the following is true?	Imagine six bottom, the poorest peo step, the six	B803 steps, where first step, sta ple, and on t tth, stand the PICTURE OF	and the the highest rich.	B805 How many changes of clothes do you (HH HEAD) own?	B806 What do you (HH HEAD) sleep under in the cold season (July)?		
It was less than adequate for household needs 1 It was just adequate for household needs 2 It was more than adequate for household needs 3 (NOTE THAT 'ADEQUATE MEANS NO MORE OR NO LESS THAN WHAT THE MINIMUM CONS	On which step are you today?	On which step are most of your neighbors today?	On which step are most of your friends today?	(NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN)	BLANKET & SHEETS1 BLANKET ONLY2 SHEETS ONLY3 CHITENJE CLOTH4 FERTILIZER OF GRAIN SACK .5 CLOTHES6 NOTHING7		





	ID	
ENUMERATOR: RECORD END TIME FOR MODULE B8:	HOURS	MINUTES

(THEN >> MODULE X)

MODULE C: EDUCATION

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

C01	C02	C03	C04	C05		C06	C08	C09	C11
I D	YEARS. DO NOT ADMINISTER	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER?	WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL? LIST FROM HOUSEHOLD ROSTER	Are you able to re the following langu		Have you ever attended school?	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	What is the highest educational qualification you have acquired?	Did you attend school in the last completed academic year?
C O D E	THIS MODULE TO THESE INDIVIDUALS.	SELF- REPORTED1>>C05 ANOTHER HH MEMBER2	HH ROSTER	YES. NO.		YES1 NO2>> NEXT	PRIMARY STND. 1 - 1	NONE 1 PSLC 2 JCE 3 MSCE 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD.	YES1 NO2>> c13
			ID CODE	Chichewa	English	MODULE		DEGREE . 7	
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MODULE C: EDUCATION (CONTINUED)

C01	C12	C13	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 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		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/GOVERNMENT11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL14 OTHER PRIMARY15 SECONDARY GOVERNMENT (CONVENTIONAL)21 COMMUNITY DAY (CDSS) .22 CHURCH/MISSION SCHOOL .23 ISLAMIC SCHOOL24 NIGHT SCHOOL24 NIGHT SCHOOL25 OTHER SECONDARY26 TERTIARY UNIVERSITY31 TRAINING COLLEGE .32 OTHER TERTIARY33	Are you a day scholar or a boarder at the school? DAY SCHOLAR1 BOARDER2>>C20	FOOT1 BICYCLE2 BUS/MINI- BUS3 PRIVATE VEHICLE4 OTHER (SPECIFY).5	How long does it usually take you to get to school by this means of transport? MINUTE. 1 HOUR 2 TIME AMOUNT UNIT	
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MODULE C: EDUCATION (CONTINUED)

C01	C20	C22													
D	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?	IF NOTHING WAS													
	YES1 NO2	A Tuition, including extra tuition fees	Expenditures on after school ees tutoring Expenditures on after school troops School books & School uniform clothing Boarding Fees Contribution for school building or maintenance Transport Parent/ Teacher Association & other related fees												
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MODULE D: HEALTH

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

D01	D02	D03	D04	D05	-	D06		D07		D08	D09
I D CODE	IS THE INFORMATION SELF- REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF- REPORTED1>>D04 ANOTHER HH MEMBER2	WHO IS REPORTING	-	What was the illness o	SLOOD PRESSURE .18 PAIN WHEN PASS- ING URINE . 19 IJABETES . 20 IENTAL DISORDER.21 B . 22 EXUALLY TRANSMITTED DISEASE . 23 IURN . 24 PRACTURE . 25 IOUND . 26 IOISONING . 27 REGNANCY . 28 INSPECIFIED LONG-TERM ILLNESS . 29	Who diagnosed MEDICAL WORKER (DOCTOR, CLINIC OFFICER, NURSE AT HOSPITAL MEDICAL WORKER AT OTHER HEALT! FACILITY. HEALTH SURVEILL ASSISTANT TRADITIONAL HEAL NON-HH MEMBER (NOT MEDICAL) SELF OTHER HH MEMBER OTHER (SPECIFY)	CAL) 1 H 2 ANCE 3 LER 4 5 6 7	What action did yo for your illness? DID NOTHING, NOT DID NOTHING, NO MUSED MEDICINE HAD PERSONALLY KNOWN SOUGHT TREATMENT CHURCH/MISSION F SOUGHT TREATMENT PRIVATE HEALTH F SOUGHT TREATMENT HEALTH CLINIC/WIT SURVEILLANCE ASSI WENT TO LOCAL PHA WENT TO LOCAL GROMEDICINE. SOUGHT TREATMENT TRADITIONAL HEAL SOUGHT TREATMENT TRADITIONAL HEAL SOUGHT TREATMENT FAITH HEALER. OTHER (SPECIFY).	SERIOUS . 1 ONEY 2 IN STOCK 3 REMEDIES. 4 AT GOVT 5 AT ACILITY . 6 AT ACILITY . 7 ACILITY . 7 ACT VILLAGE H HEALTH STANT . 8 RNACY . 9 CERY FOR 10 WITH ER 11 WITH 12	During the past 2 weeks, for how many days did you have to stop your normal activities because of this (these) illness(es)? IF NONE, RECORD ZERO AND >> D10.	During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for you? IF NONE, RECORD ZERO.
		ID CODE		Problem 1	Problem 2	Problem 1	Problem 2	Problem 1	Problem 2	DAYS	DAYS
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MODULE D: HEALTH (CONTINUED)

D01	D10	D11	D12	D13	D14	D15	D16	D17	D18	D19
I D CODE	you spend in the past	4 weeks for medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc., if any?	you spend in the past 4 weeks for non- prescription medicines - Panadol, Fansidar, cough	During the last 12 months, were you hospitalized or had an overnight stay(s) in a medical facility?	stay(s) in a medical	How much in total did you spend to travel to the medical facility for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY INKIND 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?	months, did you stay over-night(s) at a traditional healer's or faith healer's dwelling?	What was the total cost of your stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY INKIND PAYMENTS.
				YES1 NO2>> D18				YES1 NO2	YES1 NO2>>D33	
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MODULE D: HEALTH (CONTINUED)

D01	D20	D21	D22	D33	D34		D35		D36		
I D CODE	How much in total did you spend to travel to the traditional healer's or faith healer's dwelling for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE	International day dots paid to the well to the ealer's or faith healer's ay(s) during the least 12 months? INCLUDE ESTIMATED VALUE IND PAYMENTS. INCLUDE ESTIMATED VALUE INCLUDE ESTIMATED VALUE IND PAYMENTS. INCLUDE ESTIMATED VALUE INCLUDE ESTIMATED VALUE INDICATE IN TOWN this illness do you safier from this illness do you safier from this illness? INCHORIC MALARIA/FEVER 1 OF SET INDICATED VALUE INTERPRETATION IN TOWN this illness (these illnesses)? INCLUDE ESTIMATED VALUE INCLUDE ESTIMATED VALUE INDICATED VALUE INDICATE				MEDICAL WORKI (DOCTOR, CL. OFFICER, NUI AT HOSPITAL MEDICAL WORKI AT OTHER HEJ	IR INICAL ISE) 1				
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MODULE D: HEALTH (CONTINUED)

D01	D37	D38	D39	D40	D41	D42	D43
I D	IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD?	What did you have for breakfast yesterday?	IS THIS PERSON, [NAME], A WOMAN AGED 12 TO 49 YEARS?	In the past 24 months, did you give birth to a child, even if born dead?	Did you regularly go to a health clinic when you were pregnant with your last child born in the last 24 months?	Where did you deliver your last child born in the last 24 months?	Who assisted in delivering this child?
C O D E	YES1 NO2>> D39	WITH SUGAR1 MILK/MILK TEA WITH SUGAR2 SOLID FOOD ONLY3 TEA/DRINK WITH SOLID FOOD4 PORRIDGE WITH G/NUT FLOUR.5 PORRIDGE WITH SUGAR7 PORRIDGE WITH SUGAR7 PORRIDGE WITH MILK8 PORRIDGE WITHOUT SUGAR9 NOTHING10 OTHER (SPECIFY).11	YES1 NO2>>NEXT MODULE	YES1 NO2>>NEXT MODULE	YES1	HOSPITAL/ MATERNITY CLINIC1 AT HOME2 OTHER (SPECIFY).3	DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE 2 PATIENT ATTENDANT
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MODULE E: TIME USE & LABOUR

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

E01	E02	E03	E04	E05	E06	E06_1	E06_2	E06_3	E06_4	E06_5	E06_6	E06_7
	PUT AN 'X' FOR ALL INDI- VIDUALS WHO ARE AGED BELOW 5 YEARS. DO NOT ADMIN- ISTER THIS MODULE TO THESE 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 collect- ing water?	How many hours did you spend yesterday collecting firewood (or other fuel materials)?	agricultural activities (including farming, raising livestock or fishing,	In the last 12 months, did you run a non-farm business of any size for yourself or the household, even if only for one hour?	help in any kind of non-farm business run by this household, even if	any payment in kind: including doing paid apprenticeship, domestic work or paid farm work, excluding	for anyone that is	In the last 12 months, did you engage in casual, part-time or <i>ganyu</i> labour, even if only for one hour?	REVIEW QUESTIONS E06_1 TO E06_6. DID THIS PERSON ANSWER 'YES' TO AT LEAST ONE QUESTION?
		YES.1>>E05										
		NO2	HH ROSTER ID CODE	HOURS	HOURS	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES.1 NO2>>E07
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E01	E06_8		E07	E08	E09	E10	E11	E12	E13	E13_1	
I D C O D E	WAGE EMPLOYMENT EXCLUDING GANYU		How many hours in the last seven days did you spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household food?	How many hours in the last seven days did you run or do any kind of non-agricultural or non-fishing household business, big or small, for yourself?	in the last seven days did you help in any of the household's non-	How many hours in the last seven days did you engage in casual, part-time or ganyu labour?	How many hours in the last seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding ganyu?	in the last seven days did you engage in an unpaid apprenticeship for anyone that is not a member of	REVIEW QUESTIONS E07 TO E12. DID THIS PERSON, [NAME], WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS?	In what type of econ you spend most of y 7 days: WAGE EMPLOYMENT GANYU HOUSEHOLD BUSIN AC) UNPAID HOUSEHOI (AGRIC) UNPAID APPRENTI GANYU	EXCLUDING
	MAIN	SECONDARY							YES.1 NO2>>E14	(THEN>>E18	SECONDARY
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MAIN WAGE JOB OVER THE LAST 12 MONTHS

E01	E14	E15	E16	E17	E18	E19	E20		
I D C O D E	last seven days,	What is the main reason you did not work at this activity during the last seven days? ON LEAVE1 ILL2 BUSINESS CLOSED TEMPORARILY3	for any kind of work or start any kind of business / income generating	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 months. (Supervito put	n to put in		
		NOT FARMING SEASON4 OTHER				occupat code <u>af</u>	code <u>after</u>		
	YES.1	(SPECIFY)5	YES.1 NO2	YES.1 NO2	YES.1 NO2>>E46	intervi	interview)		
	NO2>>E16	(THEN >> E18)				WRITTEN DESCRIPTION OCCUP. (DDE WRITTEN DESCRIPTION IND. CODE		
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at this wage job? C O D Private Company1 D Private Today and Today an	E01	E21	E21_1	E21_2	E21_3	E21_4	E22	E23	E24	E24_1
Private Companyi	I D	wage job over the last 12 months	main wage job?	have a contract?	pension scheme for	health insurance scheme with this	months over the last 12 months, did you work at this	months, approximately how many weeks per month did you work	weeks, approximately how many hours per week did you work	days, approximately how many hours did you work at this
2	C O D E	Private Individual	Fixed-term with duration ≥1					NUMBER OF	NUMBER OF	
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E01	E25)	E26		E26_1		E27	E28		E28_1		E29	E30	E31
	payment for wages/salary?	What period do each of y payments co	our salary	Who in the h controls/ dec use of your s payment? LIST UP TO 2 FROM HOUSI ROSTER	sides on the salary MEMBERS	How much do you usually receive in <u>allowances or gratuities</u> , including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.	gratuity payı	reporting nces and	Who in the household controls/ decides on the		Is this wage job considered an apprenticeship?	Have you made any payments to your employer for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.
						IF NOTHING, RECORD ZERO, >> E29.							
		NUMBER OF	DAY3 WEEK .4	HH ROSTER	HH ROSTER	, 2EI(O, >> E23.	NUMBER OF	DAY3	HH ROSTER	HH ROSTER	YES.1 NO2>>E32	YES.1 NO2>>E32	
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SECONDARY WAGE JOB OVER THE LAST 12 MONTHS

		SECONDARY WAGE JOB OVER THE L	AST 12 MIO				
E01	E32	E33		E34		E35	E35_1
I D	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 la	st 12 months.	Describe what kind of trade or business your job over the last 12 months is connected with	secondary wage i.	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
C O D E	commission or any payment in kind, excluding ganyu, for anyone who is not a member of your household?		(Supervisor to put in occupation		(Supervisor to put in industry	Private Company1 Private Individual2 Government3 State-Owned Enterprise (Parastatal)4 MASAF/Public Works Program5	Permanent
	YES.1 NO2>>E46	WRITTEN DESCRIPTION	code <u>after</u> interview) OCCUP. CODE	WRITTEN DESCRIPTION	code <u>after</u> interview) IND. CODE	Church/Religious Organization	Temporary/Seasonal/ Freelance4
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E01	E35_2	E35_3	E35_4	E36	E37	E38	E38_1	E39	E40		E40_1	
I D C O D E	job have a contract?	in a pension scheme for this wage job?	Are you enrolled in a health insurance scheme with this wage job?	In how many months over the last 12 months, did you work at this wage job?	During these months, approximately how many weeks per month did you work at this wage job?	During these weeks, approximately how many hours per week did you work at this wage job?	During the last 7 days, approximately how many hours did you work at this wage job?	How much was your last payment for wages/salary?	What period each of your payments or	r salary	Who in the h controls/ dec use of your s payments? LIST UP TO 2 FROM HOUSI ROSTER	cides on the salary
	YES.1	YES.1	YES.1							TIME UNIT		
	NO2	NO2	NO2					_		DAY3	HH ROSTER	HH ROSTER
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E01	E41)	E42		E42_1		E43	E44	E45	E46	E47	
I D C O D E	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 OF	are you rep	period of time orting your and gratuity	Who in the controls/ de the use of y allowances gratuities? LIST UP TO: FROM HOUS ROSTER	cides on our or 2 MEMBERS	Is this wage job considered an apprenticeship?		How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.	ENUMERATOR: CHECK QUESTION E06_5. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your unpaid apprenticeship over the months? REFER TO MAIN UNPAID APPRENTICESHIP, IF ONE	
-	ANY IN-KIND PAYMENTS RECEIVED.										(Supervisor to put in
	IF NOTHING, RECORD										occupation
	ZERO, >> E43.		TIME UNIT			YES.1 NO2>>E46	YES.1 NO2>>E46		YES.1 NO2>>E55		code <u>after</u> interview)
		NUMBER OF	DAY3 WEEK .4	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	NO277140	NO277140				
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E01	E48	E49	E50	E51	E52	E52_1	E53	E54	E55
I D C O D	Describe what kind of trade or business your unpaid apprenticeship over the last 12 months connected with? REFER TO MAIN UNPAID APPRENTICESHIP, IF MORE THAN ONE	Is your employer for your unpaid apprenticeship over the last 12 months (READ ALL RESPONSES) Private Company1	In how many months over the last 12 months, did you work at this unpaid apprenticeship?	During these months, approximately how many weeks per month did you work at this unpaid apprenticeship?	During these weeks, approximately how many hours per week did you work at this unpaid apprenticeship?	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 paid over the last 12 months for your unpaid apprenticeship? ESTIMATE CASH VALUE OF ANY INKIND PAYMENTS.	ENUMERATOR: CHECK QUESTION E06_6. DID THE RESPONDENT REPORT YES TO THIS QUESTION?
E	(Supervi to put : indust: code af interview written description IND. Co	Private Individual	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS	YES.1 NO2>>E55	мк	YES.1 NO2>>E60
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GANYU LABOUR OVER THE LAST 12 M	MONTHS	OTHER UNPAID	LABOUR OVE	R THE LAST 12	MONTHS

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E01	E56	E57	E58	E59	E59_1		E60	E61	E62	E63	E64	E65
I D C O D E	months over the last 12 months, did you do <i>ganyu</i> 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 <i>ganyu</i> 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?	Who in the household decides on of your <i>gal</i> earnings? LIST UP TO MEMBERS HOUSEHOL ROSTER	controls/ the use nyu 0.2 FROM	At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return?	Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return?	Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of relatives?	RECORD ZERO IF NONE.	Was the household of the village headman among the households for whom you worked as exchange laborer or to assist for nothing in return?	Over the last 12 months, for how many days in total did you work for other households as exchange labourer or to assist for nothing in return?
					HH ROSTER		YES.1 NO2>>NEXT ROW		NONE.			
	NUMBER OF	NUMBER OF	NUMBER OF		ID CODE #1	ID CODE #2		NUMBER OF HHs	NUMBER OF HHs	NUMBER OF HHS	YES.1 NO2	NUMBER OF
	MONTHS	WEEKS / MONTH	DAYS / WEEK	MK				IN TOTAL	OF RELATIVES	OF FRIENDS/ NEIGHBORS	NUZ	DAYS
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

MODULE F: HOUSING

Do you own or are

purchasing this house,

is it provided to you by

an employer, do you

use it for free, or do

you rent this house?

OWNED. . . . 1

PURCHASED . 2

PROVIDES. . ..3>>F03

AUTHORIZED . .4>>F03

AUTHORIZED. ..5>>F03

RENTED. . . . 6>>F04

BEING

FREE,

EMPLOYER

FREE, NOT

F02

it?

If you sold this

dwelling today,

you receive for

how much would

MK

F03

Estimate the rent you could receive

(THEN >>F05)

DAY....3

WEEK...4

MONTH..5

YEAR...6

TIME UNIT

if you rented this dwelling?

MK

F04

dwelling?

MK

How much do you pay to rent this

F01

ENUMERATOR: RECORD START DATE & TIME FOR MODULE F:

How many

years ago

house built?

IF DO NOT KNOW,

How old is it?

RECORD 999.

YEARS

was this

F06

TYPE OF

WHAT GENERAL

CONSTRUCTION

MATERIALS ARE

PERMANENT. . . 1

SEMI-PERMANENT 2

TRADITIONAL. . 3

(SEMI-PERMANENT

IS MIX OF

CEME<u>NT)</u>

TRADITIONAL

(GRASS, MUD) &

(IRON SHEET,

MODERN MATERIALS

MUD BRICK

(UNFIRED) . . 4

BURNT BRICKS. . 5

CONCRETE. . . . 6

WOOD. 7

IRON SHEETS . . 8

OTHER (SPECIFY) 9

USED FOR THE

DWELLING?

F05

_						
'	DA	ΑY	MONTH	1	HOURS	MINUTES
F07		F08		F	09	
THE <u>OUTER WAI</u> OF THE MAIN DWELLING OF THE HOUSEHOLD AR PREDOMINANTL' MADE OF WHAT MATERIAL?	HE E	THE DWE PRE LY M WHA	ROOF OF MAIN ELLING IS DOMINANT IADE OF AT ERIAL?	N F	HE <u>FLOOF</u> MAIN DWEI PREDOMIN MADE OF V MATERIAL?	LING IS ANTLY VHAT
GRASS MUD (YOMATA) COMPACTED EARTH (YAMDINDO)	2	IRON	SS1			

CLAY

PLASTIC

OTHER

TILES.....3

CONCRETE...4

SHEETING...5

(SPECIFY)..6

SAND.....1 SMOOTHED MUD..2

SMOOTH CEMENT .3

WOOD. 4

TILE. 5

OTHER

(SPECIFY)

F10	F11	F12	F13	F14	F15	F16		F17	F18	F19
How many separate	What is your	What is your main	Do you ever use	Do you ever collect	Where do you	How long does	s it take you to	Of the firewood you	What is the	Do you have
rooms do the members	main source of	source of cooking	firewood for	firewood?	go to collect	walk from you	r dwelling to where	used in the past	total value of	electricity working in
of your household	lighting fuel?	fuel?	fuel?		firewood?	you usually go	to collect	week, how much of	the firewood	your dwelling?
occupy?						firewood?		it did you purchase?		,
,	COLLECTED								past week,	
(DO NOT COUNT	FIREWOOD1								whether	
BATHROOMS, TOILETS,	PURCHASED	COLLECTED								
STOREROOMS, OR	FIREWOOD2 GRASS3	FIREWOOD 1 (>>F15)							gathered or	
GARAGE)	PARAFFIN 4	PURCHASED			OWN				purchased?	
5/11 (/ KSE)	ELECTRICITY5	FIREWOOD 2			WOODLOT .1			ALL 1	(Estimate	
	GAS 6	(>>F14)			COMMUNITY			ALMOST	purchase cost	
	BATTERY/DRY	PARAFFIN 3			WOODLOT .2			ALL 2	of gathered	
	CELL (TORCH).7 CANDLES8	ELECTRICITY. 4 GAS 5			FOREST RESERVE .3			MORE THAN	_	
	OTHER	CHARCOAL 6			UNFARMED			HALF 3 HALF 4	firewood.)	
	(SPECIFY)9	CROP RESIDUE 7			AREAS OF			LESS THAN		
	BATTERY/DRY	SAW DUST 8			COMMUN-		MINUTE1	HALF 5		VEC 1
NUMBER OF	CELL (CAR) .10	ANIMAL WASTE 9	YES1	YES1	ITY 4	TIME	HOUR2	A LITTLE. 6		YES1 NO2>> F27
ROOMS		OTHER (SPECIFY)10	NO2>>F19	NO2>> F18	OTHER (SPECIFY).5	AMOUNT	UNIT	NONE 7	MK	1402//12/

DAY...3

WEEK...4

MONTH..5

YEAR...6

TIME UNIT

MODULE F: HOUSING (CONTINUED)

F20	F21	F22	F23	F24	F25	F26		F27	F28
In the event of a black out, what of energy do you use for?	electrici ESCOM	, , , ,	t pay an unofficial fee to get a connection?	months, how frequently did you experience blackouts in your area? READ RESPONSES	How much did you last pay for electricity? IF NEVER PAYS FOR ELECTRICITY RECORD 9999 AND >> F34	To what length of til electricity refer?	>>F34)	do not have electricity in your dwelling,	ENUMERATOR: IS THE DWELLING OWNED BY THE HOUSEHOLD ACCORDING TO F01?
FIREWOOD1 PARAFFIN2 CANDLES3 OTHER OTHER OTHER OTHER	COAL1 JOOD2 3 FFIN4	ILAR	YES1 NO2	Never1 Every day2 Several times a week3 Several times a month4	МК	TIME AMOUNT	DAY3 WEEK4 MONTH5 YEAR6 TIME UNIT	YES1 NO2>> F34	YES1 NO2>> F34

F29	F30	F34	F35	F36	F37	F38		F39
reason for your household not to have access to electricity? CONNECTION/ WIRING FEE UNAFFORDABLE1>>F34 NO NEED FOR ELECTRICITY2>>F34 DWELLING UNAPPROPRIATE FOR CONNECTION3>>F34	you been waiting for?	How many working cell phones in total does your household own? IF NONE, RECORD 0 AND >> F36.	cell phone service for all household members last	PIPED INTO DWELLING. 1 PIPED INTO YARD/PLOT. 2 COMMUNAL STANDPIPE . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL 5 PROTECTED WELL IN YARD/PLOT 6 PROTECTED PUBLIC WELL 7 BOREHOLE 8 SPRING 9 RIVER/STREAM 10 POND/LAKE 11	the total cost of <u>drinking</u> <u>water</u> for your house- hold last	WAY) to the main v your dwelling? IF THE WATER SOU PREMISES, RECORI AMOUNT AND CONT	vater source from RCE IS ON D 99 FOR TIME	Do you use the main water source
APPLICATION PENDING4 LINE WAS DISCONNECTED5>>F34 OTHER (SPECIFY)6>>F34	MONTH5 YEAR6 TIME UNIT	NUMBER	MK	DAM. 12 RAINWATER 13 TANKER TRUCK/BOWSER. 14 BOTTLED WATER 15 OTHER (SPECIFY) 16	MK	TIME AMOUNT	MINUTE1 HOUR2 TIME UNIT	ALL YEAR AROUND1>>F41 ONLY RAINYSEASON2 ONLY DRY SEASON3
(SPECIFI)							. 5-	

MODULE F: HOUSING (CONTINUED)

F40	F41	F42	F43	F44	F45	F46	F47
· — —	What kind of toilet			•	1100/11010 1110 200 1101(0) 0101		Do the children under 5 in the
	facility does your	,		•	been dipped in inscended		household sleep under a bed net at
			•		against mosqui-toes in the past	ANIX OLUL DDEN	those times of the year when there
PIPED INTO DWELLING 1 PIPED INTO YARD/PLOT 2		READ RESPONSES		under a bed net to protect	SIX IIIOIIIIIS!	BELOW 5 YEARS OF	are mosquitoes present?
COMMUNAL STANDPIPE 3				against		AGE?	
OPEN WELL IN YARD/PLOT. 4	FLUSH TOILET 1			mosquitoes at			
OPEN PUBLIC WELL 5 PROTECTED WELL IN	VIP			some time			
YARD/PLOT 6	LATRINE2			during the year?			
PROTECTED PUBLIC WELL7	TRADIT.		COLLECTED FROM RUBBISH BIN 1	3 ,			VEC FOR ALL CHILDREN
BOREHOLE8 SPRING9	LATRINE W/ROOF 3		RUBBISH PIT2				YES, FOR <u>ALL</u> CHILDREN UNDER FIVE 1
RIVER/STREAM	TRADIT.		BURNING 3				YES, FOR SOME CHILDREN
POND/LAKE 11	LATRINE W/O ROOF. 4	Household	PUBLIC RUBBISH HEAP 4		YES		UNDER FIVE 2 NO, NONE OF THE CHILDREN
DAM	NONE 5>>F43		OTHER	YES1 NO2>>F48	NO 2	YES1	UNDER FIVE 3
TANKER TRUCK/BOWSER 14	OTHER	Other households	(SPECIFY) 5	NO2//F40	ALL NETS TREATED & LESS THAN 6 MONTHS OLD3	NO2>>F48	
BOTTLED WATER 15	(SPECIFY) 6	also2	NONE 6		LESS THAN 6 MONTHS OLD 3		

F48	F49	F50	F51			F52	F53	F54	F55		
yourself or together with another household member or someone outside your	RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.	household, either by him/herself or	HOUSEHOLD	DR: RECORD D ROSTER ID IVIDUALS, EX NDENT.	CODE FOR	In the past year (12 months), have you used an account at a bank, credit union, etc. of someone else in your household or your community?	ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.	In the past year (12 months), has any other member of your household used an account at a bank, credit union, etc. of someone else in your household or your community?	HOUSEHOLD	OR: RECORD D ROSTER ID IVIDUALS, EX NDENT.	CODE FOR
YES1 NO2>>50	HH ROSTER ID CODE	YES1 NO2>>52	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER	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:

BNUMERATOR:
RECORD
END TIME
FOR MODULE F:
HOURS MINUTE

MO	DULE G: FOOD CONSUMPTION OVE	ER PAST ONE WEEK	<u> </u>			ENUMERATOR:	RECOF	RD START DATE & TIM	E FOR <u>MODULE</u>	<u>G</u> :				
	G00_1. Who in the household is most kno food consumed in the household. L	•			_	on food consur		d is reporting information in this module. LIS	T MEMBER II	D .		MONTHS		HOURS MINUTES
DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT ITEM	ITEM	G03 How much in total did your household consume in the pas week?		purchases?		spend?	G06 How much ca from own- production?		G07 How much cal from gifts and sources?	other	E LINE NUMBER	
	Cereals, Grains and Cereal Products		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	DE 1	CODES FOR UNIT:
2	Maize <i>ufa mgaiwa</i> (normal flour) *		101							l			2	KILOGRAMME
2	Maize <i>ufa</i> refined (fine flour) *		102										3	50 KG. BAG
1	Maize <i>ufa madeya</i> (bran flour) *		103										1	PAIL (LARGE)
5	Maize grain (not as <i>ufa</i>) *		104										5	No. 10 PLATE
6	Green maize *		105										6	No. 12 PLATE
	Rice		106										7	BUNCH
8	Finger millet (mawere)		107										8	PIECE
9	Sorghum (<i>mapira</i>)		108										9	BALE 1
10	Pearl millet (<i>mchewere</i>)		109										10	OX-CART (UNSHELLED) 14
11	Wheat flour		110										11	LITRE 1
12	Bread		111										12	GRAM 18
13	Buns, scones		112										13	MILLILITRE 19
14	Biscuits		113										14	TEASPOON 20
15	Spaghetti, macaroni, pasta		114										15	SATCHET/TUBE 22 OTHER (SPECIFY) . 23
16	Breakfast cereal		115										16	Olimbia (Oliberti). 2.
17	Infant feeding cereals		116										17	
18	Other (specify)		117										18	

^{*} 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 []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL	G01 YES1 NO2>> NEXT	G02	G03 How much in t 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 car from gifts and sources?		LINE NUMBER	
DE L	HOUSEHOLD MEMBERS.	IIEM	ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	DE L	
19	Roots, Tubers, and Plantains												19	CODES FOR UNIT: KILOGRAMME 1
20	Cassava tubers *		201										20	50 KG. BAG 2
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 8 PIECE 9
26	Plantain, cooking banana		207										26	HEAP 10
27	Cocoyam (masimbi)		208										27	BALE 11
28	Other (specify)		209										28	OX-CART (UNSHELLED) 14
29	Nuts and Pulses												29	LITRE 15
30	Bean, white		301										30	GRAM 18
31	Bean, brown *		302										31	MILLILITRE 19
32	Pigeonpea (nandolo) *		303										32	TEASPOON 20
33	Groundnut *		304										33	SATCHET/TUBE22 OTHER (SPECIFY). 23
34	Groundnut flour *		305										34	OTHER (SPECIFI). 23
35	Soyabean flour		306										35	
36	Ground bean (<i>nzama</i>)		307										36	
37	Cowpea (khobwe)		308										37	
38	Macademia nuts		309										38	
39	Other (specify)		310										39	

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

	Over the past one week (7 days), did you or others in your household consume any []?	G01	G02	G03 How much in t did your house consume in the week?	hold	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much c from own- production?	ame	G07 How much came from gifts and or sources?		
DE LINE N	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 LINU	
40	Vegetables			_								40	CODES FOR UNIT: KILOGRAMME 1
41	Onion *		401									41	
42	Cabbage *		402									42	PAIL (SMALL)4
43	Tanaposi/Rape *		403									43	PAIL (LARGE)5
44	Nkhwani *		404									44	No. 10 PLATE6
45	Chinese cabbage		405									45	No. 12 PLATE 7
46	Other cultivated green leafy vegetables		406									46	BUNCH8 PIECE9
47	Gathered wild green leaves		407									47	
48	Tomato *		408									48	BALE 11
49	Cucumber		409									49	OX-CART (UNSHELLED) 14
50	Pumpkin *		410									50	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]

^{*} 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	G01 YES1 NO2>> NEXT ITEM		G03 How much in to did your housel 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 oth sources?	er LINE NUMBER	
DE LI	THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	IIEM	ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY UN	DE LI	CODES FOR UNIT:
61	Meat, Fish and Animal products (Conti	nued)										61	KILOGRAMME 1
62	Pork		506									62	
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 PLATE 6
66	Small animal – rabbit, mice, etc.		510									66	No. 12 PLATE7
67	Termites, other insects (eg Ngumbi, caterpillar)		511									67	BUNCH
68	Tinned meat or fish		512									68	HEAP 10
69	Smoked fish		513									69	
70	Fish Soup/Sauce		514									70	OX-CART (UNSHELLED) 14
71	Other (specify)		515									71	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	1
78	Guava *		606									78	1
79	Avocado		607									79	Ī
80	Wild fruit (masau, malambe, etc.)		608									80	1
81	Apple		609									81	1
82	Other fruits (specify)		610									82]

		G01	G02	G03	(G04		G05	G06		G07		1
띴	Over the past one week (7 days), did you or others in your household consume any []?			How much in total did your household consume in the pa	ld p	How much cam purchases?	e from	How much did you spend?	How much ca from own- production?	ame	How much came from gifts and othe sources?	er 🖁	
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	week?	lIT.	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY UN	DE LINE NUMBER	
83	Cooked Foods from Vendors											83	CODES FOR UNIT:
84	Maize - boiled or roasted (vendor)		820						> <	X		84	KILOGRAMME
85	Chips (vendor)		821							X		85	
86	Cassava - boiled (vendor)		822						>	X		86	PAIL (LARGE)5
87	Eggs - boiled (vendor)		823						>	X		87	No. 10 PLATE6
88	Chicken (vendor)		824						>	\mathbf{X}		88	No. 12 PLATE7
89	Meat (vendor)		825						>>	\supset		89	BUNCH8 PIECE9
90	Fish (vendor)		826						>>	X		90	
91	Mandazi, doughnut (vendor)		827						>>	\searrow		91	BALE 11
92	Samosa (vendor)		828						><	$\supset \!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		92	OX-CART (UNSHELLED) 14
93	Meal eaten at restaurant		829						><	\searrow		93	LITRE 15
94	Other (specify)		830						><	\searrow		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 (SIECIFI). 23
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	

	Over the past one week (7 days), did you	G01	G02	G03 How much in t	otal	G04	o from	G05 How much did you	G06 How much ca	mo	G07 How much can			
NUMBER	or others in your household consume any []?			did your house consume in the week?	hold	purchases?	e nom	spend?	from own- production?	me	from gifts and of sources?		NUMBER	
LINE NUN	INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL	YES1 NO2>> NEXT ITEM	ITEM	week:									LINE NUN	
DE	HOUSEHOLD MEMBERS.		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	ם	
105	Sugar, Fats, and Oil												105	CODES FOR UNIT:
106	Sugar		801										106	KILOGRAMME
107	Sugar Cane		802										107	PAIL (SMALL)4
108	Cooking oil *		803										108	PAIL (LARGE)5
109	Other (specify)		804										109	No. 10 PLATE6
110	Beverages												110	No. 12 PLATE 7
111	Tea		901										111	BUNCH
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											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
120	Maheu		910										120	OTHER (SPECIFY). 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	

GRAM 18 MILLILITRE . . . 19 TEASPOON. 20 SATCHET/TUBE. . .22 OTHER (SPECIFY). 23

LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT		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 car from own- production?	me	G07 How much can from gifts and sources?	-	LINE NUMBER	
DE			CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	DE	CODES FOR UNIT:
127	Spices & Miscellaneous												127	KILOGRAMME1
128	Salt *		810										128	50 KG. BAG 2
129	Spices		811										129	PAIL (SMALL) 4
130	Yeast, baking powder, bicarbonate of soda		812											PAIL (LARGE) 5 No. 10 PLATE 6
131	Tomato sauce (bottle)		813											No. 12 PLATE 7
132	Hot sauce (Nali, etc.)		814										132	BUNCH8
133	Jam, jelly		815										133	PIECE 9
134	Sweets, candy, chocolates		816										134	HEAP 10
135	Honey		817										135	BALE 11 OX-CART
136	Other (specify)		818										136	(UNSHELLED) 14
	* ENUMERATOR: PLEASE SPECIFY SU	B-UNIT CODE FOR ITE	EM. RE	FER TO PHOT	TO AID)				1				LITRE 15

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

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

(CONTINUED) 308. Over the past one week (7 days), G09. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH how many days did you or others in your household consume any [...]? ROSTER] eat any meals in your household? YES..1 IF NOT CONSUMED, RECORD ZERO. NO...2>> NEXT MODULE NUMBER OF DAYS Cereals, Grains and Cereal Products (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal) G10 G11 Roots, Tubers, and Plantains What was What was the the total total number [Previous Page: 200] (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain) of meals that number of days in which were shared For G10-G11: any meal over past 7 **Nuts and Pulses** IF NOT SHARED, RECORD ZERO. was shared days with [...]? [Previous Page: 300s] with people (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; [...]? Other Nut/Pulse) Vegetables [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; NUMBER OF NUMBER OF Cucumber; Other Vegetables/Leaves) DAYS 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) A Children 0-5 years Fruits [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit) B 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) C 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; **ENUMERATOR: RECORD** ENUMERATOR: Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce; Fish PRIMARY RESPONDENT RECORD Powder/Sauce; Other Condiment - Including Small Amounts of Milk for ID FOR MODULE G: END TIME FOR MODULE G: HOURS MINUTES Tea/Coffee)

MODULE H: FOOD SECURITY

ENUMERATOR: RECORD START DATE & TIME FOR MODULE H:

In the past 7 days, did you worry that your household would not have enough	H02 In the past IF NO DAYS			/s have you	or someone	e in your h	nousehold h		How many meals, including breakfast are taken per day in your household? k s c f				H04 In the las months, I been face situation did not ha enough for feed the househol	nave you ed with a when you ave ood to		
food? YES1 NO2	a. Rely on les and/or less ex foods?	rpensive	b. Limit portion size at meal- times? DAYS	c. Reduce number of meals eaten in a day? DAYS	d. Restrict cor by adults in or small children DAY	der for to eat?	help from a f relative?	od, or rely on riend or .YS		dults		b. Children (6-59 months) LANK IF NO C		YES.1 NO2 >> MODULE	NEXT	CODES FOR H06: Inadequate household stocks due to drought/ poor rains. 1
MARK X IN E	hen did you experience this incident in the last 12 months? ARK X IN EACH MONTH OF 2012 AND 2013 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD AVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MOTNHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE. LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT. THE RIGHT.										Inadequate household food stocks due to crop pest damage2 Inadequate household food stocks due to small land size3 Inadequate household food stocks due to lack of farm inputs4 Food in the market was very expensive5 Unable to reach the market due to high transportation					
					2012											costs6
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec					No food in the market7
					2013							a.	b.	C.	-	Floods/water logging8
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	1ST	2ND	3RD	1	Other (Specify)9
								UMERATOR			ENUMERAT	OR:]	

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

ONE WEEK RECALL

		I01	102	103	
≿ #	Over the past one week (7 days), did your			How much did you pay	≿ Ж
ENTRY	household purchase or pay for any []?	YES.1		in total?	ENTRY
A E		NO2>>NEXT			A E
DATA ENTRY LINE NUMBER		ITEM	CODE	MK	DATA ENTRY LINE NUMBER
1	Charcoal		101		1
2	Paraffin or kerosene		102		2
3	Cigarettes or other tobacco		103		3
4	Candles		104		4
5	Matches		105		5
6	Newspapers or magazines		106		6
	Public transport - Bicycle Taxi		107		
7	T ubile transport Dicycle Faxi		107		7
8	Public transport - Bus/Minibus		108		8
9	Public transport - Other (Truck, Oxcart, Etc)		109		9

ENUMERATOR: RECORD START DATE & TIME FOR MODULE I:

DAY	MONTH	HOURS	MINUTES

ONE MONTH RECALL

OIL	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	I06 How much did you pay in total?	DATA ENTRY LINE NUMBER
1	Milling fees, grain		201		1
2	Bar soap (body soap or clothes soap)		202		2
3	Clothes soap (powder, paste)		203		3
4	Toothpaste, toothbrush		204		4
5	Toilet paper		205		5
6	Glycerine, Vaseline, skin creams		206		6
7	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207		7
8	Light bulbs		209		8
9	Postage stamps or other postal fees		210		9
10	Donation - to church, charity, beggar, etc.		211		10
11	Petrol or diesel		212		11
12	Motor vehicle service, repair, or parts		213		12
13	Bicycle service, repair, or parts		214		13
14	Wages paid to servants		215		14
15	Mortgage - regular payment to purchase house		216		15
16	Repairs & maintenance to dwelling		217		16
17	Repairs to household and personal items (radios, watches, etc., excluding battery		218		17
18	Expenditures on pets		219		18
19	Batteries		220		19
20	Recharging batteries, cell phones		221		20

ENUMERATOR: RECORD		ENUMERATOR:		
PRIMARY RESPONDENT		RECORD		
ID 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:

<u>l</u> :				
	DAY	MONTH	HOURS	MINITES

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

	DAY MON	TH	HOURS MINUTES	
Over the past three months, did your household purchase or pay for any []?	J01 YES.1 NO2>>NEXT ITEM	JO2 ITEM CODE	J03 How much did you pay in total?	
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		HOURS WINUTES

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		How much did you pay in total?
	ITEM	ITEM	
		CODE	MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Cement		408	
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

	K01	K02	K03	K04	
Over the past one year (twelve months) did your household gather, purchase, or	YES.1 NO2>>NEXT ITEM			What was the cost of that which you	
pay for any []?	TTEM	ITEM	[] consumed?	purchased?	
		CODE	мк	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 HOURS MINUTES MONTH

		L01	L03	L04	L05			L01	L03		L05	
D G U O		,			If you wanted to	DG		Does your	How		If you wanted to	
R O					sell one of this	U O R O		household	many		sell one of this	
A D				this	[ITEM] today,	A D		own a	[ITEM]s	this	[ITEM] today,	
В		[ITEM]?		[ITEM]?	how much would	В		[ITEM]?	do you	[ITEM]?	how much would	
L			own?	IE 140DE	you receive?	L			own?		you receive?	
Е				IF MORE	IF MORE THAN	Е			IE 7EDO	IF MORE	IF MORE THAN	
				ITEM,	ONE, AVERAGE				IF ZERO,	ITEM,	ONE, AVERAGE	
				AVERAGE					ENTER NONE	AVERAGE	, , , , , , , , , , , , , , , , , , ,	
		VDQ 1		AGE.	VALUE.				NONL	AGE.	VALUE.	
		YES1 NO2 >>						YES1				
ITEM		NEXT ITEM				ITEM	i	NO2 >> NEXT ITEM				
CODE	ITEM		NUMBER	YEARS	MK	CODE	ITEM	NEXT TIEM	NUMBER	YEARS	MK	
501	Mortar/pestle (mtondo)					517	Motorcycle/scooter					
502	Bed					518	Car					
503	Table					519	Mini-bus					
504	Chair					520	Lorry					1
505	Fan					521	Beer-brewing drum					
			<u> </u>		· · · · · · · · · · · · · · · · · · ·			· · · · · ·				
506	Air conditioner					522	Upholstered chair, sofa set.					
507	Radio ('wireless')					523	Coffee table (for sitting room)					
508	Tape or CD/DVD player; HiFi					524	Cupboard, drawers, bureau					ENUMERA RECORD
509	Television					525	Lantern (paraffin)					PRIMARY RESPOND
												ID FOR M
510	VCR					526	Desk					
511	Sewing machine					527	Clock					
512	Kerosene/paraffin stove					528	Iron (for pressing clothes).					ENUMER
	Electric or gas stove; hot plate					529	Computer equipment & accessories					RECORD END TIME
514	Refrigerator					530	Sattelite dish					FOR MOD
515	Washing machine					531	Solar panel					
516	Bicycle					532	Generator					HOURS

RATOR: NDENT MODULE L:



RATOR: 1E DDULE L:



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?

SUBJECT MODULE

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

**DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: **DOLLE M: *

	chicken house, storage house, barn, etc ir	the las	st 12 months?		NO2>> NEXT MODULE					_	
			M00 Does your household currently own [ITEM] ?		household spend on [ITEM] during the last 12 months? (excluding rent)	household use the [ITEM] during	borrow any	borrow [ITEM] during the		DAY	MONTH MINUTES
DATA ENTRY LINE NUMBER	ІТЕМ	ITEM CODE	YES1 NO2>> M12	NUMBER	MK	yes1	YES1 NO2>>NEXT ROW	ESTIMATE THE VALUE OF IN-KIND PAYMENTS	DATA ENTRY LINE NUMBER		
1	IMPLEMENTS		T	T	T	T	1		1		
2	HAND HOE	601							2		
3	SLASHER	602							3		
4	AXE	603							4		
5	SPRAYER	604							5		
6	PANGA KNIFE	605							6		
7	SIÇKLE	606							7		
8	TREADLE PUMP	607							8		
9	WATERING CAN	608							9		
10	MACHINERY								10		
11	OX CART	609							11		
12	OX PLOUGH	610							12		
13	TRACTOR	611							13	ENUMERA RECORD	ATOR:
14	TRACTOR PLOUGH	612							14	PRIMARY	
15	RIDGER	613							15	RESPONE	DENT ODULE M:
16	CULTIVATOR	614							16		
17	GENERATOR	615							17		
18	MOTORISED PUMP	616							18	ID	,
19	GRAIN MILL	617							19	ENUMERA	ATOR:
20	OTHER (SPECIFY)	618							20	RECORD END TIME	
21	STRUCTURES/BUILDINGS								21	FOR MOD	
22	CHICKEN HOUSE	619							22		
23	LIVESTOCK KRAAL	620							23		
24	POULTRY KRAAL	621							24	HOURS	MINUTES
25	STORAGE HOUSE	622							25		
26	GRANARY	623							26		
27	BARN	624							27		
28	PIG STY	625		<u> </u>			1		28		
20		<u> </u>		l .			1	I	20		

MODULE N: HOUSEHOLD ENTERPRISES

IASK OF HOUSEHOLD HEAD

[AGICOL FIGURE FIEAD]	DAY MONTH HOURS MINUTES
Over the past 12 months has anyone in your household	
N01 \dots owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?	N06 driven a household-owned taxi or pick-up truck to provide transportation or moving services? YES1 NO2
N02 processed and sold any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?	N07 owned a bar or restaurant?
N03 owned a trading business on a street or in a market? $^{\mathtt{YES1}}_{\mathtt{NO2}}$	N08owned any other non-agricultural business, even if it is a small business run from home or on a street? YES1 NO2
N04 offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?	B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08? YES1 NO2>>PAGE 51 TO RECORD PRIMARY
N05 owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?	RECORD FRIMARY RESPONDENT ID AND END TIME

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		Who in the ho	usehold		Who in the ho				What share of the	When wa	s this
Ν	of each [ENTERPRISE] that your house		manages this	enterprise or	ID OF THE	this [ENTERP				profits from this	[ENTERF	PRISE] first
Т	during the past 12 months.	·	is most familia	r with it?	RESPONDENT,	-	-	the househ	old are co-	[ENTERPRISE] is	started?	_
E					FOR THIS	LIST UP TO 2 J	OINT	owners of	his	kept by your		
R P	PROVIDE A WRITTEN DESCRIPTION CON		LIST UP TO 2 F		[ENTERPRISE].	OWNERS		[ENTERPF	-	household, rather		
R	MAIN PRODUCT/SERVICE OF EACH ENTE		HOUSEHOLD F	ROSTER	LIST FROM					than the other		
1	THE HOUSEHOLD OPERATED DURING THE MONTHS, BEFORE GOING ON TO N10. PL				HOUSEHOLD			IF NONE, R		owners?		
S	BUSINESS VENTURES THAT HAVE BEEN				ROSTER			ZERO IN BO COLUMNS,		5545 555554555		
Е	PERMANENTLY OR TEMPORARILY DURIN							N15.	AND >>	READ RESPONSES		
Ι.	MONTHS.							1410.				
D												
		l										
		(Supervisor								Almost none1		
		to put in								About 25%2 About half3		
		code after								About 75%4		
		interview)								Almost all5		
	WEITTEN RESORIETION	INDUSTRY	MANAGER 1	MANAGER 2	DOOTED	OWNER 1	OWNER 2	MALE	FEMALE	Other (Specify)6	MONTH	VEAD
	WRITTEN DESCRIPTION	CODE	HH ROSTER ID CODE	HH ROSTER ID CODE	ROSTER ID CODE	HH ROSTER ID CODE	HH ROSTER ID CODE	NUMBER	NUMBER	(Specify)	MONTH	YEAR (4-DIGIT)
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L												
4												
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5												
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	N16		N17	N18	N19	N20		N21			N22
E	What weres the so		Where do you operate this	Does this		To whom do you		Is this [ENTE		ficially	Does this
N T	capital for this ente		[ENTERPRISE]?		source of	products or service	ces?	registered wi	th the		[ENTER-
ΙĖ	READ ANSWERS. LI		READ RESPONSES	have access to working	electricity for this [ENTERPRISE]?	READ RESPONSE	9				PRISE] or
R	THE SECOND COLU		READ RESPONSES	electricity?	[ENTERPRISE]?	LIST UP TO 2 BUY					any of its owners or
Р	SOURCES OF STAR			Cicotifolty:							managers
R	RECORD "99" IN BO	TH COLUMNS.									belong to
s	Own-savings fro										any
Е	agriculture Own-savings from										registered
L.	on-agriculture.	2									business association?
D	Sale of assets Proceeds from a		Home (inside						YES1 NO2		associations
	business	4	residence)1 >> N20			Final consumer			1102		
	Agricultural in Non-agricultura		Home (outside residence)2 >> N20			Traders Other small bu					
	credit from bar		Industrial			Large establis					
	or other instit		site3 Traditional			businesses/ins Export					
	Loan from famil		market place4 >> N20			Manufacturer	6	a.	b.	c.	1
	Savings club Gift from famil		Commercial			Marketing boar Other (specify		Registrar of	Malawi Revenue	Local Assembly?	
	Inherited		area shop5 Roadside6 >> N20		ESCOM/GRID1 SOLAR PANEL2		,	Companies?	Authority?	Assembly:	
	Other (specify)		Other fixed		GENERATOR3		T				YES1
	1ST	2ND	place7 Mobile8 >> N20	Yes1 No2 >> N20	OTHER (SPECIFY)4	1ST	2ND				NO2
-					,						
1											
-											
2											
3											
Ľ											
_											
4											
_						_		_	_	_	
13											

	N23	N24	N25	l25 During the past 12 months, was this [ENTERPRISE] operational in the month of [MONTH], and if so, were your sales high															N26				
Е		What is the source of				nonths,	was th	is [EN]	ΓERPR	ISE] op	eration	al in th	e mont	th of [N	ONTH], and i	f so, we	ere you	r sales	high,		Why was this	
		the forest-based	averag	ge, or lo	w?																	[ENTERPRIS	
		product sold by this [ENTERPRISE]?	MARK	FOR F∆	CH MO	NTH IN	TURN.	START	FROM :	THE MC	ST REC	SENT M	ОМТН Т	ΓΗΔΤ \	AS CO	MPI ETE	D GOII	NG BAC	K MON	TH RY		operation for [INDICATED II	
I.	PRODUCTS?	[LIVILKFKIOL]:	MONTI		.0111110		101111	01741	1110111		.01112)	0111111		710 001	VII	,	10 5/10	TO WICH			READ RESPON	
P R		READ RESPONSES	D. 405			T. 15 01																LIST UP TO 2	
I			PLACE	: AN 'X'	ABOVE	THE CO	JRREN1	I MON I	Н.														
S E			MAKE	SURE A	LL APP	LICABL	E MON	THS IN	THE PA	ST 12 M	IONTH I	PERIOD	ARE M	ARKED	WITH	ONE OF	THE C	ODES E	BELOW.				
			IF THE	RE IS N	O MON	TH MAF	RKED W	/ITH "0"	IN THE	PAST 1	2 MONT	ΓHS, SK	IP TO C	QUESTI	ON N27.								
I D																	Lack of						
				NONE:NOT IN OPERATION0													non-labour : Lack of	-					
				NONE:NOT IN OPERATION0 LOW1													credit Lack of cash	2					
				LOW													Seasonal wo	rk4					
		Own land1							HIGH.				. 3									Bad weather Not profital	
		Forest/wild park reserve2																				Own-Illness,	/Need
		Communal land3									PLAC	E 'X' BE	LOW									to care for household me	
		Purchased from someone else4					2010				1					-	40					Other (Spec	
	YES1	Other (Specify).5					2012									20	13					1ST	2ND
	NO2>>N25		APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост		
1																							
1																							
2																							
3																							
Ĺ																							
4																							
-																							
5																							

	N27	N28	N29		N30															
	ENUMERATOR:	Are you planning	Why not?		A. Du	iring th	e last mo	nth of ope	ration,	which	househo	ld membei	s wor	ked for	this [EN	TERPRISE]?			
	REFER TO N25. WAS THIS	to resume the			NANIZE	CLIDE	THE DECI	DONDENT	اد محد			LACT MON	TU 05	. ODED	ATION AC	CTATED IN		STION I	105	
- 1		operations of this [ENTERPRISE]	READ RESPON	NSES				PONDENT I S FROM HO												NOTHER
R	OPERATON IN	within the next 12				STIONN				.025				.0002.	.0252.				.2, 002 /	
	THE LAST MONTH?	months?																		
I	WONTT!					iring th ERPRI		nth of ope	ration	in the p	past 12 m	ionths, hov	v man	y days	did each	househol	d men	nber w	ork for thi	S
S E					[LIVI		OL]:													
_					C. Du	ıring th	ose days	, approxim	ately,	how m	any hour	s did each	meml	ber wo	rk for this	[ENTERP	RISE	?		
I D					D. Di	ırina th	e last 12	months, he	ow ma	anv mo	nths did e	each meml	ber wo	ork for	this [FNT	FRPRISF1	?			
			Lack of non-labour	innuta 1			- 10.01	, , , , , , , , , , , , , , , , , , , ,		,										
			Lack of	_																
			credit Lack of	2																
			cash Not profita																	
			Own-Illness	s/Need																
			to care for household m			0	WNER # 1		<u> </u>	0	WNER # 2		l							
			Other (Spec	cify)6			MEMBER #	1			MEMBER #	2		НН	MEMBER #	3		НН	MEMBER #	4
	YES1 >> N30		1ST	2ND	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS
	NO2	NO2																		
1																				
2																				
_																				
9																				
3																				
4																				
4																				
				1																
5																				

E N T E R P R	RD ZERO IN THE	N32 During the last month of operation, what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?													
S E	C. During the days of employment in the last month of operation in the past 12 months, how many hours did a typical man/woman/child employee work? D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of ALL men/women/children employees?														
D	D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of ALL men/women/children employees?														
	INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.														
			MEN			,	WOMEN			CHII	DREN (U-15)		SALES (MK)		
	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	LAST MONTH OF OPERATION		
1															
2															
3															
4															

	N33	N34	N35	N36	N37	N38	N39	N40
Е	ENUMERATOR: REFER TO	During the last	During the last	During the last	During the last	During the last	During the last	During the last month of
Ν	QUESTION 25.	month of average	month of high sales,	_	month of high sales,	_	month of average	operation, what was the
Т		sales, what was the	what was the value of	what was the value of	what was the value of	what was the value of	sales, what was the	profit (phindu)of this
E R	WAS THE LAST MONTH OF OPERATION A MONTH OF	value of total sales	total sales	total sales	total sales	total sales	value of total sales	[ENTERPRISE]?
P	OPERATION A MONTH OF	(zogulitsa) of		(zogulitsa) of	(zogulitsa) of	(zogulitsa) of	(zogulitsa) of	
R		products, goods or	products, goods or			products, goods or	products, goods or	
I		services of this	services of this		services of this	services of this	services of this	
S E		[ENTERPRISE]?	[ENTERPRISE]?	[ENTERPRISE]?	[ENTERPRISE]?	[ENTERPRISE]?	[ENTERPRISE]?	
1-								
1								
D								
	LOW SALES1							
	AVERAGE SALES2 >> N36							
	HIGH SALES3 >> N38	AVO 041 FO	>> N40	LOW SALES	>> N40 HIGH SALES	LOW SALES	AVG SALES	PROFIT (MK)
		AVG SALES MK	HIGH SALES MK	MK	MK	MK	AVG SALES MK	PROFII (MK)
		mix	mix	mix	MIX	mix	mix	LAST MONTH OF OPERATION
1								
		_			_			
2								
3								
ľ								
4								
\vdash								
٦								
5								
5								

ENTERP	MAKE SURE THE RES	n of operation, what was PONDENT IS REFERRIND VALUE OF IN-KIND PASENT, RECORD ZERO.	NG TO THE LAST MONT	-	-	N25.			
	a. Raw Materials	b. Purchase of Goods for Sale (Inventory)	c. Freight / Transport	d. Fuel / Oil	e. Electricity	f. Water	g. Insurance	h. Other (Specify)	-
	МК	MK	МК	MK	МК	МК	MK	МК	ENUMERATOR: RECORD PRIM ARY
1									RESPONDENT ID FOR MODULE N
2									ID
3									ENUMERATOR: RECORD END TIME
4									FOR MODULE N:
5									HOURS MINUTES

MODULE O: CHILDREN LIVING ELSEWHERE

ENUMERATOR: RECORD START DATE & TIME FOR MODULE O:

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?

YES1						
NO2	>>	NEXT	MODULE			
						_

HOURS O01_2 O02 O03 004 O05 O06 007 Please list all biological sons IF THIS What is the highest grade What is [NAME]'s current Age Sex Has [NAME] In which year did Where does [NAME] currently live? For how long has [NAME] MEMBER and/or daughters of head [NAME] has completed in ever lived in this [NAME] leave the lived in this [DISTRICT/ activity status? WAS IF IN MALAWI, ASK FOR THE NAME OF COUNTRY REPORTED and/or spouse 15 years old school? household? household? PRESENT AT and over who do not live in this DISTRICT OF CURRENT RESIDENCE. IN O07]? LAST household. L E SURVEY, IF ABROAD, ASK FOR THE NAME OF COUNTRY NEVER 1 | S ENTER IHS3 ATTENDED OF CURRENT RESIDENCE. FORM 5 - 13 N P SCHOOL- 0 ROSTER ID FORM 6 - 14 NUMBER E O PRIMARY STND. 1 - 1 UNIVERSITY FROM Ν REFER TO THE MANUAL FOR DISTRICT AND STND. 2 - 2 UNIV. 1 - 15 STND. 3 - 3 UNIV. 2 - 16 TRACKING COUNTRY CODES. N D FORM. STND. 4 - 4 UNIV. 3 - 17 U Е STND. 5 - 5 UNIV. 4 - 18 M Ν ELSE, ENTER STND. 6 - 6 UNIV. 5 & STND. 7 - 7 ABOVE - 19 WORKING....1 В Т UNEMPLOYED..2>>011 STND. 8 - 8 Ε TRAINING COLLEGE STUDENT....3>>011 HOUSE WORK..4>>011 SECONDARY TC YR. 1 - 20 FORM 1 - 9 TC YR. 2 - 21 FORM 2 - 10 TC YR. 3 - 22 FORM 3 - 11 TC YR. 4 - 23 CODES FOR UNIT: R MONTH..1 HANDI-D YEAR...2 CAPPED.....5>>011 YES..1 OTHER FORM 4 - 12 DISTRICT or CODE (SPECIFY) ... 6>>011 NO...2>>007 MALE....1 IHS3 ROSTER ID YEAR COUNTRY UNIT YEARS FEMALE..2 (4-DIGIT) 01 02 03 04 05 06 07 08 09 10

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

L I N E N U M B E	What is the current main occupation of [NAME]?	O11 Did [NAME] send any cash to this household at any point during the last 12 months? 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>>014 Semi- Annually4>>014		O13_1 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >> 015)	O14 How much cash did [NAME] send to this household in total during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.	O14_1 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.	[NAME] send in- kind assistance to this household during the last 12 months?	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months?	Who in the household decided or of this in-ki assistance LIST UP TC MEMBERS HOUSEHOL ROSTER	kept/ n the use ind e? D 2 FROM LD
R	interview) DESCRIPTION OCCUP. CODE	YES1 NO2>>015	Annually5>>014 Sporadically As Needed6>>014 Other (Specify)7>>014	AMOUNT/ MONTH	HH ROSTER HH ROSTEI ID CODE ID CODE #1 #2	AMOUNT IN TOTAL	HH ROSTER HH ROSTEI ID CODE ID CODE #1 #2	YES1 NO2>>NEXT ROW	Annually4 Annually5 Sporadically As Needed6 Other (Specify)7	мк	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
01												
02												
03												
04												
05												
06												
07												
80												
09												
10												
11												
12										ENUMERATOR		

RECORD END TIME
FOR MODULE O: HOURS MINUTES

MODULE P: OTHER INCOME

ENUMERATOR: RECORD START DATE & TIME FOR MODULE P: DAY MONTH HOURS MINUTES P02 P03 P04 P01 During the last 12 How much of [SOURCE] came from Who in your How much months, did you or rural/urban/international locations? [SOURCE] did your household any members of household receive in kept/decided what to your household total during the last do with these receive any 12 months? earnings? [SOURCE]? LIST UP TO 2 FROM ESTIMATE THE CASH VALUE OF IN-KIND HOUSEHOLD TRANSFERS ROSTER. RECEIVED YES.1 DATA ENTRY LINE NUMBER NO..2>> NEXT ROW FROM RURAL FROM URBAN FROM OTHER нн нн AREAS **AREAS** COUNTRIES ROSTER ROSTER ID CODE ID CODE CODE SOURCE MK MK MK MK # 1 # 2 INCOMING TRANSFERS / GIFTS: Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE 101 O.] Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT 3 102 INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE 0.1 Non-Food In-Kind Transfers/Gifts from Individuals 103 (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.1 PENSION & INVESTMENT INCOME: 6 104 Savings, Interest or Other Investment Income 105 Pension Income RENTAL INCOME: 106 Income from Non-Agricultural Land Rental 107 Income from Apartment, House Rental 10

ID FOR MODULE P: HOURS MINUTES

MODULE P: OTHER INCOME (CONTINUED)

			P01	P02	P03	P04
			During the last 12	How much	How much of the total [SOURCE] came	
			months, did you or	[SOURCE] did your	rural/urban/international locations?	household
			any members of	household receive in		kept/decided what to
			your household	total during the last		do with these
			receive any	12 months?		earnings?
			[SOURCE]?			3.
				ESTIMATE THE CASH		LIST UP TO 2 FROM
				VALUE OF IN-KIND		HOUSEHOLD
				TRANSFERS RECEIVED		ROSTER.
				RECEIVED		
			YES.1			
노			NO2 >> NEXT			
TR			SOURCE			
E E						OTHER HH HH
DATA ENTRY LINE NUMBER	0005				AREAS AREAS COUN	NTRIES ROSTER ROSTER ID CODE ID CODE
PA	CODE	SOURCE		MK	MK MK	MK #1 #2
11	RENTA	L INCOME (CONTINUED):				
12	108	Income from Shop, Store Rental				\sim 1 $^{-1}$
					$\leftarrow \times \leftarrow$	\rightarrow
13		Income from Car, Truck, Other Vehicle Rental (DO NOT				<u> </u>
13	109	INCLUDE ANY NON-FARM ENTERPRISE INCOME)				
14	REVEN	UE FROM SALES OF ASSETS:				
4-	4.40					
15	110	Income from Real Estate Sales				\sim $ $
					$\kappa \rightarrow \kappa$	\rightarrow
16	111	Income from Household Non-Agricultural Asset Sales			$I \times I \times I >$	$\boldsymbol{ imes}$
17	112	Income from Household Agricultural/Fishing Asset Sales				
17	112	Income from Flousefiold Agricultural/Floring Asset Sales				
18	OTHER	INCOME:				
19	113	Inheritance			$1 \times 1 \times 1 >$	<
					$\kappa \rightarrow \kappa \rightarrow \kappa$	$\rightarrow + - + - +$
20	114	Lottery/Gambling Winnings			$ \times \times >$	$\boldsymbol{\swarrow}$
		, ,				
0.4	445	Other Income (Checifi):				
21	115	Other Income (Specify):				\sim $ $
			•	ENUMERATO	OR: RECORD ENUMERATOR:	
				PRIMARY RE	SPONDENT RECORD	
				ID FOR <u>MOD</u>	ULE P: END TIME	

HOURS MINUTES

MOD	ULE Q:	GIFTS GIVEN OUT	ENUMERATOR: RE	CORD START DATE & TI	ME FOR <u>MODULE Q</u> :	DAY	MONTH	HOURS MINUTES	
			Q01 During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household?	Q02 How much of the [ITEN rural/urban/internations		Q03 Who in the hou on the allocation given away to in outside your house.	usehold decided on of [ITEM] individuals ousehold during the last		
DATA ENTRY LINE NUMBER			YES.1 NO2 >> NEXT ITEM	TO RURAL AREAS	TO URBAN AREAS	TO OTHER COUNTRIES	HH ROSTER ID CODE	HH ROSTER ID CODE	
1	CODE	ITEM Outgoing Transfers/Gifts		MK	MK	MK	#1	# 2	1
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]							ENUMERATOR: RECOF 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							END TIME FOR MODULE Q:

ARE RECORDED IN MODULE K.]

MODULE R: SOCIAL SAFETY NETS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

[ASK OF	F HOUSEHOLD HEAD]			DAY	MONTH HOU	RS MINUTES
		R01	R02	DAT	MONTH	R03
		In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?		nat was the total assistand	ce received from	Was the assistance given to READ RESPONSES
	PROGRAM	YES1 NO2 >>NEXT ROW				Entire HH1 >> R05 Specific HH Members2
	DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND		CASH	IN-KIND	MAIZE	<u> </u>
CODE	SEED.		MK	CASH VALUE - MK	KG	
101	Free Maize (Specify)					
102	Free Food (other than Maize) (Specify)				\nearrow	
1031	MASAF - Public Works Programme				><	
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])				><	
104	Inputs-For-Work Programme				$\nearrow \searrow$	
105	School Feeding Programme				\nearrow	
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])			$\nearrow \swarrow$	\nearrow	
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit				><	
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)				><	
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)					
111	Direct Cash Transfers from Government				\nearrow	
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY.				\sim	
113	Other, Specify:					

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

		R04					R5		R6	R7		Ĭ
				members ast 12 mo	received to	this	Who in yo household controls/de		In the last 12 months, for how many months did	time you	as the last d received	
		RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER IN MENTIONED						e from MME]? 2 FROM D ROSTER	your household receive assistance from [PROGRAMME]?		stance	
	PROGRAM							- 1.00 · - · ·		ROW)		
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	<i>"</i> 1	""	# 0	" "	# 0			monnie	MONTH	(4-DIGIT)	
102	Free Food (other than Maize)											
1031	MASAF - Public Works Programme											
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])											
104	Inputs-For-Work Programme											
105	School Feeding Programme						\times	$>\!\!<$				ENUMERATOR RECORD PRIMARY
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])						\times	\times				RESPONDENT ID FOR MODUL
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit						\times	\times				
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)						\times	\times				ENUMERATOR
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 'Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)						\times	\times				RECORD END TIME FOR MODULE
111	Direct Cash Transfers from Government											
112	Direct Cash Transfers from others (Development Partners; NGOs), SPECIFY											HOURS MINUT
113	Other, Specify:											

MODULE S: CREDIT [ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE S:

				•
DAY	MONTH	HOURS	MINUTES	

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

YES1	
NO2>>S12	

S02	S03	S04	S05		S06	S07	S08		S09	S10		S11
	What are the names	CODE	Which househ	old member	What was main	How much	When did y		Is the loan repaid?	Approximat	elv when	How much did you
	of the persons or	SOURCE	was responsib	ole for the	reason for	was	loan within the past 12			do you expe		pay (do you expect
	institutions from	OF LOAN	loan?			borrowed?	months?		back the money?		to have paid) in	
N	whom you or anyone			Was							,	total when you (will
	else in your		LIST UP TO 2 F		PURCHASE LAND1		JAN FEB	1			1	have) paid off this
	household borrowed		HOUSEHOLD F	ROSTER	PURCHASE AGRI-		MAR				2	loan (interest +
0	on credit money for				CULTURAL INPUTS FOR FOOD CROP .2			4		APR	4	principal)?
	business or farming				PURCHASE INPUTS		MAY JUN			MAY JUN		
	over the past 12				FOR TOBACCO3		JUL	7			6	
	months?				PURCHASE INPUTS FOR OTHER CASH		AUG	8		AUG	8	(THEN >> NEXT
					CROPS 4		OCT				9 . 10	ROW.
	LIST ALL NAMES BEFORE GOING TO	USE CODES ON THE			BUSINESS START- UP CAPITAL5		NOV		YES1>> S11 NO2	NOV		WHEN ALL LOANS
	THE NEXT QUESTION.	NEXT			PURCHASE NON-		DEC	. 12	1002	DEC	. 12	DONE, >> 12)
	THE NEXT GOLOHON.	PAGE.	HH ROSTER	HH ROSTER	FARM INPUTS6 CONSUMPTION 7		CALENDAR	CALENDAR		CALENDAR	CALENDAR	
			ID CODE # 1	ID CODE # 2	OTHER (SPECIFY).8	MK	MONTH	YEAR		MONTH	YEAR	MK
1												
2												
3												
		 		• . • . • . • . • . • . •								
4												
5												
Ü												
6												
7												
8												

MODULE S: CREDIT (CONTINUED)

S12	S13	S14	S15	S16		S17	S18	S19	
During the last	Who turned you	What was main reason	Are you awaiting word on	From who	om or	What was main reason	ENUMERATOR: WAS THE	Why did you <u>n</u>	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 TO 2.	RESPONSES]	months?	word on 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	D BE
tution and were		PURCHASE INPUTS				PURCHASE INPUTS	ANSWER TO ALL	REFUSED TOO EXPENSIVE	
turned down?		FOR TOBACCO3				FOR TOBACCO3	THREE QUESTIONS	TOO MUCH TROU	BLE
		PURCHASE INPUTS FOR OTHER CASH				PURCHASE INPUTS FOR OTHER CASH	WAS ALWAYS	FOR WHAT IT INADEQUATE CO	
	USE CODES	CROPS 4		USE C		CROPS 4	"NO"1	DO NOT LIKE T	
YES1 NO2 >>S15	BELOW.	BUSINESS START- UP CAPITAL5 PURCHASE NON- FARM INPUTS6 CONSUMPTION7	YES1 NO2>> S18	BELC	W.	BUSINESS START- UP CAPITAL 5 PURCHASE NON- FARM INPUTS 6 CONSUMPTION 7	ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS	IN DEBT DO NOT KNOW A OTHER (SPECIF	NY LENDER.7
	1ST 2ND	OTHER (SPECIFY).8		1ST	2ND	OTHER (SPECIFY).8	"NO"2>>NEXT MODULE	1ST	2ND
					•				

CODES FOR S4, S13 & S1	16:
RELATIVE	
NEIGHBOUR 2	
GROCERY/LOCAL	
MERCHANT 3	
MONEY LENDER	
(KATAPILA)4	
EMPLOYER 5	
RELIGIOUS	
INSTITUTION 6	
MARDEF	
MRFC 8	
SACCO 9	
BANK (COMMERCIAL). 10	
NGO 11	
OTHER (SPECIFY) 12	

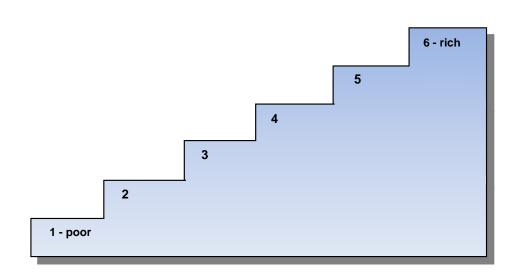
ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE S:

RECORD END TIME
FOR MODULE S: HOURS MINUTES

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:

									l				
T04	TOO	ITOO	T04	TOF	Toc	IT07	ITOO	Too	T10	DAY M	ONTH	HOURS	
household's food consumption over the past one month, which of the following is	ing your housing, which of the following is true?	the following is	the standard of health care you receive for household members, which of the	Imagine six s bottom, the fi	teps, where orst step, standle, and on the h, stand the r	on the d the e highest ich.	true? Your current income[READ]: ALLOWS YOU TO BUILD YOUR SAVINGS1	T09 How many changes of clothes do you (HH HEAD) own? (NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN)	BED & MAT BED ALONE	TRESS . 1 1 (GRASS) . 2 3	T11 What do (HH HEA sleep unin the col season (July)?	you (D) der d	T12 What do you (HH HEAD) sleep under in the hot season (October)?
It was less than It was just adec It was more than (NOTE THAT 'ADEQUA' RESPONDENT CONSIG OF THE HOUSEHOLD.	quate for ho adequate f TE'MEANS NO M DERS TO BE THE	usehold need or household	ds2 I needs. 3	On which step are you	On which step are most of your neighbors today?	On which step are most of your friends today?	SO YOU NEED TO USE YOUR SAVINGS TO MEET EXPENSES4 IS REALLY NOT SUF- FICIENT, SO YOU NEED TO BORROW TO MEET EXPENSES5	NUMBER	MAT (GRAS FLOOR . CLOTH/SAC FLOOR . FLOOR (NO ELSE) .	5 K ON 6	SHEETS CHITENJ FERTILI SACK . CLOTHES	ONLY E CLOT ZER OI	



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

T13 T	T14	T15	T16	T17	T18	T19	T20	T21	T22
During the last D	During the last	During the last	During the last	During the last	During the last	During the last	During the last	ENUMERATOR:	During the last
12 months, were 1	12 months, did	12 months, did	12 months, did	12 months, did	12 months, did	12 months, did	12 months, did	DOES THIS	12 months, did
you worried that y	your household	your household	you have to	you <u>not eat</u>	you eat less than	you feel hungry	you <u>eat only one</u>		any child, age 14
your household re	run out of food	lack enough	consume a diet	breakfast, lunch	you thought you	but didn't eat	meal in a day or		or younger, in
would run out of b	because of lack	money or other	based on only	or dinner	should because	because of lack	go without eating	MEMBERS LESS	your household
	of money or	resources to get	few kinds of	because of lack	,	of money or	for a whole day	THAN 15 YEARS OLD?	not eat healthy
lack of money or o	other resources	healthy and	foods because of	of money or	or other	other resources	because of lack	OLD!	because of lack
other resources to	to get food?	nutritious food?	lack of money or	other resources	resources to get	to get food?	of money or		of money or
to get food?				to get food?	food?		other resources		other resources
			to get food?				to get food?		to get <u>healthy</u>
									and nutritious
									food?
							YES1 NO2		YES1
NO	NO	NO	NO	NO2	NO2	NO	NO	NO2 >> NEXT MODULE	NO2

T23	T24	T25	T26	T27	T28
During the last	During the last	During the last	During the last	During the last	During the last
12 months, did	12 months, did	12 months, did	12 months, did	12 months, did	12 months, did
any child, age 14	any child in your	any child, age 14	you have to	any child in your	any child in your
or younger, in	household not	or younger, in	serve less food	household feel	household <u>eat</u>
your household	eat breakfast,	your household	to any child in	hungry but didn't	only one meal in
have to consume	lunch or dinner	eat less than you	your household	eat because of	a day or go
a diet based on	because of lack	thought he/she	because of lack	lack of money or	without eating for
only few kinds of	of money or	should because	of money or	other resources	a whole day
foods because of	other resources	of lack of money	other resources	to get food?	because of lack
lack of money or	to get food?	or other	to get food?		of money or
other resources		resources to get			other resources
to get food?		food?			to get food?
YES1	YES1	YES1	YES1	YES1	YES1
NO2	NO2	NO2	NO2	NO2	NO2
	I				

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE T:

ENUMERATOR:
RECORD
END TIME

ַ ו	HOURE	MINITER

MODULE U: SHOCKS & COPING STRATEGIES ENUMERATOR: RECORD START DATE & TIME FOR MODULE U: [ASK OF HOUSEHOLD HEAD] U02 U03 1104 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 12 months, was response to this ISHOCKI to try to RECEIVED UNCONDITIONAL HELP most your household significant regain your former welfare level? FROM RELATIVES/FRIENDS....2 READ RESPONSES FOR EACH COLUMN affected shocks you RECEIVED UNCONDITIONAL HELP negatively by experienced -FOR EACH SHOCK, LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. FROM GOVERNMENT.....3 any of the Most Severe IF HAPPENED MORE THAN ONCE following (1). Second Increase.....1 DURING THE LAST 12 MONTHS, ASK RECEIVED UNCONDITIONAL HELP [SHOCK]? Most Severe Decrease.....2 ABOUT THE MOST RECENT INCIDENT. FROM NGO/RELIGIOUS (2), Third (3). Did Not Change..3 INSTITUTION.....4 USE CODES ON THE RIGHT. CHANGED EATING PATTERNS (RELIED ON NO...2 >> FOOD FOOD FOOD LESS PREFERRED FOOD OPTIONS, NEXT SHOCK INCOME ASSETS PRODUCTION STOCKS PURCHASES 1ST 2ND 3RD REDUCED THE PROPORTION OR NUMBER CODE SHOCK OF MEALS PER DAY, OR 101 Drought HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.)....5 1101 Irregular Rains EMPLOYED HOUSEHOLD MEMBERS THE 102 TOOK ON MORE EMPLOYMENT 6 Floods QUEST-1102 Landslides IONS TO ADULT HOUSEHOLD MEMBERS WHO THE WERE PREVIOUSLY NOT WORKING 103 Earthquakes RIGHT HAD TO FIND WORK......7 SHOULD Unusually High Level of Crop 104 ONLY BE HOUSEHOLD MEMBERS Pests or Disease ASKED MIGRATED.....8 Jnusually High Level of CON-105 ivestock Disease CERNING REDUCED EXPENDITURES ON HEALTH Unusually Low Prices for Agricultural Output THE AND/OR EDUCATION...9 106 THREE MOST OBTAINED CREDIT.....10 Unusually High Costs of 107 **SEVERE** Agricultural Inputs SHOCKS, SOLD AGRICULTURAL ASSETS.11 108 Unusually High Prices for Food AS NOTED IN SOLD DURABLE ASSETS.....12 End of Regular Assistance/Aid/ 109 U02. Remittances From Outside Household SOLD LAND/BUILDING.....13 Reduction in the Earnings from Household LEAVE SOLD CROP STOCK.....14 110 (Non-Agricultural) Business (Not due to Illness or Accident) ALL OTHER 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) SENT CHILDREN TO LIVE (Not due to Illness or Accident) oss 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 Death of Income Earner(s) 116 Death of Other Household Member(s) 117 ENUMERATOR: ENUMERATOR: 118 Break-Up of Household RECORD PRIMARY RECORD RESPONDENT Theft of Money/Valuables/Assets/Agricultural END TIME 119 ID FOR MODULE U: FOR MODULE U: Dutput 120 Conflict/Violence HOURS MINITES 121 Other (Specify)

HOURS MINUTES

MODULE V: CHILD ANTHROPOMETRY ENUMERATOR: RECORD START DATE & TIME FOR MODULE V: MONTH HOURS MINUTES DAY V01 V02 V03 V04 V05 V06 V07 V08 V09 V10 V11 V12 V13 V14 RECORD THE ID C PUT AN 'X' FOR ALL WAS [NAME] WHY NOT? IS THE WEIGHT OF HEIGHT / LENGTH OF HEIGHT / WAS THE ASK OF ASK OF DID CHILD How old is O INDIVIDUALS WHO OF THE MEASURED? ANSWER TO CHILD MEASURE-MOTHER / MOTHER/ APPEAR CHILD LENGTH [NAME]? ARE AGED UNDER MOTHER / V05 "NO"? MEASURED MENT OF TO HAVE GUARDIAN: GUARDIAN: SIX MONTHS OR **GUARDIAN OF** WITH CHILD THE CHILD OEDEMA CHILDREN AGED Does the child Does the RECONFIRM OLDER THAN THE CHILD IN UNDER 24 MONTHS STANDING DONE IN A (SWELLING EXACT AGE partici-pate in child D EXACTLY FIVE THE HOUSE-SHOULD BE OR LYING NORMAL THAT IS MUST INCLUDE participate a nutrition YEARS OLD (60 HOLD DOWN? MANNER. MEASURED LYING NOT BOTH YEARS programme? in an under-MONTHS). OR WAS NORMAL)? DOWN. ALL OTHERS, AND MONTHS. five clinic? MEASURE-DO NOT STANDING. ADMINISTER THIS MENT MODULE TO THESE DIFFICULT? INDIVIDUALS. IN KG TO ONE IN CM, TO ONE DECIMAL PLACE. DECIMAL PLACE. IF NONE AGED SIX NOT AT HOME (IF LESS THAN (IF LESS THAN 100 CM, YES. TO 59 MONTHS. MEASURED DURING YES. .1 10 KG, PUT ZERO PHT ZERO >>NEXT MODULE. FULLY....1>>V07 SURVEY NO . .2 IN FIRST BLANK. IN FIRST BLANK.) YES. PERIOD. .: (IF CHILD STANDING... MEASURED TOO TIJ. . 2 NOT MEASURE LYING DOWN.2 UNWILLING.3 YES..1>>V12 PARTIALLY.2 » NEXT HH ROSTER NORMAL.... YES. .1 YES. .1 NOT NO.....3 OTHER. . .4 NO...2 CHILD) APPLICABLE. DIFFICULT.2 NO . .2 NO . .2 YEARS MONTHS ID 2 3 ENUMERATOR: RECORD PRIMARY 5 RESPONDENT ID FOR MODULE V: 6 ID 8 ENUMERATOR: RECORD 9 END TIME FOR MODULE V: 10 11

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

	ENUMERATOR: RECORD START DATE & TIME FOR MODULE X:							
		·	DAY	MONTH	, .	HOURS	MINUTES	
<u>VISIT 1</u>		VISIT 2						
X10. Did you or anyone in your household own or cultivate a plot during the 2012/2013 rainy season?	YES1 NO2	X17. ENUMERATOR: DID HOUSEI 'YES' TO X10?	HOLD SA			51		
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 hous plot during the 2013 dry (dimba) seas		ıltivate a		51		
X11_1. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X10 <u>OR</u> X11.	YES1 NO2	X19. Did you or anyone in your hous any cassava, tea, coffee or any other 12 months?				51		
X12_1. ENUMERATOR: IS THIS A PANEL A HOUSEHOLD?	YES1 NO2>> END OF HOUSEHOLD QUESTIONNAIRE	X20. ENUMERATOR: SHOULD TH AGRICULTURE QUESTIONNAIRE ADMINISTERED? MARK 'YES' IF R SAID 'YES' TO ONE OF X17, X18 or	BE ESPONE			31		
X16. Did you or anyone in this household do any fishing or fish trading in the last 12 months?	YES1 NO2	X21. ENUMERATOR: IS THIS A PA HOUSEHOLD?	NEL B			51		
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 house fishing or fish trading in the last 12 m		any		51		
		X23. ENUMERATOR: SHOULD TH QUESTIONNAIRE BE ADMINISTER 'YES' IF RESPONDENT SAID 'YES'	RED? MA	\RK		31		
		ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X:		ENUMER RECORD END TIME FOR MOD	E	HO	URS MIN	NUTES

SURVEY HOUSEHOLD MEMBER LIST

B01	B02	B03	B05	B06_2	B06_3
I D C O D E	NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX	(VISIT 1 ONLY) How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.	(VISIT 2 ONL Y) Is [NAME] still a member of your household?	(VISIT 2 ONLY) How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.
		MALE1 FEMALE2	YEARS MONTHS	STAYED1 NEW2 LEFT PERMANENTLY3 DIED4	YEARS MONTHS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					