Questionnaire number	of Child Grant 48 Month Follow Kalabo, Kaputa and Shang	v-up Survey 2014 Questionnaire serial	number
1. Metadata – ALWAYS FILL IN E	BASIC INFORMATION BEFORE THE INTERVIEW	Cluster id	
1. Today's date:	- (DD-MM-YY)	Household Number	
2. Time start interview:	: (24 hr clock)	3. Time end interview:	(24 hr clock)
4. Province:		18. Main language used by enumerator in this interview?	1 1
5. District:		(1) Tonga (2) Nyanja	(5) Bemba (6) Lozi
6. Constituency:		(2) Tryanja (3) English (4) Other, specify:	(0) L021
7. Ward		· · · · · · · · · · · · · · · · · · ·	
8. ACC name and id:		19. Main language used by respondent in this interview? (1) Tonga	(5) Bemba
9. CWAC name and id:		(1) Tonga (2) Nyanja (3) English	(6) Lozi
10. Village/locality name and id		(4) Other, specify:	
11. Household head and Pid		20. Was a translator used? (1= YES; 2 = NO)	
12. Intended respondent and Pid in October/November 2013		21. Response status	
13. Respondent and Pid (current) (If same as October/November 2013, please repeat)		(1) Complete interview (2) Partially complete reason:	
14. Enumerator name and code		(2) Partially complete, reason:(3) Non-contact(4) Refusal	
15. Supervisor name and code (Supervisor, please sign next to	name after checking the work)	(5) Other, specify:	
16. Is this a repeat visit to this house 1=YES 2=NO >>Q18	ehold?	22. GPS Coordinates: 22a. Latitude S	
17. How many times have you had	to visit before the interview?	22b. Longitude E .	

Questionnaire serial number					
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VERBAL CONSENT STATEMENT – FOR HOUSEHOLDS

"Hello. How are you? My name is [ENUMERATOR NAME], and I am working with a team from the Ministry of Community Development, Mother and Child Health in Lusaka. We are conducting a survey of households in this district, and your household was randomly chosen to be interviewed in this community.

We would like to ask you some questions about your household and community. We are asking you these questions to find out more about your household, your household's economic activities, health, education, and other measures of well-being. We would like to measure the height and weight of each child under the age of 9, just like you always do at the clinic.

We hope that this information will eventually benefit the entire community by allowing us to understand your living conditions that households like yours face, and ways to better support households like you. Information you share will help the Ministry of Community Development, Mother and Child Health better target services and opportunities in communities like yours, but there is no direct benefit to your household for participating in the survey. Approximately 2500 families are participating in this study across Zambia.

It will take approximately 1 1/2 hours to complete this survey. This study is a four year study, but we may come back again in the future to ask you more questions. We will not disclose any information about you, your family or your child to anyone outside of this study. The only instance—and such occasions are rare—when we would release information about you to anyone outside the project would be if we learned someone, including you were in danger of harm. We will keep everything that you tell me private and confidential. Your name will be kept private and separate from the information you provide, in a secure office and on a password protected computer. All data will be reported in the aggregate only and reports developed from the study that will be disseminated will contain only aggregate level data. Data collected for the study will be maintained in a secure location, according to standard study procedures, and will be destroyed once all reporting activities are completed.

You do not need to talk to me if you do not want. You may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We may suggest services if someone in the household needs medical or other help. It is important you understand that the answers you give will in no way affect your status with respect to the Ministry of Community Development, Mother and Child Health. If you or your child does not agree to take part in the study, it will not change any services or benefits that your household receives now or may receive in the future. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time.

You can also speak with people in the District Social Welfare Office in Town for if you have questions about this study. Is there any part of this explanation that you do not understand?

Will you please give me some time to speak with you? Please feel free to ask if you have any questions at any time, even before I start.

Photography	
	e and surroundings. These photos may be used for informational purposes in presentations at lies like you face. You or your family will not be named in these photos nor will the specific phs. Would you be willing to have photos taken?
Statement of Consent to be photographed.	
I understand that photographs will be taken during the study.	
I agree to have photographs taken of me. (1=YES; 2=NO)	
In	nitial of enumerator
I agree to have photographs taken of my family. (1=YES; 2=NO)	
I	nitial of enumerator
I agree to have photographs taken of my home and home surrounding	gs. (1=YES; 2=NO)
I	nitial of enumerator

Questionnaire serial number |___|

SECTION A1: Household Composition Confirmation

Enumerator: [COPY PANEL MEMBER INFORMATION FROM A PRINTED SHEET PROVIDED INTO THE TABLE BELOW AND USE IT TO VERIFY MEMBERSHIP STATUS. QUESTIONS 1 THROUGH 5 SHOULD BE FILLED IN AT CAMP, BEFORE THE INTERVIEW, QUESTIONS 6B THROUGH 11 SHOULD BE FILLED IN DURING THE INTERVIEW.]

1	2		3	4	5	6b	7		8	8a	9		.0	11								
PID	Name of member	2013 1=YE	ME] in	Sex of [NAME] 1=MALE 2=FEMALE	Relation- ship to Intended Respond- ent in 2013 [SEE CODES BELOW]	Is [NAME] currently a member of the household? 1=YES >>NEXT MEMBER/ SECTION 2=NO	Why is [NAME] no longer in the household? [SEE CODES BELOW] [CODE 4/15 RESPONSE SKIP TO NEXT PERSON/	When did [NAME] leave the household? [CHECK DATE SHOULD NOT BE LESS THAN 2013]		[NAME] leave the household? [CHECK DATE SHOULD NOT BE LESS THAN 2013]		[NAME] leave the household? [CHECK DATE SHOULD NOT BE LESS THAN 2013]		[NAME] leave the household? [CHECK DATE SHOULD NOT BE LESS THAN 2013]		[NAME] leave the household? [CHECK DATE SHOULD NOT BE LESS THAN 2013]		Where did [NAME] move to? 1=SAME VILLAGE 2=NEIGHBOURIN G VILLAGE 3=BOMA/OTHER TOWN 4=LUSAKA 5=OTHER (SPECIFY)	Has [NAME] sent any money or inkind assistance to the household in the last 12 months? 1=YES 2=NO >>Q11	What is t value of o in-kind a sent by [1 in the las months?	he total cash or ssistance NAME]	Is [NAME] likely to return to live in this household in the next three years?
		AGE	CODE				SECTION]	MM	YYYY			ZMW	Ngwee	3=MAYBE								

RELATIONSHIP TO INTENDED RESPONDENT (Q5)

1=INTENDED RESPONDENT 9=NEPHEW/NIECE

2=SPOUSE 10=BROTHER/SISTER-IN-LAW

3=OWN/BIOLOGICAL CHILD 11=PARENT

4=STEP CHILD 12=PARENT-IN-LAW 5=ADOPTED CHILD 13=OTHER RELATIVE

6=GRAND CHILD 14=MAID/NANNY/HOUSE SERVANT

7=BROTHER/SISTER 15=NON-RELATIVE

8=COUSIN

MAIN REASON PERSON IS NO LONGER MEMBER (Q7)

1=LEFT TO FIND A JOB
2=SEPARATED
10=HIRED WORKER LEFT
3=MARRIED AWAY
11=TO LOOK AFTER PARENT(S)
4=DECEASED
12=DISAGREED WITH HEAD

5=DIVORCED 13=IMPRISONED
6=LIVING WITH OTHER RELATIVES 14=REASON NOT GIVEN
7=ESTABLISHED OWN HOME 15=NEVER A MEMBER
8=LEFT WITH MOTHER/FATHER 16=OTHER (SPECIFY)

SECTION A2: New Household Members Listing

12. Are there usual household members living in this household currently that were not living in the household in prior surveys [CURRENT MEMBER NOT LISTED IN TABLE A1]? 1=YES; 2=NO >>INSTRUCTION 20 BELOW

[LIST NEW	HOUSEHOLD	MEMBERS NOT I	LISTED IN SECTION A1

13	14	15	16	17a	17b	18	19	20	21
What is person's first name?	What is person's last name?	New Member ID [ASSIGN ID STARTING WITH 501, 502, 503, ETC]	Why did [NAME] join this household? [SEE CODES BELOW] [IF CODE 4 IS THE RESPONSE, SKIP TO NEXT PERSON/SECTION]	SKIP TO C	[NAME] ousehold? V BORN NTER BIRTH AND Q20] ; DATE NOT BE	Where did the same person come from? 1=SAME VILLAGE 2=NEIGHBOURING VILLAGE 3=BOMA/OTHER TOWN 4=LUSAKA 5=OTHER(SPECIFY)	How long is [NAME] expected to stay in the household? 1= LESS THAN 6 MONTHS 2= 6-11 MONTHS 3=1-2 YEARS 4= 2-5 YEARS 5= MORE THAN 5 YEARS	Is anyone sending money or in-kind assistance to this household to support [NAME]? 1=YES 2=NO	[If 3 years or older] What is the highest grade attained by [NAME]? [USE CODES FROM SECTION 3A, Q17] [ENTER 00 IF DID NOT COMPLETE GRADE 1]

Reason the new member joined the household (Q1	6)	
1=Married into the family	9=Old age; to be cared for	17=Other (specify)

2=Returned to household to help with activities

3=Returned to the household because he/she is sick

4=Household member missed during 2010/2012/2013 survey

5=Lost parents

6=Fostered

7=Widowed

8=To go to school

9=Old age; to be cared for

10=Divorced/ Separated

11=Worker for the household

12=Followed the parent

13=New born

14=Visiting, decided to stay

15=Needed help, not sick

16=Inherited brother's wife

20. Enumerator: INOW GO TO ROSTER AND COMPLETE FOR ALL MEMBERS CURRENTLY LIVING IN THE HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD FROM SECTION A1 AND NEW MEMBERS FROM A2 (IF APPLICABLE)

[PLEASE ENSURE THAT ALL MEMBERS ARE LISTED IN THE ROSTER.] 21. Supervisor:

ID NUMBER NUMBER LIVING IN THE HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD FROM SECTION A1 AND NEW MEMBERS FROM A2 (IF APPLICABLE). REMEMBER TO START WITH THE INTENDED RESPONDENT RESPONDENT WITH THE INTENDED RESPONDENT USING TABLE OF RESPONDENT SIZE UNDER FIVE CLINIC CARD IF DOES NOT KNOW YEAR, PROBE USING TABLE OF RESPONDENT USING TABLE OF RESPONDENT DOES NOT KNOW YEAR, PROBE USING TABLE OF RESPONDENT DOES NOT KNOW YEAR, PRO	ers of the household 6b Is [NAME] blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill, ex-mental? I=BLIND 2=PARTIALLY SIGHTED 3=DEAF 4=DUMB 5=PHYSICALLY DISABLED 6=MENTALLY RETARDED 7=MENTALLY ILL 8=EX-MENTAL
TRANSFER ALL How old is [NAME] Number ID MEMBERS CURRENTLY LIVING IN THE HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD FROM SECTION A1 AND NEW MEMBERS FROM A2 (IF APPLICABLE). REMEMBER TO START WITH THE INTENDED RESPONDENT] RESPONDENT OLD. RECORD THE AGE IN MONTHS. USE UNDER FIVE CLINIC CARD IF OLD. RESPONDENT OLD. RESPONDENT	6b Is [NAME] blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill, ex-mental? I=BLIND 2=PARTIALLY SIGHTED 3=DEAF 4=DUMB 5=PHYSICALLY DISABLED 6=MENTALLY RETARDED 7=MENTALLY ILL
MEMBER ID MEMBERS CURRENTLY LIVING IN THE HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD FROM SECTION A1 AND NEW MEMBERS FROM A2 (IF APPLICABLE). REMEMBER TO START WITH THE INTENDED RESPONDENT] RESPONDENT OLD. RECORD EXACT AGE IN ONTHS. USE UNDER FIVE CLINIC CARD IF MEMBER [PID] How old is [NAME] what is [NAME]'s date of birth? What is [NAME]'s date of birth? What is the relationship of [NAME] to the intended respondent? [NAME]	sighted, deaf, dumb, crippled, mentally retarded, mentally ill, ex-mental? 1=BLIND 2=PARTIALLY SIGHTED 3=DEAF 4=DUMB 5=PHYSICALLY DISABLED 6=MENTALLY RETARDED 7=MENTALLY ILL
HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD FROM SECTION A1 AND NEW MEMBERS FROM A2 (IF APPLICABLE). REMEMBER TO START WITH THE INTENDED RESPONDENT RESPONDENT USE UNDER FIVE CLINIC CARD IF	ill, ex-mental? 1=BLIND 2=PARTIALLY SIGHTED 3=DEAF 4=DUMB 5=PHYSICALLY DISABLED 6=MENTALLY RETARDED 7=MENTALLY ILL
[FIRST NAME, LAST AVAILABLE] LAW 11=PARENT [R	P=OTHER(SPECIFY) [RECORD UP TO THREE DISABILITIES] 1st 2nd 3rd
AGE CODE DD MM YYYYY	.st 2lld 3ld

			SECT	ION 1: HOUSEHO	OLD ROSTER AND	OVC STA	TUS (Conti	nued)				
	8	9	10	11	12	13	14	15	16	17	18	19
	AGED 12 AND ABOVE			FOR T	HOSE AGED 0-18					FOR T	HOSE AGED	5 TO 18
PID	What is the marital status of [NAME]? 1=NEVER MARRIED 2=MARRIED 3=SEPARATED 4=DIVORCED 5=WIDOWED 6=CO-HABITING	Is the biological mother of [NAME] alive? WRITE PID = YES, MOTHER LIVES IN HOUSEHOLD 88=YES, BUT MOTHER NOT IN HOUSEHOLD 99=NO, MOTHER IS DEAD>> Q11 7777=DON'T KNOW>>Q11	[IF MOTHER NOT LIVING IN HOUSEHOLD] Has [NAME]'s mother been very sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? 1=YES 2=NO 8=DON'T KNOW	Is the biological father of [NAME] alive? WRITE PID = YES, FATHER LIVES IN HOUSEHOLD 88=YES, BUT FATHER NOT IN HOUSEHOLD 99=NO, FATHER IS DEAD>> Q13 7777=DON'T KNOW>>Q13	[IF FATHER NOT LIVING IN HOUSEHOLD] Has [NAME]'s father been very sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? 1=YES 2=NO 8=DON'T KNOW	If child's mother is dead, record year of death. [YYYY] [IF DON'T KNOW ENTER 7777]	If child's father is dead, record year of death. [YYYY] [IF DON'T KNOW ENTER 7777]	Does [NAME] have any brothers or sisters under age 18 who have the same mother and the same father? 1=YES 2=NO>> Q17 8=DONT KNOW >>Q17	Do any of these siblings live in another household? 1=YES 2=NO	Does [NAME] have a blanket? (EITHER SHARED OR OWNED) 1=YES 2=NO 8=DON'T KNOW	Does [NAME] have a pair of shoes? 1=YES 2=NO 8=DON'T KNOW	Does [NAME] have at least 2 sets of clothes? 1=YES 2=NO 8=DON'T KNOW

		SF	CCTION 2: HEAL	TH FOR AI	LL PERSC	ONS		
		INTRODUCTION: I am now	going to ask you abo	out the health	status of the	e members of the ho	usehold	
	1	2	3	4		8	9	10
PID	Has [NAME] been sick or injured during the last two weeks? 1=YES SICK 2=YES INJURED >> Q3 3=YES BOTH 4=NO>> Q8 5=DON'T KNOW>> Q8	What was [NAME] mainly suffering from? 01=FEVER/MALARIA 02=COUGH/COLD/CHEST INFECTION 03=TUBERCULOSIS (TB) 04=ASTHMA 05=BRONCHITIS/PNEUMONIA/ CHEST PAIN 06=DIARRHOEA 07=VOMITING 08=ABDOMINAL PAINS 09=SKIN RASH/SKIN INFECTION 10=PARALYSIS OF ANY KIND 11=HYPERTENSION 12=DIABETES/SUGAR DISEASE 13=EYE INFECTION 14=TOOTHACHE/MOUTH INFECTION 15=HEADACHE 16=BACKACHE 17=HIV/AIDS 18=OTHER(SPECIFY)	Did [NAME] consult any health or other institution/persons for this illness/injury or did he/she only use self-administered medicine? 1=CONSULTED 2=SELF ADMINISTERED MEDICINE ONLY 3=NONE OF THE ABOVE>> Q8	How much in spent on [NAM medication and consultation in two weeks? [INCLUDE B CASH AND I [GIVE AMO] KWACHA] [ÉNTER '0'II]	ME]'s d n the last BOTH IN KIND UNT IN	Has [NAME] been continuously ill, for at least 3 months in the last 12 months? 1=YES 2=NO >> NEXT PERSON/SECTI ON	What was [NAME] mainly suffering from? 01=FEVER/MALARIA 02=COUGH/COLD/CHEST INFECTION 03=TUBERCULOSIS (TB) 04=ASTHMA 05=BRONCHITIS/PNEUMONIA/CH EST PAIN 06=DIARRHOEA 07=VOMITING 08=ABDOMINAL PAINS 09=SKIN RASH/SKIN INFECTION 10=PARALYSIS OF ANY KIND 11=HYPERTENSION 12=DIABETES/SUGAR DISEASE 13=EYE INFECTION 14=TOOTHACHE/MOUTH INFECTION 15=HEADACHE 16=BACKACHE 17=HIV/AIDS 18=OTHER, SPECIFY	Has [NAME] been able to carry out his/her normal activities during the period of the illness? 1=YES 2=NO

			SECTION 3																	
	INTRODUCTION: I ALL PERSONS	am now goi	ng to ask you ab	out the	e educa	tional	stat	-		nbers of RENTLY			between	the o	ages of 3 and 2	24 years o	old			
	1 Is [NAME] currently attending	2 What	3 What grade	-	5 6 7 8 9 10 How much are [NAME]'s schooling expenses for this school year? ZMW						4 How many	11 How	12 What mode of							
PID	school? [INCLUDING THOSE IN COLLEGES AND UNIVERSITIES]	grade/ level of education		level of attending last	rade/ was [NAME] attending last lift NOTHING IN A CATEGORY, WRITE 0]						days did [NAME] attend school	many minutes does it	transportation does [NAME] mainly use to get school?							
	1=YES, NURSERY/PRE- SCHOOL>>NEXT PERSON/SECTION 2=YES, OTHER GRADES FULL TIME 3=YES, OTHER GRADES PART TIME 4=YES COMM. SCHOOL FULL TIME 5=YES CORRESPONDENCE	is [NAME] currently attending?	SEE CODES BELOW [IF NOT ATTENDING SCHOOL LAST YEAR E.G. JUST STARTED	FOR	IN-KIND	CONV	ERT	TO CAS	SH J						in the past week? 0-5 8=HOLIDAY 9=AT BOARDING	take for [NAM E] to get to school?	1=WALKING 2=BICYCLE 3=BUS 4=CAR OR TAXI 5=OTHER (SPECIFY)			
	6=YES ADULT LITERACY CLASS >> NEXT PERSON/SECTION 7=YES TERTIARY SCHOOL 8=OTHER SPECIFY 9=NO>> Q14	BELOW]	SCHOOL, RECORD 88]	FEI ZMW Ngwee	ES U	JNIFOR ZMW Ngwee	М	TRANS RT ZMW Ngwee		STATIO Y & BO ZMW	PTA Lo	•	OTHER SPECIF ZMW Ngwe	R, Y	SCHOOL>> NEXT PERSON/ SECTION NEXT PERSON/ SECTION					
														-						
														\dashv						
														\dashv						

GRADE CODES: - GRADE 1 TO 12=CODES 01 TO 12 UNDERGRADUATE UNIVERSITY STUDENTS=CODE 15 DOCTORAL LEVEL AND ABOVE STUDENTS=CODE 18 GRADE 12 GCE (O-LEVEL)=CODE 12 GRADE 12 GCE (A-LEVEL)=CODE 13 COLLEGE=CODE 14
POST-GRADUATE CERTIFICATE/DIPLOMA STUDENTS=CODE 16 MASTERS DEGREE STUDENTS=CODE 17

PID school? year? [INCLUDING THOSE IN COLLEGES, UNIVERSITIES] 1=YES 2=NO >> Q19 1=YES, NURSERY/PRE-SCHOOL>>NEXT SECTION 2=YES, OTHER GRADES FULL TIME 3=YES COMM. SCHOOL FULL TIME 4=YES COMM. SCHOOL FULL TIME 5=YES CORRESPONDENCE [INAME] attending last year? [IUSE CODES BELOW] the highest grade [NAME] attending last year? [IUSE CODES BELOW] the highest grade [NAME] delaying school at the time? sometime? [NAME] leaving school at the time? [NAME] leaving school at the t	NEVER ATTENDED 19 Why has [NAME] never attended school? 01=UNDER-AGE 02=WAS NEVER ENROLLED 03=COULDN'T GET A PLACE 04=EXPENSIVE 05=NO FINANCIAL SUPPORT 06=SCHOOL TOO FAR 07=ILLNESS/INJURY 08=SCHOOL NOT IMPORTANT 09=UNSAFE TO TRAVEL TO SCHOOL
Has [NAME] ever attended school? Was [NAME] attending school last year? INCLUDING THOSE IN COLLEGES, UNIVERSITIES] USE CODES BELOW USE CODES US	Why has [NAME] never attended school? 01=UNDER-AGE 02=WAS NEVER ENROLLED 03=COULDN'T GET A PLACE 04=EXPENSIVE 05=NO FINANCIAL SUPPORT 06=SCHOOL TOO FAR 07=ILLNESS/INJURY 08=SCHOOL NOT IMPORTANT 09=UNSAFE TO TRAVEL
PID school? School? School. School? School. S	school? 01=UNDER-AGE 02=WAS NEVER ENROLLED 03=COULDN'T GET A PLACE 04=EXPENSIVE 05=NO FINANCIAL SUPPORT 06=SCHOOL TOO FAR 07=ILLNESS/INJURY 08=SCHOOL NOT IMPORTANT 09=UNSAFE TO TRAVEL
2=NO >> Q19 1=YES, NURSERY/PRE-SCHOOL>>NEXT SECTION 2=YES, OTHER GRADES FULL TIME 3=YES, OTHER GRADES PART TIME 4=YES COMM. SCHOOL FULL TIME 5=YES CORRESPONDENCE 5=YES CO	PLACE 04=EXPENSIVE 05=NO FINANCIAL SUPPORT 06=SCHOOL TOO FAR 07=ILLNESS/INJURY 08=SCHOOL NOT IMPORTANT 09=UNSAFE TO TRAVEL
CLASS>>[NEXT SECTION] NOT 10=SCHOOL NOT IMPORTANT 1	10=OTHER (SPECIFY)
14=NEEDED TO HELP OUT AT HOME= 15=ILLNESS/INJURY/DISABLED 16=ABUSIVE TEACHER 17=OTHER (SPECIFY) NEXT SECTION	

GRADE CODES: - GRADE 1 TO 12=CODES 01 TO 12 UNDERGRADUATE UNIVERSITY STUDENTS=CODE 15 DOCTORAL LEVEL AND ABOVE STUDENTS=CODE 18

GRADE 12 GCE (O-LEVEL)=CODE 12 GRADE 12 GCE (A-LEVEL)=CODE 13 COLLEGE=CODE 14
POST-GRADUATE CERTIFICATE/DIPLOMA STUDENTS=CODE 16 MASTERS DEGREE STUDENTS=CODE 17

	SECTION 4B: ECONOMIC ACTIVITY (MEMBERS AGED 5-18 ONLY) PAID WORK ONLY UNPAID WORK ONLY UNPAID WORK ONLY													
			PAID '	Y		UNP	AID WORK ON	LY						
	5	6			,	8	9	1	10					
PID	Does [NAME] normally do any work, either paid or unpaid, including unpaid domestic work/chores? 1=YES 2=NO >>NEXT SECTION [FOR UNPAID WORK ONLY GO TO Q9]	In the past two weeks, how many hours did [NAME] spend in paid work? [HOURS, ENTER 0 IF DID NOT ENGAGE IN PAID WORK IN THE PAST TWO WEEKS AND GO TO Q8]	What is the total amount of money that [NAME] was paid for the work s/he did in the past 2 weeks? Include the value of in-kind payments including food.		What are first and second most common kinds of work that [NAME] does for pay? 1=DOMESTIC WORK 2=FARMING-CROPS 3=FARMING-LIVESTOCK 4=FISHING 5=TRADE/RECYCLING 6=BUSINESS WORK-SELLING OR MAKING THINGS FOR SALE 7=CASUAL LABOR 8=CONSTRUCTION OR REPAIR WORK		In the past two weeks, how many hours did [NAME] spend in unpaid work including domestic chores, work on farm, etc? [HOURS, ENTER "0" IF DID NOT ENGAGE IN UNPAID WORK]	What are first ar common kinds of [NAME] does w 1=DOMESTIC W 2=FARMING-CR 3=FARMING-LI 4=FISHING 5=TRADE/RECY 6=BUSINESS WOOR MAKING THINGS FOR SA 7=CASUAL LAE 8=CONSTRUCT	ord second most of work that vithout pay? VORK ROPS VESTOCK VCLING ORK-SELLING ALE BOR					
		HOURS	ZMW NGWEE		WORK 9=OTHER, SPEC FIRST	CIFY SECOND	HOURS	WORK 9=OTHER, SPEC FIRST	SECOND					

	SECTION 4C: WAGE LABOR-FOR ALL PERSONS AGED 16 YEARS AND ABOVE REFERENCE PERIOD; LAST 12 MONTHS 1 2 3 7 8 9 11												
	1	2	3	7	8	9	11						
PID	Did [NAME] work for pay in the last 12 months? 1=YES. 2=NO>> NEXT PERSON/ SECTION	Was the work permanent, temporary/occasional, or both? 1=PERM 2=TEMP>>Q7 3=BOTH	How many months did [NAME] work in a permanent job?	In the last 12 months how many months did [NAME] work in a temporary/occasional job? [CHECK IF Q2=1 SKIP TO NEXT SECTION] NUMBER OF MONTHS	How many days a month did [NAME] usually work? NUMBER OF DAYS	What was th daily wage?							
						ZMW NG	WEE						

	SECTION 13A: CHILD HEALTH AND DEVELOPMENT [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 60 MONTHS]													
	1	2	3	3a	4	5	6	12						
PID of child [FROM HOUSE - HOLD ROSTER]	PID for child's biological mother [FROM ROSTER]>>Q3 [IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88, IF BIOLOGICAL MOTHER IS DEAD ENTER 99]	PID for child's primary caretaker if biological mother not in household. [FROM ROSTER]	Does child have a birth registration document? 1=YES 2=NO	Where did you give birth to [NAME]? 1=HOSPITAL 2= HEALTH FACILITY 3= VILLAGE HEALTH POST 4= DISPENSARY OR PHARMACY, 5=AT HOME OF TRADITIONAL BIRTH ATTENDANT OR MIDWIFE, 6=AT OWN HOME, NEIGHBOR OR FRIEND'S HOME, 7=OUTSIDE, 8=OTHER, SPECIFY [IF MORE THAN ONE LOCATION, PICK THE MOST PROFESSIONAL SETTING]	Does child have a Health Card? [IF YES, PLEASE ASK TO SEE CARD.] 1=YES, CARD SEEN 2=YES, CARD NOT SEEN 3=NO 4=DONT KNOW	What is [NAME's] birth date? [RECORD FROM HEALTH CARD OR BIRTH REGISTRATION DOCUMENT IF AVAILABLE] [ENTER 99, IF DAY UNKNOWN]	Is [NAME] being breastfed now? 1=YES 2=NO	How many times is [NAME] currently given solid foods in a day (nshima, rice, potatoes, porridge, cerelac, other cereals, vitaso, custard, etc)? 1=ONCE 2=TWICE 3=THRICE 4=FOUR TIMES 5=FIVE TIMES 6=MORE THAN FIVE TIMES 7=NOT YET STARTED ON SOLIDS						
				SETTING										

	SECTION 13A: CHILD HEALTH AND DEVELOPMENT (CONT.) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 60 MONTHS]																	
		12a	12b	12c	12d	12e	12f	12g	12h	12i	12j	12k	121	12m	12n	120	12p	12q
PID of child FROM ROSTER	Enumerator: Now I would like to ask you about other liquids or foods that [child] may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. 1=YES 2=NO 9=DON'T KNOW	Milk such as tinned, powd- ered, or fresh animal milk	Tea or coff- ee	Any other liquids	Bread, rice, any noodles, or other foods made from grains	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside (ifyumbu)	Irish (white) potatoes, white yams, cassava, or any other foods made from roots	Any dark green, leafy vegetables (e.g. pumpkin leaves or rape)	Any other fruits or vegetables (e.g. mangos, paw paw, bananas, sugar cane, tomato)	Liver, kidney, heart (organ meats lufyo, libu)	Any meat, such as beef, pork, lamb, goat, chicken or duck	Eggs	Fresh or dried fish, snails, shell fish	Any foods made from beans, peas, or nuts [iland a]	Milk product (sour milk, cheese, yogurt, etc)	Any oil, fats, or butter, or foods made with any of these	Any sugary foods such as chocolat es, sweets, candies, pastries, cakes or biscuits	Any other solid or semi- solid food

	SECTION 13A: CHILD HEALTH AND DEVELOPMENT (CONT.) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 60 MONTHS]													
	13A	21	22	23	24	25	26							
PID of child	Has [NAME] been	Has [NAME] had	Where did [NAME] seek	Has [NAME] been ill	Where did [NAME]	Has [NAME]	Where did [NAME]							
[FROM PREVIOUS PAGE]	taken to a well-baby or under 5 clinic for a check-up in the last 6 months? 1=YES 2=NO	diarrhoea in the past 2 weeks? 1=YES 2=NO >>Q23	treatment for this condition? 1=PUBLIC FACILITY 2=PVT FACILITY 3=PHARMACY 4=TRADITIONAL HEALER 5=DID NOT SEEK 6= OTHER (SPECIFY)	with fever in the last 2 weeks? 1=YES 2=NO>>Q25	seek treatment for this condition? 1=PUBLIC FACILITY 2=PVT FACILITY 3=PHARMACY 4=TRADITIONAL HEALER 5=DID NOT SEEK 6= OTHER (SPECIFY)	had an illness with a cough at any time in the last 2 weeks? 1=YES 2=NO>> NEXT PERSON/NEX T PAGE	seek treatment for this condition? 1=PUBLIC FACILITY 2=PVT FACILITY 3=PHARMACY 4=TRADITIONAL HEALER 5=DID NOT SEEK 6= OTHER (SPECIFY)							

SECTION 13A: CHILD HEALTH AND DEVELOPMENT (CONT.) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 60 MONTHS WHO ARE NEW TO HOUSEHOLD, PID BEGINS WITH 5]

These questions are to be asked to the birth mother of each child. If birth mother no longer alive or not member of household, ask caregiver identified in Q2 about birth mother.

	27	28	29			30		31	32	33	34	Ì		35		
PID of NEW HOUSEHOLD MEMBER CHILD	Did you seek anyone for antenatal care for this pregnancy? If so from whom did you	How many months pregnant were you	How many times did you receive	During any of your antenatal care was any of the following done at least once?		y of	During this pregnancy were you offered	During this pregnancy were you given an	During this pregnancy did you	When [NAME] was born, was s/he very large, larger than	[NAI [IF F ONE	ME]? RESPO L, PRO	NDEN' BE TO	he delive F SAYS IETHER	NO	
[ID STARTS WITH 501]	seek care? [RECORD <u>ALL</u> THAT APPLY.]	when you first received	antenatal care during this	ALI		C ODES OF APPLY] DU		counselling and testing for the virus that	injection in the arm to prevent the	take any drugs to keep you	average, average, smaller than average, or very small?	ANY PRE DEL	ADUI SENT . IVERY	LTS WI AT TH	ERE E	
[ONLY NEW HOUSEHOLD MEMBERS 0- 60 MONTHS]	1= DOCTOR 2.=NURSE 3=MIDWIFE 4=CLINICAL OFFICER 5=TRADITIONAL BIRTH ATTENDANT 6=OTHER(SPECIFY) 9= NO ONE>>Q33	antenatal care for this pregnancy? [MONTHS]	pregnancy?	WEI 2=W MEA 3=W PRE 4= I URI 5= I	IGHED? VAS YOU ASUREI VAS YOU ESSURE DID YOU NE SAM	UR HEIGH' D? UR BLOOE MEASURE J GIVE A IPLE? J GIVE A	T D ED?	virus that causes AIDS? 1=YES 2=NO	baby from getting tetanus, that is, convulsion after birth? 1=YES 2=NO	from getting malaria? 1=YES 2=NO	smail? 1=V.LARGE 2=LARGER THAN AVERAGE 3=AVERAGE 4=SMALLER THAN AVERAGE 5=VERY SMALL 9=DK	MEN 1= D 2= N 3=M 4.=C 5=TF ATT: 6=RI	NTION OCTOI NURSE IDWIFI LINICA RADITI ENDAI	ED] R E AL OFF IONAL NT VE/FRII	BIRTH	
																<u> </u>

	SECTION 13A: CHILD HEALTH AND DEVELOPMENT (CONT.) [TO BE COMPLETEDALL CHILDREN AGED 0 TO 9 YEARS ONLY]													
PID				14										
of child	14.1 Weight in Kilograms. [FOR CHILDREN 0-3 MONTHS COPY BIRTH WEIGHT FROM HEALTH CARD IF AVAILABLE. OTHERWISE WEIGH CHILD USING SCALE] [USE ONE DECIMAL PLACE]	14.1a [COPY PRIOR WEIGHT FROM ROSTER]	14.1b CURRENT WEIGHT RECONCILED WITH PRIOR WEIGHT 1=Prior weight wrong 2=Prior weight correct 3=Not applicable	14.2 Height in centimetres. [FOR CHILDREN 4-24 MONTHS MEASURE HEIGHT LYING DOWN. FOR CHILDREN AGE 25-90 MONTHS MEASURE HEIGHT STANDING UP] [USE ONE DECIMAL PLACE]	14.2a [COPY PRIOR HEIGHT FROM ROSTER]	CURRENT HEIGHT RECONCILED WITH PRIOR HEIGHT 1=Prior height wrong 2=Prior height correct 3=Not applicable	14.3 How height captured? 1=LYING DOWN 2=STANDING UP 3=NOT CAPTURED							
	LL!L	L .		L_L_H_	- - - -									
	L_L-1-L_1	LI-I-I		L_L_H_	- - - -									
		L_ .			.									
	L_L-I-L_1	LIII		L_L_H_	.									
		LII:		L_L_H_	.									
	L_L+L1	L .		L_L_H_	- - - -									
	L_L-I-L_1	L . .		L_L_H_	.									
	L_L+L_1	L_ - - - - - - - - - - - - - - - - -		L_L_H_	L_L-1·L_1									
	L_L+L1	L_ ·		L_L_H_	LI-I-I									

SECTION 13B: CHILD HEALTH AND DEVELOPMENT: PLAY, INTERACTION AND SKILLS [TO BE COMPLETED FOR CHILDREN AGED 3 TO 9 YEARS ONLY] STRUCTIONS: This modula is to be administered to all mothers or caretakers (see Household Roster) who care for a child between the ages of 3-9 that live

INSTRUCTIONS: This module is to be administered to all mothers or caretakers (see Household Roster) who care for a child between the ages of 3-9 that lives with them (see Household Roster). A separate row should be used for each eligible child. Ask each child's mother or caretaker separately about the child.

Household .	Roster). A separate	row should be	used for each	eligible child.	Ask each child	d's mother or care	taker separat	ely about the	child.	,	(-	
	1	2	3	4	5	6	7	8	9	10	11	12
PID of child [FROM ROSTER]	PID for child's biological mother [FROM ROSTER]>> Q3 IF THE	PID for child's primary care-taker if biological mother not in household.	How many children's books or pictures do you have for [NAME]?	[NAME] play [IF THE RES ANY CATEG SPECIFICAL		TO LEARN IE CHILD THE	engage in an If 'YES" as:	ny of the follo k who engage MOTHER, 2	owing activities of in activity was activity was activity was activity was activity was activity was activities and activities activ	sehold members with [NAM] with [NAME] B=OTHER, 4	=NO ONE	rs of age
	BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88 AND GO TO Q2	[FROM ROSTER]	[Not school books] [WRITE NUMBER. IF MORE THAN 10 WRITE 10.]	ples s/ne play with homemade toys such as dolls, cars, or other toys made at home? 1=YES 2=NO 9=DK	play with toys from a shop or manufactured toys? 1=YES 2=NO 9=DK	Does s/he play with household objects such as bowls or pots, or objects found outside such as sticks, rocks, animal shells or leaves? 1=YES 2=NO 9=DK	Read books to or looked at pictures with [NAME]?	Told stories to [NAME]?	Sang songs to [NAME] or with NAME including lullabies?	NAME] outside the home, compound, yard or enclosure?	Played with [NAME]?	Named, counted or drew things with [NAME]?

SECTION 13B: CHILD HEALTH AND DEVELOPMENT: PLAY, INTERACTION AND SKILLS (CON'T) [TO BE COMPLETED FOR CHILDREN AGED 3 TO 9 YEARS ONLY]

I am interested in learning about the things [NAME] can do.

[IF THE RESPONDENT SAYS 'YES' TO ANY CATEGORY, PROBE TO LEARN SPECIFICALLY WHAT THE CHILD DOES OR CAN DO TO VERIFY THE RESPONSE.]

RESPONSE CODES: 1=YES, 2=NO, 9=DK

	12	1.4	1.7	1.5			=YES, 2=NO, 9=DK		2:	22	22	2.1
	13	14	15	16	17	18	19	20	21	22	23	24
PID of	Does	Can [NAME]	Can	Can [NAME]	Does	Does	Does [NAME]	Is [NAME]	Can [NAME]	Can [NAME]	Can	Can
child	[NAME]	sit still for at	[NAME]	count to 20 or	[NAME]	[NAME]	have frequent	angry	draw a circle?	stack objects	[NAME]	[NAME]
	pay .	least 5	identify	higher?	use words	invite other	conflicts with	frequently?		(such as rocks)	kick a	jump on
	attention	minutes?	shapes and		to describe	children to	other children?		[alishiba	one on top of	ball?	one foot?
	well?	[Bushe	colors?	[akwanisha	feelings	play?			ukulenga	another?		
IEDOM	[Bushe	umwana	[bushe	ukependa	such as	[-1-4-1	[alakwatako	[alafulwa	ichabulungana]	[-1-1	[kuti	[kuti
[FROM ROSTER]	uyu	uyu alakwanisha	umwana uyu kuti	ukufika pamakumi	excited,	[aletako	ichimfulumfulu ilingilingi naba	fulwa]		[alakwanisha	apanta	akwanisha ukutoloka
ROSTER	mwana alaposako	ukwikala	akwanisha	yabili	sad, happy, etc.?	abanankwe ukwisa	nankwe]			ukutuntikanya ifintu kwati	bola]	ukutoloka ukubomfya
	amano ku	pamo	ukwishiba	nokufishapo]	[alishiba	angala	nankwej			amabwe		ukubonny <i>a</i> ukulu
	fintu]	ukufika na	ifintu umo	nokunsnapoj	ukubomfya	nankwe]				amabwej		kumo]
	Imruj	pansa	fimonekela		amashiwi	indina, cj						Kumoj
		shisano]	nama		ayalondola							
		•	kala]		ifyo							
			_		aleumfwa							
					kwati							
					ubulanda,							
					insansa,							
					ukutemwa]							

SECTION 13C: CHILD HEALTH AND DEVELOPMENT: SUBJECTIVE ASSESSMENT [TO BE COMPLETED FOR CHILDREN AGED 3 TO 9 YEARS ONLY]

INSTRUCTIONS: This module is to be administered to all mothers or caretakers (see Household Roster) who care for children between the ages of 3-9 that live with them (see Household Roster). These questions should be asked about the mother or caretaker's children in general, not each child separately.

CODES: [SHOW FLASH CARD WITH STEPS] 1= STRONGLY DISAGREE, 2= DISAGREE, 3= NEITHER AGREE NOR DISAGREE, 4=AGREE 5= STRONGLY AGREE

1	2	3	4	5
I am satisfied with my child's life.	My child enjoys life. [Umwana wandi alomfwa bwino ubumi.] [Mwana	I feel positive about my child's future.	I am satisfied with my child's health.	My child is generally happy.
[Ndiuwasekelamo pa mweo wa mwana wandi].	wanga akondwela na umoyo.]	[Ndemonapo bwino pabuyo bwa mwana wandi].	[Ndiuwasekelamo pa bumi bwa mwana wandi].	[Ilingiline umwana wandi aba uwansansa].

ENUMERATOR: "Now I want to ask you about what you think are the biggest challenges facing your children's successful future. For each of these please rate from 1 (not a challenge) to 5 (very important challenge) the degree to which this is an important obstacle for your child's growth and development." [USE FLASH CARD]

7	8	9	10	11	12	13	14	15	16	17	18
Food	Clothing	Housing, Shelter	Availability of Schools	Quality of schools	Textbooks, school materials	Availability of health services	Quality of health services	Drugs, medications	Water	Safety, security	Friends, relationships

	SECTION 11: WOMEN'S	EMPOWERMENT, SAVINGS	AND FUTURE E	XPECTATIONS (MOTHER OR C	CARETAKER OF	A CHILD)
	Instructions: Check the listing and ask the s mother or primary care-giver of a	same respondent as the one in any one child age 0-9 years. If	2013. If no longe there is no woma	er a member then ask any woman	n in the househo	old who is either the biological
1	Write down PID of respondent (females respon	ident only)				
			someone in y 1=YES 2=NO	discussed this decision with our household in the last month?	decision regard 1=YES 2=NO	you can make your own personal ling [decision] if you wanted to?
2	If a child is not feeling well, who decides whether to seek treatment?	1=RESPONDENT 2=HUSBAND/PARTNER 3=RESPONDENT & PARTNER JOINTLY 4=OTHER	2A		2B	
3	If a child does not want to go to school who would decide whether s/he must go?	[SAME CODES AS Q2]	3A		3B	
4	Who usually decides how the money you usually earn will be used?	[SAME CODES AS Q2] 9=NEVER EARNED MONEY>>Q5	4A		4B	
5	Who usually decides how the money your partner earns will be used?	[SAME CODES AS Q2] 9=PARTNER NEVER EARNED/NO PARTNER>>Q6	5A		5B	
6	Who usually makes decisions about making major household purchases?	[SAME CODES AS Q2]	6A		6B	
7	Who usually makes decisions about making purchases for daily household needs?	[SAME CODES AS Q2]	7A		7B	
8	Who usually makes decisions about purchasing children's clothes or shoes?	[SAME CODES AS Q2]	8A		8B	
9	Who usually makes decisions about visits to your family or friends?	[SAME CODES AS Q2]	9A		9B	
10	If you are feeling sick, who usually decides whether you should seek treatment?	[SAME CODES AS Q2]	10A		10B	
10c	Who usually makes decisions about how much to save or what to do with savings?	[SAME CODES AS Q2]	10cA		10cB	
10d	Who usually makes decisions about what foods should be cooked or fed to your children?	[SAME CODES AS Q2]	10dA		10dB	
10f	Who usually makes decisions about who should do household chores including preparing food, cleaning, carrying water, etc.?	[SAME CODES AS Q2]	10fA		10fB	

	SECTION 11: WOMEN'S EMPOWERMENT, S	AVINGS AND FUTURE EX	PECTA	ATIONS (MOTHER OR CARETAK	ER OF A CHILD) CONT.			
13	Some people try to save some money for emergencies or to buy	1=YES						
	something special in the future. Are you currently saving (in cash)?	2=NO >>Q16						
14	How much have you saved in cash in the last one month?	ZMW	ZMW NGWEE					
14a	What are up to 3 most important things for which you are saving money?	POWDER)	SEHOL	LD CONSUMABLES (LIGHTING	, FUEL, WASHING	1 st reason 2 nd reason		
	[LIST UP TO 3 RESPONSES DO NOT READ, ALLOW RESPONDENT TO STATE]	RADIO ETC.) 8= TO PURCHASE LIVI 9= TO PURCHASE AGR 10= TO PURCHASES AS GENERATING ACTIVI 11= TO MAKE HOME II 12= TO PURCHASE NE	HING/SS/HEAD USEHO ESTOCK LICULT SSETS TY MPROV W LAN VICES	SHOES LTH CARE DLD DURABLE ASSETS (FURN) K TURAL INPUTS OR TOOLS TO START A NEW SMALL BUS VEMENTS (NEW ROOF, LATER) ID OR HOUSE (HAIR, BEAUTY, SPORTING, B	INESS/INCOME INE)	3 rd reason		
16	Do you ever think about the future when spending your money? [IF YES, PROBE FOR HOW OFTEN]	1=NEVER 2=SOMET		3=OFTEN 4=ALWAYS				
18	Suppose you suddenly win the Lotto. If you could choose betwee would you choose? [Indicate 1 or 2 for each option. If necessary remind respond hypothetical question and will not affect their status in any p	ent that this is a		mwaliwina indalama muli loto ilelo, pa ishi (e.g. ZMW 200 ilelo nangula ZMW	7 600 mumwenshi umo)	iti mwasalapo		
	A: 1= ZMW 200 TODAY OR 2=ZMW 600 IN ONE MO	ONTH	19	Do you think your life will be be	2 3			
	B: 1= ZMW 200 TODAY OR 2=ZMW 150 IN ONE MC	ONTH	_	Kodi mukuganiza kuti moyo chaka] kuchokera pano?	wanu uknala bwino [
	C: 1= ZMW 200 TODAY OR 2=ZMW 350 IN ONE MC	ONTH	_	A: 1 YEAR	1=YES 2=NO			
	D: 1= ZMW 200 TODAY OR 2=ZMW 300 IN ONE MO	ONTH		B: 3 YEARS				
	E: 1= ZMW 200 TODAY OR 2=ZMW 250 IN ONE MC	ONTH		C: 5 YEARS				

SECTION 11: WOMEN'S EMPOWERMENT, SAVINGS AND FUTURE EXPECTATIONS (CONTINUED) 22. If you need to borrow a small amount of money (ZMW 50) for an emergency, how many people not living in this household could you borrow from? [# of people] [ENUMERATOR SCRIPT: Now I am going to make some statements about the community. Please tell me how much you agree or disagree with these statements. The statements do not refer to you personally but to the village as a whole. [Bamayo pali kano kashita twalalandako pa fintu fibili ukupumwa kwaba namayo nabashitata neminwine yabwalwa. Nshileipusha pafilechitika mung'anda yenu lelo pafilechitika mumushi uno. Ninkwata ka card (flash card) akalatwafwako mukwasuka amepusho aya] [Show card with numbers 1-5 for Q23-26] 1 = STRONGLY DISAGREE; 3 = NEITHER AGREE NOR DISAGREE 5 = STRONGLY AGREE 2 = DISAGREE 4 = AGREE23. Domestic violence (wife beating) is common in this village. [Ukupumwa (kwa banamayo nabashitata) kwali seka muno mumushi. Mulesumina atemwa mulekana?1 24. Over the last year, domestic violence (wife beating) has increased in this village. [Ukufuma uyo umwaka uwapwa ukushinta ilelo (ukupumwa

26. Over the last year, alcoholism consumption has increased in this village. [Ukufuma uyu mwaka uwapwa ukushinta ilelo buchakolwa nabuchishapo muli uno mushi. Mulesumina atemwa mulekana?]

25. Alcoholism consumption is common in this village. [Buchakolwa bwaliseka muno mushi. Mulesumma atemwa mulekana?]

ENUMERATOR: Please check the last digit of the questionnaire serial number. If the last digit is even (0, 2, 4, 6, or 8), read the "EVEN" group. If that last digit is odd (1, 3, 5, 7, 9), read the "ODD" group.

EVEN (Q27a): Here is a list of four things that some people have done, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 12 months. Do not tell me which you have done, just tell me how many total. Wait until I have read the entire list to respond.

- Taken care of a sick relative who is unable to care for themselves
- Gone to visit one of your child's teachers to talk about their progress in school

kwa banamayo nabashitata) nakuya pantanshi muno mushi. Mulesumina atemwa mulekana?]

- Traveled to the district center to buy goods or sell items you produced
- Attended a wedding celebration

ODD (O27b): Here is a list of five things that some people have done, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 12 months. Do not tell me which you have done, just tell me how many total. Wait until I have read the entire list to respond.

- Taken care of a sick relative who is unable to care for themselves
- Gone to visit one of your child's teachers to talk about their progress in school
- Been slapped, punched, kicked, or physically harmed by your partner
- Traveled to the district center to buy goods or sell items you produced
- Attended a wedding celebration

Question	Response code	Response
27a (for even household responses)	# of things done or experienced (0-4)	
27b (for odd household responses)	# things done or experienced (0-5)	

	EDIOD IC LACTAW	FFKS1 The fellowing	avactions ask about v	your thoughts and f	alina	a dunina tha laat m	anth Dlagga indicate ha	vy often von falt anthan	aht a aartain
[Cohen Stress Scale]. [REFERENCE F way.1=NEVER, 2=ALMOST NEVER									gni a certain
1 2	3	4	5	6		7	8	9	10
In the last 4 weeks, how often have you been upset because of something that happened unexpectedly? In the last 4 weeks how often have you felt that you were unable to control the important things in your life	weeks, how often have you felt nervous and "stressed"?	In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	weeks, how often have you found that you could not cope with all the your way? how often have you found that you could not cope with all the things that you had to do?		In the last 4 weeks, how often have you been able to control irritations in your life?	In the last 4 weeks, how often have you felt that you were on top of things?	In the last 4 weeks, how often have you been angered because of things that were outside of your control?	In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?	
10		12	L	L		1.4		1.5	1.6
Sometimes women and men use me space their births; Are you currently to limit or space your births? 1=PILLS 2=IMPLANTS 3=3 MONTH OR 1 MONTH SHOT 4=IUD 5=CONDOMS 6=NATURAL METHODS (RHYTHM 7=STERILIZATION 8=FOAM OR BARRIER METHOD 9=NO METHOD 10=OTHER (SPECIFY) [NOTE: IF A PERMANENT AND A METHOD ARE MENTIONED, REC LONG-TERM METHOD.]	using any method OR WITHDRAWAL) NON-PERMANENT	IMARK "1" NEX ANSWERS GIVE SUGGESTIONS. A=GIVE ORS B=GIVE LESS FOO C=GIVE SAME QU USUAL D=GIVE MORE FO E=GIVE LESS LIQUE F=GIVE THE SAME USUAL G=GIVE MORE LIQUE H=KEEP BREASTE I=INCREASE BREA J=GIVE SYRUP K=GIVE TRADITION L=GIVE TREATED	DD THAN USUAL ANTITY OF FOOD OD THAN USUAL UIDS THAN USUAL E AMOUNT OF LIQ QUID THAN USUAI EEDING ASTFEEDING DNAL MEDICATION WATER JUICE OR RICE WA	AS AS C D D C H I N J K		leright AW 2=Less that 3=Less that 4=ONE DAY	AY N ONE HOUR N 24 HOURS LATER AN A DAY LATER	At what age should a baby be fed other foods and liquids (other than maternal milk)? [AGE IN MONTHS] 00= LESS THAN 1 MONTH 98= DON'T KNOW	Do you generally feel happy? 1=YES 2=NO

SECTION 11A: W	VOMEN'S HEALTH KN	OWLEDGE AND AFFECT (CONT.)	SECTION 11A: WOMEN'S HEALTH KNOWLEDGE AND AFFECT (CONT.)								
17		18									
There is a nutrient found in food called 'iron' which helps chil (nutrient that makes blood strong). Can you tell me some foods that are a good source of iron? [Lesponses] 1=YES 2=NOT MENTIONED		Vitamin A is a nutrient that help children grow. Can you tell me some of the foods that are rich in vitamin A? [Do not prompt, mark all responses] 1=YES 2=NOT MENTIONED									
A. Meat		A. Orange colored fruits/vegetables									
B. Fish		B. Green leafy vegetables									
C. Eggs		C. Eggs									
D. Breast milk		D. Liver									
E. Cow's milk		E. Breast milk									
F. Beans/lentils		F. Cow's milk									
G. Blood from cattle or other animals	·	G. Don't know									
H. Don't know											

					SEC	TION	14: REPRODUC	CTION- ALL F	EMALE 1	MEMBE	CRS AGES 12	-49			
					To be as	sked fo	or all resident women	n age 12-49. Obta	in PID fron	n Roster fe	or all eligible w	omen.			
	1	2	3				4	5	6		7	8	9	10	11
PID [from roster]	Is [NAME] pregnant now?	How many months pregnant is [NAME]? [TOTAL NUMBER OF COMPLETED MONTHS]	anyor care f If so t you s	you sounce for this perform wheek care	ntenatal pregnar nom dic e?	icy?	How many months pregnant was [NAME] when she first received antenatal care for this	Has [NAME] ever had a pregnancy that miscarried, was aborted, or ended in a	Did the such pre end since last spok (~Octob Novemb 2013)?	egnancy ee we ke eer/	Has [NAME] ever given birth? [Live birth]	How many children to whom [NAME] has given birth are currently living with you?	How many children to whom [NAME] has given birth are alive but do not live with you?	Has [NAME] ever given birth to a boy or girl who was born alive but later died?	What is the total number of children that have died?
	2=NO>>Q5 9=UNSURE >>Q5	IF LESS THAN A MONTH RECORD '00'.	1 = DO 2 = NO 3 = MI 4 = CI 5 = TH BIRTI 6 = O'	OCTOR URSE IDWIFE LINICAI RADITIO H ATTE	L OFFIC DNAL NDANI		pregnancy? [MONTHS] 99="DON'T KNOW"	stillbirth? 1=YES 2=NO>> Q7	IF YES, I Month (N YEAR (Y IF NO, E 99 FOR N AND 999 YEAR Month	MM) and YYYY) NTER MONTH 99 FOR	1=YES 2=NO >>Q10	[NUMBER]	[NUMBER]	ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT DID NOT SURVIVE?] 1=YES 2=NO>>NEXT PERSON/ SECTION	[NUMBER]

SECTION 14B: OPERATIONAL PERFORMANCE									
	INTRODUCTION: Now we would like								
	CODE OF MOST KNOWLEDGEABLE PERSON ABOUT CGP-CASI NDED RESPONDENT	H TRANSFER PROGR	AMME, IF	F IT IS NOT THE					
	Targeting / Selection								
8	Are you or any member of the household <u>currently</u> a beneficiary of the CG	GP program?	1 = YES 2 = NO>>	NEXT SECTION					
	8a. Ask to see NRC Card of designated beneficiary.		[CARD SI 1=YES 2=NO>>8						
	8b. Write down NRC number		NRC ID:						
	8c. Who usually collects the payment from the payment point? [NOTE PID OF PERSON. IF NOT MEMBER OF THE HOUSEHOL	D, ENTER '99']	PID						
	Payment systems and operations								
12	When was the last time the household received a CGP payment? [LIST MONTH AND YEAR NUMERICALLY - (MM YYYY)] [ENTER "9999"IN THE YYYY BOXES IF THE RESPONDENT DOES NOT KNOW]			MONTH	YEAR]			
13	How much did you receive? [ENTER "00001" IF THE RESPONDENT DOES NOT KNOW]	AMOUNT IN KWACHA		ZMW NO	WEE				
14	When do you expect to receive the next payment?	1=IN NEXT TWO MONTHS 2=IN NEXT SIX MONTHS 3=IN NEXT TWELVE MON		4=GREATER THAN TWELVE MONTHS 5=NEVER					
15	How long in the future do you expect to continue receiving this money?	1=6 MONTHS 2=1 YEAR 3=2 YEARS		4=5 YEARS 5=LONGER/FOR THE REST OF LIFE					
16	For the LAST payment, what method of transport did you (or your representative) use to travel to and from the Payment point to collect the payment?	A = CAR/TAXI B= BUS/MINIBUS C= BOAT/CANOE			A B C	l.			
	[CIRCLE ALL THAT APPLY]	D= MOTOR BIKE E = BICYCLE			D. E.				
		F= WALK			F.				
		G= BICYCLE TAXI	N'T CAV		G				
		H= DON'T KNOW/CA I=OTHER (SPECIFY)/			H				
		I-OTHER (SPECIFY)/			I.				

	SECTION 14B: OPERA	TIONAL PERFORMANCE (CO	N'T)
17	For your LAST payment, how much money did you (or your representative) spend on transportation to travel from your house to the Payment point and back again?	AMOUNT IN KWACHA	ZMW NGWEE
	[TWO-WAY TOTAL FOR GOING FROM HOUSEHOLD TO PAYMENT POINT AND BACK. ENTER '0' IF NONE]		
19	In general, how long does it take you (or your representative) to travel from your home to the Payment point and back again?		
	[TWO-WAY TOTAL FOR GOING FROM HOUSEHOLD TO PAYMENT POINT AND BACK AGAIN. THIS DOES NOT INCLUDE TIME / DAYS SPENT WAITING AT PAYMENT POINT. CODE '-' FOR CELLS NOT USED]	DAYS	HOURS MINUTES
20	In general, at the payment point how long did you have to wait to get your money?		
	[CODE '-' FOR CELLS NOT USED]	DAYS	HOURS MINUTES
20a.	Did you ever have to go to the payment point more than once to receive your payment? (i.e., same payment)	1=YES 2=NO	
20b.	Did you ever lose your payment because you missed the designated payment period?	1=YES 2=NO	

50	Do families participating in the CGP cash transfer programme have to follow any rules in order to continue receiving payments?	1 = YES 2 = NO >>Q61	
51abc	Can you please list the rules that you think cash transfer families have to follow in order to receive the full payment from the CGP programme?	98 = DON'T KNOW >>Q61 A = ENROLMENT / ATTENDANCE IN PRIMARY AND SECONDARY SCHOOLS B ATTENDANCE TO HEALTH FACILITY FOR IMMEDITATIONS	51a, Most Important
	[DO NOT PROMPT. IF MORE THAN ONE RULE IS LISTED, ASK THE RESPONDENT TO INDICATE NO MORE THAN THREE (3) AND TO RANK THEM IN ORDER OF IMPORTANCE]	B = ATTENDANCE TO HEALTH FACILITY FOR IMMUNIZATIONS C= ATTENDANCE TO HEALTH FACILITY FOR GROWTH MONITORING D = ATTENDANCE TO HEALTH FACILITY FOR VITAMIN A SUPPLEMENT E= ADEQUATE FOOD AND NUTRITION FOR CHILDREN F = CLEAN AND APPROPRIATE CLOTHING FOR CHILDREN	51b, Second Most Impt
	[IF FEWER THAN THREE RESPONSES ARE PROVIDED, ENTER '98' TO ANY NON-RESPONSE CELLS]	G = OBTAIN UNDER 5 CARD (HEALTH CARD)	51c, Third Most Impt
61	Since you started receiving payments, have you been asked to take care of other family members outside your original household	1 = YES 2 = NO >> NEXT SECTION	
61a	If yes, how many additional people do you care for?	[NUMBER]	
61b	If yes, how old was he/she when you started to care of him/her?	1 = AGE 0-3 2 = AGE 4-5 3 = AGE 5-12	PERSON 1
	[LIST AGES FOR UP TO 3 PEOPLE, YOUNGEST PEOPLE FIRST]	4 = AGE 13-17 5 = AGE 18-59 6 = AGE 60+	PERSON 2 PERSON 3
		TOD OV	

EHOLD ASS	SETS		
	1	2	3a
Item and code [READ ALOUD NAME OF ITEM]		How many [ITEM]s does your household own? [FUNCTIONING AND REPAIRABLE ITEMS ONLY] [NUMBER]	How many did you buy in the last 12 months (since October/November 2013)? [NUMBER]
1			
,			
42			
	1 2 3 4 5 6 7 11 14 16 17 23 36 38 39 40 41 42 43 45 53 54 55 60 62 64	2 3 4 5 5 6 6 7 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

	SECTION 7 HOUSEHOLD AM	ENITIES AND HOUSING CONDI	TIONS	
	INTRODUCTION: I am now going to ask	you about various amenities and housing o	conditions.	
No.	QUESTION	CATEGORY	AND CODE	CODE
Al	In the past year, have there been any major changes to your housing or related facilities (new construction, water source, toilet, electricity?)	1=YES 2=NO		
1B	How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively)	NUMBER		
4a	What kind of building materials is the roof of this dwelling made of? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	1=ASBESTOS SHEETS 2=ASBESTOS TILES 3=OTHER/ NON-ASBESTOS TILES 4=IRON SHEETS 5=GRASS/STRAW/THATCH	OOF 6=CONCRETE 7=OTHER (SPECIFY) 8=NOT APPLICABLE 9=DON'T KNOW	
4b	What kind of building materials are the walls of this dwelling made of?		WALLS	
		1=PAN BRICK 2=CONCRETE BRICK 3=MUD BRICK 4=BURNT BRICK 5=POLE 6=POLE & DAGGA 7=MUD 8=GRASS/STRAW 9=IRON SHEETS	10=STEEL 11=HARDBOARD 12=A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC 13=OTHER (SPECIFY) 14=NOT APPLICABLE 15=DON'T KNOW	
4c	What kind of building materials is the floor of this dwelling made of?		5=BARE EARTH 6=OTHER (SPECIFY) 7=NOT APPLICABLE 8=DON'T KNOW	
5	What is the main source of water supply for this household?	1=DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM 2=RAINWATER 3=UNPROTECTED WELL 4=PROTECTED WELL 5=BOREHOLE 6=UNPROTECTED SPRING 7=PROTECTED SPRING	8=PUBLIC TAP 9=OWN TAP 10=OTHER TAP (EG NEARBY BUILDING) 11=WATER KIOSK 12=BOUGHT FROM OTHER VENDOR 13=OTHER (SPECIFY)	

	SECTION 7	HOUSEHOLD AMENITIES AND	HOUSING	CONDITIONS (Cont'd)	
6	How far is this source of water from this house?	DISTANCE IN KILOMETRE [IF LESS THAN ONE KILOMETRE USI	E DECIMAL 1	PLACES	
8	Do you treat your drinking water?	1=YES 2=NO			
9	What is the main type of energy used for lighting in your household?	1=KEROSINE/PARAFFIN 2=ELECTRICITY 3=SOLAR PANEL 4=CANDLE 5=DIESEL	6=OPEN FIF 7=TORCH 8=NONE 9=OTHER (S		
10	What is the main type of energy that your household uses for cooking?	1=COLLECTED FIREWOOD 2=PURCHASED FIREWOOD 3=CHARCOAL OWN PRODUCED 4=CHARCOL PURCHASED 5=COAL 6=KEROSINE/PARAFFIN	7=GAS 8=ELECTRIO 9=SOLAR 10=CROP/LI 11=OTHER	IVESTOCK RESIDUES	
11	What is the main type of cooking device used by your household?	1=STOVE/COOKER 2=BRAZIER (MBAULA) 3=CLAY STOVE (MBAULA) 4=BRICK/STONE STAND ON OPEN FIR	6=VEH 7=HOT E 8=HOT	AL STAND ON OPEN FIRE ICLE TYRE RIM PLATE WITHOUT STAND PLATE ON WELDED STAND ER (SPECIFY)	
12	Is your house connected to electricity?	1=YES 2=NO			
13A	What is the main type of toilet facility for this household?	1=OWN FLUSH TOILET INSIDE THE HO 2=OWN FLUSH TOILET OUTSIDE THE HOUSEHOLD 3=OWN PIT LATRINE WITH SLAB 4=COMMUNAL PIT LATRINE WITH SL 5=NEIGHBOUR'S/ ANOTHER HOUSEHOPIT LATRINE WITH SLAB 6=OWN PIT LATRINE WITHOUT SLAB	AB OLD'S	7=COMMUNAL PIT LATRINE WITHOUT SLAB 8=NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITHOUT SLAB 9=BUCKET/ OTHER CONTAINER 10=AQUA PRIVY 11=NONE 12=OTHER (SPECIFY)	
14	What is the main method of garbage disposal that this household uses?	1=REFUSE COLLECTED 2=PIT	4=BU]	MPING RNING HER (SPECIFY)	

SECTION 8: ACCESS TO FACILITIES AND PROGRAMS INTRODUCTION: I am now going to ask you questions about distances to various facilities 3B Normally, by what means do you get there? Normally how long does it take you to get there using Do you know where the How far is it to the nearest.....? Facility type Facility nearestis this means? located? Normal means: code [READ OUT FACILITIES] Normal time: LESS THAN 10 MIN......1 [GIVE DISTANCE IN KM. IF LESS THAN A YES....1 BETWEEN10-19 MIN.....2 ON FOOT.....1 PUBLIC TRANSPORT.....5 KILOMETRE ENTER 00 IF MORE THAN BICYCLE.....2 NO....2 >> **NEXT** BETWEEN20-29 MIN.....3 PERSONAL VEHICLE.....6 90KM ENTER 90. IF DON'T KNOW ENTER 99 **FACILITY** MOTORBIKE.....3 OTHER (SPECIFY).....7 BETWEEN30- 59MIN.....4 1 HOUR AND ABOVE5 SCOTCH CART.....4 1.01 Food Market 1.03 Community School 1.04 Lower Basic School (1 – 4) 1.05 Middle Basic School (1 – 7) 1.06 Upper Basic School (1 – 9) 1.07 High School 1.08 Secondary School 1.09 Health Facility (Health post/center/clinic/hospital) 1.15 Pharmacy

	SECTION 8: ACCESS TO FACILITIES AND PROGRAMS (CONT.)								
	4	5		6	7		8		9
Name of government program	In the last 12 months, has any member of your household received money or goods, including food, clothing, livestock or medicines from any of the following government programs 1=YES 2=NO>>NEXT PROGRAM/Q6	What is the total value of assistance received from this program in the last 12 months? [CONVERT IN-KIND ASSISTANCE TO KWACHA.] KWACHA->NEXT PROGRAM ZMW NGWEE		In the last 12 months has any member of your household received money or goods, including food, clothing, livestock or medicines from any NGO, church or other non-government group? 1=YES 2=NO>>Q8	What is the total value of assistant received from a these nongovernment sout in the last 12 months? [CONVERT INASSISTANCE TINASSISTANCE TINA	urces -KIND	In the last 12 months, has any member of your household received money or goods, including food, clothing, livestock or medicines from individuals who are not part of your household? 1=YES 2-NO>>NEXT SECTION	received these nor members 12 month	assistance from all n-household in the last hs? RT IN- SSISTANCE
4a. Farm Input Subsidy (FISP)		5a			ZIVI I I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4b.Food Security Pack		5b							
4c. PWAS		5c							
4d. CGP		5d							
4e. Other specify 1		5e							
4f. Other specify 2		5f							

	SECTION 10: SELF	ASSESSED POVERTY, FOOD	SECUR	ITY A	AND SHOCKS TO HOUSEHOLD WEL	FARE	
		INTRODUCTION: I am now g	oing to ask	about	your household welfare.		
No.	QUESTION	CATEGORY AND CODE	CODE	No.	QUESTION	CATEGORY AND CODE	CODE
1	Do you consider your household to be non poor, moderately poor or very poor? [Bushe ngamwalolesha pabwikashi ubwa pano panganda, kuti mwaibika pesa. Kuti mwalanda ati tamuli bapina, mulibapina panono, atemwa mulibapina saana?]	1=NON POOR 2=MODERATELY POOR 3=VERY POOR		9	In the past four weeks , did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	[SAME CODES AS Q6]	
2	Compared to 12 months ago, do you consider your household to be better off, the same or worse off now? [Ukupalanya ukufuma mu October uyu mwaka wa pwile ukufika na lelo, bushe ubwikashi bwenu buliko bwino, chimochine olo nabuchilamo?]	1=BETTER OFF 2=THE SAME 3=WORSE OFF 4=NOT APPLICABLE		10	In the past four weeks , did you or any household member have to eat fewer meals in a day because there was not enough food?	[SAME CODES AS Q6]	
3	How many meals excluding snacks do you normally have in a day?	1=ONE 2=TWO 3=THREE 4=MORE THAN THREE		11	In the past four weeks , was there ever no food to eat of any kind in your household because of lack of resources to get food?	[SAME CODES AS Q6]	
4.	How many times in the past one month did your household eat fish, poultry or animal products?	1=ZERO 2=ONCE 3=TWICE		12	In the past four weeks , did you or any household member go to sleep at night hungry because there was not enough food?	[SAME CODES AS Q6]	
5.	How many times in the past one week did your household eat vegetables?	4=THRICE 5=FOUR TIMES 6=FIVE TIMES 7=MORE THAN FIVE TIMES		13	In the past four weeks , did you or any household member go a whole day and night without eating anything because there was not enough food?	[SAME CODES AS Q6]	
6	In the past 4 weeks , did you worry that your household would not have enough food?	[FIRST PROMPT FOR 'YES' OR 'NO'. IF 'YES', ASK HOW OFTEN] 0=NO		13a	In the past four weeks , did you or any household member have to eat a limited variety of foods due to a lack of resources?	[SAME CODES AS Q6]	
	1=RARELY (ONCE OR TWICE) 2=SOMETIMES (THREE TO TEN TIMES) 3=OFTEN (MORE THAN TEN TIMES)			13b	In the past four weeks , was there a time when any of the children younger than 5 years old did not eat healthy and nutritious foods because of a lack of money or other resources?	[SAME CODES AS Q6]	

7	In the past 4 weeks , were you or any household member not able to eat the kinds of food you preferred because of a lack of resources?	[SAME CODES AS Q6]	13c	In the past four weeks , was there a time when any of the children younger than 5 years old was not given enough food because of a lack of money or other resources?	[SAME CODES AS Q6]	
8	In the past four weeks , did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	[SAME CODES AS Q6]				

SECTION 10: SELF ASSESSED POVERTY, FOOD SECURITY AND SHOCKS TO HOUSEHOLD WELFARE (CONT.)							
14		15	16				
In the last 12 months, was your househol member of your household affected by any of following events?		Was the total impact of EVENT to your household positive or negative? 1=POSITIVE >>NEXT EVENT 2=NEGATIVE	Last time EVENT occurred, what did you do to deal with the effects of the EVENT? [RECORD UP TO 2 COPING]		Coping strategy code name		
1=YES		3=DON'T KNOW	STRATEGIES IN ORDER OF				
2=NO >> NEXT EVENT			IMPORTANCE				
DROUGHT	101				10	DID NOTHING	
FLOOD	102				11	SPENT SAVINGS	
STORM	103				13	SOLD ANIMALS	
CROP DISEASE/PESTS	104				14	GREW / SOLD ADD- ITIONAL / OTHER CROPS	
DAMAGE TO CROP WHILE STORAGE	105				15	SOLD ASSETS (TOOLS, FURNITURE, TV, CAR, ETC)	
LIVESTOCK DISEASE	106				16	SOLD FARM LAND	
BETTER PAY/WORK	107				171	WORKED MORE HOURS	
JOB LOSS/ NO SALARY	108				172	STARTED BUSINESS	
RISE OF PROFIT FROM BUSINESS	109				18	SENT CHILDREN TO RELATIVES OR FRIENDS	
COLLAPSE OF BUSINESS	110				19	MIGRATED FOR WORK	
INABILITY TO PAY BACK LOAN	111				21	SENT CHILDREN TO WORK/SELL	
CHANGE IN MONEY RECEIVED FROM FAMILY/ FRIENDS	112				22	RECEIVED/ ASKED FOR GIFTS/ ASSISTANCE FROM RELATIVES/ FRIENDS/OTHERS	
CHANGE IN SALE PRICE OF CROPS	113				23	BORROWED MONEY FROM FRIENDS/RELATIVES	
CHANGE IN AGRICULTURAL INPUT PRICES (E.G. SEEDS)	114				24	BORROWED FROM MONEY LENDER	
CHANGE IN FOOD PRICES	115				28	SOUGHT HELP FROM GOV'T	
COMMUNAL CONFLICT OR POLITICAL CRISIS	118				29	SOUGHT HELP FROM NGO/RELIEF	
PERSON JOINED HOUSEHOLD	119				35	REDUCED NON-FOOD EXPENSES	
ILLNESS	122				36	PIECE WORK ON FARMS BELONGING TO OTHER HOUSEHOLDS	
SERIOUS INJURY/ACCIDENT	123			·	37	OTHER PIECE WORK	

DEATH OF BREAD EARNER	124		38	WORKING ON ' FOOD-FOR-WORK OR
				WORK-FOR-ASSETS' PROGRAM
DEATH OF OTHER PERSON	125		39	EATING WILD FOODS ONLY
			40	SUBSTITUTING ORDINARY MEALS WITH
				MANGOES, PUMPKINS, SWEET POTATOES,
				etc.
			41	OTHER (SPECIFY)
			42	CGP

				SEC	ΓΙΟΝ 10A: CR	EDIT			
							edit) owed by your hou	sehold	
1	2		NOTE THAT AN	VY CREDIT IS	5	AS A LUAN I	N THIS SECTION 7	8	9
Does your household still owe money for any loan contracted before November 2013 (more than 1 year ago)? 1=YES 2= NO >>Q3	How mucl your house still owe?	h does	In the last 12 months did you or anyone in your household borrow money from any person or institution (Excluding purchase on credit)? 1=YES >>Q10 AND REPORT ONLY TWO LARGEST LOANS 2=NO	In the last 12 months, did you or anyone in your household apply for a loan? 1=YES 2=NO >>Q6	Why did you not obtain the loan? 1=PROJECT NOT PROFITABLE ENOUGH 2=INADEQUATE COLLATERAL 3=BAD CREDIT HISTORY 4=OWE TOO MUCH 5=OTHER [ASK FOR MOST IMPORTANT REASON] >>GO TO Q17	Would someone lend to you or anyone in your household if you applied? 1= YES 2= NO >>Q8	Why did you not apply? 1=NO NEED 2=TOO COSTLY/TOO FAR 3=DO NOT LIKE TO BE IN DEBT 4=OWE TOO MUCH ALREADY 5=INTERESTS TOO HIGH 6=MY ACTIVITY DOES NOT GIVE ME ENOUGH TO REPAY DEBT 7=PREFER WORKING WITH MY LIQUIDITY 8=OTHER	If you were certain you could obtain a loan would you apply for one? 1=YES >>Q17 2= NO	Why you would not apply for a loan even if you were certain to obtain it? 1=NO NEED 2=DO NOT LIKE TO BE IN DEBT 3=INTERESTS TOO HIGH 4=FEAR OF LOSING MY COLLATORAL 5=OTHER >> GO TO Q17

				0A: CREDIT					
		EACH SOURCE	E OF LOAN: ASK MAIN RE	SPONDENT AB	OUT TWO	MOST IMPO	RTANT LOANS	S	
	10	11	12	13		14	15		16
LOANID	Who in the household received each loan? [PLEASE REPORT THE ROSTER ID]	Who provided the loan? 1= RELATIVE 2= NEIGHBOR 3= GROCERY/LOCAL MERCHANT 4= MONEY LENDER 5= EMPLOYER 6= RELIGIOUS INSTITUTION 7= BANK 8= NGO LOCAL TRUST	What was the loan used for? 1= FARM ACTIVITY 2= OFF-FARM BUSINESS ACTIVITY 3= EDUCATION 4= CONSUMPTION 5= BUY OR IMPROVE LAND/BUILDING/EQUIP 6= HEALTH 7= OTHER (SPECIFY)	How much did y household borro [from each sour last 12 months?	w overall ce], in the	Do you have to pay interest on this loan? 1=YES 2=NO	How much do yowe? [INCLUDE BO INTEREST AN CAPITAL]	TH	Would you have wanted a larger loan at the same interest rate? 1=YES 2=NO>>NEXT LOAN then Q17
	PID	MICRO FINANCE 9=ICHILIMBA/SILIMBA 10= OTHER (SPECIFY)		ZMW	NGWEE		ZMW	NGWEE	
	112								
1									
2									

				SECTION 10	A: CREDIT	Γ (CONT.)				
			PURCHASI	ES ON CREDIT			ASK FOR T	HE LAST TIME	CREDIT WAS O	BTAINED
In the last 12 months, has anyone in your household purchased food or other goods on credit? 1=YES>> Q24 2=NO	In the last 12 months has anyone in your household asked to purchase on credit and been denied? 1=YES 2=NO >>Q20	Why were you denied? 1= INADEQUATE COLLATERAL 2= BAD CREDIT HISTORY 3= OWE TOO MUCH 4= OTHER (SPECIFY) [ASK FOR MOST IMPORTANT REASON] >>NEXT SECTION	Could you purchase on credit if you asked? 1=YES 2=NO >>Q22	Why you did not ask? 1=NO NEED 2=TOO COSTLY/TOO FAR 3=DO NOT LIKE TO BE IN DEBT 4=OWE TOO MUCH ALREADY 5=INTERESTS TOO HIGH 6=MY ACTIVITY DOES NOT GIVE ME ENOUGH TO REPAY DEBT 7=PREFER WORKING WITH MY LIQUIDITY 8=OTHER (SPECIFY) >>GO TO NEXT SECTION	If you were certain to gain approval to purchase on credit, would you ask? 1=YES >> NEXT SECTION 2=NO>>Q23	Why would you not purchase on credit even if you were certain to obtain it? 1=NO NEED 2=DO NOT LIKE TO BE IN DEBT 3=INTERESTS TOO HIGH 4=FEAR OF LOSING MY COLLATERAL 5=OTHER (SPECIFY) >> GO TO NEXT SECTION	How much has your household purchased on credit?	How much have you paid back on these purchases in cash or in kind? [ESTIMATE IN KIND VALUE]	How much do you still owe on these purchases?	Could you have purchased more on credit if you wanted? 1=YES 2=NO
							ZMW NGWEE	ZMW NGWEE	ZMW NGWEE	

Section 15: Household Expenditure
I am now going to ask about how much this household spent on different items as well as how much was consumed in the last four/two weeks

					Purc	nases			Own Production	n		Gifts.	Food for Work, R	elief Food	
			Q1	Q2		Q3	3	Q		Q5		Q		Q7	7
	Last 4 Weeks	Did this housel consume/recei during the last	ve [ITEM]	During the last 4 weel much did your househ [ITEM]?		How many [UNITS your household puamount?		During the last 4 we [UNITS] of own produced your household con	duced [ITEM] did	How much wo [ITEM] cost if were to buy it	you	During the last 4 we [UNITS] of [ITEM] dereceive without pay	lid your household	How much w [ITEM] cost i were to buy i	f you
	Read Out Fill in Per Row	1=YES 2=NO >>NEXT ITEM		[IN TOTAL] [IF DID NOT PURCHA '0' >>Q4]	SE ENTER			[IF DID NOT PROD >>Q6]	UCE ENTER '0'			[IF DID NOT RECE >>NEXT ITEM]	IVE ENTER '0'		
		3=DON'T KNO					1		1				1		
_	1 5 : 1	1 4 347 1		Value in Kwa		Quantity	Unit Code	Quantity	Unit Code	Value in K		Quantity	Unit Code	Value in h	
4	reals—During Las		1	ZMW	Ngwee	T	1 1		T	ZMW	Ngwee		1	ZIVIVV	Ngwee
1	Maize grain uns														1
2	Maize grain she														
3	Breakfast meali	e meai			-		 	-			\vdash				+
4	Roller meal														
5	Hammer mealie									-	\vdash				1
6	Pounded maize	meal													
7	Cost of milling														
			21	Q2		Q3		Q	-	Q5		Q	•	Q7	<u>'</u>
	Last 2 Weeks Read Out	during the last 1=YES	ve [ITEM]	During the last 2 week much did your househ [ITEM]? [IN TOTAL]	old spend on	How many [UNITS your household pu amount?		During the last 2 we [UNITS] of own procyour household con	duced [ITEM] did	How much wo [ITEM] cost if were to buy it	you	During the last 2 w [UNITS] of [ITEM] d receive without pay	lid your household	How much w [ITEM] cost i were to buy i	f you
S	Fill in Per Row	2=NO >>Next Item 3=DON'T KNO)W	[IF DID NOT PURCHA '0' >>Q4]	SE ENTER			[IF DID NOT PROD >>Q6]	UCE ENTER '0'			[IF DID NOT RECE >>NEXT ITEM]	IVE ENTER '0'		
FREQUENT FOODS		>>Next Item		Value in Kwa	cha	Quantity	Unit Code	Quantity	Unit Code	Value in Kv	wacha	Quantity	Unit Code	Value in k	(wacha
요					V Ngwee	Quantity	Oint Code	Quantity	Onit Code		Ngwee	Quantity	Omit Gode		Ngwee
	Millet	l	1	ZIVI	1 Hgwee					ZIVIVV	Ngwee	+		ZIVIVV	Ngwee
	Sorghum, unsh	allad													-
															+
<u>ا ا</u>	- · J · , · · ·	eu .										 			+
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15			+		-		 								1
16															
17															1
_	oots and Tubers—[/eeks	ZMV	V Ngwee	1	, ,	1	T	ZMW	Ngwee	1	1	ZMW	Ngwee
18		<i>'</i>													
19															
20															
	Potatoes, peele	الم	1 1	1	1	1	1	I	I	1 1		1	I		
21															_
22	Cassava (tubers														
	Cassava (tubers														

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

				Purch	ases			Own Productio	n		Gifts,	Food for Work, R	elief Food	
		Q1	Q2		Q3		Q4	1	Q5		Qe		Q7	
	Last 2 Weeks	Did this household purchase/ consume/receive [ITEM] during the last 2 weeks?	During the last 2 week much did your househo [ITEM]?	old spend on	How many [UNITS your household pu amount?		During the last 2 we [UNITS] of own procyour household cons	luced [ITEM] did	How much would [ITEM] cost if you were to buy it?		During the last 2 we [UNITS] of [ITEM] di receive without payn	d your household	How much wou [ITEM] cost if you were to buy it?	ou/
	Read Out	1=YES	[IN TOTAL]											
	Fill in Per Row	2=NO >>NEXT ITEM	[IF DID NOT PURCHA	SE ENTER			[IF DID NOT PRODI	UCE ENTER '0'		İ	[IF DID NOT RECEI >>NEXT ITEM]	VE ENTER '0'		
		3=DON'T KNOW >> NEXT ITEM						,			_			
			Value in Kwa		Quantity	Unit Code	Quantity	Unit Code	Value in Kwa		Quantity	Unit Code	Value in Kw	
Pu		-During Last 2 Weeks	ZMW	Ngwee		, ,	T	,	ZMW N	gwee	1	T	ZMW	Ngwee
25	Fresh beans (ex beans), unshelle	ed												
26	Fresh beans (ex beans), shelled	ccl green												
27	Sunflower, shell	ed												
28	Soya beans, she	elled												
29	Dried beans													
30	Groundnuts, uns	shelled												
31	Groundnuts, she													
32	Bambara, shelle	ed												
33	Cowpeas, unshe	elled												
34	Peas													
35	Other pulses, le													
₽ Ve	getables—During	Last 2 Weeks	ZMW	Ngwee					ZMW N	gwee			ZMW	Ngwee
35 Veg 36 37 38 39 39	Onions													
三 37	Tomatoes													
G 38	Cabbages													
₩ 39	Rape													
40	Okra													
41	Pumpkin leaves	(chibwabwa)												
42	Cassava leaves													
43	Kalembula													
44	Bondwe													
45	Impwa													
46	Cucumber													
47	Green beans													
48	Carrots				_						_			
49	Pumpkin													
50	Green Maize													
51	Other Vegetable	es												
		-												

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

		ischola Expellation		Purch	nases			Own Production	n		Gifts,	Food for Work, R	elief Food	
		Q1	Q2		Q3		Q4		Q5		Qe		Q7	
	Last 2 Weeks Read Out	Did this household purchase/ consume/receive [ITEM] during the last 2 weeks?	During the last 2 we much did your house [ITEM]?	eks, how hold spend on	How many [UNITS] your household pur amount?	of [ITEM] did chase for that	During the last 2 we [UNITS] of own prod your household cons	uced [ITEM] did	How much wou [ITEM] cost if y were to buy it?	ou	During the last 2 we [UNITS] of [ITEM] di receive without payn	d your household	How much wo [ITEM] cost if were to buy it	f you
	Fill in Per Row	2=NO >>NEXT ITEM 3=DON'T KNOW	[IF DID NOT PURCH	ASE ENTER			[IF DID NOT PRODU >>Q6]	JCE ENTER '0'			[IF DID NOT RECE! >>NEXT ITEM]	VE ENTER '0'		
		>> NEXT ITEM	Value in Kv	vacha	Quantity	Unit Code	Quantity	Unit Code	Value in Kw	acha	Quantity	Unit Code	Value in K	wacha
Fru	its—During Last	2 Weeks		Ngwee	Quantity	Onic oouc	Quantity	Cint Gode	ZMW		Quantity	Cint Couc		V Ngwee
52										19			1	
53	Apples													1
54	Mangoes													
55	Bananas													1
56	Pawpaws													
57	Watermelons													
58	Lemons													
59	Pineapples													
60	Pears													1
61	Guavas		1						+					+
62	Avocados		1						+					+
63	Other fruits		1											+
	h—During Last 2	Weeks	7MV	Ngwee					ZMW I	Nawee			7MW	V Ngwee
_	Kapenta (fresh)		11	i iigiroo				ĺ		19.100	1		1	Highes
64 65 66 67 68 69	Kapenta (frozen													+
66	Kapenta (dried/s		1											+
67	Bream (fresh)		1											1
68	Bream (frozen)		1						+					+
69	Bream (dried/ sr	moked)												+
70	Buka Buka (fres		1											+
71	Buka Buka (froz													1
72	Buka Buka (drie		1											+
73	Other fish (fresh		1											1
74	Other fish (froze				_									+
75	Other fish (dried													1
76	Other fish and fi	,												1
Me		During Last 2 Weeks	ZMV	Ngwee					ZMW I	Ngwee			ZMW	V Ngwee
77	Chicken (fresh)													
78	Chicken (frozen)												1
79	Chicken (dried/s													1
80	Other poultry (fr									$\neg \neg$				
81	Other poultry (fr													
82	Other poultry (di													1

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

2000	1011 101 1100	schola Expella			Purch	nases			Own Productio	n	Gifts,	Food for Work, R	elief Food	
		Q1		Q2		Q3		Q		Q5	Q		Q7	
	Last 2 Weeks Read Out Fill in Per Row	Did this household purch consume/receive [ITEM] during the last 2 weeks: 1=YES 2=NO >>NEXT ITEM		During the last 2 wee much did your housel [ITEM]? [IN TOTAL] [IF DID NOT PURCHA	nold spend on	How many [UNITS] your household pur amount?	of [ITEM] did orchase for that	During the last 2 we [UNITS] of own procyour household cons	duced [ITEM] did sume?	How much would th [ITEM] cost if you were to buy it?	[UNITS] of [ITEM] of receive without pay	id your household ment?	How much wo [ITEM] cost if were to buy it	you
		3=DON'T KNOW		'0' >>Q4]				>>Q6]			>>NEXT ITEM]			
		>> NEXT ITEM		Value in Kw	acha	Quantity	Unit Code	Quantity	Unit Code	Value in Kwacha	Quantity	Unit Code	Value in Kv	wacha
N	eat and Poultry I—	During Last 2 Weeks (co	nt'd)		Ngwee	quantity	Oint Godo	Quantity	Time Godd	ZMW Ngwe		Cint Couc		Ngwee
8		, 3	,		J								1	J
8														
8	\rightarrow	ked)												
N		-During Last 2 Weeks		ZMW	Ngwee	•		1	1	ZMW Ngwe	9		ZMW	Ngwee
8	Pork (fresh)													
8	7 Pork (frozen)													
8	B Pork (dried/smc	ked)												
8	Goat meat (fres	h)												
9	Goat meat (drie	d)												
9														
9	2 Sheep meat (fro	ozen)												
9	3 Sheep meat (dr	ied)												
9.	4 Game meat (fre	sh)												
9	Game meat (fro	zen)												
8 9														
2 9	7 Other meat	·												
FREQUENT FOODS	airy Products and	Eggs—During Last 2 We	eks	ZMW	Ngwee					ZMW Ngwe)		ZMW	Ngwee
	Milk (fresh)													
	Milk (powdered	excl baby milk)												
E 1	00 Eggs													
1	01 Cheese													
1	Other dairy prod	ducts												
F	ats—During Last 2			ZMW	Ngwee					ZMW Ngwe)		ZMW	Ngwee
1	03 Butter													
1	04 Margarine													
	05 Peanutbutter													
1	Of Other fats (excl	cooking oil)												
S	ugar and Sweets-	During Last 2 Weeks		ZMW	Ngwee					ZMW Ngwe)		ZMW	Ngwee
1	07 Sugar													
	08 Honey													
1	09 Jam													
1	10 Cocoa and cho	colate												
	12 Cremora													
1	13 Other sweets				1									

	Jnit odes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
В	390	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
В	350	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
В	325	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

		ischola Expenditur		Purch	ases			Own Productio	n	Gifts,	Food for Work, R	elief Food	
		Q1	Q2		Q3		Q4		Q5	Q		Q7	
	Last 2 Weeks Read Out Fill in Per Row	Did this household purchase/ consume/receive [ITEM] during the last 2 weeks? 1=YES 2=NO >>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM	During the last 2 week: much did your househo [ITEM]? [IN TOTAL] [IF DID NOT PURCHAS '0' >>Q4]	ld spend on	How many [UNITS] your household pur amount?] of [ITEM] did rchase for that	During the last 2 we [UNITS] of own prod your household cons [IF DID NOT PRODU >>Q6]	uced [ITEM] did sume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 we [UNITS] of [ITEM] d receive without pays [IF DID NOT RECE >>NEXT ITEM]	id your household ment?	How much w [ITEM] cost if were to buy i	fyou
		// NEXT ITEM	Value in Kwad	cha	Quantity	Unit Code	Quantity	Unit Code	Value in Kwacha	Quantity	Unit Code	Value in K	wacha
No	on-Alcoholic Beve	rages—During Last 2 Weeks	ZMW	Ngwee					ZMW Ngwee			ZMW	Ngwee
11	4 Tea leaves/tea	bags											
	5 Coffee (fresh, b												
	6 Drinking choco	late/Milo/cocoa											
	7 Juice												
	8 Soft drinks												
	9 Mineral water												
	0 Munkoyo												
	1 Maheu												
	2 Other nonalcoh												
		s—During Last 2 Weeks	ZMW	Ngwee		1	1	1	ZMW Ngwee		1	ZMW	Ngwee
	3 Spirits												
က 12	4 Wines												
S 00 9 12													
[H 12	6 Clear beer												
 	7 Opaque beer												
3 12	8 Traditional brev	vs											
12 12 12 12 12 12 12 12 12 12 12 12 12 1	9 Other alcoholic	beverages											
Ba	aby Food—During	Last 2 Weeks	ZMW	Ngwee					ZMW Ngwee			ZMW	Ngwee
13	Baby foods (e.g	g., Cerelac, nilk, etc.)											
	ood From Kiosks, ast 2 Weeks	Cafés, Restaurants—During	ZMW	Ngwee					ZMW Ngwee			ZMW	Ngwee
13	1 Food from kios	ks, cafés,											
	restaurants												
		erages—During Last 2 Weeks	ZMW	Ngwee					ZMW Ngwee			ZMW	Ngwee
13	Other foods an (specify)	d beverages,											
Ci		cco—During Last 2 Weeks	ZMW	Ngwee					ZMW Ngwee			ZMW	Ngwee
13													
13	4 Tobacco												

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	ОТ	Other

	NOT	E: CHANGE OI	F RFFFRFN(EF PERIOD			Purch	nases			Own Production	n		Gifts, F	Food for Work, Re	elief Food	
		E. GIIAITOE GI		18		Q9		Q10		Q11	1	Q12		Q13	3	Q14	
			consume/rece during the las	ive [ITEM]	much did y [ITEM]?	•		How many [UNITS] your household pur amount?		During the last 4 wed [UNITS] of own produ your household cons	uced [ITEM] did	How much would [ITEM] cost if you were to buy it?		During the last 4 wer [UNITS] of [ITEM] did receive without paym	d your household	How much wou [ITEM] cost if y were to buy it?	you
		2=NO >>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM n Frequent Foods—During Last 4 Weeks			[IN TOTAL [IF DID NO '0' >>Q4]	-	ASE ENTER			[IF DID NOT PRODU >>Q6]	JCE ENTER '0'			[IF DID NOT RECEIV	VE ENTER '0'		
		3=DON'T KNOW >> NEXT ITEM Trequent Foods—During Last 4 Weeks Salt Spices		1		alue in Kwa		Overetites	Unit Code	Quantitu	Unit Code	Value in Kwac	h-a	Overetite:	Unit Code	Value in Kw	
	Non	>>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM Frequent Foods—During Last 4 Weeks Salt Spices Cooking oil r Nonfrequent Expenditure—During Last 4 Charcoal Firewood Rent of dwelling Water and sewage charges Electricity			V		Ngwee	Quantity	Unit Code	Quantity	Unit Code	ZMW Ngv		Quantity	Unit Code		Ngwee
و کا ا	135	Salt	During Last	4 WCCRS	1	ZIVIVV	Ngwee	1	1	1		ZIVIVV NGV	VCC	1		ZIVIVV	Ngwee
돌	136	Spices															
0-																	
	Othe	r Nonfrequent E	xpenditure—D	uring Last 4 We	eks	ZMW	Ngwee	•				ZMW Ngv	vee			ZMW	Ngwee
	138	Charcoal															
1_	139	Firewood															
EXPENDITURES!	140	Rent of dwelling															
\(\)	141	Water and sewa	ge charges														
=	142	Electricity															
	144	Diesel fuel (for li cooking only)	ghting and														
HOUSING	145	Home repairs (p painting, stove re	lumbing, epairs, etc.)														
	146	Salt Spices Cooking oil r Nonfrequent Expenditure—During Last Charcoal Firewood Rent of dwelling Water and sewage charges Electricity Paraffin Diesel fuel (for lighting and															

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

				Purchas	ses	Gifts	;
			Q8	Q9		Q14	
		Last 4 Weeks	Was [ITEM] purchased received during the last 4 weeks?	During the last 4 how much did yo household spend	ur	During the last 4 was the value of [household receive payment?	ITEM] your
		Read Out Fill in Per Row	1=YES 2=NO >>NEXT ITEM	[IN TOTAL]		[IN TOTAL]	
			3=DON'T KNOW >> NEXT ITEM	Value in K	wacha Ngwee	Value in K	wacha Ngwee
	147	Garbage collect	ion (solid waste)	2	i i giroo	2	i i giroo
	148	Gas	(22.2.2.2)				
G 2	149	Kerosene/fuel fo	or cooking/lighting				
10USING 2	150	Coal, excl chard					
НОС	151	Batteries, light b	oulbs, lighters,				
	152	Other housing e	expenses				
	,	1		ı			1
	153	Bath/handwashi	•				
		Laundry deterge					
	155		toothbrushes				
		Sanitary towels					
	157	Toilet paper and					
	158	Cosmetics (e.g., glycerin, make-uetc.)	, lotion, creams, up, petroleum jellies,				
HYGIENE	159		perming, braiding, ampooing; haircuts,				
HYG	160	Laundry service washing at the la	(e.g., dry cleaning, aundry, etc.)				
	161	Baby diapers					
	162	cleansers, hand					
	163	Insecticides					
	164	Other hygiene e	xpenses				

				 Purchas	es	Gifts	
			Q8	Q9		Q14	
		Last 4 Weeks	Was [ITEM] purchased received during the las weeks?	During the last 4 how much did you household spend	ır	During the last 4 w was the value of [I7 household received payment?	EM] your
		Read Out Fill in Per Row	1=YES 2=NO >>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM	[IN TOTAL]	vacha	[IN TOTAL]	acha
	Publi	ic Transportation	1		Nawee		Ngwee
	165	· · · · · · · · · · · · · · · · · · ·	to and from work		3		J
	166	Public transport boarding school	to/from school incl and abroad				
ᅜ	167	Other public trar church, visits)	nsport (e.g., to/from				
요	Priva	te Transportatio	n	ZMW	Ngwee	ZMW	Ngwee
1 10				 	-		
ANS	168	Petrol/diesel/oil					
TRANSPORT	168 169	Petrol/diesel/oil	ance and repairs				
TRANS	169 170	Petrol/diesel/oil Vehicle mainten Motorbike repair	rs (tires/tubes, oil, etc.)				
TRANS	169 170 171	Petrol/diesel/oil Vehicle mainten Motorbike repair Bicycle repairs (etc.)	s (tires/tubes, oil, etc.) tires, tubes, solution,				
TRANS	169 170 171	Petrol/diesel/oil Vehicle mainten Motorbike repair Bicycle repairs (etc.) Boat/canoe repa	s (tires/tubes, oil, etc.) tires, tubes, solution,				
TRANS	169 170 171	Petrol/diesel/oil Vehicle mainten Motorbike repair Bicycle repairs (etc.)	s (tires/tubes, oil, etc.) tires, tubes, solution,				
	169 170 171	Petrol/diesel/oil Vehicle mainten Motorbike repairs Bicycle repairs (etc.) Boat/canoe repa Other private tra	s (tires/tubes, oil, etc.) tires, tubes, solution, tirs nsport connection fees, air				
	169 170 171 172 173 174	Petrol/diesel/oil Vehicle mainten Motorbike repairs Bicycle repairs (etc.) Boat/canoe repa Other private tra Mobile phones (time excl cost of	s (tires/tubes, oil, etc.) tires, tubes, solution, tirs nsport connection fees, air phone) s (connection fees,				
	169 170 171 172 173 174 175	Petrol/diesel/oil Vehicle mainten Motorbike repairs Bicycle repairs (etc.) Boat/canoe repa Other private tra Mobile phones (time excl cost of Landline phones prepaid and pos	s (tires/tubes, oil, etc.) tires, tubes, solution, tirs nsport connection fees, air phone) s (connection fees,				
COMMUNICATION	169 170 171 172 173 174	Petrol/diesel/oil Vehicle mainten Motorbike repairs Bicycle repairs (etc.) Boat/canoe repa Other private tra Mobile phones (time excl cost of Landline phones prepaid and pos Internet (connect	s (tires/tubes, oil, etc.) tires, tubes, solution, tirs nsport connection fees, air phone) s (connection fees, tpaid) tion and subscription				

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

					Р	urchase	es		Gifts	
			Q8			Q9			Q14	
		Last 4 Weeks	Was [ITEM] purchased received during the las 4 weeks?		During the how much household	did you		was hou	ng the last 4 we the value of [IT sehold received ment	EM] your
		Read Out	1=YES	NO NEXT ITEM DON'T KNOW				[IN	TOTAL]	
		Fill in Per Row	2=NO >>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM		Valu	e in Kw	acha		Value in Kwa	acha
						ZMW	Ngwee		ZMW	Ngwee
	179	watching soccer	e.g., cinema, disco/ /boxing, video hire, nment centers, e.g., xcl alcohol)							
띪	180	Domestic servar	nts							
OTHER	181		copies, printing, es, excl stationery for							
	182	Typing services,	, filling in official forms							
	183	Other expenses								

	NOTE	: CHANGE OF F	REFERENCE PERIOD)	Pt	ırchases			Gifts	
			Q15			Q16			Q17	
		This Year	Did this household purchase/pay for or r the following items d the current school y (2014)?	uring	During the year (2014 your house [ITEM]?), how muc	h did	During curre (2014), what [ITEM] your without payn	t was the va household	alue of
		Read Out Fill in Per Row	1=YES 2=NO >>NEXT ITEM 3=DON'T KNOW >> NEXT ITEM		[IN TOTAL	in Kwach		[IN TOTAL]	e in Kwach 7MW	ia Ngwee
	Educa	ation: Answer S	Separately for 1st, 2n	d and 3rd	School Terr				211111	Hywcc
	184		ncl examination fees,		1st term			1st term		
		and boarding f		ì	2nd term			2nd term		
				ĺ	3rd term			3rd term		
	185	Contributions t	to school/PTA		1st term			1st term		
				ĺ	2nd term			2nd term		
				ĺ	3rd term			3rd term		
	186	Private tuition			1st term			1st term		
				ĺ	2nd term			2nd term		
					3rd term			3rd term		
	187	Textbooks			1st term			1st term		
Z				j	2nd term			2nd term		
₽				Ì	3rd term			3rd term		
EDUCATION	188		ery (exercise, books,		1st term			1st term		
			rulers, rubbers,		2nd term			2nd term		
		mathematical s paper, etc.)	sets, textbooks,		3rd term			3rd term		
	188a		ther school requisites ders-snacks, mazoe, d foods, etc.)							
	189	School uniform	ns (incl shoes, socks,		1st term			1st term		
		ties, materials,	tailoring charges)		2nd term			2nd term		
	İ			ĺ	3rd term			3rd term		
	190	Other education	on expenses		1st term			1st term		
			remonies, tuck shop		2nd term			2nd term		
			t money for students, odging for students, students, etc.)		3rd term			3rd term		

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

					Purcha	ses	Gift	S
			Q15		Q16	;	Q17	7
		Last Year	Did this household purchase/pay for or the following items last year?	receive during the	During the last y how much did yo household spend	our	During the last y was the value of household receiv payment?	[ITEM] your
		Read Out	1=YES		[IN TOTAL]		[IN TOTAL]	
		Fill in Per Row	2=NO		[IN TOTAL]		[IN TOTAL]	
		"" "" " " " " " " " " " " " " " " " "	>>NEXT ITEM					
			3=DON'T KNOW >> NEXT ITEM		Value in K	wacha	Value in K	(wacha
			THE REPORT OF TH			Ngwee		Ngwee
	191	Purchase of me	dicines					
	192	Fees for doctors	3					
	193	Fees for nurses	, midwives					
	194	Fees for dentist	S					
₽	195	Fees for hospita	al stays					
EALTH	196	Fees for health	assistant					
=	197	Fees for tradition	nal healers					
	198	Payments to hos surgery	spital/health center/					
	199	Pre-payment sc	heme					
	200	Other health exp	penses					
		1		1			1	
WATER	201	Treatment table etc.	ts, chemicals,					
W	202	Other water trea	atment					
	Inclu	ding Clothing, S	Shoes, Repairs – Ex	cluding La	undry, Excluding	School Unifo	orms	
		Chitenges						
(D	204	Children's clothi	ing					
≧	205	Men's clothing						
CLOTHING	206		ng (excl Chitenges)					
占	207	Fabric/material						
	208	Tailoring charge	es					
	209	Footwear (e.g., patapata, sofias						
		1-					·	
ں پــ	210	Loan repayment						
INANCIAL	211	Contributions (c etc.)						
		Insurance (car,	•					
-	213	Funerals, gifts,	dowries					

	nit des	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
BS		90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B	50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B2	25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

Section 15B: Remittances

					Purchas	es		Gifts		
			Q18		Q19			Q20		
		Last Year	During the last year , did your household receive remittances in cash or in- kind?	During the last year , how much did your household receive in cash remittances []?			During the last year , what was the value of remittance received in-kind []?			
		Read Out	1=YES	ĺ	'					
		Fill in Per Row	2=NO >>NEXT ITEM							
			3=DON'T KNOW >> NEXT ITEM		Value in Kw	<i>r</i> acha		Value in Kv	vacha	
				1	ZMW	Ngwee		ZMW	Ngwee	
	In To	tal								
REMITTANCES	215		in rural areas of ny member of the							
REMITT	216		in urban areas of ny member of the							
İ	217	From persons	outside Zambia	1			Γ			
		•	<u>.</u>		Cash		Γ	Gifts		
			Q21		Q22			Q23		
		Last Year	During the last year , did your household give in cash or in- kind?		During the last ye much did your hou give in cash remitt []?	usehold	During the last year , what was the value of remittance paid in-kind []?			
		Read Out	1=YES	1	'		ĺ			
		Fill in Per Row	2=NO >>NEXT ITEM							
			3=DON'T KNOW >> NEXT ITEM		Value in Kw	<i>ı</i> acha		Value in Kv	acha .	
			77 NEXT ITEM	1		Ngwee			Ngwee	
	In To	tal	·	İ						
REMITTANCES	215	To persons in a Zambia (excl a household)	rural areas of ny member of the							
EMITT	216	To persons in a Zambia (excl a household)	urban areas of ny member of the							
E	217	nousenoia)		4			L			

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
B90	90 KG Bag	B10	10 KG Bag	T5	5 Litre Tin	GR	Gram	BOT500	Bottle 500 ML	BP	BP	CU	Cup	BD	Bundle
B50	50 KG Bag	T20	20 Litre Tin	Р	Piece/Number	LT	Litre	BOT750	Bottle 750 ML	HP	Heap	GAL	Gallon	MD	Meda
B25	25 KG Bag	T10	10 Litre Tin	KG	Kilograms	ML	Millilitre	BOT2.5	Bottle 2.5 LT	PL	Plate	BK	Bucket	OT	Other

			SECTION	9B: LIVESTOCK A	ND ANIMAL P	PRODUCT	ION				
1.a	Did any member of th	any member of this household <u>or anybody on their behalf keep any animals</u> in the last 12 months?							1=YES 2=NO>> N	N	
	1.		2.	4.	5.		5a	7.		8.	
Live- stock code	In the last 12 months any member of your hany [ANIMAL]? [RECORD AN ANSWER OF ANIMAL BEFORE CROWS.] 1=YES 2=NO>> NEXT ANIM BACK AND COMPLE ALL REPORTING YES	FOR EACH TYPE CONTINUING THE AL [THEN GO ETE ROWS FOR	a. How many [LIVESTOCK] does your household own now (on your farm or away)? IF NONE, RECORD "0" AND SKIP TO Q7	In the last 12 months, how many have you bought to raise? [IF NONE, RECORD "0" AND SKIP TO Q7]	How much did spend in total it these [ANIMA last 12 month [ESTIMATE A V FOR IN-KIND PAYMENTS]	to buy AL] in the s?	In the last 12 months how many have you received as gifts?	have you alive?		What was the value of sales [ESTIMATE A FOR IN-KIND PAYMENTS]	s? VALUE
	Name		a.	Number	ZMW	Ngwee	Number	Number		ZMW	Ngwe
201	MILK COWS					• •					.,
202	OTHER CATTLE										
203	GOATS										
204	SHEEP										
205	DONKEYS		_	_							
207	CHICKEN										
208	DUCK, GEESE										
213	PIGS										
214	OTHER										

	SECTION 9D: HOUSEHOLD EXPENSES FOR L	IVESTOCK AN	D ANIMAL PROD	UCTION			
	1. During the 2013/14 agricultural season, did you incur any of th following [COST] (with or without credit)? 1=YES	buy?	uantity did you YS ENTER PERSON	[COST] during the	3. How much did you spend on [COST] during the 2013/2014 agricultural season?		
	2=NO>>NEXT COST	Qty	1=LITER 2=KG 3=PIECE 4=DAYS	[SUM CASH AND VALUE OF IN-KI PAYMENTS]			
Code		Qty	Unit	ZMW	Ngwee		
	e for agriculture production		<u> </u>				
301	Seeds						
302	Equipment (rental, repairs, spare parts), tools						
303	Draft animals costs						
304	Hired labor for production (planting, weeding, harvest)						
305	Pesticides, herbicides						
306	Fertilizers, manure						
307	Petrol/diesel/oil/fuel						
308	Transportation (not including fuel/petrol)						
309	Crop storage facility						
310	Bags, containers, strings, packaging						
311	Land rental						
312	Other (specify)						
Expenditure	e for animal production						
321	Fodder, feed						
322	Maintenance of pens/stables/Kraal (tools, equipment,)						
325	Hired labor for herding, other livestock costs						
326	Medicines, vaccines						
328	Transportation, veterinary services						
330	Packaging costs						
332	Other(specify)						
Expenditure	e for fishing,aquaculture						
341	Fish eggs and juveniles						
342	Fish pond digging and maintenance						
343	Nets and other equipments						
345	Hired labor						
346	Medicines, feed						
347	Petrol/diesel/oil/fuel						
348	Transportation						
349	Smoking or drying						
351	Fish pond rental						
352	Other (specify)						

		SECTION 9F: LA	ND MODULE		
1	2		3		3a
			What is the value of sold your land today, you receive for it?)		Did you buy any land in the last year? 1=YES
[TIMS IN (OEO DES RESIDEIX TIME]			jourceene for it.)		2=NO
1=YES	1=LIMA				
2=NO>> NEXT SECTION	2=ACRE		[VALUE IN KWAC	CHA]	
	3=HECTARE				
	4=SQUARE METERS				
	AREA	UNIT	ZMW	NGWEE	

			SECTIO	N 9G:	BUSINE	SS MOI	DULE							
	.1 Filter: Did you or anyone in your household operate any non-farm enterprises or provide any services (store, transport, ome brewing, trade, etc) in the last 12 months? 1=YES 2=NO>>NEXT SECTION/Q2													
	1	2	3		4		5		6	7		8	8	
BUSINESS ID	What non-farm enterprises did the household operate in the last 12 months? [SEE CODE SHEET BELOW (Q1)] [RECORD UP TO THREE IN ORDER OF IMPORTANCE]	Since this time last year, how many months was the business in operation? [TIME REFERENCE IS SINCE OCT/NOV 2013, BUT MONTH IS BASED ON DISTRICT] [WRITE NUMBER OF MONTHS] [WRITE 01 IF LESS THAN ONE MONTH]	What is you revenue from business in a average mon KWACHA	m this an	What was your prof this busin the avera month? [THIS IS CASH IN AFTER A PURCHAINPUTS BEEN PA	it from less in ge THE COME LLL SED HAVE ID FOR	What is the average product cor by your hot in a month?	nsumed usehold	Do you own any assets (e.g. storefro nt, machin ery, tools) specific to this busines s? 1=YES 2=NO >>Q8	What is the of these as a second within across assets assets second within across assets as a second within across assets as a second within across assets as a second within across as a second within across as a second within across as a second within across as a second within across a second within across as a second within across as a second within across as a second within across a second within across a second within across as a second within across a second within a second within across a second within a second w	ssets? VALUE AND	capital busine UP TC ORDE IMPO 1=PRO BUSIN 2=HOU SAVIN 3=REL 4=HOU LABOR 5=LOA 6=CGP TRANS 7=ICHI SILIME 8=NOT	RTANCE CEEDS FRO ESS SEHOLD GS ATIVE/FRI SEHOLD V E EARNING N CASH FER PROCLIMBA/	ORD IN] OM ENDS VAGE GS
BUSINESS 01														
BUSINESS 02														
BUSINESS 03														

BUSINESS CODES (Q1)

SECT	TION 9H: FAMII	LY LABOR IN I	FAMILY BUSINES	SSES AND AGRIC	ULTURE FOR H	IOUSEHOI	D MEMBER	RS AGE 5 AN	D ABOVE			
	BUSINESS			AGRICULTURE								
PID [COPY PID FROM	did household mem	bers work in [busine AKE SURE THAT T	HESE BUSINESSES	Q2. In the last 12 months, for how many days did members of your household work at [ACTIVITY]?								
ROSTER]	Business			Activity type								
	1	2	3	1	2	3	4	5	6			
	Business 01	Business 02	Business 03	Land preparation or planting (eg. ploughing)	Weeding, fertilizing, other non-harvest work	Harvesting	Livestock herding	Preparing fodder	Other livestock activities?			

END OF INTERVIEW