

SECTION 2A: DEMOGRAPHY

1. Has there been any changes in the household size in the last 12 months due to:-

1 YES
2 NO

CODE

- 1 Marriage
- 1 Births
- 1 Divorces/separation
- 1 Person moving into the household permanently
(MARRIAGE EXCLUDED)
- 1 Persons moving out of the household permanently
(MARRIAGE EXCLUDED)
- 1 Death >> QUESTION 2

->> SECTION 2B

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

3. How many people died in the last 12 months?

NUMBER OF DEATHS

<input type="checkbox"/>

3. How old was the deceased? RECORD AGE IN COMPLETED YEARS
(ENTER 00 IF LESS THAN 1 YEAR)

AGE

DECEASED 1	<input type="checkbox"/>	<input type="checkbox"/>
DECEASED 2	<input type="checkbox"/>	<input type="checkbox"/>
DECEASED 3	<input type="checkbox"/>	<input type="checkbox"/>
DECEASED 4	<input type="checkbox"/>	<input type="checkbox"/>
DECEASED 5	<input type="checkbox"/>	<input type="checkbox"/>
DECEASED 6	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2B: MIGRATION

1. Where was the household residing 12 months ago?

1 SAME DWELLING _____ -->> QUESTION 4

2 DIFFERENT DWELLING, SAME LOCALITY/VILLAGE _____

3 DIFFERENT LOCALITY/ VILLAGE, SAME DISTRICT

4 DIFFERENT DISTRICT, SAME PROVINCE CODE

5 DIFFERENT PROVINCE

6 DIFFERENT COUNTRY

7 HOUSEHOLD DID NOT EXIST 12 MONTHS AGO >> QUESTION 4

2. Was this area you were residing in 12 months ago in a rural or urban area?

1 RURAL CODE

2 URBAN

3. What was the main reason for moving?

1 JOB TRANSFER OF HEAD OF HOUSEHOLD

2 SEEKING JOB/BUSINESS OPPORTUNITY/GREENER PASTURE

3 FOUND NEW JOB/BUSINESS CODE

4 DECIDED TO RESETTLE

5 COULD NOT COPE WITH THE HIGH COST OF LIVING

6 ACQUIRED OWN/DIFFERENT ACCOMODATION

7 RETIRED/RETRENCHED

8 DUE TO THE DROUGHT

9 OTHER (SPECIFY)

4. Has any member of your household been away for more than 3 months to look for or take a job/business in the last 12 months?

1 YES CODE

2 NO >> SECTION 3

5. How many household members?

NUMBER OF MEMBERS

FOR THOSE PERSONS WHO HAVE GONE AWAY, ASK THE FOLLOWING QUESTIONS PERSON BY PERSON

6. What is the sex of?	Person 1	Person 2	Person 3	Person 4
	1 MALE CODE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/>	1 MALE CODE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/>	1 MALE CODE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/>	1 MALE CODE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/>
7. How old is this person?	AGE	AGE	AGE	AGE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2B: MIGRATION (Cont'd)

8. Where did go?	Person 1	Person 2	Person 3	Person 4
1 RURAL AREA WITHIN ZAMBIA	1	1	1	1
2 URBAN AREA WITHIN ZAMBIA	2	2	2	2
3 BOTSWANA	3	3	3	3
4 SWAZILAND	4	4	4	4
5 RSA	5	5	5	5
6 ZIMBABWE	6	6	6	6
7 NAMIBIA	7	7	7	7
8 LESOTHO	8	8	8	8
9 ZAIRE	9	9	9	9
10 TANZANIA	10	10	10	10
11 MALAWI	11	11	11	11
12 OTHER AFRICA	12	12	12	12
13 OUTSIDE AFRICA	13	13	13	13
	CODE <input type="text"/> <input type="text"/>	CODE <input type="text"/> <input type="text"/>	CODE <input type="text"/> <input type="text"/>	CODE <input type="text"/> <input type="text"/>
9. What was profession/ skill/occupa- tion before he/she left?	SPECIFY..... CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY..... CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY..... CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY..... CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS

INTRODUCTION: I am now going to ask you questions about the house/dwelling in which you live

1. What kind of dwelling does your household live in?

- 1 HUT/TRADITIONAL HOUSE
- 2 DETACHED HOUSE
- 3 FLAT/APPARTMENT/MULTI-UNIT
- 4 SEMI-DETACHED HOUSE/FLAT
- 5 SERVANTS QUARTERS
- 6 HOUSE ATTACHED TO/ON TOP OF SHOP, ETC
- 7 GUEST HOUSE/WING
- 8 HOSTEL
- 9 NON-RESIDENTIAL BUILDING (E.G. SCHOOL CLASSROOMS, ETC)
- 10 OTHER SPECIFY

CODE

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2. 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 OF ROOMS

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10 What kind of building materials is/are the of this dwelling made of? (IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOFTOP) AND OUTER WALL).

(A) ROOF	(B) WALLS	(C) FLOOR
1 ASBESTOS SHEETS	1 KIMBERLY BRICK	1 CONCRETE ONLY
2 ASBESTOS TILES	2 CONCRETE BRICK	2 COVERED CONCRETE
3 IRON SHEETS	3 MUDBRICK	3 MUD
4 GRASS/STRAW	4 POLE	4 WOODEN ONLY
5 OTHER (SPECIFY)	5 POLE & DAGGA	5 OTHER (SPECIFY)
.....	6 MUD
.....	7 GRASS/STRAW
	10 IRON SHEETS	
	10 HARDBOARD	
	10 OTHER (SPECIFY)	
	
	

CODE

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CODE

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CODE

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SECTION 3: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

4. On what basis does your household occupy the dwelling now? Is it

- 1 Owned >> **QUESTION 7**
- 2 Rented from Local government
- 3 Rented from Central government
- 4 Rented from Private company
- 5 Rented from Parastatal
- 6 Rented from private persons (landlords) CODE
- 7 House owned by employer >> **QUESTION 7**
- 8 Other free housing
- 9 Other specify

5. How is the rent paid? Is it.....

- 1 Deducted from salary
- 2 Paid directly by the household
- 3 Paid by employer >> **QUESTION 7**

CODE

6. How much do you pay for rent per month?

AMOUNT IN KWACHA

7. What is the main source of drinking water for this household during the wet season and dry season?

(A) WET SEASON	(B) DRY SEASON
1 RIVER, LAKE	1 RIVER, LAKE
2 UNPROTECTED WELL	2 UNPROTECTED WELL
3 PROTECTED WELL	3 PROTECTED WELL
4 BOREHOLE	4 BOREHOLE
5 PUBLIC TAP	5 PUBLIC TAP
6 OWN TAP	6 OWN TAP >> Question 10
7 OTHER (SPECIFY).....	7 OTHER (SPECIFY).....
CODE <input type="checkbox"/>	CODE <input type="checkbox"/>

8. How far is this source of drinking water during the wet season and dry season?
[IF LESS THAN ONE KILOMETRE ENTER 00]

(A) WET SEASON KM

(B) DRY SEASON KM

9. How long does it take to reach (one way only) this source of drinking water during the wet season and dry season?

(A) WET SEASON MINUTES

(B) DRY SEASON MINUTES

10. Does this household boil or treat drinking water during the wet season and dry season?

(A) WET SEASON	CODE	(B) DRY SEASON	CODE
1 YES	<input type="checkbox"/>	1 YES	<input type="checkbox"/>
2 NO		2 NO	

SECTION 3: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

11. How much on average do you pay for water per month? (ENTER '00' IF THEY DON'T PAY)
 AMOUNT IN KWACHA

12. What is the main type of energy used for lighting in your household?

- 1 KEROSENE/PARAFFIN
- 2 ELECTRICITY
- 3 CANDLE
- 4 OPEN FIRE
- 5 TORCH
- 6 DIESEL
- 7 OTHER (SPECIFY).....
- 8 NONE

CODE

13. What is the main type of energy that your household uses for cooking?

- 1 COLLECTED FIREWOOD
- 2 PURCHASED FIREWOOD
- 3 CHARCOAL OWN PRODUCED
- 4 CHARCOAL PURCHASED
- 5 KEROSENE/PARAFFIN
- 6 GAS
- 7 ELECTRICITY
- 8 CROP/LIVESTOCK RESIDUES
- 9 OTHER (SPECIFY)

CODE

14. How much on average do you pay for electricity per month?
 (ONLY FOR THOSE WHOSE ANSWER WAS ELECTRICITY IN QUESTIONS 12 AND/OR 13)
 [ENTER '00' IF THEY DON'T PAY]
 AMOUNT IN KWACHA

15. What is the main toilet facility for this household?

- 1 OWN FLUSH TOILET INSIDE THE HOUSE
- 2 OWN FLUSH TOILET OUTSIDE THE HOUSE
- 3 COMMUNAL FLUSH TOILET
- 4 OWN PIT LATRINE
- 5 COMMUNAL PIT LATRINE
- 6 NEIGHBOUR'S/ANOTHER HOUSEHOLD'S PIT LATRINE
- 7 BUCKET
- 8 AQUA PRIVY
- 9 OTHER (SPECIFY).....
- 10 NONE

CODE

16. What is the main method of garbage disposal that this household uses?

- 1 REFUSE COLLECTED
- 2 PIT
- 3 DUMPING
- 4 OTHER (SPECIFY).....

CODE

SECTION 4: HOUSEHOLD ACCESS TO FACILITIES

INTRODUCTION: I am now going to ask you questions about distances to and use of various facilities

FACILITIES	1. How far is the nearest..... (READ OUT FACILITY) GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00 IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99. IF NOT APPLICABLE ENTER 98	2. Is the nearest accessible all year round or during the dry season only? 1 ALL YEAR ROUND 2 DRY SEASON ONLY	3. Has any member of this household used the nearest in the last 12 months? 1 YES >> NEXT FACILITY 2 NO	4. What is the main reason for not using this facility? 1 EXPENSIVE 2 TOO FAR 3 POOR QUALITY SERVICE 4 FACILITY DOES NOT OFFER FULL SERVICE 5 NOT RELEVANT/NOT APPLICABLE 6 OTHER (SPECIFY) (WHEN ANSWERED CONTINUE WITH NEXT FACILITY)
A. Food market	KM <input type="text"/> <input type="text"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>
B. Post office	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Primary school	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Secondary school	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Health centre/ clinic	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Hospital	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Bank	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: HOUSEHOLD ACCESS TO FACILITIES (Cont'd)

FACILITIES	1. How far is the nearest..... (READ OUT FACILITY) GIVE DISTANCE IN KM. IF LESSTHAN A KILOMETRE ENTER 00 IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99. IF NOT APPLICABLE ENTER 98	2. Is the nearest year round or during the dry season only? 1 ALL YEAR ROUND 2 DRY SEASON ONLY	3. Has any member of this household used the nearest facility in the last 12 months? 1 YES >> NEXT FACILITY 2 NO	4. What is the main reason for not using this facility? 1 EXPENSIVE 2 TOO FAR 3 POOR QUALITY SERVICE 4 FACILITY DOES NOT OFFER FULL SERVICE 5 NOT RELEVANT/NOT APPLICABLE 6 OTHER (SPECIFY) (WHEN ANSWERED CONTINUE WITH NEXT FACILITY)
H. Agricultural extension service	KM <input type="text"/> <input type="text"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>
I. Tarred road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Untarred main road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Feeder road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Public telephone	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hammermill	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Input market (for seeds, fertilizer, agricultural implements)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Police post/station	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Community storage facility for seeds/grain	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: HOUSEHOLD ACCESS TO FACILITIES (Cont'd)

FOR DISTANCES

IF LESS THAN A KILOMETRE ENTER 00.

IF MORE THAN 90KM ENTER 90.

IF DON'T KNOW ENTER 99.

5. How far away is the nearest road transport station from your household?
KM

6. How far away is the nearest railway station from your household?
KM

7. How far away is the nearest water transport station/harbour from your household?
KM

8. How far away is the nearest airstrip/airport from your household?
KM

9. Which one of the above does your household usually use?
1 ROAD TRANSPORT
2 RAILWAY
3 WATER TRANSPORT
4 AIR TRANSPORT
5 NONE >> SECTION 5
CODE

10. Is this public transport accessible all year round or during the dry season only?
1 ALL YEAR ROUND
2 DRY SEASON ONLY
CODE

SECTION 5: HOUSEHOLD ASSETS

INTRODUCTION: I am now going to ask you questions about whether or not your household owns the following items.

ASSET	1. Does this household own a/an now? 1 YES 2 NO	ASSET	1. Does this household own a/an now? 1 YES 2 NO
A. Plough	CODE <input type="checkbox"/>	N. Radio	CODE <input type="checkbox"/>
B. Crop sprayer	<input type="checkbox"/>	O. Refridgerator/ Deep freezer	<input type="checkbox"/>
C. Handgrinding mill	<input type="checkbox"/>	P. Telephone	<input type="checkbox"/>
D. Hammermill	<input type="checkbox"/>	Q. Sewing/knitting machine	<input type="checkbox"/>
E. Fishing boat	<input type="checkbox"/>	R. Stove/cooker	<input type="checkbox"/>
F. Canoe	<input type="checkbox"/>	S. Non-residential building	<input type="checkbox"/>
G. Fishing net	<input type="checkbox"/>	T. Residential house	<input type="checkbox"/>
H. Bicycle	<input type="checkbox"/>	U. Scotch cart	<input type="checkbox"/>
I. Motor cycle	<input type="checkbox"/>	V. Oxen	<input type="checkbox"/>
J. Motor vehicle	<input type="checkbox"/>	W. Donkeys	<input type="checkbox"/>
K. Tractor	<input type="checkbox"/>		
L. Television (T.V.)	<input type="checkbox"/>		
M. Video player	<input type="checkbox"/>		

SECTION 6: HOUSEHOLD DEPENDENCY AND COPING STRATEGIES

INTRODUCTION: Now, I am going to ask you questions on whether your household has experienced any hardships and how you have managed to cope

1. During the last 12 months did your household get any assistance in cash or in kind from any of the following:-

	1 YES 2 NO
	CODE
1 Household of parents of head	<input type="checkbox"/>
1 Household of parents of spouse	<input type="checkbox"/>
1 Household of your children	<input type="checkbox"/>
1 Household of other relative	<input type="checkbox"/>
1 Household of friends	<input type="checkbox"/>
1 Other household (SPECIFY)	<input type="checkbox"/>

2. During the last 12 months did your household give any assistance, in cash or kind to any of the following:-

	1 YES 2 NO
	CODE
1 Household of parents of head	<input type="checkbox"/>
1 Household of parents of spouse	<input type="checkbox"/>
1 Household of your children	<input type="checkbox"/>
1 Household of other relative	<input type="checkbox"/>
1 Household of friends	<input type="checkbox"/>
1 Other household (SPECIFY)	<input type="checkbox"/>

3. Are there any members of this household who have gone to live elsewhere because you have been unable to cater for them during the last 12 months?

1 YES	CODE
2 NO	<input type="checkbox"/>

4. Are there any persons living or have lived in this household because their own households have been unable to cater for them during the last 12 months?

1 YES	CODE
2 NO	<input type="checkbox"/>

5. Were there any times in the last 12 months when this household had to starve or had no or little food?

1 YES	CODE
2 NO >> QUESTION 7	<input type="checkbox"/>

6. For how long?
 [IF SEVERAL SPELLS ADD UP TO TOTAL NUMBER OF DAYS OR WEEKS]

DAYS

WEEKS

7. Do you consider your household to be very poor, moderately poor or not poor?

1 VERY POOR

2 MODERATELY POOR

3 NOT POOR >> **QUESTION 9**

CODE

8. What do you think has lead your household to be in poverty? [ASK FOR MAIN REASON]

1 CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILISERS, SEEDS, ETC OR PRICES OF AGRICULTURAL INPUTS TOO HIGH

2 AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) ARE NOT AVAILABLE FOR BUYING IN THIS AREA

3 BECAUSE OF THE DROUGHT

4 LOW PRICES FOR THEIR AGRICULTURAL PRODUCE - THE PRICES AT WHICH THEY SELL THEIR AGRICULTURAL OUTPUT

5 DEATH OF CATTLE/OXEN OR CATTLE DISEASES

6 LACK OF CAPITAL TO START OWN BUSINESS OR TO EXPAND

7 LACK OF CREDIT FACILITIES TO START BUSINESS/BUY AGRICULTURAL INPUTS OR TO EXPAND BUSINESS/SCALE OF AGRICULTURE

8 LACK OF EMPLOYMENT OPPORTUNITIES/CANNOT FIND A JOB

9 SALARY/WAGE TOO LITTLE/BAD WORKING CONDITIONS

10 RETRENCHMENT

11 PRICES OF COMMODITIES TOO HIGH

12 HARD ECONOMIC TIMES/ECONOMIC DECLINE OF OUR COUNTRY

13 BUSINESS NOT DOING FINE/LOW PROFIT/TOO MUCH COMPETITION

14 OTHER (SPECIFY)

CODE

9. Do you consider your household's living standards to have improved, remained the same or deteriorated during the last 5 years?

1 IMPROVED

2 REMAINED THE SAME

3 DETERIORATED

4 DON'T KNOW

5 NOT APPLICABLE

CODE

10. Finally, there are a number of ways people can cope in times of need. Did your household have to rely on any of the following during the last 12 months:-

1 YES
2 NO

CODE

- 1 Piecework on farms belonging to other households
- 1 Other piecework
- 1 Working on 'food-for-work' program
- 1 Relief food, free food from the government and other bodies
- 1 Eating wild food only
- 1 Substituting ordinary meals with mangoes, pumpkin, sweet potatoes, etc
- 1 Reducing food in-take/meals
- 1 Reducing other household items e.g. soap, tissue, detergent
- 1 Informal borrowing (e.g. kaloba, borrowing from friends, etc)
- 1 Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, ZCF, etc)
- 1 Church charity
- 1 NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, Hope foundation, PAM, PUSH, etc
- 1 Pulling children out of school
- 1 Sale of assets, such as cattle, fridge, car
- 1 Petty vending
- 1 Begging from friends, neighbours, relatives
- 1 Begging from the streets
- 1 Other (specify)

SECTION 7: HOUSEHOLD EXPENSES (Cont'd)

NO.	QUESTIONS		
Now I would like to find out about how much this household spent on food and how much was consumed			
13.	How much was spent on the following items during the last one (1) month? - Breakfast mealie meal - Roller mealie meal - Hammermilled meal - Maize grain - Grinding expenses	GIVE AMOUNT IN KWACHA, IF NONE ENTER 00 AMOUNT IN KWACHA <input type="text"/> AMOUNT IN KWACHA <input type="text"/> AMOUNT IN KWACHA <input type="text"/> AMOUNT IN KWACHA <input type="text"/> AMOUNT IN KWACHA <input type="text"/>	
THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT.			
14.	How much was spent on and consumed from own produce on the following food items during the last 2 weeks .. Maize grain	OWN PRODUCED/RECEIVED UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	GIVE AMOUNT IN KWACHA IF NONE ENTER 00 BOUGHT
	.. Cassava	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>
	.. Millet	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>
	.. Sorghum	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>
	.. Rice	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>
	.. Sweet potatoes	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>
	.. Irish potatoes	UNIT _____ QTY <input type="text"/> . <input type="text"/> PRICE K <input type="text"/>	AMOUNT <input type="text"/>

SECTION 8: HOUSEHOLD VICTIMIZATION

INTRODUCTION: I am now going to ask you questions on whether or not your household has experienced a break-in.

1. Has this household experienced any break-in during the last 12 months?

1 YES

2 NO >> END OF HOUSEHOLD QUESTIONNAIRE

CODE

2. Were any members of the household present at the time of the break-in?
(IF MORE THAN ONE, PICK THE MOST RECENT)

1 YES

2 NO >> QUESTION 7

CODE

3. Did the break-in take place during the day or night?

1 DAY

2 NIGHT

CODE

4. During the break-in, was the household threatened in any way?

1 YES

2 NO

CODE

5. During the break-in, did the assailants use a gun, other weapons or no weapon? (RECORD MOST LEATHAL WEAPON)

1 GUN

2 OTHER WEAPON

3 NO WEAPON

4 DON'T KNOW

CODE

6. Was any member of the household injured during the break-in?

1 YES

2 NO

CODE

7. Did the household lose anything during the break-in?

1 YES

2 NO >> QUESTION 9

CODE

8. What were the major items stolen?

1 YES
2 NO

CODE

1 TELEVISION SET (T.V.)	<input type="checkbox"/>
1 VIDEO PLAYER	<input type="checkbox"/>
1 RADIO/STEREO/CASSETTE/CD PLAYER	<input type="checkbox"/>
1 FRIDGE (REFRIGERATOR)/DEEP FREEZER	<input type="checkbox"/>
1 STOVE	<input type="checkbox"/>
1 MOTOR VEHICLE (CAR, TRUCK, TRACTOR)	<input type="checkbox"/>
1 FURNITURE	<input type="checkbox"/>
1 CLOTHES	<input type="checkbox"/>
1 MOTOR CYCLE	<input type="checkbox"/>
1 KITCHEN WARE (POTS, PANS, BLENDER, ETC)	<input type="checkbox"/>
1 MONEY	<input type="checkbox"/>
1 JEWELLERY	<input type="checkbox"/>
1 BICYCLE	<input type="checkbox"/>
1 CATTLE	<input type="checkbox"/>
1 POULTRY	<input type="checkbox"/>
1 CROPS	<input type="checkbox"/>
1 OTHER (SPECIFY).....	<input type="checkbox"/>

9. Was the break-in reported to some authority?

CODE

1 YES	<input type="checkbox"/>
2 NO >> QUESTION 11	<input type="checkbox"/>

10. To which type of authority was the break-in reported?

1 YES
2 NO

CODE

1 POLICE	<input type="checkbox"/>
1 NEIGHBOURHOOD WATCH	<input type="checkbox"/>
1 TRADITIONAL HEADMAN/CHIEF	<input type="checkbox"/>
1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)	<input type="checkbox"/>
1 OTHER AUTHORITY, SPECIFY	<input type="checkbox"/>

11. Has the household taken any safety precautions because of the break-in?

1 YES

2 NO >> END OF HOUSEHOLD QUESTIONNAIRE

CODE

12. What safety precautions have been taken?

1 YES
2 NO

CODE

1 PUT UP BURGLAR BARS IN THE WINDOWS AND/OR DOORS

1 BUILT WALL FENCE AROUND THE HOUSE

1 EMPLOYED A SECURITY GUARD

1 HIRED SECURITY SERVICES FROM A SECURITY COMPANY

1 INSTALLED A CB RADIO

1 MOVED TO A DIFFERENT LOCALITY

1 JOINED THE LOCAL NEIGHBOURHOOD WATCH ASSOCIATION

1 JOINED AS A POLICE RESERVE

1 BOUGHT A GUN FOR PROTECTION

1 BOUGHT OTHER WEAPON FOR PROTECTION

1 STARTED KEEPING WATCH DOGS

1 PARK THE CAR ELSEWHERE AT SOME SAFER PLACE

1 TAKE ALL VALUABLES SUCH AS T.V. INSIDE THE BEDROOM AT NIGHT

1 ASKED THE POLICE FOR PROTECTION/NIGHT PATROLS

1 MORE CAREFUL TO OPEN FOR VISITOR

1 SOUGHT PROTECTION FROM A TRADITIONAL HEALER/WITCHDOCTOR

1 OTHER (SPECIFY)

.....

RECORD TIME ENDED THE INTERVIEW:

 HOUR MINUTES

-- T H E E N D --