

**STRICTLY CONFIDENTIAL**  
 CENTRAL STATISTICAL OFFICE,  
 P.O. BOX 31908,  
 LUSAKA.  
 TEL No. 251377/251380  
 251381  
 251385  
 FAX No. 252575

REPUBLIC OF ZAMBIA

QUESTIONNAIRE SERIAL NO:

FORM 

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**LIVING CONDITIONS MONITORING SURVEY I (1996)**  
**INDIVIDUAL QUESTIONNAIRE (FOR PERSONS AGED 12 YEARS AND ABOVE)**

INDIVIDUAL QUESTIONNAIRE IDENTIFICATION	CODE NUMBER
1. PROVINCE NAME	□
2. DISTRICT NAME	□□
3. CSA NUMBER	□□□
4. SEA NUMBER	□
5. RURAL..1 URBAN..2	□
6. STRATUM      RURAL: 1. Small Scale   2. Medium Scale   3. Large Scale   4. Non Agric URBAN: 5. Low Cost            6. Medium Cost    7. High Cost	□
7. CENTRALITY	□□
8. PANEL NUMBER	□□
9. SURVEY BUILDING NUMBER (SBN)	□□□
10. HOUSING UNIT NUMBER (HUN)	□□
11. HOUSEHOLD NUMBER (HHN)	□
12. VILLAGE/LOCALITY NAME	
13. CHIEF'S AREA (RURAL AREAS ONLY) FOR URBAN = 888 (NOT APPLICABLE)	□□□
14. CONSTITUENCY NAME	□□□
15. ENUMERATED HOUSEHOLD NAME OF THE HEAD _____ RESIDENTIAL ADDRESS _____ SAMPLING SERIAL NO. OF HOUSEHOLD _____	□□□□
16. NAME OF PERSON ENUMERATED _____ SERIAL No. FROM HOUSEHOLD ROSTER _____	□□
17. NAME OF RESPONDENT _____ SERIAL No. FROM HOUSEHOLD ROSTER _____	□□
18. NUMBER OF VISITS UNTIL COMPLETED INTERVIEW	□□
19. DATA COLLECTION: TIME STARTED INTERVIEW    HOUR    MIN.    TIME ENDED INTERVIEW    HOUR    MIN.    DURATION (MINUTES) INTERVIEWER.....                      DATE..... SUPERVISOR.....                      CHECKING DATE.....	□□□

RECORD TIME STARTED THE INTERVIEW:   HOUR

MINUTES

**SECTION 1: DEMOGRAPHY**

INTRODUCTION: To start this interview, I would first like to ask you about marriage.

NO.	QUESTIONS
1.	What is your marital status? 1 NEVER MARRIED >> <b>QUESTION 4</b> 2 MARRIED <span style="float: right;">CODE</span> 3 SEPARATED <span style="float: right;"><input type="text"/></span> 4 DIVORCED < <input type="text"/> — >> <b>QUESTION 3</b> 5 WIDOWED < <input type="text"/>
2.	Is your marriage monogamous or polygamous? 1 MONOGAMOUS <span style="float: right;">CODE</span> 2 POLYGAMOUS <span style="float: right;"><input type="text"/></span>
3.	What was your age at first marriage? (ENTER AGE IN COMPLETED YEARS) <span style="float: right;">AGE AT FIRST MARRIAGE</span> <input type="text"/> <input type="text"/>
4.	What is your ethnic group?..... <span style="float: right;">CODE</span> <input type="text"/> <input type="text"/>
(CHECK AGE IN THE HOUSEHOLD ROSTER, IF AGED 19 AND ABOVE GO TO SECTION 2)	
5.	Is your biological mother still alive? 1 YES <span style="float: right;">CODE</span> 2 NO <span style="float: right;"><input type="text"/></span> 3 DON'T KNOW
6.	Is your biological father still alive? 1 YES <span style="float: right;">CODE</span> 2 NO <span style="float: right;"><input type="text"/></span> 3 DON'T KNOW

**SECTION 2: HEALTH**

INTRODUCTION: Now, I am going to ask you questions on the health of .....

NO.	QUESTIONS																																		
1.	<p>Did you have to stop your normal activities due to illness or injury during the last two (2) weeks?</p> <p>1 YES <span style="float:right">CODE</span></p> <p>2 NO &gt;&gt; <b>QUESTION 5</b> <span style="float:right"><input type="checkbox"/></span></p>																																		
2.	<p>What were you suffering from? (RECORD ALL SYMPTOMS IN THE LAST TWO (2) WEEKS)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">1 YES</td> <td style="width:50%; text-align:center;">1 YES</td> </tr> <tr> <td style="text-align:center;">2 NO</td> <td style="text-align:center;">2 NO</td> </tr> <tr> <td style="text-align:center;">CODE</td> <td style="text-align:center;">CODE</td> </tr> </table> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1 ABDOMINAL PAINS <input type="checkbox"/></td> <td style="width:50%;">1 JAUNDICE/YELLOWNESS <input type="checkbox"/></td> </tr> <tr> <td>1 ANAEMIA/LACK OF BLOOD <input type="checkbox"/></td> <td>1 MEASLES <input type="checkbox"/></td> </tr> <tr> <td>1 BLOOD WITH URINE <input type="checkbox"/></td> <td>1 MUMPS <input type="checkbox"/></td> </tr> <tr> <td>1 CHEST PAINS/CHEST INFECTION/ RESPIRATORY DISEASES <input type="checkbox"/></td> <td>1 PAIN WITH PERIOD <input type="checkbox"/></td> </tr> <tr> <td>1 COUGH/COLD <input type="checkbox"/></td> <td>1 PILES/HAEMORRHOIDS <input type="checkbox"/></td> </tr> <tr> <td>1 DIARRHOEA WITH BLOOD <input type="checkbox"/></td> <td>1 PNEUMONIA <input type="checkbox"/></td> </tr> <tr> <td>1 DIARRHOEA WITHOUTH BLOOD <input type="checkbox"/></td> <td>1 POISONING <input type="checkbox"/></td> </tr> <tr> <td>1 EAR INFECTION <input type="checkbox"/></td> <td>1 POLIO <input type="checkbox"/></td> </tr> <tr> <td>1 EYE INFECTION/DISEASE <input type="checkbox"/></td> <td>1 RHEUMATISM <input type="checkbox"/></td> </tr> <tr> <td>1 FEVER/MALARIA <input type="checkbox"/></td> <td>1 SKIN INFECTION <input type="checkbox"/></td> </tr> <tr> <td>1 GASTRO INTESTINAL DISEASE <input type="checkbox"/></td> <td>1 TOOTHACHE <input type="checkbox"/></td> </tr> <tr> <td>1 HEADACHE <input type="checkbox"/></td> <td>1 URINARY TRACT INFECTION <input type="checkbox"/></td> </tr> <tr> <td>1 HIGH BLOOD PRESSURE/HYPERTENSION <input type="checkbox"/></td> <td>1 VOMITTING <input type="checkbox"/></td> </tr> <tr> <td>1 INJURY OF ANY TYPE-FRACTURE, MUSCULAR, SKELETOL, DISLOCATIONS <input type="checkbox"/></td> <td>1 OTHER (SPECIFY) ..... <input type="checkbox"/></td> </tr> </table>	1 YES	1 YES	2 NO	2 NO	CODE	CODE	1 ABDOMINAL PAINS <input type="checkbox"/>	1 JAUNDICE/YELLOWNESS <input type="checkbox"/>	1 ANAEMIA/LACK OF BLOOD <input type="checkbox"/>	1 MEASLES <input type="checkbox"/>	1 BLOOD WITH URINE <input type="checkbox"/>	1 MUMPS <input type="checkbox"/>	1 CHEST PAINS/CHEST INFECTION/ RESPIRATORY DISEASES <input type="checkbox"/>	1 PAIN WITH PERIOD <input type="checkbox"/>	1 COUGH/COLD <input type="checkbox"/>	1 PILES/HAEMORRHOIDS <input type="checkbox"/>	1 DIARRHOEA WITH BLOOD <input type="checkbox"/>	1 PNEUMONIA <input type="checkbox"/>	1 DIARRHOEA WITHOUTH BLOOD <input type="checkbox"/>	1 POISONING <input type="checkbox"/>	1 EAR INFECTION <input type="checkbox"/>	1 POLIO <input type="checkbox"/>	1 EYE INFECTION/DISEASE <input type="checkbox"/>	1 RHEUMATISM <input type="checkbox"/>	1 FEVER/MALARIA <input type="checkbox"/>	1 SKIN INFECTION <input type="checkbox"/>	1 GASTRO INTESTINAL DISEASE <input type="checkbox"/>	1 TOOTHACHE <input type="checkbox"/>	1 HEADACHE <input type="checkbox"/>	1 URINARY TRACT INFECTION <input type="checkbox"/>	1 HIGH BLOOD PRESSURE/HYPERTENSION <input type="checkbox"/>	1 VOMITTING <input type="checkbox"/>	1 INJURY OF ANY TYPE-FRACTURE, MUSCULAR, SKELETOL, DISLOCATIONS <input type="checkbox"/>	1 OTHER (SPECIFY) ..... <input type="checkbox"/>
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3.	<p>Did you consult any health institution for this illness or did you only use self administered medicine? (IF MORE THAN ONE SPELL OF ILLNESS, RECORD THE MOST RECENT)</p> <p>1 CONSULTED &gt;&gt; <b>QUESTION 6</b> <span style="float:right">CODE</span></p> <p>2 USED ONLY SELF ADMINISTERED MEDICINE <span style="float:right"><input type="checkbox"/></span></p> <p>3 NONE &gt;&gt; <b>QUESTION 5</b></p>																																		
4.	<p>How much in total did you spend on the medication?</p> <p align="right">AMOUNT IN KWACHA <input style="width:50px; height:20px; border:1px solid black; display:inline-block; vertical-align:middle; margin-left:10px;" type="text"/></p>																																		

5.	<p>Did you have any health consultation in the last 2 weeks?</p> <p>1 YES</p> <p>2 NO &gt;&gt; <b>QUESTION 10</b></p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
6.	<p>Which kind of institution did you last visit?</p> <p>1 GOVERNMENT HOSPITAL</p> <p>2 GOVERNMENT CLINIC</p> <p>3 GOVERNMENT HEALTH CENTRE</p> <p>4 MISSION INSTITUTION</p> <p>5 INDUSTRIAL/COMPANY HEALTH INSTITUTION</p> <p>6 PRIVATE INSTITUTION</p> <p>7 TRADITIONAL INSTITUTION</p> <p>8 MEDICAL PERSONNEL</p> <p>9 HEALTH INSTITUTION OUTSIDE ZAMBIA</p> <p>10 OTHER (SPECIFY).....</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
7.	<p>Whom did you consult during your last visit? (RECORD THE MOST QUALIFIED PERSON)</p> <p>1 PHYSICIAN/MEDICAL DOCTOR</p> <p>2 CLINICAL OFFICER</p> <p>3 NURSE/MIDWIFE</p> <p>4 TRADITIONAL HEALER</p> <p>5 SPIRITUAL HEALER</p> <p>6 OTHER (SPECIFY).....</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
8.	<p>Did you pay for the last consultation?</p> <p>1 YES WITH PRE-PAYMENT SCHEME LOW COST _____</p> <p>2 YES WITH PRE-PAYMENT SCHEME HIGH COST _____</p> <p>3 YES PAID FOR BY EMPLOYER _____</p> <p>4 YES PAID FOR BY OTHER (SPECIFY) ..... _____</p> <p>5 YES PAID PART AND THE OTHER PART PAID BY OTHER E.G. EMPLOYER _____</p> <p>6 YES PAID DIRECTLY _____</p> <p>7 NO DIDN'T PAY &gt;&gt; <b>QUESTION 10</b></p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
9.	<p>How much did you pay in total for the last consultation?</p> <p style="text-align: right;">ENTER 00 FOR NONE</p> <p>CASH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>IN KIND (CONVERTED TO CASH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

10.	<p>Have you ever been diagnosed of any of the following diseases?</p> <p>1 Diabetes (Sugar disease)</p> <p>1 Cancer</p> <p>1 Asthma</p> <p>1 Tuberculosis (T. B)</p> <p>1 Bronchitis</p> <p>1 Hypertension</p> <p>1 Leprosy</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
11.	<p>Do you smoke?</p> <p>1 YES</p> <p>2 NO</p>	<p>CODE</p> <p><input type="checkbox"/></p>
12.	<p>Do you drink alcoholic beverages?</p> <p>1 YES</p> <p>2 NO</p>	<p>CODE</p> <p><input type="checkbox"/></p>

**SECTION 3: EDUCATION**

INTRODUCTION: Now, I would like to ask you questions about your educational status

NO.	QUESTIONS												
1.	Are you currently attending school? (FORMAL EDUCATION ONLY - PRIMARY, SECONDARY, COLLEGE & UNIVERSITY) <p align="right">CODE <input type="checkbox"/></p> 1 YES 2 NO >> <b>QUESTION 11</b>												
2.	What grade are you currently attending? <p align="right">GRADE ATTENDING <input type="text"/><input type="text"/></p>												
3.	What grade were you attending last year? [IF NOT ATTENDING SCHOOL LAST YEAR ENTER 88] <p align="right">GRADE ATTENDED LAST YEAR <input type="text"/><input type="text"/></p>												
4.	Is the school you are attending a government, mission/religious, industrial or private school? <p>1 GOVERNMENT                      2 MISSION/RELIGIOUS                      3 INDUSTRIAL                      4 PRIVATE                      5 OTHER (SPECIFY) .....</p> <p align="right">CODE <input type="checkbox"/></p>												
<b>CHECK QUESTION 2</b> IS PERSON ATTENDING GRADES 1 THROUGH 7? >> SECTION 4 IS PERSON ATTENDING GRADES 8 THROUGH 12? >> QUESTION 5 IS PERSON ATTENDING GRADES 13 AND ABOVE? >> QUESTION 7													
5.	Have you ever undertaken any skills training in your school? (ONLY FOR THOSE IN GRADES 8-12) <p align="right">CODE <input type="checkbox"/></p> 1 YES 2 NO >> <b>SECTION 4</b>												
6.	What type of skills training is this? <p align="right">1 YES 2 NO CODE</p> <table border="0"> <tr> <td>1 CARPENTRY/WOODWORK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 METAL WORK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 HOMECRAFT/HOME ECONOMICS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 TAILORING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 AGRICULTURAL SKILLS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1 OTHER (SPECIFY) .....</td> <td><input type="checkbox"/></td> </tr> </table> <p align="right">&gt;&gt; <b>SECTION 4</b></p>	1 CARPENTRY/WOODWORK	<input type="checkbox"/>	1 METAL WORK	<input type="checkbox"/>	1 HOMECRAFT/HOME ECONOMICS	<input type="checkbox"/>	1 TAILORING	<input type="checkbox"/>	1 AGRICULTURAL SKILLS	<input type="checkbox"/>	1 OTHER (SPECIFY) .....	<input type="checkbox"/>
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1 TAILORING	<input type="checkbox"/>												
1 AGRICULTURAL SKILLS	<input type="checkbox"/>												
1 OTHER (SPECIFY) .....	<input type="checkbox"/>												
7.	What is your main field of study? (ONLY FOR THOSE ATTENDING GRADES 13 AND ABOVE) <p>MAIN/MAJOR FIELD OF STUDY:.....</p> <p align="right">CODE <input type="text"/><input type="text"/></p> <p align="center">[TO BE CODED IN THE FIELD]</p>												

8.	Apart from what you are studying now, in the past have you had any skills training of at least 3 months duration?  1 YES 2 NO >> <b>SECTION 4</b>	CODE <input type="checkbox"/>												
9.	What kind of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING.....  [TO BE CODED IN THE FIELD]	CODE <input type="checkbox"/> <input type="checkbox"/>												
10.	How long did the training last?  <div style="text-align: right;"> <b>SECTION 4</b> &gt;&gt;           <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 0 5px;">}</td> <td style="padding: 0 5px;">YEARS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 0 5px;">}</td> <td style="padding: 0 5px;">MONTHS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </div>	}	YEARS		}	MONTHS								
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}	MONTHS													
<b>QUESTIONS FOR THOSE WHO ARE NOT CURRENTLY ATTENDING SCHOOL</b>														
11.	Have you ever attended school?  1 YES 2 NO >> <b>QUESTION 26</b>	CODE <input type="checkbox"/>												
12.	What was the highest grade you attained?  <div style="text-align: right;">           HIGHEST GRADE ATTAINED         </div>	<input type="checkbox"/> <input type="checkbox"/>												
13.	What was your main reason for leaving school at the time?  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 WORKING</td> <td style="width: 33%;">5 PREGNANCY</td> <td style="width: 33%;">9 EXPELLED</td> </tr> <tr> <td>2 TOO EXPENSIVE</td> <td>6 COMPLETED STUDIES</td> <td>10 LACK OF SUPPORT</td> </tr> <tr> <td>3 TOO FAR</td> <td>7 GOT MARRIED</td> <td>11 OTHER SPECIFY .....</td> </tr> <tr> <td>4 NOT SELECTED/ FAILED</td> <td>8 NO NEED TO CONTINUE SCHOOL</td> <td>.....</td> </tr> </table>	1 WORKING	5 PREGNANCY	9 EXPELLED	2 TOO EXPENSIVE	6 COMPLETED STUDIES	10 LACK OF SUPPORT	3 TOO FAR	7 GOT MARRIED	11 OTHER SPECIFY .....	4 NOT SELECTED/ FAILED	8 NO NEED TO CONTINUE SCHOOL	.....	CODE <input type="checkbox"/> <input type="checkbox"/>
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<div style="text-align: center;">           (CHECK QUESTION 12)  <b>IS HIGHEST GRADE ATTAINED GRADE 1-7 &gt;&gt; QUESTION 14</b>  <b>IS HIGHEST GRADE ATTAINED GRADE 8-12 &gt;&gt; QUESTION 17</b>  <b>IS HIGHEST GRADE ATTAINED GRADE 13 AND ABOVE &gt;&gt; QUESTION 22</b> </div>														
14.	In the past have you ever had any skills training of at least 3 months duration?  1 YES 2 NO >> <b>QUESTION 31</b>	CODE <input type="checkbox"/>												
15.	What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING :.....  [TO BE CODED IN THE FIELD]	CODE <input type="checkbox"/> <input type="checkbox"/>												

16.	How long did the training last?   <div style="text-align: right;">           QUESTION 31 &gt;&gt;           <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 0 5px;">{</td> <td style="padding: 0 5px;">YEARS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 0 5px;">}</td> <td style="padding: 0 5px;">MONTHS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </div>	{	YEARS			}	MONTHS		
{	YEARS								
}	MONTHS								
<b>FOR THOSE WHO ATTAINED GRADE 8-12. CHECK QUESTION 12</b>									
17.	Did you receive any skills training at school?  1 YES <span style="float: right;">CODE</span> <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO >> <b>QUESTION 19</b>								
18.	What type of skills training did you receive?  <div style="text-align: right;">           1 YES            2 NO         </div> <div style="text-align: right;">           CODE         </div> 1 CARPENTRY/WOODWORK <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span> 1 METAL WORK <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span> 1 HOMECRAFT/HOME ECONOMICS <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span> 1 TAILORING <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span> 1 AGRICULTURAL SKILLS <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span> 1 OTHER (SPECIFY) ..... <span style="float: right;"><input style="width: 20px; height: 20px;" type="checkbox"/></span>								
19.	In the past have you had any skills training outside school of at least 3 months duration?  1 YES <span style="float: right;">CODE</span> <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO >> <b>QUESTION 31</b>								
20.	What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING :.....  <div style="text-align: right;">           CODE         </div> <div style="text-align: right;"> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;">[TO BE CODED IN THE FIELD]</div>								
21.	How long did this training last?   <div style="text-align: right;">           QUESTION 31 &gt;&gt;           <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 0 5px;">{</td> <td style="padding: 0 5px;">YEARS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 0 5px;">}</td> <td style="padding: 0 5px;">MONTHS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </div>	{	YEARS			}	MONTHS		
{	YEARS								
}	MONTHS								
<b>FOR THOSE WHO ATTAINED GRADE 13 AND ABOVE. CHECK QUESTION 12</b>									
22.	What was your main field of study? MAIN/MAJOR FIELD OF STUDY:.....  <div style="text-align: right;">           CODE         </div> <div style="text-align: right;"> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;">[TO BE CODED IN THE FIELD]</div>								
23.	Apart from this, have you in the past had any skills training of at least 3 months duration?  1 YES <span style="float: right;">CODE</span> <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO >> <b>QUESTION 31</b>								
24.	What type of skills was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING :.....  <div style="text-align: right;">           CODE         </div> <div style="text-align: right;"> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;">[TO BE CODED IN THE FIELD]</div>								



**SECTION 4: INCOME GENERATING ACTIVITIES**

INTRODUCTION: I would like to ask you questions about the activities that you do to earn some income

NO.	QUESTIONS									
1.	<p>What is your main current economic activity status ? Are you ... (MAKE SURE TO REGISTER AGRICULTURAL ACTIVITIES)</p> <p>1 In wage employment</p> <p>2 Running a business/self employed</p> <p>3 Farming, fishing and forestry</p> <p>4 Not working but looking for work/means to do business</p> <p>5 Not working and not looking for work/means to do business but available or wishing to do so</p> <p>6 Full-time student</p> <p>7 Full-time homemaker</p> <p>8 Retired/too old to work</p> <p>9 Other (specify).....</p> <p align="right">CODE <input type="checkbox"/></p> <p align="right">&gt;&gt; QUESTION 16</p>									
2.	<p>What type of job/business are you doing (RECORD FOR MAIN JOB/BUSINESS)</p> <p>SPECIFY.....</p> <p align="right">CODE <input type="text"/></p> <p align="center">[TO BE CODED IN THE FIELD]</p>									
3.	<p>(a) What sort of business/service is carried out by your employer/establishment/business?</p> <p>SPECIFY.....</p> <p>(b) What is the name of the company/employer?</p> <p>NAME OF COMPANY/EMPLOYER .....</p> <p align="right">CODE <input type="text"/></p> <p align="center">[TO BE CODED IN THE FIELD]</p>									
4.	<p>What is your employment status?</p> <table border="0"> <tr> <td>1 SELF-EMPLOYED</td> <td>4 PARASTATAL EMPLOYEE</td> <td>7 UNPAID FAMILY WORKER</td> </tr> <tr> <td>2 CENTRAL GOVERNMENT EMPLOYEE</td> <td>5 PRIVATE SECTOR EMPLOYEE</td> <td>8 OTHER (SPECIFY).....</td> </tr> <tr> <td>3 LOCAL GOVERNMENT EMPLOYEE</td> <td>6 EMPLOYER/PARTNER</td> <td></td> </tr> </table> <p align="right">CODE <input type="checkbox"/></p>	1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	7 UNPAID FAMILY WORKER	2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....	3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	
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3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER									
5.	<p>In this job/business are you working.....?</p> <p>1 Full-time all year</p> <p>2 Part-time all year</p> <p>3 Full-time part of the year</p> <p>4 Part time part of the year</p> <p align="right">CODE <input type="checkbox"/></p>									
6.	<p>In your current main job/business are you entitled to pension, gratuity or social security?</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									
7.	<p>Are you entitled to paid leave in your current main job/business?</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									
8.	<p>Are there more than 5 (five) people working in this company/business including the owner? (INCLUDE ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/BUSINESS)</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									

9.	<p>Have you had another main job/business previous to your current main job/business during the last (5) five years?</p> <p style="text-align: right;">CODE</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO &gt;&gt; <b>QUESTION 12</b></p>
10.	<p>What was your employment status?</p> <p>1 SELF-EMPLOYED                      4 PARASTATAL EMPLOYEE                      7 UNPAID FAMILY WORKER</p> <p>2 CENTRAL GOVERNMENT EMPLOYEE                      5 PRIVATE SECTOR EMPLOYEE                      8 OTHER (SPECIFY).....</p> <p>3 LOCAL GOVERNMENT EMPLOYEE                      6 EMPLOYER/PARTNER</p> <p style="text-align: right;">CODE</p> <p><input type="checkbox"/></p>
11.	<p>What was the main reason for leaving this job/business?</p> <p>1 LOW WAGE/SALARY                      7 GOT ANOTHER JOB</p> <p>2 FIRED                      8 BANKRUPTCY</p> <p>3 ENTERPRISE CLOSED                      9 LACK OF PROFIT</p> <p>4 ENTERPRISE PRIVATISED                      10 WAS A TEMPORARY JOB</p> <p>5 ENTERPRISE LIQUIDATED                      11 RETIRED</p> <p>6 RETRENCHED/DECLARED REDUNDANT                      12 OTHER (SPECIFY) .....</p> <p style="text-align: right;">CODE</p> <p><input type="checkbox"/></p>
12.	<p>Do you have any other job/business?</p> <p style="text-align: right;">CODE</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO &gt;&gt; <b>SECTION 5</b></p>
13.	<p>How many?</p> <p style="text-align: center;">NUMBER OF OTHER JOBS/INCOME GENERATING ACTIVITIES</p> <p style="text-align: right;">CODE</p> <p><input type="checkbox"/></p>
14.	<p>(a) What sort of business/service is carried out by your employer/establishment/business in your main other job/business?</p> <p>SPECIFY.....</p> <p>(b) What is the name of company/employer?</p> <p>NAME OF COMPANY/EMPLOYER .....</p> <p style="text-align: right;">CODE</p> <p>[TO BE CODED IN THE FIELD] <input type="checkbox"/></p>
15.	<p>What is your employment status in this main other job/business?</p> <p>1 SELF-EMPLOYED                      4 PARASTATAL EMPLOYEE                      7 UNPAID FAMILY WORKER</p> <p>2 CENTRAL GOVERNMENT EMPLOYEE                      5 PRIVATE SECTOR EMPLOYEE                      8 OTHER (SPECIFY).....</p> <p>3 LOCAL GOVERNMENT EMPLOYEE                      6 EMPLOYER/PARTNER</p> <p style="text-align: right;">CODE</p> <p><input type="checkbox"/></p> <p style="text-align: right;">-&gt;&gt; SECTION 5</p>
16.	<p>During the last five (5) years did you have a job/business?</p> <p style="text-align: right;">CODE</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO &gt;&gt; <b>QUESTION 19</b></p>
17.	<p>What was your employment status in that job? (IF MORE THAN 1 REFER TO THE MOST RECENT)</p> <p>1 SELF-EMPLOYED                      4 PARASTATAL EMPLOYEE                      7 UNPAID FAMILY WORKER</p> <p>2 CENTRAL GOVERNMENT EMPLOYEE                      5 PRIVATE SECTOR EMPLOYEE                      8 OTHER (SPECIFY).....</p> <p>3 LOCAL GOVERNMENT EMPLOYEE                      6 EMPLOYER/PARTNER</p> <p style="text-align: right;">CODE</p> <p><input type="checkbox"/></p>

18.	<p>What was the main reason for leaving that job/business?</p> <table border="0"> <tr> <td>1 LOW WAGE/SALARY</td> <td>7 GOT ANOTHER JOB</td> <td></td> </tr> <tr> <td>2 FIRED</td> <td>8 BANKRUPTCY</td> <td></td> </tr> <tr> <td>3 ENTERPRISE CLOSED</td> <td>9 LACK OF PROFIT</td> <td></td> </tr> <tr> <td>4 ENTERPRISE PRIVATISED</td> <td>10 WAS A TEMPORARY JOB</td> <td>CODE</td> </tr> <tr> <td>5 ENTERPRISE LIQUIDATED</td> <td>11 RETIRED</td> <td><input type="text"/></td> </tr> <tr> <td>6 RETRENCHED/DECLARED REDUNDANT</td> <td>12 OTHER (SPECIFY) .....</td> <td><input type="text"/></td> </tr> </table>	1 LOW WAGE/SALARY	7 GOT ANOTHER JOB		2 FIRED	8 BANKRUPTCY		3 ENTERPRISE CLOSED	9 LACK OF PROFIT		4 ENTERPRISE PRIVATISED	10 WAS A TEMPORARY JOB	CODE	5 ENTERPRISE LIQUIDATED	11 RETIRED	<input type="text"/>	6 RETRENCHED/DECLARED REDUNDANT	12 OTHER (SPECIFY) .....	<input type="text"/>
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6 RETRENCHED/DECLARED REDUNDANT	12 OTHER (SPECIFY) .....	<input type="text"/>																	
19.	<p>Are you currently engaged in any income generating activities or farming?</p> <table border="0"> <tr> <td>1 YES</td> <td>CODE</td> </tr> <tr> <td>2 NO &gt;&gt; SECTION 5</td> <td><input type="text"/></td> </tr> </table>	1 YES	CODE	2 NO >> SECTION 5	<input type="text"/>														
1 YES	CODE																		
2 NO >> SECTION 5	<input type="text"/>																		
20.	<p>What kind of income generating activities or farming are you engaged in? (SPECIFY UP TO THREE ACTIVITIES)</p> <table border="0"> <tr> <td>ACTIVITY 1 .....</td> <td>[TO BE CODED IN THE FIELD]</td> <td>CODE</td> </tr> <tr> <td></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>ACTIVITY 2 .....</td> <td>[TO BE CODED IN THE FIELD]</td> <td>CODE</td> </tr> <tr> <td></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>ACTIVITY 3 .....</td> <td>[TO BE CODED IN THE FIELD]</td> <td>CODE</td> </tr> <tr> <td></td> <td></td> <td><input type="text"/></td> </tr> </table>	ACTIVITY 1 .....	[TO BE CODED IN THE FIELD]	CODE			<input type="text"/>	ACTIVITY 2 .....	[TO BE CODED IN THE FIELD]	CODE			<input type="text"/>	ACTIVITY 3 .....	[TO BE CODED IN THE FIELD]	CODE			<input type="text"/>
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ACTIVITY 3 .....	[TO BE CODED IN THE FIELD]	CODE																	
		<input type="text"/>																	

**SECTION 5: FOOD PRODUCTION**

INTRODUCTION: I am going to ask you about the crops you grow as an individual

1. Did you grow any crops in the 1995/96 agricultural season?

- 1 YES  
2 NO >> QUESTION 8

CODE

2. How much land did you cultivate in total in the 1995/96 agricultural season for all crops? (IF PERSON HAS CULTIVATED SEVERAL FIELDS, ADD AND GIVE TOTAL)

HECTARE      .

ACRE      .

LIMA      .

**PRODUCTION**

3. Did you or anybody grow on your behalf any ..... during the 1995/96 agricultural season?  1 YES 2 NO >> <b>NEXT CROP</b>	4. Did you grow it alone, together with spouse or with some other person within or outside the household?  1 ALONE 2 TOGETHER WITH SPOUSE ONLY 3 TOGETHER WITH SPOUSE & OTHER PERSONS WITHIN THE HOUSEHOLD 4 TOGETHER WITH OTHER PERSONS WITHIN THE HOUSEHOLD (EXCLUDING SPOUSE) 5 TOGETHER WITH OTHER PERSONS OUTSIDE THE HOUSEHOLD	5. How many .... kg bags of ..... did you harvest?  (ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)	6. How many .... kg bags of ..... did you sell?  (ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)	7. What was the average price per bag?
Hybrid maize <input type="checkbox"/> CODE <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Local maize <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cassava <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Millet <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sorghum <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rice <input type="checkbox"/>	CODE <input type="checkbox"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90KG BAGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**PRODUCTION**

<p>3. Did you or anybody grow on your behalf any ..... during the 1995/96 agricultural season?</p> <p>1 YES 2 NO &gt;&gt; <b>NEXT CROP</b></p>	<p>4. Did you grow it alone, together with spouse or with some other person within or outside the household?</p> <p>1 ALONE 2 TOGETHER WITH SPOUSE ONLY 3 TOGETHER WITH SPOUSE &amp; OTHER PERSONS WITHIN THE HOUSEHOLD 4 TOGETHER WITH OTHER PERSONS WITHIN THE HOUSEHOLD (EXCLUDING SPOUSE) 5 TOGETHER WITH OTHER PERSONS OUTSIDE THE HOUSEHOLD</p>	<p>5. How many .... kg bags of ..... did you harvest?</p> <p>(ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)</p>	<p>6. How many .... kg bags of ..... did you sell?</p> <p>(ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)</p>	<p>7. What was the average price per bag?</p>
<p>Beans <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Soyabeans <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Sweet potatoes <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>25KG BAGS <input type="text"/></p>	<p>25KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Irish potatoes <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>10KG BAGS <input type="text"/></p>	<p>10KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Groundnuts <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>8. Are you growing any vegetables now? <span style="float: right;">CODE</span></p> <p>1 YES <span style="float: right;"><input type="checkbox"/></span></p> <p>2 NO &gt;&gt; <b>QUESTION 10</b></p>				
<p>9. Are you growing these vegetables alone, together with spouse or together with some other person within or outside the household? <span style="float: right;">CODE</span></p> <p>1 ALONE <span style="float: right;"><input type="checkbox"/></span></p> <p>2 TOGETHER WITH SPOUSE ONLY</p> <p>3 TOGETHER WITH SPOUSE AND OTHER PERSONS IN THE HOUSEHOLD</p> <p>4 TOGETHER WITH OTHER PERSONS IN THE HOUSEHOLD (EXCLUDING SPOUSE)</p> <p>5 TOGETHER WITH OTHER PERSON/S OUTSIDE THE HOUSEHOLD</p>				

INTRODUCTION: I will now ask about ownership of livestock

10. Do you own any.....? 1 YES 2 NO >> <b>NEXT TYPE OF LIVESTOCK</b>	11. How many do you own?
CODE	
Cattle <input type="checkbox"/>	NUMBER OF CATTLE <input type="text"/>
Goats <input type="checkbox"/>	NUMBER OF GOATS <input type="text"/>
Sheep <input type="checkbox"/>	NUMBER OF SHEEP <input type="text"/>
Pigs <input type="checkbox"/>	NUMBER OF PIGS <input type="text"/>

I will continue with questions about ownership of poultry

12. Do you own any .....? 1 YES 2 NO >> <b>NEXT TYPE OF POULTRY</b>	13. How many do you own?
CODE	
Chicken <input type="checkbox"/>	NUMBER OF CHICKEN <input type="text"/>
Ducks <input type="checkbox"/>	NUMBER OF DUCKS <input type="text"/>
Guinea fowls <input type="checkbox"/>	NUMBER OF GUINEA FOWLS <input type="text"/>
Any other poultry (e.g. geese, turkeys, rabbits, pigeons) <input type="checkbox"/>	NUMBER OF OTHER POULTRY <input type="text"/>

**SECTION 6: INCOME**

INTRODUCTION: I am now going to ask you questions on how much income you have generated from various activities. I will start by asking questions on own produced crops

QUESTIONS

1. How much did you receive from the sale of own produced ..... in the last 12 months?

FOOD CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE ENTER 00)
Hybrid maize	.....	<input type="text"/>
Local maize	.....	<input type="text"/>
Cassava	.....	<input type="text"/>
Groundnuts	.....	<input type="text"/>
Rice	.....	<input type="text"/>
Millet	.....	<input type="text"/>
Sorghum	.....	<input type="text"/>
Beans	.....	<input type="text"/>
Soyabeans	.....	<input type="text"/>
Sweet Potatoes	.....	<input type="text"/>
Irish Potatoes	.....	<input type="text"/>
Other Food Crops	.....	<input type="text"/>

I will continue with income from sale of non-food crops

2. How much did you receive from the sale of own produced ..... in the last 12 months?

NON-FOOD CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Cotton	.....	<input type="text"/>
Tobacco	.....	<input type="text"/>
Sunflower	.....	<input type="text"/>
Other non-food crops	.....	<input type="text"/>

I will also ask you about income from sale of own livestock and livestock products

3. How much did you receive from the sale of own ..... in the last 12 months?

LIVESTOCK & LIVESTOCK PRODUCTS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Cattle	.....	<input type="text"/>
Goats	.....	<input type="text"/>
Sheep	.....	<input type="text"/>
Pigs	.....	<input type="text"/>
Livestock products such as milk, yoghurt, fat, cheese and hides	.....	<input type="text"/>

4. How much did you receive from the sale of own ..... in the last 12 months?

POULTRY	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Chickens	.....	<input type="text"/>
Ducks	.....	<input type="text"/>
Guinea fowls	.....	<input type="text"/>
Other poultry	.....	<input type="text"/>
Eggs	.....	<input type="text"/>

5. You might have provided me with this information before, but let me ask you again. Do you operate any non-farming businesses now? CODE

1 YES

2 NO >> **QUESTION 8**

6. How many such non-farming businesses do you operate? NUMBER

7. How much net income did you receive from each of your non-farming businesses last month?  
(START WITH THE ONE THAT GENERATES MORE INCOME)

BUSINESS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Business - 1 SPECIFY ..... CODE <input type="text"/>	.....	<input type="text"/>
Business - 2 SPECIFY ..... CODE <input type="text"/>	.....	<input type="text"/>
Business - 3 SPECIFY ..... CODE <input type="text"/>	.....	<input type="text"/>
Any other businesses	.....	<input type="text"/>



**SECTION 7: VICTIMIZATION**

INTRODUCTION: I am now going to ask you whether you have been a victim of crime

NO.	QUESTIONS												
<p><b>INFORMATION IN SECTIONS 7, 8, AND 9 SHOULD ONLY BE GOT FROM THE PERSON BEING ENUMERATED. IF SOMEONE ELSE IS RESPONDING ON BEHALF OF THAT PERSON - END OF INTERVIEW.</b></p>													
1.	<p>Have you been a victim of any robbery in the last 12 months?</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 YES</p> <p>2 NO &gt;&gt; QUESTION 12</p> <hr/> <p>IF THE HOUSEHOLD HAS EXPERIENCED A HOUSE BREAK-IN DOES THIS REFER TO THE SAME INCIDENT?</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 YES &gt;&gt; QUESTION 12</p> <p>2 NO &gt;&gt; QUESTION 2</p>												
2.	<p>Was this robbery committed during day or night? (IF MORE THAN ONE, PICK THE MOST RECENT)</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 DAY</p> <p>2 NIGHT</p>												
3.	<p>Were you threatened during this robbery?</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 YES</p> <p>2 NO</p>												
4.	<p>During the robbery did the assailant/s use a gun, another weapon or no weapon? (RECORD THE MOST LETHAL WEAPON IF SEVERAL WEAPONS WERE USED)</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 GUN</p> <p>2 OTHER WEAPON</p> <p>3 NO WEAPON</p> <p>4 DON'T KNOW</p>												
5.	<p>Were you injured during the robbery?</p> <p align="right">CODE <input type="checkbox"/></p> <p>1 YES</p> <p>2 NO</p>												
6.	<p>What was the major item stolen from you?</p> <table border="0"> <tr> <td>1 MONEY</td> <td>7 JEWELLERY</td> </tr> <tr> <td>2 MOTOR VEHICLE</td> <td>8 CATTLE</td> </tr> <tr> <td>3 SHOPPING FROM MOTOR VEHICLE</td> <td>9 POULTRY</td> </tr> <tr> <td>4 MOTOR CYCLE</td> <td>10 CROPS</td> </tr> <tr> <td>5 BICYCLE</td> <td>11 OTHER (SPECIFY) .....</td> </tr> <tr> <td>6 HANDBAG/BRIEFCASE/WALLET/BAG</td> <td></td> </tr> </table> <p align="right">CODE <input type="checkbox"/></p>	1 MONEY	7 JEWELLERY	2 MOTOR VEHICLE	8 CATTLE	3 SHOPPING FROM MOTOR VEHICLE	9 POULTRY	4 MOTOR CYCLE	10 CROPS	5 BICYCLE	11 OTHER (SPECIFY) .....	6 HANDBAG/BRIEFCASE/WALLET/BAG	
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2 MOTOR VEHICLE	8 CATTLE												
3 SHOPPING FROM MOTOR VEHICLE	9 POULTRY												
4 MOTOR CYCLE	10 CROPS												
5 BICYCLE	11 OTHER (SPECIFY) .....												
6 HANDBAG/BRIEFCASE/WALLET/BAG													

7.	<p>Who committed this robbery?</p> <p>1 MEMBER OF THE HOUSEHOLD YOU LIVE IN</p> <p>1 RELATIVE OUTSIDE THE HOUSEHOLD YOU LIVE IN</p> <p>1 AN ACQUAINTANCE/S</p> <p>1 A STRANGER/S</p> <p>1 OTHER (SPECIFY).....</p> <p>1 DON' T KNOW</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
8.	<p>Where was the robbery committed?</p> <p>1 AT HOME                                    4 SHOPPING CENTRE</p> <p>2 IN THE NEIGHBOURHOOD                5 BUS STOP/TERMINUS</p> <p>3 CITY/TOWN CENTRE                        6 OTHER (SPECIFY) .....</p>	<p>CODE</p> <p><input type="checkbox"/></p>
9.	<p>Was the robbery reported to any authority?</p> <p>1 YES &gt;&gt; <b>QUESTION 11</b></p> <p>2 NO</p>	<p>CODE</p> <p><input type="checkbox"/></p>
10.	<p>Are you intending to report the robbery to some authority?</p> <p>1 YES <input type="checkbox"/> &gt;&gt; <b>QUESTION 12</b></p> <p>2 NO <input type="checkbox"/> &gt;&gt; <b>QUESTION 12</b></p>	<p>CODE</p> <p><input type="checkbox"/></p>
11.	<p>To which type of authority was this robbery reported?</p> <p>1 POLICE</p> <p>1 NEIGHBOURHOOD WATCH</p> <p>1 TRADITIONAL HEADMAN/CHIEF</p> <p>1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)</p> <p>1 OTHER AUTHORITY (SPECIFY).....</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
12.	<p>Have you been a victim of any physical assault during the last 12 months</p> <p>1 YES</p> <p>2 NO &gt;&gt; <b>QUESTION 20</b></p>	<p>CODE</p> <p><input type="checkbox"/></p>



19.	<p>To which type of authority was this assault reported?</p> <p>1 POLICE</p> <p>1 NEIGHBOURHOOD WATCH</p> <p>1 TRADITIONAL HEADMAN/CHIEF</p> <p>1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)</p> <p>1 OTHER AUTHORITY (SPECIFY).....</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
20.	<p>Have you been a victim of any fraud or swindle during the last 12 months? (IF MORE THAN ONE PICK THE MOST RECENT).</p> <p>1 YES</p> <p>2 NO &gt;&gt; <b>QUESTION 26</b> IF FEMALE. [IF MALE 16 YEARS AND ABOVE], GO TO SECTION 8. IF MALE LESS THAN 16 YEARS OLD, END OF INTERVIEW</p>	<p>CODE</p> <p><input type="checkbox"/></p>
21.	<p>How much money was involved in this fraud or swindle? (CONVERT TO CASH IF NOT MONEY)</p> <p>AMOUNT IN WORDS _____</p> <p style="text-align: right;">KWACHA <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	
22.	<p>Who committed this fraud or swindle?</p> <p>1 MEMBER OF THE HOUSEHOLD YOU LIVE IN</p> <p>1 RELATIVE OUTSIDE THE HOUSEHOLD YOU LIVE IN</p> <p>1 FRIEND</p> <p>1 AN ACQUAINTANCE/S</p> <p>1 BUSINESS ASSOCIATE</p> <p>1 EMPLOYEE</p> <p>1 A STRANGER/S</p> <p>1 OTHER (SPECIFY).....</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
23.	<p>Was this fraud/swindle reported to any authority?</p> <p>1 YES &gt;&gt; <b>QUESTION 25</b></p> <p>2 NO</p>	<p>CODE</p> <p><input type="checkbox"/></p>
24.	<p>Are you intending to report the fraud/swindle to some authority?</p> <p>1 YES <input type="checkbox"/> &gt;&gt; <b>QUESTION 26</b></p> <p>2 NO <input type="checkbox"/></p>	<p>CODE</p> <p><input type="checkbox"/></p>

25.	To which type of authority was this fraud/swindle reported?  1 POLICE  1 NEIGHBOURHOOD WATCH  1 TRADITIONAL HEADMAN/CHIEF  1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)  1 OTHER AUTHORITY (SPECIFY).....	1 YES 2 NO  CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26.	During the last 12 months, have you been a victim of rape? [FOR FEMALES ONLY] [IF MALE 16 YEARS AND ABOVE, GO TO SECTION 8, IF MALES LESS THAN 16 YEARS OLD, END OF INTERVIEW]	CODE <input type="checkbox"/> 2 NO >> SECTION 8 IF 16 YEARS AND ABOVE, IF LESS THAN 16 YEARS OLD, END OF INTERVIEW
27.	Was the rape reported to any authority?  1 YES 2 NO	CODE <input type="checkbox"/>
28.	Did you receive any medical treatment following this rape?  1 YES 2 NO	CODE <input type="checkbox"/>
29.	Did you receive any counselling as a result of this rape?  1 YES 2 NO	CODE <input type="checkbox"/>

**END OF INTERVIEW FOR THOSE AGED BELOW 16 YEARS**

RECORD ENDING TIME   HOURS   MINUTES

**FOR THOSE AGED 16 YEARS AND ABOVE CONTINUE WITH SECTION 8**

## SECTION 8: GENDER ISSUES

CHECK HOUSEHOLD ROSTER. IS AGE 16 AND ABOVE

YES

CODE

NO &gt;&gt; END OF INTERVIEW

THIS INFORMATION SHOULD ONLY BE GOT FROM THE PERSON BEING ENUMERATED. IF SOMEONE ELSE IS RESPONDING ON BEHALF OF THAT PERSON - END OF INTERVIEW.

I am now going to ask you your opinions on division of labour between men and women

NO.	QUESTIONS	
1.	1 Men only 2 Mainly men 3 Men and women jointly 4 Mainly women 5 Women only	
	According to your experience who most often carries out the following tasks?	
1.1	Production of food for own consumption, that is	CODE
	A Preparation of land for planting	<input type="checkbox"/>
	B Planting	<input type="checkbox"/>
	C Weeding	<input type="checkbox"/>
	D Harvesting	<input type="checkbox"/>
	E Provision of agricultural inputs	<input type="checkbox"/>
1.2	Production of cash crops (food and non-food crops for sale)	CODE
	A Preparation of land for planting	<input type="checkbox"/>
	B Planting	<input type="checkbox"/>
	C Weeding	<input type="checkbox"/>
	D Harvesting	<input type="checkbox"/>
	E Provision of agricultural inputs	<input type="checkbox"/>
1.3	Tending to livestock	CODE <input type="checkbox"/>
1.4	Fetching water	CODE <input type="checkbox"/>
1.5	Fetching firewood	CODE <input type="checkbox"/>
1.6	Preparing food	CODE <input type="checkbox"/>
1.7	Minding children	CODE <input type="checkbox"/>
1.8	Paying for food for the family	CODE <input type="checkbox"/>

## SECTION 8: GENDER ISSUES

1.9	Paying for educational expenses	CODE <input type="checkbox"/>
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**SECTION 8: GENDER ISSUES**

		<input type="checkbox"/>
1.10	Paying for medical expenses	CODE <input type="checkbox"/>
1.11	Employment	CODE <input type="checkbox"/>
2.	Who should have the final say in how many children to have?  1 MEN/HUSBAND ONLY 2 MAINLY MEN/HUSBAND 3 A JOINT DECISION 4 MAINLY WOMEN/WIFE 5 WOMEN/WIFE ONLY	CODE <input type="checkbox"/>
3.	Who are more suitable to hold political office between men and women?  1 MEN 2 WOMEN 3 MEN AND WOMEN EQUALLY SUITABLE	CODE <input type="checkbox"/>
4.	In case a household cannot afford to send all its children to school, Who should be given priority between boys and girls?  1 BOYS SHOULD BE GIVEN PRIORITY 2 GIRLS SHOULD BE GIVEN PRIORITY 3 BOYS AND GIRLS SHOULD BOTH BE GIVEN EQUAL PRIORITY	CODE <input type="checkbox"/>
5.	In your opinion is a man entitled to beat his wife in order to discipline her?  1 YES 2 NO	CODE <input type="checkbox"/>

**SECTION 9: POLITICAL PARTICIPATION (FOR THOSE AGED 16 AND ABOVE)**

INTRODUCTION: I would now like to ask you some questions on political participation

NO.	QUESTIONS
1.	<p>CHECK THE HOUSEHOLD ROSTER. IS AGE 16 AND ABOVE?</p> <p>1 YES <span style="float: right;">CODE</span></p> <p>2 NO &gt;&gt; <b>END OF INTERVIEW (RECORD TIME ENDED INTERVIEW)</b> <span style="float: right;"><input type="checkbox"/></span></p> <hr/> <p>In general, how interested are you in politics?</p> <p>1 VERY INTERESTED</p> <p>2 INTERESTED</p> <p>3 NOT VERY INTERESTED <span style="float: right;">CODE</span></p> <p>4 NOT INTERESTED AT ALL <span style="float: right;"><input type="checkbox"/></span></p> <p>5 DON'T KNOW</p>
2.	<p>Do you identify yourself with any political party?</p> <p>1 YES <span style="float: right;">CODE</span></p> <p>2 NO &gt;&gt; <b>QUESTION 6</b> <span style="float: right;"><input type="checkbox"/></span></p>
3.	<p>Do you have a membership card for any political party?</p> <p>1 YES <span style="float: right;">CODE</span></p> <p>2 NO &gt;&gt; <b>QUESTION 6</b> <span style="float: right;"><input type="checkbox"/></span></p>
4.	<p>Are you a paid-up member of your party?</p> <p>1 YES <span style="float: right;">CODE</span></p> <p>2 NO &gt;&gt; <b>QUESTION 6</b> <span style="float: right;"><input type="checkbox"/></span></p>
5.	<p>What position do you hold in your party?</p> <p>1 ORDINARY MEMBER</p> <p>2 OFFICIAL POSITION AT SECTION LEVEL</p> <p>3 OFFICIAL POSITION AT BRANCH OR WARD LEVEL</p> <p>4 OFFICIAL POSITION AT CONSTITUENCY LEVEL <span style="float: right;">CODE</span></p> <p>5 OFFICIAL POSITION AT DISTRICT LEVEL <span style="float: right;"><input type="checkbox"/></span></p> <p>6 OFFICIAL POSITION AT PROVINCIAL LEVEL</p> <p>7 OFFICIAL POSITION AT NATIONAL LEVEL</p> <p>8 OTHER SPECIFY .....</p>
6.	<p>Have you participated in any of the following forms of political activities during the past five (5) years?</p> <p style="text-align: right;">1 YES</p> <p style="text-align: right;">2 NO</p> <p style="text-align: right;">CODE</p> <p>1 Attended political rallies <span style="float: right;"><input type="checkbox"/></span></p> <p>1 Attended party meetings <span style="float: right;"><input type="checkbox"/></span></p> <p>1 Organised meetings <span style="float: right;"><input type="checkbox"/></span></p> <p>1 Attended demonstrations <span style="float: right;"><input type="checkbox"/></span></p> <p>1 Other (specify)..... <span style="float: right;"><input type="checkbox"/></span></p>

7. In the past five years have you ever approached any political public official including Chiefs and Headmen or office about a problem concerning yourself, your family, or the community in which you live?

1 YES CODE

2 NO >> **QUESTION 9**

8. What types of problems were they and whom did you last approach for each problem? (READ OUT EACH PROBLEM ONE BY ONE)

TYPE OF PROBLEM	1 YES 2 NO >> NEXT PROBLEM		WHOM WAS LAST APPROACHED	1 YES 2 NO >> NEXT PROBLEM		WHOM WAS LAST APPROA- CHED
	CODE			CODE		
1 Housing/accomodation	<input type="checkbox"/>		<input type="checkbox"/>	1 Pensions pay/ conditions of service issues	<input type="checkbox"/>	<input type="checkbox"/>
1 Water supply	<input type="checkbox"/>		<input type="checkbox"/>	1 School/children's education	<input type="checkbox"/>	<input type="checkbox"/>
1 Roads	<input type="checkbox"/>		<input type="checkbox"/>	1 Clinic/hospital- health issues	<input type="checkbox"/>	<input type="checkbox"/>
1 Funeral	<input type="checkbox"/>		<input type="checkbox"/>	1 Land disputes	<input type="checkbox"/>	<input type="checkbox"/>
1 Family and other feuds	<input type="checkbox"/>		<input type="checkbox"/>	1 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
				.....		
				.....		

Whom did you last approach for this particular problem?

1 HEADMAN  
2 CHIEF/CHIEFTAINNESS  
3 LOCAL PARTY OFFICIAL/SECTION/WARD/BRANCH  
4 LOCAL COUNCILLOR  
5 M.P. FOR THE AREA  
6 GOVERNMENT MINISTER  
7 VICE PRESIDENT'S OFFICE  
8 REPUBLICAN PRESIDENT AND HIS OFFICE  
9 GOVERNMENT MINISTRY  
10 CIVIC ORGANISATIONS  
11 OTHER (SPECIFY NEXT TO THE BOX)

9. Did you vote in the following elections?

	YES 1	NO 2	N/A 3
(a) 1991 General elections		<input type="checkbox"/>	
(b) 1992 Local government elections		<input type="checkbox"/>	
(c) Any Parliamentary by-elections since 1991		<input type="checkbox"/>	
(d) Any Local government by-elections since 1992		<input type="checkbox"/>	

10.	Do you intend to vote in the next general election?  1 YES 2 NO 3 NOT ELIGIBLE	CODE <input type="checkbox"/>
11.	Do you intend to vote in the next local government election?  1 YES 2 NO 3 NOT ELIGIBLE	CODE <input type="checkbox"/>

RECORD TIME ENDED THE INTERVIEW:

 

HOUR

 

MINUTES

-- T H E     E N D --