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Measuring the Impact of Fatal Adult Illness in Sub-Saharan Africa

An Annotated Household Questionnaire



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Measuring the Impact of Fatal Adult Illness in Sub-Saharan Africa

An Annotated Household Questionnaire

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Number 90

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ABSTRACT

This paper describes the development and content of a household questionnaire designed to measure the economic impact of adult morbidity and mortality in an African country. The questionnaire is the main data collection instrument of the research project on "The Economic Impact of Fatal Adult Illness due to AIDS and Other Causes in Sub-Saharan Africa", conducted by a research team from the World Bank and the University of Dar es Salaam. The main objectives of the project are: (1) to measure the impact of fatal adult illness on individuals, households and communities; and (2) to estimate the costs and effects of alternative policies to assist the survivors.

The household questionnaire was adapted from the questionnaire of the World Bank's Living Standards Measurement Survey (LSMS) to measure the well-being and coping behaviors of individuals and households in response to fatal illness among adults. Key innovations in the household questionnaire include: adaptation for a longitudinal research design, including "inter-wave" consistency checks; an expanded set of questions on acute and chronic illness and their costs; a module on the mortality of household members and relatives; a consumption module that allows for seasonality; and collection of more data at the individual level, to facilitate analysis of intra-household distribution of resources.

ACKNOWLEDGEMENTS

This report is the first of several papers documenting the methodology and results of the research project on "The Economic Impact of Fatal Adult Illness due to AIDS and Other Causes in Sub-Saharan Africa", conducted by researchers from the World Bank and the University of Dar es Salaam. The research team would like to extend its gratitude to the following organizations and individuals for their advice and assistance in launching the project and developing the questionnaire: Prof. K. Hiza, former Chief Medical Officer of the Ministry of Health; Dr. K. Nyamuryekung'e, Director, and members of the National AIDS Control Programme; Mr. A. A. Rwegarulira, Department of Social Welfare; Dr. S. Ngallaba, Senior Statistician, Bureau of Statistics; Mr. Mkai, Bureau of Statistics; Prof. Muhondwa of Institute of Public Health, Muhimbili University College of Health Sciences; Mr. Kimiti, former Kagera Regional Commissioner; Dr. Mtera, former Kagera Regional Medical Officer; Mr. A. Biashara, Regional AIDS Control Officer; Mr. G. Mugyabuso, Kagera Regional Social Welfare Officer; Mrs. R. Kahatano, Kagera Regional Education Officer; Mr. P. Ngeze, Regional Chairman of the Chama Cha Mapinduzi (CCM). We would also like to express our gratitude to the people of Bilele ward (Bukoba town) and the villages of Ilogero, Lukindo, and Gera for their patience, cooperation and helpful insights during the field test of the household questionnaire. The research team also gratefully acknowledges the contributions of Dr. D. Dunlop, Mr. J. Kutzin and Mr. T. Wayman in revising the household questionnaire, and the indispensable assistance of Mr. Andrew Nyamete in managing the production of the Swahili household questionnaire.

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FOREWORD

It has long been well-known that poverty worsens health; it has been harder to demonstrate that poor health worsens poverty or that health improvements can stimulate economic growth. However, reports of the AIDS epidemic in the worst-affected countries suggest that the death of prime-age adults can dramatically worsen the well-being of the orphans and other survivors they leave behind. In order to measure the impact of these adult deaths and to design cost-effective programs to help the survivors, the Population and Human Resources Department and the Africa Technical Department have jointly launched a research project on "The Economic Impact of Fatal Adult Illness from AIDS and Other Causes in Sub-Saharan Africa." Financially supported by the Bank's Research Committee, by this Department and by DANIDA and implemented jointly with the University of Dar es Salaam, the project contributes to the Department's work on the evaluation of health interventions, on the importance of adult health, on the causes of poverty and on policies to reduce poverty in the developing world.

The present paper, the first output of the research project, presents the household questionnaire used to measure the poverty impact of ill health. Starting from the Bank's Living Standards Measurement Survey questionnaire, the research team collaborated closely to produce a Swahili questionnaire which would capture the nuances of household strategies to cope with the AIDS epidemic in the specific cultural setting of northwest Tanzania. Here the six researchers present the English version of the questionnaire together with a discussion of each of its twenty sections. We look forward to publishing future papers that detail the methodology and findings of the study.



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1. INTRODUCTION

The World Health Organization estimates that some 10 million adults worldwide are infected with the human immunodeficiency virus (HIV), the virus that causes AIDS. Two-thirds of these infections are thought to be in Sub-Saharan Africa, where even before the AIDS epidemic mortality rates of prime-aged adults were already eight times higher than rates in developed countries. The prime modes of HIV transmission in Africa are via heterosexual sex and from mother to foetus. According to current medical knowledge, AIDS is believed to be 100 percent fatal. Among a cohort of persons infected with the HIV virus, about 5 percent per year will convert from HIV to full-blown AIDS and die, over a 20-year period. Thus, persons infected with HIV may remain asymptomatic for many years, in perfect health, unaware that they carry the HIV virus and can pass it on to others.

AIDS is only one of many widespread diseases in Sub-Saharan Africa; it surely affects fewer people than malaria or diarrheal disease. Nevertheless, there are reasons to expect that AIDS will have a much larger economic impact in Africa than many other diseases. First, because the major mode of transmission is through sexual contact, AIDS is primarily striking sexually active adults during the years in which they are most economically productive -- roughly ages 15-50. These people are often the breadwinners for extended families and leave behind young and elderly survivors with no means of support. Second, AIDS is not sparing the elite. In fact, there is evidence in many countries that the HIV virus is disproportionately affecting the higher socioeconomic groups with scarce management skills and substantial human capital.¹ Even if AIDS were to strike all socioeconomic groups at the same rate, it would be different from most other diseases, which disproportionately affect the poor. Third, as noted above, AIDS is inevitably fatal under existing medical knowledge, while other endemic diseases have a far lower fatality rate. Finally, there are large and growing numbers of people infected.

The speed and scope of the future spread of the AIDS epidemic in Africa is unclear; it will depend above all on sexual behavior and on the effectiveness of preventive programs in changing it. There is no cure for AIDS at present and a medical opinion indicates that a cure will not be developed for some time to come. A vaccine may be developed before a cure, but this will not be of help to those already infected with the virus. The existing levels of infection in the adult population imply an

¹ See, for example, Mead Over and Peter Piot (1992), "HIV Infection and Sexually Transmitted Diseases" in Dean Jamison and W. Henry Mosley (eds), Disease Priorities in Developing Countries. New York: Oxford University Press.

unavoidable epidemic of adult mortality in Africa over the next two decades. For example, AIDS is already the most important cause of death among adults in Uganda and Tanzania, and in many major Sub-Saharan cities, such as Kigali (Rwanda) and Abidjan (Côte d'Ivoire).

This paper describes the development and content of a household questionnaire designed to measure the economic impact of adult morbidity and mortality in an African country. The questionnaire is the main data collection instrument of the research project entitled "The Economic Impact of Fatal Adult Illness due to AIDS and Other Causes in Sub-Saharan Africa", undertaken by researchers from the World Bank and the University of Dar es Salaam, Tanzania.² The data collection operation in the field is known as the Kagera Health and Development Survey (KHDS), and the project is locally known as the Kagera Health and Development Project. The Kagera Region of Tanzania is located to the west of Lake Victoria, adjacent to Uganda, Rwanda and Burundi, in an area of high AIDS prevalence and high adult mortality.

Objectives of the project

The Kagera Health and Development Project has two objectives: (1) to estimate the magnitude of the impact of fatal adult illness on individuals, households and communities; and (2) to estimate the costs and effects of alternative policies to assist the survivors. The impact of adult illness and mortality on the well-being of individuals, households and communities can be measured as the difference between the well-being of households experiencing adult morbidity and mortality and the well-being of households not experiencing these events. The project will estimate the "direct costs" of illness and mortality in terms of out-of-pocket expenditures, the "indirect costs" in terms of foregone earnings of the patient, and the "coping costs" in terms of changes in the well-being of other household members and in the allocation of time and resources within the household as these events unfold.³

² M. Over, M. Ainsworth, P. Mujinja, G. Koda, I. Semali and G. Lwihula (1989). "The Economic Impact of Fatal Adult Illness due to AIDS and Other Causes in Sub-Saharan Africa: A Research Proposal", The World Bank and the University of Dar es Salaam, mimeo. The research project is funded by grants from the World Bank Research Committee and the Danish International Development Assistance (DANIDA).

³ Greater detail on the research methodology can be found in Mujinja et al (forthcoming), "Coping with the Economic Impact of Fatal Adult Illness: An Analytic Framework".

Research design

The project's research design calls for a longitudinal survey of 800 households, at 6-month intervals, over a 24-month period.⁴ The 800 households have been selected from 50 villages or urban areas representing four economic zones of the Kagera region, and within each zone, representing areas with both high and low adult mortality, as measured by the 1988 Census.⁵ In order to select a sample of households at high risk of adult morbidity and mortality, every household in each of 54 selected villages was asked whether there were seriously ill adults in the household and whether there had been an adult death due to illness in the previous 12 months. In total, 29,602 households were contacted in the course of this enumeration, between March and June, 1991. Using the results of the enumeration, the households in each village or urban area were divided into two groups: (1) those that had had an adult aged 50 or less suffer either an illness or death; and (2) those that had had neither of these events. Within each village or urban area, 14 households were drawn at random from the first group ("sick" households) and 2 households were drawn from the second group ("healthy" households). This yielded a total sample of 800 households in 50 villages, of which 700 households were from the "sick" group and 100 from the "healthy" group.

The Kagera Health and Development Survey uses several survey instruments to measure the impact of fatal adult illness and household coping mechanisms. This paper provides an overview of the most important of these instruments, the household questionnaire. The project also administers a community questionnaire (to capture community infrastructure and assistance programs), a price questionnaire (to measure variation in consumer prices across survey areas), a questionnaire addressed to the nearest source of medical care (to measure the availability, price and quality of medical care) and a questionnaire for all primary schools in the community (to measure the availability, price and quality of local schools). During the second wave, a questionnaire for traditional healers will be added.

Organization of the paper

The next section of this paper describes the development of the household questionnaire, which involved adapting the World Bank's Living Standards Measurement Survey household questionnaire to

⁴ The research and sampling design is discussed in greater detail in Over et al (forthcoming), "A Sampling Strategy for Estimating the Economic Impact of Adult Mortality".

⁵ For a description of the four economic zones, see Ibid.

the research needs of the project and the realities of Tanzania. The third section describes the structure and content of the KHDS household questionnaire, section by section. The fourth section discusses adaptations made to the questionnaire for the second and subsequent "waves" of the survey. The household questionnaire used in the first wave is reproduced in Annex 1.

2. DEVELOPMENT OF THE KHDS HOUSEHOLD QUESTIONNAIRE

Data needs

The information to be collected in the household questionnaire was derived from the data needs identified in the project's analytic framework.⁶ Four types of variables were identified as necessary for analyzing the impact of fatal adult illness and the cost-effectiveness of strategies to assist survivors: variables reflecting the well-being of survivors; those that measure coping mechanisms; exogenous explanatory variables; and those that represent policy instruments. When applied to individuals and households, this translated into data collection on the following topics:

- Demographic characteristics and migration of household members
- Health status, symptoms, health-seeking behavior and medical expenditures
- Nutritional status
- Mortality and related expenditures
- Human capital, enrollments and education expenditure
- Fertility and contraceptive use
- Time use in the labor force, other productive and health-related activities
- Income levels and sources
- Assets and durable goods, including housing, farm and business assets
- Consumption expenditure
- Savings, debts, transfers and receipt of assistance
- Characteristics of non-resident parents and children, including their mortality

First draft

Rather than design the household questionnaire from scratch, the project team adapted the prototype household questionnaire from the World Bank's Living Standards Measurement Survey (LSMS)

⁶ See Mujinja et al (forthcoming), "Measuring the Impact of Fatal Adult Illness: An Analytic Framework", Table 6.

to the project's needs.⁷ The LSMS prototype questionnaire was designed to measure individual and household welfare and has been used successfully in several developing countries. It already contained modules on most of the topics of interest to the KHDS project. However, the project's special emphasis on the impact of health and mortality and on coping mechanisms dictated a number of major structural modifications to the household questionnaire:

- A new module to measure the mortality of household members and of other relatives, the cause of death, health-seeking behavior before death and expenditures associated with health care and funerals.
- A much expanded set of questions on health status, in terms of both acute and chronic conditions, and on the utilization of health care.
- More detailed information about the time use of each household member across a greater number of activities, including caring for sick household members.
- An expanded set of questions on remittances and the flow of resources between household members and persons or organizations outside the household.
- Revision of all modules to better capture inter-personal differences in well-being.
- Adaptation of the questionnaire for a longitudinal research design.

In addition to these major structural changes, the entire questionnaire had to be adapted to local conditions of the Kagera Region of Tanzania and translated into Swahili, the language in which the survey was administered.

Work on development of the household questionnaire began in November, 1990, following a meeting of the researchers in Mikumi, Tanzania, to finalize the draft analytic framework. Numerous

⁷ See C. Grootaert (1986), "Measuring and Analyzing Levels of Living in Developing Countries: An Annotated Questionnaire", LSMS Working Paper, no. 24. The World Bank: Washington, D.C. and M. Ainsworth and J. van der Gaag (1987), "Recommendations for Adapting the LSMS Questionnaires to Local Conditions", LSMS Working Paper, no. 34. The World Bank: Washington, D.C.

policy makers and managers of assistance programs in the Kagera region were consulted concerning the types of ongoing assistance programs in Kagera region and the coping mechanisms of communities suffering an adult death. The household questionnaire was translated into Swahili by the project researchers, re-translated back into English by an independent Swahili-speaker and compared with the English original.

The field test

The first draft of the household questionnaire was produced in Swahili in March 1991 and subjected to a 2-week field test in Kagera Region, from April 20 - May 4. The field test involved implementing the draft questionnaires in different types of households and communities, to ensure that they were capable of collecting the necessary information efficiently and accurately. Attention was also given to making the questionnaire -- which includes highly sensitive topics such as income, savings, severe illness and death -- culturally acceptable and as inoffensive as possible. The household questionnaire was tested in Bilele ward of Bukoba town (the regional capital, located on the shores of Lake Victoria) and in the village of Lukindo (located about 15 miles from Bukoba in the surrounding hills). While many parts of the questionnaire were tested on urban and rural households in general (education, activities, farming, consumption), it was necessary to seek out specific types of households to evaluate other parts of the questionnaire:

- Acute and chronically ill patients in the Bukoba Regional Hospital, for the section on health
- Households that had had a recent adult death due to AIDS or to other causes, for the section on mortality
- Fishermen, for the section on fishing income and assets
- Self-employed businessmen, for the section on income and assets of self-employed businessmen
- Self-employed or subsistence farmers growing tree crops, annual crops, and other cash crops, for the section on agricultural production, assets and income

The household questionnaire was tested both in the form of individual sections and in its entirety on certain households. One of the major challenges of the field test was to design a module on consumption expenditure that would take into account the seasonality of consumption and production in

Kagera, where there are two rainy seasons and two dry seasons in a 12-month period. The health section of the questionnaire also underwent radical transformation as a result of the field test; it was deemed necessary to ask separate sets of questions about acute illness (in the past 4 weeks) and chronic conditions (lasting 6 months or more). Respondents were not able to recall total agricultural production or the quantities of agricultural inputs; all quantity questions in the farming section, except for the total amount of a crop that was sold, were dropped. One of the important findings of the field test was that, despite their grief, households were willing to discuss the circumstances surrounding recent deaths with project interviewers.

Second and final drafts

Based on the results of the field test, the research team developed a second draft of the household questionnaire during the month of May, 1991. The questionnaires were printed in June and shipped to Bukoba for the training program for field staff. In the course of the 4-week training program, from July 1-31, the trainees interviewed some 36 "practice" households using the entire questionnaire. In the course of the training, it was evident that a few small problems remained to be corrected and that the questions on household consumption expenditure were still difficult to administer because of the seasonality issue. Thus, following the training program there was a one-month pause during which the consumption section was again revised and the questionnaires re-printed. Fieldwork began with the final draft of the wave 1 household questionnaire on September 30, 1991 and continued until April 4, 1992.

Summary of sections and respondents

In its final form, the household questionnaire consisted of 20 modules, or sections, on different topics and requiring various respondents. In general, each household member is required to respond for his or her own activities; proxy responses are kept to the very minimum to improve accuracy. The first 10 sections, called "round one", are administered two weeks before sections 11-20, called "round two". The two week interval provides the reference period for certain consumption and income questions in the second round. The sections of the questionnaire and respondents are summarized in the table below.

**The KHDS Household Questionnaire:
summary of sections and respondents**

NO	SECTION	RESPONDENT
1	Household roster	Head of household*
2	Children residing elsewhere	Head of household*
3	Information on the parents of household members	Head of household*, about all household members
4	Main activities of the household	Head of household
5	Education	All household members 7 and older
6	Health	All household members
7	Activities and non-labor income	All household members 7 and older
8	Migration	All household members
9	Fertility	All female members 14 and older**
10	Anthropometrics	All household members
11	Farming	Most knowledgeable person
12	Livestock	Most knowledgeable person
13	Fishing	Most knowledgeable person
14	Non-farm self-employment	Most knowledgeable person, up to 5 businesses
15	Housing	Head of household*
16	Durable goods, annual expenditures and income from assistance programs	Head of household*
17	Food consumption	Most knowledgeable person
18	Expenditures by household members	All household members (part A) and household members 15 and older (part B)
19	Remittances and credit	All household members (part A) and household members 15 and older (parts B and C)
20	Mortality	Head of household*

* In the head's absence, a principal respondent who is most knowledgeable on the topic.

** Married females under 14 are also asked this section

Organization of fieldwork

The KHDS field work is conducted by four mobile teams of fieldworkers headquartered in the KHDS project office in Bukoba, Tanzania. Each team is composed of a supervisor, at least 2 interviewers, an anthropometrist (who conducts height and weight measurements) and a driver. Data collection and data entry for each "cluster" of 16 households takes four weeks. The typical schedule for one team and one cluster of households is as follows:⁸

- Week one: Data collection, round one. The field team completes the first 10 sections of the household questionnaire ("round one") in all 16 households and returns to the project office.
- Week two: Data entry, round one. The data entry operator in the project office enters all of the data for the sixteen households on personal computers and perform range and internal consistency checks on the data. A computer printout of all data and inconsistencies is generated. Inconsistencies or other errors that are the fault of the interviewer or respondent are noted on the original questionnaire; errors of data entry are marked on the printout.
- Week three: Data collection, round two. The field team returns to the cluster to correct errors in the round one questions and to complete sections 11-20 of the household questionnaire ("round two").
- Week four: Data entry, round two. The data entry operator corrects the round one questions and enters round two data. Range and internal consistency checks are again performed to detect data entry errors. A second printout of the entire questionnaire is generated and compared with the data on the original

⁸ The organization of fieldwork and flow of information between the field and data entry is also modelled after the LSMS field organization used in Cote d'Ivoire and Ghana. However, because the KHDS questionnaire is considerably longer than the LSMS prototype questionnaire, and because transportation in the Kagera Region is extremely difficult, each KHDS field team is generally composed of more interviewers -- as many as 3 or 4 -- compared with the LSMS teams, which had only two interviewers each. See Martha Ainsworth and Juan Munoz (1986). "The Cote d'Ivoire Living Standards Survey: Design and Implementation", LSMS Working Paper, no. 26. Washington, D.C.: The World Bank.

questionnaire. Data entry errors are corrected and the data are sent to the researchers.

Each team of fieldworkers completes two clusters per month. Before leaving the field site, the team supervisors verify a list of 20 or more internal consistency checks on each of the questionnaires and conducts random re-interviews of one household in four. The use of a customized data entry program that detects internal inconsistencies in the Bukoba office after each round, and the ability to return to the field to make corrections, should markedly improve the quality and timeliness of the data.⁹ The other KHDS questionnaires for communities, health facilities, schools and local markets are administered across the two rounds. In completing the household questionnaire, the interviewers ask all sections designed for "individual" respondents for a given household member before interviewing the next household member. Thus, the round one sections that collect data on each individual are actually conducted as "mini-interviews", in private, with each household member. This procedure enhances the quality of data by minimizing the use of proxy respondents and by ensuring greater confidentiality during the interview.

⁹ The data entry programs for the household and other questionnaires were designed, written, and installed by Sistemas Integrales, Ltd., of Santiago, Chile.

3. DESCRIPTION OF THE KHDS HOUSEHOLD QUESTIONNAIRE

The paragraphs that follow describe the objectives, content and utility of the KHDS household questionnaire (see Annex 1). The questionnaire follows certain conventions that are useful to know in trying to read it. First, the questionnaire is almost entirely pre-coded. For most questions, all possible answers have been anticipated and are listed and numbered after the question. Second, the questions are written verbatim in the manner that they are supposed to be asked. All text in lower case is meant to be read by the interviewer. All text in upper case is an instruction to the interviewer and not to be read aloud. Third, the order of asking the questions is controlled through the use of skip instructions. The skip instructions are indicated by a solid arrow, followed by the number of the question or the section to which the interviewer should go. The instruction (> 10), for example, means "skip to question 10". Skip instructions enclosed in parentheses apply to the answer that they follow. Skip instructions enclosed in a "box" indicate that the interviewer should skip to the indicated question regardless of the answer to the question (that is, for all answers). The latter are referred to as "global skips".

Section 1: Household roster

The objective of the Household Roster is to establish who regularly resides and eats together in the dwelling unit, to identify household members. For the purposes of the KHDS survey, a household is defined as a person or group of persons who live in the same dwelling and eat meals together for at least three of the 12 months preceding the date of the survey. There are four exceptions to this definition: (1) Persons who have recently joined the household, such as spouses, newborn infants, adopted orphans and persons who have come to care for sick household members over a prolonged period, are considered household members if they intend to stay until the second wave of interviews. (2) The head of the household is considered a household member regardless of his/her length of absence. (3) "Makubaliano" servants (those who live with the household without contracts) are considered household members as long as they satisfy the residency requirement. (4) Tenants and boarders are not household members, regardless of their length of residence. The household has been "defined" in this way purely to achieve consistency in terms of the field work and to identify those individuals who will answer the in-depth questions of the household questionnaire. It is important to note that different parts of the household questionnaire collect information on a larger set of individuals to which the household

is linked, including non-resident parents, children and other individuals to whom and from whom the household sends/receives transfers of cash or goods.

Section 1 collects the names of the household members, their relationship with the head of the household, their age, sex, marital status and the length of time they have been resident. One of the possible consequences of adult mortality is dissolution and re-formation of households. Household composition can also condition coping strategies and influence their effectiveness. Changes in household composition over time will be reflected in changes in the Household Roster across waves of the survey. This section, along with Section 3, will also detect the presence of orphans in the household. Absorbing children or orphans is one of the major coping mechanisms of households in dealing with fatal adult illness.

Because of the longitudinal design of the KHDS, the names of household members in Section 1 are listed on a removable card that fits in a pocket in the back cover of the questionnaire. The card is designed to be re-used and updated in the second and subsequent waves of the survey and makes it possible for household members to retain the same identification code throughout all waves of the survey.

Section 2: Children residing elsewhere

This section obtains a list of all non-resident children of household members. Information on non-resident children is important in studying three aspects of the process of coping with fatal adult illness. First, severely affected households may cope by sending children to live elsewhere -- either to work to support the household or simply to reduce the economic burden on remaining household members. Second, adult children living elsewhere are a major potential source of assistance to affected households. Finally, sending children away to school is an investment in the future earnings of children that will help the household to cope in the future.

Section 2 collects information on all children living elsewhere (both youngsters and adults), their relation to members of the household, their age, sex, educational achievement, current area of residence and type of work. Transfers from these children are captured in Section 19 of the questionnaire, on remittances. Like the household roster, the list of children in Section 2 is written on a removable card that can be re-used in subsequent waves of the survey. Each child living elsewhere is assigned a unique

identification code that is retained for the entire survey. This section will thus trace the movement of children of household members into and out of the household as the result of adult mortality in the interviewed household or in households outside the sample.

Section 3: Information on non-resident parents of household members

This section collects information on the non-resident parents of household members. This is important to the analysis of the impact of fatal adult illness for two reasons. First, non-resident parents who are alive are an important potential source of assistance to affected households. Second, some household members may be orphaned. Background information about the deceased parents of survivors will help establish the association between parents' characteristics and their mortality, and will help to explain the level of welfare of individual survivors. Information on nonresident surviving parents will help to explain the economic and other factors underlying child fostering.

In Section 3, every household member is linked to his or her parents in the household and certain information is collected concerning parents who are deceased or living elsewhere: area of residence of parents who are alive; educational achievement; and primary lifetime work. For orphans and children living away from both parents, the section also obtains information on the length of time the child has been in the current household. Information on transfers from non-resident parents to household members, as well as transfers from household members to their parents, is collected in Section 19 of the questionnaire, on remittances.

Section 4: Overview of household activities

This is a short section whose objective is to guide the interviewer on the selection of respondents in the subsequent sections of the questionnaire dealing with economic activities and expenditures (sections 7, 11, 12, 13, 14, 18). Section 4 asks about the household's main economic activities and who in the household is most knowledgeable about the household's farming, livestock, fishing, family businesses, and food expenditure.

Section 5: Education

The section on education has three objectives: (1) to measure the current levels of schooling and training of all household members; (2) to measure the current enrollment of all children in the household; and (3) to measure household expenditure on education in the past 12 months. This last objective includes measuring contributions to the schooling of household members by benefactors outside the household -- both individuals and outside organizations.

Education is a major indicator of human capital, which influences current earning ability and the ability to cope with catastrophes like fatal adult illness. School enrollment is also an investment by the household in the future earnings of their children. One of the ways in which households cope with fatal adult illness is to remove their children from school to care for sick members, help with housework of sick members, or earn additional income. Fatal adult illness is also likely to have an impact on the ability of students to pay school fees in hard-hit areas. The information in Section 5 will permit analysis of the relationship between fatal adult illness and school enrollments, including the enrollment of orphans and other non-orphaned children. Since schooling subsidies are an important policy option for Government and private organizations, it is very important to know how much households are currently spending on schooling and how they are financing it -- including through donations from outside the household.

The education section, therefore, collects the following information for each household member 7 and older: literacy; educational achievement; current enrollment and actual attendance in the seven days before the interview; distance to school; school expenditures in the past 12 months; and scholarships for children in the household, in cash and in kind, by type of sponsoring institution. In instances in which a child missed school in the past 7 days, the questionnaire establishes the reasons for absence, including illness of the child and/or illness of other household members.

Section 6: Health

This is clearly one of the key sections of the questionnaire. It identifies which individuals and households are suffering from adult illnesses and measures one of the major ways in which individuals and households cope -- by seeking medical treatment. The information from the health section, coupled with that from other sections of the questionnaire (e.g. economic activities and income, expenditures,

education, remittances, etc.) will permit analysis of: (a) the likely impact of illness on the health system and the economy; and (b) the effectiveness of health policy and other interventions in mitigating the impact of fatal adult illness.

The section is divided into two parts, dealing with acute (part A) and chronic (part B) conditions. Part A establishes: (1) who in the household was ill in the four weeks before the interview; (2) the symptoms and diagnosis; (3) the health-seeking behavior of households as a result of illness; and (4) medical expenditures and the source of finance. For each household member who was ill or injured in the four weeks prior to the interview, the following information is collected: the duration of the illness; the major symptoms; the number of days the patient was unable to perform his/her usual activities; the first three health practitioners consulted; all of the expenditures associated with them, in cash, in kind and in time; and expenditures on all other consultations. This section also collects information about hospitalizations, the costs of medicine and travel to health consultations, and debt incurred due to the illness. The final questions ascertain whether the illness was diagnosed, the actual diagnosis and whether the patient has recovered. Four questions are included to probe for symptoms often (but not always) associated with AIDS: recurring diarrhea for a month or more; weight loss; recurring fever; and skin rash.

Part B identifies persons in the household suffering from chronic health conditions, defined as conditions that have existed for 6 months or more, and expenditures on those conditions in the four weeks before the interview.

It is important to note that the consequences of ill health are taken up in many other sections of the questionnaire: economic activities (7); migration (8); fertility (9); anthropometrics (10); expenditures (18); remittances (19); and mortality (20).

Section 7: Activities of household members

The objective of Section 7 is to establish the full scope of economic activities performed by members of the household. In particular, the section aims to: (1) establish the allocation of each household member's time across economic and domestic activities in the 7 days before the interview; and (2) estimate the income of each household member in the past 12 months. This is the section of the

questionnaire that will permit the analysis of the impact of adult illness and mortality on the time allocated to individual economic activities, like farming, and on individual and household income. Income is a major measure of well-being that is likely to be affected by the presence of fatal adult illness. Because information is collected on each individual household member, the impact of fatal adult illness on the allocation of time and income between individual members in the same household can be examined.

Section 7 is the largest section of the questionnaire, with 8 parts. It collects information on the number of hours per day spent by each household member in the past 7 days on the following activities: work as an employee in as many as two jobs (Part B); work on an own or family farm, work on a communal farm, processing crops, tending livestock and processing livestock products (Part C); work on as many as three own or family businesses (Part D); domestic activities (preparing meals, cleaning, doing laundry, shopping), collecting firewood, collecting water, seeking medical care, caring for sick household members, looking for additional work, helping neighbors and attending funerals (Part E). This information is obtained from the recall of respondents and is known to be inexact. However, it is intended to represent a rough "snapshot" of the allocation of each person's time in the 7 days prior to the interview.¹⁰

Section 7 also collects information on income -- from labor (employment, self-employed farming and livestock, self-employed business, Parts B-D) and non-labor sources (Part H).¹¹ Parts 7F and 7G capture information on income if the main job last year was different than any of the activities in the seven days before the interview. An elaborate slip pattern sends each respondent to the part of Section 7 that is relevant for his/her activities.

There are other parts of the questionnaire that will be used to estimate the net income of self-employment activities at the *household* level, notably the sections on farming (11), livestock (12), fishing (13) and non-farm self-employment (14). These latter sections collect greater detail on the income and

¹⁰ The KHDS questionnaire seeks to account for *all* activities of each household member in the past 7 days because it is hypothesized that fatal adult illness and adult mortality will result in shifting responsibilities and allocation of time among household members. These shifts will be observed as differences in the responses to Section 7 between waves of the survey. In contrast, the LSMS prototype questionnaire was concerned only with the main economic activity and the secondary activity within the past 7 days, as the main objective was to measure differences in income rather than the allocation of time.

¹¹ Unlike the LSMS prototype questionnaire, which collects other income aggregated to the household level, the KHDS questionnaire obtains information on non-labor income from each household member.

expenditure of self-employment activities, as well as the value of the household's business and farm assets. However, they do not reveal the breakdown of income or time across household members in these activities; this is found in Section 7.

Section 8: Migration

The objective of this short section on migration is to establish the length of time each household member has been residing in his/her current place of residence and the circumstances surrounding the last move. Migration of individual household members is related to the formation and dissolution of the household; it is one of the ways that households and individuals cope with catastrophes like fatal adult illness. Other aspects of migration covered in the questionnaire are on the Household Roster (section 1) and in sections on children living elsewhere (2) and non-resident parents of household members (3).

Section 9: Fertility

The objective of the section on fertility is to ascertain: (1) the number of children ever born to every female household member age 15 and older; (2) child mortality; (3) the level of schooling attained by deceased children; (4) current pregnancy status; (5) fetal wastage; and (6) contraceptive use. Children are an asset to the household that will hopefully bring future earnings as the child matures. Section 9 will provide information on the potential source of support for elderly survivors in the household who may have lost adult children through fatal illness. For younger women, the replacement of children is a potential mechanism for coping with child mortality. Although there have been many studies of the impact of AIDS on mortality, to date we know of no studies that have analyzed its impact on fertility and contraceptive use. The information collected in Section 9 will permit an analysis of this issue for the first time in any developing country. Related sections of the questionnaire are the Household Roster (Section 1), children living elsewhere (Section 2), education (Section 5), health (Section 6), anthropometrics (Section 10) and mortality (Section 20).

Section 10: Anthropometry

In the anthropometry section, the interviewer measures and records the height and weight of all household members. These measurements are objective indicators of health and nutritional status, and thus are direct measures of well-being. An important impact of fatal adult illness is a decline in nutritional status due to the individual's own illness or indirectly because of a shortfall in earnings of household members. The height and weight data in Section 10 will make possible the analysis of the role of adult death and other economic factors in determining child nutritional status. Section 10 also collects information on the immunization status of children. Children in severely affected households may be less likely to have been immunized because of the illness of adults, a shortfall in the time available to adults to seek immunization, or insufficient income.

Section 11: Farming

The objective of the section on farming is to collect information on: (1) annual net income due to cultivation of crops; (2) the number and value of farm assets (land and equipment); and (3) the quantity of crops sold. This section is asked in all households engaged in farming, and the respondent is the person in the household who is most familiar with farm income and expenditure. Fatal adult illness is likely to have an important negative impact on the labor supply of farm households and thus on their levels of production and income. Labor shortages could actually induce households to alter their crop mix in favor of less labor-intensive crops. Farm households may also have to sell-off important assets essential to their livelihood in order to pay for the treatment of sick household members or for funerals.

The major parts of Section 11 collect information on: the number and size of fields (shambas) owned and cultivated by the household, their sale value, and how they were acquired (11A);¹² the crops cultivated in the past 12 months, the quantity of production sold, income from sale of crops and expenditures on crop inputs (11B); the number and age of tree crops (11C); use of and expenditure on farm inputs (11D); income from the sale of products from homegrown crops, and expenditures on

¹² The KHDS household questionnaire collects this information for each individual plot of land owned or used by the household. In the LSMS prototype, this information was aggregated at the level of the entire farm. This level of disaggregation was necessary for the KHDS analysis, since a potentially important coping mechanism is selling-off individual plots of land or changes in the crop mix.

transforming these crops for sale (11E); possession, value, purchase and sale of agricultural equipment (11F and 11G).

Section 12: Livestock

The objective of this section is to assess: (1) the number and value of livestock owned by the household; and (2) household income in the past 12 months due to livestock activities. These questions will allow analysis of the impact of fatal adult illness on the incomes of households that rear livestock. One way that households can cope with reduced income and increased medical expenditure due to a catastrophic illness is to sell-off their livestock for cash, or to consume them. Section 12 will permit analysis of this coping mechanism.

Section 12 has only three parts. The first part (12A) establishes the household's stock of animals at the time of the survey the value of the stock and changes in the stock over the past year. Part 12B collects information on income from processing of livestock products in the past year such as from milk and egg production. Part 12C measures the expenditures on livestock production in the past 12 months, for items such as herding, veterinary services, and animal feed.

Section 13: Fishing

This section seeks to measure the value of assets of fishermen and their annual income, net of expenses. Income from fishing, as from other sources, is an important indicator of well-being that is likely to change in the event of fatal adult illness. A separate section on income and assets from fishing was deemed necessary because of the proximity of the project site to Lake Victoria.¹³ The three parts of this section include questions on fishing equipment (Part A), income from fishing and smoking or drying fish (Part B) and expenditures on fishing inputs (Part C). The fishermen in this area engage in three types of fishing -- with hooks, trawling nets and stationary nets.

¹³ The LSMS prototype questionnaire collects information on fishermen in the section on self-employed businessmen.

Section 14: Non-farm self-employment

The objective of Section 14 is to measure the net income and value of assets for small businesses owned or operated by household members. As was noted for Sections 11-13 above, levels of income and assets are important measures of well-being that will be affected by fatal adult illness. In addition, selling off business assets is one way of coping with its economic impact. For each business owned by a member of the household, Section 14 collects the expenditures (Parts A and B), income (Part C) and assets (11D). The reference period for reporting expenditures is the two weeks prior to the interview (that is, the interval between rounds one and two) if the business is functioning or, if the business is not functioning at the time of the interview, the reference period is a typical time unit of the respondent's choosing.

Section 15: Housing

This section has the objective of measuring: (1) the value of housing assets; (2) expenditures on housing, water, electricity and other utilities; and (3) the physical condition of the housing, which is a direct measure of well-being.¹⁴ Housing assets are important to know about, since they may be sold off, inherited or disinherited to cope with the impact of adult illness and death. Expenditures on housing and utilities, together with the results of other expenditure sections (16, 17, 18), are an input into the estimate of total annual household consumption expenditure, an important measure of well-being that is affected by poor health and mortality.

Section 16: Durable goods, annual expenditures and income from assistance programs

The objective of this section is to collect information on : (1) the value of durable consumer goods owned by the household (16A); (2) expenditures on infrequently-purchased items in the past 12

¹⁴ This section departs in structure from the prototype LSMS questionnaire in Part A, where a series of questions are asked about the construction materials, ownership and value of each building occupied by the household.

months (16B); and (3) receipt of cash or in-kind assistance from community organizations (16C).¹⁵

The value of durable goods is an indicator of assets that the household has available to finance emergency expenditures, such as health care and funerals. Durable goods can be converted into cash quickly or can be mortgaged for cash. Furthermore, the change in durable goods between waves of the survey is one component of savings or dissavings. Household-level expenditures on infrequently purchased items contributes to the estimate of annual consumption expenditure. For each durable good possessed by the household, information is collected on ownership, year of acquisition, purchase price, and potential sale price. Part 16C is of central importance to the research, since it is here that receipt of assistance by the *household* from outside organizations is recorded. Receipt of outside assistance by *individuals* is recorded in Section 19.

Section 17: Food consumption

Expenditures on food and the value of home-produced food that is consumed are typically the largest share of any item in a household's overall consumption budget. A decline in per capita food consumption implies a decline in the well-being of households. The project will attempt to measure how fatal adult illness affect levels of food consumption (and total consumption) in households.

Section 17 was conceptually the most difficult part of the KHDS questionnaire to design. The objective of the section is to collect information on habitual and recent food consumption, on the basis of which an annual measure of food consumption can be constructed. While some households in the Kagera region purchase all of their food, in most cases they *both* purchase food *and* consume the food that they produce at home. Thus, Section 17 had to collect information on the value of home production that was consumed as well as purchased food. The second and more difficult challenge was capturing the seasonality of food consumption. Because different foods are consumed during different seasons of the year, it would be incorrect to ask about food consumption for a recent period and to infer that this pattern was representative of the past 12 months. The seasonality of food production and consumption over the entire 12 months before the survey had to be considered. This was rendered more difficult for

¹⁵ This section differs from the LSMS prototype questionnaire in two ways: (1) it identifies who in the household owns each durable good; and (2) it collects information on transfers from outside organizations, including the Government.

the KHDS by virtue of the fact that there are two rainy and two dry seasons in the Kagera region in a 12-month period, and the timing and duration of each season vary according to locale within the region.

The solution to the seasonality problem was to ask every household at the beginning of Section 17 to name the months of the past 12 months during which each wet and dry season took place (Part A). In the remaining parts of Section 17, for each food item that is home-produced (Part B) or purchased (Part C), the respondent must indicate during which months of the year the item was consumed.¹⁶ For home-produced and purchased items that are seasonal (Part B and Part C-1), the respondent must report how often the item was consumed in the rainy season and in the dry season, and the value of the amount consumed on average each time. For non-seasonal purchased items (Part C-2), the respondent is asked how often the item was consumed in the past 12 months and the value of the amount consumed on average each time. The information on the months of the year an item was consumed, the seasons represented, the frequency of consumption and the average value will permit computation of an estimate of the value of annual food consumption. As an alternative to this method, the questionnaire also asks for all purchased food items (seasonal and non-seasonal, Parts C-1 and C-2) the amount spent since round one (two weeks earlier). Thus, for purchased food it will be possible to estimate annual consumption expenditure by two methods: (1) frequency x average value; and (2) actual expenditures in the past 2 weeks x 26. The structure of Section 17 is summarized in the table below:

The structure of Section 17

PART	TITLE	QUESTIONS ON MONTHS CONSUMED?	CONSUMPTION FREQUENCY QUESTIONS	EXPENDITURE SINCE LAST ROUND?
17A	The seasons of the past 12 months	n.a.	n.a.	n.a.
17B	Consumption of home production	YES	SEASONAL	NO
17C1	Food expenditures, seasonal items	YES	SEASONAL	YES
17C2	Food expenditures, non-seasonal items	YES	ANNUAL	YES

¹⁶ By asking for the specific months of the year that an item was consumed, it becomes possible to compute both an annual (12-month) estimate of food consumption expenditure *and a 6-month estimate*. The latter is very important to the KHDS, since the household questionnaire for the subsequent waves will have a 6-month reference period for food consumption expenditures.

Section 18: Individual expenditures

While section 16 and 17 collect expenditures made on behalf of the entire household, section 18 collects information on personal expenditures by individual household members. Section 18A collects expenditures and acquisitions on behalf of individual household members in the past 12 months, while Section 18B collects information on personal expenditures by individual household member since round one (about two weeks previously). The information is gathered for each individual because: (a) it should improve the accuracy of household consumption expenditure estimates; and (b) it will allow the researchers to analyze the distribution of expenditures and acquisitions across different household members, and thus compare levels of individual welfare within households.¹⁷ The results of this section will allow comparison of expenditures and acquisitions across different types of individuals -- for example, orphans vs. non-orphans, boys vs. girls, men vs. women, sick vs. healthy adults and younger vs. elderly adults.

Section 19: Remittances and credit

The objective of Section 19 is to measure transfers and credit flowing into and out of the household, the reasons for these arrangements, and the level of household savings. Transfers to and from relatives are the major source of assistance to hard-hit households, in the absence of formal assistance programs. Credit policies are potentially important interventions by government; this section, coupled with information from the community questionnaire, will allow us to analyze how credit availability might mitigate the impact of fatal adult illness. Many of the transfers captured in this section will be from non-resident family members -- children and parents -- whose background is captured in sections 2 and 3.

Section 19 has three parts. The first two parts collect information on receipt of remittances or borrowing (Part A) and sending of remittances or lending (Part B) in the past 12 months, for each household member.¹⁸ The total number of each type of transaction is recorded, followed by detailed questions on a maximum of three of each type of transaction: the relationship of the lender or borrower

¹⁷ Collecting expenditure and consumption information for each individual household member is another way in which the KHDS questionnaire distinguishes itself from the LSMS prototype.

¹⁸ This is another example of the effort of the KHDS questionnaire to collect information on an individual level so as to better analyze the intra-household distribution of well-being.

to the household member, where the latter lives, the amount received/borrowed or sent/lent, the reason behind the transaction (if any) and the repayment terms (if any). Part C deals with the savings of individual household members: participation in traditional savings organizations in the past 12 months; savings in formal institutions on the day of the interview; and savings kept elsewhere.

Section 20: Mortality

This is the section of the questionnaire in which adult mortality is measured. The objective of the section is to measure: (1) all deaths in the past 12 months and their causes; (2) the health seeking behavior of persons who died in the past 12 months; and (3) household expenditures connected with mortality in the past 12 months. Part A of this section collects information on mortality of relatives living elsewhere. For each death in the household, part A collects: the relation of the deceased to the head; age at death; sex; relationship to other household members (including children); marital status; educational background; major work activity; cause of death; duration of illness before death; symptoms of the fatal illness; consultations before death and expenditures on health care and funerals. A sub-set of this information is collected on the deaths of non-resident relatives in Part B. As this is perhaps the most sensitive topic in the household questionnaire, it appears at the very end, after the interviewer has established rapport with the household.

4. ADAPTING THE HOUSEHOLD QUESTIONNAIRE FOR SUBSEQUENT WAVES

The results of the first wave of the KHDS will provide more information on differences in well-being across households with and without fatal adult illness than has ever been possible, from a cross-section of 800 households. However, it will not be possible to capture the "coping costs" facing these households or their adjustments as a result of fatal adult illness in a single cross-section. This is the rationale for the longitudinal research design.

The subject matter covered in the household questionnaire for the second and subsequent waves will remain the same. Changes in household composition will be captured by changes in the household roster and in the roster of children living elsewhere; additional questions will be added to discover why persons enter and exit from these rosters between waves. Information on adults and children who have died since the previous wave will be captured in the section on mortality. The changes in well-being will be measured by the changes in health and nutrition status, consumption expenditure, ownership of assets, savings, income, school enrollments and activities. Coping mechanisms will be measured by the changes in the amount and allocation of time of household members to different tasks, expenditures on and utilization of medical care, receipt of transfers from other households and outside organizations, asset levels, savings and borrowing behavior.

For the second wave, all questions with 12-month reference periods will be modified to 6-months (since the interviewer's visit 6 months ago). The reference periods for the health section (4 weeks and 6 months) and the section that measures time use in the past 7 days will remain unchanged. Both continuing and new household members will respond to all sections, with the exception of the migration section (asked only of new household members) and the fertility section (asked only of continuing members under 50 and all new members). Review of the Wave 1 questionnaire reveals that only a few of the questions (such as sex and date of birth) will be repetitive for continuing household members; the answers to most of the questions in fact can change between waves, and it is these changes that will measure the adjustment process. The few repetitive questions will help the interviewers establish the fact that an individual is, indeed, the same person interviewed during the previous wave.

The longitudinal research design theoretically would allow for the possibility that interviewers could compare certain answers in the second wave to answers in the first wave, if the information were

made available. This potentially could improve the recall of respondents and the accuracy of their answers. However, reference to answers from previous waves could also introduce biases in the responses to wave 2, in the direction of conforming to what was said in wave 1. The project's approach will be to minimize the opportunity for interviewers to rely on wave 1 information, but to selectively use it in the data entry program and through supervisory controls so as to improve the quality and consistency of the data.

- The demographic characteristics of individuals that are not expected to change (e.g., sex, age) will be integrated into the wave 2 data entry program. In conducting consistency checks after round one of wave two, the data entry program will automatically compare these variables for wave 2 continuing household members with the answers from wave 1. Any inconsistencies will be reported so that the interviewer can correct them in the field during round two.
- The data entry program will also compare the types of activities engaged in by the household in the first wave on the day of the interview (e.g., farming, business) with the activities reported during the past 6 months in the second wave. It will report all instances in which a wave 1 activity was not again reported for the six months between waves, so that the interviewer can return to verify the answer during round two of the second wave.
- The data entry program will automatically generate a form for every household from the previous wave, a list of the most significant durable goods owned by household members at the time of the wave 1 interview (e.g., radios, bicycles, cars). The interviewers will use these customized forms to ask household members about the disposition of these durable goods since wave 1 -- that is, whether the good is still owned and, if not, whether it was sold, lost, stolen, broken or no longer of use for another reason. An example of this form for a fictitious household is shown below.
- The data entry program will generate a second form, containing information on the livestock and housing owned by members of the household wave 1, to be used by the *supervisor* as a quality control check before leaving the field after round two. These forms will thus include customized checks on the ownership of major assets by each

household. For example, the supervisor will have to compare the number of different types of animals owned during wave 1 (printed on the form) with the information provided in the wave 2 livestock section , to ensure that all can be accounted for. A copy of this "verification" form is shown below.

5. CONCLUSION

The objective of the Kagera Health and Development Project is to measure the impact of fatal adult illness, the impact of existing assistance from outside organizations and individuals and the costs of various assistance programs, in order to identify survivors in greatest need and to evaluate the cost-effectiveness of alternative programs to help them.

It is too soon to comment on the success of the KHDS household questionnaire in capturing the economic impact of fatal adult illness or in providing the basis for simulations of the impact of different survivor assistance programs. The household data will be used in conjunction with data from the community and service questionnaires, which provide much of the information on policy options. However, the KHDS household questionnaire represents perhaps the most comprehensive attempt to date to measure the economic impact of disease and premature death among adults in a developing country or, for that matter, in any country in the world. It is hoped that the contents and logic behind the household questionnaire will assist in the interpretation of results and will serve as a platform for launching future research on this important topic.

CLUSTER: HOUSEHOLD: ID CODE OF RESPONDENT FOR WAVE 1:

SECTION 16: DURABLE GOODS, HOUSEHOLD ANNUAL EXPENDITURES AND ASSISTANCE

PART A - 1: DURABLE GOODS FROM WAVE ONE

Now I am going to ask you about some of the durable goods owned by the members of your household.

WAVE ONE ITEM NO	1 When I was here 6 months ago, the members of your household had a ...[ITEM]... that belonged to ...[ID]... and was acquired in ...[YEAR]... ASK QUESTIONS 1-5 ABOUT EACH ITEM BEFORE GOING TO THE NEXT ITEM. REFER TO THE OWNER ID AND YEAR ACQUIRED, AS NECESSARY TO HELP THE RESPONDENT IDENTIFY THE ITEM. THE AMOUNT PAID IS LISTED TO HELP PROBING. DO NOT CITE THIS AMOUNT TO THE RESPONDENT!					2 Does your household still have this ...[ITEM]...? YES...1 NO...2 (->4)	3 Who in the household owns this ...[ITEM]...? IF COMMUNITY PROPERTY, WRITE 99. ▶ NEXT ITEM ID CODE	4 Why is this ...[ITEM]... no longer owned by your household? SOLD...1 BROKEN/WORN OUT...2 GIVEN AWAY...3 OWNER DIED...4 DISINHERITED...5 OWNER LEFT THE HOUSEHOLD...6 STOLEN...7 W1 ERROR/NEVER OWNED...8 OTHER (Specify)...8	5 How much was this ...[ITEM]... sold for? ▶ NEXT ITEM AMOUNT
	TYPE OF GOOD	CODE	OWNER ID CODE	YEAR ACQUIRED	AMOUNT PAID				
1	RADIO	40	99	85	5000				
2	BICYCLE	41	04	90	20000				
3	SEWING MACHINE	45	02	87	32000				
6									
8									
9									
10									
11									
12									
13									
14									
15									

Form for Tracking the Disposition of Durable Goods
between Waves of the KHDS Survey

Supervisory Form for Tracking the Disposition of Housing and Livestock
between Waves of the KHDS Survey

KAGERA HEALTH AND DEVELOPMENT SURVEY

VERIFICATION OF THE QUESTIONNAIRE
ROUND TWO / WAVE TWO

(PAGE 5)

INTERVIEWER: _____ CODE: _____ DATE: _____ CLUSTER 55 HSEHLD 10

SUPERVISOR: _____ CODE: _____ CLUSTER: _____

SEC- TION	ROUND TWO CHECK	SATIS- FACTORY	TO BE REDONE
12A	<p>DURING THE PREVIOUS WAVE THE HOUSEHOLD OWNED ____ CATTLE.</p> <p>Look at the answer to question 3, line 01 (cattle).</p> <ul style="list-style-type: none"> • If the number of cattle is the same as the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 = 0$. 		
	<ul style="list-style-type: none"> • If the number of cattle is less than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 < 0$. 		
	<ul style="list-style-type: none"> • If the number of cattle is greater than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 > 0$. 		
12A	<p>DURING THE PREVIOUS WAVE THE HOUSEHOLD OWNED ____ SHEEP.</p> <p>Look at the answer to question 3, line 02 (sheep).</p> <ul style="list-style-type: none"> • If the number of sheep is the same as the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 = 0$. 		
	<ul style="list-style-type: none"> • If the number of sheep is less than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 < 0$. 		
	<ul style="list-style-type: none"> • If the number of sheep is greater than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 > 0$. 		
12A	<p>DURING THE PREVIOUS WAVE THE HOUSEHOLD OWNED ____ GOATS.</p> <p>Look at the answer to question 3, line 03 (goats).</p> <ul style="list-style-type: none"> • If the number of goats is the same as the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 = 0$. 		
	<ul style="list-style-type: none"> • If the number of goats is less than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 < 0$. 		
	<ul style="list-style-type: none"> • If the number of goats is greater than the previous wave, then $Q9 + Q11 - Q6 - Q12 - Q13 > 0$. 		
15A	<p>DURING THE PREVIOUS WAVE, MEMBERS OF THIS HOUSEHOLD OWNED ____ DWELLINGS.</p> <p>Look at the answers to question 10.</p> <ul style="list-style-type: none"> • If the number of dwellings owned in the previous wave is the same, then the answers to Q12A are blank or no, the answer to Section 15B, Q9 is "no" and the answer to Section 15B, Q11A is "no" (code 2). 		
	<ul style="list-style-type: none"> • If the number of dwellings owned in the previous wave is less than the current wave, then the answer to question 12A is "yes". 		
	<ul style="list-style-type: none"> • If the number of dwellings owned in the previous wave is greater than the current wave, then the answer to Section 15BQ9 is "yes" or Q11A is "yes". 		

ANNEX:

**THE KAGERA HEALTH AND DEVELOPMENT SURVEY
HOUSEHOLD QUESTIONNAIRE**

**AFYA NA MAENDELEO
KAGERA HEALTH AND DEVELOPMENT SURVEY**

**HOUSEHOLD QUESTIONNAIRE
WAVE 1**

STRICTLY CONFIDENTIAL



SURVEY INFORMATION

CLUSTER: /
 HOUSEHOLD ROSTER

HEAD OF HOUSEHOLD: _____

ADDRESS (OR DESCRIPTION): _____

FIRST ROUND OF SURVEY

INTERVIEWER: _____ DATE:

DEPELLING YES...1 NO...2 (-SUPERVISOR) IS THE HEAD OF HOUSEHOLD THE SAME? YES...1 NO...2 (-SUPERVISOR)

NAME OF NEW HEAD: _____

RELIGION: EXTOLIC...1 OTHER CHRISTIAN...2 TRADITIONAL...3

HEAD'S TYPE: MWANA...1 MWANGAZA...2 KITHUI...3 OTHER (SPECIFY)...7

INTERVIEW CONDUCTED IN: KISHUMU...1 KIWANGAZA...2 OTHER (SPECIFY)...3 INTERVIEW PREFERRED? YES...1 NO...2

REMARKS: _____

VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE

SUPERVISOR: _____ DATE:

REMARKS: _____

REINTERVIEW BY SUPERVISOR? YES...1 NO...2

THIS HOUSEHOLD RE-PLACES HOUSEHOLD NO: THIS HOUSEHOLD WILL BE REPLACED BY NO: REASON:

DATA ENTRY, ROUND ONE

OPERATOR: _____ DATE:

REMARKS: _____

SUPERVISION OF PRINTOUTS, ROUND ONE

SUPERVISOR: _____ DATE:

REMARKS: _____

SECOND ROUND OF SURVEY

PROPOSED DATE:

INTERVIEWER: _____ DATE:

REMARKS: _____

VERIFICATION OF QUESTIONNAIRE, ROUND TWO

SUPERVISOR: _____ DATE:

REMARKS: _____

REINTERVIEW BY SUPERVISOR? YES...1 NO...2

DATA ENTRY, ROUND TWO

OPERATOR: _____ DATE:

REMARKS: _____

SUPERVISION OF PRINTOUTS, ROUND TWO

SUPERVISOR: _____ DATE:

REMARKS: _____

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OBSERVATIONS	
ROUND 2	ROUND 1

SUMMARY OF SURVEY RESULTS

SECTION		FIRST VISIT		INTERVIEWER		CHECK-UP VISIT		SUPERVISOR		CORRECTED IN OFFICE...1 CORRECTED DURING SECOND ROUND.....2 NOT CORRECTED.....3								
		DATE			RESULT			DATE			RESULT			INTERVIEWER		OPERATOR		
		DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE..3	DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2		SATISFACTORY....1 TO BE COMPLETED..2 TO BE REDONE.....3	SATISFACTORY....1 CORRECTIONS.....2						
FIRST ROUND	1																	
	2																	
	3																	
	4																	
	5																	
	6																	
	7																	
	8																	
	9																	
	10																	
SECOND ROUND	11																	
	12																	
	13																	
	14																	
	15																	
	16																	
	17																	
	18																	
	19																	
	20																	

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SECTION 1. PART A. HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

INTERVIEWER _____
RESPONDENT: _____ ID CODE:

- 1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.
- * First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, his wife or wives (or her husband or partners) and his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST WITH ID CODE 01 FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, servants or other persons who are not relatives.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else, who is on vacation, who is visiting other people or who is seeking medical treatment?

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 4-11.

- 4-11. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTION 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

12. DETERMINE HOUSEHOLD MEMBERSHIP.

HOUSEHOLD ROSTER

FOR HOUSEHOLD MEMBERS, WRITE "X" AND COPY AGE IN YEARS IN COLUMN 1 ON THE ROSTER.

CLUSTER:

HOUSEHOLD:

HOUSEHOLD ROSTER

MARK AN "X" IN THE COLUMN FOR THE CURRENT WAVE IF THE PERSON IS A HOUSEHOLD MEMBER AND COPY HIS/HER AGE IN YEARS.

¹ MAKE A COMPLETE LIST OF ALL PERSONS WHO NORMALLY LIVE IN THIS DWELLING AND WHO EAT THEIR MEALS TOGETHER.

HOUSEHOLD ROSTER

COPY THE FOLLOWING INFORMATION FROM SECTION 1 OF THE QUESTIONNAIRE.

STATUS CODES:
CONTINUING MEMBER...1
NEW MEMBER.....2
MOVED AWAY.....3
DIED.....4

W A V E										N A M E	SEX	DATE OF BIRTH			WAVE 1	WAVE 2	WAVE 3	WAVE 4	WAVE 5
1	2	3	4	5	MONTH	YEAR													
"X"	Age	"X"	Age	"X"	Age	"X"	Age	"X"	Age										

CLUSTER:

HOUSEHOLD:

HOUSEHOLD ROSTER

MARK AN "X" IN THE COLUMN FOR THE CURRENT WAVE IF THE PERSON IS A HOUSEHOLD MEMBER AND COPY HIS/HER AGE IN YEARS.

¹ MAKE A COMPLETE LIST OF ALL PERSONS WHO NORMALLY LIVE IN THIS DWELLING AND WHO EAT THEIR MEALS TOGETHER.

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COPY THE FOLLOWING INFORMATION FROM SECTION 1 OF THE QUESTIONNAIRE.

DATE OF BIRTH
SEX MONTH YEAR

STATUS CODES:
CONTINUING MEMBER...1
NEW MEMBER.....2
MOVED AWAY.....3
DIED.....4

WAVE 1 WAVE 2 WAVE 3 WAVE 4 WAVE 5

W A V E									
1		2		3		4		5	
"X"	Age	"X"	Age	"X"	Age	"X"	Age	"X"	Age

13
14
15

16
17
18

19
20
21

22
23
24

SECTION 1. HOUSEHOLD ROSTER

FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 4-12

IDENTIFICATION CODE	SEX	RELATIONSHIP TO HEAD	4 Can you tell me the date of birth of [NAME]?	5 WRITE THE DATE OF BIRTH CALCULATE PERSON'S AGE. ASK THE RESPONDENT TO CONFIRM IT IN QUES. 6	6 How old is [NAME]? 7 YEARS IF 5 YEARS OR OVER. YEARS AND MONTHS IF <5 YEARS. IF <14 YRS >10	7 What is the present marital status of [NAME]...? Is he (or she) currently...? READ TO RESPONDENT: married.....1 partner.....2 divorced...3(>10) separated...4(>10) widow/ widower...5(>10) never married...6(>10)	8 Does the partner of [NAME] live in this household? YES..1 NO..2 (>10)	9 COPY THE IDENTIFICATION CODE OF THE PARTNER (IF MORE THAN ONE, THE ID CODE OF THE FIRST) ID CODE	10 For how many months during the past 12 months has he (or she) been away from this household (since MONTH/YEAR) IF 9 MTHS OR LESS, = 12 MONTHS	11 Do you expect that [NAME] will be residing here when I return 6 months from now? YES.....1 NO.....2	12 HOUSEHOLD MEMBER? CHECK THE CRITERIA AT RIGHT YES..1 NO...2 NEXT PERSON
	MALE...1	HEAD.....1 WIFE OR HUSBAND.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER OR MOTHER.....5 SISTER OR BROTHER.....6 NIECE OR NEPHEW.....7 SON/DAUGHTER-IN-LAW.....8 BROTHER/SISTER-IN-LAW.....9 FATHER/MOTHER-IN-LAW.....10 OTHER RELATIVE OF HEAD OR OF HIS/HER SPOUSE.....11 SERVANT/MAKUBALIANO.....12 SERVANT/MKATABA.....13 TENANT/BOARDER.....14 OTHER UNRELATED PERSON.....15	YES..1 NO...2 (>6)								

INSTRUCTIONS FOR CODING HOUSEHOLD MEMBERSHIP:

- HEAD IS ALWAYS A MEMBER
- FOLLOWING ARE NOT MEMBERS:
 - SERVANT/MKATABA (CODE 13, QUESTION 3)
 - TENANT/BOARDER (CODE 14, QUESTION 3)
 - IF ANSWER TO QUESTION 11 IS NO (CODE 2)
- EVERYONE ELSE IS A MEMBER.

SECTION 2: CHILDREN RESIDING ELSEWHERE

1. Does any member of your household have children of any age not living here in this household?
PROBE FOR ADULT CHILDREN

YES.....1 (▶ ON THE ATTACHED CARD PLEASE LIST
ALL THE NAMES OF THE CHILDREN RESIDING ELSEWHERE)

NO.....2 (▶ SECTION 3)

CLUSTER:

HOUSEHOLD:

ROSTER OF NONRESIDENT CHILDREN

<p>2 LIST ALL CHILDREN WHO DO NOT LIVE IN THIS HOUSEHOLD, INCLUDING YOUNGSTERS AND ADULTS.</p>	<p>C H I L D R E N C O D E</p>	<p>OFFICE USE: COPY THE FOLLOWING INFORMATION FROM SECTION 2 OF THE QUESTIONNAIRE</p>				
<p>N A M E</p>		<table border="1"> <tr> <th style="width: 40px;">SEX</th> <th style="width: 40px;">AGE</th> <th style="width: 60px;">FATHER'S ID CODE</th> <th style="width: 60px;">MOTHER'S ID CODE</th> </tr> </table>	SEX	AGE	FATHER'S ID CODE	MOTHER'S ID CODE
SEX	AGE	FATHER'S ID CODE	MOTHER'S ID CODE			

W	A	V	E
1	2	3	4

						16C				
						17C				
						18C				
						19C				
						20C				
						21C				
						22C				
						23C				
						24C				
						25C				
						26C				
						27C				
						28C				
						29C				
						30C				

SECTION 2: CHILDREN RESIDING ELSEWHERE

FOR EVERY CHILD RECORDED IN QUESTION 2, ASK QUESTIONS 3-17.														
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
SEX? MALE1 FEMALE2	How old [NAME]... now?	Does the father of [NAME]... live in this house- hold?	COPY THE FATHER'S ID CODE.	Is the father of [NAME]... alive?	Does the natural mother of [NAME]... live in this house- hold?	COPY THE MOTHER'S ID CODE.	Is the natural mother of [NAME]... alive?	Has [NAME]... attended school?	Is [NAME]... attend- ing school now?	What is the highest grade completed by ... [NAME]...?	Where does he/she live?	Is... [NAME] working?	Does... [NAME]...	Why is... [NAME]... living elsewhere? LIST THE MAJOR REASON SO CHILD MAY ATTEND SCHOOL? SO CHILD MAY OBTAIN MEDICAL CARE.....2 OTHERS ARE BETTER ABLE.....2 TO CARE FOR HIM.....3 PARENTS ARE TOO STICK TO.....3 LIVING WITH OTHER PARENT WHO HAS CUSTODY.....4 OTHER (SPECIFY).....5
	YEARS	YES...1 NO...2 (- 7)	> 8 ID CODE	YES...1 NO...2	YES...1 NO...2 (- 10)	> 11 ID CODE	YES...1 NO...2	YES...1 NO...2 (- 14)	YES...1 NO...2	CODES NONE ADDED KORANTIC P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12 U1 U2 U3 U4 U5 U6 U7 U8	SAME PLACE AS HOUSEHOLD VILLAGE ELSEWHERE 1 IN KAGERA TOWN ELSEWHERE 2 IN KAGERA DUS-S-SALAA 3 OTHER URBAN AREA 4 OTHER RURAL AREA 5 OTHER URBAN AREA 5 OTHER RURAL AREA 6 OTHER COUNTRY 6 DON'T KNOW 6	YES...1 NO...2 (- 17)	IF MORE THAN ONE WRITE MOST IMPORTANT	> NEXT CHILD

SECTION 3. PART A. INFORMATION ON FATHER

1	2	3	4	5	6	7	8																																																																								
Is the father of [NAME].. (living in this household?)	COPY THE IDENTIFICATION CODE FOR THE FATHER	Is the father of [NAME].. still alive?	Did the father of [NAME].. pass away in the last 12 months? (since...?)	Where is the father of.. [NAME].. living now?	Did the father of [NAME].. attend school?	What was the highest grade he completed?	for whom did [NAME]'S father work for most of his life? Did he... work for the government, party, or parastatal.....1 work for a private employer.....2 Was he self-employed in business?.....3 or was he self-employed in farming?.....4 OTHER.....5																																																																								
YES...1 NO...2 (c.5)		YES...1 (c.5) NO...2	YES...1 NO...2	SAME PLACE AS HOUSEHOLD...1 VILLAGE ELSEWHERE IN KAGERA...2 TOWN ELSEWHERE IN KAGERA...3 DAR ES SALAAM...4 OTHER URBAN AREA IN TANZANIA...5 OTHER RURAL AREA IN TANZANIA...6 OTHER COUNTRY...7 DON'T KNOW...8	YES...1 NO...2 (c.8)	<table border="1"> <tr><td colspan="8">CODES</td></tr> <tr><td>NONE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ADULTED</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>KORANIC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td>P2</td><td>P3</td><td>P4</td><td></td><td></td><td></td><td></td></tr> <tr><td>P5</td><td>P6</td><td>P7</td><td>P8</td><td></td><td></td><td></td><td></td></tr> <tr><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td></td><td></td><td></td><td></td></tr> <tr><td>U1</td><td>U2</td><td>U3</td><td>U4</td><td></td><td></td><td></td><td></td></tr> <tr><td>U5</td><td>U6</td><td>U7</td><td>U8</td><td></td><td></td><td></td><td></td></tr> </table>	CODES								NONE								ADULTED								KORANIC								P1	P2	P3	P4					P5	P6	P7	P8					S1	S2	S3	S4					U1	U2	U3	U4					U5	U6	U7	U8					
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U5	U6	U7	U8																																																																												
IDENTIFICATION CODE						GRADE																																																																									

SECTION E. PART B. INFORMATION ON MOTHER

1 U R C O D E	9 Is the natural mother of (NAME) living in this person's home? VER... NO...1	10 COPY THE MOTHER'S IDENTIFICATION CODE P-BENY HOLD MEMBER	11 Is the natural mother of (NAME) alive? VER...1 NO...2	12 Did the natural mother of (NAME) pass away in the last 12 months? (circle 1 or 2) VER...1 NO...2 1 2	13 Where is the natural mother of (NAME) living now? NAME PLACE AS HOUSEHOLD...1 VILLAGE ELSEWHERE IN KIGERA...2 TOWN ELSEWHERE IN TANZANIA...3 DAR ES SALAAM...4 OTHER URBAN AREA...5 IN TANZANIA...6 OTHER RURAL AREA...7 IN TANZANIA...8 OTHER COUNTRY...9 BENY KNOWN...0 VER...1 NO...2	14 Did the natural mother of (NAME) attend school? VER...1 NO...2	15 What was the highest grade she completed? CODES NONE ADULTED EDUCATED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 GRADE	16 For whom did (NAME'S) natural mother work for most of her life? did she... work for the government, party, or organization?..... work for a private employer?..... was she self-employed in business?..... or was she self-employed in farming? or other specialty?.....	17 IS THIS PERSON LESS THAN 15 YEARS OLD? VER...1 NO...2 (C. NEXT MEMBER)	18 ARE BOTH OF (NAME'S) PARENTS DECEASED? SEE QUESTIONS 1 AND 9 VER...1 NO...2 (C. NEXT MEMBER)	19 How long has (NAME) been living with your household? VER...1 NO...2 (C. NEXT MEMBER)
---------------------------------	--	---	---	--	---	--	---	--	---	--	---

SECTION 4 . MAIN ACTIVITIES OF THE HOUSEHOLD

RESPONDENT: HEAD OF HOUSEHOLD

1. During the past 12 months, has anyone in your household owned or worked on a shamba/garden?

YES.....1
NO.....2 (> 3)

2. Who is the person who knows the most about all the agricultural activities of the members of your household?

NAME: _____ ID CODE:

3. During the past 12 months, has any member of your household raised or owned (livestock or animals)?

YES.....1
NO.....2 (> 5)

4. Who is the person who knows the most about all the livestock owned by members of your household?

NAME: _____ ID CODE:

5. During the past 12 months, has any member of your household owned all or part of a fishing business?

YES.....1
NO.....2 (> 7)

6. Who is the person who knows the most about all the fishing activities of the members of your household?

NAME: _____ ID CODE:

7. During the past 12 months, has any member of your household owned all or part of the following:

Trade?	YES...1	<input type="checkbox"/>	Business?	YES.....1	<input type="checkbox"/>
	NO....2			NO.....2	
Industry?	YES...1	<input type="checkbox"/>	Independent	YES....1	<input type="checkbox"/>
	NO....2		professionist?	NO.....2	
Artisan?	YES...1	<input type="checkbox"/>	IF ALL ANSWERS ARE "NO" > 10 IF ANY ANSWERS ARE YES > 8		
	NO....2				

8	What different...? were owned by members of your household during the past 12 months?				OFFICE USE	9	Who is the person who knows most about the expenses and income of ...[NAME OF BUSINESS, ENTERPRISE, ETC....]?	ID CODE
	Trades	Industries	Artisan shops	Busi-nesses				
1								
2								
3								
4								
5								

MAKE A COMPLETE LIST BEFORE GOING TO 9. LIST MOST IMPORTANT FIRST

10. Who shops for the food for your household?

NAME: _____ ID CODE:

▶ SECTION 5

SECTION 5: EDUCATION

TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS
7 YEARS AND OLDER

SECTION 5. EDUCATION

1 Can ... (NAME) ... read a newspaper? YES...1 NO...2 (->3)	2 write a letter? YES...1 NO...2	3 do written calculations? YES...1 NO...2 (->SECTION 6)	4 Has ... (NAME) ever attended or is he/she attending a school? YES...1 NO...2 (->SECTION 6)	5 What was the highest grade he/she completed? NONE ADULTED KORANIC P1 P2 P3 P4 S1 S2 S3 S4 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	6 In addition, has he/she had any technical or professional training? YES...1 NO...2 (-> 8)	7 How many years or additional training? YEARS IF MORE THAN ONE YEAR MONTHS IF LESS THAN ONE YEAR YEARS MONTHS		8 Is ... (NAME) attending school now? YES...1 NO...2 (-> 13)	9 Was the last school attended by (NAME) ... Public?...1 Private secular?...2 Private religious?...3	10 How many hours did ... (NAME) ... actually spend in school on last ... (DAY OF WEEK) ...? RECORD THE NUMBER OF HOURS ATTENDED EACH DAY MON TUE WED THU FRI SAT SUN TOT	11 Is this the number of hours (CITE NUMBER) that he/she usually spends at school during a week? YES...1 (> 14) NO...2	12 Why did ... (NAME) .. not attend school for the normal hours in the past 7 days? OWN ILLNESS...1 TO CARE FOR ILL FAMILY MEMBER...2 TO WORK AT HOME...3 TO WORK OUTSIDE HOME...4 PUBLIC OR RELIGIOUS HOLIDAY...5 VACATION...6 FUNERAL/MOURNING...7 OTHER...8 -> 14	13 Has ... (NAME) ... attended school during the past 12 months? YES...1 NO...2 (-> SECTION 6)	14 How far is (NAME'S) school from here? DISTANCE CODE FOOT...1 METER...2 KILO...3 MILE...4 DISTANCE DISTANCE CODES

SECTION 5. EDUCATION (CONT.)

IDENTIFICATION CODE	15 Does he/she live here in this household while attending school? YES...1 NO...2 (> 18)	16 How does... [NAME]... normally travel to school? ON FOOT...1 BICYCLE...2 CAR...3 BUS...4 BOAT...5 OTHER...6	17 How long does it take... [NAME]... to get to school in that way? MINS HRS	18 How much has your household spent during the past 12 months on...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. DO NOT INCLUDE CONTRIBUTIONS MADE BY OTHERS. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE TOTAL IN COLUMN H						19 Did... [NAME]... have a sponsorship during the past 12 months? YES...1 NO...2 (< 25)	20 From what institution was this sponsorship obtained? COOPERATIVE UNION...1 SCHOOL...2 COMMUNITY FUNDS...3 CHURCH/RELIGIOUS GROUP...4 GOVERNMENT...5 OTHER PRIVATE ORGANIZATION (SPECIFY:)...6 OTHER (SPECIFY:)...7	21 Why was this sponsorship given? FAMILY UNABLE TO PAY FEES...1 MERIT/COMPETITION...2 OTHER...3	22 What was the value of the sponsorship for the past 12 months? AMOUNT
				A. Contributions to School Development Fund and the Universal Primary Education (UPE) Fund? AMOUNT	B. Uniforms and sports clothes? AMOUNT	C. Books and school supplies? AMOUNT	D. Transportation to school? AMOUNT	E. Board and lodging? AMOUNT	F. School fees? AMOUNT	G. Other? (clubs, extra classes, pocket money, etc.) AMOUNT	H. TOTAL AMOUNT		

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SECTION 5. EDUCATION (END)

IDENTIFICATION CODE	23	24	25						26	27	28
	Has any other person, who is not a member of your household paid any other school expenses for ..(NAME)? YES..1 NO...2 (- 26)	How is this other person related to... (NAME)...? IF MORE THAN ONE BENEFACTOR, CITE THE ONE WHO CONTRIBUTED THE MOST. PARENT.....1 SIBLING.....2 GRANDPARENT.....3 AUNT/UNCLE.....4 OTHER RELATIVE...5 UNRELATED PERSON.....6	How much did these other persons contribute in the past 12 months for ..(NAME'S)... IF NOTHING WAS SPENT, WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, WRITE TOTAL IN COLUMN H. _____						Did... (NAME)... receive any support in kind for his/her schooling in the past 12 months? For example, a school uniform, books and supplies, free food at school? YES..1 NO...2 (- SECTION 6)	From what institution did he/she receive this assistance? COOPERATIVE UNION.....1 SCHOOL.....2 COMMUNITY FUNDS.....3 CHURCH/RELIGIOUS GROUP.....4 GOVERNMENT.....5 OTHER PRIVATE ORGANIZATION...6 OTHER (SPECIFY).....7	What was the value of these contributions in the past 12 months? SECTION 6 AMOUNT
			A.	B.	C.	D.	E.	F.	G.	H.	
			Contributions to School Development Fund and the Universal Primary Education (UPE) Fund?	Uniforms and sport clothes?	Books and school supplies?	Transportation to school?	Board and lodging?	School fees?	Other schooling expenses? (clubs, extra classes, pocket money, etc.)	TOTAL	
			AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	

SECTION 6: HEALTH

**TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS**

SECTION 6 HEALTH PARTA: ACUTE ILLNESS IN THE PAST FOUR WEEKS

IDENTIFICATION CODE	1	2	3	4	5	6	7	8
	During the past 4 weeks have you had any illness or injury? For example, have you had a cough, a cold, diarrhea, an injury due to an accident, or any other illness? YES, ILLNESS...1 YES, INJURY...2 NO.....3 (> SECTION 6B) IF BOTH ILLNESS AND INJURY, USE ILLNESS CODE.	IF ILLNESS: How long ago did this illness start? IF INJURY: How long ago did this injury occur? IF MORE THAN ONE, ASK ABOUT MOST RECENT TIME DAY....3 UNIT: WEEK....4 MONTH....5 YEAR....6 AMOUNT OF TIME TIME UNIT	DID THIS ILLNESS BEGIN LESS THAN SIX MONTHS AGO? YES...1 (>7) NO....2	During the past 4 weeks have you had any other illnesses or injuries? YES....1 NO.....2 (>SECTION 6B)	IF ILLNESS: How long ago did this illness occur? IF INJURY: How long ago did this injury occur? IF MORE THAN ONE, ASK ABOUT MOST RECENT TIME DAY....3 UNIT: WEEK....4 MONTH....5 YEAR....6 AMOUNT OF TIME TIME UNIT	DID THIS ILLNESS BEGIN LESS THAN SIX MONTHS AGO? YES....1 NO.....2 (>SECTION 6B)	For how many days did you suffer from this illness or injury (since DATE THAT ILLNESS BEGAN)? DAYS	IF ILLNESS: Can you describe the symptoms that you suffered from during this illness? What is/was wrong? IF INJURY: What type of injury did you have? RECORD UP TO FIVE SYMPTOMS MENTIONED BY THE RESPONDENT.
								DIARRHEA (ACUTE).....1 CHILLS (FEELING HOT AND COLD).....10 ABDOMINAL PAIN.....18 DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2 VOMITING.....11 SORE THROAT.....19 WEIGHT LOSS (MAJOR).....3 COUGH.....12 DIFFICULTY BREATHING.....20 FEVER (ACUTE).....4 PRODUCTIVE COUGH.....13 BURN.....21 FEVER (RECURRING).....5 COUGHING BLOOD.....14 FRACTURE.....22 SKIN RASH.....6 PAIN ON PASSING URINE.....15 ULCER.....23 WEAKNESS.....7 URINE.....16 CHILD BIRTH.....24 SEVERE HEADACHE.....8 GENITAL SORES.....17 OTHER (SPECIFY:).....25 FAINTING.....9 MENTAL DISORDER.....17
								SYMPTOM #1 SYMPTOM #2 SYMPTOM #3 SYMPTOM #4 SYMPTOM #5

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SECTION 6A: HEALTH (CONT.)

IDENTIFICATION CODE	9	10	10A	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	For how many days were you unable to carry on your usual activities because of this illness or injury? IF NONE, WRITE 0 AND -12. DAYS	IS THIS PERSON 15 OR OLDER? YES..1 NO...2 (-12)	While you were ill or injured, did anyone assist you? YES....1 NO...2 (-12)	During your illness, who in your household was mainly performing your work for you? IF NO ONE, WRITE 0 ID CODE	Has anyone been consulted for treating this illness or injury? For example, a doctor, nurse, TBA, healer, pharmacist or other practitioner? YES..1 NO...2 (-54)	Where was the first place that you sought care? HOSPITAL...1 HEALTH CTR...2 DISPENSARY...3 CLINIC...4 PHARMACY...5 HOME OF THE PERSON CONSULTED...6 PATIENT'S HOME...7 (-15) OTHER...8 (-19) OTHER (SPECIFY:)...9	Is this a public or private establishment? PUBLIC...1 MISSION...2 PRIVATE...3 DESIGNATED...4	Who treated you at this place? DOCTOR...1 NURSE...2 MEDICAL ASSISTANT...3 RURAL MEDICAL AIDE...4 TBA...5 PHARMACIST...6 LAB TECHNICIAN...7 TRADITIONAL HEALER...8 SPIRITUALIST...9 OTHER...10 OTHER (SPECIFY:)...11	How far is this establishment from here? DISTANCE CODE FOOT...1 METER...2 KM...3 MILE...4 DIS-TANCE CODE	How did you travel to this establishment? ON FOOT...1 BICYCLE...2 CAR...3 BUS...4 BOAT...5 OTHER...6	How long did it take you to travel to this establishment? TIME ONE WAY HRS MIN	Did you have to spend a night in this establishment because of this illness or injury? YES....1 NO...2 (-22)	How many nights?	How much have you paid or will you pay altogether for the stay at this establishment? AMOUNT	How many times did you visit this establishment for this illness or injury? TIMES	How much did you pay for all of the visits to this establishment for this illness or injury? IN CASH AND IN KIND EXCLUDE COST OF MEDICINES IF FREE, WRITE ZÉRO. AMOUNT	Did you seek care at any other establishment for this illness or injury? YES..1 NO...2 (-54)

SECTION 6A: HEALTH (CONT.)

I D O B C M E D I C A L	25 Where is the second place that you sought care? HOSPITAL.....1 HEALTH CENTRE...2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 NONE OF PERSON CONSULTED.....6 (- 27) PATIENT'S HOME (- 31).....7 OTHER (SPECIFY).....8	26 Is this a public or a private establishment? PUBLIC...1 MISSION...2 PRIVATE...3 DESIGNATED...4	27 Who treated you at this place? DOCTOR.....1 NURSE.....2 MEDICAL ASSISTANT...3 RURAL MEDICAL AIDE.....4 TBA.....5 PHARMACIST...6 LAB TECHNICIAN...7 TRADITIONAL HEALER.....8 SPIRITUALIST...9 OTHER (SPECIFY).....10	28 How far is this establishment from here? DISTANCE CODES FOOT...1 METER...2 KM...3 MILE...4 DIS-TANCE DIS-TANCE CODE	29 How did you travel to this establishment? ON FOOT...1 BICYCLE...2 CAR.....3 BUS.....4 BOAT.....5 OTHER (SPECIFY).....6	30 How long did it take you to travel to this establishment? TIME ONE WAY HRS MIN	31 Did you have to spend a night in this establishment because of illness or injury? YES....1 NO...2 (- 34)	32 How many nights?	33 How much have you paid or will you pay altogether for the stay at this establishment?	34 How many times did you visit this establishment for illness or injury?	35 How much did you pay for all of the visits to this establishment for this illness or injury? IN CASH AND IN KIND EXCLUDE COST OF MEDICINES IF FREE, WRITE ZERO. AMOUNT	36 Did you seek care at any other establishments for this illness or injury? YES..1 NO...2 (- 34)
								NIGHTS	AMOUNT	TIMES	AMOUNT	

SECTION 6A: HEALTH (CONT.)

I D E N T I F Y I N G C O D E	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
	Where is the third place that you sought care?	Is this a public or a private establishment?	Who treated you at this place?	How far is this establishment from here?	How did you travel to this establishment?	How long did it take you to travel to this establishment?	Did you have to spend a night in this establishment because of this illness or injury?	How many nights?	How much have you paid or will you have to pay altogether for the stay at this establishment?	How many times did you visit this establishment for this illness or injury?	How much did you have to pay for all of the visits to this establishment for this illness or injury?	Did you seek care at any other establishment for this illness or injury?	How many other establishments did you visit?	How much was spent for all visits to other establishments for this illness or injury?	In addition to any hospitalizations you have already mentioned, did you have to spend a night in any other establishment because of this illness or injury?	How many nights?	How much have you paid or will you pay altogether to stay at these establishments?
	HOSPITAL...1 HEALTH CENTRE...2 DISPENSARY...3 CLINIC...4 PHARMACY...5 HOME OF THE PERSON CONSULTED...6 (-39) PATIENT'S HOME...7 (-43) OTHER (SPECIFY)...8	PUBLIC...1 MISSION...2 PRIVATE...3 DESIGNATED...4	DOCTOR...1 NURSE...2 MEDICAL ASSISTANT...3 NUN...4 MEDICAL AIDE...5 TBA...6 PHARMACIST...7 LAB TECHNICIAN...8 TRADITIONAL HEALER...9 SPIRITUALIST...10 OTHER (SPECIFY)...10	DISTANCE CODE FOOT...1 METER...2 KILOMETER...3 MILE...4 DIS-TANCE CODE	ON FOOT...1 BICYCLE...2 CAR...3 BUS...4 BOAT...5 OTHER (SPECIFY)...6	TIME ONE WAY	YES...1 NO...2 (-44)	NIGHTS	AMOUNT	TIMES	AMOUNT IN CASH AND IN KIND EXCLUDE COST OF MEDICINES IF FREE WRITE ZÉRO.	YES...1 NO...2 (-44)	NUMBER	AMOUNT	YES...1 NO...2 (-44)	NIGHTS	AMOUNT

SECTION 6A HEALTH (CONT.)

ID CODE	54	55	56	57	58	59	60	61	62	63	64	65		66		67	68
	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	ILLNESS	CODE	NUMBER OF TIMES
	Were you at any time confined to your bed at home for this illness or injury?	Who in your household was caring for you most of the time?	How much has been spent altogether for transportation to health care for this illness or injury?	How much has been spent altogether for medicines for this illness?	Were any of your costs paid for by an employer?	Did you receive any assistance from outside your household to help to pay for treatment of this illness?	How much did you receive from outside the household?	Will any part of this have to be repaid?	How much will have to be repaid?	Are you still suffering from this illness or injury today?	Was your illness ever diagnosed by a health professional?	What illness did the health practitioner think that you had/have?		What illness do you think you were suffering from?		Has this been a recurring medical problem?	How many times in the past 12 months have you been stricken with this condition?
	YES...1 NO...2 (-56)	IF NO ONE, WRITE 0. ID CODE	AMOUNT	AMOUNT INCLUDING TRADITIONAL MEDICINES	YES....1 NO.....2	YES...1 NO....2 (- 63)	AMOUNT	YES...1 NO...2 (- 63)	AMOUNT	YES....1 NO.....2	YES...1 NO...2 (-66)	SEE ILLNESS CODES ABOVE		SEE ILLNESS CODES ABOVE		YES...1 NO...2 (- 69)	

ILLNESS CODES	
AIDS/HIV.....	1
ASTHMA.....	2
BILHARZIA/ SCHISTOSOMIASIS.....	3
CANCER.....	4
DIARRHEA.....	5
DYSENTERY.....	6
FRACTURE.....	7
GONORRHEA.....	8
INTESTINAL PARASITES.....	9
MALARIA.....	10
MALNUTRITION (KWASHIORKOR/ MARASMS).....	11
MEASLES.....	12
MENTINGITIS.....	13
POISONING.....	14
POLIO.....	15
SYPHILIS.....	16
TETANUS.....	17
TUBERCULOSIS.....	18
TYPHOID.....	19
URINARY INFECTION.....	20
WITCHCRAFT.....	21
OTHER STD (SPECIFY).....	22
OTHER ILLNESS (SPECIFY).....	23
OTHER INJURY (SPECIFY).....	24
DON'T KNOW.....	25

SECTION 6A HEALTH (END)

IDENTIFICATION CODE	69	70	71	72	73	74	75	76
	Did you have any other illness or injury in the past 4 weeks?	How many other illnesses or injuries did you have in the past 4 weeks?	How much did you spend on all of these other illnesses or injuries in the past 4 weeks, including the cost of treatment, medicines, transportation and other expenses connected with these illnesses?	In addition to the illness or injury that you mentioned in the past 4 weeks, have you been living with any health problem for a long time?	Have you suffered from diarrhea for a month or more?	Have you lost much weight in recent months?	Have you had recurring fever for a month or more?	Have you suffered from any skin rash in the past year?
	YES...1 NO...2 (-SECTION 6B)	NUMBER OF ILLNESSES:	EXCLUDE EXPENDITURES INCLUDED JOINTLY WITH THE FIRST ILLNESS AMOUNT	PROBE: For more than six months? YES.....1 (- SECTION 6B QUESTION 2) NO.....2	YES...1 NO....2	YES..1 NO...2	YES....1 NO.....2	YES...1 NO....2
								SECTION 7

SECTION 7: ACTIVITIES

**ALL HOUSEHOLD MEMBERS
7 YEARS AND OLDER**

SECTION 6B HEALTH

PART B: CHRONIC CONDITIONS

1 Have you been living with any health problem for more than six months? YES...1 NO....2 (- 7)	2 How long ago did this health problem start? TIME UNIT DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 AMOUNT OF TIME TIME UNIT		3 Was this condition ever been diagnosed by a health professional? YES..1 NO...2 (+5)	4 What condition did the health practitioner think that you have? SEE ILLNESS CODES ABOVE +6 ILLNESS	5 What symptoms do you have? DIARRHEA (ACUTE).....1 CHILLS (FEELING NOT AND COLD).....10 ABDOMINA PAIN.. 18 DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2 VOMITING.....11 SORE THROAT.....19 WEIGHT LOSS (MAJOR).....3 COUGH.....12 DIFFICULTY BREATHING.....20 FEVER (ACUTE).....4 PRODUCTIVE COUGH.....13 BURN.....21 FEVER (RECURRING).....5 COUGHING BLOOD.....14 FRACTURE.....22 SKIN RASH.....6 PAIN ON PASSING URINE.....15 WOUND.....23 WEAKNESS.....7 SEVER HEADACHE.....8 GENITAL SORES.....16 CHILD BIRTH.....24 FAINTING.....9 MENTAL DISORDER.....17 OTHER (SPECIFY):.....25					6 How much did you spend on all of these conditions in the past 4 weeks, including the cost of treatment, medicines, transport and other expenses connected with these conditions? EXCLUDE EXPENDITURES INCURRED JOINTLY WITH THE ACUTE ILLNESS AMOUNT	7 Have you suffered from diarrhea for a month or more? YES....1 NO.....2	8 Have you lost much weight in recent months? YES....1 NO.....2	9 Have you had a recurring fever for a month or more? YES....1 NO.....2	10 Have you suffered from any skin rash in the past year? YES.....1 NO.....2 SECTION 7
					SYMPTON #1	SYMPTON #2	SYMPTON #3	SYMPTON #4	SYMPTON #5					

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART A. TIME USE

IDENTIFICATION CODE	1 IS THE HOUSEHOLD MEMBER ANSWERING THE QUESTIONS HIMSELF (HIMSELF)?	2 During the past 7 days, have you worked for someone who is not a member of your household, for example, an employer, a firm, the Government, or some other person outside your household?	3 And during the past 12 months?	4 During the past 7 days, have you worked in a field or garden belonging to yourself, or your household, or have you raised livestock?	5 And during the past 12 months?	6 During the past 7 days, have you worked for yourself or your household? For example, as an independent merchant or fisherman, lawyer, doctor, or other self-employed activity?	7 And during the past 12 months?	8 LOOK BACK TO QUESTION 2. DID THE RESPONDENT WORK FOR SOMEONE ELSE IN THE PAST SEVEN DAYS?	9 LOOK BACK TO QUESTION 4. DID THE RESPONDENT WORK ON A FAMILY FARM IN THE PAST SEVEN DAYS?	10 LOOK BACK TO QUESTION 6. DID THE RESPONDENT WORK IN HIS OWN OR FAMILY BUSINESS IN THE PAST SEVEN DAYS? YES..1 (> PART D) NO...-> REVIEW THE ANSWERS TO Q. 2, 4 AND 6. .IF ANY ANSWERS ARE "YES" YOU HAVE MADE A MISTAKE CORRECT 6-10 .IF ALL THREE ANSWERS ARE "NO" THEN	11 Why did you not work during the past 7 days? (MAIN REASON) SICK.....1 HANDICAPPED.....2 TOO OLD/RETIRED...3 DO NOT WANT WORK...4 (>PART E) STUDENT.....5 (>PART E) HOUSEWORK.....6 (>PART E) TOO YOUNG.....7 (>PART E) ON VACATION.....8 (>PART E) AWAITING REPLY OF EMPLOYER/AGENCY...9 (>PART E) WAITING TO START NEW JOB.....10 (>PART E) NO WORK EXISTS...11 (>PART E) DONT KNOW HOW TO LOOK.....12 (>PART E) OTHER REASONS...13 (>PART E)	12 What kind of work did you do for most of your life? FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES...3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION.....6 PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORK.....10 RESTARANT BAR OR HOTEL...11 SKILLED TRADES.....12 OTHER.....13 PART E
	YES..1 NO...2	YES.....1 (> 4) NO.....2	YES..1 NO..2	YES....1 (> 6) NO.....2	YES..1 NO..2	YES.....1 (> B) NO.....2	YES..1 NO...2	YES....1 (> PART B) NO.....2	YES....1 (> PART C) NO.....2	NO.....2		

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART B. EMPLOYMENT DURING THE PAST 7 DAYS

OCCUPATION CODE	1. I would like to ask you some questions about the work you did as an employee in the past 7 days (since last ...). What did you do in this work? What kind of trade, industry, or business is it connected with?	2. How many hours did you do this work in the past 7 days (since last ...)?							3. Is this number (CITE TOTAL FROM Q. 2) the number of hours you usually work at this job in a week?	4. Why did you not work your usual hours in the past 7 days?	5. For how many hours per week do you usually work at this job?	6. For how many weeks during the past 12 months did you do this work? (since...)	7. For how many years have you been doing this work? IF LESS THAN ONE YEAR GET MONTHS.		8. For whom did you work in the past 7 days? That is, did you work for...
	FARMING.....1 FISHING.....2 TRADER/RECRUIT/SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER.....13	PROBE FOR ACTUAL HOURS EVERY DAY. INCLUDE OVERTIME. DO NOT INCLUDE TRAVEL TIME, AUTHORIZED ABSENCES, PAID SICK LEAVE OR PAID HOLIDAYS. HOURS MON. TUE. WED. THU. FRI. SAT. SUN. TOTAL							YES.....1 (> 6) NO.....2	OWN ILLNESS.....1 ILLNESS OF FAMILY MEMBER.....2 OVERTIME DUE TO ILLNESS OF OTHER EMPLOYEE.....3 OTHER OVERTIME.....4 PUBLIC OR RELIGIOUS HOLIDAY.....5 VACATION.....6 FUNERAL/BURNING PERIOD.....7 OTHER ABSENCE.....8 (SPECIFY:)	HOURS	WEEKS	YEARS	MONTHS	The government?.....1(>10) A state-owned company?.....2(>10) A private employer?.....3 Cooperative Unions?.....4 Religious institutions?.....5 The party?.....6(>10) Other (Specify)?.....7
DESCRIPTION	CODE	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	TOTAL						

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART B. EMPLOYMENT DURING THE PAST 7 DAYS (CONT.)

IDENTIFICATION NUMBER	9 How many people altogether work at this place?	10 Is your position temporary or permanent?	11 Are you entitled to receive paid sick leave for this work?	12 Did you take any Excused Duty in the past 7 days due to illness?	13 How many hours of Excused Duty did you take in the past 7 days due to illness?	14 Does your employer have its own medical facility for treatment of its employees?	15 Does your employer reimburse employees for their medical expenses?	16 Does it reimburse for all medical expenses or only some?	17 Are you entitled to pay lower fees than other patients at some health facilities because of your job?	18 INTERVIEWER: LOOK AT THE ANSWER TO QUESTIONS 14, 15, AND 17. IS THERE AT LEAST ONE ANSWER THAT IS "YES"?	19 Are any other members of your household covered by these health benefits from your employer?	20 Which members of your household are covered? YES.....1 NO.....2		
	NO. OF PEOPLE	TEMPORARY.1 PERMANENT.2	YES..1 NO...2 (> 14)	YES..1 NO...2 (> 14)	HOURS	YES....1 NO.....2	YES...1 NO....2 (> 17)	ALL.....1 SOME.....2	YES.....1 NO.....2 DON'T KNOW...3	YES....1 NO.....2 (> 21)	YES....1 NO.....2 (> 21)	A. Your spouse(s)?	B. Your children?	C. Other family members?

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART B. EMPLOYMENT DURING THE PAST 7 DAYS (CONTINUED)

IDENTIFICATION CODE	21	22	23	24	25	26	27	28	29	30	31	32	33	34
	Do you receive a salary for this work?	How much is your salary, and how often is it paid?	Are taxes already deducted from this salary?	Did you or will you receive per diem allowances, bonuses, incentives, or gratuities for your work?	How much do these per diem allowances, bonuses, incentives, or gratuities amount to?	Did you receive any income from overtime for your work?	How much have you received for overtime in this job?	Have you received or will you receive payment for this work in the form of food, crops, or animals?	How much would these goods cost in the market, and how often do you get them?	Have you received or will you receive free or subsidized housing connected with your employment?	How much (more) rent would you have to pay if there were no subsidy?	Have you received or will you receive payment for this work in any other form?	What is the value of this other form of payment?	Will you receive a retirement pension for this work?
	YES...1 NO...2 (> 24)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2	YES...1 NO...2 (> 26)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2 (> 28)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2 (> 30)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2 (> 32)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2 (> 34)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	YES...1 NO...2
		AMOUNT	TIME UNIT		AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART B. EMPLOYMENT DURING THE PAST 7 DAYS (END)

IDENTIFICATION CODE	35 Have you worked as an employee at any other job in the past 7 days? YES....1 NO.....2 (> 49)	36 What did you do in this work? What kind of trade, industry, or business is it connected with? FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALÉS.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER.....13	37 How many hours did you do this work in the past 7 days (since last ...)? INCLUDE OVERTIME. DO NOT INCLUDE TRAVEL TIME AUTHORIZED ABSENCES. PAID SICK LEAVE OR PAID HOLIDAYS. HOURS MON. TUE. WED. THU. FRI. SAT. SUN. TOTAL	38 For how many weeks during the past 12 months did you do this work? MEEKS	39 How much will you be paid for this work, including your salary, commissions, per diem, tips, and gratuities? UNIT OF TIME: DAY...3 WEEK...2 MONTH...2 YEAR...6 AMOUNT TIME UNIT	40 During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock? YES, FARMING WITH OR WITHOUT LIVESTOCK...1 (> Q.2 PART C) YES, LIVESTOCK ONLY...2 (> Q.17 PART C) NO.....-> CHECK PART A, QUESTION 4. IF THE ANSWER IS "NO" (CODE 2), THEN3	41 In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household? YES..1 (> PART D) NO.....-> CHECK PART A, QUESTION 6. IF THE ANSWER IS "NO" (CODE 2) THEN2 (> PART E)
		DESCRIPTION	CODE				

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS

I would like to ask you some questions about the work you did in the past 7 days (since last ...) on your own or a family farm.

I W O U L D L I K E T O A S K Y O U S O M E Q U E S T I O N S A B O U T T H E W O R K Y O U D I D I N T H E P A S T 7 D A Y S (S I N C E L A S T ...)	1 In the past 7 days (since last ...) have you worked on any shambas/gardens belonging to you, self or members of the household? YES...1 NO.....2 (- 16)	2 How much time did you spend in the past 7 days working on your household's shamba(s)/garden(s)? PROBE FOR ACTUAL HOURS EACH DAY. HOURS	3 On these shamba(s)/garden(s) belonging to your household, which crops were you working on in the past 7 days? SEE CROP CODES ABOVE	4 In the past 7 days, did you spend any time in land preparation and planting? YES....1 NO.....2	5 In the past 7 days, did you spend any time maintaining your crops? For example, weeding, pruning, applying fertilizer? YES....1 NO.....2	6 In the past 7 days, did you spend any time in harvesting, processing, or marketing crops? YES...1 NO....2	7 In the past 7 days (since last ...) have you spent time working on collective (and for your community)? YES...1 NO....2 (- 9)	8 How much time did you spend in the past 7 days working on collective community plot(s) of agricultural land? PROBE FOR ACTUAL HOURS EACH DAY.
		CROP CODE #1 CROP CODE #2 CROP CODE #3 CROP CODE #4 CROP CODE #5 CROP CODE #6 CROP CODE #7 CROP CODE #8	NON TUE MED THU FRI SAT SUN	NON TUE MED THU FRI SAT SUN				

CROP CODES	
COFFEE.....	01
TEA.....	02
TOBACCO.....	04
COTTON.....	05
LUMBER.....	06
WOOD.....	07
COOKING BANANAS...	08
SWEET BANANAS.....	09
OTHER BANANAS/ OTHER FRUITS.....	10
CASSAVA (RAW).....	11
YAMS.....	15
COCONUTS.....	16
SWEET POTATOES.....	17
IRISH POTATOES.....	18
MAIZE.....	19
BULLRUSH MILLET...21	
FINGER MILLET.....22	
SORGHUM.....23	
RICE.....24	
BEANS, PEAS, COMPEAS, OTHER PULSES.....28	
GROUNDNUTS.....29	
SUNFLOWER SEEDS...30	
HAIRBAMUTS.....31	
OIL PALM/PALM OIL.32	
AVOCADO.....36	
MANGOES.....37	
PAMPAN.....38	
CITRUS FRUITS.....39	
PINEAPLES.....40	
OTHER FRUITS (INCL. PASSION)...41	
SUGARCANE.....43	
TOMATOES.....46	
ONIONS, LEEKS, GREEN ONIONS...47	
EGGPLANT AND BITTER TOMATOES...48	
CABBAGE.....50	
OTHER VEGETABLES (CASSAVA LEAVES, CARROTS, SPINACH, OKRA, ETC.).....51	
SPICES (CURRY, RED PEPPER, ETC.)...53	
OTHER CROPS (SPECIFY.....)72	

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS (CONTINUED)

9 In the past 7 days did you receive any income from the sale of crops from your own or other household members' shambas/gardens that is money that is for your own disposition?	10 How much did you receive (that is, you may dispose of) from the sale of crops the past 7 days (since ...) before subtracting any expenses for purchase of agricultural inputs, personal, or family items?	11 In the past 7 days did you spend any time processing crops from the shambas/gardens of your household, for sale? For example, did you brew banana beer from your own production? Did you make ...etc. for sale in the market?	12 What processing activities were you engaged in? SEE ACTIVITY AND CROP CODES ABOVE.	13 How much time did you spend processing your crops for sale the past 7 days? PROBE FOR ACTUAL HOURS EACH DAY.	14 Did you earn any income from these processing activities on your own crops in the past 7 days?	15 How much did you receive in the past 7 days from selling the processed products?					
							YES.....1 NO.....2 (- 11)	AMOUNT	YES.....1 NO.....2 (- 16)	SEE ACTIVITY AND CROP CODES ABOVE.	PROBE FOR ACTUAL HOURS EACH DAY.
		ACTI- VITY #1 CROP CODE ACTI- VITY #2 CROP CODE ACTI- VITY #3 CROP CODE ACTI- VITY #4 CROP CODE ACTI- VITY #5 CROP CODE		HOURS							
				MON	TUE	WED	THU	FRI	SAT	SUN	

ACTIVITY CODES

- MILLING.....1
- ROASTING.....2
- DRYING/MILLING.....3
- WINNOWING/ SIFTING.....4
- BREWING
- DISTILLING.....5
- PULPING.....6
- GWINNING.....7
- EXTRACTING (OIL)...8
- POUNDING.....9
- PEELING/ SHELLING.....10
- OTHER.....11

CROP CODES

- COFFEE.....01
- TEA.....02
- TOBACCO.....04
- COTTON.....05
- LUMBER.....06
- WOOD.....07
- COOKING BANANAS...08
- SWEET BANANAS...09
- OTHER BANANAS/ OTHER FORMS.....10
- CASSAVA (RAM).....11
- YAMS.....15
- COCUYAMS.....16
- SWEET POTATOES...17
- IRISH POTATOES...18
- MAIZE.....19
- BULLRUSH MILLET...21
- FINGER MILLET...22
- SORGHUM.....23
- RICE.....24
- BEANS, PEAS, COMPEAS, OTHER
- PULSES.....28
- GROUNDNUTS.....29
- SUNFLOWER SEEDS...30
- MANGARANUTS.....31
- OIL PALM/PALM OIL.32
- AVOCADO.....36
- MANGOES.....37
- PAMPAN.....38
- CITRUS FRUITS.....39
- PINEAPLES.....40
- OTHER FRUITS (INCL. PASSION)...41
- SUGARCANE.....43
- TOMATOES.....46
- ONIONS, LEEKS, GREEN ONIONS.....47
- EGGPLANT AND BITTER TOMATOES...48
- CABBAGE.....50
- OTHER VEGETABLES (CASSAVA LEAVES, CARROTS, SPINACH, OKRA, ETC.).....51
- SPICES (CURRY, RED PEPPER, ETC.)...53
- OTHER CROPS (SPECIFY:.....).72

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS (CONTINUED)

IDENTIFICATION CODE	16 In the past 7 days (since last ...), have you spent any time caring for animals belonging to you or to your household? YES...1 NO...2 (-19)	17 What types of animals did you care for in the past 7 days? CATTLE, INCLUDING COWS.....1 SHEEP.....2 GOATS.....3 CHICKENS.....4 PIGS.....5 DUCKS, TURKEYS OR OTHER POULTRY....6 RABBITS.....7 INSECTS, BEES.....8 OTHER ANIMALS (SPECIFY).....9				18 How many hours in the past 7 days (since last ...) did you spend feeding, caring for, tending, and transporting these animals belonging to yourself or your household? PROBE FOR ACTUAL HOURS WORKED EACH DAY. HOURS MON TUE WED THU FRI SAT SUN							19 In the past 7 days (since last ...), have you spent any time collecting or transforming the products of your or your household's animals for sale? for example, milk, cheese, hides, honey, etc.? YES...1 NO...2 (-24)	20 What animal products did you transform? MILK CHEESE YOGURT.....1 EGGS.....2 HONEY.....3 SKINS AND HIDES.....4 HAIR.....5 OTHER.....6			21 How many hours in the past 7 days (since last ...) did you spend collecting or transforming the products of your or your household's animals for sale? PROBE FOR ACTUAL HOURS WORKED EACH DAY. HOURS MON TUE WED THU FRI SAT SUN							22 In the past 7 days, did you receive any income from the sale of these animal products? That is, money that is for your disposition? YES...1 NO...2 (-24)	23 How much did you receive (that you may dispose of) from the sale of these products in the past 7 days (since last...) before subtracting any expenses for purchase of inputs, personal, or family items? AMOUNT	24 In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household? YES...1 (-PART D) NO-> CHECK PART A, QUEST 6. IF THE ANSWER IS NO (CODE 2) THEN (-PART E)
		ANIMAL CODE #1	ANIMAL CODE #2	ANIMAL CODE #3	ANIMAL CODE #4	PRODUCT CODE #1	PRODUCT CODE #2	PRODUCT CODE #3																		

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS

IDENTIFICATION CODES	1 Would like to ask you some questions about the work you did in the past 7 days (since last ...) in your own business or in your family's business. What type of business or self-employment did you work at in the past 7 days? What kind of trade, industry, or business is it connected with? IF MORE THAN ONE, BEGIN WITH THE ONE ON WHICH THE MOST TIME WAS SPENT. NOTE THAT FISHING IS CONSIDERED SELF-EMPLOYMENT, UNLESS PERFORMED AS AN EMPLOYEE.	2 How many hours did you do this work in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY.							3 Is this number (CITE TOTAL FROM Q.2) the number of hours you usually work at this job in a week? YES...1 NO...2	4 Why did you not work your usual hours in the past 7 days? OWN ILLNESS.....1 ILLNESS OF FAMILY MEMBER.....2 OVERTIME DUE TO ILLNESS OF OTHER EMPLOYEE.....3 OTHER OVERTIME.....4 PUBLIC OR RELIGIOUS HOLIDAY...5 VACATION.....6 FUNERAL/MOURNING PERIOD.....7 OTHER ABSENCE.....8 (SPECIFY:)	5 For how many hours per week do you usually work at this job? HOURS	6 For how many weeks during the past 12 months did you do this work? (since...) WEEKS	7 For how many years have you been doing this work? IF LESS THAN ONE YEAR, GET MONTHS. YRS NOS		8 Are you the sole owner of this business or profession? YES OWNER...1 YES PARTNER...2 NO...3	9 To whom in the household does this business belong? ID CODE	10 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 7 days? YES...1 NO...2 (> 20)	11 What is or will be the value of your cash and in-kind income from working in this family business for the past 7 days? AMOUNT TIME	
	FARMING.....1 FISHING.....2 TRADER/MERCHANT.....3 SALES.....4 TRANSPORT.....5 CONSTRUCTION.....6 EDUCATION/PROFESSIONAL/ADMIN.....7 OTHER.....8	HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADE.....12 OTHER.....13	HOURS CODE MON. TUE. WED. THU. FRI. SAT. SUN. TOTAL							YES...1 NO...2	HOURS	WEEKS	YRS NOS		ID CODE	YES...1 NO...2 (> 20)	AMOUNT TIME		

UNIT OF TIME
 DAY.....3
 WEEK.....4
 MONTH.....5
 YEAR.....6

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT.)

IDENTIFICATION CODE	12 Does anyone else in the household work in this business? (other than yourself?)	13 Which other household members work in this business?				14 How much did you receive from this business in the past 7 days (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or family items?	15 Is this more than or less than the receipts in a typical week of the last 12 months?	16 For how many months of the last 12 months (since last ...) were weekly receipts higher than in the past 7 days?	17 For how many months were weekly receipts lower than in the past 7 days?	18 After paying for expenses for this business, including hired workers, money for household members who helped purchase of goods for sale or for inputs, such as raw materials, fuel, and electricity, but before purchasing personal items for yourself or your household, how much money did you receive from this business in the past 7 days?	19 ----->	20 Have you worked in any other business or profession of your own or belonging to your household in the past 7 days?
	YES.....1 NO.....2 (> 14)	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	AMOUNT	MORE.....1 LESS.....2 ABOUT THE SAME..3	MONTHS	MONTHS	AMOUNT		YES.....1 NO.....2 (> PART E)

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	21 What other business or self-employment did you work at in the past 7 days? What kind of trade, industry, or business is it connected with? IF MORE THAN ONE, USE THE ONE IN WHICH THE MOST TIME WAS SPENT. NOTE THAT FISHING IS CONSIDERED SELF-EMPLOYMENT, UNLESS FOR AN EMPLOYER. FARMING.....1 FISHING.....2 TRADER/MERCHANT.....3 SALES.....4 TRANSPORT.....5 CONSTRUCTION.....6 EDUCATION PROFES- SIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ ADMIN.....7 OTHER PROFESSIONAL.....7 ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADE.....12 OTHER.....13	22 How many hours did you do this work in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY HOURS	23 For how many weeks during the past 12 months did you do this work?	24 Are you the sole or part owner of this business or profession? YES, OWNER...1 (> 28) YES, PARTNER...2 (> 28) NO.....3	25 To whom in the household does this business belong? COPY ID CODE FROM HOUSEHOLD ROSTER ID CODE	26 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 7 days? YES....1 NO.....2 (> 36)	27 What is or will be the value of your cash and in-kind income from working in this family business for the past 7 days? UNIT OF TIME DAY....1 WEEK....2 MONTH....3 YEAR....6 > 36 AMOUNT TIME UNIT
	DESCRIPTION CODE MON TUE WED THU FRI SAT SUN WEEKS	ID CODE AMOUNT TIME UNIT					

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SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT)

IDENTIFICATION CODE	28 Does anyone else in the household work in this business? (other than yourself?) YES.....1 NO.....2 (- 30)	29 Which other household members work in this business? ID CODE #1 ID CODE #2 ID CODE #3 ID CODE #4				30 How much did you receive from this business in the past 7 days (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or family items? AMOUNT	31 Is this more than or less than the receipts in a typical week of the last 12 months? NONE.....1 LESS.....2 ABOUT THE SAME..3	32 For how many months of the last 12 months (since ...) were weekly receipts higher than in the past 7 days? MONTHS	33 For how many months were weekly receipts lower than in the past 7 days? MONTHS	34 How much money will you receive from this business in the past 7 days after paying for expenses for this business, including hired workers, money for household members who helped purchase of goods for sale or for inputs, such as raw materials, fuel, and electricity, but before purchasing personal items for yourself or your household? AMOUNT	35 ----->
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SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (END)

BUSINESS-UNIT NUMBER	36 Have you worked in any other business or profession of your own or belonging to your household in the past 7 days? YES...1 NO...2 (> PART E)	37 In how many other businesses or self-employed professions belonging to yourself or your household did you participate in the past 7 days? NUMBER	38 How many hours did you work at these other businesses or professions in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY. HOURS	39 How much income will you receive for this work after any business expenses but before any personal or household purchases? UNIT OF TIME DAY...3 WEEK...3 MONTH...3 YEAR...6 > PART E
			MON TUE WED THU FRI SAT SUN	AMOUNT TIME UNIT

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS

IDENTIFICATION CODE	1 In the past 7 days (since last...), have you spent any time at home preparing meals, cleaning the house, doing the laundry, or shopping for food? YES.....1 NO.....2 (-3)	2 How many hours did you spend on these in the past 7 days (since last...)? PROBE FOR ACTUAL HOURS EACH DAY. HOURS							3 In the past 7 days (since last...), have you spent any time collecting firewood for your household? YES...1 NO.....2 (-5)	4 How many hours did you spend collecting firewood in the past 7 days? PROBE FOR ACTUAL HOURS EACH DAY. HOURS							5 In the past 7 days (since last...), did you spend any time collecting water for your household? YES...1 NO.....2 (-7)	6 How many hours did you spend collecting water in the past 7 days (since last...)? PROBE FOR ACTUAL HOURS EACH DAY HOURS							7 In the past 7 days (since...), have you had to restrict your work activity (either at home or at a job) due to your own illness? YES...1 NO.....2 (-10)	8 For how many days were your work activities restricted because of illness? DAYS	9 For how many days were you too sick to perform any work in the past 7 days? DAYS	10 In the past 7 days (since last...), have you spent any time seeking medical care for yourself or for someone in your household? YES...1 NO.....2 (-12)	11 How many hours did you spend seeking medical care in the past 7 days (since last...)? For example, travelling to a health establishment, waiting, being treated, buying medicines? PROBE FOR ACTUAL HOURS EACH DAY. HOURS	
		MON	TUE	WED	THU	FRI	SAT	SUN		MON	TUE	WED	THU	FRI	SAT	SUN		MON	TUE	WED	THU	FRI	SAT	SUN						MON

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS (CONTINUED)

REPORTED BY:	12 In the past 7 days (since last ...), have you spent any time caring for or visiting anyone in your household who was ill?	13 How many hours did you spend caring for ill household members in the past 7 days (since last ...)? For example, washing the patient, feeding the patient, changing the dressings, purchasing medicines, visiting patients. PROBE FOR ACTUAL HOURS EACH DAY.	14 In the past 7 days (since last ...), have you spent any time seeking additional paid work?	15 How many hours did you spend seeking additional paid work in the past 7 days (since last ...)?	16 In the past 7 days (since last ...), have you spent any time helping neighbors or relatives (not in your household) with work on their homes or business, without payment?	17 How many hours did you spend helping them in the past 7 days (since last ...)?	18 In the past 7 days (since last ...), have you attended the funeral of someone in your household or of a friend or relative, or were you in mourning?	19 When did this occur and for how much time were you away from your normal activities?	
	YES...1 NO...2 (-14)	HOURS MON TUE MED THU FRI SAT SUN	YES...1 NO...2 (-16)	HOURS MON TUE MED THU FRI SAT SUN	YES...1 NO...2 (-18)	HOURS MON TUE MED THU FRI SAT SUN	YES...1 NO...2 (-PART F)	HOURS MON TUE MED THU FRI SAT SUN	> PART F HOURS MON TUE MED THU FRI SAT SUN

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 12 MONTHS

Now I would like to talk about your main job during the past 12 months. That is, the work to which you devoted the most time during the past months (since ... of last year).

IDENTIFICATION	1	2	3	4	5	6	7
	What did you do in your main job or activity in the past 12 months? What did this job consist of? What kind of trade, industry, or business is this connected with?	INTERVIEWER: IS THIS THE SAME WORK AS A JOB OR ACTIVITY ALREADY CITED FOR THE PAST 7 DAYS?	Did you have any other work or any other jobs in the past 12 months?	For how many weeks during the past 12 months did you do this work? (Since ...)	For how many hours per week did you usually work at this job?	For how many years have you been doing this work?	In this work were you self-employed on a farm or in a business belonging to yourself or your household, or were you working for someone else?
	FARMING.....1		YES...1 (> PART G)			YEARS, IF MORE THAN ONE YEAR. MONTHS AND WEEKS, IF LESS.	SELF-EMPLOYED FARMER OR WORKING ON FAMILY FARM.....1 (> 32)
	FISHING.....2	YES, ALREADY DESCRIBED....1	NO....-> VERIFY WITH PART A. IF NO OTHER JOB IN THE PAST 12 MONTHS.....2 (> PART H)				SELF-EMPLOYED IN BUSINESS OR WORKING IN FAMILY BUSINESS...2 (> 47)
	TRADER/MERCHANT/SALES.....3						WORKED AS AN EMPLOYEE FOR SOMEONE ELSE.....3
	TRANSPORT.....4						
	CONSTRUCTION.....5						
	EDUCATION PROFESSIONAL/ADMIN.....6						
	HEALTH PROFESSIONAL/ADMIN.....7						
	OTHER PROFESSIONAL/ADMIN.....8						
	SECRETARY/CLERICAL.....9						
	FACTORY WORKER.....10	NO, DIFFERENT WORK.....2 (> 4)					
	RESTAURANT, BAR OR HOTEL.....11						
	SKILLED TRADE.....12						
NO ACTIVITY OR JOB.....13							
OTHER.....14							
DESCRIPTION	CODE		WEEKS	HOURS	YRS NOS WKS		

SECTION 7, ACTIVITIES AND NON-LABOR INCOME PART F: MAIN JOB IN THE LAST 12 MONTHS (CONTINUED)

IDENTIFICATION CODE	8	9	10	11	12	13	14	15	16	17	18			
	for whom did you work? That is, did you work for... The government?.....1(> 10) A state-owned company?.....2(> 10) A private business or firm?.....3 Cooperative Unions?....4 Religious institutions?.....5 The party?.....6(> 10) Other (specify)?.....7	How many people altogether work at this business or firm?	Is your position temporary or permanent?	Are you entitled to receive paid sick leave for this work?	Does your employer have its own medical facility for treatment of its employees?	Does your employer reimburse employees for their medical expenses?	Does it reimburse for all medical expenses or only some?	Are you entitled to pay lower fees than other patients at some health facilities because of your job?	INTERVIEWER: LOOK AT THE ANSWERS TO QUESTIONS 12, 13 AND 15. IS THERE AT LEAST ONE ANSWER THAT IS "YES"?	Are any other members of your household covered by these health benefits from your employer?	Which members of your household are covered?			
			TEMPORARY.1 PERMANENT.2	YES...1 NO.....2	YES....1 NO.....2	YES...1 NO.....2 (> 15)	ALL.....1 SOME.....2	YES.....1 NO.....2 DON'T KNOW...3	YES....1 NO.....2 (> 19)	YES....1 NO.....2 (> 19)	YES.....1 NO.....2	A. Your spouse?	B. Your children?	C. Other family members?

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 12 MONTHS (CONTINUED)

IDENTIFICATION CODE	19	20	21	22	23	24	25	26	27	28	29	30	31
	Do you receive a salary for this work?	How much is your salary, and how often is it paid?	Are taxes already deducted from this salary?	Did you or will you receive commissions, tips, per diem allowances or gratuities for your work?	How much do these commissions, tips, per diem allowances or gratuities amount to?	Have you received or will you receive payment for this work in the form of food, crops, or animals?	How much would these goods cost in the market, and how often do you get them?	Have you received or will you receive free or subsidized housing connected with your employment?	How much (more) rent would you have to pay if there were no subsidy?	Have you received or will you receive payment for this work in any other form?	What is the value of this other form of payment?	Will you receive a retirement pension for this work?	Did you have any other work or any other job in the past 12 months?
	YES...1 NO...2 (-> 22)	UNIT OF TIME: DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES...1 NO...2	YES.....1 NO.....2 (-> 24)	UNIT OF TIME: DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES.....1 NO.....2 (-> 26)	UNIT OF TIME: DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES.....1 NO.....2 (-> 28)	UNIT OF TIME: DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES...1 NO...2 (-> 30)	UNIT OF TIME: DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES.....1 NO.....2	YES...1 (> PART G) NO...-> VERIFY WITH PART A, IF NO OTHER JOBS IN THE PAST 12 MONTHS...2 (> PART H)

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 12 MONTHS (CONTINUED)

IDENTIFICATION CODE	32 In the past 12 months (since last ...), have you worked on any shambas belonging to yourself or members of your household?	33 On these shamba(s) belonging to your household, which crops were you working on in the past 12 months? SEE CROP CODES ABOVE	34 In the past 12 months, did you receive any income from the sale of crops from your own or other members' shambas? That is, money for your own disposition?	35 How much did you receive (that is, you may dispose of) from the sale of crops in the past 12 months (since ...) before subtracting any expenses for purchase of agricultural inputs, personal, or household items?	36 In the past 12 months, did you spend any time processing crops from the shambas of your household, for sale? For example, did you brew banana beer from your own production? Did you make ... etc. for sale in the market?	37 What processing activities were you engaged in, in the past 12 months? SEE CROP AND ACTIVITY CODES ABOVE.	38 In the past 12 months, did you earn any income from these processing activities on your own crops? (Since ...)?	39 How much did you receive from the sale of the processed products in the past 12 months?
	YES....1 NO.....2 (> 36)	CROP CODE #1 CROP CODE #2 CROP CODE #3 CROP CODE #4 CROP CODE #5 CROP CODE #6 CROP CODE #7 CROP CODE #8	YES.....1 NO.....2 (> 36)	AMOUNT	YES.....1 NO.....2 (> 46)	ACTIVITY #1 CROP CODE ACTIVITY #2 CROP CODE ACTIVITY #3 CROP CODE	YES.....1 NO.....2 (> 46)	AMOUNT

ACTIVITY CODES

MILLING.....1
ROASTING.....2
DRYING/HULLING.....3
WINNOWING/ SIFTING.....4
BREWING DISTILLING.....5
PULPING.....6
GINNING.....7
EXTRACTING (OIL)...8
POUNDING.....9
PEELING/ SHELLING.....10
OTHER.....11

CROP CODES

COFFEE.....01
TEA.....02
TOBACCO.....04
COTTON.....05
LUMBER.....06
WOOD.....07
COOKING BANANAS...08
SWEET BANANAS...09
OTHER BANANAS/ OTHER FORMS.....10
CASSAVA (RAW)....11
YAMS.....15
COCOYAMS.....16
SWEET POTATOES...17
IRISH POTATOES...18
MAIZE.....19
BULRUSH MILLET...21
FINGER MILLET...22
SORGHUM.....23
RICE.....24
BEANS, PEAS, COMPEAS, OTHER PULSES.....28
GROUNDMUTS.....29
SUNFLOWER SEEDS...30
HAMBARAMUTS.....31
OIL PALM/PALM OIL.32
AVOCADO.....36
MANGOES.....37
PAMPAM.....38
CITRUS FRUITS...39
PIHEAPLES.....40
OTHER FRUITS (INCL. PASSION)...41
SUGARCANE.....43
TOMATOES.....46
ONIONS, LEEKS, GREEN ONIONS...47
EGGPLANT AND BITTER TOMATOES...48
CABBAGE.....50
OTHER VEGETABLES (CASSAVA LEAVES, CARROTS, SPINACH, OKRA, ETC.).....51
SPICES (CURRY, RED PEPPER, ETC.)...53
OTHER CROPS (SPECIFY:.....).72

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 12 MONTHS (CONTINUED)

IDENTIFICATION CODE	40 In the past 12 months (since last ...), have you spent any time caring for animals belonging to you or to your household?	41 What types of animals did you care for?				42 In the past 12 months (since last ...), have you spent any time collecting or processing the products of your or your household's animals for sale? For example, milk, cheese, tanned hides, honey, etc.?	43 What animal products did you collect or process?			44 In the past 12 months, did you receive any income from the sale of these animal products? That is, money that is for your sole disposition?	45 How much did you receive (that you may dispose of) from the sale of all products collected or processed from your or your household's animals in the past 12 months (since ...) before subtracting any expenses for purchase of inputs, persons, or household items?	46 Did you have any other work or jobs in the past 12 months?
	YES.....1 NO.....2 (- 42)	CATTLE, INCLUDING COWS.....1 SHEEP.....2 GOATS.....3 CHICKENS.....4 PIGS.....5 DUCKS, TURKEYS OR OTHER POULTRY.....6 RABBITS.....7 INSECTS/BEEES.....8 OTHER ANIMALS (SPECIFY:.....).....9	YES.....1 NO.....2 (- 46)	MILK.....1 CHEESE.....2 YOGURT.....3 EGGS.....4 HONEY.....5 SKINS.....6 AND HIDES.....7 MANURE.....8 OTHER.....9	PRODUCT CODE #1 PRODUCT CODE #2 PRODUCT CODE #3	YES.....1 NO.....2 (- 44)	AMOUNT	YES.....1 NO.....2 (- PART G)	NO - VERIFY WITH PART A. IF NO OTHER JOB IN PAST 12 MONTHS.....2 (- PART H)			

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 12 MONTHS (END)

IDENTIFICATION COORDINATION	47 Are you the sole or part owner of this business or profession?	48 To whom in the household does this business belong?	49 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 12 months?	50 What is or will be the value of your cash and in-kind income from working in this family business for the past 12 months?	51 Does anyone else in the household work in this business? (other than yourself?)	52 Which other household members work in this business?	53 How much did you receive from this business in the past 12 months (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or household items?	54 How much did you receive from this business after paying for expenses but before purchasing personal items, in the past 12 months? (Since ...)?	55 Did you have any other work or any other jobs in the past 12 months?
	YES, OWNER (-51) .1 YES, PARTNER (-51) .2 NO.....3	COPY ID CODE FROM HOUSEHOLD ROSTER ID CODE	YES.....1 NO.....2 (-55)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 55	YES.....1 NO.....2 (-55)	ID CODE #1 ID CODE #2 ID CODE #3 ID CODE #4	AMOUNT TIME UNIT	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 AMOUNT TIME UNIT	YES...1 (- PART G) NO.....2 (- PART H) IF NO OTHER JOB IN THE PAST 12 MONTHS:2 (- PART H)

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART G: SECONDARY JOB IN THE PAST 12 MONTHS

IDENTIFICATION CODE	<p>1 What was your secondary job in the past 12 months, that is, the job or work at which you spent the most time after your main job? What kind of trade, industry, or business is this connected with?</p>		<p>2 INTERVIEWER: IS THIS THE SAME WORK AS A JOB OR ACTIVITY ALREADY CITED FOR THE PAST 7 DAYS?</p>	<p>3 In this work were you paid a salary?</p>	<p>4 How much did you receive from this job in the past 12 months, including any salary, bonuses, commissions, per diem and payments in kind?</p>	<p>5 How much did you receive in the past 12 months from your business or farm after expenditures on inputs, but before purchasing personal items for yourself or your household? (Since...)</p>	<p>6 Did you do any other work or have any other jobs in the past 12 months that you have not yet described to us?</p>	<p>7 How much did you receive from all of these other jobs or all of this other work in the past 12 months, including payment in kind?</p>		
	<p>FARMING.....1 HEALTH PROFESSIONAL/ ADMIN.....7 FISHERY.....2 OTHER PROFESSIONAL/ ADMIN.....8 TRADER/MERCHANT/ SALES.....3 SECRETARY/CLERICAL.....9 TRANSPORT.....4 FACTORY WORKER.....10 CONSTRUCTION.....5 RESTAURANT, BAR OR HOTEL.....11 EDUCATION PROFESSIONAL/ADMIN.....6 OTHER.....12</p>	<p>YES, ALREADY DESCRIBED....1 (> 6) NO, DIFFERENT WORK.....2</p>	<p>YES....1 NO.....2(> 5)</p>	<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6</p> <p>> 6</p>	<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6</p>	<p>YES....1 NO....2 (> PART H)</p>	<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6</p> <p>> PART H</p>			
	DESCRIPTION	CODE			AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT

**SECTION 7,
PART H: NON-LABOR INCOME**

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART H. NON LABOR INCOME.

IDENTIFICATION CODE	1 IS THE RESPONDENT 15 OR OLDER?	A. During the past 12 months (since ...) have you received any income from ... [] ...? RECORD THE ANSWER TO QUESTION A THEN ASK QUESTION B FOR ALL SOURCES OF INCOME RECEIVED													> SECTION 8	
	YES...1 NO...2 (-> SECTION 8)	2A Pension or retirement fund?	2B How much have you received in the past 12 months from the pension or retirement fund?	3A Employment insurance, medical insurance, or life insurance?	3B How much have you received in the past 12 months from employment insurance, medical insurance, or life insurance?	4A Interest on savings, credit union or other bank accounts?	4B How much have you received in the past 12 months from interest on savings, credit union, or other bank accounts?	5A Lottery winnings or games of chance?	5B How much have you received in the past 12 months from lottery winnings or games of chance?	6A Dowry?	6B How much have you received in the past 12 months from dowries?	7A Inheritance?	7B How much have you received in the past 12 months from inheritance?	8A Income from sale of durable goods, such as cars, radios, bicycles, etc.?	8B How much have you received in the past 12 months from the sale of durable goods, such as cars, radios, bicycles, etc.?	9A Other income sources?
	YES...1 NO...2 ->3A	YES...1 NO...2 AMOUNT ->4A	YES...1 NO...2 AMOUNT ->5A	YES...1 NO...2 AMOUNT ->6A	YES...1 NO...2 AMOUNT ->7A	YES...1 NO...2 AMOUNT ->8A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A	YES...1 NO...2 AMOUNT ->9A

SECTION 8. MIGRATION

1	2	3	4	5	6	7
Were you born at (PRESENT PLACE OF RESIDENCE)?	Have you lived somewhere else?	In which region or country were you born?	What is your nationality?	How long have you lived in... (TOWN OR VILLAGE WHERE RESPONDENT LIVES NOW) (since you migrated here?) (TIME IN YEARS)	Where did you come from?	What was the main reason you left to come here?
YES...1 NO...2 (= 3)	YES...1 (= 3) NO...2 (= NEXT PERSON)	KAGERA...1 IRINGA...15 MBETA...9 MWANZA...9 NARA...3 RUVUMA...7 KIGOMA...3 MWARA...18 TANGA...2 LINDI...19 SINGIDA...6 SHIN... DODOMA...7 YANGA...20 ARUSHA...8 UNGUJA...21 KILIM...5 PENBA...5 NANJARO...9 KENYA...27 YANGA...10 UGANDA...25 RWANDA...5 PAMU...11 DAR ES...11 BURUNDI...26 SALAAM...12 ZATRE...27 MORO...13 GORO...13 RUKWA...14 FOREIGN...28	TANZANIAN...1 UGANDAN...2 KENYAN...5 RWANDAN...4 BURUNDIAN...3 ZAIREAN...6 MALAWIAN...8 OTHER AFRICAN...9 OTHER...10	MONTHS IF LESS THAN ONE YEAR YEARS NOS	VILLAGE IN KAGERA...1 TOWN IN KAGERA...2 DAR ES SALAAM...3 OTHER URBAN AREA...4 IN TANZANIA...4 OTHER RURAL AREA IN TANZANIA...5 OTHER COUNTRY...6	NO JOB/WANTED BETTER JOB...1 BUSINESS OPPORTUNITIES...2 POSTED TO NEW AREA...2 LAND NOT AVAILABLE...2 SCHOOLING...2 MARRIAGE...5 DIVORCE...7 WIDOWHOOD...8 DEATH OF PARENTS...9 ILLNESS OF HOUSEHOLD MEMBERS...10 OTHER FAMILY PROBLEMS...11 POLITICAL/ECONOMIC PROBLEMS...12 NATURAL DISASTERS...13 OTHER...14

NEXT PERSON

RESPONDENT: ALL FEMALES 14 YEARS AND OLDER (AND MARRIED WOMEN UNDER 14 YEARS OLD)

SECTION 9. FERTILITY

INTERVIEWER _____

RESPONDENT _____

ID CODE:

AGE:

WHO RESPONDED?

WOMAN1

PROXY2

FIRST WOMAN

I would like to ask you about all the pregnancies you have had and all the children to whom you have given birth.

1. Have you ever been pregnant?

YES...INTERVIEWER - PROBE 1
 NO...INTERVIEWER - PROBE Even if the pregnancy lasted only a few weeks or months? YES 1
 NO 2 (-19, NEXT PAGE)

2. Have you ever given birth?

YES...INTERVIEWER - PROBE 1
 NO...INTERVIEWER - PROBE Even if the child lived for a short time, for example, a few minutes, hours, or days? YES 1
 NO 2 (-19, NEXT PAGE)

Now I would like to make a complete list of all the children you have given birth to in your lifetime.

ASK QUESTIONS 3-5 FOR EACH CHILD BORN TO THE RESPONDENT, IN ORDER OF BIRTH. THEN ASK QUESTIONS 6-15 ABOUT EACH CHILD.

O R D E R	3	4		5	6	7	8	9	10		11	12	13	14	15
	What is his/her name?	What month and year was he/she born?		Was it a boy or a girl?	Is he/she still living?	Is he/she still living in your household?	CHILD'S ID CODE (SEE THE HOUSEHOLD ROSTER)	Did this child die during the last 12 months? (since...)?	For how long did he/she live?	YEARS AND MONTHS IF LESS THAN 5 YEARS YEARS IF MORE THAN FIVE YEARS OLD	IS THIS CHILD (NAME) EVER GO TO SCHOOL?	Did (NAME) ever go to school?	What is the highest grade that (NAME) completed?	IS THIS CHILD (NAME) AT DEATH? 15 YEARS OR OLDER?	What work did (NAME) do for most of his/her life?
	NAME	MONTH	YEAR	BOY..1 GIRL..2	YES..1 NO..2 (-9)	YES..1 NO..2 (-11)	<input type="checkbox"/> NEXT CHILD	YES....1 NO.....2	MTHS	YRS	YES...1 NO...2 (- NEXT CHILD)	YES...1 NO...2 (- 14)	GRADE	YES...1 NO...2 (- NEXT CHILD)	FARMING.....1 FISHING.....2 TRADER/MERCHANT?.....3 SALES.....4 TRANSPORT.....5 CONSTRUCTION.....6 EDUCATION PROFESS- IONAL/ADMIN.....6 HEALTH PROFESS- IONAL/ADMIN.....7 OTHER PROFESS- IONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT, HOTEL OR BAR.....11 SETTLED TRADES.....12 OTHER.....13
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

SECTION 9. FERTILITY (END)

16. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE I would like to be sure I have understood correctly. You have given birth to _____ children. Is this correct?

() YES (- WRITE THE NUMBER HERE) ----->

() NO (- GO BACK TO QUESTIONS 3-11 CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
 (A) ALL CHILDREN WHO ARE HOUSEHOLD MEMBERS (G.I.) ARE ON THE HOUSEHOLD ROSTER (SECTION 1), THEIR ID CODES ARE CORRECTLY COPIED AND THEIR AND THEIR SEX AND AGE ARE IDENTICAL IN THE TWO PLACES.
 (B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 2.

17. Have you had any pregnancies that were interrupted before last term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1

NO.....2 (- 19)

18. How many such pregnancies have you had in your life?

NUMBER:

19. Have you already lived with a man?

YES.....1

NO.....2 (- SECTION 10)

INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP

20. How old were you when you and your first husband or boyfriend started living together?

AGE:

21. What month and year was it?

MONTH:

YEAR:

22. IS THIS WOMAN 50 OR OLDER?

YES.....1 (- 27)

NO.....2

23. Are you pregnant now?

YES.....1

NO.....2 (- 25)

24. How many months?

MONTHS:

> 27

25. Some couples use contraception methods to avoid pregnancy or to space births. Are you currently using a method of contraception? (For example, the pill, the IUD, condoms, withdrawal, rhythm, abstinence.)

YES.....1

NO.....2 (- 27)

26. What contraceptive method are you and your partner using at present?

ABSTINENCE.....1	DIAPHRAGM.....7
RHYTHM.....3	PILL.....8
WITHDRAWAL.....4	IUD.....9
DOUCHE.....5	INJECTION.....10
CONDOMS.....6	FEMALE STERILIZATION..11
SPERMICIDES.....6	MALE STERILIZATION...12
	OTHER.....13

> NEXT SECTION

27. Have you ever used a contraceptive method to avoid pregnancy or space births?

YES.....1

NO.....2 (- NEXT SECTION)

28. What method have you used?

LIST UP TO THREE METHODS.

ABSTINENCE.....1	DIAPHRAGM.....7
RHYTHM.....3	PILL.....8
WITHDRAWAL.....4	IUD.....9
DOUCHE.....5	INJECTION.....10
CONDOMS.....6	FEMALE STERILIZATION..11
SPERMICIDES.....6	MALE STERILIZATION...12
	OTHER.....13

> NEXT SECTION

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SECTION 10: ANTHROPOMETRY

CLUSTER:

HOUSEHOLD:

IDENTIFICATION CODE	COPY THE NAMES OF HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER, MATCHING THE ID CODES		1 AGE (COPY FROM HOUSEHOLD ROSTER)		2 SEX MALE.....1 FEMALE.....2 PREGNANT...3 BREAST-FEEDING...4		3 WAS THIS PERSON MEASURED? YES...1 NO...2 (> 7)		4 DATE OF MEASUREMENT			5 WEIGHT		6 HEIGHT OR LENGTH ▶ 8		7 REASON NOT MEASURED: AT SCHOOL.....1 BOARDING/TRAVELLING.....2 HANDICAP OR DEFORMITY.....3 SERIOUS ILLNESS.....4 REFUSAL.....5 OTHER.....6			8 IS... [NAME] LESS THAN 6 YEARS OLD? YES...1 NO...2 (NEXT PERSON)		9 Does... [NAME] have a vaccination card? YES...1 NO...2		10 Has... [NAME]... been vaccinated against the following illnesses? YES.....1 NO.....2 DONT KNOW.....3			
	NAMES		YRS	MOS					DAY	MONTH	YEAR	KG	CM				A. Meas-les?	B. Tetanus? (inc. DPT)	C. Polio?	D. Tuberculosis (BCG)?	OBSERVATIONS					

SECTION 11: FARMING

DESIGNATED RESPONDENT: _____ CODE:

INTERVIEWER: WAS THIS THE PERSON INTERVIEWED?
 YES.....1
 NO.....2

INTRODUCTION

Now I am going to ask you about all of the shambas/gardens owned by the members of your household and about all other shambas/gardens cultivated by members of your household, even if they were not owned.

- | | | |
|---|---------|----------------------|
| <p>A. How many shambas/gardens are owned individually or collectively by the members of your household?</p> <p style="text-align: right;">SHAMBAS/GARDENS OWNED BY THE HOUSEHOLD: <input type="text"/></p> | SHAMBAS | <input type="text"/> |
| <p>B. How many shambas/gardens did the members of your household use that were not owned by someone in the household?</p> <p style="text-align: right;">SHAMBAS/GARDENS USED BUT NOT OWNED BY THE HOUSEHOLD: <input type="text"/></p> | | <input type="text"/> |
| <p>C. INTERVIEWER: ADD THE ANSWERS TO QUESTIONS A AND B. WRITE THE TOTAL NUMBER OF SHAMBAS/GARDENS OWNED OR USED IN THE PAST 12 MONTHS IN THE BOX AT RIGHT.</p> <p style="text-align: right;">TOTAL SHAMBAS/GARDENS: <input type="text"/></p> | | <input type="text"/> |

GARDENS

SECTION 11. FARMING, PART A. LAND

1	2	3	4	5	6	7	8	9	10	11
<p>A. Please describe to me all of the shambas/gardens owned by the members of your household in the past 12 months.</p> <p>MAKE A LIST OF ALL SHAMBAS/GARDENS OWNED BY THE HOUSEHOLD. INCLUDE SHAMBAS/GARDENS IN FALLOW.</p> <p>B. Please describe to me all other shambas/gardens used but not owned by your household in the past 12 months.</p> <p>ADD SHAMBAS/GARDENS USED BUT NOT OWNED TO THE LIST BELOW. LIST ALL SHAMBAS FIRST AND THEN ADD GARDENS. COMPARE THE TOTAL NUMBER OF SHAMBAS/GARDENS ON THE LIST WITH THE TOTAL IN "A" ABOVE. THE NUMBER SHOULD BE THE SAME.</p>	<p>What is the total area of this shamba/garden?</p> <p>RECORD AREA TO THE NEAREST HALF UNIT</p> <p>AREA CODE: (NA.....)</p>	<p>Who owns this shamba/garden? That is, is it owned by...</p> <p>a specific person in your household?.....1</p> <p>by all the members of your household? (> 5) 2</p> <p>by someone outside your household? (> 10) 3</p> <p>or this and other households together?.....4 (> 5)</p>	<p>TO WHOM DOES THIS SHAMBA/GARDEN BELONG?</p> <p>COPY ID CODE OF OWNER FROM THE HOUSEHOLD ROSTER</p> <p>ID CODE # 1</p> <p>ID CODE # 2</p>	<p>How was this shamba/garden acquired?</p> <p>BUGHT WITH CASH.....1</p> <p>BUGHT ON CREDIT.....2</p> <p>INHERITED.....3</p> <p>GRANTED BY PUBLIC AUTHORITY..4</p> <p>GIFT/OTHER...5 (> 9)</p>	<p>Was this shamba/garden bought in the past 12 months (since...)?</p> <p>YES..1</p> <p>NO...2 (> 9)</p>	<p>How much did it cost to buy this shamba/garden?</p> <p>> 12</p> <p>AMOUNT</p>	<p>Was this shamba/garden inherited in the past 12 months (since...)?</p> <p>YES..1</p> <p>NO...2</p>	<p>If you wanted to sell this shamba/garden today, how much could you get for it?</p> <p>EXCLUDE THE VALUE OF ANY BUILDINGS ON THE LAND</p> <p>> 12, NEXT PAGE</p> <p>AMOUNT</p>	<p>Did you or your household have to pay for the use of this shamba/garden in cash or in kind in the past 12 months (since...)?</p> <p>YES....1</p> <p>NO...2 (> NEXT SHAMBA/GARDEN)</p>	<p>What was the value of the crops and cash or any other payments made for the use of this shamba/garden in the past 12 months (since...)?</p> <p>> NEXT SHAMBA/GARDEN</p> <p>AMOUNT</p>
PLOT NUMBER	DESCRIPTION	NUMBER	AREA CODE							
01		.								
02		.								
03		.								
04		.								
05		.								
06		.								
07		.								
08		.								
09		.								
10		.								
11		.								
12		.								
13		.								

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SECTION 11. FARMING, PART A. LAND (END)

	12 Was this shamba/garden cultivated in crops or wood in the past 12 months?	13 Was this shamba/garden cultivated by members of your household?	14 Did you or members of your household receive any payment, in cash or in kind (crops) for the use of this shamba/garden in the past 12 months?	15 How much was received by the members of your household, in cash or in kind, for the use of this shamba/garden in the past 12 months?
	YES, CULTIVATED IN CROPS OR WOOD.....1 NO, LEFT FALLOW.....2 (-> NEXT SHAMBA/GARDEN)	YES.....1 (->NEXT SHAMBA/GARDEN) NO.....2	YES.....1 NO.....2 (->NEXT SHAMBA/GARDEN)	-> NEXT SHAMBA/GARDEN AMOUNT

PLOT NUMBER				
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				

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SECTION 11 B: CROPS

1 In the past 12 months since I have the members of your household grow any of the following crops? PUT A CROSS IN THE BOX FOR EACH CROP. ABOUT 10 CROPS BEING ASKED. 2-13 FOR EACH CROP CROPS.	2 On which shamba(s)/garden(s) did your household grow ...[CROP]...? COPY THE SHAMBA/GARDEN NUMBERS WITH THIS CROP FROM PART A.					3 How many acres or hectares of [CROP] were harvested during the past 12 months? SECOND AREA TO THE NEXT PAGE, HALF UNIT AREA ACRES: ..1 HECTA: HA.....2		4 How much ...[CROP]... was sold during the past 12 months?		5 How much was the harvest of [CROP] sold for?		6 Did you keep part of your crop for seed? YES.....1 NO...2 (> 8)		7 If you had sold this same quantity at harvest time, what is the most amount you could have gotten? NOT APPL. (- 8)		8 Did you give part of the harvest of [CROP]... to laborers or as a loaner or as a gift, for cere-corn and fatishes? YES...1 NO....2(>10)		9 If you had sold this same quantity of [CROP]... at the time you gave it, what is the most amount of money you could have gotten?		10 Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.? YES....1 NO...2 (>12)		11 If you had sold this same quantity at the time you lost it, what is the most amount of money you could have gotten?		12 Do you have any of your [CROP]... in stock at present? YES...1 NO...2 (>NEXT CROP)		13 If you were to sell this same quantity now, what is the most amount of money you could get? NEXT CROP	
	FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER	NUMBER	AREA CODE	QUANTITY	UNIT	AMOUNT	UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT						
Coffee?	YES->	01																									
	<-NO																										
Tea?	YES->	02																									
	<-NO																										
Tobacco?	YES->	03																									
	<-NO																										
Cotton?	YES->	04																									
	<-NO																										
Lumber?	YES->	05																									
	<-NO																										
Wood?	YES->	06																									
	<-NO																										
Cooking bananas?	YES->	07																									
	<-NO																										
Sweet bananas?	YES->	08																									
	<-NO																										
Other bananas/other forms?	YES->	09																									
	<-NO																										
Cassava (raw)?	YES->	10																									
	<-NO																										

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▶ NEXT PAGE

10,000 SQ M = 1 HA
1 ACRE = 0.247 HA
1 METER = 1 METER

QUANTITY CODES

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95
96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111
112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127
128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143
144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159
160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175
176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191
192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207
208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223
224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239
240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255
256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271
272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287
288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303
304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319
320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335
336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351
352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367
368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383
384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399
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432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447
448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463
464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479
480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495
496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511
512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527
528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543
544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559
560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575
576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591
592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607
608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623
624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639
640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655
656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671
672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687
688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703
704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719
720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735
736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751
752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767
768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783
784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799
800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815
816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831
832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847
848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863
864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879
880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895
896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911
912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927
928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943
944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959
960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975
976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991
992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007
1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023
1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039
1040	1041	1042</													

SECTION 11 B: CROPS

1	2					3	4	5	6	7	8	9	10	11	12	13
	FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER											
Groundnuts?	YES->	20														
	<-NO															
Sunflower seeds?	YES->	30														
	<-NO															
Maize/aruzi?	YES->	31														
	<-NO															
Oil palm/palm oil?	YES->	32														
	<-NO															
Avocado?	YES->	36														
	<-NO															
Mangoes?	YES->	37														
	<-NO															
Pawpaw?	YES->	38														
	<-NO															
Citrus fruits?	YES->	39														
	<-NO															
Pineapple?	YES->	40														
	<-NO															
Other fruits (incl. passion)?	YES->	41														
	<-NO															

▶ NEXT PAGE

10,000 SQ M = 1 HA
1 STEP = 1 METER

QUANTITY CODES	
1
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99
100
TOTAL

100

SECTION 11. FARMING, PART C: AGE OF TREE CROPS

1 LIST ALL THE TREE CROPS GROWN BY THE HOUSEHOLD WITH THEIR CODES, FROM PART B.	2 How many of ...[CROP]... plants or trees does your household have?	3 What part of your ...[CROP]... is too young to produce?	4 What part of your ...[CROP]... is in full production?	5 What part of your ...[CROP]... is so old that it is no longer in full production?
CODE				
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/

GIVE THE PROPORTION AS A FRACTION OF THE NUMBER OF PLANTINGS. FOR EXAMPLE 1/3, 3/4, ETC. IF NONE, WRITE 0/0. IF ALL, WRITE 1/1.
 IF THE ANSWER IS GIVEN AS A NUMBER OF TREES, WRITE THE ANSWER IN THE NUMERATOR AND THE TOTAL NUMBER OF TREES FROM Q.2 IN THE DENOMINATOR OF QUESTIONS (3, 4 AND 5).

▶ NEXT CROP

- CODES:
- COFFEE.....01
 - TEA.....02
 - LUMBER.....03
 - FIREWOOD.....04
 - COOKING BANANAS.....05
 - SWEET BANANAS.....06
 - CASSAVA.....07
 - OIL PALM.....08
 - MANGOES.....09
 - PAPAW.....10
 - CITRUS FRUITS.....11
 - OTHER FRUIT TREES (INCL. PASSION FRUITS).....12

- CODES:
- COFFEE.....01
 - TEA.....02
 - LUMBER.....03
 - FIREWOOD.....04
 - COOKING BANANAS.....05
 - SWEET BANANAS.....06
 - CASSAVA.....07
 - OIL PALM.....08
 - MANGOES.....09
 - PAPAW.....10
 - CITRUS FRUITS.....11
 - OTHER FRUIT.....12

▶ PART D

SECTION 11, PART D: FARM INPUTS

1. Did your household use any hired labor or tenants on your shambas in the past 12 months (since....)?
 YES....1
 NO.....2 (> 4)
2. How many laborers were used on your shambas in the past 12 months, and for how many days?
 MULTIPLY THE NUMBER OF PERSONS TIMES THE NUMBER OF DAYS PER PERSON TO GET THE NUMBER OF MAN DAYS OF LABOR INPUT IN THE PAST 12 MONTHS.
 MANDAYS:
3. How much was paid to these laborers in the past 12 months?
 INCLUDE THE VALUE OF PAYMENTS IN KIND.
 AMOUNT:
4. Did your household use fertilizer on your shambas during the past 12 months?
 YES....1
 NO.....2 (> 4)
5. How much did you spend on the purchase of fertilizer for your shambas in the past 12 months (since....)?
 AMOUNT:
6. Did your household use organic manure on your shambas in the past 12 months?
 YES....1
 NO.....2 (> 8)
7. How much did you spend on the purchase of manure for your shambas in the past 12 months (since....)?
 AMOUNT:
8. Did your household use pesticides on your shambas in the past 12 months?
 YES....1
 NO.....2 (> 10)
9. How much did you spend on the purchase of pesticides for your shambas in the past 12 months (since....)?
 AMOUNT:
10. Did your household have expenses for transporting its crops during the past 12 months?
 YES....1
 NO.....2 (> 12)
11. How much did members of your household spend on transportation of your crops in the past 12 months (since....)?
 AMOUNT:
12. Did your household have any other expenses associated with crop production in the past 12 months, such as the purchase of sacks, containers, storage, irrigation, renting of animal traction, etc.?
 YES....1
 NO.....2 (> PART E)
13. How much did your household spend for these other inputs for the production of crops during the past 12 months (since....)?
 AMOUNT:

- PART E

FOR CALCULATIONS

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SECTION 11. PART E. SALES OF PRODUCTS FROM HOMEOWN CROPS

Now I would like to ask you some questions about the processing by your household of their crops to make products for sale.

1. Has any member of your household, during the past 12 months, processed any of his/her crops for sale? For example, by making and selling banana beer, maize brew, dried fruits or vegetables, or any other product from crops grown by your household?

YES.....1
NO.....2 (> PART F)

2 During the past 12 months, has any member of your household made the following products for sale from his/her crops? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH PRODUCT. ASK QUESTION 2 FOR ALL PRODUCTS BEFORE GOING TO 3-8.		3 In which months in the past 12 months have members of your household made sale? ... for sale? COUNT NUMBER OF MONTHS	4 Which household members participated in production of ... for sale? ID CODE ID CODE ID CODE			5 During these months, how many times did they sell ...? TIMES TIME UNIT		6 And how much money did they usually receive each time? AMOUNT	7 In order to make ... did they have to spend for, e.g. tools, containers, transport, labor, etc.? YES...1 NO....2 (> NEXT PRODUCT)	8 How much were those expenses in the past 12 months? NEXT PRODUCT AMOUNT
			YES->	<-NO	YES->	<-NO	YES->			
Banana juice	YES->	01								
	<-NO									
Local banana beer	YES->	02								
	<-NO									
Banana cognac	YES->	03								
	<-NO									
Local pineapple beer	YES->	04								
	<-NO									
Maize flour	YES->	05								
	<-NO									
Roast or cooked maize	YES->	06								
	<-NO									
Local maize brew	YES->	07								
	<-NO									
Millet beer	YES->	08								
	<-NO									
Dried cassava	YES->	09								
	<-NO									
Cassava flour	YES->	10								
	<-NO									
Groundnut oil	YES->	11								
	<-NO									
Green coffee beans	YES->	12								
	<-NO									
Dried fruits or vegetables	YES->	13								
	<-NO									
Other	YES->	14								
	<-NO									

>3-7

TIME UNIT: DAY...3 WEEK...4 MONTH...5 YEAR...6

> PART F

SECTION 11. PART F. HAND TOOLS

How many of the following tools are owned by members of your household?
WRITE THE NUMBER OF EACH TOOL IN THE BOX.

1 Hoes 3 Machetes: 5 Shovels: 7 Sickles: 9 Hurdles: 11 Others:
 2 Axes 4 Picks: 6 Wheel-barrow: 8 Pargoes: 10 Pruning shears: > PART G

SECTION 11. PART G. FARM EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-11.

1	2	3	4	5	6	7	8	9	10	11
During the past 12 months (since...), has any member of your household owned a...?	Does any member of your household still own a... now?	How many do the members of your household own altogether?	For how much money could they sell all these... today?	Has any member of your household bought a... in the past 12 months?	How many... have they bought altogether?	How much did they pay altogether for these...?	Has any member of your household sold a... in the past 12 months?	How many... have the members of your household sold altogether?	How much did they receive altogether for the sale of all of these...?	How much money did your household earn by leasing... during the last 12 months?
PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL EQUIPMENT BEFORE GOING TO 2-11.	YES...1 NO...2 (-5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (-8)	NUMBER BOUGHT	AMOUNT	YES...1 NO...2 (-11)	NUMBER SOLD	AMOUNT	NEXT EQUIPMENT AMOUNT
Tractor?	YES-> ←NO	01								
Plough?	YES-> ←NO	02								
Other animal drawn implement?	YES-> ←NO	03								
Cart?	YES-> ←NO	04								
Handbill?	YES-> ←NO	05								
Watering equipment?	YES-> ←NO	06								
Motorized vehicle for farm use?	YES-> ←NO	07								
Draft animals?	YES-> ←NO	08								
Other equipment or implements?	YES-> ←NO	09								

>2-11

> END OF SECTION

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SECTION 12: LIVESTOCK

SUPERVISOR

DESIGNATED RESPONDENT: _____ **CODE:**

INTERVIEWER

WAS THIS PERSON INTERVIEWED?
YES....1
NO.....2

SECTION 12. LIVESTOCK PART A: ANIMALS

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-13.

1	2	3	4	5	6	7	8	9	10	11	12	13
During the past 12 months, has any member of your household raised or owned ...? ...?	Are any members of your household raising ...? ...? at the present time?	How many ...? ...? of all ages are owned by ...? ...? at your household at present?	If they wanted to sell one of these ...? ...? today, how much money would they receive altogether?	During the past 12 months, have members of your household sold any ...? ...??	How many ...? ...? have they sold?	How much altogether have they received from sales of ...? ...? during the past 12 months?	Have any members of your household bought any ...? ...? during the past 12 months (since...)?	How many ...? ...? did they buy?	How much did they pay altogether for all the ...? ...? they bought during the past 12 months?	How many ...? ...? were born or received as gifts during the past 12 months?	How many ...? ...? raised by your household were eaten by the members of your household in the past 12 months?	How many ...? ...? raised by your household were lost, stolen, given as gifts, or died during the past 12 months?
ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 2-13.	YES...1 NO...2 (- 5)	NUMBER AT THIS TIME	AMOUNT	YES...1 NO...2 (- 8)	NUMBER SOLD	AMOUNT	YES...1 NO...2 (- 11)	NUMBER BOUGHT	AMOUNT	NUMBER BORN OR RECEIVED	NUMBER EATEN	NUMBER LOST, STOLEN, DIED, ETC.
Cattle, including cows?	YES -> ← NO	01										
Sheep?	YES -> ← NO	02										
Goats?	YES -> ← NO	03										
Chickens?	YES -> ← NO	04										
Pigs?	YES -> ← NO	05										
Ducks, turkeys or other poultry?	YES -> ← NO	06										
Rabbits?	YES -> ← NO	07										
Other animals? (Specify: _____)	YES -> ← NO	08										
1	2	3	4	5	6	7	8	9	10	11	12	13
During the past 12 months, has any member of your household raised ...? ...?	Are any members of your household raising bees at the present time?	How many hives are owned by your household at the present time?	If they wanted to sell one of these hives today, how much money would they receive altogether?	During the past 12 months, has any member of your household sold any beehives?	How many hives have they sold?	How much altogether have they received from sales of beehives during the past 12 months?	Have any members of your household bought any beehives in the past 12 months?	How many hives did they buy?	How much did they pay altogether for all the hives they bought during the past 12 months?	How many beehives were received as gifts in the past 12 months?		How many hives were given as gifts in the past 12 months?
YES...1 NO...2 (- 5)	YES...1 NO...2 (- 5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (- 8)	NUMBER SOLD	AMOUNT	YES...1 NO...2 (- 11)	NUMBER BOUGHT	AMOUNT	NUMBER RECEIVED AS PRESENTS		NUMBER GIVEN OUT AS PRESENTS
Bees?	YES -> ← NO	09										

▶ NEXT ANIMAL

▶ SECTION B

▶ 2-13

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SECTION 12. LIVESTOCK

PART B. SALE OF ANIMAL PRODUCTS

1 During the past 12 months (since....), have any members of your household sold products obtained from their animals? For example, milk products, eggs, or tanned skins?

YES.....1

NO.....2 (> PART C)

<p>2 During the past 12 months, have they sold any... obtained from their animals?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX BELOW. ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>3 How much has your household received from the sale of ... In the past 12 months (since....)?</p> <p style="text-align: center;">AMOUNT</p>	<p>4 Which household members participated in producing ...?</p> <p style="text-align: center;">▶ NEXT PRODUCT</p>	
Milk or milk products?	YES-▶ ◀-NO	01	
Eggs?	YES-▶ ◀-NO	02	
Skins and hides?	YES-▶ ◀-NO	03	
Honey, honeycomb, or beeswax?	YES-▶ ◀-NO	04	
Other animal or bee products? (Specify):	YES-▶ ◀-NO	05	

▶ 3-4

▶ PART C

PART C. LIVESTOCK EXPENDITURES

<p>1 In the past 12 months (since,...), has a member of your household spent money on the following items in order to raise livestock?</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>PUT A CROSS IN THE APPROPRIATE BOX ASK 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>IF THE ANSWER TO 1 IS YES, ASK 2.</p> <p>2 How much money have all the members of your household spent on ... In the past 12 months (since....)?</p> <p style="text-align: center;">AMOUNT</p>	
Paid labor for herding?	YES-▶ ◀-NO	01
Buildings and maintenance of pens and fences?	YES-▶ ◀-NO	02
Feed, including salt?	YES-▶ ◀-NO	03
Insecticide sprays for animals?	YES-▶ NO	04
Veterinary services, inoculations, or other medical products?	YES-▶ ◀-NO	05
Transport of animals, feed, or supplies?	YES-▶ ◀-NO	06
Commissions on the sale of animals?	YES-▶ ◀-NO	07
Compensation for damage caused by animals?	YES-▶ ◀-NO	08
Packaging of animal and poultry products?	YES-▶ ◀-NO	09
Other expenses for raising livestock, poultry, or bees (incubator, electricity, etc.)? Specify:	YES-▶ ◀-NO	10

▶ 2

▶ NEXT SECTION

SECTION 13 : PART A: OWNERSHIP OF FISHING EQUIPMENT

SUPERVISOR
 DESIGNATED RESPONDENT: _____ ID CODE:

INTERVIEWER
 WAS THIS PERSON INTERVIEWED? YES..... NO.....

1 In the past 12 months, did you own part or all of any of the following fishing equipment?	2 If you wanted to sell your ...[ITEM]... (or your share of it), how much could you get for them?	3 Did you sell any ...[ITEM]... (or your share of it) in the last 12 months?	4 How much did you receive for the sale of the(s) ...[ITEM]... or your share of it(then)?	5 Did you purchase any ...[ITEM]... (or a share of it), them in the past 12 months?	6 How much did it cost you for the purchase of ...[ITEM]...?	7 Did you have any expenses for the repair of these ...[ITEM]... in the past 12 months?	8 How much did you spend on the repair of ...[ITEM]... in the past 12 months?
	OWN REVENUES ONLY	YES....1 NO.....2 (> 5)	OWN REVENUES ONLY	YES....1 NO.....2 (> 7)	OWN EXPENDITURES ONLY	YES....1 NO.....2 (> NEXT)	OWN EXPENDITURES ONLY
	AMOUNT		AMOUNT		AMOUNT		AMOUNT

PUT A CROSS IN THE APPROPRIATE BOX X Y FOR ALL ITEMS BEFORE GOING TO 2 - 8.

	YES->	<-NO	01				
Boats	YES->	<-NO					
Motors	YES->	<-NO	02				
	YES->	<-NO					
Travelling nets or stationary nets	YES->	<-NO	03				
	YES->	<-NO					
Smoker or drier	YES->	<-NO	04				
	YES->	<-NO					
Fishing lines and hooks	YES->	<-NO	05				
	YES->	<-NO					
Paddles	YES->	<-NO	06				
	YES->	<-NO					
Pressure lamps	YES->	<-NO	07				
	YES->	<-NO					
Other fishing or smoking or drying equipment (SPECIFY: _____)	YES->	<-NO	08				
	YES->	<-NO					

▶ 2-B

▶ PART B

SECTION 13: FISHING, PART B: INCOME

<p>1 In the past 12 months (since...), have you used any of the following methods of fishing? [INCLUDES USE BY OTHER HOUSEHOLD MEMBERS OR EMPLOYEES] PUT ACROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO 2 - 5. <input checked="" type="checkbox"/></p>	<p>2 During which months in the past 12 months (since...) did you engage in... [METHOD OF FISHING]? NO OF MONTHS</p>	<p>3 During those months, how many days per week did you fish using... [METHOD OF FISHING]... on average? DAYS PER WEEK</p>	<p>4 About how many catches per day did you catch using... [METHOD OF FISHING]... during those months? CATCHES PER DAY</p>	<p>5 How much did you and other household members receive per day for the sale of fresh fish on the days that you used... [METHOD OF FISHING]... before subtracting expenses? TIME UNIT DAY...? WEEK...? MONTH...?</p>																																					
<table border="1"> <tr> <td>Hook fishing?</td> <td>YES-></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><-NO</td> <td>01</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trawling net fishing?</td> <td>YES-></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><-NO</td> <td>02</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stationary net fishing?</td> <td>YES-></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><-NO</td> <td>03</td> <td></td> <td></td> <td></td> </tr> </table>	Hook fishing?	YES->						<-NO	01				Trawling net fishing?	YES->						<-NO	02				Stationary net fishing?	YES->						<-NO	03								
Hook fishing?	YES->																																								
	<-NO	01																																							
Trawling net fishing?	YES->																																								
	<-NO	02																																							
Stationary net fishing?	YES->																																								
	<-NO	03																																							

> 2-5

6. In addition to selling fresh fish, did you or members of your household smoke or dry for sale any fish caught by any method in the past 12 months?

YES.....1
NO.....2 (> PART C)

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7. During which months in the past 12 months did you smoke or dry your fish for sale?

NO OF MONTHS

8. During those months, about how much did you or members of your household receive from the sale of smoked or dried fish before subtracting expenses?

TIME UNIT
DAY...?
WEEK...?
MONTH...?

AMOUNT:

TIME UNIT:

SECTION 15: FISHING PART C: EXPENDITURE.

<p>1 In the past 12 months (since...), have you or members of your household incurred any expenses for ... (ITEM)... for your fishing?</p> <p>EXCLUDE EXPENDITURE BY PARTNERS WHO ARE NOT MEMBERS OF THE HOUSEHOLD</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO 2 - 3.</p>	<p>2 During which months of the past 12 months did you or members of your household purchase ... (ITEM)... for your fishing business?</p> <p>RECORD NUMBER OF MONTHS</p>	<p>3 During those months, about how much did you and other members of your household spend on ... (ITEM)... per month?</p> <p>AMOUNT</p>	<p>4 How much have you and other members of your household spent on ... (ITEM)... since my last visit?</p> <p>AMOUNT</p>
---	--	--	--

▶ NEXT ITEM

	YES-▶ ◀-NO	RECORD NUMBER OF MONTHS	AMOUNT	AMOUNT
Labor on shore	YES-▶ ◀-NO	01		
Labor in boat	YES-▶ ◀-NO	02		
Smoking or drying	YES-▶ ◀-NO	03		
Auction fees?	YES-▶ ◀-NO	04		
Taxes	YES-▶ ◀-NO	05		
Fees (eg market fees)?	YES-▶ ◀-NO	06		
Hicks?	YES-▶ ◀-NO	07		
Rent for storage	YES-▶ ◀-NO	08		
Transportation	YES-▶ ◀-NO	09		
Petrol and diesel fuel	YES-▶ ◀-NO	10		
Kerosene	YES-▶ ◀-NO	11		
Bait	YES-▶ ◀-NO	12		
Licenses	YES-▶ ◀-NO	13		
Buoys	YES-▶ ◀-NO	14		
Thread for sewing net	YES-▶ ◀-NO	15		
Beeswax	YES-▶ ◀-NO	16		
Other (Specify: _____)	YES-▶ ◀-NO	17		
		18		
		19		

▶ NEXT SECTION

▶ 2-5

SECTION 14. NON-FARM SELF-EMPLOYMENT

Now I would like some information about the trades, businesses, industries, professional services, and other self-employed activities of the members of your household. Let us begin with [NAME OF BUSINESS]...., managed or owned by ... [NAME OF BEST-INFORMED PERSON].... Is he/she available to answer questions?

COMPLETE THE WHOLE SECTION FOR EACH ENTERPRISE BEFORE GOING TO THE NEXT.

IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT THE SECOND AND THEN THE THIRD ENTERPRISE.

MAKE NEW APPOINTMENTS TO SEE ALL THE RESPONDENTS NOT AVAILABLE.

PART A: INFORMATION

1 SUPERVISOR		2 INTERVIEWER	
NAME OF THE BUSINESS		NAME OF THE BEST-INFORMED PERSON	
ID CODE		CODE	
1			
2			
3			

3	IS THIS THE PERSON ACTUALLY INTERVIEWED?
YES...1	
NO...2	

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4 How long has your household owned this business?		5 How many months in the past 12 months has this business been in operation?	6 Have any members of your household helped you in this business in the past 12 months, whether or not they were paid?	7 How many members of your household have helped you in the past 12 months with this business?	8 Which members of your household other than yourself worked or helped in this business? IF MORE THAN THREE, IDENTIFY THE THREE WHO CONTRIBUTED THE MOST.			9 Have you paid any of these members of your household for their work in this business, either in cash or in kind?	10 How frequently do you pay them?	11 What is the value of all of these payments each time (including payments in cash and the value of payments in kind)?	12 During the past 12 months, have you hired anyone else from outside your household to work in this business?	13 How many other workers have you hired to work in this business in the past 12 months?	14 How frequently do you pay them?		15 What is the value of all of these payments each time (including payments in cash and the value of payments in kind)?	
YEARS	MO.	MONTHS	YES...1 NO...2 (> 12)	NUMBER	ID CODE	ID CODE	ID CODE	YES...1 NO...2 (> 12)	NUMBER	TIME UNIT	AMOUNT	YES...1 NO...2 (> PART B)	NUMBER	NUMBER OF TIMES	TIME UNIT	AMOUNT
1																
2																
3																

> PART B

SECTION 14. PART B. EXPENDITURES

FIRST BUSINESS						SECOND BUSINESS						THIRD BUSINESS					
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
During the past 12 months, did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you usually pay for...? 1..7	How much do you usually pay for...? \$	How much did you pay for...? \$	Was any part of this...? 1... that you purchased since my last visit consumed by your household?	What was the total value of the...? \$	During the past 12 months, did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you usually pay for...? 1..7	How much do you usually pay for...? \$	How much did you pay for...? \$	Was any part of this...? 1... that you purchased since my last visit consumed by your household?	What was the total value of the...? \$	During the past 12 months, did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you usually pay for...? 1..7	How much do you usually pay for...? \$	How much did you pay for...? \$	Was any part of this...? 1... that you purchased since my last visit consumed by your household?	What was the total value of the...? \$
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	AMOUNT	AMOUNT	YES...1 NO...2 (NEXT TYER)	AMOUNT	COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	AMOUNT	AMOUNT	YES...1 NO...2 (NEXT TYER)	AMOUNT	COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	AMOUNT	AMOUNT	YES...1 NO...2 (NEXT TYER)	AMOUNT
Raw materials	YES-> ←NO	02				Raw materials	YES-> ←NO	02				Raw materials	YES-> ←NO	02			
Articles for resale	YES-> ←NO	03				Articles for resale	YES-> ←NO	03				Articles for resale	YES-> ←NO	03			
Rental of equipment, buildings, land, vehicles, machinery	YES-> ←NO	04				Rental of equipment, buildings, land, vehicles, machinery	YES-> ←NO	04				Rental of equipment, buildings, land, vehicles, machinery	YES-> ←NO	04			
Maintenance and repairs	YES-> ←NO	05				Maintenance and repairs	YES-> ←NO	05				Maintenance and repairs	YES-> ←NO	05			
Transport	YES-> ←NO	06				Transport	YES-> ←NO	06				Transport	YES-> ←NO	06			
Fuel and oil	YES-> ←NO	07				Fuel and oil	YES-> ←NO	07				Fuel and oil	YES-> ←NO	07			
Electricity	YES-> ←NO	08				Electricity	YES-> ←NO	08				Electricity	YES-> ←NO	08			
Water	YES-> ←NO	09				Water	YES-> ←NO	09				Water	YES-> ←NO	09			
Daily or monthly taxes	YES-> ←NO	10				Daily or monthly taxes	YES-> ←NO	10				Daily or monthly taxes	YES-> ←NO	10			
Annual taxes or licenses	YES-> ←NO	11				Annual taxes or licenses	YES-> ←NO	11				Annual taxes or licenses	YES-> ←NO	11			
Other expenses (Specify: _____)	YES-> ←NO	12				Other expenses (Specify: _____)	YES-> ←NO	12				Other expenses (Specify: _____)	YES-> ←NO	12			

> 2-6

> PART C

> 2-6

> PART C

> 2-6

> PART C

TIME UNIT: DAY...3 WEEK...4 MONTH...5 YEAR...6

- 13 -

SECTION 14. PART C: INCOME

1	2	3	4	5	6	7	8	9	10	11	12	
Has this business been operating since my last visit?	How much money has this business received since my last visit for the sale of its goods or services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal or household items?	Is this more than or less than the receipts in a typical 2-week period in the last 12 months?	For how many months of the last 12 months (since...) were receipts higher than the receipts since my last visit?	For how many months were receipts lower than the receipts since my last visit?	After paying for expenses for this business, including hired workers, purchase of goods for sale or inputs, such as raw materials, fuel and electricity, but before purchasing personal items for yourself or your household, how much money did you receive from this business since my last visit?	Since my last visit, has this business also received payments in the form of goods or services?	What was the value of these payments since my last visit?	Since my last visit, have any of this business' products or services been consumed or used by your household instead of being sold?	What was the value of the products consumed or used by your household since my last visit?	Since my last visit, did you use part of the money you got from this business for yourself or for your household?	How much money from the business did you use for yourself or your household?	
YES...1 NO...2 (-15)	AMOUNT	MORE.....1 LESS.....2 ABOUT THE SAME.....3	MONTHS	MONTHS	AMOUNT	YES...1 NO...2 (-9)	AMOUNT	YES....1 NO...2 (-11)	AMOUNT	YES.....1 NO.....2 (-13)	AMOUNT	TIME UNIT
1												
2												
3												

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13	14	15	16	17	18	19	20	21	22
After making purchases for the business and after using some money for yourself or your household, was there any money left?	How much money was left after purchases for the business and after using some of the money for yourself or your household since my last visit?	How much money does this business usually receive for the sale of its goods or services, before subtracting any expenses for payment of workers or purchase of inputs, personal or household items?	After paying for expenses for this business, including hired workers, purchase of goods for sale or inputs, such as raw materials, fuel and electricity, but before purchasing personal items for yourself or your household, how much money do you usually receive from this business?	Do you use part of the money you get from this business for yourself or for your household?	How much money do you usually use for yourself or your household?	After making purchases for the business and after using some money for yourself or your household, is there usually any money left?	How much money is usually left?	Does your business have an inventory of products or goods not yet sold?	How much could you sell all of these goods for today?
YES...1 NO...2 (-21)	AMOUNT 21	AMOUNT TIME UNIT	AMOUNT TIME UNIT	YES...1 NO...2 (-19)	AMOUNT TIME UNIT	YES...3 NO...2 (-21)	AMOUNT TIME UNIT	YES....1 NO...2 (-PART B)	AMOUNT
1									
2									
3									

=PART D

TIME UNIT:
DAY.....3
WEEK.....4
YEAR.....5

SECTION 14. PART D. ASSETS

FIRST BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4 Did your business purchase any ... in the last 12 months? YES...1 NO....2 (> 6)	5 How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6 Did your business sell any ... in the last 12 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ... sold in the last 12 months? AMOUNT
----------------	---	--	---	--	--	--	---

> NEXT ITEM

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

> NEXT BUSINESS

SECOND BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4 Did your business purchase any ... in the last 12 months? YES...1 NO....2 (> 6)	5 How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6 Did your business sell any ... in the last 12 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ... sold in the last 12 months? AMOUNT
-----------------	---	--	---	--	--	--	---

> NEXT ITEM

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

> NEXT BUSINESS

TIME UNIT:
DAY.....3
WEEK.....2
YEAR.....6

THIRD BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	4 Did your business purchase any ... in the last 12 months? YES...1 NO....2 (> 6)	5 How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	6 Did your business sell any ... in the last 12 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ... sold in the last 12 months? AMOUNT
----------------	---	--	---	--	--	--	---

> NEXT ITEM

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

> SECTION 15

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SECTION 15: HOUSING PART A (END)

BUILDING NUMBER	18	19	20		21	22	23		24	25		26	27
	Is this dwelling rented, including rent in kind?	From whom is the dwelling rented? Is it from a relative, a private employer of a member of the household, a government agency, or a private individual or agency?	How much money does your household pay in rent for this dwelling?	TIME UNITS: DAY...3 WEEK...4 MONTH...5 YEAR...6	Did you pay anything in cash or in kind in advance to move in?	How much was paid in advance?	When did you pay that advance money?	MONTH	YEAR	Does your household also supply goods or services in exchange for this dwelling?	TIME UNITS: DAY...3 WEEK...4 MONTH...5 YEAR...6	What is the approximate value of these goods and services provided by your household?	Is part or all of the rent paid by someone who is not a member of your household, or does someone provide this housing free of charge? For example, a relative, a private employer, a government agency or other public agency, or a private individual or agency?
	YES...1 NO...2 (-> 26)	RELATIVE...1 PRIVATE EMPLOYER...2 GOVERNMENT...3 PRIVATE INDIVIDUAL...4 DON'T KNOW...5	AMOUNT	TIME UNIT	YES...1 NO...2 (-> 24)	AMOUNT	MONTH	YEAR	YES...1 NO...2 (-> 26)	AMOUNT	TIME UNIT	YES, PAYS RENT...1 YES, PROVIDES FREE OF CHARGE...2 NO...3 (-> NEXT BUILDING)	RELATIVE...1 PRIVATE EMPLOYER...2 GOVERNMENT...3 PRIVATE INDIVIDUAL/AGENCY...4 DON'T KNOW...5 -> NEXT BUILDING
1													
2													
3													
4													
5													

-> PART B

SECTION 15: HOUSING

PART B: HOUSING EXPENDITURES

1. Do any members of your household own any other dwellings?
 YES.....1
 NO.....2 (> 9)
2. Did your household borrow money to buy or build this house, and is your household still repaying the debt?
 YES.....1
 NO.....2 (> 5)
3. How much was the last payment?
 AMOUNT:
4. How often are they made?
 NO OF TIMES:
 TIME UNIT:
5. Did anyone in the household rent out these other dwellings in the past 12 months?
 YES...1
 NO.....2 (> 7)
6. How much was received in rental income in the past 12 months from these other dwellings?
 AMOUNT:
 > 9
7. If you wanted to rent these other dwellings to someone else, how much rent would you be able to get for them?
 AMOUNT:
 TIME UNIT:
8. If you wanted to sell these other dwellings today, how much would you be able to get for them?
 AMOUNT:
9. Did anyone in the household sell a dwelling in the past 12 months?
 YES.....1
 NO.....2 (> 12)
10. What was the main reason for selling this dwelling?
 MOVED FROM THE AREA.....1
 TO PAY FOR MEDICAL CARE.....2
 DEATH OF OWNER.....3
 OTHER.....4

11. How much was received from the sale of the dwelling?
 AMOUNT:
12. What is the source of drinking water for your household?
 INDOOR PLUMBING.....1
 INSIDE STANDPIPE.....2
 WATER VENDOR.....3
 WATER TRUCK/TANKER SERVICE.....4
 NEIGHBORING HOUSEHOLD.....5
 PRIVATE OUTSIDE STANDPIPE/TAP.....6
 PUBLIC STANDPIPE.....7
 WELL WITH PUMP.....8
 WELL WITHOUT PUMP.....9
 RIVER, LAKE, SPRING, POND.....10
 RAINWATER.....11
 OTHER (SPECIFY:.....) 12
13. How much was your household's last water bill?
 AMOUNT:
 (PROBE IF JOINT METER OR SHARED BILL)
14. What amount of time was covered by that bill?
 NUMBER:
 TIME UNIT:
15. Did you sell any of this water to someone else?
 YES.....1
 NO.....2 (> 17)
16. What fraction of this water was sold?
 LESS THAN 1/4.....1
 1/4.....2
 1/2.....3
 3/4.....4
 ALL.....5
17. How far is this [SOURCE OF DRINKING WATER]... from your dwelling? [INTERVIEWER: IF IN HOUSE OR COMPOUND, RECORD 0]
 DISTANCE:
 DISTANCE CODE:
 CODES: FOOT...1
 METER...2
 KM...3
 MILE...4
 > 18, NEXT PAGE

TIME UNIT: DAY.....3 MONTH.....5
 WEEK.....4 YEAR.....6

SECTION 15: HOUSING

PART B: HOUSING EXPENDITURES

(END)

18. How does your household dispose of most of its garbage?

COLLECTED BY A GARBAGE TRUCK.....]
 BURIED.....]
 BURNED.....]
 COMPOST (IN THE FARM).....]

19. How much did your household pay for garbage disposal?

(IF NOTHING PAID, WRITE 0)

AMOUNT:

TIME UNIT:

20. Does your dwelling have a toilet or latrine?

YES.....]
 NO.....] 2 (>22)

21. What type of toilet is used by your household?

FLUSH TOILET.....]
 PIT LATRINE.....]
 PAN/BUCKET.....]
 OTHER (SPECIFY:.....).....]

22. What is the main source of lighting for your dwelling?

ELECTRICITY.....]
 KEROSENE OIL OR GAS LAMPS.....] (> 20)
 CANDLES OR TORCHES (FLASHLIGHTS).....] (> 20)
 BIODIESEL.....] (> 20)
 NONE.....] (> 20)

23. Do you have a joint or individual electric meter?

JOINT.....]
 INDIVIDUAL.....] 2

24. How much was the last electric bill for your household?

(IF NOTHING, WRITE ZERO) AMOUNT:

25. How many months consumption was covered by this bill?

MONTHS:

26. What kind of fuel is most often used by your household for cooking?

WOOD.....] LIST 2 ANSWERS AT MOST
 CHARCOAL.....]
 GAS.....]
 ELECTRICITY.....]
 KEROSENE.....]
 BIODIESEL.....]
 OTHER (SPECIFY:.....).....]

27. How much was spent by members of your household in the past 2 weeks (since my last visit) on

Firewood.....]
 (IF FIREWOOD USED FROM HOME PRODUCTION, WRITE VALUE OF AMOUNT USED)
 Charcoal.....]
 Kerosene.....]
 Biogas.....]
 Oil (for lamps).....]
 Other fuel for cooking or lighting (SPECIFY:.....).....]

= SECTION 16

TIME UNIT: DAY.....] MONTH.....]
 WEEK.....] YEAR.....]

SECTION 16: DURABLE GOODS, HOUSEHOLD ANNUAL EXPENDITURES AND ASSISTANCE

PART A: DURABLE GOODS

RESPONDENT: THE HEAD OF HOUSEHOLD

INSTRUCTIONS:
FOR EACH ITEM IN THE LIST BELOW, ASK THE FOLLOWING QUESTION:
 Do the members of your household have....
 (TYPE OF GOOD)....
PUT A CROSS IN THE APPROPRIATE BOX FOR EACH GOOD. THEN GO TO THE NEXT ONE. FOR ALL GOODS OWNED, ASK QUESTIONS 2-7.

1. Do the members of your household have.....

ITEM	CODE	YES	NO
Radios?	40		
Bicycles?	41		
Radio/cassette players?	42		
Record players?	43		
Stoves (gas, electric, biogas charcoal, wood)?	44		
Sewing machines?	45		
Motorbikes?	46		
Refrigerators or freezers?	47		
Fans?	48		
Cameras?	49		
Video equipment/television?	50		
Cars, other vehicles?	51		
Furniture and rugs?	52		
Lanterns and lamps?	53		
Pots and Pans?	54		
Other durable goods?	55		

2 Please describe all the ...[]... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE, COLOUR, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT (QUESTION 1). THEN GO TO THE NEXT ITEM IN QUESTION 1 FOR WHICH THE ANSWER IS YES. IF POTS, PANS AND FURNITURE LIST ITEM MOST VALUABLE. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.	3 Who in the household owns this ...? ...? ...?	4 Was this ... acquired in the last 12 months? YES: ... 1 NO: ... 2	5 In what year was this ... acquired?	6 How much did you pay for this ...? ...? ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ...? ...? when you acquired it?	7 If you wanted to sell this ... today, how much would you receive? - NEXT ITEM	
						GOOD
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

SECTION 14: DURABLE GOODS, HOUSEHOLD ANNUAL EXPENDITURES AND ASSISTANCE

PART A: DURABLE GOODS

RESPONDENT: THE HEAD OF HOUSEHOLD

2 Please describe all the ... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE COLOR, ETC.) FOR EACH OF THE GOODS. COPY THE TYPE FROM THE LIST AT LEFT. QUESTION 1 APPLIES TO THE BEST ITEM IN QUESTION 1 LIST WHICH THE CHASER HAS. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.			3 Who in the household owns this ...? IF COMMUNITY PROPERTY, WRITE 99.	4 Was this ... acquired the last 12 months? YES...1 NO.....2	5 In what year was this ... acquired?	6 How much did you pay for this ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ... when you acquired it?	7 If you wanted to sell this ... today, how much would you receive? NEXT ITEM
GOOD	DESCRIPTION	CODE	ID CODE	YEAR	AMOUNT	AMOUNT	
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							

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SECTION 16: PART B: HOUSEHOLD ANNUAL

1	2	
In the past 12 months, have any members of your household purchased or spent money on the following items?	How much did the members of your household spend on ... in the past 12 months (since...)?	
PUT A CROSS IN THE APPROPRIATE BOX COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2.	<input checked="" type="checkbox"/> YES	AMOUNT
Home repairs	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	10
Repairs of vehicles (including bicycles)	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	11
Repairs of other household items (radios, shoes, clothes etc.)	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	12
Kitchen equipment (plates, spoons and forks)	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	13
Lanterns and lamps	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	14
Carpets and rugs?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	15
Linens, towels, bedsheets, blankets?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	16
Home services (e.g., cooking, cleaning, gardening, childcare)	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	17
Government taxes/licenses	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	18
Dues to cooperatives or professional organizations	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	19
Weddings of household members	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	20
Dowries of household members	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	21
Donations to churches, mosques, and civic organizations	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	22

▶ PART C

PART C: RECEIPT OF ASSISTANCE

1	2	
In the past 12 months (since...), have any members of your household received assistance (of cash or in kind, from the ... (ORGANIZATION)....?	How much have the members of your household received in the past 12 months (from (ORGANIZATION)....?	
PUT A CROSS IN THE APPROPRIATE BOX COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2.	<input checked="" type="checkbox"/> YES	AMOUNT
Lutheran Church/ELCT?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	23
Catholic church?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	24
Seventh Day Adventist?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	25
Mosque?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	26
Other religious organization?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	27
Party organizations?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	28
Cooperative unions?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	29
Social Welfare Office?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	30
Tanzania Red Cross?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	31
PARTAGE?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	32
World Vision?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	33
UAMATA?	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	34
Other voluntary groups? Specify:	YES-> <input type="checkbox"/> ←-NO <input type="checkbox"/>	35

▶ SECTION 17

SECTION 17: FOOD CONSUMPTION

SUPERVISOR _____ CODE:

DESIGNATED RESPONDENT: _____

INTERVIEWER _____

WAS THIS PERSON INTERVIEWED? YES.....1] NO.....2

Now I am going to ask you about the food consumed by your household during the past 12 months (since ..(MONTH).... (last year)).

PART A: THE SEASONS OF THE PAST 12 MONTHS

1. During the past 12 months, in some months it rained heavily (the masika and voli seasons), while at other times it did not (largest season).
- A. Would you please explain to me during which months of the past 12 months you had the rainy seasons (masika, voli)?
- B. During which months during the past 12 months did your community have the largest season?

WRITE THE CODE FOR THE SEASON IN THE BOX FOR THE MONTH. PLEASE ASK THE RESPONDENT ABOUT ANY MONTHS NOT MENTIONED FOR ANY SEASON. EVERY MONTH IN THE PAST 12 MONTHS SHOULD BE ACCOUNTED FOR BY THE RESPONDENT.

- MASIKA RAINS.....1
- VOLI RAINS.....2
- KIANGAZI DRY.....3

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

2. During the past 12 months, have the members of your household eaten foods grown or raised by your household?

YES.....1 (- PART B)

NO2 REFER BACK TO SECTION 11 (FARMS) SECTION 11 HAS COMPLETED. PLEASE TO MAKE SURE THAT THE HOUSEHOLD DID NOT CONSUME ANY OF ITS PRODUCTION. IF THIS WAS THE CASE

.....2 (- PART C)

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

IF THE ANSWER TO 1 IS YES, ASK 2-7.

<p>1 INTERVIEWER: REFER BACK TO THE FARM SECTION, PART B. BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN.</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7. <input checked="" type="checkbox"/> X</p>		<p>2 During the past 12 months, have the members of your household eaten ... [CROP]... that was grown or raised by the members of your household?</p> <p>YES...1 NO...2 (-> NEXT FOOD)</p>												<p>3 During which months of the last 12 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2</p>												<p>4 How often during the months of the rainy season (mas/ks, vuli) did they eat home-produced ... [CROP]...?</p> <p>IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND -6.</p>		<p>5 How much would it have cost to buy the amount they ate each time during the rainy season?</p>	<p>6 How often during the months of the dry season (k'langazi) did they eat home-produced ... [CROP]...?</p> <p>IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND -NEXT ITEM.</p>		<p>7 How much would it have cost to buy the amount they ate each time during the dry season?</p> <p><input type="checkbox"/> - NEXT ITEM</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TIME UNIT:
DAY...3
WEEK...4
MONTH...5
YEAR...6

- 124 -

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

IF THE ANSWER TO 1 IS YES, ASK 2-7.

<p>1 INTERVIEWER: REFER BACK TO THE FARM SECTION, PART B. BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN.</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7.</p>		<p>2 During the past 12 months, have the members of your household eaten (a [CROP]... that was grown or raised by the members of your household?</p> <p>YES...1 NO...2 (-> NEXT FOOD)</p>		<p>3 During which months of the last 12 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2</p>												<p>4 How often during the months of the rainy season (mesika, vull) did they eat home-produced ...[CROP]...?</p> <p>IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND =>6.</p>		<p>5 How much would it have cost to buy the amount they ate each time during the rainy season?</p>	<p>6 How often during the months of the dry season (klangazi) did they eat home-produced ...[CROP]...?</p> <p>IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND =>NEXT ITEM.</p>		<p>7 How much would it have cost to buy the amount they ate each time during the dry season?</p>
Sunflower seeds?		YES->		30																	
		-<NO																			
Mambaranuts?		YES->		31																	
		-<NO																			
Palm oil/oil palm?		YES->		32																	
		-<NO																			
Avocado?		YES->		34																	
		-<NO																			
Mangoes?		YES->		37																	
		-<NO																			
Pampax?		YES->		38																	
		-<NO																			
Citrus fruits?		YES->		39																	
		-<NO																			
Pineapples?		YES->		40																	
		-<NO																			
Other fruits, including passion fruits?		YES->		41																	
		-<NO																			
Sugar, candy, honey or sugar cane?		YES->		44																	
		-<NO																			
Tomatoes?		YES->		46																	
		-<NO																			
Onions, leeks and green onions?		YES->		47																	
		-<NO																			

TIME UNIT:
DAY...3
WEEK...5
MONTH...3
YEAR...6

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-> QUESTION 1, NEXT PAGE

* NOTE: FOR MANGOES, ASK 04 ABOUT THE MANGO SEASON AND ASK 06 ABOUT ALL OTHER SEASONS.

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

IF THE ANSWER TO 1 IS YES, ASK 2-7.

<p>1 INTERVIEWER: REFER BACK TO THE FARM SECTION, PART B. BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN.</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7. <input type="checkbox"/> X <input type="checkbox"/></p>	<p>2 During the past 12 months, have the members of your household eaten ...[CROP]... that was grown or raised by the members of your household?</p> <p>YES...1 NO (-> REST FOOD) 2</p>	<p>3 During which months of the last 12 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2</p>	<p>4 How often during the months of the rainy season (masika, vull) did they eat home-produced ...[CROP]...?</p> <p>IF NONE PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND -6.</p>	<p>5 How much would it have cost to buy the amount they ate each time during the rainy season?</p>	<p>6 How often during the months of the dry season (khangari) did they eat home-produced ...[CROP]...?</p> <p>IF NONE PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND -NEXT ITEM.</p>	<p>7 How much would it have cost to buy the amount they ate each time during the dry season?</p> <p><input type="checkbox"/> - NEXT ITEM</p>																																																																																																												
							<table border="1"> <thead> <tr> <th></th> <th>JAN</th> <th>FEB</th> <th>MAR</th> <th>APR</th> <th>MAY</th> <th>JUN</th> <th>JUL</th> <th>AUG</th> <th>SEPT</th> <th>OCT</th> <th>NOV</th> <th>DEC</th> <th>TIMES</th> <th>TIME UNIT</th> <th>AMOUNT</th> <th>TIMES</th> <th>TIME UNIT</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Eggplant and bitter tomatoes?</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Cabbage?</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other vegetables (cassava leaves, carrots, lettuce, etc.)?</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Spices (curry, red pepper, etc.)?</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other foods or crops (specify: _____)?</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	Eggplant and bitter tomatoes?																			Cabbage?																			Other vegetables (cassava leaves, carrots, lettuce, etc.)?																			Spices (curry, red pepper, etc.)?																			Other foods or crops (specify: _____)?											
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TIME UNIT:
DAY...3
WEEK...4
MONTH...5
YEAR...6

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-> QUESTION 1, NEXT PAGE

IF THE ANSWER TO 1 IS YES, ASK 2-7.

1 During the past 12 months, have the members of your household eaten any ... [ITEM] ... that was produced by animals belonging to your household? REFER BACK TO SECTION 12 (PART A) TO VERIFY THESE ANSWERS. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7.

2 IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.

3 During which months of the last 12 months (since ...) did your household consume the ... [ITEM] ... from animals belonging to your household? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN PRODUCTION) ... 1 NO (DID NOT CONSUME FROM OWN PRODUCTION) ... 2

4 How often during the months of the rainy season (masika, wuli) did they eat home-produced ... [ITEM] ...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.

5 How much would it have cost to buy the amount they ate each time during the rainy season? AMOUNT

6 How often during the months of the dry season (kingszi) did they eat home-produced ... [ITEM] ...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.

7 How much would it have cost to buy the amount they ate each time during the dry season? > NEXT ITEM

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Chicken eggs?	YES->																		
	<-NO																		
Fresh milk?	YES->																		
	<-NO																		
Yoghurt, cheese or other milk product?	YES->																		
	<-NO																		

TIME UNIT:
 DAY...3
 WEEK...4
 MONTH...2
 YEAR...6

IF THE ANSWER TO 1 IS YES, ASK 2-7.

1 During the past 12 months, have the members of your household eaten any fish, edible insects or wild game (including game birds) that were collected or captured by members of your household? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7.

2 IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.

3 During which months of the last 12 months (since ...) did your household consume the ... [ITEM] ... captured or collected by members of your household? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN CATCH) ... 1 NO (DID NOT CONSUME FROM OWN CATCH) ... 2

4 How often during the months of the rainy season (masika, wuli) did they eat the ... [ITEM] ... that they collected? IF HOME CATCH NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.

5 How much would it have cost to buy the amount they ate each time during the rainy season? AMOUNT

6 How often during the months of the dry season (kingszi) did they eat the ... [ITEM] ... that they collected? IF HOME CATCH NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.

7 How much would it have cost to buy the amount they ate each time during the dry season? > NEXT ITEM

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Fish?	YES->																		
	<-NO																		
Wild game, including game birds?	YES->																		
	<-NO																		
Edible insects?	YES->																		
	<-NO																		

TIME UNIT:
 DAY...3
 WEEK...4
 MONTH...2
 YEAR...6

> QUESTIONS 2-7

END OF PART B

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SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

1 During the past 12 months (since...) have the members of your household bought any of the following foods for their own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. <input checked="" type="checkbox"/>		2 IF THE ANSWER TO 1 IS YES, ASK 2-8. During which months of the last 12 months (since...) did members of your household buy ..(FOOD ITEM)..? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (BOUGHT).....1 NO (DID NOT BUY).....2												3 How often during the months of the rainy season (masika, vuli) did they buy ...(FOOD ITEM)..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		4 How much did it cost to buy this amount each time during the rainy season? AMOUNT	5 How often during the months of the dry season (kiangazi) did they buy (FOOD ITEM)..? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.		6 How much did it cost to buy this amount each time during the dry season? AMOUNT	7 Have the members of your household bought any ...1... since my last visit? YES...1 NO...2 (=NEXT ITEM)	8 How much have they spent since my last visit? <input type="checkbox"/> NEXT ITEM AMOUNT
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	TIMES	TIME UNIT	AMOUNT	AMOUNT		
Cooking bananas?	YES->	08																			
	<-NO																				
Sweet bananas?	YES->	09																			
	<-NO																				
Bananas in any other form?	YES->	10																			
	<-NO																				
Raw cassava?	YES->	11																			
	<-NO																				
Dried cassava?	YES->	12																			
	<-NO																				
Cassava in any other form?	YES->	13																			
	<-NO																				
Yams, cocoyams, sweet potatoes?	YES->	14																			
	<-NO																				
Irish potatoes?	YES->	15																			
	<-NO																				
Maize?	YES->	16																			
	<-NO																				
Millet or sorghum, all forms?	YES->	17																			
	<-NO																				
Rice?	YES->	18																			
	<-NO																				
Beans, peas, cowpeas and other pulses?	YES->	19																			
	<-NO																				

TIME UNIT:
DAY...3
WEEK...4
MONTH...5
YEAR...6

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> QUESTION 1, NEXT PAGE

SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

1		2												3		4	5		6	7	8
During the past 12 months (since...) have the members of your household bought any of the following foods for their own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		IF THE ANSWER TO 1 IS YES, ASK 2-8. During which months of the last 12 months (since...) did members of your household buy ..(FOOD ITEM)..? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (BOUGHT).....1 NO (DID NOT BUY).....2												How often during the months of the rainy season (masks, null) did they buy ... (FOOD ITEM)...? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >3.		How much did it cost to buy this amount each time during the rainy season?	How often during the months of the dry season (kiamazi) did they buy ...? (FOOD ITEM)...? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.		How much did it cost to buy this amount each time during the dry season?	Have the members of your household bought any ... () ... since my last visit?	How much have they spent since my last visit?
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	YES...1 NO...2 (=NEXT ITEM)	AMOUNT
Groundnuts?	YES->	20																			
	<-NO																				
Sunflower seeds?	YES->	20																			
	<-NO																				
Mambaranuts?	YES->	21																			
	<-NO																				
Palm oil/oil palm	YES->	22																			
	<-NO																				
Butter?	YES->	24																			
	<-NO																				
Margarine?	YES->	25																			
	<-NO																				
Avocado?	YES->	26																			
	<-NO																				
Mangoes?	YES->	27																			
	<-NO																				
Pawpaw?	YES->	28																			
	<-NO																				
Citrus fruits?	YES->	29																			
	<-NO																				
Pineapples?	YES->	30																			
	<-NO																				
Other fruits, including passion fruits?	YES->	31																			
	<-NO																				

TIME UNIT:
 DAY...7
 WEEK...5
 MONTH...3
 YEAR...0

> QUESTION 1, NEXT PAGE

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SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

IF THE ANSWER TO 1 IS YES, ASK 2-8.

<p>1</p> <p>During the past 12 months (since ...) have the members of your household bought any of the following foods for their own consumption?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. <input type="checkbox"/> X</p>		<p>2</p> <p>During which months of the last 12 months (since ...) did members of your household buy ...[FOOD ITEM]...?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (BOUGHT)-...:.....1 NO (DID NOT BUY).....2</p>												<p>3</p> <p>How often during the months of the rainy season (masika, wuli) did they buy ...[FOOD ITEM]...?</p> <p>IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >3.</p>		<p>4</p> <p>How much did it cost to buy this amount each time during the rainy season?</p>		<p>5</p> <p>How often during the months of the dry season (kangazi) did they buy [FOOD ITEM]...?</p> <p>IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.</p>		<p>6</p> <p>How much did it cost to buy this amount each time during the dry season?</p>		<p>7</p> <p>Have the members of your household bought any ...1... since my last visit?</p> <p>YES...1 NO (>NEXT ITEM)</p>		<p>8</p> <p>How much have they spent since my last visit?</p> <p>>NEXT ITEM</p>	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	YES...1 NO (>NEXT ITEM)	AMOUNT				
Fruits Juices?	YES->	42																							
	<-NO																								
Sugar, candy, honey or sugar cane?	YES->	44																							
	<-NO																								
Tomatoes?	YES->	46																							
	<-NO																								
Onions, leeks and green onions?	YES->	47																							
	<-NO																								
Eggplant and bitter tomatoes?	YES->	48																							
	<-NO																								
Pumpkin?	YES->	49																							
	<-NO																								
Cabbage?	YES->	50																							
	<-NO																								
Other vegetables (cassava leaves, carrots, spinach, okra, cauliflower, etc.)?	YES->	51																							
	<-NO																								
Spices (curry, red pepper, etc.)?	YES->	53																							
	<-NO																								
Fish	YES->	54																							
	<-NO																								
Edible insects?	YES->	56																							
	<-NO																								
Eggs (all birds)?	YES->	61																							
	<-NO																								

TIME UNIT:
DAY...1
WEEK...5
MONTH...3
YEAR...6

> QUESTION 1, NEXT PAGE

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SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

IF THE ANSWER TO 1 IS YES, ASK 2-8.

1 During the past 12 months (since ...) have the members of your household bought any of the following foods for their own consumption?

2 During which months of the last 12 months (since ...) did members of your household buy ... [FOOD ITEM]...?

3 How often during the months of the rainy season (masika, vuli) did they buy ... [FOOD ITEM]...?

4 How much did it cost to buy this amount each time during the rainy season?

5 How often during the months of the dry season (kiangazi) did they buy ... [FOOD ITEM]...?

6 How much did it cost to buy this amount each time during the dry season?

7 Have the members of your household bought any ... [FOOD ITEM]... since my last visit?

8 How much have they spent since my last visit?

FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.

YES (BOUGHT).....1
NO (DID NOT BUY).....2

IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >3.

IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.

YES...1
NO...2
(->NEXT ITEM)

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.

	MONTHS												TIMES		TIME UNIT	AMOUNT	TIMES		TIME UNIT	AMOUNT	YES...1 NO...2 (->NEXT ITEM)	AMOUNT
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	T	U		T	U					
Local alcoholic beverages consumed at home?	64																					
Fresh milk?	67																					
Milk products (yogurt/cheese)?	69																					
Other foods or crops (specify:)?	72																					

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

> QUESTION 1, NEXT PAGE

TIME UNIT:
DAY...5
WEEK...4
MONTH...3
YEAR...6

SECTION 17. FOOD CONSUMPTION, PART C-2: FOOD EXPENDITURES, NON-SEASONAL FOODS

IF THE ANSWER TO 1 IS YES, ASK 2-6.

1 During the past 12 months (since ...) have the members of your household bought any of the following foods for their own consumption?

2 During which months of the last 12 months (since ...) did members of your household buy ..(FOOD ITEM)..?

3 How often did they buy().... during these months?

4 How much did it cost to buy this amount each time during these months?

5 Have the members of your household bought any ...().... since my last visit?

6 How much have they spent since my last visit?

FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.

YES (BOUGHT).....1
NO (DID NOT BUY).....2

IF NOT BOUGHT DURING THESE MONTHS WRITE 0 TIMES AND 0\$.
THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.

YES...1
NO...2 (-NEXT ITEM)

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. X

	YES-> -<NO	MONTHS												TIMES	TIME UNIT	AMOUNT	AMOUNT	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
Wheat flour, bread?		25																
Macaroni and spaghetti?		26																
Biscuits, cakes or buns?		27																
Other oils?		33																
Jams, jellies, marmalades, sweets?		45																
Salt?		52																
Chicken, duck and other poultry?		55																
Beef?		56																
Mutton and goat?		57																
Pork?		58																
Baby food, excluding milk?		62																
Sodas (coke, fanta, etc.)?		63																

TIME UNIT:
DAY...3
WEEK...4
MONTH...5
YEAR...6

QUESTION 1, NEXT PAGE

SECTION 17. FOOD CONSUMPTION, PART C-2: FOOD EXPENDITURES, NON-SEASONAL FOODS

<p>1</p> <p>During the past 12 months (since....) have the members of your household bought any of the following foods for their own consumption?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. <input checked="" type="checkbox"/> X</p>		<p>2</p> <p>During which months of the last 12 months (since...) did members of your household buy...[FOOD ITEM]..?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (BOUGHT).....1 NO (DID NOT BUY).....2</p>												<p>3</p> <p>How often did they buy...[FOOD ITEM]... during these months?</p> <p>IF NOT BOUGHT DURING THESE MONTHS, WRITE 0 TIMES AND >5.</p>		<p>4</p> <p>How much did it cost to buy this amount each time during these months?</p> <p>THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.</p>	<p>5</p> <p>Have the members of your household bought any...[FOOD ITEM]... since my last visit?</p> <p>YES...1 NO...2 (>NEXT ITEM)</p>	<p>6</p> <p>How much have they spent since my last visit?</p> <p>>NEXT ITEM</p>
		<p>JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC</p>												<p>TIMES</p>	<p>TIME UNIT</p>	<p>AMOUNT</p>	<p>AMOUNT</p>	
<p>Other alcoholic beverages consumed at home?</p> <p>YES-> 65</p> <p><-NO</p>																		
<p>Yeast, baking powder?</p> <p>YES-> 66</p> <p><-NO</p>																		
<p>Milk Powder?</p> <p>YES-> 68</p> <p><-NO</p>																		
<p>Tinned meats, fish, vegs or fruit?</p> <p>YES-> 70</p> <p><-NO</p>																		
<p>Other prepared foods consumed at home?</p> <p>YES-> 71</p> <p><-NO</p>																		
<p>Other foods or crops (specify: _____)?</p> <p>YES-> 72</p> <p><-NO</p>																		
<p>> QUESTION 1, NEXT PAGE</p>		<p>JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC</p>																

TIME UNIT:
DAY...3
WEEK...4
MONTH...5
YEAR...6

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**SECTION 18. EXPENDITURES BY
HOUSEHOLD MEMBERS**

**PART A.
RESPONDENTS: ALL HOUSEHOLD MEMBERS**

SECTION 18. EXPENDITURES BY HOUSEHOLD MEMBERS, PART A: ACQUISITIONS AND EXPENDITURES IN THE PAST 12 MONTHS

Now I am going to ask you about certain items you may have acquired in the past 12 months (since...). By acquired, I mean items that you bought for yourself, made for yourself, or that were given to you.

A. In the past 12 months (since...), have you acquired any ...[]...?

RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM. THEN ASK QUESTION 'B' FOR ALL ITEMS ACQUIRED:

B. What is the value of all of the ...[]... that you have acquired in the past 12 months (since...)?

C A T E G O R Y	1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B	
	Charges or fees?		Fabric or cloth?		Other clo- thing e.g. shirts, pa- nts, dress- es, shorts, underclothes		Footwear?		Jewelry and watches? e.g. beads, bangles, bracelets, necklaces?		Toys, game books other than school books?		Haircuts, hair dressing?		Umbrellas, handbags, pouches, or wallets?		Medicines?		Any other medical services?		
	YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		YES...] NO.....2		
	>2A	AMOUNT	>3A	AMOUNT	>4A	AMOUNT	>5A	AMOUNT	>6A	AMOUNT	>7A	AMOUNT	>8A	AMOUNT	>9A	AMOUNT	>10A	AMOUNT	> 9.B	AMOUNT	>PART B

**SECTION 18. EXPENDITURES BY
HOUSEHOLD MEMBERS**

**PART B.
TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS 15
YEARS AND OLDER.**

SECTION 18. EXPENDITURES BY HOUSEHOLD MEMBERS, PART B: EXPENDITURES SINCE ROUND ONE

Now I am going to ask you about items that you have purchased since my last visit, 2 weeks ago. I am interested only in items you purchased for yourself or someone else with your own money, and not items purchased for you by someone else.

A. Since my last visit (2 weeks ago), have you purchased ...[]...?

RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM. ASK QUESTION 'B' FOR ALL ITEMS PURCHASED:

B. How much have you spent for ...[]... since my last visit?

1A Food consumed outside the home (at restaurants, bars, and bought on the street)? YES...1 NO.....2 -> 2A	1B AMOUNT	2A Beverages consumed outside the home? YES...1 NO.....2 -> 3A	2B AMOUNT	3A Cigarettes, tobacco? YES...1 NO.....2 -> 4A	3B AMOUNT	4A Gambling games of chance, lottery tickets? YES...1 NO.....2 -> 5A	4B AMOUNT	5A Newspapers or magazines? YES...1 NO.....2 -> 6A	5B AMOUNT	6A Gasoline and motor oil? YES...1 NO.....2 -> 7A	6B AMOUNT	7A Envelopes, writing paper, pens and pencils? YES...1 NO.....2 -> 8A	7B AMOUNT	8A Candles, paraffin, matches? YES...1 NO.....2 -> 9A	8B AMOUNT	9A Batteries? YES...1 NO.....2 -> 10A	9B AMOUNT	10A Sporting events, cinema, contribution to clubs, etc.? YES.....1 NO.....2 -> 11A	10B AMOUNT	11A Toilet soap, washing powder, tooth brush and tooth paste? YES...1 NO.....2 -> 12A	11B AMOUNT	12A Cosmetics (toiletries, perfume, body lotions)? YES...1 NO.....2 -> 12B	12B AMOUNT	SECTION 18
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**SECTION 19. REMITTANCES
AND CREDIT**

**PART A.
BORROWING AND REMITTANCES
RECEIVED**

**TO BE ASKED OF ALL HOUSEHOLD
MEMBERS. (THOSE 15 AND OLDER
RESPOND FOR THEMSELVES. ADULTS
FOR CHILDREN.**

SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED

<p>1. During the past 12 months, have you received money or goods from persons who are not members of your household? For example, from children, parents, or relatives (living elsewhere), or from other acquaintances?</p> <p>YES.....? (> 40)</p> <p>IF NO, PROCEED TO SECTION 2. MONEY RECEIVED FOR FUNERALS, SCHOOL, OR EXPENSES, CHILD SUPPORT, JEROLINE'S GOODS OR MONEY TO HELP SICK PERSONS -- IN THE LAST 12 MONTHS.</p> <p>IF YES, REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFT, LOANS, AND TRANSFERS FROM THE MEDICAL CALL AS NOTED IN THE HEALTH SECTION, AND FOR SCHOOLING, AS NOTED IN THE EDUCATION SECTION.</p>	<p>2</p> <p>From how many different people did you receive money or gifts in the last 12 months?</p> <p>NO. OF PEOPLE</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>3</p> <p>How I would like to ask you some questions about the persons from whom you received money, gifts, or loans in the past 12 months. Let's begin with the first person from whom you received money or gifts since</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....(1)</p> <p>SON.....(2)</p> <p>DAUGHTER.....(3)</p> <p>BROTHER.....(4)</p> <p>SISTER.....(5)</p> <p>FATHER.....(6)</p> <p>MOTHER.....(7)</p> <p>RELATIVE.....(8)</p> <p>OTHER NON-RELATIVE.....10</p>	<p>4</p> <p>COPY THE CODE OF THE VILLAGE WHERE SECTION 2.</p> <p>ID CODE</p>	<p>5</p> <p>Does ..(NAME).. live here in (NAME OF TOWN OR VILLAGE)....?</p> <p>YES...1 (- 7)</p> <p>NO....2</p>	<p>6</p> <p>Where does (NAME).. live? Does he/she live...?</p> <p>Here in the Village/Town....1</p> <p>Other Village in Kagera.....2</p> <p>Other town in Dar-Es-Salaam....3</p> <p>Other town in (name).....5</p> <p>Other Village Tanzania.....6</p> <p>Other Country....8</p> <p>Don't Know.....8</p>	<p>7</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>8</p> <p>Was there a specific reason that this money was sent? For example, to pay for school fees, medical care, weddings, or funerals?</p> <p>YES...1</p> <p>NO...2 (- 10)</p>	<p>9</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1</p> <p>SCHOOL EXPENSES.....2</p> <p>WEDDING EXPENSES.....3</p> <p>TRAVEL EXPENSES.....4</p> <p>UNUSUAL NEEDS.....5</p> <p>PURCHASE OF INVESTMENT.....7</p> <p>OTHER.....8</p> <p>(SPECIFY:.....)</p>	<p>10</p> <p>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (- 13)</p>	<p>11</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>12</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>13</p> <p>Did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (- 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>14</p> <p>Now I would like to ask you some questions about the second person from whom you received money, gifts, or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 CHILD.....2 PARENT.....3 SIBLING.....4 OTHER RELATIVE.....5 OTHER NON-RELATIVE.....6</p>	<p>15</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING AT SOMEWHERE SECTION 2.</p> <p>ID CODE</p>	<p>16</p> <p>Does (NAME)... live here in (NAME OF TOWN OR VILLAGE)....?</p> <p>YES...1 (- 18) NO....2</p>	<p>17</p> <p>Where does (NAME)... live? Does he/she live...?</p> <p>Here in the Village/Town in...1 Other Village in Kagera.....2 Other town in Dar Es Salaam.....3 Other town in (NAME).....4 Other Village (NAME).....5 Other Country.....6 Don't know.....6</p>	<p>18</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>19</p> <p>Was there a specific reason that this money was spent for example, to pay for school fees, medical care, weddings, or funerals?</p> <p>YES...1 NO...2 (- 21)</p>	<p>20</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES.....2 SCHOOL EXPENSES.....3 WEDDING EXPENSES.....4 INVESTMENT.....5 SUBSISTENCE NEEDS.....6 PURCHASE OF A DURABLE GOOD.....7 INVESTMENT.....8 OTHER (SPECIFY:.....)</p>	<p>21</p> <p>Must you repay any part of this amount?</p> <p>YES...1 NO....2 (- 24)</p>	<p>22</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>23</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>24</p> <p>Did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(CHECK WITH THE ANSWER TO QUESTION 2)</p> <p>YES...1 NO....2 (- 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>25</p> <p>How I would like to ask you some questions about the third person from whom you received money, gifts, or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>Spouse or wife.....1 Parent.....2 Child.....3 Other relative.....4 Friend.....5 Other person.....6 Other non-relative.....7</p>	<p>26</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE SECTION 2.</p> <p>ID CODE</p>	<p>27</p> <p>Does [NAME] live here, in [NAME OF YOUR OR VILLAGE]...?</p> <p>YES...1 (- 29) NO....2</p>	<p>28</p> <p>Where does [NAME] live? Does he/she live...?</p> <p>Here in the Village town....1 Other village in [Name].....2 Other town in [Name].....3 Other village in [Name].....4 Other town in [Name].....5 Other village in [Name].....6 Other Country....7 Don't know.....8</p>	<p>29</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>30</p> <p>Was there a specific reason that this money was sent? For example, to pay for school fees, medical care, weddings, or funerals?</p> <p>YES..1 NO...2 (- 32)</p>	<p>31</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1 SCHOOL EXPENSES.....2 WEDDING EXPENSES.....3 FUNERAL EXPENSES.....4 OTHER NEEDS.....5 HOUSEHOLD.....6 INVESTMENT.....7 OTHER.....8 (SPECIFY.....)</p>	<p>32</p> <p>Must you repay any part of this amount?</p> <p>YES...1 NO....2 (- 35)</p>	<p>33</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>34</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>35</p> <p>In addition to the three people you mentioned, did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1 NO.....2 (- 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (EOD)

<p>36 How much have you received from any other persons in the preceding 12 months, net of any amount you have paid in kind?</p> <p>AMOUNT</p>	<p>37 Have you repaid any part of this amount?</p> <p>YES..1 NO...2 (- 40)</p>	<p>38 How much have you already repaid?</p> <p>AMOUNT</p>	<p>39 How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>40 Are you responsible for any other loans (including family or business loans)?</p> <p>YES..1 NO...2 (- PART B)</p>	<p>41 What is the total amount of your repayments of these outstanding debts?</p> <p>AMOUNT</p>	<p>42 Has any part of this amount been used to pay for medical care?</p> <p>YES...1 NO...2 (- PART B)</p>	<p>43 How much has been incurred for medical care?</p> <p>AMOUNT</p> <p style="text-align: center;">▶ PART B</p>
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**SECTION 19. RENITTANCES
AND CREDIT**

**PART B.
LENDING AND RENITTANCES SENT
TO BE ASKED OF ALL HOUSEHOLD
MEMBERS 15 YEARS OR OLDER.**

SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

I B R O W N E R S O F C O R P O R A T I O N S	1	2
	During the past 12 months, have you provided money or goods to persons who are not members of your household? For example, to children, parents, or relatives living elsewhere? Or to other acquaintances? YES.....1 NO.....2 (- 40)	To how many different people did you send money or gifts in the last 12 months?
	IF NO, PROBE FOR GIFTS, MONEY SENT FOR FUNERALS, MONEY SENT FOR SCHOOLING EXPENSES, MONEY SENT FOR CHILD SUPPORT, MONEY FOR WEDDINGS, GOODS OR MONEY TO HELP SICK PERSONS -- IN THE LAST 12 MONTHS. REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFTS, LOANS AND TRANSFERS TO THESE CHILDREN.	NO. OF PEOPLE

P. 3
 NEXT PAGE

SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

IDENTIFICATION CODE	3 How I would like to ask you some questions about the persons to whom you sent money or gifts or loans in the past 12 months. Let's begin with the first person to whom you sent money or gifts since.... What is his/her relationship to you? HUSBAND OR WIFE.....1 (C- 3) PARENT.....2 (C- 4) GRANDPARENT.....3 (C- 5) SON/DAUGHTER.....4 (C- 6) GRANDCHILD.....5 (C- 7) SISTER/BROTHER.....6 (C- 8) NIECE/NEPHEW.....7 (C- 9) OTHER RELATIVE.....8 (C- 10) NEIGHBOR.....9 (C- 11) OTHER NON-RELATIVE..10 (C- 12)	4 COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2. ID CODE	5 Does ...[NAME]... live here, in the name of TOWN OR VILLAGE? YES...1 (C- 7) NO.....2	6 Where does ...[NAME]... live? Does he/she live... Here in the village/town....1 Other Village in Kagera.....2 Other town in Kagera.....3 Dar-Es-Salaam....4 Other town in Tanzania.....5 Other Village in Tanzania.....6 Other Country.....7 Don't Know.....8	7. How much money have you sent to ...[NAME]... in the past 12 months including the value of gifts in kind? AMOUNT	8 Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals? YES.....1 NO.....2 (C- 10)	9 What was the main reason for sending this money or these goods? MEDICAL CARE.....1 FUNERAL EXPENSES...2 SCHOOL EXPENSES...3 WEDDING EXPENSES...4 TRANSPORTATION.....5 ASSISTANCE NEEDS...6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT.....8 OTHER.....9 (Specify: _____)	10 Do you expect that any part of this amount will be repaid to you? YES.....1 NO.....2 (C- 13)	11 How much has already been repaid? AMOUNT	12 How much do you expect to be repaid in the future? AMOUNT	13 Did you send money or gifts in kind to anyone else in the past 12 months? YES.....1 NO.....2 (C- 40) (VERIFY WITH THE ANSWER TO QUESTION 2)
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SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

IDENTIFICATION CODE	14	15	16	17	18	19	20	21	22	23	24
	Now I would like to ask you some questions about the second person to whom you sent money or gifts or loans in the past 12 months.	COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.	Does [NAME]... [live here, (live here, [NAME]... [live here, DOES HE/SHE LIVE...]	Where does [NAME]... [live? Does he/she live...]	How much money have you sent to [NAME]... in the past 12 months, including the value of gifts in kind?	Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?	What was the main reason for sending this money or these goods?	Do you expect that any part of this amount will be repaid to you?	How much has already been repaid?	How much do you expect to be repaid in the future?	Did you send money or gifts in kind to anyone else in the past 12 months?
	What is his/her relationship to you?		NAME OF TOWN OR VILLAGE? YES...1 (- 16) NO...2	Here in the Village/Town...1 Other Village in Kigera...2 Other town in Kigera...3 Dar-Es-Salaam...4 Other town in Tanzania...5 Other Village in Tanzania...6 Other Country...7 Don't Know...8		YES...1 NO...2 (- 21)	MEDICAL CARE...1 FUNERAL EXPENSES...2 SCHOOL EXPENSES...3 WEDDING EXPENSES...4 TRANSPORTATION...5 SUBSISTENCE NEEDS...6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT...8 OTHER...9 (Specify: _____)	YES...1 NO...2 (- 24)	AMOUNT	AMOUNT	(VERIFY WITH THE ANSWER TO QUESTION 2) YES...1 NO...2 (- 46)
	HUSBAND OR WIFE...1 (- 16)										
	PARENT...2 (- 16)										
	GRANDPARENT...3 (- 16)										
	SON/DAUGHTER...4										
	GRANDCHILD...5 (- 16)										
	SISTER/BROTHER...6 (- 16)										
	NIECE/NEPHEW...7 (- 16)										
OTHER RELATIVE...8 (- 16)											
NEIGHBOR...9 (- 16)											
OTHER NON-RELATIVE...10 (- 16)											

SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

<p>25</p> <p>Now I would like to ask you some questions about the third person to whom you sent money or gifts or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 PARENT.....2 GRANDPARENT.....3 SON/DAUGHTER.....4 GRANDCHILD.....5 SISTER/BROTHER.....6 NIECE/NEPHEW.....7 OTHER RELATIVE.....8 NEIGHBOR.....9 OTHER NON-RELATIVE..10</p>	<p>26</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELEMENTS FROM SECTION 2.</p> <p>ID CODE</p>	<p>27</p> <p>Does [NAME]... live here, Does he/she live... in [NAME OF TOWN OR VILLAGE]?</p> <p>YES.....1 (> 29) NO.....2</p>	<p>28</p> <p>Where does [NAME]... live? Does he/she live... Here in the Village/Town...1 Other Village in Kigera.....2 Other town in Kigera.....3 Dar-Es-Salaam.....4 Other town in Tanzania.....5 Other Village in Tanzania.....6 Other Country.....7 Dont Know.....8</p>	<p>29</p> <p>How much money have you sent to [NAME] in the past 12 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>30</p> <p>Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?</p> <p>YES.....1 NO.....2 (> 32)</p>	<p>31</p> <p>What was the main reason for sending this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES.....2 SCHOOL EXPENSES.....3 WEDDING EXPENSES.....4 TRANSPORTATION.....5 SUBSISTENCE NEEDS.....6 PURCHASE OF A DURABLE GOOD.....7 INVESTMENT.....8 OTHER.....9 (Specify: _____)</p>	<p>32</p> <p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES.....1 NO.....2 (> 35)</p>	<p>33</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>34</p> <p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>35</p> <p>In addition to these 3 people money or gifts in kind to anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES.....1 NO.....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT (END)

<p>36 How much money have you sent to all other persons in the past 12 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>37 Do you expect that any part of this amount will be repaid to you?</p> <p>YES...1 NO...2 (> 40)</p>	<p>38 How much has already been repaid?</p> <p>AMOUNT</p>	<p>39 How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>40 Does anyone or any group owe you money or goods that you expect to be repaid?</p> <p>YES...1 NO....2 (> PART C)</p>	<p>41 What is the total amount owed to you from these other individuals or groups?</p> <p>AMOUNT</p>	<p>42 Was any part of this loan made to pay for medical care?</p> <p>YES...1 NO....2 (> PART C)</p>	<p>43 How much was lent to pay for medical care?</p> <p>AMOUNT</p> <p style="text-align: center;">▶ PART C</p>
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**SECTION 19. REMITTANCES
AND CREDIT**

**PART C.
SAVINGS**

**TO BE ASKED OF ALL HOUSEHOLD
MEMBERS 15 YEARS OR OLDER.**

SECTION 19, PART C: SAVINGS

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

1	2	3	4	5	6	7			8	9	10
						A.	b.	c.			
Do you participate in any informal savings organizations with friends or neighbors (for example, bujani or upatu)?	How much do you contribute to this fund and how often? IF NOT THEN ONE ASK ABOUT THE MOST IMPORTANT UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	How much did you contribute to this bujani in the last 12 months (since...)?	Do members draw from this fund on a regular basis or only when there is an urgent need? REIMBURSED REGULARLY...1 WHEN THERE IS NEED...2 (- 7) BOTH.....3	How often does each member receive money from this fund? UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6	How much did you receive from this bujani in the last 12 months (since...)?	When a member of the organization has a family problem, will the organization help by... A. Changing the order of payment? YES...1 NO....2	B. Changing the amount of payment to the member in need? YES....1 NO.....2	C. Collecting additional funds from other members? YES....1 NO.....2	How many other informal savings organizations (bujani upatu) do you participate in?	How much did you contribute to all of these other bujani and upatu in the past 12 months?	How much did you receive from all these other bujani and upatu in the past 12 months (since...)?
YES...1 NO....2 (-12)	AMOUNT TIME UNIT	AMOUNT	FREQUENCY TIME UNIT	AMOUNT	AMOUNT	AMOUNT	NUMBER	AMOUNT	AMOUNT		
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

-11, NEXT PAGE

SECTION 19. PART C: SAVINGS

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

<p>11. Before I ask you the next question, I would like to clarify a few things. The amount of money that you report on this information will not be divided to other members of your family or your community and by law cannot be divulged to government authorities for tax purposes.</p> <p>Do you have any of the following accounts? YES...1 NO...2</p> <p>IF YES, THEN GO TO THE AMOUNT TO ALL ITEMS IN QUESTION 6</p>					
a.	b.	c.	d.	e.	<p>12. I have just discussed all of the accounts that you have plus the amount of money that you have in all of your accounts and your other savings plans, including the value of foreign savings.</p> <p>AMOUNT</p> <p>NEXT PERSON</p>
Bank savings accounts?	Checking accounts?	Foreign bank accounts?	Other bank accounts?	Other savings in your home or abroad?	

MORTALITY OF HOUSEHOLD MEMBERS

SECTION 20: MORTALITY PART A:

1. Now I'm going to ask you about anyone who was living in your household in the past 24 months and has died. Has any member of your household who was residing with you died in the past 24 months--that is, since ...[SAME MONTH TWO YEARS AGO]...?

INTERVIEWER: PROMPT FOR OLD PEOPLE, INFANTS. CROSS-REFERENCE SECTION 3 FOR RECENT DEATH OF PARENTS AND THE FERTILITY SECTION FOR RECENT DEATH OF CHILDREN

YES.....1
NO.....2 (- PART B)

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS

PERSON NUMBER	2 Please tell me the names of all members of your household who were residing with during the past 24 months and who have died. MAKE A LIST OF THE NAMES OF ALL HOUSEHOLD MEMBERS WHO DIED IN THE PAST 24 MONTHS (SINCE TWO YEARS AGO) AND RECORD THEIR SEX. MAKE SURE THAT THEY WERE PERSONS WHO HABITUALLY RESIDED AND ATE WITH THE HOUSEHOLD. ASK QUESTIONS 3-11 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST PERSON BEFORE PROCEEDING TO THE NEXT ONE.	3 SEX OF DECEASED MALE...1 FEMALE...2	4 What was the relation between [NAME] and the current head of the household? SPOUSE.....2 SON/DAUGHTER.....3 GRAND CHILD.....4 MOTHER/FATHER.....5 BROTHER/SISTER.....6 GRANDPARENT.....7 NIECE/NEPHEW.....8 SON/DAUGHTER IN LAW.....9 BROTHER/SISTER IN LAW.....10 MOTHER/FATHER IN LAW.....11 OTHER RELATIVE OF HEAD.....12 OTHER RELATIVE OF SPOUSE.....13 UNRELATED SERVANT OR BOARDER.....14 OTHER UNRELATED PERSON.....15	5 How old was [NAME] when he/she passed away? COMPLETED YEARS IF 5 OR OLDER.....5 YEARS AND MONTHS IF UNDER 5. (IF UNDER 15 YEARS, > 7)	6 Was [NAME] the head of the household before he/she died? YES...1 NO...2	7 Did [NAME] have a natural parent (mother or father) living in this household? YES...1 NO...2 (- 9)	8 COPY THE ID CODE OF THE MOTHER AND/OR FATHER OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)		9 Did [NAME] have a sister or brother living in this household? YES...1 NO...2 (- 11)	10 COPY THE ID CODE OF THE SISTERS AND/OR BROTHERS OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)					11 WAS DECEASED LESS THAN 15 YEARS OLD? (SEE QUESTION 5) YES...1 (> 26) NO...2
							MOTHER'S ID CODE	FATHER'S ID CODE		#1 ID CODE	#2 ID CODE	#3 ID CODE	#4 ID CODE	#5 ID CODE	
	NAME			YRS NOS											

SECTION 20 MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS (CONT.)

HOUSEHOLD MEMBERS	12 Was ..[NAME].. married at the time of his/her death?	13 Does the wife/husband of ..[NAME].. live in this household?	14 COPY THE ID CODE OF THE WIFE OR HUSBAND FROM THE HOUSEHOLD ROSTER (SECTION 1). If THE DECEASED HAD MORE THAN ONE WIFE LIVING IN THE HOUSEHOLD, LIST THE ID CODES OF ALL OF THEM.	15 Did ..[NAME].. have any children living in this household?	16 COPY THE ID CODE OF ALL CHILDREN (ADULTS AND YOUNGSTERS) OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	17 Did ..[NAME].. ever attend school?	18 What was the highest grade that he/she completed?	19 What kind of work did ..[NAME].. do for most of his/her life?																			
	YES...1 NO....2 (- 15)	YES...1 NO....2 (- 15)	HUSBAND/WIVES #1 ID CODE #2 ID CODE #3 ID CODE	YES...1 NO....2 (- 17)	CHILDREN #1 ID CODE #2 ID CODE #3 ID CODE #4 ID CODE #5 ID CODE #6 ID CODE #7 ID CODE #8 ID CODE	YES...1 NO....2 (- 19)	<table border="1"> <tr><th colspan="2">CODES</th></tr> <tr><td>NONE</td><td></td></tr> <tr><td>ABL</td><td>ED</td></tr> <tr><td>K</td><td>(Korean)</td></tr> <tr><td>P1</td><td>P2 P3 P4</td></tr> <tr><td>P5</td><td>P6 P7 P8</td></tr> <tr><td>S1</td><td>S2 S3 S4</td></tr> <tr><td>A1</td><td>A2</td></tr> <tr><td>U1</td><td>U2 US U4</td></tr> <tr><td>US</td><td>U6 U7 UB</td></tr> </table>	CODES		NONE		ABL	ED	K	(Korean)	P1	P2 P3 P4	P5	P6 P7 P8	S1	S2 S3 S4	A1	A2	U1	U2 US U4	US	U6 U7 UB
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US	U6 U7 UB																										

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS (CONT.)

20 How I'm going to ask you about the circumstances surrounding (NAME'S)... death. ASK TO SPEAK WITH THE PERSON(S) MOST FAMILIAR WITH THE CIRCUMSTANCES In what month and year did (NAME)... pass away?	21 Did (NAME)... die as the result of an illness?	22 What was the cause of (NAME'S)... death?	23 Can you describe the symptoms that (NAME)... had during his/her illness? What was wrong?					24 IF DIARRHEA NOT CITED...	25 IF WEIGHT LOSS NOT CITED...	26 IF SKIN RASH NOT CITED...	27 IF FEVER NOT CITED...	28 For how long was (NAME)... suffering from this illness or condition before he/she died?	29 DID THIS DEATH OCCUR IN THE PAST 12 MONTHS? (REFER TO Q.20)
	YES.....1 (> 23) NO.....2 DON'T KNOW...3 (> 24)	TRAFFIC ACCIDENT.....1 CHLORBIAN OR COMPLI- CATIONS.....2 HOMICIDE.....3 SUICIDE.....4 OTHER ACCIDENT OR INJURY.....5 OTHER (SPECIFY).....6	DIARRHEA (ACUTE).....1 DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2 WEIGHT LOSS (MAJOR).....3 FEVER (ACUTE).....4 FEVER (RECURRING).....5 SKIN RASH.....6 WEAKNESS.....7 SEVERE HEADACHE.....8 FAINING.....9 CHILLS (FEELING HOT AND COLD).....10 VOMITING.....11 COUGH.....12 PRODUCTIVE COUGH.....13 COUGHING BLOOD.....14	PAIN ON PASSING URINE.....15 GENITAL SORES.....16 MENTAL DISORDER.....17 ABDOMINAL PAIN.....18 SORE THROAT.....19 DIFFICULTY BREATHING.....20 BURN.....21 FRACTURE.....22 WOUND.....23 CHILD BIRTH.....24 OTHER SPECIFY.....25	YES.....1 NO.....2 DON'T KNOW.....3	YES.....1 NO.....2 DON'T KNOW.....3	YES.....1 NO.....2 DON'T KNOW.....3	YES.....1 NO.....2 DON'T KNOW.....3	TIME UNIT: DAY...3 WEEK...4 MONTH...5 YEAR...6	YES.....1 NO.....2 (= NEXT DECEASED PERSON)			
MOS YEAR			SYMPTOM # 1 SYMPTOM # 2 SYMPTOM # 3 SYMPTOM # 4 SYMPTOM # 5							NUMBER TIME UNIT			

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS (CONT.)

NUMBER OF RESPONDENTS	30 Did ..[NAME] ever seek medical treatment for the condition(s) that led to his/her death?	31 A. Which health establishments were visited for this (these) condition(s)? HOSPITAL.....1 HEALTH CENTRE.....2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HOME OF PERSON CONSULTED.....6 PATIENT'S HOME.....7 OTHER (SPECIFY:.....).....8 B. How much was spent on the consultations at each establishment for this (these) condition(s)? PROBE FOR PAYMENTS IN CASH.	32 Was ..[NAME].. hospitalized for the condition(s) that led to his/her death?	33 How much was spent by the members of this household for this hospitalization in the past 12 months? INCLUDE ROOM CHARGES, FOOD, TRANSPORTATION. DO NOT INCLUDE MEDICINES.	34 How much was spent altogether for medicines to treat the condition(s) that led to ..[NAME'S].. death?	35 Did ..[NAME].. pass away at home, in a health establishment, or elsewhere?	36 What type of health establishment was it? PUBLIC HOSPITAL.....1 PRIVATE HOSPITAL.....2 PUBLIC HEALTH CENTER.....3 PUBLIC DISPENSARY.....4 PRIVATE DISPENSARY.....5 PRIVATE PRACTITIONER'S OFFICE.....6																					
	YES....1 NO.....2 (> 35) DON'T KNOW..3 (> 35)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)	YES...1 NO...2 (> 34)																				
	<table border="1"> <thead> <tr> <th colspan="2">FIRST PLACE CONSULTED</th> <th colspan="2">SECOND PLACE CONSULTED</th> <th colspan="2">THIRD PLACE CONSULTED</th> <th colspan="2">ALL OTHER PLACES</th> </tr> <tr> <th>A CODE</th> <th>B AMOUNT</th> <th>A CODE</th> <th>B AMOUNT</th> <th>A CODE</th> <th>B AMOUNT</th> <th>A CODE</th> <th>B AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	FIRST PLACE CONSULTED		SECOND PLACE CONSULTED		THIRD PLACE CONSULTED		ALL OTHER PLACES		A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT									AMOUNT	AMOUNT	AMOUNT
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A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT																					

ILLNESS CODES	
AIDS/HIV.....	1
ASTHMA.....	2
BILHARZIA/ SCHISTOSOMIASIS.....	3
CANCER.....	4
DIARRHEA.....	5
DYSENTERY.....	6
FRACTURE.....	7
GONORRHEA.....	8
INTESTINAL PARASITES.....	9
MALARIA.....	10
MALNUTRITION (KWASHIORKOR/ MARASMUS).....	11
MEASLES.....	12
MENINGITIS.....	13
POISONING.....	14
POLIO.....	15
SYPHILIS.....	16
TETANUS.....	17
TUBERCULOSIS.....	18
TYPHOID.....	19
URINARY INFECTION.....	20
WITCHCRAFT.....	21
OTHER STD (SPECIFY).....	22
OTHER ILLNESS (SPECIFY).....	23
OTHER INJURY (SPECIFY).....	24
DON'T KNOW.....	25

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS (END)

37 Is this health establishment in the Kagera region?	38 What is the name of the health establishment at which ..[NAME].. passed away?	39 Where is this health establishment?	40 Was the illness from which ..[NAME].. was suffering ever diagnosed by a health professional?	41 What did the health practitioner report that ..[NAME].. was suffering from?		42 What illness do you think ..[NAME].. was suffering from?		43 How I'm going to ask you about the expenses associated with ..[NAME'S].. death. How much was spent by members of your household for the funeral expenses including the cost of transportation of the body, the wake, food for visitors, the casket, the burial, and other things?	44 Did anyone in the household receive contributions from friends or relatives to help pay for these expenses?	45 How much was received, including the value of gifts in kind?
				ILLNESS	CODE	ILLNESS	CODE			
YES....1 NO....2 (= 39)	<input type="text" value=" > 40"/>	HERE IN KAGERA VILLAGE/TOWN.....1 OTHER RURAL AREA.....2 IN KAGERA.....2 OTHER URBAN AREA.....3 IN KAGERA.....3 DAR ES SALAAM.....4 OTHER URBAN AREA.....5 IN TANZANIA.....6 OTHER RURAL AREA.....7 IN TANZANIA.....7 OTHER COUNTRY.....8 DON'T KNOW.....8	YES....1 NO....2 (= 42)					ADD THE EXPENDITURES AND RECORD THE TOTAL. INCLUDE THE VALUE OF EXPENDITURES IN KIND.	YES.....1 NO.....2 (= NEXT DECEASED PERSON)	<input type="text" value=" > NEXT DECEASED PERSON"/>
	NAME	OFFICE CODE								

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES

1. Do you have any relatives who were living away from your household and who died in the last 24 months? That is, since ..(SAME MONTH TWO YEARS AGO)..?

YES.....1
NO.....2 (>END)

PROMPT FOR OLD PEOPLE, INFANTS. CROSS REFERENCE WITH SECTION 3 (PARENTS DIED, LAST 12 MONTHS) AND FERTILITY SECTION (CHILDREN DIED, LAST 24 MONTHS). MAKE A LIST OF THE NAMES OF ALL RELATIVES WHO DIED IN THE PAST 24 MONTHS (SINCE TWO YEARS AGO) AND RECORD THEIR SEX. ASK QUESTIONS 2-27 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST RELATIVE BEFORE PROCEEDING TO THE NEXT ONE.

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES

HOUSEHOLD	2 Please tell me the names of all relatives of your household who were not living with your household during the past 24 months who have died.	3 SEX OF DECEASED MALE...1 FEMALE...2	4 What was the relation between ..(NAME).. and the current head of your household? SPOUSE.....2 SON/DAUGHTER.....3 GRAND CHILD.....4 MOTHER/FATHER.....5 BROTHER/SISTER.....6 GRANDPARENT.....7 NIECE/NEPHEW.....8 SON/DAUGHTER IN LAW.....9 BROTHER/SISTER IN LAW.....10 MOTHER/FATHER IN LAW.....11 OTHER RELATIVE OF HEAD.....12 OTHER RELATIVE OF SPOUSE.....13 UNRELATED SERVANT OR BOARDER.....14 OTHER UNRELATED PERSON.....15	5 How old was ..(NAME).. when he/she passed away? COMPLETED YEARS IF 5 YEARS OR OLDER.....6 YEARS AND MONTHS IF UNDER 5.....7	6 Did ..(NAME).. have a natural parent (mother or father) living in this household? YES...1 NO....2 (> 8)	7 COPY THE ID CODE OF THE MOTHER AND/OR FATHER OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	8 Did ..(NAME).. have a sister or brother living in this household? YES...1 NO....2 (> 10)	9 COPY THE ID CODE OF THE SISTERS AND/OR BROTHERS OF THE DECEASED FROM THE HOUSEHOLD ROSTER (SECTION 1).	10 WAS THE DECEASED LESS THAN 15 YEARS OLD? (LOOK AT THE ANSWER TO QUESTION 5.) YES...1 (> 18) NO....2	
										<table border="1"> <tr> <td colspan="5">SISTERS/BROTHERS</td> </tr> <tr> <td>#1 ID CODE</td> <td>#2 ID CODE</td> <td>#3 ID CODE</td> <td>#4 ID CODE</td> <td>#5 ID CODE</td> </tr> </table>
SISTERS/BROTHERS										
#1 ID CODE	#2 ID CODE	#3 ID CODE	#4 ID CODE	#5 ID CODE						
	NAME			YRS NOS	MOTHER'S ID CODE	FATHER'S ID CODE				

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES (CONT.)

11 Did ..(NAME) have any children living in this household?	12 COPY THE ID CODE OF ALL CHILDREN (ADULTS AND YOUNGSTERS) OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	13 Did ..(NAME).. ever attend school?	14 What was the highest grade that he/she completed?	15 Was ..(NAME).. living in this town/village at the time of his/her death?	16 Where was ..(NAME).. residing at the time of his/her death?	17 What kind of work did ..(NAME).. do for most of his/her life?
CHILDREN		GRADE		OCCUPATION		
	#1 ID CODE #2 ID CODE #3 ID CODE #4 ID CODE #5 ID CODE #6 ID CODE #7 ID CODE #8 ID CODE					

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES (END)

NUMBER RECORD	18 How I'm going to ask you about the circumstances surrounding [NAME]'s death. ASK TO SPEAK WITH THE PERSON(S) MOST FAMILIAR WITH THE CIRCUMSTANCES. In what month and year did [NAME]... pass away?	19 Did [NAME] die as the result of an illness? YES...1 (- 21) NO...2 DON'T KNOW...3 (- 24)	20 What was the cause of [NAME]'s death? TRAFFIC ACCIDENT.....1 CHILD BIRTH OR COMPLICATIONS.....2 SUICIDE.....3 OTHER ACCIDENT.....4 OR INJURY.....5 OTHER (SPECIFY).....6	21 Was the illness from which [NAME] was suffering ever diagnosed by a health professional? YES...1 NO...2 (- 25) DON'T KNOW...3 (- 25)	22 What did the health practitioner report that [NAME]... was suffering from? SEE ILLNESS CODES ABOVE.	23 What illness do you think [NAME]... was suffering from? SEE ILLNESS CODES ABOVE.	24 DID THIS DEATH OCCUR IN THE PAST 12 MONTHS? (REFER TO Q.18) YES.....1 NO.....2 (- NEXT DECEASED PERSON)	25 Did anyone in your household send money to the family of [NAME]... to help pay for his/her medical treatment? YES.....1 NO.....2 (- 27)	26 How much money did members of this household send altogether in the past 12 months to the family of [NAME]... for his/her medical treatment? AMOUNT	27 Did anyone in the household send contributions to help pay for the funeral expenses of [NAME]? YES...1 NO...2 (- NEXT DECEASED PERSON)	28 How much was spent by members of your household for the funeral expenses for [NAME]...? INCLUDE TRAVEL COSTS FOR HOUSEHOLD MEMBERS TO ATTEND FUNERAL OR WAKE. (- NEXT DECEASED PERSON) AMOUNT
	MONTH YEAR			ILLNESS CODE	ILLNESS CODE						

ILLNESS CODES	
AIDS/HIV.....	1
ASTHMA.....	2
BILHARZIA/ SHISTOSOMIASIS.....	3
CANCER.....	4
DIARRHEA.....	5
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