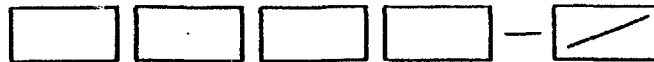


**AFYA NA MAENDELEO  
KAGERA HEALTH AND DEVELOPMENT SURVEY**

**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: MUSLIM...1 OTHER CHRISTIAN...2 TRADITIONAL...3

HEAD'S TYPE: KIVU...1 KIVU...2 KIVU...3 OTHER (SPECIFY)...7

INTERVIEW CONDUCTED IN: KIVU...1 KIVU...2 OTHER (SPECIFY)...3  INTERVIEW PREPARED? 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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<p>ROUND 2</p>	<p>ROUND 1</p>
<p>OBSERVATIONS</p>	

**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			
	DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE..3		DAY	MONTH	YEAR		COMPLETE.....1 PARTIAL.....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.  
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										N A M E
1	2	3	4	5						
"X"	Age	"X"	Age	"X"	Age	"X"	Age	"X"	Age	

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


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.

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

IDENTIFICATION CODE

COPY THE FOLLOWING INFORMATION FROM SECTION 1 OF THE QUESTIONNAIRE.

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

1		2		3		4		5	
"X"	Age	"X"	Age	"X"	Age	"X"	Age	"X"	Age

N A M E

SEX	DATE OF BIRTH		
	MONTH	YEAR	

WAVE 1	WAVE 2	WAVE 3	WAVE 4	WAVE 5
--------	--------	--------	--------	--------

										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	2 SEX	3 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 FEMALE..2	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**

<sup>2</sup> LIST ALL CHILDREN WHO DO NOT LIVE IN THIS HOUSEHOLD INCLUDING YOUNGSTERS AND ADULTS.  NAME	C H I L D R E N C O D E	OFFICE USE: COPY THE FOLLOWING INFORMATION FROM SECTION 2 OF THE QUESTIONNAIRE			
		SEX	AGE	FATHER'S ID CODE	MOTHER'S ID CODE

W	A	V	E
1	2	3	5

						01C				
						02C				
						03C				
						04C				
						05C				
						06C				
						07C				
						08C				
						09C				
						10C				
						11C				
						12C				
						13C				
						14C				
						15C				

CLUSTER:

HOUSEHOLD:

ROSTER OF NONRESIDENT CHILDREN

<p>2</p> <p>LIST ALL CHILDREN WHO DO NOT LIVE IN THIS HOUSEHOLD, INCLUDING YOUNGSTERS AND ADULTS.</p> <p style="text-align: center;">NAME</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>
---	--	---

W	A	V	E
1	2	3	4

1	2	3	4	5	NAME	SEX	AGE	FATHER'S ID CODE	MOTHER'S ID CODE

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? MALE .....1 FEMALE .....2	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? 1 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... 4 WHO HAS CUSTODY... 5 OTHER (SPECIFY)... 6
	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)	CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 U1 U2 U3 U4 U5 U6 U7 U8	
IDENTIFICATION CODE						GRADE	

SECTION E. PART B. INFORMATION ON MOTHER

9	10	11	12	13	14	15	16	17	18	19					
Is the natural mother of (NAME) living in this person's home?	COPY THE MOTHER'S IDENTIFICATION CODE	Is the natural mother of (NAME) alive?	Did the natural mother of (NAME) pass away in the last 12 months?	Where is the natural mother of (NAME) living now?	Did the natural mother of (NAME) attend school?	What was the highest grade she completed?	For whom did (NAME'S) natural mother work for most of her life? did she... work for the government, party, or... self-employment? work for a private employer? was she self-employed in business? or was she self-employed in farming? other (specify)?	IS THIS PERSON LESS THAN 15 YEARS OLD?	ARE BOTH OF (NAME'S) PARENTS MEMBERS?	How long has (NAME) been living with your household?					
YES... NO... 1	YES... NO... 2	YES... NO... 1	YES... NO... 1	NAME PLACE AS HOUSEHOLD... IN KIGOMA... IN CASERA... DAR ES SALAAM... OTHER URBAN AREA... IN TANZANIA... OTHER RURAL AREA... IN TANZANIA... OTHER COUNTRY... DON'T KNOW... 1	YES... NO... 1	CODES GRADE 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 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1	YES... NO... 1



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

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		

> 23  
NEXT  
PAGE

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      GENITAL SORES.....16      CHILDBIRTH.....24 SEVERE HEADACHE.....8      MENTAL DISORDER.....17      OTHER (SPECIFY: ).....25 FAINTING.....9
								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:.....)	Is this a public or private establishment? PUBLIC..1 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:.....)	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 M E S T I C A N S	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 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 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 (-59) 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	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 (-54)	NUMBER	AMOUNT	YES...1 NO...2 (-54)	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? YES...1 NO...2 (-56)	Who in your household was caring for you most of the time? IF NO ONE, WRITE 0. ID CODE	How much has been spent altogether for transportation to health care for this illness or injury? AMOUNT	How much has been spent altogether for medicines for this illness? INCLUDING TRADITIONAL MEDICINES AMOUNT	Were any of your costs paid for by an employer? YES....1 NO.....2	Did you receive any assistance from outside your household to help to pay for treatment of this illness? INCLUDE PAYMENTS FOR DRUGS YES...1 NO....2 (- 63)	How much did you receive from outside the household? AMOUNT	Will any part of this have to be repaid? YES...1 NO...2 (- 63)	How much will have to be repaid? AMOUNT	Are you still suffering from this illness or injury today? YES....1 NO.....2	Was your illness ever diagnosed by a health professional? YES...1 NO...2 (-66)	What illness did the health practitioner think that you had/have? SEE ILLNESS CODES ABOVE		What illness do you think you were suffering from? SEE ILLNESS CODES ABOVE		Has this been a recurring medical problem? YES...1 NO...2 (- 69)	How many times in the past 12 months have you been stricken with this condition? NUMBER OF TIMES

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