

**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		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
	AMOUNT OF TIME	TIME UNIT			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?	11 Why did you not work during the past 7 days? (MAIN REASON)	12 What kind of work did you do for most of your life?
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	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	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) DON'T KNOW HOW TO LOOK.....12 (>PART E) OTHER REASONS...13 (>PART E)	FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES...3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION 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	

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	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), THEN .....3	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) THEN .....2 (> 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 yourself 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	
MANIHARAHITS.....31	
OIL PALM/PALM OIL.32	
AVOCADO.....36	
MANGOES.....37	
PAMPAN.....38	
CITRUS FRUITS.....39	
PINEAPPLES.....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?	YES.....1	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?	AMOUNT	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?	YES.....1	12 What processing activities were you engaged in?  SEE ACTIVITY AND CROP CODES ABOVE.	<table border="1"> <tr> <th>ACTI-VITY #1</th> <th>CROP CODE</th> <th>ACTI-VITY #2</th> <th>CROP CODE</th> <th>ACTI-VITY #3</th> <th>CROP CODE</th> <th>ACTI-VITY #4</th> <th>CROP CODE</th> <th>ACTI-VITY #5</th> <th>CROP CODE</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	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											13 How much time did you spend processing your crops for sale the past 7 days?  PROBE FOR ACTUAL HOURS EACH DAY.  HOURS	14 Did you earn any income from these processing activities on your own crops in the past 7 days?	YES..1	15 How much did you receive in the past 7 days from selling the processed products?	AMOUNT
		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																		
NO.....2 (- 11)	NO.....2 (- 16)	NO...2 (-16)	<table border="1"> <tr> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	MON	TUE	WED	THU	FRI	SAT	SUN																							
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
- COCOYAMS.....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

- 71 -

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.....6 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.	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 MANURE.....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.	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	HOURS	PRODUCT CODE #1	PRODUCT CODE #2	PRODUCT CODE #3	HOURS
				MON TUE WED THU FRI SAT SUN				MON TUE WED THU FRI SAT SUN	

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 or part 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.....9 RESTAURANT, BAR OR HOTEL.....1 SKILLED TRADE.....13 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	AMOUNT TIME UNIT					

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 ----->
---------------------	--	---	--	--	--	---	--	--	--	--	-----------

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

- 77 -

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 WED THU FRI SAT SUN	YES...1 NO...2 (-16)	HOURS MON TUE WED THU FRI SAT SUN	YES...1 NO...2 (-18)	HOURS MON TUE WED THU FRI SAT SUN	YES...1 NO...2 (-PART F)	HOURS MON TUE WED THU FRI SAT SUN	> PART F

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	NO, DIFFERENT WORK.....2 (> 4)					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						
	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, lard, 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, CHEESE YOGURT.....1 EGGS.....2 HONEY.....3 SKINS AND HIDES.....4 MANURE.....5 OTHER.....6	PRODUCT CODE #1 PRODUCT CODE #2 PRODUCT CODE #3	YES.....1 NO.....2 (- 48)	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/TELETYPE.....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 (&gt; 6)                  NO, DIFFERENT WORK.....2</p>	<p>YES....1                  NO.....2(&gt; 5)</p>	<p>UNIT OF TIME                  DAY.....3                  WEEK.....4                  MONTH.....5                  YEAR.....6</p> <p>&gt; 6</p>	<p>UNIT OF TIME                  DAY.....3                  WEEK.....4                  MONTH.....5                  YEAR.....6</p>	<p>YES....1                  NO.....2 (&gt; PART H)</p>	<p>UNIT OF TIME                  DAY.....3                  WEEK.....4                  MONTH.....5                  YEAR.....6</p> <p>&gt; 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 ->3A	YES...1 NO...2 AMOUNT ->4A	YES...1 NO...2 AMOUNT ->4A	YES...1 NO...2 AMOUNT ->5A	YES...1 NO...2 AMOUNT ->5A	YES...1 NO...2 AMOUNT ->6A	YES...1 NO...2 AMOUNT ->6A	YES...1 NO...2 AMOUNT ->7A	YES...1 NO...2 AMOUNT ->7A	YES...1 NO...2 AMOUNT ->8A	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

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 Mwanza...2 MBeya...9 MARA...3 Mwanza...17 KIGOMA...3 Mtwara...18 Tabora...7 Lindi...19 SINGIDA...6 SHIN... DODOMA...7 Yanga...20 ARUSHA...8 UNGUJA...21 KILIM... PANDA...22 NARJARO...9 KENYA...23 Yanga...10 UGANDA...24 PAMU...11 RWANDA...25 DAR ES...11 BURUNDI...26 SALAAM...12 Zaire...27 MORO...13 OTHER...28 GOND...14 RUKWA...14 FOREIGN...28	TANZANIAN...1 UGANDAN...2 KENYAN...3 RWANDAN...4 BURUNDIAN...5 ZAIREAN...6 ZAMBIAN...7 MALAWIAN...8 OTHER...9 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...5 IN TANZANIA...5 OTHER COUNTRY...6	NO JOB/WANTED BETTER JOB...1 BUSINESS OPPORTUNITIES...2 POSTED TO NEW AREA...3 LAND NOT AVAILABLE...4 SCHOOLING...5 MARRIAGE...6 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