

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
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
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.

	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 ROSTER)	Did this child die during the last 12 months? (Since....)?	For how long did he/she live?	IS THIS CHILD WAS EVER GO TO SCHOOL?	Did (NAME) ever go to school?	What is the highest grade that (NAME) completed?	IS THIS CHILD WAS EVER GO TO SCHOOL?	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)	→ NEXT CHILD	YES....1 NO.....2	YEARS AND MONTHS IF LESS THAN 5 YEARS YEARS IF MORE THAN 5 YEARS OLD	YES...1 NO...2 (-14)	YES...1 NO...2 (-14)	GRADE	YES...1 NO...2 (-14)	FARMING.....1 FISHING.....2 TRADER/MERCHANT.....3 SALES.....4 TRANSPORT.....5 CONSTRUCTION.....6 TOWN/ADMIN.....7 HEALTH PROFESS- TOWN/ADMIN.....7 OTHER PROFESS- TOWN/ADMIN.....8 SECRETARY/CERICAL.....9 FACTORY WORKER.....10 RESTAURANT, HOTEL OR BAR.....11 SKILLED TRADES.....12 OTHER.....13
01													
02													
03													
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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.....2	PILL.....8
WITHDRAWAL.....3	IUD.....9
DOUCHE.....4	INJECTION.....10
CONDOMS.....5	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.....2	PILL.....8
WITHDRAWAL.....3	IUD.....9
DOUCHE.....4	INJECTION.....10
CONDOMS.....5	FEMALE STERILIZATION...11
SPERMICIDES.....6	MALE STERILIZATION...12
	OTHER.....13

> NEXT SECTION

SECTION 10: ANTHROPOMETRY

CLUSTER:

HOUSEHOLD:

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

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.

- A. How many shambas/gardens are owned individually or collectively by the members of your household?

SHAMBAS

GARDENS

SHAMBAS/GARDENS OWNED
BY THE HOUSEHOLD:

- B. How many shambas/gardens did the members of your household use that were not owned by someone in the household?

SHAMBAS/GARDENS USED
BUT NOT OWNED BY THE
HOUSEHOLD:

- 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.

TOTAL SHAMBAS/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 SHAMBA/GARDENS OWNED BY THE HOUSEHOLD. INCLUDE SHAMBA/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 SHAMBA/GARDENS USED BUT NOT OWNED TO THE LIST BELOW. LIST ALL SHAMBA/GARDENS FIRST AND THEN ADD GARDENS. COMPARE THE TOTAL NUMBER OF SHAMBA/GARDENS ON THE LIST WITH THE TOTAL IN "A" ABOVE. THE NUMBER SHOULD BE THE SAME.</p> <p>PLOT NUMBER</p> <p>DESCRIPTION</p>	<p>What is the total area of this shamba/garden?</p> <p>RECORD AREA TO THE NEAREST HALF UNIT</p> <p>AREA CODE: (A.....)</p> <p>NUMBER</p> <p>AREA CODE</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?.....2 (> 5)</p> <p>by someone outside your household?.....3 (> 10)</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>BOUGHT WITH CASH.....1</p> <p>BOUGHT ON CREDIT.....2</p> <p>INHERITED.....3 (> 8)</p> <p>GRANTED BY PUBLIC AUTHORITY.....4 (> 9)</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>
01	.									
02	.									
03	.									
04	.									
05	.									
06	.									
07	.									
08	.									
09	.									
10	.									
11	.									
12	.									
13	.									

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

PLOT NUMBER	12 Was this shamba/garden cultivated in crops or wood in the past 12 months? YES, CULTIVATED IN CROPS OR WOOD.....1 NO, LEFT FALLOW.....2 (-> NEXT SHAMBA/GARDEN)	13 Was this shamba/garden cultivated by members of your household? YES.....1 (-> NEXT SHAMBA/GARDEN) NO.....2	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? YES.....1 NO.....2 (-> NEXT SHAMBA/GARDEN)	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? <div style="border: 1px solid black; padding: 2px; display: inline-block;">-> NEXT SHAMBA/GARDEN</div> AMOUNT
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				

- 97 -

- 98 -

[illegible]

10,000 SQ M = 1 HA
1 ACRE = 0.407 HA
1 STEP = 1 METER

QUANTITY CODES	
1	1000
2	2000
3	3000
4	4000
5	5000
6	6000
7	7000
8	8000
9	9000
10	10000
11	11000
12	12000
13	13000
14	14000
15	15000
16	16000
17	17000
18	18000
19	19000
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94	94000
95	95000
96	96000
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98	98000
99	99000
100	100000

SECTION 11 B: CROPS

1		2		3		4		5		6		7		8		9		10		11		12		13	
In the past 12 months (since...), have the members of your household grown any of the following crops?		On which shamba(s)/garden(s) did your household grow ... (CROP)...?		How many acres or hectares of (CROP) were harvested during the past 12 months?		How much ... (CROP)... was sold during the past 12 months?		How much was the harvest of (CROP)... sold for?		Did you keep part of your crop for seed?		If you had sold this same quantity of harvest at the time, what is the most amount you could have gotten?		Did you give part of the harvest of ... (CROP)... to laborers or to a landowner or as a gift, for care, services and facilities?		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?		Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.?		If you had sold this same quantity at the time you lost it, what is the most amount of money you could have gotten?		Do you have any of your ... (CROP)... in stock at present?		If you were to sell this same quantity now, what is the most amount of money you could get?	
PUT A CROSS IN THE BOX FOR EACH CROP. ASK QUESTION 1 ABOUT ALL CROPS BECAUSE QUESTIONS 2-13 FOR EACH CROP SEPARATELY.		COPY THE SHAMBA/GARDEN NUMBERS WITH THIS CROP FROM PART A.		AREAS ACRES...1 CODE: NA.....2		QUANTITY UNIT		AMOUNT UNIT		NOT APPLICABLE...3 (-> 8)		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER	NUMBER	AREAS CODE	QUANTITY	UNIT	AMOUNT	UNIT	NOT APPLICABLE...3 (-> 8)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Yams?	YES->	15																							
	<-NO																								
Cocoyams?	YES->	16																							
	<-NO																								
Sweet potatoes?	YES->	17																							
	<-NO																								
Irish Potatoes?	YES->	18																							
	<-NO																								
Maize?	YES->	19																							
	<-NO																								
Bullrush millet?	YES->	21																							
	<-NO																								
Finger millet?	YES->	22																							
	<-NO																								
Sorghum?	YES->	23																							
	<-NO																								
Rice?	YES->	24																							
	<-NO																								
Beans, peas, cowpeas, other pulses?	YES->	25																							
	<-NO																								

> NEXT PAGE

10,000 SQ M = 1 HA
1 ACRE = 0.407 HA
1 METER

QUANTITY CODES
10 1
100 2
1000 3
10000 4
100000 5
1000000 6
10000000 7
100000000 8
1000000000 9
10000000000 10
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1000 99
100 100

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		<p>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).</p>		
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/

▶ NEXT
CROP

CODES:

COFFEE.....	01
TEA.....	02
LUMBER.....	03
FIREWOOD.....	04
COOKING BANANAS.....	05
SWEET BANANAS.....	06
CASSAVA.....	07
OIL PALM.....	08
MANGOES.....	09
PAPAY.....	10
CITRUS FRUITS.....	11
OTHER FRUIT	
TREES (INCL.	
PASSION FRUITS).....	41

CODES:

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

▶ 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

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

>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	<input type="text"/>	3 Machetes:	<input type="text"/>	5 Shovels:	<input type="text"/>	7 Sickles:	<input type="text"/>	9 Hanks:	<input type="text"/>	11 Others:	<input type="text"/>
2 Axes	<input type="text"/>	4 Picks:	<input type="text"/>	6 Wheel- barrows:	<input type="text"/>	8 Pargas:	<input type="text"/>	10 Pruning shears	<input type="text"/>	> 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 ... for 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.	YES...1 NO...2 (-5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (-8)	NUMBER BOUGHT	AMOUNT	YES...1 NO...2 (-11)	NUMBER SOLD	AMOUNT	AMOUNT
Tractor?	YES-> -<NO	01								
Plough?	YES-> -<NO	02								
Other animal drawn implement?	YES-> -<NO	03								
Cart?	YES-> -<NO	04								
Handmill?	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

S E C T I O N 1 2 : L I V E S T O C K

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 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 or stolen, given as gifts, or died during the past 12 months?
PUT A CROSS IN THE APPROPRIATE BOX. 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 present?	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)	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 8

→ 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)

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

> 3-4

> PART C

PART C. LIVESTOCK EXPENDITURES

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

> 2

> NEXT SECTION

SECTION 13: PART A: OWNERSHIP OF FISHING EQUIPMENT	
SUPERVISOR	
DESIGNATED RESPONDENT: _____	ID CODE: <input type="text"/>
INTERVIEWER	
WAS THIS PERSON INTERVIEWED?	YES.....1 NO.....2 <input type="text"/>

1 In the past 12 months, did you own part or all of any of the following fishing equipment? PUT A CROSS IN THE APPROPRIATE BOX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FOR ALL ITEMS BEFORE GOING TO 2-8.	2 If you wanted to sell your ...[ITEM]... (or your share of it), how much could you get for them? OWN REVENUES ONLY YES.....1 NO.....2 (> 5) AMOUNT	3 Did you sell any ...[ITEM]... (or your share of it) in the last 12 months? YES.....1 NO.....2 (> 5) AMOUNT	4 How much did you receive for the sale of the ...[ITEM]... or your share of it (them)? OWN REVENUES ONLY YES.....1 NO.....2 (> 7) AMOUNT	5 Did you purchase any ...[ITEM]... (or a share of it) for a ...[ITEM]... in the past 12 months? YES.....1 NO.....2 (> 7) AMOUNT	6 How much did it cost you for the purchase of ...[ITEM]...? OWN EXPENDITURES ONLY YES.....1 NO.....2 (> NEXT) AMOUNT	7 Did you have any expenses for the repair of these ...[ITEM]... in the past 12 months? YES.....1 NO.....2 (> NEXT) AMOUNT	8 How much did you spend on the repair of ...[ITEM]... in the past 12 months? OWN EXPENDITURES ONLY YES.....1 NO.....2 (> NEXT) AMOUNT
---	---	---	---	---	---	---	--

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

> 2-8

> PART B

SECTION 13: FISHING, PART B: INCOME

<p>1</p> <p>In the past 12 months (since...), have you used any of the following methods of fishing?</p> <p>(INCLUDES USE BY OTHER HOUSEHOLD MEMBERS OR EMPLOYEES)</p> <p>PUT ACROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO 2 - 5.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> X</p>	<p>2</p> <p>During which months in the past 12 months (since...) did you engage in... (METHOD OF FISHING)?</p> <p>NO OF MONTHS</p>	<p>3</p> <p>During those months, how many days per week did you fish using... (METHOD OF FISHING)... on average?</p> <p>DAYS PER WEEK</p>	<p>4</p> <p>About how many catches per day did you catch using... (METHOD OF FISHING)... during those months?</p> <p>CATCHES PER DAY</p>	<p>5</p> <p>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?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p>TIME UNIT</p> <p>DAY...?</p> <p>WEEK...?</p> <p>MONTH...?</p> </div> <p>AMOUNT TIME UNIT</p>
--	--	---	--	--

Hook fishing?	YES->	01				
	<-NO					
Trawling net fishing?	YES->	02				
	<-NO					
Stationary net fishing?	YES->	03				
	<-NO					

> 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)

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> <p>▶ NEXT ITEM</p>
--	---	---	--

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		
Wicks?	YES-▶ ◀-NO	07		
Rent for storage	YES-▶ ◀-NO	10		
Transportation	YES-▶ ◀-NO	11		
Petrol and diesel fuel	YES-▶ ◀-NO	12		
Kerosene	YES-▶ ◀-NO	13		
Bait	YES-▶ ◀-NO	14		
Licenses	YES-▶ ◀-NO	15		
Buoys	YES-▶ ◀-NO	16		
Thread for sewing net	YES-▶ ◀-NO	17		
Beeswax	YES-▶ ◀-NO	18		
Other (Specify: _____)	YES-▶ ◀-NO	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 NAME OF THE BUSINESS		2 NAME OF THE BEST-INFORMED PERSON		3 INTERVIEWER IS THIS THE PERSON ACTUALLY INTERVIEWED?	
CODE		CODE		YES...1 NO....2	
1					
2					
3					

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 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	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 pay for... 1..7	How much do you usually pay for... 1..7	How much did you pay for... 1..7	Was any part of this... 1..7	What was the total value of the... 1..7	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 pay for... 1..7	How much do you usually pay for... 1..7	How much did you pay for... 1..7	Was any part of this... 1..7	What was the total value of the... 1..7	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 pay for... 1..7	How much do you usually pay for... 1..7	How much did you pay for... 1..7	Was any part of this... 1..7	What was the total value of the... 1..7
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	TIME UNIT	AMOUNT	AMOUNT	AMOUNT	COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	TIME UNIT	AMOUNT	AMOUNT	AMOUNT	COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	TIME UNIT	AMOUNT	AMOUNT	AMOUNT
Raw materials	YES-> 02					Raw materials	YES-> 02					Raw materials	YES-> 02				
Articles for resale	YES-> 03					Articles for resale	YES-> 03					Articles for resale	YES-> 03				
Rental of equipment, buildings, land, vehicles, machinery	YES-> 04					Rental of equipment, buildings, land, vehicles, machinery	YES-> 04					Rental of equipment, buildings, land, vehicles, machinery	YES-> 04				
Maintenance and repairs	YES-> 05					Maintenance and repairs	YES-> 05					Maintenance and repairs	YES-> 05				
Transport	YES-> 06					Transport	YES-> 06					Transport	YES-> 06				
Fuel and oil	YES-> 07					Fuel and oil	YES-> 07					Fuel and oil	YES-> 07				
Electricity	YES-> 08					Electricity	YES-> 08					Electricity	YES-> 08				
Water	YES-> 09					Water	YES-> 09					Water	YES-> 09				
Daily or monthly taxes	YES-> 10					Daily or monthly taxes	YES-> 10					Daily or monthly taxes	YES-> 10				
Annual taxes or licenses	YES-> 11					Annual taxes or licenses	YES-> 11					Annual taxes or licenses	YES-> 11				
Other expenses (Specify:)	YES-> 12					Other expenses (Specify:)	YES-> 12					Other expenses (Specify:)	YES-> 12				

> 2-6

> PART C

> 2-6

> PART C

> 2-6

> PART C

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

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											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 from the business 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	AMOUNT	AMOUNT	YES...1 NO...2 (-19)	AMOUNT	YES...1 NO...2 (-21)	AMOUNT	YES.....1 NO...2 (-PART B)	AMOUNT
TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT	TIME UNIT
1									
2									
3									

-PART D-

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

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

TIME UNIT:
DAY.....3
WEEK.....2
MONTH.....2
YEAR.....0

SECTION 13: HOUSING

RESPONDENT: HEAD OF HOUSEHOLD

Now I would like to ask you some questions about your dwelling. By dwelling I mean all the rooms and all the separate buildings used by the members of your household.

PART A: TYPE AND OWNERSHIP OF DWELLING

Which buildings and rooms does your household occupy?

1 MAIN TYPE OF DWELLING

SINGLE-FAMILY HOME (OR HUT).....1
FLAT (SELF-CONTAINED).....2
ROOMS (NOT SELF-CONTAINED).....3
SEVERAL HUTS/BUILDINGS (SAME COMPOUND).....4
SEVERAL HUTS/BUILDINGS (DIFFERENT COMPOUND).....5

2 HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

COMPLETE QUESTIONS 3-27 FOR EACH BUILDING OCCUPIED BY THE HOUSEHOLD.

BUILDING NUMBER	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS MUD BRICK...1 BAMBOO TREE...2 GALVANIZED...3 IRON...4 WOODEN...5 PLANKS...6 STONE/BRICK...7 CEMENT...8 OTHER...9	MAIN FLOORING MATERIAL EARTH...1 WOOD...2 STONE...3 CEMENT...4 BAMBOO...5 OTHER (SPECIFY)...7	MAIN ROOFING MATERIAL GRASS...1 WOOD...2 PLANKS...3 GALVANIZED...4 IRON...5 CONCRETE...6 TILES...7 ASBESTOS...8 OTHER (SPECIFY)...9	MOST WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES) GLASS...1 SCREENS...2 SHUTTERS...3 LOUVRES...4 CURTAINS...5 NO COVER...6 NO WINDOWS...8	DOOR TYPE? NO DOOR...1 CURTAIN...2 WOOD PLANK/KNIT/TRADITIONAL DOOR...3 WOODEN DOOR...4 OTHER...5	How many rooms does this household occupy in this building, including bedroom, living room, and room used for family business? DO NOT COUNT TOILET, BATHROOMS OR KITCHEN ROOMS	How long has your household been living in this dwelling? YEARS MONTHS	Does this dwelling belong to a member of your household? YES...1 NO...2 (-> 16 NEXT PAGE)	Who in your household owns this dwelling? ID CODE ID CODE	How was this dwelling acquired? INHERITED...1 BUILT BY HOUSEHOLD...2 PURCHASED...3 OTHER (SPECIFY)...4	Do you make mortgage payments on this dwelling? YES...1 NO...2 (-> 16)	How much was your last payment? AMOUNT	How often do you make these payments? TIME UNIT CODES: DAY...3 WEEK...4 MONTH...5 YEAR...6	If you wanted to sell this dwelling today, how much would you be able to get for it? AMOUNT	If you wanted to rent this dwelling to someone else, how much rent would you be able to get for it? TIME UNITS: WEEK...4 MONTH...5 YEAR...6 NEXT BUILDING
1															
2															
3															
4															
5															

SECTION 15: HOUSING PART A (END)

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

CODES: FOOT...1
METER...2
KM...3
MILE...4

DISTANCE CODE:

> 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.....
BURNED.....
BURIED.....
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/HOLE.....
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)
BIOGAS..... (> 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.....
CHARCOAL.....
GAS.....
ELECTRICITY.....
KEROSENE.....
BIOGAS.....
OTHER (SPECIFY).....

LIST 2 ANSWERS
AT MOST

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.....3 MONTH.....3
WEEK.....4 YEAR.....6

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	3	4	5	6	7
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.	Who in the household owns this ...[]...? IF COMMUNITY PROPERTY, WRITE 99.	Was this acquired in the last 12 months? YES: ...[]... NO: ...[]...	In what year was this ...[]... acquired?	How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ...[]... when you acquired it?	If you wanted to sell this ...[]... today, how much would you receive? - NEXT ITEM
GOOD	DESCRIPTION	CODE	ID CODE	YEAR	AMOUNT
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 COLUMN, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT. QUESTION 1 IS USED GO TO THE NEXT ITEM IN QUESTION 1 LIST WHICH THE CHOICE IS YES. IF POTS, PANS AND FURNITURE 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 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 ... 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							

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.	AMOUNT
Home repairs YES → <input checked="" type="checkbox"/> X ← NO	10
Repairs of vehicles (including bicycles) YES → <input type="checkbox"/> ← NO	11
Repairs of other household items (radios, shoes, clothes etc.) YES → <input type="checkbox"/> ← NO	12
Kitchen equipment (plates, spoons and forks) YES → <input type="checkbox"/> ← NO	13
Lanterns and lamps YES → <input type="checkbox"/> ← NO	14
Carpets and rugs? YES → <input type="checkbox"/> ← NO	15
Linens, towels, bedsheets, blankets? YES → <input type="checkbox"/> ← NO	16
Home services (e.g., cooking, cleaning, gardening, childcare) YES → <input type="checkbox"/> ← NO	17
Government taxes/licenses YES → <input type="checkbox"/> ← NO	18
Dues to cooperatives or professional organizations YES → <input type="checkbox"/> ← NO	19
Weddings of household members YES → <input type="checkbox"/> ← NO	20
Dowries of household members YES → <input type="checkbox"/> ← NO	21
Donations to churches, mosques, and civic organizations YES → <input type="checkbox"/> ← NO	22

► PART C

PART C: RECEIPT OF ASSISTANCE

1	2
In the past 12 months (since...), have any members of your household received assistance (in 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.	AMOUNT
Lutheran Church/ELCT? YES → <input type="checkbox"/> ← NO	23
Catholic church? YES → <input type="checkbox"/> ← NO	24
Seventh Day Adventist? YES → <input type="checkbox"/> ← NO	25
Mosque? YES → <input type="checkbox"/> ← NO	26
Other religious organization? YES → <input type="checkbox"/> ← NO	27
Party organizations? YES → <input type="checkbox"/> ← NO	28
Cooperative unions? YES → <input type="checkbox"/> ← NO	29
Social Welfare Office? YES → <input type="checkbox"/> ← NO	30
Tanzania Red Cross? YES → <input type="checkbox"/> ← NO	31
PARTAGE? YES → <input type="checkbox"/> ← NO	32
World Vision? YES → <input type="checkbox"/> ← NO	33
UAMATA? YES → <input type="checkbox"/> ← NO	34
Other voluntary groups? Specify: _____ YES → <input type="checkbox"/> ← NO	35

► SECTION 17