

SECTION 19: REMITTANCES AND CREDIT, PART 8: LENDING AND REMITTANCES SENT

IDENTIFICATION CODE	3	4	5	6	7.	8	9	10	11	12	13
	<p>Now I would like to ask you some questions about the persons to whom you sent money or gifts or loans in the past 6 months. Let's begin with the first person to whom you sent money or gifts since....</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 (> 5) PARENT.....2 (> 5) GRANDPARENT.....3 (> 5) SON/DAUGHTER.....4 (> 5) GRANDCHILD.....5 (> 5) SISTER/BROTHER.....6 (> 5) NIECE/NEPHEW.....7 (> 5) OTHER RELATIVE.....8 (> 5) NEIGHBOR.....9 (> 5) OTHER NON-RELATIVE..10 (> 5)</p>	<p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>OR 99 IF CHILD IS DECEASED</p> <p><input type="checkbox"/> 7</p> <p>ID CODE</p>	<p>Does ...[NAME]... live here, in ...[NAME OF TOWN OR VILLAGE]?</p> <p>YES.....1 (> 7) NO.....2 DECEASED.3 (> 7)</p>	<p>Where does ...[NAME]... live? Does he/she live... in ...</p> <p>Here in the village/Town....1 Other Village in Kagera.....2 Other town in Kagera.....3 Dar-Es-Salaam.....4 Other Town in Tanzania.....5 Other Village in Tanzania.....6 Other Country.....7 Dont Know.....8</p>	<p>How much money have you sent to ...[NAME]... in the past 6 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?</p> <p>YES.....1 NO.....2 (> 10)</p>	<p>What was the main reason for sending this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES...2 SCHOOL EXPENSES...3 WEDDING EXPENSES...4 TRANSPORTATION...5 SUBSISTENCE NEEDS.6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT.....8 OTHER.....9 (Specify: _____)</p>	<p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES.....1 NO.....2 (> 15)</p>	<p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>Did you send money or gifts in kind to anyone else in the past 6 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES.....1 NO.....2 (> 40)</p>

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

I D E N T I F I C A T I O N C O D E	14	15	16	17	18	19	20	21	22	23	24
	Now I would like to ask you some questions about the second person to whom you sent money or gifts or loans in the past 6 months. What is his/her relationship to you? HUSBAND OR WIFE.....1 (> 16) PARENT.....2 (> 16) GRANDPARENT.....3 (> 16) SON/DAUGHTER.....4 (> 16) GRANDCHILD.....5 (> 16) SISTER/BROTHER.....6 (> 16) NIECE/NEPHEW.....7 (> 16) OTHER RELATIVE.....8 (> 16) NEIGHBOR.....9 (> 16) OTHER NON-RELATIVE..10 (> 16)	COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2. OR WRITE 99 IF CHILD IS DECEASED ID CODE	Does [NAME]... live here, in [NAME OF TOWN OR VILLAGE]? YES.....1 (> 18) NO.....2 DECEASED..3 (> 18)	Where does [NAME]... live? Does he/she live... Here in the Village/Town...1 Other Village in Kagera.....2 Other Town in Kagera.....3 Dar-Es-Salaam..4 Other Town in Tanzania.....5 Other Village in Tanzania.....6 Other Country...7 Dont Know.....8	How much money have you sent to [NAME]... in the past 6 months, including the value of gifts in kind? AMOUNT	Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals? YES.....1 NO.....2 (> 21)	What was the main reason for sending this money or these goods? - MEDICAL CARE.....1 FUNERAL EXPENSES..2 SCHOOL EXPENSES..3 WEDDING EXPENSES..4 TRANSPORTATION...5 SUBSISTENCE NEEDS.6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT.....8 OTHER.....9 (Specify: _____)	Do you expect that any part of this amount will be repaid to you? YES.....1 NO.....2 (> 24)	How much has already been repaid? AMOUNT	How much do you expect to be repaid in the future? AMOUNT	Did you send money or gifts in kind to anyone else in the past 6 months? (VERIFY WITH THE ANSWER TO QUESTION 2) YES.....1 NO.....2 (> 40)

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

I D E N T I F I C A T I O N C O D E	25	26	27	28	29	30	31	32	33	34	35
	Now I would like to ask you some questions about the third person to whom you sent money or gifts or loans in the past 6 months.	COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.	Does ...[NAME]... live here, in ...[NAME OF TOWN OR VILLAGE]?	Where does ...[NAME]... live? Does he/she live... Here in the Village/Town...1 Other Village in Kagera...2 Other Town in Kagera...3 Dar-Es-Salaam...4 Other Town in Tanzania...5 Other Village in Tanzania...6 Other Country...7 Dont Know...8	How much money have you sent to ...[NAME]... in the past 6 months, including the value of gifts in kind?	Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?	What was the main reason for sending this money or these goods?	Do you expect that any part of this amount will be repaid to you?	How much has already been repaid?	How much do you expect to be repaid in the future?	In addition to these 3 people money or gifts in kind to anyone else in the past 6 months? (VERIFY WITH THE ANSWER TO QUESTION 2)
	What is his/her relationship to you?	OR WRITE 99 IF CHILD IS DECEASED	YES.....1 (> 29)			YES.....1	MEDICAL CARE.....1 FUNERAL EXPENSES...2 SCHOOL EXPENSES...3 WEDDING EXPENSES...4 TRANSPORTATION...5 SUBSISTENCE NEEDS...6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT.....8 OTHER.....9 (Specify: _____)	YES.....1			YES.....1
	HUSBAND OR WIFE.....1 (> 5)		NO.....2		AMOUNT	NO.....2 (> 32)		NO.....2 (> 35)	AMOUNT	AMOUNT	NO.....2 (> 40)
	PARENT.....2 (> 5)	29	DECEASED...3 (> 29)								
	GRANDPARENT.....3 (> 5)	ID CODE									
	SON/DAUGHTER.....4										
	GRANDCHILD.....5 (> 5)										
	SISTER/BROTHER.....6 (> 5)										
	NIECE/NEPHEW.....7 (> 5)										
OTHER RELATIVE.....8 (> 5)											
NEIGHBOR.....9 (> 5)											
OTHER NON-RELATIVE...10 (> 5)											

SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT (END)

I D E N T I F I C A T I O N C O D E	36 How much money have you sent to all other persons in the past 6 months, including the value of gifts in kind? AMOUNT	37 Do you expect that any part of this amount will be repaid to you? YES...1 NO...2 (► 40)	38 How much has already been repaid? AMOUNT	39 How much do you expect to be repaid in the future? AMOUNT	40 Does anyone or any group owe you money or goods that you expect to be repaid? YES...1 NO...2 (► PART C)	41 What is the total amount owed to you from these other individuals or groups? AMOUNT	42 Was any part of this loan made to pay for medical care? YES...1 NO...2 (► PART C)	43 How much was lent to pay for medical care? AMOUNT
								► PART C

SECTION 19. REMITTANCES
AND CREDIT

PART C.
SAVINGS

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

SECTION 19, PART C: SAVINGS

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

IDENTIFICATION CODE	1	2	3	4	5	6	7			8	9	10
	Do you participate in any informal savings organizations with friends or neighbours (for example, "bujuni" or "upatu") YES...1 NO....2 (>11)	How much do you contribute to this fund and how often? IF MOR THAN ONE ASK ABOUT THE MOST IMPORTANT UNIT OF TIME DAY...3 WEEK..4 MONTH..5 YEAR..6 AMOUNT TIME UNIT	How much did you contribute to this bujuni in the last 6 months (since..)? AMOUNT	Do members draw from this fund on a regular basis or only when there is an urgent need? REIMBURSED REGULARLY.1 WHEN THERE IS NEED...2 (> 7) BOTH.....3	How often does each member receive money from this fund? UNIT-OF TIME DAY...3 WEEK..4 MONTH..5 YEAR..6 FREQUENCY TIME UNIT	How much did you receive from this bujuni in the last 6 months (since...)? AMOUNT	When a member of the organization has a family problem, will the organization help by... A. Changing the order of payment? YES...1 NO....2 B. Changing the amount of payment to the member in need? YES....1 NO.....2 C. Collecting additional funds from other members? YES....1 NO.....2			How many other informal savings organizations (bujuni, upatu) have you participated in, in the past 6 months? NUMBER	How much did you contribute to all of these other bujunis and upatus in the past 6 months? AMOUNT	How much did you receive from all these other bujunis and upatus in the past 6 months (since..)? AMOUNT ▶11, NEXT PAGE
01												
02												
03												
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05												
06												
07												
08												
09												
10												
11												
12												

SECTION 19, PART C: SAVINGS

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

IDENTIFICATION CODE	<p>11 Before I ask you the next question, I would like to stress that the information collected on this questionnaire is completely confidential. The information you provide will not be divulged to other members of your family or your community, and by law cannot be divulged to government authorities for tax purposes.</p> <p>Do you have any of the following accounts? YES...1 NO...2</p>					<p>12 We have just discussed all of the accounts that you have plus your personal savings at home. In total what is the value of all of your accounts and your other savings outside these institutions, including the value of foreign savings?</p>
	<p>INTERVIEWER: IF THE ANSWER TO ALL ITEMS IN QUESTION 11 IS NO, THEN GO TO THE NEXT PERSON.</p>					
	a.	b.	c.	d.	e.	
Bank savings account?	Checking account?	Foreign currency account?	Other bank accounts?	Other savings in your home or in your friend's/ neighbour's home	AMOUNT	

▶ NEXT PERSON

SECTION 20: MORTALITY

PART A:
MORTALITY OF HOUSEHOLD MEMBERS

1. Now I'm going to ask you about anyone who was living in your household in the past 6 months (since my visit 6 months ago) and has died. Has any member of your household who was residing with you died since my visit 6 months ago? since ...[MONTH]..?

INTERVIEWER: PROMPT FOR OLD PEOPLE, INFANTS. CROSS-REFERENCE SECTION 1A FOR DEATH OF HOUSEHOLD MEMBERS, SECTION 3 FOR DEATH OF PARENTS AND SECTION 9 FOR RECENT DEATH OF CHILDREN

YES.....1

NO.....2 (> PART B)

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS

PERSON NUMBER	2 Please tell me the names of all members of your household who were residing with during the past 6 months and who have died. MAKE A LIST OF THE NAMES OF ALL HOUSEHOLD MEMBERS WHO DIED IN THE PAST 6 MONTHS AND RECORD THEIR SEX. MAKE SURE THAT THEY WERE PERSONS WHO HABITUALLY RESIDED AND ATE WITH THE HOUSEHOLD. ASK QUESTIONS 3-43 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST PERSON BEFORE PROCEEDING TO THE NEXT ONE.	3 SEX OF DECEASED MALE...1 FEMALE...2	3A ID CODE OF DECEASED IF PERSON WAS NEVER CLASSIFIED AS A HH MEMBER BUT DIED IN THE HOUSEHOLD, USE ID CODE 98.	4 What was the relation between [NAME] and the current head of the household? SPOUSE.....2 SON/DAUGHTER.....3 GRAND CHILD.....4 MOTHER/FATHER.....5 BROTHER/SISTER.....6 GRANDPARENT.....7 NIECE/NEPHEW.....8 SON/DAUGHTER IN LAW.....9 BROTHER/SISTER IN LAW.....10 MOTHER/FATHER IN LAW.....11 OTHER RELATIVE OF HEAD.....12 OTHER RELATIVE OF SPOUSE.....13 UNRELATED SERVANT OR BOARDER.....14 OTHER UNRELATED PERSON.....15	5 How old was [NAME] when he/she passed away? COMPLETED YEARS IF 5 OR OLDER YEARS AND MONTHS IF UNDER 5. (IF UNDER 15 YEARS, > 7)	6 Was [NAME] the head of the household before he/she died? YES..1 NO...2	7 Did [NAME] have a natural parent (mother or father) living in this household? YES...1 NO...2 (> 9)	8 COPY THE ID CODE OF THE MOTHER AND/OR FATHER OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)	9 Did [NAME] have a sister or brother living in this household? YES...1 NO...2 (> 11)	10 COPY THE ID CODE OF THE SISTERS AND/OR BROTHERS OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)	11 WAS DECEASED LESS THAN 15 YEARS OLD? (SEE QUESTION 5) YES...1 (> 20) NO...2
	NAME	ID CODE	YRS	MOS	MOTHER'S ID CODE	FATHER'S ID CODE	SISTERS OR BROTHERS				
		#1 ID CODE	#2 ID CODE	#3 ID CODE	#4 ID CODE	#5 ID CODE					

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

PERSON NUMBER	12 Was ..[NAME].. married at the time of his/her death?	13 Does the wife/husband of ..[NAME].. live in this household?	14 COPY THE ID CODE OF THE WIFE OR HUSBAND FROM THE HOUSEHOLD ROSTER (SECTION 1). IF THE DECEASED HAD MORE THAN ONE WIFE LIVING IN THE HOUSEHOLD LIST THE ID CODES OF ALL OF THEM.			15 Did ..[NAME].. have any children living in this household?	16 COPY THE ID CODE OF ALL CHILDREN (ADULTS AND YOUNGSTERS) OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).								17 Did ..[NAME].. ever attend school?	18 What was the highest grade that he/she completed?	19 What kind of work did ..[NAME].. do for most of his/her life?
	YES...1 NO....2 (> 15)	YES...1 NO....2 (> 15)	HUSBAND/WIVES			YES...1 NO....2 (> 17)	CHILDREN								YES...1 NO....2 (> 19)		
			#1 ID CODE	#2 ID CODE	#3 ID CODE	#1 ID CODE	#2 ID CODE	#3 ID CODE	#4 ID CODE	#5 ID CODE	#6 ID CODE	#7 ID CODE	#8 ID CODE		GRADE	FARMING.....1 FISHING.....2 TRADER/MERCHANT /SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ ADMINISTRATOR...6 HEALTH PROFESSIONAL/ ADMINISTRATOR...7 OTHER PROFES- SIONAL/ADMIN....8 SECRETARY/ CLERICAL.....9 FACTORY WORKER...10 RESTAURANT BAR OR HOTEL...11 SKILLED TRADES...12 DOMESTIC WORK AT HOME.....13 OTHER.....14	

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

PERSON NUMBER	20	21	22	23	24	25	26	27	28																											
	<p>Now I'm going to ask you about the circumstances surrounding ..[NAME'S].. death.</p> <p>ASK TO SPEAK WITH THE PERSON(S) MOST FAMILIAR WITH THE CIRCUMSTANCES</p> <p>In what month and year did ..[NAME].. pass away?</p> <p>MOS YEAR</p>	<p>Did ..[NAME].. die as the result of an illness?</p> <p>YES.....1 (▶ 23)</p> <p>NO.....2</p> <p>DON'T KNOW...3 (▶ 24)</p>	<p>What was the cause of ..[NAME'S].. death?</p> <p>TRAFFIC ACCIDENT.....1</p> <p>CHILD BIRTH OR COMPLI-CATIONS.....2</p> <p>HOMICIDE.....3</p> <p>SUICIDE.....4</p> <p>OTHER ACCIDENT OR INJURY.....5</p> <p>OTHER.....6 (SPECIFY: _____)</p> <p>▶ 24</p>	<p>Can you describe the symptoms that ..[NAME].. had during his/her illness? What was wrong?</p> <table border="0"> <tr> <td>DIARRHEA (ACUTE)....1</td> <td>PAIN ON PASSING URINE.....15</td> </tr> <tr> <td>DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2</td> <td>GENITAL SORES.....16</td> </tr> <tr> <td>WEIGHT LOSS (MAJOR).....3</td> <td>MENTAL DISORDER.....17</td> </tr> <tr> <td>FEVER (ACUTE).....4</td> <td>ABDOMINAL PAIN.....18</td> </tr> <tr> <td>FEVER (RECURRING).....5</td> <td>SORE THROAT.....19</td> </tr> <tr> <td>SKIN RASH.....6</td> <td>DIFFICULTY BREATHING.....20</td> </tr> <tr> <td>WEAKNESS.....7</td> <td>BURN.....21</td> </tr> <tr> <td>SEVERE HEADACHE.....8</td> <td>FRACTURE.....22</td> </tr> <tr> <td>FAINING.....9</td> <td>WOUND.....23</td> </tr> <tr> <td>CHILLS (FEELING HOT AND COLD).....10</td> <td>CHILD BIRTH.....24</td> </tr> <tr> <td>VOMITING.....11</td> <td>OTHER.....25</td> </tr> <tr> <td>COUGH.....12</td> <td>SPECIFY.....25</td> </tr> <tr> <td>PRODUCTIVE COUGH.....13</td> <td></td> </tr> <tr> <td>COUGHING BLOOD.....14</td> <td></td> </tr> </table>	DIARRHEA (ACUTE)....1	PAIN ON PASSING URINE.....15	DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2	GENITAL SORES.....16	WEIGHT LOSS (MAJOR).....3	MENTAL DISORDER.....17	FEVER (ACUTE).....4	ABDOMINAL PAIN.....18	FEVER (RECURRING).....5	SORE THROAT.....19	SKIN RASH.....6	DIFFICULTY BREATHING.....20	WEAKNESS.....7	BURN.....21	SEVERE HEADACHE.....8	FRACTURE.....22	FAINING.....9	WOUND.....23	CHILLS (FEELING HOT AND COLD).....10	CHILD BIRTH.....24	VOMITING.....11	OTHER.....25	COUGH.....12	SPECIFY.....25	PRODUCTIVE COUGH.....13		COUGHING BLOOD.....14		<p>IF DIARRHEA NOT CITED...</p> <p>Did ..[NAME].. have diarrhea for a month or more?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>IF WEIGHT LOSS NOT CITED...</p> <p>Did ..[NAME].. lose a great deal of weight?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>IF SKIN RASH NOT CITED....</p> <p>Did ..[NAME].. have a rash over his/her body?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>IF FEVER NOT CITED...</p> <p>Did ..[NAME].. suffer from recurrent fevers for a month or more before his/her death?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>
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SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS (CONT.)

PERSON NUMBER	30 Did ..[NAME].. ever seek medical treatment for the condition(s) that led to his/her death?	31 A. Which health establishments were visited for this (these) conditions? HOSPITAL.....1 HEALTH CENTRE.....2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HOME OF PERSON CONSULTED.....6 PATIENT'S HOME.....7 OTHER (SPECIFY:.....).....8 B. How much was spent on the consultations at each establishment for this (these) condition(s)? PROBE FOR PAYMENTS IN CASH.	32 Was ..[NAME].. hospitalized for the condition(s) that led to his/her death?	33 How much was spent by the members of this household for this hospitalization in the past 6 months? INCLUDE ROOM CHARGES, FOOD, TRANSPORTATION. DO NOT INCLUDE MEDICINES.	34 How much was spent altogether for medicines to treat the condition(s) that led to ..[NAME'S].. death?	35 Did ..[NAME].. pass away at home, in a health establishment, or elsewhere?	36 What type of health establishment was it? PUBLIC HOSPITAL.....1 PRIVATE HOSPITAL.....2 PUBLIC HEALTH CENTER.....3 PUBLIC DISPENSARY.....4 PRIVATE DISPENSARY.....5 PRIVATE PRACTITIONER'S OFFICE.....6																	
	YES....1 NO.....2 (> 35) DON'T KNOW..3 (> 35)	YES..1 NO...2 (> 34)	YES..1 NO...2 (> 34)	HOME.....1 (> 40) FACILITY..2 ELSEWHERE.3 (> 40)																				
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A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT	B AMOUNT																		

ILLNESS CODES

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

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

PERSON NUMBER	37 Is this health establishment in the Kagera region?	38 What is the name of the health establishment at which ..[NAME].. passed away?	39 Where is this health establishment?	40 Was the illness from which ..[NAME].. was suffering ever diagnosed by a health professional?	41 What did the health practitioner report that ..[NAME].. was suffering from?	42 What illness do you think ..[NAME].. was suffering from?	43 Now I'm going to ask you about the expenses associated with ..[NAME'S].. death. How much was spent by members of your household for the funeral expenses, including the cost of transportation of the body, the wake, food for visitors, the casket, the burial, and other things?	44 Did anyone in the household receive contributions from friends or relatives to help pay for these expenses?	45 How much was received, including the value of gifts in kind?	
		YES....1 NO.....2 (> 39)	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; text-align: center;">▶ 40</div>	HERE IN KAGERA VILLAGE/TOWN.....1 OTHER RURAL AREA IN KAGERA.....2 OTHER URBAN AREA IN KAGERA.....3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	YES....1 NO.....2 (> 42)	SEE ILLNESS CODES ABOVE	SEE ILLNESS CODES ABOVE	ADD THE EXPENDITURES AND RECORD THE TOTAL. INCLUDE THE VALUE OF EXPENDITURES IN KIND.	YES.....1 NO.....2 (> NEXT DECEASED PERSON)	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; text-align: center;">▶ NEXT DECEASED PERSON</div>
	NAME	OFFICE CODE			ILLNESS	CODE	ILLNESS	CODE	AMOUNT	AMOUNT

SECTION 20: MORTALITY

PART B:
MORTALITY OF RELATIVES

1. Do you have any relatives who were living away from your household and who died in the last 6 months? That is, since ..[MONTH]..?

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

PROMPT FOR OLD PEOPLE, INFANTS. CROSS REFERENCE WITH SECTION 3 (PARENTS DIED, LAST 6 MONTHS) AND FERTILITY SECTION (CHILDREN DIED, LAST 6 MONTHS). MAKE A LIST OF THE NAMES OF ALL RELATIVES WHO DIED IN THE PAST 6 MONTHS (SINCE YOUR VISIT SIX MONTHS AGO) AND RECORD THEIR SEX. ASK QUESTIONS 2-27 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST RELATIVE BEFORE PROCEEDING TO THE NEXT ONE.

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES

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

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

PERSON NUMBER	11 Did ..[NAME].. have any children living in this household?	12 COPY THE ID CODE OF ALL CHILDREN (ADULTS AND YOUNGSTERS) OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	13 Did ..[NAME].. ever attend school?	14 What was the highest grade that he/she completed?	15 Was ..[NAME].. living in this town/village at the time of his/her death?	16 Where was ..[NAME].. residing at the time of his/her death?	17 What kind of work did ..[NAME].. do for most of his/her life?
	YES...1 NO....2 (> 13)	CHILDREN #1 ID CODE #2 ID CODE #3 ID CODE #4 ID CODE #5 ID CODE #6 ID CODE #7 ID CODE #8 ID CODE	YES...1 NO....2 (> 15)	<div style="border: 1px solid black; padding: 2px;"> CODES NONE ADL TED K (KORANIC) P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8 </div> GRADE	YES...1 (> 17) NO...2	HERE IN KAGERA VILLAGE/TOWN.....1 OTHER RURAL AREA IN KAGERA.....2 OTHER URBAN AREA IN KAGERA.....3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	FARMER.....1 FISHERMAN.....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 WORKER.....10 RESTAURANT BAR OR HOTEL WORKER.....11 SKILLED TRADES.....12 DOMESTIC WORK AT HOME.....13 OTHER.....14

ILLNESS CODES

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

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

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