

SECTION 6 PART A: ACUTE ILLNESS IN THE PAST FOUR WEEKS

I D E N T I F I C A T I O N C O D E	1	2	3	4	5	6	7	8	9						
	Do you sleep under a mosquito net to protect yourself against mosquitoes?	For how long have you been using a mosquito net?	Has the net you sleep under ever been impregnated?	During the past 4 weeks have you had any illness or injury? For example, have you had a cough, a cold, diarrhoea, an injury due to an accident, or any other illness?	Did this illness or injury begin less than six months ago?	During the past 4 weeks have you had any other illnesses or injuries?	Did this illness begin less than six months ago?	For how many days did you suffer from this illness or injury?	IF ILLNESS: Can you describe the symptoms that you suffered from during this illness? What is/was wrong? IF INJURY: What type of injury did you have? RECORD UP TO FIVE SYMPTOMS MENTIONED BY THE RESPONDENT.						
	YES.....1 NO.....2(>4)	YEARS	YES.....1 NO.....2	YES, ILLNESS...1 YES, INJURY...2 NO.....3 (>PART B) IF BOTH ILLNES AND INJURY, USE ILLNESS CODE.	IF MORE THAN ONE ILLNESS, REFER TO MOST RECENT YES...1 (>8) NO....2	YES.....1 NO.....2 (>PART B)	YES....1 NO.....2 (>PART B)	DAYS	DIARRHOEA (ACUTE)...1 DIARRHOEA (CHRONIC, 1 MONTH OR MORE)...2 WEIGHT LOSS (MAJOR)...3 FEVER (ACUTE)...4 FEVER (RECURRING)...5 SKIN RASH.....6 WEAKNESS.....7 SEVERE HEADACHE....8 FAINING.....9 CHILLS (FEELING HOT AND COLD)...10 VOMITING.....11 COUGH.....12 PRODUCTIVE COUGH...13 COUGHING BLOOD....14	PAIN ON PASSING URINE.....15 GENITAL SORES.....16 MENTAL DISORDER...17 ABDOMINAL PAIN....18 SORE THROAT.....19 DIFFICULTY BREATHING.....20 BURN.....21 FRACTURE.....22 WOUND.....23 CHILDBIRTH.....24 OTHER (SPECIFY _____) .25	SYMPTOM #1	SYMPTOM #2	SYMPTOM #3	SYMPTOM #4	SYMPTOM #5
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ILLNESS CODES

AIDS/HIV.....1
HERPES ZOSTER.....2
URINARY INFECTION.....3
GONORRHEA.....4
SYPHILIS.....5
MALARIA.....6
TYPHOID.....7
MEASLES.....8
MENINGITIS.....9
POLIO.....10
TUBERCULOSIS.....11
TETANUS.....12
ASTHMA.....13
PNEUMONIA.....14
BILHARZIA/
SHISTOSOMIASIS.....15
INTESTINAL WORMS.....16
DIARRHOEA.....17
DYSENTERY.....18
MALNUTRITION
KWASHIORKOR.....19
MARASMUS.....20
FRACTURE.....21
CANCER.....22
POISONING.....23
DIABETES.....24
PRESSURE.....25
FLU/COLD.....26
OTHER STD
(SPECIFY).....27
OTHER ILLNESS
(SPECIFY).....28
OTHER INJURY
(SPECIFY).....29
WITCHCRAFT.....30
DON'T KNOW.....31

SECTION 6 PART A: ACUTE ILLNESS (CONT)

I D E N T I F I C A T I O N C O D E	10 For how many days were you unable to carry on your usual activities because of this illness or injury? IF NONE, WRITE 0 DAYS	11 Has anyone been consulted for treating this illness or injury? For example, a doctor, nurse, TBA, healer, pharmacist or other practitioner? YES.....1 NO.....2 (>15)	12 Where was the first place that you sought care? HOSPITAL.....1 HEALTH CTRE.....2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HEALTH PRACTITIONER IN HIS/HER HOME....6(>14) PATIENT'S HOME.....7 TRADITIONAL HEALER.....8 OTHER.....9 (SPECIFY: _____)	13 Is this a public or a private establishment? PUBLIC.....1 MISSION.....2 PRIVATE.....3 DESIGNATED....4	14 What illness did the health practitioner think that you had/have?	15 What illness do you think you were suffering from?	16 Did you have any other illness or injury in the past 4 weeks? YES...1 NO...2 (>PART B)	17 How many other illnesses or injuries did you have in the past 4 weeks? NUMBER OF ILLNESSES
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ILLNESS CODES

AIDS/HIV.....	1
HERPES ZOSTER.....	2
URINARY INFECTION.....	3
GONORRHEA.....	4
SYPHILIS.....	5
MALARIA.....	6
TYPHOID.....	7
MEASLES.....	8
MENINGITIS.....	9
POLIO.....	10
TUBERCULOSIS.....	11
TETANUS.....	12
ASTHMA.....	13
PNEUMONIA.....	14
BILHARZIA/ SHISTOSOMIASIS.....	15
INTESTINAL WORMS.....	16
DIARRHOEA.....	17
DYSENTERY.....	18
MALNUTRITION KWASHIORKOR.....	19
MARASMUS.....	20
FRACTURE.....	21
CANCER.....	22
POISONING.....	23
DIABETES.....	24
PRESSURE.....	25
FLU/COLD.....	26
OTHER STD (SPECIFY).....	27
OTHER ILLNESS (SPECIFY).....	28
OTHER INJURY (SPECIFY).....	29
WITCHCRAFT.....	30
DON'T KNOW.....	31

SECTION 6 PART B: CHRONIC CONDITION

IDENTIFICATION CODE	1	2	3	4	5	6	7	8	9
	Have you been living with any health problem for more than six months?	How long ago did this health problem start? TIME UNIT DAY.....3 WEEK....4 MONTH...5 YEAR....6	Has this condition ever been diagnosed by a health professional?	What condition did the health practitioner think that you have? IF DON'T KNOW GO TO QUESTION 5, OTHERWISE >6	What symptoms do you have? DIARRHEA (ACUTE).....1 CHILLS(FEELING HOT AND COLD).....10 ABDOMINAL PAIN.....18 DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2 VOMITING.....11 DIFFICULTY BREATHING.....20 WEIGHT LOSS (MAJOR)...3 COUGH.....12 BURN.....21 FEVER (ACUTE).....4 PRODUCTIVE COUGH.....13 FRACTURE.....22 FEVER (RECURRING).....5 COUGHING BLOOD.....14 WOUND.....23 SKIN RASH.....6 PAIN ON PASSING URINE.....15 CHILDBIRTH.....24 WEAKNESS.....7 URINE.....15 OTHER(SPECIFY:25 SEVER HEADACHE.....8 GENITAL SORES.....16 FAINTING.....9 MENTAL DISORDER.....17	Have you suffered from diarrhoea for a month or more?	Have you lost much weight in recent months?	Have you had a recurring fever for a month or more?	Have you suffered from any skin rash in the past year?
	YES...1 NO....2 (>6)	AMOUNT OF TIME TIME UNIT	YES.....1 NO.....2 (>5)	ILLNESS CODE	SYMPTOM #1 SYMPTOM #2 SYMPTOM #3 SYMPTOM #4 SYMPTOM #5	YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES....1 NO....2
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SECTION 6 PART C: GENERAL HEALTH (END)

I D E N T I F I C A T I O N C O D E	1	2	3	4					
	In general would you say your health is....	Do you have any disabilities? WRITE THE MOST IMPORTANT	IS THE RESPONDENT 15 YEARS OR OLDER YES.....1 NO.....2 (>NEXT SECTION)	Can you do the following activities, YES, I CAN.....1 YES, TO SOME EXTENT.....2 NO, I CAN'T.....3					
	Excellent.....1 Very Good.....2 Good.....3 Fair.....4 Bad.....5	POOR EYESIGHT....1 POOR HEARING....2 MISSING ARM/LEG/ HAND/FOOT....3 PARALYSED.....4 CRIPPLED.....5 OTHER PROBLEM....6 NONE.....7		A Vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour?	B Walking uphill?	C Bending over or stooping?	D Walking more than a kilometer?	E Walking over 100 meters?	F Eating, bathing or using the toilet?
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SECTION 7 PART A: ACTIVITIES

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 7 YEARS AND OLDER

IDENTIFICATION CODE	1 IS RESPONDENT 7 YEARS OR OLDER?	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? LABOURER OR WAGE/SALARY EMPLOYEE	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? FARM SELF-EMPLOYMENT	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? NON - FARM SELF-EMPLOYMENT	7 And during the past 12 months?	8 LOOK BACK TO QUESTION 2.DID THE RESPONDENT WORK FOR SOMEONE ELSE IN THE PAST SEVEN DAYS?	9 LOOK BACK TO QUESTION 4 DID THE RESPONDENT WORK ON A FAMILY FARM IN THE PAST SEVEN DAYS?	10 LOOK BACK TO QUESTION 6.DID THE RESPONDENT WORK IN HIS OWN OR FAMILY BUSINESS IN THE PAST SEVEN DAYS? YES..1 (>PART D) NO...-> REVIEW THE ANSWERS TO Q2, 4 AND 6. IF ANY ANSWERS ARE "YES"YOU HAVE MADE A MISTAKE CORRECT 8-10 IF ALL THREE ANSWERS ARE"NO"THEN NO.....2	11 Why did you not work during the past 7 days? (MAIN REASON) OWN ILLNESS.....1 HANDICAPPED.....2 TOO OLD/RETIRED.....3 DO NOT WANT WORK.....4 STUDENT.....5 HOUSEWORK.....6 TOO YOUNG.....7 ON VACATION.....8 AWAITING REPLY OF EMPLOYER/AGENCY.....9 WAITING TO START NEW JOB.....10 NO WORK EXISTS.....11 DON'T KNOW HOW TO LOOK.....12 ILLNESS OF FAMILY MEMBER.....13 OTHER REASONS (SPECIFY.....).....14 >PART E
01	YES.....1 NO.....2 (>NEXT SECTION)	YES.....1 (>4) NO.....2	YES.....1 NO.....2	YES.....1 (>6) NO.....2	YES.....1 NO.....2	YES.....1 (>8) NO.....2	YES.....1 NO.....2	YES.....1 (>PART C) NO.....2			
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SECTION 7 PART B: EMPLOYMENT DURING THE PAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1	2	3							4	5	6	7	8
	DESCRIPTION	CODE	MON	TUE	WED	THU	FRI	SAT	SUN			YES...1 NO....2 (>9)	UNIT OF TIME DAY.....3 WEEK....4 MONTH...5 YEAR....6	NUMBER OF TIMES
	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?	How many hours did you do this work in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EVERY DAY. INCLUDE OVERTIME.DO NOT INCLUDE TRAVEL TIME,AUTHORIZED ABSENCES, PAID SICK LEAVE OR PAID HOLIDAYS.	Is this number the number of hours you usually work at this job in a week? YES.....1(>5) NO.....2							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:_____)	For whom did you work in the past 7 days? That is, did you work for The government?.....1 A state-owned company?....2 A private employer?.....3 Cooperative society?.....4 Religious institutions?...5 Other (specify)?.....6	Do you receive a salary for this work? YES...1 NO....2 (>9)	How much is your salary, after deduction of all taxes (take home/in-pocket) and how often is it paid?	For how many ...[REFER TO TIME UNIT IN QUESTION 7]... did you do this work in the last year
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SECTION 7 PART B: EMPLOYMENT DURING THE PAST 7 DAYS (CONT)

I D E N T I F I C A T I O N C O D E	9	10		11	12		13	14	15	
	Did you or will you receive per diem allowances, bonuses, incentives, gratuities, or overtime income for your work?	How much do these per diem allowances, bonuses, incentives, gratuities and overtime income amount to?		Have you received or will you receive payment for this work in the form of food, crops, animals or subsidised/free housing etc?	How much would these goods cost in the market, and how often do you get them?		Will you receive a retirement pension for this work?	Have you worked as an employee at any other job in the past 7 days?	What did you do in this work? What kind of trade, industry, or business is it connected with?	
	YES....1 NO.....2 (>11)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> UNIT OF TIME DAY.....3 WEEK....4 MONTH...5 YEAR....6 </div>		YES...1 NO....2 (>13)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> UNIT OF TIME DAY.....3 WEEK....4 MONTH...5 YEAR....6 </div>		YES....1 NO.....2	YES....1 NO....2 (>18)	FARMING/LIVESTOCK.....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 WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER. (SPECIFY.....).....13	
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SECTION 7 PART B: EMPLOYMENT DURING THE PAST 7 DAYS (END)

I D E N T I F I C A T I O N C O D E	16							17			18			19		
	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 HOLIDAY HOURS							How much will you be paid for this work, including your salary, commissions, per diems, tips, and gratuities? INCLUDE VALUE OF IN-KIND PAYMENT <div style="border:1px solid black; padding:2px; width:fit-content; margin:0 auto;"> UNIT OF TIME: DAY.....3 WEEK....4 MONTH...5 YEAR....6 </div>			During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock? (FARM SELF EMPLOYMENT) YES,FARMING,WITH OR WITHOUT LIVESTOCK.....1 (> PART C, Q2) YES, LIVESTOCK ONLY.....2 (> PART C, Q4) NO... >CHECK PART A, Q4.IF THE ANSWER IS "NO" (CODE 2), THEN.....3			In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household? (NON FARM SELF EMPLOYMENT) YES.....1 (>PART D) NO.--->CHECK PART A, Q6.IF THE ANSWER IS "NO" (CODE 2) THEN.....2 (>PART E)		
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SECTION 7 PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1	2							3	4							5
	In the past 7 days (since last ...) have you worked on shambas/gardens belonging to yourself or members of the household, or spent any time processing crops from them?	How much time did you spend processing crops or working on your household's shamba(s)/garden(s) in the past 7 days?							In the past 7 days (since last ...) have you spent any time caring or transforming the products for animals belonging to you or to your household?	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?							In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household?
	YES...1 NO....2(>3)	PROBE FOR ACTUAL HOURS EACH DAY.							YES...1 NO....2 (>5)	PROBE FOR ACTUAL HOURS WORKED EACH DAY.							(NON FARM SELF EMPLOYMENT) YES.....1 (>PART D) NO->CHECK PART A, Q6. IF THE ANSWER IS NO (CODE 2) THEN.....2 (>PART E)
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SECTION 7 PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS

I D E N T I F I C A T I O N	1 I 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. FARMING/LIVESTOCK.....1 HEALTH FISHING.....2 PROFESSIONAL/ADMIN.....7 TRADER/MERCHANT/ OTHER SALES.....3 PROFESSIONAL/ADMIN.....8 TRANSPORT.....4 SECRETARY/CLERICAL.....9 CONSTRUCTION.....5 FACTORY WORKER.....10 EDUCATION RESTAURANT, BAR OR HOTEL.....11 PROFESSIONAL/ADMIN...6 SKILLED TRADE.....12 OTHER.....13 (SPECIFY: _____)	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 of hours you usually work at this job in a week? YES....1(>5) 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 years have you been doing this work? IF LESS THAN ONE YEAR, RECORD MONTHS.		6 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)	7 In how many other businesses or professions or self-employed professions belonging to yourself or your household did you participate in the past 7 days? NUMBER	8 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.										
					YEARS	MONTHS			MON	TUE	WED	THU	FRI	SAT	SUN				
	DESCRIPTION	CODE	MON	TUE	WED	THU	FRI	SAT	SUN				MON	TUE	WED	THU	FRI	SAT	SUN
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SECTION 7 PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS

	1	2	3	4	5	6	7	8	9
I D E N T I F I C A T I O N C O D E	In the past 7 days (since last...), have you spent any time collecting firewood or fetching water for your household?	How many hours did you spend collecting firewood and fetching water in the past 7 days?	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?	For how many days were your work activities restricted because of illness?	For how many days were you too sick to perform any work in the past 7 days?	In the past 7 days (since last...), have you spent any time caring for or visiting anyone in your household who was ill?	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.	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?	For how many hours were you away from your normal activities to attend funerals or mourning?
	YES.....1 NO.....2(>3)	PROBE FOR TOTAL NUMBER OF HOURS IN THE LAST 7 DAYS	YES.....1 NO.....2(>6)	DAYS	DAYS	YES...1 NO....2 (>8)	PROBE FOR TOTAL NUMBER OF HOURS IN THE LAST 7 DAYS.	YES.....1 NO.....2 (>PART F)	PROBE FOR TOTAL NUMBER OF HOURS IN THE LAST 7 DAYS.
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CALCULATIONS

SECTION 7 PART F: MAIN JOB IN THE LAST 12 MONTHS

I D E N T I F I C A T I O N	1		2		3		4		5		6		7		8		9		10	
	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?		In this work were you working for family farm, working for other family business or working for other family business or working for someone outside the household?		For whom did you work? That is, did you work for:		Do you receive a salary for this work?		How much is your salary, after deduction of all taxes. (take home/in-pocket) How often is it paid?		For how many ...[REFER TO TIME UNIT IN QUESTION 6]... did you do this work in the last year		Did you or will you receive commissions, tips, per diem allowances, gratuities or any payment in the form of food, crops, animals or free/subsidised housing for your work or overtime work?		How much does this amount to and how often do you get them? FOR IN-KIND PAYMENTS PROBE HOW MUCH IT WOULD COST IN THE MARKET		Will you receive a retirement pension for this work?	
	INCLUDE FARM AND NON-FARM SELF EMPLOYMENT FARMING/LIVESTOCK.....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 WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADE.....12 NO ACTIVITY OR JOB.....13 (>PART G) OTHER.(SPECIFY.....).....14		YES, ALREADY DESCRIBED.....1 (>PART G) NO, DIFFERENT WORK.....2		SELF-EMPLOYED FARMER OR WORKING ON FAMILY FARM.....1 (>PART G) SELF-EMPLOYED IN BUSINESS OR WORKING IN FAMILY BUSINESS....2 (>PART G) WORKED AS AN EMPLOYEE, FOR SOMEONE ELSE.....3		The government?.....1 A state-owned company?.....2 A private business or firm?.....3 Cooperative Unions?..4 Religious institutions?.....5 Other (specify)?.....6		YES...1 NO...2 (>8)		UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6		NUMBER OF TIMES		YES.....1 NO.....2 (>10)		UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6		YES.....1 NO.....2	
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SECTION 7 PART G: NON LABOR INCOME.

I D E N T I F I C A T I O N C O D E	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														
	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? IN CASH OR IN KIND?	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, such as sale of house or shamba? INCLUDE VALUE OF IN-KIND	9B How much have you received in the past 12 months from other income sources?
	YES...1 NO...2 (>NEXT SECTION)	YES...1 NO...2 (>3A)	YES...1 NO...2 (>4A)	YES...1 NO...2 (>5A)	YES...1 NO...2 (>5A)	YES...1 NO...2 (>6A)	YES...1 NO...2 (>6A)	YES...1 NO...2 (>7A)	YES...1 NO...2 (>7A)	YES...1 NO...2 (>8A)	YES...1 NO...2 (>8A)	YES...1 NO...2 (>9A)	YES...1 NO...2 (>9A)	YES...1 NO...2 (>NEXT SECTION)	YES...1 NO...2 (>NEXT SECTION)	TSHS
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