

AFYA NA MAENDELEO
KAGERA HEALTH AND DEVELOPMENT SURVEY

HOUSEHOLD QUESTIONNAIRE
2004

STRICTLY CONFIDENTIAL

CLUSTER NUMBER

ORIGINAL HH NUMBER

NEW TEMPORARY HH NUMBER

BOOKLET NUMBER/TOTAL BOOKLETS

TABLE OF CONTENTS

Section	Topic	Respondent
Section 00	Survey Information First page	Household head (or most knowledgeable)
	Survey results for each section	Completed by interviewer & supervisor
	Household Roster Card Instructions	
Sec 1	Household Roster	Household head (or most knowledgeable)
	Network Card Instructions	Household head (or most knowledgeable)
Sec 2	Previous Children Residing Elsewhere	Household head (or most knowledgeable)
Sec 3	Main Activities of the Household	Household head (or most knowledgeable)
Sec 4	Information on Parents	Individual household members
Sec 5	Education	Individual household members
Sec 6A	Acute Illness	Individual household members
Sec 6B	Chronic Conditions	Individual household members
Sec 6C	General Health	Individual household members
Sec 7A	Activities	Individual household members
Sec 7B	Employment During the Past 7 Days	Individual household members
Sec 7C	Self-employed Farmers in the Last 7 Days	Individual household members
Sec 7D	Self-employed Businessmen in the Last 7 Days	Individual household members
Sec 7E	Other Activities in the Past 7 Days	Individual household members
Sec 7F	Main Job in the Last 12 Months	Individual household members
Sec 7G	Non-Labor Income	Individual household members
Sec 8	Individual Expenditures	Individual household members
Sec 9	Migration	Individual household members
Sec 10	Shocks Experiences in the Last 10 Years	PHHM >19
Sec 11	Farming	Most knowledgeable person
Sec 11A	Land	Most knowledgeable person
Sec 11B	Crops	Most knowledgeable person
Sec 11C	Farm Inputs	Most knowledgeable person
Sec 11D	Sales of Products From Home Grown Crops	Most knowledgeable person
Sec 11E	Hand Tools	Most knowledgeable person

Section	Topic	Respondent
Sec 11F	Farm Equipment	Most knowledgeable person
Sec 12A	Animals	Most knowledgeable person
Sec 12B	Sale of Animal Products	Most knowledgeable person
Sec 12C	Livestock Expenditures	Most knowledgeable person
Sec 13A	Non-Farm Self-Employment Respondent	Most knowledgeable person
Sec 13B	Non-Farm Self-Employment Income	Most knowledgeable person
Sec 13C	Non-Farm Self-Employment Assets	Most knowledgeable person
Sec 14A	Type and Ownership of Dwelling	Household head (or most knowledgeable)
Sec 14B	Housing Expenditures	Household head (or most knowledgeable)
Sec 15A	Durable Goods	Household head (or most knowledgeable)
Sec 15B	Household Annual Expenditures	Household head (or most knowledgeable)
Sec 15C	Household Two-Week Expenditures	Household head (or most knowledgeable)
Sec 15D	Inheritance or Bride Price	Household head (or most knowledgeable)
Sec 16A	Seasons of the Past 12 Months	Most knowledgeable person
Sec 16B	Food Consumption of Home Production	Most knowledgeable person
Sec 16C-1	Food Expenditures, Seasonal Foods	Most knowledgeable person
Sec 16C-2	Food Expenditures, Non-Seasonal Foods	Most knowledgeable person
Sec 17A	Informal organizations	Most knowledgeable person
Sec 17B	Ability to Cope	Most knowledgeable person
Sec 17C	Receipt of Assistance from Outside Organizations	Most knowledgeable person
Sec 18A	Interactions with Network Members	Most knowledgeable person
Sec 18B	Gifts and Loans Received from Others	Household head (or most knowledgeable)
Sec 18C	Gifts and Loans Given to Others	Household head (or most knowledgeable)

Separate Form	Anthropometry	All household members
Separate Form	Mortality of Previous Household Members	Most knowledgeable person

SURVEY INFORMATION

1. HOUSEHOLD ID

OLD		NEW	
CLUSTER NUMBER	HOUSEHOLD NUMBER	CLUSTER NUMBER	HOUSEHOLD NUMBER

2. HOUSEHOLD LOCATION

A. COUNTRY: _____
 REGION: _____
 DISTRICT: _____
 WARD: _____
 VILLAGE: _____
 KITONGOJI: _____

B. GPS COORDINATES:

				O					/
				O					/

C. IS HOUSEHOLD LIVING IN

THE SAME CLUSTER AS 10 YEARS AGO.....1
 NEARBY VILLAGE.....2
 ELSEWHERE IN KAGERA.....3
 ELSEWHERE IN TANZANIA.....4
 NEIGHBOURING COUNTRY.....5
 OTHER COUNTRY.....6

3. NAME OF HEAD: _____

4. RELIGION OF HEAD: MUSLIM.....1 PROTESTANT.....3 TRADITIONAL.....5
 CATHOLIC.....2 OTHER CHRISTIAN..4 OTHER.....6

5. HEAD'S TRIBE: MHAYA.....1 MHANGAZA.....3 MSHUBI.....5 OTHER (SPECIFY).....7
 MNYAMBO.....2 MSUBI.....4 MZINZA.....6

6. INTERVIEWER: _____ DATE:

DAY	MO	YR

7. INTERVIEW CONDUCTED IN: KISWAHILI.....1 KIHANGAZA.....4
 ENGLISH.....2 KISUBI.....5
 KIHAYA.....3 OTHER (SPECIFY)..6

8. INTERPRETER? YES.....1
 NO.....2

9. VERIFICATION OF THE QUESTIONNAIRE

SUPERVISOR: _____ DATE:

DAY	MO	YR

REMARKS: _____

REINTERVIEW YES...1
 BY SUPERVISOR? NO...2

10. DATA ENTRY

OPERATOR: _____ DATE:

DAY	MO	YR

REMARKS: _____

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

DETAILED INSTRUCTIONS ON HOW TO FIND THE HOUSEHOLD

SECTION	TO BE FILLED IN BY THE INTERVIEWER				TO BE FILLED IN BY THE SUPERVISOR		TO BE FILLED IN BY THE DATA ENTRY OPERATOR	
	DATE			RESULT	RESULT		RESULT	
	DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE.....3	SATISFACTORY.....1 TO BE COMPLETED.....2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTIONS REQUIRED.....2		

1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

INTERVIEWER: HAVE YOU MADE ANY UPDATES ON THE HOUSEHOLD TRACKING FORM

YES.....1

NO.....2

NOTE: ALWAYS HAND IN YOUR QUESTIONNAIRE WITH ATTACHED HOUSEHOLD TRACKING FORM

SUPERVISOR: IS YOUR HOUSEHOLD TRACKING FORM UPDATED ON THE BASIS OF THE INTERVIEWER'S HOUSEHOLD TRACKING FORM?

YES.....1

NO.....2

HOUSEHOLD ROSTER CARD

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

FOR EACH PERSON LISTED IN THE ROSTER CARD, PLEASE COMPLETE QUESTIONS 1-10 IN SECTION 1.

RESPONDENT: _____ ID CODE: <input type="checkbox"/>

- A I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling. immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, spouse/s (or partners) and his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST WITH ID CODE 01, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME AND SEX OF EACH PERSON ON THE HOUSEHOLD ROSTER CARD

- B Please give me the names of any other persons related to the head of the household or to spouse, together with their families, who normally live and eat their meals here.

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

- C Please give me the names of any other persons not related to the head of household or to spouse but who normally live and eat their meals here. For instance, servants or other persons who are not relatives.

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

- D Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else, who is on vacation, who is visiting other people or who is seeking medical treatment?

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

SECTION 1: HOUSEHOLD ROSTER

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	10
	What is ...[NAME'S] relationship to you, the household head? HEAD.....1 WIFE OR HUSBAND.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER OR MOTHER.....5 SISTER OR BROTHER.....6 NIECE OR NEPHEW.....7 SON/DAUGHTER-IN-LAW...8 BROTHER/SISTER-IN-LAW..9 FATHER/MOTHER-IN-LAW..10 OTHER RELATIVE OF HEAD OR OF HIS/HER SPOUSE.11 SERVANT/MAKUBALIANO...12 SERVANT/MKATABA.....13 TENANT/BOARDER.....14 OTHER UNRELATED PERSON.....15	How old is ...[NAME].? YEARS IF 5 YEARS OR OVER. YEARS AND MONTHS IF <5 YEARS.	YRS	MOS	What is the present marital status of ...[NAME]...? Is he (or she) currently... READ TO RESPONDENT: married.....1 partner.....2 divorced....3 (>6) separated...4 (>6) widow/ widower...5 (>6) never married...6 (>6)	Does the partner(s) of ...[NAME].. live in this household? YES..1 NO...2 (>6)	COPY THE IDENTIFICATION CODE(S) OF THE PARTNER(S) LIVING IN THIS HOUSEHOLD ID CODE 1st 2nd 3rd 4th				For how many months during the past 12 months has he or she been away from this household (since MONTH/YEAR) IF 9 MONTHS OR LESS, (>8) MONTHS	Do you expect that ...[NAME] will be residing here in 6 months from now? YES.....1 NO.....2	CURRENT HOUSEHOLD MEMBER? CHECK THE CRITERIA YES..1 NO...2	IS THIS A PREVIOUS HOUSEHOLD MEMBER? CHECK HOUSEHOLD TRACKING FORM YES.....1 NO.....2 (>NEXT PERSON)
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

QUESTION 8 INSTRUCTIONS FOR CODING HOUSEHOLD MEMBERSHIP:

- . HEAD IS ALWAYS A MEMBER
- . FOLLOWING ARE NOT MEMBERS:
 - SERVANT/MKATABA (CODE 13, QUESTION 1)
 - TENANT/BOARDER (CODE 14, QUESTION 1)
 - IF ANSWER TO QUESTION 7 IS NO (CODE 2)
- . EVERYONE ELSE IS A MEMBER

COMPLETE QUESTIONS 1, 4 AND 6 HOUSEHOLD ROSTER CARD

NETWORK CARD

FILL-IN THE NETWORK CARD.

ENTER EVERY LIVING PERSON ON THE HOUSEHOLD TRACKING FORM WHO IS NOT IDENTIFIED AS A HOUSEHOLD MEMBER ON THE HOUSEHOLD ROSTER CARD

ALL LIVING PERSONS ON THE HOUSEHOLD TRACKING FORM MUST BE LISTED ON THE NETWORK CARD OR BE A HOUSEHOLD MEMBER ON THE HOUSEHOLD ROSTER CARD.

CROSS-CHECK THE NETWORK ROSTER, HOUSEHOLD ROSTER AND HOUSEHOLD TRACKING FORM WITH EACH OTHER AND VERIFY WITH AN INFORMED RESPONDENT.

SECTION 2 : PREVIOUS CHILDREN LIVING ELSEWHERE

IS THERE AT LEAST ONE PERSON LISTED ON THE PREVIOUS CHILDREN LIVING ELSEWHERE ROSTER?

YES.....1

NO.....2 (>NEXT SECTION)

FOR EVERY CHILD PREVIOUSLY RECORDED ON THE CLE ROSTER

COPY FROM PRE-FILLED 1991-1994 CLE ROSTER BEFORE INTERVIEW STARTS											
	1	2	3	4	5	6	7	8	9	10	11
OLD CLE CODE	NAME ENTER "BLANK" IF ROW OF PREVIOUS CHILD LIVING ELSEWHERE IS EMPTY	SEX MALE.....1 FEMALE....2	ESTIMATED CURRENT AGE	Does at least one parent of ...[NAME]... live in the current household?	Where does he/she currently reside? SAME HOUSEHOLD....0 (>11) SAME VILLAGE.....1 (>7) NEARBY VILLAGE....2 (>7) KAGERA.....3 TANZANIA.....4 NEIGHBOURING COUNTRY.....5 ANOTHER COUNTRY.....6 DIED.....7 (NEXT CHILD) DON'T KNOW.....8 (NEXT CHILD)	IF RESPONSE TO QUESTION 5 IS: ...3 THEN SPECIFY DISTRICT ...4 THEN SPECIFY REGION ...5 or 6 THEN SPECIFY COUNTRY	Is..[NAME].. working? YES.....1 NO.....2 (>9) DON'T KNOW..3 (>9)	Does..[NAME].. work for the government, a party, or a parastatal organization?.....1 Work for a private employer?... ..2 Self-employed in business?.... ..3 or self-employed in farming?4 Other (Specify).....5	What was the highest grade he/she completed? CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	ADD THE NAME AND ID CODE TO THE NETWORK ROSTER PUT A CROSS IN THIS COLUMN AFTER DOING THIS >NEXT CHILD	RECORD ID FROM CURRENT HH ROSTER >NEXT CHILD
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

SECTION 3: MAIN ACTIVITIES OF THE HOUSEHOLD

RESPONDENT: HEAD OF HOUSEHOLD

1. During the past 12 months, has anyone in your household owned or worked on a shamba/garden?

YES.....1
NO.....2 (>3)

2. Who is the person who knows the most about all the agricultural activities of the members of your household?

NAME: _____	ID CODE: _____
-------------	----------------

3. During the past 12 months, has any member of your household raised or owned livestock or animals?

YES.....1
NO.....2 (>5)

4. Who is the person who knows the most about all the livestock owned by members of your household?

NAME: _____	ID CODE: _____
-------------	----------------

5. During the past 12 months, has any member of your household owned a business involved in all or part of the following: (only non farm activity)

A. Buying and selling?(trade) YES...1
NO...2

D. Other business? YES.....1
NO.....2

B. Manufacturing/processing? YES...1
NO...2

E. Independent profession? YES.....1
NO.....2

C. Crafts/Artisan? YES...1
NO...2

F. Fishing YES.....1
NO.....2

IF ALL ANSWERS ARE "NO" (>8)

	6. What different...[REFER TO BUSINESSES MENTIONED IN QUESTION 5]...were owned by members of your household during the past 12 months? MAKE A COMPLETE LIST BEFORE GOING TO 7. LIST MOST IMPORTANT FIRST	OFFICE USE	7. Who is the person who knows most about the expenses and income of ...[NAME OF BUSINESS, ENTERPRISE, ETC....]? NAME	ID CODE
O R D E R				
1				
2				
3				
4				
5				

8. Who knows more about your household's food expenditures?

NAME: _____	ID CODE: _____
-------------	----------------

>NEXT SECTION

SECTION 4: INFORMATION ON FATHER

IDENTIFICATION CODE	1 Is your natural father living in this household?	2 COPY THE FATHER'S IDENTIFICATION CODE FROM HOUSEHOLD ROSTER [>10] CHECK HOUSEHOLD TRACKING FORM PROBE FOR NAME OF FATHER	3 WAS NATURAL FATHER A PREVIOUS HH MEMBER? READ NAMES OF PREVIOUS HOUSEHOLD MEMBERS FROM HOUSEHOLD TRACKING FORM AND CHECK WHETHER THE FATHER WAS A PREVIOUS HOUSEHOLD MEMBER	4 WRITE FATHER'S OLD TWO DIGIT ID CODE FROM THE HOUSEHOLD TRACKING FORM	5 Is your natural father still alive?	6 In what year did your father die? [>8]	7 Where is your natural father living now? SAME PLACE AS HOUSEHOLD..1 VILLAGE ELSEWHERE IN KAGERA.....2 TOWN ELSEWHERE IN KAGERA.3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	8 Did your father attend school? YES.....1 NO.....2 (>10)	9 What was the highest grade he completed? [CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8] GRADE
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

SECTION 4 : INFORMATION ON MOTHER (END)

I D E N T I F I C A T I O N C O D E	10	11	12	13	14	15	16	17	18	19	20	21	
	Is your natural mother living in this household?	COPY THE MOTHER'S IDENTIFICATION CODE FROM HOUSEHOLD ROSTER	WAS NATURAL MOTHER A PREVIOUS HH MEMBER? READ NAMES OF PREVIOUS HOUSEHOLD MEMBERS FROM HOUSEHOLD TRACKING FORM AND CHECK WHETHER THE MOTHER WAS A PREVIOUS HOUSEHOLD MEMBER	WRITE MOTHER'S OLD 2 DIGIT ID CODE FROM HOUSEHOLD TRACKING FORM	Is your natural mother still alive?	In what year did your mother die?	Where is your mother living now? SAME PLACE AS HOUSEHOLD..1 VILLAGE ELSEWHERE IN KAGERA.....2 TOWN ELSEWHERE IN KAGERA.3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	Did mother attend school?	What was the highest grade she completed?	IS THIS PERSON LESS THAN 15 YEARS OLD?	ARE BOTH OF [NAME]'S PARENTS ABSENT? SEE QUESTIONS 1 AND 10	How long have you been living with this household?	YEARS
	YES...1 NO....2 (>12)	>NEXT SECTION	YES...1 NO....2 (>14)		YES...1 (>16) NO....2	>17 4 - DIGITS YEAR		YES.....1 NO.....2 (>19)	CODES NONE ADLTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	YES..1 NO...2 (> NEXT MEMBER)	YES...1 NO...2 (> NEXT MEMBER)		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

SECTION 5: EDUCATION

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							10	11	12	13	
	IS RESPONDENT 6 YEARS OR OLDER?	Can ...[NAME]. Read a newspaper?	Write a letter?	Has...[NAME]. ever attended or is he/she attending school?	At what age did ...[NAME]... start school?	What was the highest grade he/she completed?	Is ...[NAME].. attending school now?	What is the name of the school in which ...[NAME]... is attending now?	How many hours did ...[NAME]... actually spend in school last...[DAY OF WEEK]...?							Are these the number of hours that he/she usually spends at school during a week?	Why did ..[NAME].. not attend school for the normal hours in the past 7 days?	Has...[NAME]... attended school during the past 12 months?	Was the current/last school attended by [NAME]....	
	YES.....1 NO.....2 (>NEXT SECTION)	YES.....1 NO.....2	YES.....1 NO.....2	YES...1 NO....2 (>SECTION 6)	AGE	CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 R1 R2 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	YES...1 NO....2 (>12)	NAME OF SCHOOL	MON	TUE	WED	THU	FRI	SAT	SUN	RECORD THE NUMBER OF HOURS ATTENDED EACH DAY	YES....1 (>13) NO.....2	OWN ILLNESS.....1 TO CARE FOR ILL FAMILY MEMBER.....2 TO WORK AT HOME....3 TO WORK OUTSIDE HOME4 PUBLIC OR RELIGIOUS HOLIDAY5 VACATION.....6 FUNERAL/MOURNING...7 SCHOOL CLOSED.....8 CLASS CANCELLED...9 OTHER (SPECIFY _____).10 >13	YES...1 NO....2 (>SECTION 6)	Public?.....1 Private secular?.....2 Private religious?...3
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				

SECTION 5: EDUCATION (CONT)

I D E N T I F I C A T I O N C O D E	14 How far is [NAME'S] school from here?		15 Does ...[NAME]... live in this household while attending school? YES...1 NO...2	16 How much has your household spent during the past 12 months on...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. DO NOT INCLUDE CONTRIBUTIONS MADE BY OTHERS. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE TOTAL IN COLUMN H								17 Did... [NAME].. have a sponsorship during the past 12 Months, from any organisation including in-kind support in schooling such as school uniform, books, supplies or free food at school? DO NOT INCLUDE CONTRIBUTIONS FROM PRIVATE PERSONS YES...1 NO...2 (>21)	18 From what institution was this sponsorship obtained? COOPERATIVE UNION.....1 SCHOOL.....2 COMMUNITY FUNDS.....3 CHURCH/RELIGIOUS GROUP.....4 GOVERNMENT.....5 OTHER PRIVATE ORGANIZATION (SPECIFY:____).....6 OTHER (SPECIFY:____).....7 IF MORE THAN ONE, CITE ONE WHO CONTRIBUTED THE MOST CODE	19 Why was ...[NAME]... given this sponsorship? FAMILY UNABLE TO PAY FEES.....1 MERIT/COMPETITION.....2 OTHER.(SPECIFY)....3	20 What was the value of the sponsorship for the past 12 months? INCLUDE VALUE OF CASH AND IN-KIND SPONSORSHIP TSHS
	DISTANCE	DISTANCE CODE		A. School fees?	B. Uniforms and sports clothes?	C. Books and school supplies?	D. Transportation to school?	E. Board and lodging?	F. Contributions to school (building materials, other materials, or side payments)?	G. Other? Clubs, extra classes, pocket money, etc.)	H. TOTAL				
				AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT					
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

SECTION 5: EDUCATION (END)

I D E N T I F I C A T I O N C O D E	21	22	23							
	Has any other person, who is not a member of your household paid any other school expenses for ..[NAME]...?	How is this other person related to...[NAME]...? IF MORE THAN ONE BENEFACTOR, CITE THE ONE WHO CONTRIBUTED THE MOST. PARENT.....1 SIBLING.....2 GRANDPARENT.....3 AUNT/UNCLE.....4 OTHER RELATIVE.....5 UNRELATED PERSON.....6	How much did these other persons contribute in the past 12 months for ..[NAME'S]... IF NOTHING WAS SPENT, WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, WRITE TOTAL IN COLUMN H.							
	YES...1 NO....2 (>NEXT SECTION)		A. School fees? AMOUNT	B. Uniforms and sport clothes? AMOUNT	C. Books and school supplies? AMOUNT	D. Transportation to school? AMOUNT	E. Board and lodging? AMOUNT	F. Contributions to school (building materials, other materials, or side payments)? AMOUNT	G. Other schooling expenses? Clubs, extra classes, pocket money, etc.) AMOUNT	H. TOTAL AMOUNT
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

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 PAIN ON PASSING DIARRHOEA (CHRONIC, URINE.....15 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 WEARNESS.....7 BREATHING.....20 SEVERE HEADACHE.....8 BURN.....21 FAINTING.....9 FRACTURE.....22 CHILLS (FEELING WOUND.....23 HOT AND COLD).....10 CHILDBIRTH.....24 VOMITING.....11 OTHER COUGH.....12 (SPECIFY _____)..25 PRODUCTIVE COUGH...13 COUGHING BLOOD....14				
									SYMPTOM #1	SYMPTOM #2	SYMPTOM #3	SYMPTOM #4	SYMPTOM #5
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

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)

CODE	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? ILLNESS CODE	15 What illness do you think you were suffering from? ILLNESS CODE	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
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

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

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								
	Have you been living with any health problem for more than six months?	How long ago did this health problem start?		Has this condition ever been diagnosed by a health professional?	What condition did the health practitioner think that you have?	What symptoms do you have?					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)	<table border="1"> <tr><td colspan="2">TIME UNIT</td></tr> <tr><td>DAY....3</td><td></td></tr> <tr><td>WEEK...4</td><td></td></tr> <tr><td>MONTH..5</td><td></td></tr> <tr><td>YEAR...6</td><td></td></tr> </table>		TIME UNIT		DAY....3		WEEK...4		MONTH..5		YEAR...6		YES.....1 NO.....2 (>5)	IF DON'T KNOW GO TO QUESTION 5, OTHERWISE >6 ILLNESS CODE	DIARRRHEA (ACUTE)....1 DIARRRHEA (CHRONIC, 1 MONTH OR MORE)...2 WEIGHT LOSS (MAJOR)...3 FEVER (ACUTE).....4 FEVER (RECURRING)...5 SKIN RASH.....6 WEAKNESS.....7 SEVER HEADACHE....8 FAINTING.....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	YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES....1 NO....2
TIME UNIT																						
DAY....3																						
WEEK...4																						
MONTH..5																						
YEAR...6																						
		AMOUNT OF TIME	TIME UNIT			SYMPTOM #1	SYMPTOM #2	SYMPTOM #3	SYMPTOM #4	SYMPTOM #5												
01																						
02																						
03																						
04																						
05																						
06																						
07																						
08																						
09																						
10																						
11																						
12																						

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

SECTION 7 PART A: ACTIVITIES

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 7 YEARS AND OLDER

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	10	11
	IS RESPONDENT 7 YEARS OR OLDER?	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?	And during the past 12 months?	During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock?	And during the past 12 months?	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?	And during the past 12 months?	LOOK BACK TO QUESTION 2.DID THE RESPONDENT WORK FOR SOMEONE ELSE IN THE PAST SEVEN DAYS?	LOOK BACK TO QUESTION 4 DID THE RESPONDENT WORK ON A FAMILY FARM IN THE PAST SEVEN DAYS?	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	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 MEMBER13 OTHER REASONS. (SPECIFY14
	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			>PART E
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

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			TSHS	TIME UNIT	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? UNIT OF TIME DAY.....3 WEEK....4 MONTH....5 YEAR.....6	For how many ...[REFER TO TIME UNIT IN QUESTION 7]... did you do this work in the last year
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

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)	UNIT OF TIME DAY.....3 WEEK....4 MONTH...5 YEAR....6		YES...1 NO....2 (>13)	UNIT OF TIME DAY.....3 WEEK....4 MONTH...5 YEAR....6		YES....1 NO.....2 (>18)	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	
		TSHS	TIME UNIT		TSHS	TIME UNIT			DESCRIPTION	CODE
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

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	
	MON	TUE	WED	THU	FRI	SAT	SUN	TSHS	TIME UNIT				
	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 UNIT OF TIME: DAY.....3 WEEK.....4 MONTH....5 YEAR.....6		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)	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

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? PROBE FOR ACTUAL HOURS EACH DAY.							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? PROBE FOR ACTUAL HOURS WORKED EACH DAY.							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)
	YES...1 NO.....2(>3)	MON	TUE	WED	THU	FRI	SAT	SUN	NO....2 (>5)	MON	TUE	WED	THU	FRI	SAT	SUN	
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	

SECTION 7 PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS

1 I D E N T I F I C A T I O N	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 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																			
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				

SECTION 7 PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1 In the past 7 days (since last...), have you spent any time collecting firewood or fetching water for your household?	2 How many hours did you spend collecting firewood and fetching water in the past 7 days?	3 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?	4 For how many days were your work activities restricted because of illness?	5 For how many days were you too sick to perform any work in the past 7 days?	6 In the past 7 days (since last ...), have you spent any time caring for or visiting anyone in your household who was ill?	7 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.	8 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?	9 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.
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

CALCULATIONS

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

	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 F FARMING/LIVESTOCK.....1 I FISHING.....2 C TRADER/MERCHANT/SALES.....3 A TRANSPORT.....4 T CONSTRUCTION.....5 I EDUCATION PROFESSIONAL/ADMIN..6 O HEALTH PROFESSIONAL/ADMIN...7 N OTHER PROFESSIONAL/ADMIN.....8 S SECRETARY/CLERICAL.....9 F FACTORY WORKER.....10 C RESTAURANT, BAR OR HOTEL.....11 O SKILLED TRADE.....12 D NO ACTIVITY OR JOB.....13 (>PART G) E 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	
	DESCRIPTION	CODE				TSHS	TIME UNIT		TSHS	TIME UNIT	
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

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	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																
	IS THE RESPONDENT 15 OR OLDER?	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? INCLUDE VALUE OF IN-KIND	
	YES...1 NO...2 (>NEXT SECTION)	YES...1 NO...2 (>3A)	TSHS	YES...1 NO...2 (>4A)	TSHS	YES...1 NO...2 (>5A)	TSHS	YES...1 NO...2 (>6A)	TSHS	YES...1 NO...2 (>7A)	TSHS	YES...1 NO...2 (>8A)	TSHS	YES...1 NO...2 (>9A)	TSHS	YES...1 NO...2 (>NEXT SECTION)	TSHS	
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		

SECTION 8 : INDIVIDUAL EXPENDITURES

I D E N T I F I C A T I O N C O D E	Now I am going to ask you about certain items you may have acquired in the past 12 months (since...). by acquired, I mean items that you bought for yourself, made for yourself or were given to you. A. In the past 12 months (since...), have you acquired any ... []...? RECORD THE ANSWER TO QUESTION 'A' THEN ASK QUESTION 'B' FOR ALL ITEMS ACQUIRED: B. What is the value of all the ...[]... that you have acquired in the past 12 months (since...)?							Now I am going to ask you about certain items you may have acquired in the past 2 weeks (since...). by acquired, I mean items that you bought for yourself, made for yourself, bought for other people but not things that were given to you. A. In the past 2 weeks (since...), have you acquired any ... []...? RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM. THEN ASK QUESTION 'B' FOR ALL ITEMS ACQUIRED: B. What is the value of all the ...[]... that you have acquired in the past 2 weeks?											
	1A Khangas or vitenge?	1B AMOUNT	2A Fabric or cloth?	2B AMOUNT	3A Other clothing and footwear e.g. shirts, pants, dresses, shorts underclothes ?	3B AMOUNT	4A Medicines, other services and transporta- tion for healthcare ?	4B AMOUNT	5A Food consumed outside the home (at restaurants, bars and bought on the street)?	5B AMOUNT	6A Beverag es consume d outside home?	6B AMOUNT	7A Cigarettes, tobacco?	7B AMOUNT	8A Gambling games of chance lottery tickets?	8B AMOUNT	9A Sporting events, cinema, contribut ion to clubs, etc.?	9B AMOUNT	10A Cosmetics, lotions, perfume, body lotions?
YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1	
NO....2 (>2A)		NO....2 (>3A)		NO....2 (>4A)		NO....2 (>5A)		NO....2 (>6A)		NO....2 (>7A)		NO....2 (>8A)		NO....2 (>9A)		NO....2 (10A)		NO....2	
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			

SECTION 9. MIGRATION

1. Is the current household living on the same homestead (same plot or house) as household interviewed 10 years ago?

YES.....1 (>NEXT SECTION)

NO.....2

I D E N T I F I C A T I O N C O D E	2	3	4	5		6	7
	IS THIS PERSON A PREVIOUS HOUSEHOLD MEMBER CHECK HOUSEHOLD ROSTER CARD	When did you move away from the homestead you were living in when you were interviewed 10 years ago? 4 - DIGIT YEAR	Why did you move from original homestead? FOUND WORK.....1 TO LOOK FOR WORK.....2 POSTED ON A JOB.....3 LOOKING FOR LAND.....4 SCHOOLING.....5 MARRIAGE.....6 DIVORCE.....7 PARENTS DIED.....8 TO CARE FOR A SICK PERSON...9 TO SEEK MEDICAL TREATMENT...10 FOLLOWING INHERITANCE.....11 OTHER FAMILY PROBLEMS.....12 OTHER SPECIFY (.....)....13	YEARS	MONTHS	TSHS	TSHS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

OEO: ROOM FOR STORY ON SPLIT-OFF OF THIS HH FROM THE ORIGINAL ONE

RESPONSE CODES

"if very good, why?" (give main reason)

1. **HIGH CROP PRICES:** High income due to high prices from crops by myself and/or household I was living in
2. **BUMPER HARVESTS:** High income due to high output from agricultural crops by myself and/or household I was living in
3. **LIVESTOCK:** High income due to extra income from livestock by myself and/or household I was living in
4. **WAGE EMPLOYMENT:** High income due to wage employment by myself and/or household I was living in
5. **OFF-FARM EMPLOYMENT:** High income due to off-farm employment by myself and/or household I was living in
6. **REMITTANCES:** High income due to high transfers or remittances from individuals
7. **GIFTS AND SUPPORT BY ORGANISATIONS:** High income due to support by development organisations
8. **RETURNS TO OTHER ASSETS:** High income from assets (e.g. house rental, vehicle rental, land rental, asset sale prices)
9. **NEW ASSETS:** Inheritance, other asset gifts
10. **OTHER (SPECIFY)**

"if very bad, why" (give main reason for hardship)

1. **LOW CROP PRICES:** Low income due to low prices from agricultural crops by myself/and or the household I was living in
2. **POOR HARVEST (WEATHER):** Low income due to poor harvest from agricultural crops due to weather conditions
3. **POOR HARVEST (OTHER):** Low income due to poor harvest from agricultural crops due to pests and other non weather related circumstances
4. **LIVESTOCK:** Low income due to loss of livestock due to death or low income from livestock due to weather, disease
5. **WAGE EMPLOYMENT:** Low income due to loss of job and/or period of unemployment
6. **OFF-FARM EMPLOYMENT:** Low income due to collapse of business, or low income from continuing business activities⁶
7. **REMITTANCES:** Low income due to lower transfers or remittances from individuals
8. **GIFTS AND SUPPORT BY ORGANISATIONS:** Low income due to withdrawal of support by development organisations
9. **EVICTION/RESETTLEMENT:** loss of house and livelihood due to eviction, resettlement, forced migration
10. **DEATH OF FAMILY MEMBER:** low income or asset losses linked to a death, due to illness or other causes
11. **SERIOUS ILLNESS:** low income or asset losses linked to serious illness (even if leading to death, but most hardship during illness)
12. **LOSS OF ASSETS:** due to crime, violence, theft, etc
13. **OTHER (SPECIFY)**

"if very bad, how did you and your household at the time cope?" (up to two main responses)

1. REDUCED CONSUMPTION
2. SOLD LIVESTOCK
3. SOLD LAND
4. SOLD OTHER ASSETS
5. STARTED SELLING PROCESSED FOOD (INCL BEER)
6. STARTED OTHER BUSINESS
7. TOOK CASUAL EMPLOYMENT (KIBARUA)
8. TOOK OFF-FARM WAGE EMPLOYMENT
9. INTRODUCED OTHER CROPS
10. RELIED ON SUPPORT FROM ORGANISATIONS
11. RELIED OF SUPPORT FROM FAMILY AND FRIENDS
12. MIGRATED TO WORK ELSEWHERE (FISHING)
13. MIGRATED TO WORK ELSEWHERE (OTHER)
14. TOOK CHILDREN FROM SCHOOL
15. MIGRATED TO LIVE WITH RELATIVES OR FRIENDS
16. OTHER (SPECIFY)

SECTION 10: SHOCKS EXPERIENCED IN THE LAST 10 YEARS

ARE THERE ANY PREVIOUS HOUSEHOLD MEMBERS 20 YEARS OR OLDER?

YES.....1

NO.....2 (>NEXT SECTION)

REFER TO HOUSEHOLD ROSTER CARD AND WRITE THE ID CODES OF ALL THE PREVIOUS HOUSEHOLD MEMBERS 20 YEARS OR OLDER IN THE ID COLUMN. FOR EACH OF THEM ASK

Can you think back to your living conditions during the last 10 years, since 1994, [the period since the refugee crisis from Rwanda]. We would like to know about periods of serious hardship in terms of wealth and living conditions, and also periods that were very good. Please tell me about the conditions in the household you were living in, even if this is not the same household you live in now.

- Year that was predominantly very good.....1
- Year that was predominantly good.....2
- Year that was predominantly average/normal.....3
- Year that was predominantly bad.....4
- Year that was predominantly very bad.....5

IF RESPONSE IS 1 OR 5 PROBE OTHERWISE LEAVE BLANK

ID	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
1. What type of year was ...[...]?										
2. IF VERY GOOD, why was it a very good year?										
3. IF VERY BAD, why was it a very bad year?										
4. IF VERY BAD, how did you cope? (MAX 2)										
1. What type of year was ...[...]?										
2. IF VERY GOOD, why was it a very good year?										
3. IF VERY BAD, why was it a very bad year?										
4. IF VERY BAD, how did you cope? (MAX 2)										
1. What type of year was ...[...]?										
2. IF VERY GOOD, why was it a very good year?										
3. IF VERY BAD, why was it a very bad year?										
4. IF VERY BAD, how did you cope? (MAX 2)										
1. What type of year was ...[...]?										
2. IF VERY GOOD, why was it a very good year?										
3. IF VERY BAD, why was it a very bad year?										
4. IF VERY BAD, how did you cope? (MAX 2)										
1. What type of year was ...[...]?										
2. IF VERY GOOD, why was it a very good year?										
3. IF VERY BAD, why was it a very bad year?										
4. IF VERY BAD, how did you cope? (MAX 2)										

RESPONSE CODES

"if very good, why?" (give main reason)

1. **HIGH CROP PRICES:** High income due to high prices from crops by myself and/or household I was living in
2. **BUMPER HARVESTS:** High income due to high output from agricultural crops by myself and/or household I was living in
3. **LIVESTOCK:** High income due to extra income from livestock by myself and/or household I was living in
4. **WAGE EMPLOYMENT:** High income due to wage employment by myself and/or household I was living in
5. **OFF-FARM EMPLOYMENT:** High income due to off-farm employment by myself and/or household I was living in
6. **REMITTANCES:** High income due to high transfers or remittances from individuals
7. **GIFTS AND SUPPORT BY ORGANISATIONS:** High income due to support by development organisations
8. **RETURNS TO OTHER ASSETS:** High income from assets (e.g. house rental, vehicle rental, land rental, asset sale prices)
9. **NEW ASSETS:** Inheritance, other asset gifts
10. **OTHER (SPECIFY)**

"if very bad, why" (give main reason for hardship)

1. **LOW CROP PRICES:** Low income due to low prices from agricultural crops by myself/and or the household I was living in
2. **POOR HARVEST (WEATHER):** Low income due to poor harvest from agricultural crops due to weather conditions
3. **POOR HARVEST (OTHER):** Low income due to poor harvest from agricultural crops due to pests and other non weather related circumstances
4. **LIVESTOCK:** Low income due to loss of livestock due to death or low income from livestock due to weather, disease
5. **WAGE EMPLOYMENT:** Low income due to loss of job and/or period of unemployment
6. **OFF-FARM EMPLOYMENT:** Low income due to collapse of business, or low income from continuing business activities⁶
7. **REMITTANCES:** Low income due to lower transfers or remittances from individuals
8. **GIFTS AND SUPPORT BY ORGANISATIONS:** Low income due to withdrawal of support by development organisations
9. **EVICTON/RESETTLEMENT:** loss of house and livelihood due to eviction, resettlement, forced migration
10. **DEATH OF FAMILY MEMBER:** low income or asset losses linked to a death, due to illness or other causes
11. **SERIOUS ILLNESS:** low income or asset losses linked to serious illness (even if leading to death, but most hardship during illness)
12. **LOSS OF ASSETS:** due to crime, violence, theft, etc
13. **OTHER (SPECIFY)**

"if very bad, how did you and your household at the time cope?" (up to two main responses)

1. REDUCED CONSUMPTION
2. SOLD LIVESTOCK
3. SOLD LAND
4. SOLD OTHER ASSETS
5. STARTED SELLING PROCESSED FOOD (INCL BEER)
6. STARTED OTHER BUSINESS
7. TOOK CASUAL EMPLOYMENT (KIBARUA)
8. TOOK OFF-FARM WAGE EMPLOYMENT
9. INTRODUCED OTHER CROPS
10. RELIED ON SUPPORT FROM ORGANISATIONS
11. RELIED OF SUPPORT FROM FAMILY AND FRIENDS
12. MIGRATED TO WORK ELSEWHERE (FISHING)
13. MIGRATED TO WORK ELSEWHERE (OTHER)
14. TOOK CHILDREN FROM SCHOOL
15. MIGRATED TO LIVE WITH RELATIVES OR FRIENDS
16. OTHER (SPECIFY)

SECTION 10: SHOCKS EXPERIENCED IN THE LAST 10 YEARS (END)

Year that was predominantly very good.....1
 Year that was predominantly good.....2
 Year that was predominantly average/normal.....3
 Year that was predominantly bad.....4
 Year that was predominantly very bad.....5

ID		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										
	1. What type of year was ...[...]?										
	2. IF VERY GOOD, why was it a very good year?										
	3. IF VERY BAD, why was it a very bad year?										
	4. IF VERY BAD, how did you cope? (MAX 2)										

DESIGNATED RESPONDENT FROM SECTION 3: _____	ID CODE:	<input style="width: 40px; height: 20px;" type="text"/>
INTERVIEWER: WAS THIS THE PERSON INTERVIEWED?		
	YES.....1	<input style="width: 40px; height: 20px;" type="text"/>
	NO.....2	<input style="width: 40px; height: 20px;" type="text"/>

INTRODUCTION

Now I am going to ask you about all of the shambas and gardens owned by the members of your household and about all other shambas/ gardens cultivated by members of your household, in the past 12 months, even if they were not owned.

A. How many shambas/ gardens were owned individually or collectively by the members of your household in the past 12 months?

SHAMBAS/GARDENS OWNED
BY THE HOUSEHOLD:

SHAMBAS

GARDENS

B. How many shambas/ gardens did the members of your household use that were not owned by someone in your 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 PART A: LAND

1		2		3	4	5	6	7	8
<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 SHAMBAS/GARDENS OWNED BY THE HOUSEHOLD INCLUDE SHAMBAS AND GARDENS IN FALLOW</p> <p>B. Please describe to me all other shambas/ gardens NOT owned but used by your household in the past 12 months?</p> <p>ADD SHAMBAS/GARDENS USED BUT NOT OWNED TO THE LIST BELOW. LIST ALL SHAMBAS FIRST AND THEN ADD GARDENS. COMPARE THE TOTAL NUMBER OF SHAMBAS/GARDENS ON THE LIST WITH THE TOTAL IN "C" ON THE PREVIOUS PAGE. THE NUMBER SHOULD BE THE SAME.</p>		<p>What is the total area of this shamba/garden?</p> <p>RECORD AREA TO THE NEAREST HALF UNIT</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>AREA CODE:</p> <p>ACRE.....1</p> <p>HA.....2</p> </div>		<p>Is this plot?</p> <p>Owned and cultivated by yourself.....1 (>8)</p> <p>Not owned but rented in.....2</p> <p>Owned and rented out.....3 (>6)</p> <p>Owned and left fallow.....4 (>8)</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 crops and cash or any other payments made for the use of this shamba/garden in the past 12 months (Since.....)?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>>NEXT SHAMBA/GARDEN</p> </div> <p>TSHS</p>	<p>Did you or members of your household receive any payments in cash or in kind (crops) for the use of this shamba/garden in the past 12 months?</p> <p>YES....1</p> <p>NO.....2 (>8)</p> <p>TSHS</p>	<p>How much was received by the members of your household in cash or in kind for the use of shamba/garden in the past 12 months?</p> <p>TSHS</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>TSHS</p>
PLOT NUMBER	DESCRIPTION	AREA	AREA CODE						
01		.							
02		.							
03		.							
04		.							
05		.							
06		.							
07		.							
08		.							
09		.							
10		.							
11		.							
12		.							
13		.							

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

QUANTITY CODES
KG.....1
TON.....2
LB.....3
SACK.....4
FUNGU.....5
KIBABA.....6
BUNCH.....7
FRUIT.....8
LOG.....9
DEBE/TIN.....10
PIECE.....11
STICK.....12
KIMBO.....13
MZIGO.....14
TOTAL.....15
KOPO.....16

SECTION 11 PART B: CROPS

CROP ID	1 In the past 12 months (since.....), have the members of your household grown any of the following crops? FIRST ANSWER THIS QUESTION FOR ALL PRODUCTS BEFORE GOING TO 2-8 YES.....1 NO.....2	2 How much ..(CROP).. was sold during the past 12 months? IF 0 > 4		3 How much was the harvest of ..(CROP).. sold for? RECORD TSHS PER UNIT		4 Have you lost any part of the harvested crop to insects, rodents, fire, rotting or stolen? YES....1 NO....2 (>6)	5 If you had sold this same quantity at the time you lost it, what is the most amount you could have gotten? TSHS	6 What was the total value of [CROP] that you kept for seed or that you gave to labourers or landowner, or as a gift in ceremonies or other? ENTER 0 IF NONE TSHS	7 Do you have any of ..(CROP).. in stock at present? YES....1 NO....2 (>NEXT CROP)	8 If you were to sell this same quantity now what is the most amount of money you could get? >NEXT CROP
		QUANTITY	UNIT	TSHS	UNIT					
	Coffee, such as...									
01	Unhusked Robusta Coffee?									
02	Unhusked Arabica Coffee?									
	Trees, such as...									
03	Trees (nursery)?									
04	Trees (timber)?									
05	Trees (firewood, building poles)?									
	Bananas, such as...									
06	Cooking (traditional) bananas?									
07	Cooking (exotic/improved) bananas?									
08	Desert (traditional)bananas?									
09	Desert (exotic/improved) bananas?									
10	Roasting bananas?									
11	Brewing bananas?									
12	Tea?									
13	Tobacco?									
14	Cotton?									

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

QUANTITY CODES
KG.....1
TON.....2
LB.....3
SACK.....4
FUNGU.....5
KIBABA.....6
BUNCH.....7
FRUIT.....8
LOG.....9
DEBE/TIN.....10
PIECE.....11
STICK.....12
KIMBO.....13
MZIGO.....14
TOTAL.....15
KOPO.....16

SECTION 11 PART B: CROPS (CONT)

CROP ID	1 In the past 12 months (since.....), have the members of your household grown any of the following crops? FIRST ANSWER THIS QUESTION FOR ALL PRODUCTS BEFORE GOING TO 2-8 YES.....1 NO.....2	2 How much ..(CROP)... was sold during the past 12 months? IF 0 > 4		3 How much was the harvest of ...(CROP)..sold for? RECORD TSHS PER UNIT		4 Have you lost any part of the harvested crop to insects, rodents, fire, rotting etc? YES.....1 NO.....2 (>6)	5 If you had sold this same quantity at the time you lost it, what is the most amount you could have gotten? TSHS	6 What was the total value of [CROP] that you kept for seed or that you gave to labourers or landowner, or as a gift in ceremonies or other? ENTER 0 IF NONE TSHS	7 Do you have any of(CROP).... in stock at present? YES.....1 NO.....2 (>NEXT CROP)	8 If you were to sell this same quantity now what is the most amount of money you could get? > NEXT CROP TSHS
		QUANTITY	UNIT	TSHS	UNIT					
15	Cassava (raw)									
16	Yams?									
17	Sweet potatoes?									
18	Irish potatoes?									
19	Maize?									
20	Bullrush millet?									
21	Finger millet?									
22	Sorghum?									
23	Vanilla?									
24	Mushroom?									
25	Puddy rice?									
26	Beans?									
27	Soya beans?									
28	Bambaranuts?									
29	Pease?									
30	Sunflower seeds?									
31	Avocado?									
32	Mangoes?									
33	Pawpaw?									

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

QUANTITY CODES

KG.....	1
TON.....	2
LB.....	3
SACK.....	4
FUNGU.....	5
KABABA/KOBO.....	6
BUNCH.....	7
FRUIT.....	8
LOG.....	9
DEBE/TIN.....	10
PIECE.....	11
STICK.....	12
KIMBO.....	13
MZIGO.....	14
TOTAL.....	15

SECTION 11 PART B: CROPS (END)

CROP ID	1 In the past 12 months (since.....), have the members of your household grown any of the following crops? FIRST ANSWER THIS QUESTION FOR ALL PRODUCTS BEFORE GOING TO 2-8 YES.....1 NO.....2		2 How much ..(CROP)... was sold during the past 12 months? <div style="border: 1px solid black; padding: 2px; display: inline-block;">IF 0 > 4</div>		3 How much was the harvest of ...(CROP)..sold for? RECORD TSHS PER UNIT		4 Have you lost any part of the harvested crop to insects, rodents, fire, rotting etc? YES....1 NO.....2 (>6)	5 If you had sold this same quantity at the time you lost it, what is the most amount you could have gotten? TSHS	6 What was the total value of [CROP] that you kept for seed or that you gave to labourers or landowner, or as a gift in ceremonies or other? ENTER 0 IF NONE TSHS	7 Do you have any of ...(CROP)... in stock at present? YES....1 NO.....2 (>NEXT CROP)	8 If you were to sell this same quantity now what is the most amount of money you could get? <div style="border: 1px solid black; padding: 2px; display: inline-block;">> NEXT CROP</div> TSHS
	QUANTITY	UNIT	TSHS	UNIT							
34	Pineapple?										
35	Citrus fruits?										
36	Passion fruits?										
37	Other fruits?										
38	Tomatoes										
39	Onions/leeks/green onions?										
40	Eggplant and bitter tomatoes?										
41	Cabbage?										
42	Other vegetables?										
43	Other crops										

SECTION 11 PART C: FARM INPUTS

INPUT NO.	1 In the past 12 months (since....), did your household... YES.....1 NO.....2(>NEXT ITEM)	2 How much did you spend on (...INPUT...) in the past 12 months (since....) <input type="text" value=">NEXT ITEM"/> TSHS
01	Use any hired labour on your shamba?	
02	Buy any seeds?	
03	Use manure on your shambas?	
04	Use fertilizers on your shambas?	
05	Use pesticides for your shambas?	
06	Have expenses for transporting its crops?	
07	Have any other payments associated with crop production, such as the purchases of sacks, containers, storage, irrigation, renting of animal traction, etc?	

3. Have you been visited by or have you spoken with an agricultural extension worker in the past 12 months?

YES....1

NO.....2

FOR CALCULATIONS

SECTION 11 PART D: SALES OF PRODUCTS FROM HOME GROWN 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 form crops grown by your household?

YES.....1
NO.....2 (>PART E)

PRODUCT ID	2 During the past 12 months, has any member of your household made the following products for sale form his/her crops? FIRST ANSWER THIS QUESTION FOR ALL PRODUCTS BEFORE GOING TO 3-7 YES.....1 NO.....2	3 In how many of the past 12 months have members of your household made ...[].. for sale? COUNT NUMBER OF MONTHS	4 During these months, how many times did they sell ..[]..? TIME UNIT DAY....3 WEEK...4 MONTH...5 YEAR...6		5 And how much money did they usually receive each time? TSHS	6 In order to make ...[]...did they have to spend for e.g. tools, containers, labour, transport, etc? YES.....1 NO.....2 (> NEXT PRODUCT)	7 How much were those expenses in total in the past 12 months? > NEXT PRODUCT TSHS
			TIMES	TIME UNIT			
01	Banana juice						
02	Local banana beer						
03	Banana cognac						
04	Local pineapple beer						
05	Maize flour						
06	Roast or cooked maize						
07	Local maize brew						
08	Millet beer						
09	Dried cassava						
10	Cassava flour						
11	Groundnut oil						
12	Green coffee beans						
13	Dried fruits of vegetables						
14	Other						
15	Husked Robuster coffee						
16	Husked Arabica coffee						
17	Clean rice						

SECTION 11 PART E: HAND TOOLS

TOOL ID	1 How many of the following tools are owned by members of your household? WRITE THE NUMBER OF EACH TOOL IN THE BOX. IF NONE, WITE 0. ASK THIS QUESTION FOR ALL TOOLS BEFORE ASKING Q2.		2 For how much could you sell all these tools today? IF ANSWER TO QUESTION 1 IS ZERO WRITE 0 IN QUESTION 2 TSHS	
	01	Hoes		
02	Axes			
03	Machetes			
04	Picks			
05	Shovels			
06	Wheel Barrows			
07	Sickles			
08	Pangas			
09	Mundu			
10	Pruning shears			
11	Ekiosho			
12	Others			

SECTION 11 PART F: FARM EQUIPEMENT

IF THE ANSWER OF 1 IS YES, ASK QUESTIONS 2-5

EQUIPMENT CODE	1 During the past 12 months (since..) has any member of the household owned a? ASK QUESTION 1 FOR ALL EQUIPEMENTS BEFORE ASKING QUESTIONS 2-5 YES.....1 NO.....2	2 Does any member of your household still own a ..[].. now? YES.....1 NO.....2	3 How many ..[]... do the members of your household own altogether today? NUMBER OWNED	4 For how much money could they sell all these ..[].. today? TSHS	5 How much money did your household earn for leasing ..[].. during the last 12 months? ENTER 0 IF NONE >NEXT EQUIPEMENT TSHS
01	Hand mill/grinder?				
02	Watering equipment? Example hose				
03	Farm buildings?				
04	Banana beer "boats"?				
05	Geri cane/ drums?				
06	Other equipments for farming/processing?				

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

DESIGNATED RESPONDENT FROM SECTION 3: _____	CODE:	<input type="checkbox"/>
WAS THIS PERSON INTERVIEWED?	YES.....1	<input type="checkbox"/>
	NO.....2	

SECTION 12 PART A: ANIMALS

IF THE ANSWER OF 1 IS YES, ASK QUESTIONS 2-9

ANIMAL CODE	1 During the past 12 months has any member of the household raised or owned ...[].... ASK THIS QUESTION FOR ALL ANIMALS BEFORE GOING TO 2-9 YES.....1 NO.....2	2 Do any members of your household own or are they raising ..[].. at the present time? YES.....1 NO.....2 (>6)	3 How many ...[]... of all ages are owned by your household at present? NUMBER AT THIS TIME	4 If your household wanted to sell all of these ..[.]... today, how much would your household receive? TSHS	5 How much has your household received from selling ...[.]... over the past 12 months? TSHS	6 Did your household own any ...[.]... 12 months ago? YES.....1 NO.....2(>8)	7 How many of ...[.]... all ages did your household own 12 months ago? NUMBER	8 What is the value of ...[]... meat that was consumed by your household in the past 12 months TSHS	9 How many ...[]... raised by your household lost, stolen, disinherited, or died during the past 12 months? NUMBER LOST, STOLEN, DIED OR DISINHERITED >NEXT ANIMAL
01	Oxen/ bulls								
02	Dairy cows								
03	Non Dairy cows								
04	Sheep?								
05	Dairy goats								
06	Non dairy goats								
07	Chicken?								
08	Pigs?								
09	Ducks, Turkeys, or other poultry?								
10	Rabbits?								
11	Other animals? (Specify: _____)								

	1 During the past 12 months has any member of the household raised bees? YES.....1 NO.....2 (> PART B)	2 Do any members of your household raising bees at the present time? YES.....1 NO.....2 (>6)	3 How many hives are owned by your household at the present time? NUMBER OWNED	4 If your household wanted to sell all of these hives today, how much would they receive all together? TSHS	5 How much has your household received from selling honey over the past 12 months? TSHS	6 Did your household own any bee hives 12 months ago? YES.....1 NO.....2(>8)	7 How many bee hives did your household own in the past 12 months? NUMBER	8 What is the value of honey that was consumed by your household in the past 12 months TSHS	9 How many hives were stolen, disinherited or destroyed, died during the past 12 months? NUMBER DESTROYED, STOLEN, DIED OR DISINHERITED
12									

SECTION 12: LIVESTOCK

PART B: SALE OF ANIMAL PRODUCTS

1. During the past 12 months (since...), have any members of household sold products obtained from their animals? For example, milk products, eggs or tanned skins?

YES.....1

NO.....2(> PART C)

PRODUCT ID	2		IF ANSWER TO 2 IS YES, ASK 3
	During the past 12 months have they sold any ..[]..obtained from their animals? ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3 YES.....1 NO.....2		3 How much has your household received from the sale of..[].. in the past 12 months (since. . .)? TSHS
01	Milk or milk products?		
02	Eggs?		
03	Skins and hides?		
04	Honey, honeycomb or beeswax?		
05	Pieces of meat?		
06	Other animal products? (Specify: _____)		

SECTION 12 PART C: LIVESTOCK EXPENDITURES

EXPENDITURE CODE	1		IF ANSWER TO 1 IS YES, ASK 2
	In the past 12 months (since...) has a member of your household spent money on the following items in order to raise livestock? ASK 1 FOR ALL ITEMS BEFORE GOING TO 2 YES....1 NO....2		2 How much money have all members of your household spent on ..[].. in the past 12 months(since. . .)? TSHS
01	Paid labour for herding?		
02	Buildings and maintenance of pens and fences?		
03	Feed, including salt?		
04	Insecticides spray for animals?		
05	Veterinary services, inoculations or other medical products?		
07	Commission on the sale of animals?		
08	Compensation for damage caused by animals?		
09	Other expenses for livestock, poultry or bees (incubator, electricity, packaging, transport etc) Specify: _____		

SECTION 13 PART A: NON-FARM SELF-EMPLOYMENT RESPONDENT

Now I would like some information about the trades, businesses, industries, professional services, and other self-employed activities including fishing 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.

E N T E R P R I S E	1	2	3
	NAME OF THE BUSINESS (SEE SECTION 3)	NAME OF THE BEST - INFORMED PERSON NAME	IS THIS THE PERSON ACTUALLY INTERVIEWED? YES.....1 NO.....2
1			
2			
3			

SECTION 13 PART B: NON-FARM SELF EMPLOYMENT INCOME

	1 How long has your household owned this business?		2 How many months in the past 12 months has this business been in operation?	3 During the past 12 months, have you hired anyone else from outside your household to work in this business? YES.....1 NO.....2(>6)	4 How many other workers have you hired to work in this business in the past 12 months?			5 What is the value of all these payments in the past 12 months (including payments in cash and the value of payments in kind)?
	YEARS	MOS	MONTHS	NUMBER				
				FULL TIME	PART TIME	CASUAL		
1								
2								
3								

	6 After paying for expenses for this business, including hired workers, purchase of goods, personal items for yourself or your household, how much money did you receive from this business in the past 2 weeks? TSHS	7 In the past 2 weeks, have any of these business' products or services been consumed or used by your household instead of being sold? YES....1 NO.....2 (>9)	8 What was the value of the products consumed or used by your household in the past 2 weeks? TSHS	9 In the past 2 weeks, did you use part of the money you got from this business for yourself or for your household? YES...1 NO....2 (>11)	10 How much money from the business did you use for yourself or your household? TSHS TIME UNIT		11 After making purchases for the business and after using some money for yourself or your household, was there any money left? YES...1 NO...2 (>13)	12 How much money was left after purchases for the business and after using some of the money for yourself or your household, in the last 2 weeks? TSHS TIME UNIT		13 Does your business own an inventory stock of goods not yet sold? YES.....1 NO.....2 (>PART C)	14 How much could you sell all of these goods for today? TSHS
1											
2											
3											

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

SECTION 13 PART C: NON-FARM SELF EMPLOYMENT ASSETS

FIRST BUSINESS	1 Did this business (trade, industry, profession, etc.) own any of the following in the last 12 months? COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. YES.....1 NO.....2	2 Does this business currently own any ...[]...? YES....1 NO.....2 (>NEXT ITEM)	3 If you wanted to sell, how much could you sell all the ...[]... owned by this business today? IF OWNED BY MANY HOUSEHOLDS, GIVE ONLY THIS HOUSEHOLD'S SHARE >NEXT ITEM TSHS
	Buildings and land		
	Vehicles or boats (autos, trucks, bicycles, Outboard engines)		
	Tools, equipment, Machinery, nets, paddles, lamps		
	Other durable goods for running this business		
SECOND BUSINESS	1 Did this business (trade, industry, profession, etc.) own any of the following in the last 12 months? COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. YES.....1 NO.....2	2 Does this business currently own any ...[]...? YES....1 NO.....2 (>NEXT ITEM)	3 If you wanted to sell, how much could you sell all the ...[]... owned by this business today? IF OWNED BY MANY HOUSEHOLDS, GIVE ONLY THIS HOUSEHOLD'S SHARE >NEXT ITEM TSHS
	Buildings and land		
	Vehicles or boats (autos, trucks, bicycles, other)		
	Tools, equipment, machinery		
	Other durable goods for running this business		
THIRD BUSINESS	1 Did this business (trade, industry, profession, etc.) own any of the following in the last 12 months? COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. YES.....1 NO.....2	2 Does this business currently own any ...[]...? YES....1 NO.....2 (>NEXT ITEM)	3 If you wanted to sell, how much could you sell all the ...[]... owned by this business today? IF OWNED BY MANY HOUSEHOLDS, GIVE ONLY THIS HOUSEHOLD'S SHARE >NEXT ITEM TSHS
	Buildings and land		
	Vehicles or boats (autos, trucks, bicycles, other)		
	Tools, equipment, machinery		
	Other durable goods for running this business		

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

SECTION 14 : 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.

SECTION 14 PART A : TYPE AND OWNERSHIP OF DWELLING

1. Which buildings and rooms does your household occupy?

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?

3. How many rooms does your household use for sleeping (including rooms outside the main dwelling)?

RECORD NUMBER

COMPLETE QUESTIONS 4-9 FOR EACH BUILDING OCCUPIED BY THE HOUSEHOLD.

	4	5	6	7	8	9
B U I L D I N G	MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS	MAIN FLOORING MATERIAL	MAIN ROOFING MATERIAL	MOST WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES)	Does this dwelling belong to a member of your household?	If you wanted to sell this dwelling today, how much would you be able to get for it?
M U R	MUD BRICK.....1 BAMBOO TREE.....2 GALVANIZED IRON.....3 WOODEN PLANKS.....4 STONE/BRICK.....5 CEMENT.....6 OTHER (SPECIFY)....7	EARTH.....1 WOOD.....2 STONE.....3 CEMENT.....4 TILE.....5 BAMBOO.....6 OTHER (SPECIFY).....7	GRASS.....1 MUD.....2 WOOD/ PLANKS.....3 GALVANIZED/ IRON.....4 CONCRETE/ CEMENT.....5 TILES.....6 ASBESTOS.....7 OTHER (SPECIFY).....8	GLASS.....1 SCREENS.....2 WOODEN SHUTTERS...3 CURTAINS.....4 NO COVER.....5 NO WINDOWS.....6	YES.....1 NO.....2 (>NEXT BUILDING)	TSHS
01						
02						
03						
04						
05						

SECTION 14 PART B: HOUSING EXPENDITURES

1. Do any members of your household own any other dwellings?
 YES...1
 NO....2 (>5)

2. Did anyone in the household rent out these other dwellings in the past 12 months?
 YES...1
 NO....2 (>4)

3. How much was received in rental income in the past 12 months from these other dwellings?
 TSHS:

4. If you wanted to sell these other dwellings today, how much would you be able to get for them?
 TSHS:

5. 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 (>7)
 WELL WITH PUMP.....8 (>7)
 WELL WITHOUT PUMP.....9 (>7)
 RIVER,,LAKE,SPRING,POND.....10 (>7)
 RAINWATER.....11 (>7)
 OTHER (SPECIFY: _____)12 (>7)

6. How much was your water bill last month?
 TSHS:
 (PROBE IF JOINT METER OR SHARED BILL)

7. How far is this ...[SOURCE OF DRINKING WATER]...from your dwelling?[INTERVIEWER: IF IN HOUSE OR COMPOUND, RECORD 0]
 DISTANCE:
 DISTANCE CODE
 CODES:FOOT.....1
 METER.....2
 KM.....3
 MILE.....4

8. Does your dwelling have a toilet or pit latrine?
 YES.....1
 NO.....2 (>10)

9. What type of toilet is used by your household?
 FLUSH TOILET.....1
 PIT LATRINE.....2
 PAN/BUCKET.3
 OTHER (SPECIFY: _____).4

10. What is the main source of lighting for your dwelling?
 ELECTRICITY.....1
 KEROSENE, OIL OR GAS LAMPS.....2 (>12)
 CANDLES OR TORCHES (FLASHLIGHTS)..3 (>12)
 TORCHES.....4 (>12)
 SOLAR.....5 (>12)
 NONE.....6 (>12)

11. How much was your electricity bill last month?
 (IF NOTHING, WRITE ZERO) TSHS:

12. What kind of fuel is most often used by your household for cooking?
 LIST 2 ANSWERS AT MOST FIRST
 WOOD.....1
 CHARCOAL.....2
 GAS.....3
 ELECTRICITY.....4
 KEROSENE.....5
 BIOGAS.....6
 OTHER (SPECIFY: _____).7
 SECOND

13. How much was spent by members of your household in the past 2 weeks on
 ENTER 0 IF NOTHING WAS SPENT
 A. Firewood
 [IF FIREWOOD USED FROM HOME PRODUCTION, WRITE VALUE OF AMOUNT USED]
 B. Charcoal
 C. Kerosene
 D. Other fuel for cooking or lighting (SPECIFY: _____)

SECTION 15 PART A: DURABLE GOODS

RESPONDENT : THE HEAD OF HOUSEHOLD

IF THE ANSWER OF 1 IS YES, ASK QUESTION 2

I T E M C O D E	1	2
	Does any member of your household have[.]..... YES.....1 NO.....2 (NEXT ITEM)	If you wanted to sell this ...[]... today, how much would you receive? <input type="text" value=" > NEXT ITEM"/> TSHS
01	Bicycles?	
02	Radio/Cassette/Record/CD players?	
03	Stoves (gas, electric, biogas, charcoal, wood)?	
04	Sewing machines?	
05	Motorbikes?	
06	Refrigerators or freezers?	
07	Fans?	
08	Cameras?	
09	Video equipment/television?	
10	Cars, other vehicles?	
11	Watches, jewellery?	
12	Iron (electrical or charcoal)?	
13	Telephone (mobile or landline)?	
14	Carpets?	
15	Other durable goods?	

3. Does anyone in your household operate savings or a bank account?

YES.....1

NO.....2

SECTION 15 PART B: HOUSEHOLD ANNUAL EXPENDITURES

EXPENDITURE CODE	1 In the past 12 months, have any members of your household purchased or spent money on the following items COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2. YES.....1 NO.....2		2 How much did the members of your household spend on ...[]...in the past 12 months (since....)? TSHS
01	Rent or payments for the dwelling you reside?		
02	Home repairs (not construction extension)?		
03	Repairs of vehicles including bicycles?		
04	Repairs of other household items (radios, shoes, cloths etc.)?		
05	Kitchen equipment (plates, spoons and forks)?		
06	Linen, towels, bed sheets, blankets?		
07	Home services (e.g. cooking, cleaning, gardening, childcare)?		
08	Government taxes/licenses?		
09	Dues to cooperatives or professional organizations?		
10	Weddings of household members?		
11	Dowries of household members?		
12	Donations to churches, mosques, and civic organizations?		
13	Jewelry and watches e.g beads, bangles, bracelets, necklaces?		
14	Toys, games, books other than school books?		
15	Haircuts, hairdressing?		
16	Umbrellas, handbags, pouches, or wallets?		
17	Expenses associated with illness of household members who died in the past 12 months (hospitalisation, medicines)?		
18	Funeral and other expenses associated with any deaths of household members in the past 12 months?		

SECTION 15 PART C: HOUSEHOLD TWO WEEK EXPENDITURES

EXPENDITURE CODE	1 In the last (two weeks), have you or anyone in your household purchased ...[.]. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2 YES.....1 NO.....2		2 How much have you or anyone in your household spent for ...[.]. in the last 2 weeks? TSHS
01	Newspapers or magazines?		
02	Gasoline or motor oil?		
03	Envelopes, writing paper, pens and pencils?		
05	Candles, paraffin, matches?		
06	Batteries?		
07	Toilet soap, washing powder, tooth brush and tooth paste?		

SECTION 15 PART D: INHERITANCE OR BRIDE PRICE RECEIVED

1. CHECK THE HOUSEHOLD TRACKING FORM QUESTION 7, ARE THERE ANY DEATHS?

YES.....1

NO.....2 (>5)

FOR EACH DEATH ASK QUESTIONS 1-4

NUMBER	2. WRITE THE OLD TWO DIGIT INDIVIDUAL ID CODE OF THE DECEASED FROM THE HOUSEHOLD TRACKING FORM (COLUMN 1)	3 Was [NAME]'S death associated with any inheritance? YES....1 NO.....2 (NEXT DECEASED)	4 What was the total value of the inheritance received by you or any other member of your household?		
			CASH TSHS	IN-KIND TSHS	LAND TSHS
01					
02					
03					
04					
05					
06					

5. In the past 10 years were there any inheritances received by anyone in the household?
DO NOT INCLUDE ANY ALREADY REPORTED IN Q2 ABOVE

YES.....1

NO.....2(>9)

6. Please tell me the total cash received from this inheritance

TSHS

7. Please estimate the value of goods and assets received from this inheritance if items were sold today (DO NOT INCLUDE LAND)

TSHS

8. Please estimate the value of any land given as inheritance if that land were sold today

TSHS

9. In the last 10 years did you or anyone in your household receive any bride price?

YES.....1

NO.....2 (>NEXT SECTION)

For each bride price, please give us some details

NUMBER	10 Was this bride price associated with anyone you previously lived with? PROBE FOR NAME AND CHECK NETWORK ROSTER CARD WHETHER NAME IS LISTED. NAME LISTED.....1 NAME NOT LISTED...2 (>12)	11 WRITE THE ID CODE FROM NETWORK ROSTER CARD	12 In what year was this received? YEAR	13 What was the total value of the bride price received by you or any other member of your household?		
				CASH TSHS	IN-KIND TSHS	LAND TSHS
01						
02						
03						
04						
05						
06						

SECTION 16: FOOD CONSUMPTION

DESIGNATED RESPONDENT FROM SECTION 3: _____	CODE:	<input style="width: 50px; height: 20px;" type="text"/>
WAS THIS PERSON INTERVIEWED?	YES.....1 NO.....2	<input style="width: 50px; height: 20px;" type="text"/>

FIRST WRITE THE CURRENT DATE:

DAY	MONTH	YEAR

Now I am going to ask you about the food consumed by your household in the last 12 months
That means the last month I will be asking questions about is:

		(MONTH No.12)
MONTH	YEAR	

And the first month is:

		(MONTH No.1)
MONTH	YEAR	

FOR EACH BLOCK OF QUESTIONS REFERRING TO "MONTHS" PUT 01 FOR THE FIRST MONTH AND 12 FOR THE LAST MONTH

PART A: THE SEASONS OF THE PAST 12 MONTHS

1. During the past 12 months, in some months it rained heavily (the masika and vuli seasons), while at other times it did not (kiangazi season).
- A. Would you please explain to me during which months of the past 12 months you had the rainy seasons (masika, vuli)?
- B. During which months during the past 12 months did your community have the kiangazi season?

WRITE THE CODE FOR THE SEASON IN THE BOX FOR EACH MONTH. PLEASE ASK THE RESPONDENT ABOUT ANY MONTHS NOT MENTIONED FOR ANY SEASON. EVERY MONTH IN THE PAST 12 MONTHS SHOULD BE ACCOUNTED FOR BY THE RESPONDENT.

- MASIKA RAINS.....1
VULI RAINS.....2
KIANGAZI DRY.....3

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
INDICATE MONTH NO.01 AND 12	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>
INDICATE SEASON	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>

2. During the past 12 months, have the members of your household eaten foods grown or raised by your household?

- YES.....1 (> PART B)
NO -----> REFER BACK TO SECTION 11 (FARMS).
IF SECTION 11 WAS COMPLETED, PROBE TO MAKE SURE THAT THE HOUSEHOLD DID NOT CONSUME ANY OF ITS PRODUCTION.
IF THIS WAS THE CASE2
..... (> PART C)

SECTION 16 PART B: FOOD CONSUMPTION OF HOME PRODUCTION

IF THE ANSWER TO 1 IS YES, ASK 2-7.																		
FOOD ID	1 INTERVIEWER: REFER BACK TO THE SECTION 11, PART B. BELOW, PUT 1 IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 12 MONTHS. PUT 2 IF THE CROP WAS NOT GROWN. COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-7. YES.....1 NO.....2	2 During the past 12 months, have the members of your household eaten ...[CROP]... that was grown or raised by the members of your household? YES...1 NO...2 (>NEXT ITEM)	3 During which months of the last 12 months (since...) did your household consume ... [CROP] ... that the members of your household produced starting 12 months ago? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (CONSUMED OWN PRODUCT).....1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												4 How often during the months of the rainy season (masika, vull) did they eat home produced ...[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.	5 How much would it have cost to buy the amount they ate each time during the rainy season? TSHS	6 How often during the months of the dry season (kiangazi) did they eat home produced ..[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.	7 How much would it have cost to buy the amount they ate each time during the dry season? TSHS
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC				
01	Cooking bananas?																	
02	Sweet bananas?																	
03	Other bananas?																	
04	Cassava (raw)?																	
05	Yams, coco yams or sweet potatoes?																	
06	Irish potatoes																	
07	Maize?																	
08	Millet or sorghum?																	
09	Rice?																	
10	Tea, coffee or cocoa at home?																	
11	Beans, peas, cowpeas or other pulses?																	
12	Groundnuts?																	
13	Home-made beer/brew/juice																	

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

SECTION 16 PART B: FOOD CONSUMPTION OF HOME PRODUCTION (CONT)

		IF THE ANSWER TO 1 IS YES, ASK 2-7.																	
FOOD ID	1 INTERVIEWER: REFER BACK TO THE FARM SECTION 11, PART B. BELOW, PUT 1 IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 12 MONTHS. PUT 2 IF THE CROP WAS NOT GROWN. COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-7. YES.....1 NO.....2	2 During the past 12 months, have the members of your household eaten ...[CROP]... that was grown or raised by the members of your household? YES...1 NO....2 (>NEXT ITEM)	3 During which months of the last 12 months (since...) did your household consume the ... [CROP] ... that the members of your household produced starting 12 months ago? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (CONSUMED OWN PRODUCT).....1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2	4 How often during the months of the rainy season (masika, vuli) did they eat home produced ...[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.												5 How much would it have cost to buy the amount they ate each time during the rainy season? TSHS	6 How often during the months of the dry season (kiangazi) did they eat home produced ..[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		7 How much would it have cost to buy the amount they ate each time during the dry season? >NEXT ITEM TSHS
				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		TIMES	TIME UNIT	
14	Sunflower seeds?																		
15	Bambaranuts?																		
16	Palm oil/oil palm?																		
17	Avocado, mangoes, pawpaw citrus fruits pineapples, passion fruits and other fruits?																		
18	Sugar, honey or sugar cane?																		
19	Tomatoes, Onions, leeks, green onions eggplant, bitter tomatoes, cabbage and other vegetables (cassava leaves, carrots, lettuce, etc.)?																		
20	Spices (curry, red pepper, etc.)?																		
21	Other foods or crops specify: _____)?																		

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

SECTION 16 PART B: FOOD CONSUMPTION OF HOME PRODUCTION (END)

IF THE ANSWER TO 1 IS YES, ASK 2-7.																						
FOOD ID	1 During the past 12 months, have the members of your household eaten any ... [ITEM]... that was produced by animals belonging to your household? REFER BACK TO SECTION 12 (PART A) TO VERIFY THESE ANSWERS. COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-7. YES.....1 NO.....2	2 IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	3 During which months of the last 12 months (since...) did your household consume the ... [ITEM] ... from animals belonging to your household? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (CONSUMED OWN PRODUCT).....1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												4 How often during the months of the rainy season (masika, vulli) did they eat home produced ...[ITEM]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.	5 How much would it have cost to buy the amount they ate each time during the rainy season? TSHS	6 How often during the months of the dry season (kiangazi) did they eat home-produced ...[ITEM]...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		7 How much would it have cost to buy the amount they ate each time during the dry season? TSHS			
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			TIMES	TIME UNIT		TIMES	TIME UNIT	
22	Chicken eggs?																					
23	Fresh milk?																					
24	Yogurt, cheese or other milk product?																					

IF THE ANSWER TO 1 IS YES, ASK 2-7.																						
FOOD ID	1 During the past 12 months, have the members of your household eaten any fish, edible insects or wild game (including game birds) that were collected or captured by members of your household? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-7. YES.....1 NO.....2	2 IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	3 During which months of the last 12 months (since...) did your household consume the ... [ITEM] ... captured or collected by members of your household? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (CONSUMED OWN PRODUCT).....1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												4 How often during the months of the rainy season (masika, vulli) did they eat the ...[ITEM]... that they collected? IF HOME CATCH NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.	5 How much would it have cost to buy the amount they ate each time during the rainy season? TSHS	6 How often during the months of the dry season (kiangazi) did they eat the ...[ITEM]... that they collected? IF HOME CATCH NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		7 How much would it have cost to buy the amount they ate each time during the dry season? TSHS			
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			TIMES	TIME UNIT		TIMES	TIME UNIT	
25	Fish?																					
26	Wild game, including game birds?																					
27	Edible insects?																					

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

SECTION 16 PART C-1 : FOOD EXPENDITURES , SEASONAL FOODS

IF THE ANSWER TO 1 IS YES, ASK 2-6.																			
FOOD ID	1 During the past 12 months (since....) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-6. YES.....1 NO.....2	2 During which months of the last 12 months (since...) did members of your household buy ..[FOOD ITEM].., starting 12 months ago? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2												3 How often during the months of the rainy season (masika, vull) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		4 How much did it cost to buy this amount each time during the rainy season? TSHS	5 How often during the months of the dry season (kiangazi) did they buy ...[FOOD ITEM]...? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		6 How much did it cost to buy this amount each time during the dry season? TSHS
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	TIMES	TIME UNIT		
01	Cooking bananas?																		
02	Sweet bananas?																		
03	Bananas in any other form?																		
04	Raw cassava?																		
05	Dried cassava?																		
06	Cassava in any other form?																		
07	Yams, coco yams, sweet potatoes?																		
08	Irish potatoes?																		
09	Maize?																		
10	Millet or sorghum, all forms?																		
11	Rice?																		
12	Beans, peas, cowpeas and other pulses?																		

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

SECTION 16 PART C-1 : FOOD EXPENDITURES , SEASONAL FOODS (CONT)

		IF THE ANSWER TO 1 IS YES, ASK 2-6.																			
FOOD ID	1	2												3		4	5		6		
	During the past 12 months (since...) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-6. YES.....1 NO.....2	During which months of the last 12 months (since...) did members of your household buy ..[FOOD ITEM]..? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2												How often during the months of the rainy season (masika, vuli) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		How much did it cost to buy this amount each time during the rainy season?	How often during the months of the dry season (kiangazi) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		How much did it cost to buy this amount each time during the dry season?		
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	TSHS	TIMES	TIME UNIT	TSHS		
13	Groundnuts?																				
14	Sunflower seeds?																				
15	Bambaranuts?																				
16	Palm oil/oil palm?																				
17	Butter?																				
18	Margarine?																				
19	Avocado?																				
20	Mangoes?																				
21	Pawpaw?																				
22	Citrus fruits?																				
23	Pineapples?																				
24	Other fruits, including passion fruits?																				

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

SECTION 16 PART C-1 : FOOD EXPENDITURES , SEASONAL FOODS (CONT)

IF THE ANSWER TO 1 IS YES, ASK 2-6.

FOOD ID	1 During the past 12 months (since...) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-6. YES.....1 NO.....2	2 During which months of the last 12 months (since...) did members of your household buy ..[FOOD ITEM]..? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2												3 How often during the months of the rainy season (masika, vulli) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		4 How much did it cost to buy this amount each time during the rainy season? TSHS	5 How often during the months of the dry season (kiangazi) did they buy ..[FOOD ITEM]..? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		6 How much did it cost to buy this amount each time during the dry season? TSHS					
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT		TIMES	TIME UNIT						
25	Fruits juices?																							
26	Sugar, candy, honey or sugar cane?																							
27	Tomatoes?																							
28	Onions, leeks and green onions?																							
29	Eggplant and bitter tomatoes?																							
30	Pumpkin?																							
31	Cabbage?																							
32	Other vegetables (cassava leaves, carrots, spinach, okra, cauliflower, etc.)?																							
33	Spices (curry, red pepper, etc.)?																							
34	Fish																							
35	Edible insects?																							
36	Eggs (all birds)?																							

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

SECTION 16 PART C-1 : FOOD EXPENDITURES , SEASONAL FOODS (END)

IF THE ANSWER TO 1 IS YES, ASK 2-6.																						
FOOD ID	1 During the past 12 months (since...) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-6. YES.....1 NO.....2	2 During which months of the last 12 months (since...) did members of your household buy ..[FOOD ITEM]..? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2												3 How often during the months of the rainy season (masika, vull) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		4 How much did it cost to buy this amount each time during the rainy season?	5 How often during the months of the dry season (kiangazi) did they buy ..[FOOD TEM]..? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		6 How much did it cost to buy this amount each time during the dry season?			
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	TSHS	TIMES	TIME UNIT	TSHS			
37	Local alcoholic beverages consumed at home?																					
38	Fresh milk?																					
39	Milk products (yogurt/cheese)?																					
40	Other foods or crops (Specify: _____)?																					

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

SECTION 16 PART C-2 : FOOD EXPENDITURES , NON - SEASONAL FOODS

FOOD ID		IF THE ANSWER TO 1 IS YES, ASK 2-4.												TIMES		TIME UNIT		TSHS
		2 During which months of the last 12 months (since ..) did members of your household buy ..[FOOD ITEM]..? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2																
1		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
During the past 12 months (since....) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-4. YES.....1 NO.....2																		
01	Wheat flour, bread?																	
02	Macaroni and spaghetti?																	
03	Biscuits, cakes or buns?																	
04	Other oils?																	
05	Jams, jellies, marmalades, sweets?																	
06	Salt?																	
07	Chicken duck and other poultry?																	
08	Beef?																	
09	Mutton and goat?																	
10	Pork?																	
11	Baby food, excluding milk?																	
12	Sodas (coke, fanta, etc)?																	

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

SECTION 16 PART C-2 : FOOD EXPENDITURES , NON - SEASONAL FOODS (END)

IF THE ANSWER TO 1 IS YES, ASK 2-4.																
FOOD ID	1 During the past 12 months (since....) have the members of your household bought any of the following foods for their own consumption? COMPLETE QUESTION 1 BEFORE GOING TO QUESTIONS 2-4. YES1 NO2	2 During which months of the last 12 months (since...) did members of your household buy ..[FOOD ITEM]..? PUT 01 AND 12 FOR THE FIRST AND LAST MONTHS OF YOUR 12 MONTHS RECALL PERIOD STARTING 12 MONTHS AGO. YES (BOUGHT).....1 NO (DID NOT BUY).....2												3 How often during this period did they buy ...[FOOD ITEM]..? IF NOT BOUGHT WRITE 0 TIMES AND >NEXT ITEM.	4 How much did it cost to buy this amount each time during the rainy season?	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			TIMES
13	Other alcoholic beverages consumed at home?															
14	Yeast, baking powder?															
15	Milk powder?															
16	Tinned meats, fish, vegetables or fruits?															
17	Other prepared foods consumed at home?															
18	Other foods or crops Specify: (.....)?															

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

5. How far is it to the nearest market place (Kilometers) WRITE 0 IF LESS THAN ONE KILOMETER

6. How often in the past year did you have problems satisfying food needs of the household

Never.....1
Seldom.....2
Sometimes.....3
Often.....4
Always.....5

7. How many meals does your household usually have per day?

8. In the past week in how many days did your household consume meat?

SECTION 17 PART A: INFORMAL ORGANISATIONS.

1. Do you or members of your household participate in informal organisations on which you can rely for assistance in times of illness, funerals and other hardship or events?

YES.....1

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

GROUP CODE	2 Please tell me the name of each group, it's chairman and secretary. LIST ALL INSURANCE RELATED GROUPS BEFORE GOING TO QUESTIONS 3-19			3 How many individuals -als are members of [NAME GROUP] NUMBER	4 Which individuals in the household are members? CHECK HOUSEHOLD ROSTER CARD WRITE ID CODE			5 Does this group provide insurance /help in case of funeral? YES...1 NO...2 (>7)	6 Please tell me the amount of support you expect from this group in the case of a funeral TOTAL NOT PER MEMBER ENTER 0 IF NONE		
	NAME OF GROUP	CHAIRMAN	SECRETARY		Cash TSHS	In Kind TSHS	Labour MANDAYS				
01											
02											
03											
04											
05											

GROUP CODE	7 Does this group provide insurance/help in case of illness? YES..1 NO...2 (>9)	8 Please tell me the amount of support you expect from this group in case of illness ENTER 0 IF NONE			9 Does this group provide insurance/help in case of other hardship /events? YES..1 NO...2 (>12)	10 Which is the main other hardship/event for which this group provides insurance/ help IF MORE THAN ONE WRITE MOST IMPORTANT	11 Please tell me the amount of support from this group ENTER 0 IF NONE		
		Cash TSHS	In Kind TSHS	Labour MANDAYS		Cash TSHS	In Kind TSHS	Labour MANDAYS	
01									
02									
03									
04									
05									

SECTION 17 PART A: INFORMAL ORGANISATIONS (CONT)

GROUP CODE	12 What were the contributions to ...[NAME GROUP]... in the past 12 months? ENTER 0 IF NONE			13 What were the benefits received from ...[NAME GROUP]... in the past 12 months? ENTER 0 IF NONE			14 Does this group possess any durable goods like cooking pots, plates, spoons, cups, sheets as- UNHCR sheets, etc? YES.....1 NO.....2(>16)	15 What is the (approximate) total value of all these durable goods in Tshs TSHS	16 Does this group operate a fund in cash or a stock in-kind? YES A FUND IN CASH.....1 YES A STOCK IN KIND.....2 YES BOTH A STOCK AND A FUND.....3 NO.....4(>19)
	Cash TSHS	In kind TSHS	Labour MANDAYS	Cash TSHS	In kind TSHS	Labour MANDAYS			
01									
02									
03									
04									
05									

GROUP CODE	17 What was the main purpose of this fund? A. TO MAKE TRANSFERS TO GROUP MEMBERS WHO NEED ASSISTANCE (INSURANCE).....1 B. TO HELP GROUP MEMBERS SAVE MONEY (SAVING).....2 C. TO MAKE CREDIT AVAILABLE TO GROUP MEMBERS (CREDIT).....3 D. OTHER (SPECIFY: _____).....4 YES.....1 NO.....2				18 What is the value of all funds and stocks the group has? TSHS	19 Is there an entrance fee in cash or in-kind to join the group? YES....1 NO.....2 (>NEXT GROUP)	20 How much is the entrance fee (value in-kind entrance fees in TSHS) [> NEXT GROUP] TSHS
	A	B	C	D			
01							
02							
03							
04							
05							

S E C T I O N 1 7 P A R T B: A B I L I T Y T O C O P E

1. Would you be able to raise 20,000 shillings in one week if you needed it?

YES.....1
NO.....2 (>3)

2. How would you raise it? MENTION MAIN REASON

Selling durable goods/equipment.....1
Selling land/house.....2
Selling stocks or crops.....3
Selling livestock.....4
From savings.....5
From relatives/friends in the same village/town.....6 (>PART C)
From relative/friends in a different location.....7 (>PART C)
Taking extra work.....8

FIRST

SECOND

3. Do you know a friend or relative willing and able to give you 20,000 TSHS if you were to need it?

YES.....1
NO.....2

SECTION 17 PART C: RECEIPT OF ASSISTANCE FROM OUTSIDE ORGANISATIONS

1. Did you or members of your household receive any assistance in cash or in kind from any organisation in the past 12 months? For example from the following organisations [..READ LIST BELOW, UNDER QUESTION 2...] ?

YES.....1
 NO.....2 (>NEXT SECTION)

O R G A N I S A T I O N	2 Please tell me the organisations you received assistance from: Lutheran Church/ELCT.....1 Catholic church.....2 Seventh Day Adventist.....3 Mosque.....4 Cooperative unions.....5 Social Welfare Office.....6 Tanzania Red Cross.....7 PARTAGE.....8 World Vision.....9 WAMATA.....10 Kagera Health and Development Survey.....11 Other organisations.....12 (Specify: _____) PROBE CAREFULLY FOR ANY ORGANISATIONS NOT LISTED ABOVE ORGANISATION	CODE	3 How much have the members of your household received in the past 10 years in cash and in kind? TSHS	4 How much have the members of your household (approximately) received from ...[.]...in the past 12 months in cash and in kind? <input type="text" value=">NEXT ORGANISATION"/> TSHS
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

SECTION 18 PART A: INTERACTIONS WITH NETWORK MEMBERS.

1. IS THERE ANYONE LISTED ON THE NETWORK ROSTER?

YES.....1

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

RESPONDENT MOST KNOWLEDGEABLE PERSON

GIFTS/LOANS/LABOUR RECEIVED

	2	3	4	5	6	7	8
N E T W O R K I D C O D E	In the past 12 months, did ...[.]. give you or anyone in your household gifts or loans in cash or kind? YES, Gift.....1 YES, Loan.....2 YES, both.....3 NO.....4 (>7)	What is the total value of gifts or loans in cash or in kind your household have received from ...[.]. in the past 12 months, since [MENTION DATE] TSHS	Was this loan or gift meant for someone specifically in the household? YES...1 NO....2 (>6)	WRITE THE ID CODE OF THE MAIN RECIPIENT OF THE GIFT/LOAN SEE HOUSEHOLD ROSTER CARD	What was the main reasons for this gift/loan? MEDICAL CARE.....1 FUNERAL EXPENSES..2 SCHOOL EXPENSES..3 WEDDING EXPENSES..4 TRANSPORTATION...5 SUBSISTENCE NEEDS.6 PURCHASE OF DURABLE GOODS/LAND.....7 INVESTMENT.....8 BIRTH.....9 JUST A FRIENDLY GESTURE.....10 OTHER.....11 (SPECIFY: _____)	In the past 12 months did ...[.]. spend any time assisting you or your household in the form of farm work, taking care of the sick, or any other tasks? YES....1 NO.....2 (>9)	How many days in the past 12 months? PERSON DAYS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

SECTION 18 PART A: INTERACTIONS WITH NETWORK MEMBERS (END)

N E T W O R K I D C O D E	16	17	18	19	20	21
	When was the last time that you or any member of your household lived with ... [READ NAME FROM NETWORK CARD]?	When did you or any member in your household last talk or receive a letter from ... [READ NAME FROM NETWORK CARD]?	In the past 10 years have you or any of your household members ever sent a gift or provided a loan to ... [READ NAME FROM NETWORK CARD].. currently worth more than... []....? EXCLUDE INHERITANCE OR BRIDE PRICE YES.....1 NO.....2	In the past 10 years have you or any of your household members ever received a gift or a loan from ... [READ NAME FROM NETWORK CARD].. currently worth more than ... []....? EXCLUDE INHERITANCE OR BRIDE PRICE YES.....1 NO.....2	If you were to need 5000 shillings today, would you ask ... [READ NAME FROM NETWORK CARD]...?	If ... [READ NAME FROM NETWORK CARD]... asks you for a gift/loan of 5000 Shillings, would you give it to them YES.....1 NO.....2
	YEAR	YEAR	5,000 20,000	5,000 20,000		
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

SECTION 18 PART C: GIFTS AND LOANS GIVEN TO OTHERS IN THE PAST 12 MONTHS.

1. Did you or anyone in your household give any loans or gifts to any people in the last 12 months? exclude NAMES ON NETWORK CARD.

YES...1

NO.....2 (END)

	2	3	4	5	6	7	8	9	10	11
IDENTIFICATION	What is the name of a person who received gifts or loans from this household in the past 12 months? WRITE NAME	What is his/her relationship to the head of this household? HUSBAND OR WIFE.....1 PARENT.....2 GRANDPARENT.....3 SON/DAUGHTER.....4 GRANDCHILD.....5 SISTER/BROTHER.....6 NIECE/NEPHEW.....7 OTHER RELATIVE.....8 NEIGHBOUR.....9 OTHER NON-RELATIVE..10	Where does ...[...]... live? IN THIS HOUSEHOLD (BUT NOT MEMBER) OR SAME VILLAGE.....1 OTHER VILLAGE IN KAGERA.....2 OTHER TOWN IN KAGERA.....3 DAR-ES-SALAAM.....4 OTHER TOWN IN TANZANIA.....5 OTHER VILLAGE TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	Was this mainly a gift or a loan or was it in the form of labour? YES gift.....1 YES loan.....2 YES, BOTH.....3 ONLY LABOUR..4 (>9)	What is the total value of gifts or loans in cash or kind you have given to ...[...]... in the past 12 months, since [MENTION DATE] TSHS	Was this gift or loan given by someone specifically in your household? YES...1 NO....2 (>9)	WRITE THE ID CODE OF THE MAIN DONOR OF THE GIFT/LOAN SEE HOUSEHOLD ROSTER CARD	What was the main reason for this gift/loan? MEDICAL CARE.....1 FUNERAL EXPENSES..2 SCHOOL EXPENSES..3 WEDDING EXPENSES..4 TRANSPORTATION...5 SUBSISTENCE NEEDS.6 PURCHASE OF DURABLE GOODS/LAND.....7 INVESTMENT.....8 BIRTH.....9 JUST A FRIENDLY GESTURE.....10 OTHER.....11 (SPECIFY:.....)	In the past 12 months did you or your household spend any time assisting ...[...]... in the form of farm work, taking care of the sick, or any other tasks YES.....1 NO.....2 (>NEXT PERSON)	How many days in the past 12 months? PERSON DAYS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										