SECTION 13: PART A: OWNERSHIP OF FISHING EQUIPMENT

┌─SUPERVISOR───
│
│ DESIGNATED RESPONDENT:_____ ID CODE: [____]
│
└──

┌─INTERVIEWER──
│ WAS THIS PERSON INTERVIEWED?   YES.....1   [____]
│   NO......2
└──

1. In the past 6 months, did you own part or all of any of the following fishing equipment? PUT A CROSS IN THE APPROPRIATE BOX [X] FOR ALL ITEMS BEFORE GOING TO 2 - 8.		2. If you wanted to sell your ...[ITEM]... (or your share of it), how much could you get for them? OWN REVENUES ONLY AMOUNT	3. Did you sell any ...[ITEM]... (or your share of it) in the last 6 months? YES....1 NO.....2 (► 5)	4. How much did you receive for the sale of the(se) ...[ITEM]... or your share of it(them)? OWN REVENUES ONLY. AMOUNT	5. Did you purchase any ...[ITEM]... (or a share of it/them) in the past 6 months? YES....1 NO.....2 (► 7)	6. How much did it cost you for the purchase of ...[ITEM]...? OWN EXPENDITURES ONLY AMOUNT	7. Did you have any expenses for the repair of these ...[ITEM]... in the past 6 months? YES....1 NO.....2 (► NEXT ITEM)	8. How much did you spend on the repair of ...[ITEM]... in the past 6 months? OWN EXPENDITURES ONLY AMOUNT
Boats	YES-► ◄-NO	01						
Motors	YES-► ◄-NO	02						
Trawling nets or stationary nets	YES-► ◄-NO	03						
Smoker or drier	YES-► ◄-NO	04						
Fishing lines and hooks	YES-► ◄-NO	05						
Paddles	YES-► ◄-NO	06						
Pressure lamps	YES-► ◄-NO	07						
Other fishing or smoking or drying equipment (SPECIFY:_____)	YES-► ◄-NO	08						

[► 2-8]

[► PART B]

SECTION 13: FISHING, PART B: INCOME

1	2	3	4	5	
In the past 6 months (since...), have you used any of the following methods of fishing? [INCLUDES USE BY OTHER HOUSEHOLD MEMBERS OR EMPLOYEES] PUT ACROSS IN THE APPROPRIATE BOX [X] FOR ALL ITEMS BEFORE GOING TO 2 - 5. ∨	During which months in the past 6 months (since...) did you engage in ...[METHOD OF FISHING]? NO OF MONTHS	During those months, how many days per week did you fish using ...[METHOD OF FISHING]... on average? DAYS PER WEEK	About how many catches per day did you catch using ...[METHOD OF FISHING]... during those months? CATCHES PER DAY	How much did you and other household members receive per day for the sale of fresh fish on the days that you used ...[METHOD OF FISHING]..., before subtracting expenses? TIME UNIT DAY....3 WEEK...4 MONTH..5 AMOUNT	TIME UNIT

Hook fishing?	YES-►	01				
	◄-NO					
Trawling net fishing?	YES-►	02				
	◄-NO					
Stationary net fishing?	YES-►	03				
	◄-NO					

► 2-5

6. In addition to selling fresh fish, did you or members of your household smoke or dry for sale any fish caught by any method in the past 6 months?

   YES.......1
   NO.......2 (► PART C)

7. During which months in the past 6 months did you smoke or dry your fish for sale?

   NO OF MONTHS

8. During these months, about how much did you or members of your household receive from the sale of smoked or dried fish before subtracting expenses?

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

   AMOUNT:

   TIME
   UNIT:

SECTION 13:   FISHING   PART C : EXPENDITURE.

1	2	3	4
In the past 6 months (since...), have you or members of your household incurred any expenses for ...[ITEM]... for your fishing? [EXCLUDE EXPENDITURE BY PARTNERS WHO ARE NOT MEMBERS OF THE HOUSEHOLD] PUT A CROSS IN THE APPROPRIATE BOX [X] FOR ALL ITEMS BEFORE GOING TO 2 - 5.	During which months of the past 6 months did you or members of your household purchase ...[ITEM]... for your fishing business? RECORD NUMBER OF MONTHS	During those months, about how much did you and other members of your household spend on ...[ITEM]... per month? AMOUNT	How much have you and other members of your household spent on ..[ITEM].. since my last visit? ▶ NEXT ITEM AMOUNT

Labor on shore	YES-▶	01		
	◀-NO			
Labor in boat	YES-▶	02		
	◀-NO			
Smoking or drying	YES-▶	03		
	◀-NO			
Auction fees?	YES-▶	04		
	◀-NO			
Taxes	YES-▶	05		
	◀-NO			
Fees (eg market fees)?	YES-▶	06		
	◀-NO			
Wicks?	YES-▶	07		
	◀-NO			
Rent for storage	YES-▶	10		
	◀-NO			
Transportation	YES-▶	11		
	◀-NO			
Petrol and diesel fuel	YES-▶	12		
	◀-NO			
Kerosene	YES-▶	13		
	◀-NO			
Bait	YES-▶	14		
	◀-NO			
Licenses	YES-▶	15		
	◀-NO			
Buoys	YES-▶	16		
	◀-NO			
Thread for sewing net	YES-▶	17		
	◀-NO			
Beeswax	YES-▶	18		
	◀-NO			
Other (Specify:_____)	YES-▶	19		
	◀-NO			

▶ NEXT SECTION

▶ 2-5

SECTION 14. NON-FARM SELF-EMPLOYMENT

Now I would like some information about the trades, businesses, industries, professional services, and other self-employed activities of the members of your household.
Let us begin with ...[NAME OF BUSINESS]..., managed or owned by ... [NAME OF BEST-INFORMED PERSON].... Is he/she available to answer questions?

| COMPLETE THE WHOLE SECTION FOR EACH ENTERPRISE BEFORE GOING TO THE NEXT. | IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT THE SECOND AND THEN THE THIRD ENTERPRISE. | MAKE NEW APPOINTMENTS TO SEE ALL THE RESPONDENTS NOT AVAILABLE. |

PART A: INFORMATION

	1 NAME OF THE BUSINESS	ID CODE	2 NAME OF THE BEST-INFORMED PERSON	CODE	3 IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO....2
ENTERPRISE	SUPERVISOR				INTERVIEWER
1					
2					
3					

	4 How long has your household owned this business?		5 How many months in the past 6 months has this business been in operation?	6 Have any members of your household helped you in this business in the past 6 months, whether or not they were paid?	7 How many members of your household have helped you in the past 6 months with this business?	8 Which members of your household other than yourself worked or helped in this business? IF MORE THAN THREE, IDENTIFY THE THREE WHO CONTRIBUTED THE MOST			9 Have you paid any of these members of your household for their work in this business, either in cash or in kind?	10 How frequently do you pay them?		11 What is the value of all of these payments each time (including payments in cash and the value of payments in kind)?	12 During the past 6 months, have you hired anyone else from outside your household to work in this business?	13 How many other workers have you hired to work in this business in the past 6 months?	14 How frequently do you pay them? TIME UNIT DAY.....3 WEEK....4 MONTH...5		15 What is the value of all of these payments each time (including payments in cash and the value of payments in kind)?
	YEARS	MOS.	MONTHS	YES..1 NO...2 (► 12)	NUMBER	ID CODE	ID CODE	ID CODE	YES..1 NO...2 (► 12)	NUMBER OF TIMES	TIME UNIT	AMOUNT	YES..1 NO...2 (► PART B)	NUMBER	NUMBER OF TIMES	TIME UNIT	AMOUNT
1																	
2																	
3																	

► PART B

SECTION 14. PART B. EXPENDITURES

FIRST BUSINESS

1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	How often do you pay for ..[ ]..?	How much do you usually pay for ..[ ]. for this business each time? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How much did you pay for ..[ ]. since my last visit two weeks ago?	Was any part of this ...[ ]... that you purchased since my visit two weeks ago consumed by household? YES...1 NO....2 (▸NEXT ITEM)	What was the total value of the ..[ ].. consumed by the household since my visit two weeks ago?
	TIMES / TIME UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Raw materials YES-▸ / ◂-NO	02				
Articles for resale YES-▸ / ◂-NO	03				
Rental of equipment, buildings, land, vehicles, machinery YES-▸ / ◂-NO	04				
Maintenance and repairs YES-▸ / ◂-NO	05				
Transport YES-▸ / ◂-NO	06				
Fuel and oil YES-▸ / ◂-NO	07				
Electricity YES-▸ / ◂-NO	08				
Water YES-▸ / ◂-NO	09				
Daily or monthly taxes YES-▸ / ◂-NO	10				
Annual taxes or licenses YES-▸ / ◂-NO	11				
Other expenses (Specify:____) YES-▸ / ◂-NO	12				

▸ 2-6   ▸ PART C

SECOND BUSINESS

1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry or profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	How often do you pay for ..[ ]..?	How much do you usually pay for ...[ ].. for this business each time? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How much did you pay for [ ] ... since my visit two weeks ago?	Was any part of this ...[ ]... that you purchased since my visit two weeks ago consumed by your household? YES...1 NO....2 (▸NEXT ITEM)	What was the total value of the ..[ ].. consumed by the household since my visit two weeks ago?
	TIMES / TIME UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Raw materials YES-▸ / ◂-NO	02				
Articles for resale YES-▸ / ◂-NO	03				
Rental of equipment, buildings, land, vehicles, machinery YES-▸ / ◂-NO	04				
Maintenance and repairs YES-▸ / ◂-NO	05				
Transport YES-▸ / ◂-NO	06				
Fuel and oil YES-▸ / ◂-NO	07				
Electricity YES-▸ / ◂-NO	08				
Water YES-▸ / ◂-NO	09				
Daily or monthly taxes YES-▸ / ◂-NO	10				
Annual taxes or licenses YES-▸ / ◂-NO	11				
Other expenses (Specify:____) YES-▸ / ◂-NO	12				

▸ 2-6   ▸ PART C

THIRD BUSINESS

1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	How often do you pay for ..[ ]..?	How much do you usually pay for ...[ ].. for this business each time? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How much did you pay for [ ] ... since my visit two weeks ago?	Was any part of this ...[ ].. that you purchased since my visit two weeks ago consumed by your household? YES...1 NO....2 (▸NEXT ITEM)	What was the total value of the ..[ ]. consumed by the household since my visit two weeks ago?
	TIMES / TIME UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Raw materials YES-▸ / ◂-NO	02				
Articles for resale YES-▸ / ◂-NO	03				
Rental of equipment, buildings, land, vehicles, machinery YES-▸ / ◂-NO	04				
Maintenance and repairs YES-▸ / ◂-NO	05				
Transport YES-▸ / ◂-NO	06				
Fuel and oil YES-▸ / ◂-NO	07				
Electricity YES-▸ / ◂-NO	08				
Water YES-▸ / ◂-NO	09				
Daily or monthly taxes YES-▸ / ◂-NO	10				
Annual taxes or licenses YES-▸ / ◂-NO	11				
Other expenses (Specify:____) YES-▸ / ◂-NO	12				

▸ 2-6   ▸ PART C

TIME UNIT: DAY...7 WEEK...6 MONTH...5 YEAR...4

SECTION 14. PART C: INCOME

	1	2	3	4	5	6	7	8	9	10	11	12
	Has this business been operating since my visit two weeks ago?	How much money has this business received since my visit 2 weeks ago for the sale of its goods or services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal or household items?	Is this more than or less than the receipts in a typical 2-week period in the last 6 months?	For how many months of the last 6 months (since...) were receipts higher than the receipts since my visit two weeks ago?	For how many months were receipts lower than the receipts since my visit two weeks ago?	After paying for expenses for this business, including hired workers, purchase of goods for sale or inputs, such as rea materials, fuel and electricity, but before purchasing personal items for yourself or your household, how much money did you receive from this business since my visit two weeks ago?	Since my visit 2 weeks ago, has this business also received payments in the form of goods or services?	What was the value of these payments since my visit two weeks ago?	Since my visit 2 weeks ago, have any of this business' products or services been consumed or used by your household instead of being sold?	What was the value of the products consumed or used by your household since my visit two weeks ago?	Since my visit 2 weeks ago, did you use part of the money you got from this business for yourself or for your household?	How much money from the business did you use for yourself or your household?
			MORE......1 LESS......2 ABOUT THE SAME.....3									
	YES...1 NO...2 (▶15)	AMOUNT		MONTHS	MONTHS	AMOUNT	YES...1 NO...2 (▶9)	AMOUNT	YES....1 NO...2 (▶11)	AMOUNT	YES.....1 NO...2 (▶13)	AMOUNT TIME UNIT
1												
2												
3												

	13	14	15	16	17	18	19	20	21	22	
	After making purchases for the business and after using some money for yourself or your household, was there any money left?	How much money was left after purchases for the business and after using some of the money for yourself or your household, since my visit two weeks ago?	How much money does this business usually receive for the sale of its goods or services, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or household items?	After paying for expenses for this business, including hired workers, purchase of goods for sale, or inputs, such as raw materials, fuel and electricity, but before purchasing personal items for yourself or your household, how much money do you usually receive from this business?	Do you use part of the money you get from this business for yourself or for your household?	How much money from the business do you usually use for yourself or for your household?	After making purchases for the business and after using some money for your household, is there usually any money left?	How much money is usually left?	Does your business have an inventory of products or goods not yet sold?	How much could you sell all of these goods for today?	TIME UNIT:
	YES...1 NO...2 (▶21)	▶21 AMOUNT	AMOUNT TIME UNIT	AMOUNT TIME UNIT	YES...1 NO...2 (▶19)	AMOUNT TIME UNIT	YES...1 NO...2 (▶21)	AMOUNT TIME UNIT	YES....1 NO...2 (▶PART D)	AMOUNT	DAY......3 WEEK......4 MONTH.....5 YEAR......6 ▶PART D
1											
2											
3											

SECTION 14. | PART D. ASSETS |

	1	2	3	4	5	6	7	
F I R S T **B U S I N E S S**	Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. ↓	Does your business currently own any ...[ ]...? YES....1 NO.....2 (► 4)	If you wanted to sell, how much could you sell all the ...[ ]... owned by your business today? AMOUNT	Did your business purchase any ... [ ]... in the last 6 months? YES...1 NO....2 (► 6) AMOUNT	How much was paid for the ..[ ]... purchased by your business in the last 6 months? AMOUNT	Did your business sell any ..[ ]... in the last 6 months? YES....1 NO.....2 (► NEXT ITEM)	How much did your business receive for the ..[ ].. sold in the last 6 months? AMOUNT	► NEXT ITEM
Buildings and land	YES-► ◄-NO	14					
Vehicles or boats (autos, trucks, bicycles, other)	YES-► ◄-NO	15					
Tools, equipment, machinery	YES-► ◄-NO	16					
Other durable goods for running your business	YES-► ◄-NO	17						► NEXT BUSINESS

	1	2	3	4	5	6	7	
S E C O N D **B U S I N E S S**	Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. ↓	Does your business currently own any ...[ ]...? YES....1 NO.....2 (► 4)	If you wanted to sell, how much could you sell all the ...[ ]... owned by your business today? AMOUNT	Did your business purchase any ... [ ]... in the last 6 months? YES...1 NO....2 (► 6) AMOUNT	How much was paid for the ..[ ]... purchased by your business in the last 6 months? AMOUNT	Did your business sell any ..[ ]... in the last 6 months? YES....1 NO.....2 (► NEXT ITEM)	How much did your business receive for the ..[ ].. sold in the last 6 months? AMOUNT	► NEXT ITEM
Buildings and land	YES-► ◄-NO	14					
Vehicles or boats (autos, trucks, bicycles, other)	YES-► ◄-NO	15					
Tools, equipment, machinery	YES-► ◄-NO	16					
Other durable goods for running your business	YES-► ◄-NO	17						► NEXT BUSINESS

	1	2	3	4	5	6	7	
T H I R D **B U S I N E S S**	Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. [X] COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. ↓	Does your business currently own any ...[ ]...? YES....1 NO.....2 (► 4)	If you wanted to sell, how much could you sell all the ...[ ]... owned by your business today? AMOUNT	Did your business purchase any ... [ ]... in the last 6 months? YES...1 NO....2 (► 6) AMOUNT	How much was paid for the ..[ ]... purchased by your business in the last 6 months? AMOUNT	Did your business sell any ..[ ]... in the last 6 months? YES....1 NO.....2 (► NEXT ITEM)	How much did your business receive for the ..[ ].. sold in the last 6 months? AMOUNT	► NEXT ITEM
Buildings and land	YES-► ◄-NO	14					
Vehicles or boats (autos, trucks, bicycles, other)	YES-► ◄-NO	15					
Tools, equipment, machinery	YES-► ◄-NO	16					
Other durable goods for running your business	YES-► ◄-NO	17						► SECTION 15

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

SECTION 15: HOUSING   RESPONDENT: HEAD OF HOUSEHOLD

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

PART A: TYPE AND OWNERSHIP OF DWELLING

Which buildings and rooms does your household occupy?

1 MAIN TYPE OF DWELLING

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

2 HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

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

BUILDING NUMBER	3 MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS MUD BRICK...1 BAMBOO TREE.2 GALVANIZED IRON......3 WOODEN PLANKS....4 STONE/BRICK.5 CEMENT......6 OTHER.......7	4 MAIN FLOORING MATERIAL EARTH......1 WOOD.......2 STONE......3 CEMENT.....4 TILE.......5 BAMBOO.....6 OTHER (SPECIFY).7	5 MAIN ROOFING MATERIAL GRASS......1 MUD........2 WOOD/ PLANKS....3 GALVANIZED/ IRON.......4 CONCRETE/ CEMENT....5 TILES......6 ASBESTOS...7 OTHER (SPECIFY).8	6 MOST WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES) GLASS......1 SCREENS....2 SHUTTERS/ LOUVRES...3 CURTAINS...4 NO COVER...5 NO WINDOWS.6	7 1 DOOR TYPE? NO DOOR....1 CURTAIN....2 WOOD PLANK/ KNIT/TRADI- TIONAL DOOR......3 WOODEN DOOR......4 OTHER......5	8 How many rooms does this household occupy in this building, including bedroom, living rooms, and rooms used for family business? DO NOT COUNT TOILET, BATHROOMS OR KITCHEN ROOMS	9 How long has your household been living in this dwelling? YEARS | MONTHS	10 Does this dwelling belong to a member of your household? YES.......1 NO........2 (►18, NEXT PAGE)	11 Who in your household owns this dwelling? ID CODE | ID CODE	12 How was this dwelling acquired? INHERITED...1 BUILT BY HOUSEHOLD..2 PURCHASED...3 OTHER (SPECIFY)..4	12A Was this dwelling acquired in the past 6 months? YES....1 NO.....2	13 Do you make mortgage payments on this dwelling? YES...1 NO....2 (►16)	14 How much was your last payment? AMOUNT	15 How often do you make these payments? TIME UNIT CODES: DAY...3 WEEK..4 MONTH.5 YEAR..6 NO. | TIME TIMES|UNIT	16 If you wanted to sell this dwelling today, how much would you be able to get for it? AMOUNT	17 If you wanted to rent this dwelling to someone else, how much rent would you be able to get for it? TIME UNITS: WEEK...4 MONTH..5 YEAR...6 ► NEXT BUILDING AMOUNT | TIME UNIT
1															
2															
3															
4															
5															

B U I L D I N G N U M B E R	18 Is this dwelling rented, including rent in kind? YES....1 NO.....2 (►26)	19 From whom is the dwelling rented? Is it from a relative, a private employer of a member of the household, a government agency, or a private individual or agency? RELATIVE....1 PRIVATE EMPLOYER...2 GOVERNMENT..3 PRIVATE INDIVIDUAL.4 DON'T KNOW..5	20 How much money does your household pay in rent for this dwelling? TIME UNITS: DAY....3 WEEK....4 MONTH..5 YEAR...6 AMOUNT / TIME UNIT	21 Did you pay anything in cash or in kind in advance to move in? YES....1 NO.....2 (►24)	22 How much was paid in advance? AMOUNT	23 When did you pay that advance money? MONTH / YEAR	24 Does your household also supply goods or services in exchange for this dwelling? YES....1 NO.....2 (►26)	25 What is the approximate value of these goods and services provided by your household? TIME UNITS: DAY....3 WEEK...4 MONTH..5 YEAR...6 AMOUNT / TIME UNIT	26 Is part or all of the rent paid by someone who is not a member of your household, or does someone provide this housing free of charge? For example, a relative, a private employer, a government agency or other public agency, or a private indiv- idual or agency? YES, PAYS RENT.....1 YES, PROVIDES FREE OF CHARGE...2 NO................3 (► NEXT BUILDING)	27 Who pays all or part of the rent, or provides the housing free of charge? RELATIVE........1 PRIVATE EMPLOYER.......2 GOVERNMENT......3 PRIVATE INDIV- IDUAL/AGENCY...4 DON'T KNOW......5 ► NEXT BUILDING
1										
2										
3										
4										
5										

► PART B

| PART B: HOUSING EXPENDITURES |

1. Do any members of your household own any other dwellings?

YES....1
NO.....2 (► 9)

2. Did your household borrow money to buy or build this house, and is your household still repaying the debt?

YES....1
NO.....2 (► 5)

3. How much was the last payment?

AMOUNT:

4. How often are they made?

N° OF TIMES:

TIME UNIT:

5. Did anyone is the household rent out these other dwellings in the past 6 months?

YES...1
NO....2 (► 7)

6. How much was received in rental income in the past 6 months from these other dwellings?

AMOUNT:

► 9

7. If you wanted to rent these other dwellings to someone else, how much rent would you be able to get for them?

AMOUNT:

TIME UNIT:

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

AMOUNT:

9. Did anyone in the household sell a dwelling in the past 6 months?

YES....1
NO....:2 (► 11A)

10. What was the main reason for selling this dwelling?

MOVED FROM THE AREA.......1
TO PAY FOR MEDICAL CARE...2
DEATH OF OWNER............3
OTHER....................4

11. How much was received from the sale of the dwelling?

AMOUNT:

11A. Did anyone in the household disinherit a dwelling in the past 6 months?

YES.....1
NO......2 (► 12)

11B. If you had wanted to sell this dwelling, how much would you have received?

AMOUNT:

12. What is the source of drinking water for your household?

INDOOR PLUMBING....................1
INSIDE STANDPIPE...................2
WATER VENDOR.......................3
WATER TRUCK/TANKER SERVICE.........4
NEIGHBORING HOUSEHOLD..............5
PRIVATE OUTSIDE STANDPIPE/TAP......6
PUBLIC STANDPIPE...................7 (► 17)
WELL WITH PUMP.....................8 (► 17)
WELL WITHOUT PUMP..................9 (► 17)
RIVER,LAKE,SPRING,POND............10 (► 17)
RAINWATER........................11 (► 17)
OTHER (SPECIFY:_____) 12 (► 17)

13. How much was your household's last water bill?

AMOUNT:

(PROBE IF JOINT METER OR SHARED BILL)

14. What amount of time was covered by that bill?

NUMBER:

TIME UNIT:

15. Did you sell any of this water to someone else?

YES......1
NO.......2 (► 17)

16. What fraction of this water was sold?

LESS THAN 1/4........1
1/4..................2
1/2..................3
3/4..................4
ALL..................5

17. How far is this ____[SOURCE OF DRINKING WATER]___ from your dwelling? [INTERVIEWER: IF IN HOUSE OR COMPOUND, RECORD 0]

DISTANCE:

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

| ► 18 , NEXT PAGE |

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

18. How does your household dispose of most of its garbage?

COLLECTED BY A GARBAGE TRUCK......1
DUMPED............................2
BURNED............................3
BURIED............................4
COMPOST (IN THE FARM).............5

19. How much did your household pay for garbage disposal?
[IF NOTHING PAID, WRITE 0]

AMOUNT:

TIME UNIT:

20. Does your dwelling have a toilet or latrine?

YES........1
NO.........2 (►22)

21. What type of toilet is used by your household?

FLUSH TOILET......................1
PIT LATRINE.......................2
PAN/BUCKET........................3
OTHER (SPECIFY:_____).4

22. What is the main source of lighting for your dwelling?

ELECTRICITY.......................1
KEROSENE, OIL OR GAS LAMPS........2 (► 26)
CANDLES OR TORCHES (FLASHLIGHTS)..3 (► 26)
BIOGAS............................4 (► 26)
NONE..............................5 (► 26)

23. Do you have a joint or individual electric meter?

JOINT........1
INDIVIDUAL...2

24. How much was the last electric bill for your household?

(IF NOTHING, WRITE ZERO)   AMOUNT:

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

25. How many months consumption was covered by this bill?

MONTHS:

26. What kind of fuel is most often used by your
household for cooking?

WOOD.................1   LIST 2 ANSWERS
CHARCOAL.............2   AT MOST
GAS.................3
ELECTRICITY.........4
KEROSENE............5
BIOGAS..............6
OTHER (SPECIFY:____).7

27. How much was spent by members of your household in the past
2 weeks (since my last visit) on ....

Firewood
[IF FIREWOOD USED FROM HOME
PRODUCTION, WRITE VALUE OF
AMOUNT USED]

Charcoal

Kerosene

Biogas

Oil (for lamps)

Other fuel for
cooking or lighting
(SPECIFY:_____)

► SECTION 16

PART A-2: DURABLE GOODS ACQUIRED SINCE WAVE TWO

RESPONDENT: THE HEAD OF HOUSEHOLD

INSTRUCTIONS:

In addition to the items that we just discussed, do the members of your household have any ...[TYPE OF GOOD]...?

PROBE FOR GOODS ACQUIRED SINCE WAVE 2, GOODS OF NEW HOUSEHOLD MEMBERS AND GOODS MISSED IN WAVE 2.

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH GOOD, THEN GO TO THE NEXT ONE. DO NOT IN-CLUDE ITEMS ALREADY DISCUSSED IN SECTION 16A1.

FOR ALL GOODS OWNED, ASK QUESTIONS 2-7.

1. Do the members of your household have.....

ITEM	CODE	YES	NO
Radios?	40		
Bicycles?	41		
Radio/cassette players?	42		
Record players?	43		
Stoves (gas,electric, biogas charcoal, wood)?	44		
Sewing machines?	45		
Motorbikes?	46		
Refrigerators or freezers?	47		
Fans?	48		
Cameras?	49		
Video equipment/television?	50		
Cars, other vehicles?	51		
Other durable goods?	55		

NUMBER	2 Please describe all the ...[ ]... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE, COLOUR, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT (QUESTION 1) THEN GO TO THE NEXT ITEM IN QUESTION 1 FOR WHICH THE ANSWER IS YES. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.			3 Who in the household owns this ...[ ]...? IF COMMUNITY PROPERTY, WRITE 99.	4 Was this ...[ ]... acquired in the last 6 months? YES....1 (> 6) NO......2	5 In what year was this ...[ ]... acquired?	6 How much did you pay for this ...[ ]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ...[ ]... when you acquired it?	7 If you wanted to sell this ...[ ]... today, how much would you receive? ► NEXT ITEM
	GOOD	DESCRIPTION	CODE	ID CODE		YEAR	AMOUNT	AMOUNT
101								
102								
103								
104								
105								
106								
107								
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								
120								
121								

PART A-2: DURABLE GOODS ACQUIRED SINCE WAVE TWO

RESPONDENT: THE HEAD OF HOUSEHOLD

N U M B E R	2 Please describe all the ...[ ]... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE, COLOUR, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT (QUESTION 1) THEN GO TO THE NEXT ITEM IN QUESTION 1 FOR WHICH THE ANSWER IS YES. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.			3 Who in the household owns this ...[ ]...? IF COMMUNITY PROPERTY, WRITE 99:	4 Was this ...[ ]... acquired in the last 6 months? YES....1 (► 6) NO.....2	5 In what year was this ...[ ]... acquired?	6 How much did you pay for this ...[ ]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ...[ ]... when you acquired it?	7 If you wanted to sell this ...[ ]... today, how much would you receive? ► NEXT ITEM
	GOOD	DESCRIPTION	CODE	ID CODE		YEAR	AMOUNT	AMOUNT
122								
123								
124								
125								
126								
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138								
139								
140								
141								
142								

1 In the past 6 months, have any members of your household purchased or spent money on the following items? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2. [X]	2 How much did the members of your household spend on ...[ ] ... in the past 6 months (since....)? AMOUNT
Home repairs	YES-►	10 _____
	◄-NO	
Repairs of vehicles (including bicycles)	YES-►	11 _____
	◄-NO	
Repairs of other household items (radios, shoes, cloths etc.)	YES-►	12 _____
	◄-NO	
Kitchen equipment (pots and pans, plates, spoons and forks)	YES-►	13 _____
	◄-NO	
Lanterns and lamps	YES-►	14 _____
	◄-NO	
Furniture, carpets and rugs	YES-►	15 _____
	◄-NO	
Linen, towels, bedsheets, blankets?	YES-►	16 _____
	◄-NO	
Home services (e.g., cooking, cleaning, gardening, childcare)	YES-►	17 _____
	◄-NO	
Government taxes/licenses	YES-►	18 _____
	◄-NO	
Dues to cooperatives or professional organizations	YES-►	19 _____
	◄-NO	
Weddings of household members	YES-►	20 _____
	◄-NO	
Dowries of household members	YES-►	21 _____
	◄-NO	
Donations to churches, mosques, and civic organizations	YES-►	22 _____
	◄-NO	
Donations to churches, mosques, and civic organizations	YES-►	22 _____
	◄-NO	
Construction or purchase of housing?	YES-►	37 _____

► PART C

1 In the past 6 months (since...), have any members of your household received assistance, in cash or in kind, from the ....[ORGANIZATION]....? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO QUESTION 2. [X]	2 How much have the members of your household received in the past 6 months from [ORGANIZATION]...? AMOUNT
Lutheran Church/ELCT?	YES-►	23 _____
	◄-NO	
Catholic church?	YES-►	24 _____
	◄-NO	
Seventh Day Adventist?	YES-►	25 _____
	◄-NO	
Mosque?	YES-►	26 _____
	◄-NO	
Other religious organization?	YES-►	27 _____
	◄-NO	
Party organizations?	YES-►	28 _____
	◄-NO	
Cooperative unions?	YES-►	29 _____
	◄-NO	
Social Welfare Office?	YES-►	30 _____
	◄-NO	
Tanzania Red Cross?	YES-►	31 _____
	◄-NO	
PARTAGE?	YES-►	32 _____
	◄-NO	
World Vision?	YES-►	33 _____
	◄-NO	
WAMATA?	YES-►	34 _____
	◄-NO	
Kegera Health and Development Project?	YES-►	36 _____
	◄-NO	
Other voluntary groups? Specify:_____	YES-►	35 _____
	◄-NO	

► PART D

1. In the past six months, did anyone outside this household (for example, relatives, neighbors) provide assistance to your household or any of the members thereof in farm work, taking care of the sick, etc..?

   YES....1
   NO.....2 (► SECTION 17)

2. How many people have helped you in the last six months?

   NUMBER OF PERSONS: [____]

3. How many days did they work?

   MULTIPLY THE NUMBER OF PERSONS TIMES THE NUMBER OF DAYS PER PERSON TO GET THE NUMBER OF MANDAYS OF HELP IN THE PAST SIX MONTHS.

   NUMBER OF MANDAYS: [____]

4. How many of these mandays were contributed by members of age groups of household members?

   NUMBER OF MANDAYS: [____]

► SECTION 17

SECTION 17: FOOD CONSUMPTION

```
┌─SUPERVISOR────────────────────────────────────────────────────────┐
│                                                        CODE:  ┌────┐│
│                                                              │    ││
│  DESIGNATED RESPONDENT:_____         └────┘│
└────────────────────────────────────────────────────────────────────┘
```

```
┌─INTERVIEWER───────────────────────────────────────────────────────┐
│                                   YES.......1               ┌────┐  │
│  WAS THIS PERSON INTERVIEWED?     NO........2               │    │  │
│                                                             └────┘  │
└────────────────────────────────────────────────────────────────────┘
```

CIRCLE THE LAST SIX MONTHS, BEGINNING WITH THE MONTH BEFORE THIS INTERVIEW.

| JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |

Now I am going to ask you about the food consumed by your household since my visit
6 months ago. That is, the months of...[CITE THE MONTHS THAT ARE CIRCLED]....

PART A: THE SEASONS OF THE PAST 6 MONTHS

1. During the past 6 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 of these 6 months
    you had the rainy seasons (masika, vuli)?

B. During which of these months did your community have the kiangazi season?

WRITE THE CODE FOR THE SEASON IN THE BOX FOR EACH MONTH THAT IS CIRCLED. PLEASE ASK THE
RESPONDENT ABOUT ANY MONTHS NOT MENTIONED FOR ANY SEASON. EVERY MONTH IN THE
PAST 6 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

2. During the past 6 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 CASE ....

              ......2 (► PART C)
```

IF THE ANSWER TO 1 IS YES, ASK 2-7.

1

INTERVIEWER:

REFER BACK TO THE FARM SECTION, PART B.

BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 6 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN.

PUT A CROSS IN THE APPROPRIATE [X] BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7. ↓

2

During the past 6 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 FOOD)

3

During which months of the last 6 months (since ..) did your household consume the ... [CROP] ... that the members of your household produced?

PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X

YES (CONSUMED OWN PRODUCTION)...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?

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

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

Crop	Y/N	Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Tea, coffee or cocoa at home?	YES-►	03																		
	◄-NO																				
Cooking bananas?	YES-►	08																		
	◄-NO																				
Sweet bananas?	YES-►	09																		
	◄-NO																				
Other bananas?	YES-►	10																		
	◄-NO																				
Cassava (raw)?	YES-►	11																		
	◄-NO																				
Yams, cocoyams or sweet potatoes?	YES-►	14																		
	◄-NO																				
Irish potatoes	YES-►	18																		
	◄-NO																				
Maize?	YES-►	19																		
	◄-NO																				
Millet or sorghum?	YES-►	20																		
	◄-NO																				
Rice?	YES-►	24																		
	◄-NO																				
Beans, peas, cowpeas or other pulses?	YES-►	28																		
	◄-NO																				
Groundnuts?	YES-►	29																		
	◄-NO																				

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

► QUESTION 1, NEXT PAGE

IF THE ANSWER TO 1 IS YES, ASK 2-7.

1 INTERVIEWER: REFER BACK TO THE FARM SECTION, PART B. BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 6 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN. PUT A CROSS IN THE APPROPRIATE [X] BOX FOR ALL CROPS BEFORE GOING ↓ TO QUESTIONS 2-7.		2 During the past 6 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 FOOD)	3 During which months of the last 6 months (since ..) did your household consume the ... [CROP] ... that the members of your household produced? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...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?	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
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT		
Sunflower seeds?	YES-►	30																				
	◄-NO																					
Mambaranuts?	YES-►	31																				
	◄-NO																					
Palm oil/oil palm?	YES-►	32																				
	◄-NO																					
Avocado?	YES-►	36																				
	◄-NO																					
Mangoes?	YES-►	37													*		*	*				*
	◄-NO																					
Pawpaw?	YES-►	38																				
	◄-NO																					
Citrus fruits?	YES-►	39																				
	◄-NO																					
Pineaples?	YES-►	40																				
	◄-NO																					
Other frits, including passion fruits?	YES-►	41																				
	◄-NO																					
Sugar, candy, honey or sugar cane?	YES-►	44																				
	◄-NO																					
Tomatoes?	YES-►	46																				
	◄-NO																					
Onions, leeks and green onions?	YES-►	47																				
	◄-NO			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC								

► QUESTION 1, NEXT PAGE

* NOTE: FOR MANGOES, ASK Q4 ABOUT THE MANGO SEASON AND ASK Q6 ABOUT ALL OTHER SEASONS.

TIME UNIT:

DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

IF THE ANSWER TO 1 IS YES, ASK 2-7.

1 INTERVIEWER:	2	3	4	5	6	7
REFER BACK TO THE FARM SECTION, PART B. BELOW, PUT A CROSS OPPOSITE THE YES BOX IF THE CROP WAS GROWN BY THE HOUSEHOLD IN THE PAST 6 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN.	During the past 6 months, have the members of your household eaten ...[CROP]... that was grown or raised by the members of your household?	During which months of the last 6 months (since ..) did your household consume the ... [CROP] ... that the members of your household produced? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL THE MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).......2	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.	How much would it have cost to buy the amount they ate each time during the rainy season?	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.	How much would it have cost to buy the amount they ate each time during the dry season?

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7. [X]

YES...1 ↓

NO....2 (► NEXT FOOD)

► NEXT ITEM

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Eggplant and bitter tomatoes?	YES-►	48																	
	◄-NO																		
Cabbage?	YES-►	50																	
	◄-NO																		
Other vegetables(cassava leaves, carots, lettuce, etc.)?	YES-►	51																	
	◄-NO																		
Spices (curry, red pepper, etc.)?	YES-►	53																	
	◄-NO																		
Other foods or crops (specify:_____)?	YES-►	72																	
	◄-NO																		

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC

1	2	3	4	5	6	7
During the past 6 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. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7. [X] ↓	IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	During which months of the last 6 months (since ..) did your household consume the ... [ITEM] ... from animals belonging to your household? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL THE MONTHS WITH AN X, WRITE CODE 1 IF THE ITEM WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).........2	How often during the months of the rainy season (masika, vuli) did they eat home-produced ...[ITEM]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND ▶6.	How much would it have cost to buy the amount they ate each time during the rainy season?	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.	How much would it have cost to buy the amount they ate each time during the dry season? ▶ NEXT ITEM

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Chicken eggs?	YES-▶	61																	
	◀-NO																		
Fresh milk?	YES-▶	67																	
	◀-NO																		
Yoghurt, cheese or other milk product?	YES-▶	69																	
	◀-NO																		
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

1	2	3	4	5	6	7
During the past 6 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? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7. [X] ↓	IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	During which months of the last 6 months (since ..) did your household consume the ... [ITEM] ... captured or collected by members of your household? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X WRITE CODE 1 IF THE ITEM WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL THE MONTHS WITHOUT AN X. YES (CONSUMED OWN CATCH)........1 NO (DID NOT CONSUME FROM OWN CATCH)..........2	How often during the months of the rainy season (masika, vuli) did they eat the ...[ITEM]... that they collected? IF HOME CATCH NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND ▶6.	How much would it have cost to buy the amount they ate each time during the rainy season?	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.	How much would it have cost to buy the amount they ate each time during the dry season? ▶ NEXT ITEM

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Fish?	YES-▶	54																	
	◀-NO																		
Wild game, including game birds?	YES-▶	59																	
	◀-NO																		
Edible insects?	YES-▶	60																	
	◀-NO																		
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

▶ QUESTIONS 2-7

E N D   O F   P A R T   B

SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

1		2 IF THE ANSWER TO 1 IS YES, ASK 2-8.													3		4	5		6	7	8

During the past 6 months (since,....) have the members of your household bought any of the following foods for their own consumption?

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. [X]

2 During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..?

PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.

YES (BOUGHT)...........1
NO (DID NOT BUY)......2

3 How often during the months of the rainy season (masika, vuli) did they buy ..[FOOD ITEM]..? the rainy season?

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

5 How often during the months of the dry season (kiangazi) did they buy ... [FOOD ITEM]...? the dry season?

IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND ▶7.

6 How much did it cost to buy this amount each time during

7 Have the members of your household bought any ..[ ]... since my visit two weeks ago?

YES...1
NO....2
(▶NEXT ITEM)

8 How much have they spent since my visit two weeks ago?

▶NEXT ITEM

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	NO....2 (▶NEXT ITEM)	AMOUNT
Cooking bananas?	YES-▶	08																			
	◄-NO																				
Sweet bananas?	YES-▶	09																			
	◄-NO																				
Bananas in any other form?	YES-▶	10																			
	◄-NO																				
Raw cassava?	YES-▶	11																			
	◄-NO																				
Dried cassava?	YES-▶	12																			
	◄-NO																				
Cassava in any other form?	YES-▶	13																			
	◄-NO																				
Yams, cocoyams, sweet potatoes?	YES-▶	14																			
	◄-NO																				
Irish potatoes?	YES-▶	18																			
	◄-NO																				
Maize?	YES-▶	19																			
	◄-NO																				
Millet or sorghum, all forms?	YES-▶	20																			
	◄-NO																				
Rice?	YES-▶	24																			
	◄-NO																				
Beans, peas, cowpeas and other pulses?	YES-▶	28																			
	◄-NO																				

▶ QUESTION 1, NEXT PAGE

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

IF THE ANSWER TO 1 IS YES, ASK 2-8.

1 During the past 6 months (since....) have the members of your household bought any of the following foods for their own consumption?		2 During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (BOUGHT)...........1 NO (DID NOT BUY)......2												3 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.		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 ITEM]...? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND ►7.		6 How much did it cost to buy this amount each time during the dry season?	7 Have the members of your household bought any ..[ ]... since my visit two weeks ago? YES...1 NO....2 (►NEXT ITEM)	8 How much have they spent since my visit two weeks ago? ►NEXT ITEM
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. [X] ↓		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	NO....2 (►NEXT ITEM)	AMOUNT
Groundnuts?	YES-►	29																			
	◄-NO																				
Sunflower seeds?	YES-►	30																			
	◄-NO																				
Mambaranuts?	YES-►	31																			
	◄-NO																				
Palm oil/oil palm	YES-►	32																			
	◄-NO																				
Butter?	YES-►	34																			
	◄-NO																				
Margarine?	YES-►	35																			
	◄-NO																				
Avocado?	YES-►	36																			
	◄-NO																				
Mangoes?	YES-►	37																			
	◄-NO																				
Pawpaw?	YES-►	38																			
	◄-NO																				
Citrus fruits?	YES-►	39																			
	◄-NO																				
Pineaples?	YES-►	40																			
	◄-NO																				
Other fruits, including passion fruits?	YES-►	41																			
	◄-NO																				
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC								

► QUESTION 1, NEXT PAGE

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

		IF THE ANSWER TO 1 IS YES, ASK 2-8.																				

1
During the past 6 months (since....) have the members of your household bought any of the following foods for their own consumption?

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. [X]

2
During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..?

PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.

YES (BOUGHT)..........1
NO (DID NOT BUY)......2

3 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.

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 ITEM]...?
IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND ►7.

6 How much did it cost to buy this amount each time during the dry season?

7 Have the members of your household bought any ...[ ]... since my visit two weeks ago?
YES...1
NO...2
(►NEXT ITEM)

8 How much have they spent since my visit two weeks ago?

►NEXT ITEM

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	YES...1 NO...2 (►NEXT ITEM)	AMOUNT
Fruits juices?	YES-►	42																			
	◄-NO																				
Sugar, candy, honey or sugar cane?	YES-►	44																			
	◄-NO																				
Tomatoes?	YES-►	46																			
	◄-NO																				
Onions, leeks and green onions?	YES-►	47																			
	◄-NO																				
Eggplant and bitter tomatoes?	YES-►	48																			
	◄-NO																				
Pumpkin?	YES-►	49																			
	◄-NO																				
Cabbage?	YES-►	50																			
	◄-NO																				
Other vegetables (cassava leaves, carrots, spinach, okra, cauliflower, etc.)?	YES-►	51																			
	◄-NO																				
Spices (curry, red pepper, etc.)?	YES-►	53																			
	◄-NO																				
Fish	YES-►	54																			
	◄-NO																				
Edible insects?	YES-►	60																			
	◄-NO																				
Eggs (all birds)?	YES-►	61																			
	◄-NO																				
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC								

► QUESTION 1, NEXT PAGE

SECTION 17. FOOD CONSUMPTION, PART C-1: FOOD EXPENDITURES, SEASONAL FOODS

| | IF THE ANSWER TO 1 IS YES, ASK 2-8. | | | | | | | | | | | | | | | | | | | |

1

During the past 6 months (since....) have the members of your household bought any of the following foods for their own consumption?

PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. [X] ↓

2

During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..?

PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF THE CROP WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.

YES (BOUGHT)...........1
NO (DID NOT BUY)......2

3 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.

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 ITEM]...?

IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND ▶7.

6 How much did it cost to buy this amount each time during the dry season?

7 Have the members of your household bought any ...[ ]... since my visit two weeks ago?

YES...1

NO....2 (▶NEXT ITEM)

8 How much have they spent since my visit two weeks ago?

▶NEXT ITEM

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	YES...1 NO....2 (▶NEXT ITEM)	AMOUNT
Local alcoholic beverages consumed at home?	YES-▶	64																			
	◄-NO																				
Fresh milk?	YES-▶	67																			
	◄-NO																				
Milk products (yogurt/ cheese)?	YES-▶	69																			
	◄-NO																				
Other foods or crops (specify:_____)?	YES-▶	72																			
	◄-NO																				
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC								

▶ QUESTION 1, NEXT PAGE

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

1	2	3	4	5	6
During the past 6 months (since,...) have the members of your household bought any of the following foods for their own consumption?	During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (BOUGHT)..........1 NO (DID NOT BUY)......2	How often did they buy ....[ ].... during these months? IF NOT BOUGHT DURING THESE MONTHS, WRITE 0 TIMES AND ▶5.	How much did it cost to buy this amount each time during these months? THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.	Have the members of your household bought any ...[ ]... since my visit two weeks ago? YES...1 NO....2 (▶NEXT ITEM)	How much have they spent since my visit two weeks ago? ▶NEXT ITEM

PUT A CROSS IN THE APPROPRIATE [X] BOX FOR ALL CROPS BEFORE GOING ↓ TO QUESTIONS 2-8.

TIME UNIT:
DAY....3
WEEK..4
MONTH..5
YEAR...6
6 MOS..7

Food Item		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	YES/NO	AMOUNT
Wheat flour, bread?	YES-▶	25																
	◄-NO																	
Macaroni and spagheti?	YES-▶	26																
	◄-NO																	
Biscuits, cakes or buns?	YES-▶	27																
	◄-NO																	
Other oils?	YES-▶	33																
	◄-NO																	
Jams, jellies, marmalades, sweets?	YES-▶	45																
	◄-NO																	
Salt?	YES-▶	52																
	◄-NO																	
Chicken, duck and other poultry?	YES-▶	55																
	◄-NO																	
Beef?	YES-▶	56																
	◄-NO																	
Mutton and goat?	YES-▶	57																
	◄-NO																	
Pork?	YES-▶	58																
	◄-NO																	
Baby food, excluding milk?	YES-▶	62																
	◄-NO																	
Sodas (coke, fanta, etc.)?	YES-▶	63																
	◄-NO																	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					

▶ QUESTION 1, NEXT PAGE

1		2													3		4	5	6
During the past 6 months (since...) have the members of your household bought any of the following foods for their own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. [X] ↓		IF THE ANSWER TO 1 IS YES, ASK 2-6. During which months of the last 6 months (since ..) did members of your household buy ..[FOOD ITEM]..? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (BOUGHT)...........1 NO (DID NOT BUY)......2													How often did they buy ...[ ]... during these months? IF NOT BOUGHT DURING THESE MONTHS, WRITE 0 TIMES AND ►5.		How much did it cost to buy this amount each time during these months? THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.	Have the members of your household bought any ...[ ]... since my visit two weeks ago? YES...1 NO....2 (►NEXT ITEM)	How much have they spent since my visit two weeks ago? ►NEXT ITEM
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	AMOUNT	AMOUNT
Other alcoholic beverages consumed at home?	YES-► ◄-NO	65																
Yeast, baking powder?	YES-► ◄-NO	66																
Milk Powder?	YES-► ◄-NO	68																
Tinned meats, fish, vegs or fruit?	YES-► ◄-NO	70																
Other prepared foods consumed at home?	YES-► ◄-NO	71																
Other foods or crops (specify:_____)?	YES-► ◄-NO	72																
► QUESTION 1, NEXT PAGE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					

TIME UNIT:
DAY....3
WEEK...4
MONTH..5
YEAR...6
6 MOS..7

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SECTION 18. EXPENDITURES BY
       HOUSEHOLD MEMBERS
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              PART  A.
RESPONDENTS: ALL HOUSEHOLD MEMBERS
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Now I am going to ask you about certain items you may have acquired in the past 6 months (since...). By acquired, I mean items that you bought for yourself, made for yourself, or that were given to you.

A. In the past 6 months (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 of the ...[   ]... that you have acquired in the past 6 months (since...)?

1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B
Khangas or Kitenges?		Fabric or cloth?		Other clothing e.g. shirts, pants, dresses, shorts underclothes		Footwear?		Jewerly and watches? e.g. beads, bangles, bracelets, necklaces?		Toys, game books other than school books?		Haircuts, hair dressing?		Umbrellas, handbags, pouches, or wallets?		Medicines?		Any other medical services?	▶PART B
YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2		YES...1 NO....2	
▶2A	AMOUNT	▶3A	AMOUNT	▶4A	AMOUNT	▶5A	AMOUNT	▶6A	AMOUNT	▶7A	AMOUNT	▶8A	AMOUNT	▶9A	AMOUNT	▶10A	AMOUNT	▶ Q.B	AMOUNT

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┌─────────────────────────────────────┐
│ SECTION  18. EXPENDITURES  BY        │
│        HOUSEHOLD MEMBERS             │
└─────────────────────────────────────┘
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┌───────────────────────────────┐
│          PART  B.             │
│  TO  BE  ASKED  ABOUT  ALL    │
│  HOUSEHOLD  MEMBERS  15       │
│  YEARS  AND  OLDER.           │
└───────────────────────────────┘
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SECTION 18. EXPENDITURES BY HOUSEHOLD MEMBERS, PART B: EXPENDITURES SINCE ROUND ONE

IDENTIFICATION CODE		

Now I am going to ask you about items that you have purchased since my visit 2 weeks ago. I am interested only in items you purchased for yourself or someone else with your own money, and not items purchased for you by someone else.

A. Since my visit 2 weeks ago, have you purchased ...[   ]...?

RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM.   ASK QUESTION 'B' FOR ALL ITEMS PURCHASED:

B. How much have you spent for ...[   ]... since my visit?

1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B	11A	11B	12A	12B
Food consumed outside the home (at restaurants, bars, and bought on the street)? YES...1 NO....2 ►2A	AMOUNT	Beverages consumed outside the home? YES...1 NO....2 ►3A	AMOUNT	Cigarettes, tobacco? YES...1 NO....2 ►4A	AMOUNT	Gambling games of chance, lottery tickets? YES...1 NO....2 ►5A	AMOUNT	Newspapers or magazines? YES...1 NO....2 ►6A	AMOUNT	Gasoline and motor oil? YES...1 NO....2 ►7A	AMOUNT	Envelopes, writing paper, pens and pencils? YES...1 NO....2 ►8A	AMOUNT	Candles, paraffin, matches? YES...1 NO....2 ►9A	AMOUNT	Batteries? YES...1 NO....2 ►10A	AMOUNT	Sporting events, cinema, contribution to clubs, etc.? YES....1 NO.....2 ► 11A	AMOUNT	Toilet soap, washing powder, tooth brush and tooth paste? YES..1 NO...2 ► 12A	AMOUNT	Cosmetics, lotions, perfume, body lotions? YES...1 NO....2 ►Q.B	AMOUNT ► SECTION 19

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┌─────────────────────────────────────┐
│  SECTION  19. REMITTANCES            │
│          AND  CREDIT                 │
└─────────────────────────────────────┘
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┌──────────────────────────────────────┐
│              PART  A.                  │
│   BORROWING   AND  REMITTANCES         │
│             RECEIVED                    │
│                                        │
│  TO  BE  ASKED  OF   ALL  HOUSEHOLD    │
│  MEMBERS.(THOSE  15  AND OLDER         │
│  RESPOND FOR THEMSELVES. ADULTS        │
│  FOR  CHILDREN.                        │
└──────────────────────────────────────┘
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