

SECTION 17: FOOD CONSUMPTION

SUPERVISOR _____ CODE:

DESIGNATED RESPONDENT: _____

INTERVIEWER _____

WAS THIS PERSON INTERVIEWED? YES.....1 NO.....2

Now I am going to ask you about the food consumed by your household during the past 12 months (since ..(MONTHS).... (last year)).

PART A: THE SEASONS OF THE PAST 12 MONTHS

1. During the past 12 months, in some months it rained heavily (the masika and voli 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, voli)?
- 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 THE 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
VOLU RAINS.....2
KIANGAZI DRY.....3

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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)
NO2 (- PART C)

IF THIS WAS THE CASE

.....2 (- PART C)

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

1		2												3												4		5		6		7					
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 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7.		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 FOOD)												During which months of the last 12 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION)...2												How often during the months of the rainy season (maize, vult) 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 (kanga) 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?					
																										TIMES		TIME UNIT		AMOUNT		TIMES		TIME UNIT		AMOUNT	
Tea, coffee or cocoa at home?	YES-> -<NO	03																																			
Cooking bananas?	YES-> -<NO	08																																			
Sweet bananas?	YES-> -<NO	09																																			
Other bananas?	YES-> -<NO	10																																			
Cassava (raw)?	YES-> -<NO	11																																			
Yams, cocoyams or sweet potatoes?	YES-> -<NO	14																																			
Irish potatoes	YES-> -<NO	18																																			
Maize?	YES-> -<NO	19																																			
Millet or sorghum?	YES-> -<NO	20																																			
Rice?	YES-> -<NO	24																																			
Beans, peas, cowpeas or other pulses?	YES-> -<NO	28																																			
Groundnuts?	YES-> -<NO	29																																			

-> QUESTION 1, NEXT PAGE

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

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

1		2		3												4		5	6		7	
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 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7.		During the past 12 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 12 months (since ...) did your household consume the ... (CROP) ... that the members of your household produced? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. 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 (khangazi) 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?	
YES...1 NO...2 (> NEXT FOOD)		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																					
Hambarani?	YES->	31																				
	<-NO																					
Palm oil/oil palm?	YES->	32																				
	<-NO																					
Avocado?	YES->	34																				
	<-NO																					
Mangoes?	YES->	37																				
	<-NO																					
Pawpaw?	YES->	38																				
	<-NO																					
Citrus fruits?	YES->	39																				
	<-NO																					
Pineapples?	YES->	40																				
	<-NO																					
Other fruits, 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																					

> 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...3
MONTH...3
YEAR...6

SECTION 17. FOOD CONSUMPTION, PART B: CONSUMPTION OF HOME PRODUCTION

1		2		3		4		5		6		7	
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 12 MONTHS. PUT A CROSS OPPOSITE THE NO BOX IF THE CROP WAS NOT GROWN. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-7.		IF THE ANSWER TO 1 IS YES, ASK 2-7. 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 FOOD)		During which months of the last 12 months (since ...) did your household consume the ...[CROP]... that the members of your household produced? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION)...2		How often during the months of the rainy season (masks, vull) did they eat home-produced ...[CROP]...? IF NONE 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 (kikangari) did they eat home-produced ...[CROP]...? IF NONE 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?	
						TIMES TIME UNIT		AMOUNT		TIMES TIME UNIT		AMOUNT	
						JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC							
Eggplant and bitter tomatoes?	YES-> -<NO	40											
Cabbage?	YES-> -<NO	50											
Other vegetables (cassava leaves, carrots, lettuce, etc.)?	YES-> -<NO	51											
Spices (curry, red pepper, etc.)?	YES-> -<NO	51											
Other foods or crops (specify:)?	YES-> -<NO	72											

-> QUESTION 1, NEXT PAGE

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

127

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. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7. ☒ X

2 IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-7. 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? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN PRODUCTION) ... 1 NO (DID NOT CONSUME FROM OWN PRODUCTION) ... 2

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Chicken eggs?																		
Fresh milk?																		
Yoghurt, cheese or other milk product?																		

4 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.

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 (khangazi) 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? > NEXT ITEM

TIME UNIT:
DAY...3
WEEK...2
MONTH...2
YEAR...6

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? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7. ☒ X

2 IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-7. 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? FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (CONSUMED OWN CATCH) ... 1 NO (DID NOT CONSUME FROM OWN CATCH) ... 2

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Fish?																		
Wild game, including game birds?																		
Edible insects?																		

4 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.

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 (khangazi) 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? > NEXT ITEM

TIME UNIT:
DAY...3
WEEK...2
MONTH...2
YEAR...6

> QUESTIONS 2-7

END OF PART B

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

1		2												3		4		5		6		7		8	
		During which months of the last 12 months (since...) did members of your household buy... (FOOD ITEM)...												How often during the months of the rainy season (matsika, vuli) did they buy ... (FOOD ITEM)...		How much did it cost to buy this amount each time during the rainy season?		How often during the months of the dry season (khangazi) did they buy ... (FOOD ITEM)...		How much did it cost to buy this amount each time during the dry season?		Have the members of your household bought any ... 1... since my last visit?		How much have they spent since my last visit?	
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2. YES (BOUGHT).....1 NO (DID NOT BUY).....2												IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.				IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.				YES...1 NO...2 (=NEXT ITEM)		=NEXT ITEM	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT			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->	15																							
	<-NO																								
Maize?	YES->	16																							
	<-NO																								
Millet or sorghum, all forms?	YES->	17																							
	<-NO																								
Rice?	YES->	18																							
	<-NO																								
Beans, peas, cowpeas and other pulses?	YES->	19																							
	<-NO																								

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

> QUESTION 1, NEXT PAGE

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

1		2												3		4		5		6		7		8	
		IF THE ANSWER TO 1 IS YES, ASK 2-8.												How often during the months of the rainy season (masika, vulu) did they buy ... (FOOD ITEM) ...?		How much did it cost to buy this amount each time during the rainy season?		How often during the months of the dry season (kikoozi) did they buy ... (FOOD ITEM) ...?		How much did it cost to buy this amount each time during the dry season?		Have the members of your household bought any ... (1) ... since my last visit?		How much have they spent since my last visit?	
During the past 12 months (since ...) have the members of your household bought any of the following foods for their own consumption?		During which months of the last 12 months (since ...) did members of your household buy ... (FOOD ITEM) ...?												IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.				YES...1 NO....2 (->NEXT ITEM)		->NEXT ITEM AMOUNT			
FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.		YES (BOUGHT).....1 NO (DID NOT BUY).....2												T		A		T		A		T			
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	T	U	A		T	U	A		T	U		
Groundnuts?	YES-> -<NO	20																							
Sunflower seeds?	YES-> -<NO	21																							
Hambaranuts?	YES-> -<NO	22																							
Palm oil/oil palm	YES-> -<NO	23																							
Butter?	YES-> -<NO	24																							
Margarine?	YES-> -<NO	25																							
Avocado?	YES-> -<NO	26																							
Mangoes?	YES-> -<NO	27																							
Pawpaw?	YES-> -<NO	28																							
Citrus fruits?	YES-> -<NO	29																							
Pineapples?	YES-> -<NO	30																							
Other fruits, including passion fruits?	YES-> -<NO	31																							

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

-> QUESTION 1, NEXT PAGE

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

1 During the past 12 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. ☐ YES ☐ NO

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

During which months of the last 12 months (since ...) did members of your household buy ... (FOOD ITEM) ...?

FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.

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

3 How often during the months of the rainy season (msekka, 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 (khangazi) 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 ... 1 ... since my last visit?

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

8 How much have they spent since my last visit?

IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.

TIME UNIT: DAY ... 1, WEEK ... 2, MONTH ... 3, YEAR ... 6

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	YES...1 NO (>NEXT ITEM) ... 2	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->	56																			
	<-NO																				
Eggs (all birds)?	YES->	61																			
	<-NO																				

> 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.

<p>1 During the past 12 months (since ...) have the members of your household bought any of the following foods for their own consumption?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Local alcoholic beverages consumed at home? YES-> <input type="checkbox"/> NO-> <input type="checkbox"/></p> <p>Fresh milk? YES-> <input type="checkbox"/> NO-> <input type="checkbox"/></p> <p>Milk products (yogurt/cheese)? YES-> <input type="checkbox"/> NO-> <input type="checkbox"/></p> <p>Other foods or crops (specify:)? YES-> <input type="checkbox"/> NO-> <input type="checkbox"/></p>	<p>2 During which months of the last 12 months (since ...) did members of your household buy ...[FOOD ITEM]...?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (BOUGHT).....1 NO (DID NOT BUY).....2</p> <table border="1"> <tr> <th>JAN</th><th>FEB</th><th>MAR</th><th>APR</th><th>MAY</th><th>JUN</th><th>JUL</th><th>AUG</th><th>SEPT</th><th>OCT</th><th>NOV</th><th>DEC</th> </tr> <tr> <td>64</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>67</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>69</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>72</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	64												67												69												72												<p>3 How often during the months of the rainy season (masika, vuli) did they buy ...[FOOD ITEM]...?</p> <p>IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.</p> <table border="1"> <tr> <th>TIMES</th><th>TIME UNIT</th> </tr> <tr> <td></td><td></td> </tr> </table>	TIMES	TIME UNIT			<p>4 How much did it cost to buy this amount each time during the rainy season?</p> <p>AMOUNT</p>	<p>5 How often during the months of the dry season (kiangazi) did they buy ...[FOOD ITEM]...?</p> <p>IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.</p> <table border="1"> <tr> <th>TIMES</th><th>TIME UNIT</th> </tr> <tr> <td></td><td></td> </tr> </table>	TIMES	TIME UNIT			<p>6 How much did it cost to buy this amount each time during the dry season?</p> <p>AMOUNT</p>	<p>7 Have the members of your household bought any ...[FOOD ITEM]... since my last visit?</p> <p>YES...1 NO...2 (NEXT ITEM)</p>	<p>8 How much have they spent since my last visit?</p> <p>AMOUNT</p>
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC																																																																
64																																																																											
67																																																																											
69																																																																											
72																																																																											
TIMES	TIME UNIT																																																																										
TIMES	TIME UNIT																																																																										

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

> QUESTION 1, NEXT PAGE

SECTION 17. FOOD CONSUMPTION, PART C-2: FOOD EXPENDITURES, NON-SEASONAL FOODS

1 During the past 12 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 12 months (since...) did members of your household buy... (FOOD ITEM)...

3 How often did they buy... (FOOD ITEM)... during these months?

4 How much did it cost to buy this amount each time during these months?

5 Have the members of your household bought any... (FOOD ITEM)... since my last visit?

6 How much have they spent since my last visit?

FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.

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

IF NOT BOUGHT DURING THESE MONTHS WRITE 0 TIMES AND 0.5.

THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.

YES...1
NO...2 (NEXT ITEM)

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

Wheat flour, bread? YES-> 25
Macaroni and spaghetti? YES-> 26
Biscuits, cakes or buns? YES-> 27
Other oils? YES-> 33
Jams, jellies, marmalades, sweets? YES-> 45
Salt? YES-> 52
Chicken, duck and other poultry? YES-> 55
Beef? YES-> 56
Mutton and goat? YES-> 57
Pork? YES-> 58
Baby food, excluding milk? YES-> 62
Sodas (coke, fanta, etc.)? YES-> 63

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

TIME TIMES TIME UNIT AMOUNT

QUESTION 1, NEXT PAGE

SECTION 17. FOOD CONSUMPTION, PART C-2: FOOD EXPENDITURES, NON-SEASONAL FOODS

<p>1</p> <p>During the past 12 months (since....) have the members of your household bought any of the following foods for their own consumption?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8. <input checked="" type="checkbox"/> X</p>		<p>2</p> <p>During which months of the last 12 months (since...) did members of your household buy...[FOOD ITEM]...?</p> <p>FOR ALL MONTHS MENTIONED BY THE RESPONDENT, WRITE CODE 1. FOR ALL MONTHS NOT MENTIONED BY THE RESPONDENT, WRITE CODE 2.</p> <p>YES (BOUGHT).....1 NO (DID NOT BUY).....2</p>												<p>3</p> <p>How often did they buy...[FOOD ITEM]... during these months?</p> <p>IF NOT BOUGHT DURING THESE MONTHS, WRITE 0 TIMES AND >5.</p>		<p>4</p> <p>How much did it cost to buy this amount each time during these months?</p> <p>THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.</p>		<p>5</p> <p>Have the members of your household bought any...[FOOD ITEM]... since my last visit?</p> <p>YES...1 NO...2 (>NEXT ITEM)</p>		<p>6</p> <p>How much have they spent since my last visit?</p> <p>>NEXT ITEM</p>	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	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																			
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC								

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

> QUESTION 1, NEXT PAGE

**SECTION 18. EXPENDITURES BY
HOUSEHOLD MEMBERS**

PART A.

RESPONDENTS: ALL HOUSEHOLD MEMBERS

SECTION 18. EXPENDITURES BY HOUSEHOLD MEMBERS, PART A: ACQUISITIONS AND EXPENDITURES IN THE PAST 12 MONTHS

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 that were given to you.

A. In the past 12 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 12 months (since...)?

ACQUISITION CODE	1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B
	Charges or fees?		Fabric or cloth?		Other clo- thing e.g. shirts, pa- nts, dress- es, shorts, underclothes		Footwear?		Jewelry 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?	
	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	> 9.9	AMOUNT

**SECTION 18. EXPENDITURES BY
HOUSEHOLD MEMBERS**

**PART B.
TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS 15
YEARS AND OLDER.**

SECTION 18. EXPENDITURES BY HOUSEHOLD MEMBERS, PART B: EXPENDITURES SINCE ROUND ONE

Now I am going to ask you about items that you have purchased since my last 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 last 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 last visit?

1A Food consumed outside the home (at restaurants, bars, and bought on the street)? YES...1 NO....2 [] - 2A	1B [] AMOUNT	2A Beverages consumed outside the home? YES....1 NO....2 [] - 3A	2B [] AMOUNT	3A Cigarettes, tobacco? YES....1 NO....2 [] - 4A	3B [] AMOUNT	4A Gambling games of chance, lottery tickets? YES....1 NO....2 [] - 5A	4B [] AMOUNT	5A Newspapers or magazines? YES....1 NO....2 [] - 6A	5B [] AMOUNT	6A Gasoline and motor oil? YES....1 NO....2 [] - 7A	6B [] AMOUNT	7A Envelopes, writing paper, pens and pencils? YES....1 NO....2 [] - 8A	7B [] AMOUNT	8A Candles, paraffin, matches? YES....1 NO....2 [] - 9A	8B [] AMOUNT	9A Batteries? YES....1 NO....2 [] - 10A	9B [] AMOUNT	10A Sporting events, cinema, contribution to clubs, etc.? YES....1 NO....2 [] - 11A	10B [] AMOUNT	11A Toilet soap, washing powder, tooth brush and tooth paste? YES....1 NO....2 [] - 12A	11B [] AMOUNT	12A Cosmetics, lotions, perfume, body lotions? YES....1 NO....2 [] - 13A	12B [] AMOUNT
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SECTION 18

**SECTION 19. REMITTANCES
AND CREDIT**

**PART A.
BORROWING AND REMITTANCES
RECEIVED**

**TO BE ASKED OF ALL HOUSEHOLD
MEMBERS. (THOSE 15 AND OLDER
RESPOND FOR THEMSELVES. ADULTS
FOR CHILDREN.**

SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED

<p>1. During the past 12 months, have you received money or goods from persons who are not members of your household? For example, from children, parents, or relatives (living elsewhere), or from other acquaintances?</p> <p>YES..... (> 40)</p> <p>NO.....</p> <p>IF NO, PRUNE FOR GIFTS, MONEY RECEIVED FOR FUNERALS, SCHOOL, UNEMPLOYED, CHILD SUPPORT, MEDICAL, GOODS OR MONEY TO HELP SICK PERSONS -- IN THE LAST 12 MONTHS.</p> <p>REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFT, LOANS, AND TRANSFERS FROM THE MEDICAL CARE AS NOTED IN THE HEALTH SECTION, AND FOR SCHOOLING, AS NOTED IN THE EDUCATION SECTION.</p>	<p>2 From how many different households did you receive gifts or money in the last 12 months?</p> <p>NO. OF PEOPLE</p>
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2. NEXT PAGE

SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>3</p> <p>How I would like to ask you some questions about the persons from whom you received money, gifts, or loans in the past 12 months. Let's begin with the first person from whom you received money or gifts since</p> <p>What is his/her relationship to you?</p> <p>husband or wife.....()</p> <p>parent.....()</p> <p>son.....()</p> <p>daughter.....()</p> <p>brother.....()</p> <p>sister.....()</p> <p>other.....()</p> <p>OTHER NON-RELATIVE::10</p>	<p>4</p> <p>COPY THE CODE OF THE FIRST TWO DIGITS WHERE SECTION 2.</p> <p>ID CODE</p>	<p>5</p> <p>Does ..(NAME).. live here? ()</p> <p>Does he/she live in the same town or village? ()</p> <p>YES...1 (> 7)</p> <p>NO....2</p>	<p>6</p> <p>Where does he/she live?</p> <p>Here in the village/town.....1</p> <p>Other village in the same town.....2</p> <p>Other town in the same country.....3</p> <p>Other town in another country.....4</p> <p>Other village in another country.....5</p> <p>Other country.....6</p> <p>Don't know.....8</p>	<p>7</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>8</p> <p>Was there a specific reason that this money was sent? For example, to pay for school fees, medical care, wedding, or funeral?</p> <p>YES...1</p> <p>NO...2 (> 10)</p>	<p>9</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1</p> <p>SCHOOL FEES.....2</p> <p>WEDDING EXPENSES.....3</p> <p>TRAVEL EXPENSES.....4</p> <p>HOUSEHOLD NEEDS.....5</p> <p>HOUSEHOLD GOODS.....6</p> <p>INVESTMENT.....7</p> <p>OTHER.....8</p> <p>(SPECIFY:)</p>	<p>10</p> <p>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (> 13)</p>	<p>11</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>12</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>13</p> <p>Did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>14</p> <p>Now I would like to ask you some questions about the second person from whom you received money, gifts, or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>Spouse or wife.....1 (10)</p> <p>Child.....2 (10)</p> <p>Parent.....3 (10)</p> <p>Sibling.....4 (10)</p> <p>Other relative.....5 (10)</p> <p>Other non-relative.....6 (10)</p>	<p>15</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>ID CODE</p>	<p>16</p> <p>Does (NAME)... live here in (NAME OF TOWN OR VILLAGE)....?</p> <p>YES....1 (> 18)</p> <p>NO....2</p>	<p>17</p> <p>Where does (NAME)... live? Does he/she live...?</p> <p>Here in the Village/Town.....1</p> <p>Other Village in Kagera.....2</p> <p>Other town in Kagera.....3</p> <p>Other town in Dar Es Salaam.....4</p> <p>Other town in another village.....5</p> <p>Other Country.....6</p> <p>Don't know.....6</p>	<p>18</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>19</p> <p>Was there a specific reason that this money was spent? For example, to pay for school fees, medical care, weddings, or funerals?</p> <p>YES...1</p> <p>NO...2 (> 21)</p>	<p>20</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1</p> <p>SCHOOL FEES.....2</p> <p>WEDDING EXPENSES.....3</p> <p>TRAVEL EXPENSES.....4</p> <p>SUBSISTENCE NEEDS.....5</p> <p>PURCHASE OF A DURABLE GOOD.....6</p> <p>INVESTMENT.....7</p> <p>OTHER.....8</p> <p>(SPECIFY:.....)</p>	<p>21</p> <p>Must you repay any part of this amount?</p> <p>YES....1</p> <p>NO....2 (> 24)</p>	<p>22</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>23</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>24</p> <p>Did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (CONT.)

<p>25</p> <p>Now I would like to ask you some questions about the third person from whom you received money, gifts, or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>Spouse or wife.....1</p> <p>Parent.....2</p> <p>Son or daughter.....3</p> <p>Sister or brother.....4</p> <p>Other relative.....5</p> <p>Other non-relative.....6</p>	<p>26</p> <p>COPY THE CHILD TO CHILD OF THE CHILD LIVING ELSEWHERE SECTION 2.</p> <p>ID CODE</p>	<p>27</p> <p>Does [NAME]... live with you? (NAME OF YOUR OR VILLAGE)...</p> <p>YES...1 (> 29)</p> <p>NO....2</p>	<p>28</p> <p>Where does [NAME]... live? Does he/she live... Here in the village/town....1 Other village in [NAME]....2 Other town in [NAME]....3 Other town in [NAME]....4 Other village in [NAME]....5 Other town in [NAME]....6 Other country....7 Don't know....8</p>	<p>29</p> <p>How much have you received from this person in the past 12 months, including money and the value of gifts in kind?</p> <p>AMOUNT</p>	<p>30</p> <p>Was there a specific reason that this money was sent? For example, to pay for school fees, medical care, weddings, or funerals?</p> <p>YES...1</p> <p>NO...2 (> 32)</p>	<p>31</p> <p>What was the main reason for receiving this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES.....2 SCHOOL EXPENSES.....3 WEDDING EXPENSES.....4 ASSISTANCE NEEDED.....5 PURCHASE OF LAND.....6 INVESTMENT.....7 OTHER.....8 (SPECIFY)</p>	<p>32</p> <p>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (> 35)</p>	<p>33</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>34</p> <p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>35</p> <p>In addition to the three people you mentioned, did you receive money or gifts in kind from anyone else in the past 12 months?</p> <p>(REFER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART A: BORROWING AND REMITTANCES RECEIVED (END)

36	37	38	39	40	41	42	43
How much have you received from any other persons in the past 12 months, including the value of gifts in kind?	What you repay any part of this amount?	How much have you already repaid?	How much do you expect to repay in the future?	Are you responsible for repaying any other loans (including family or business loans)?	What is the total amount you expect to repay for repayment of these outstanding debts?	Has any part of the amount you expect to pay for medical care?	How much has incurred for medical care?
AMOUNT	YES..1 NO...2 (> 40)	AMOUNT	AMOUNT	YES..1 NO...2 (> PART B)	AMOUNT	YES...1 NO...2 (> PART B)	> PART B AMOUNT

**SECTION 19. REMITTANCES
AND CREDIT**

**PART D.
LENDING AND REMITTANCES SENT
TO BE ASKED OF ALL HOUSEHOLD
MEMBERS 15 YEARS OR OLDER.**

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

SECTION 19	1	2
	<p>During the past 12 months, have you provided money or goods to persons who are not members of your household? For example, to children, parents, or relatives living elsewhere? Or to other acquaintances?</p> <p>YES.....1 NO.....2 (- 40)</p> <p>IF NO, PROBE FOR GIFTS, MONEY SENT FOR FUNERALS, MONEY SENT FOR SCHOOLING EXPENSES, MONEY SENT FOR CHILD SUPPORT, MONEY FOR WEDDINGS, GOODS OR MONEY TO HELP SICK PERSONS -- IN THE LAST 12 MONTHS.</p> <p>REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFTS, LOANS AND TRANSFERS TO THESE CHILDREN.</p>	<p>To how many different people did you send money or gifts in the last 12 months?</p> <p>NO. OF PEOPLE</p>

3
NEXT PAGE

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

<p>3</p> <p>Now I would like to ask you some questions about the persons to whom you sent money or gifts or loans in the past 12 months. Let's begin with the first person to whom you sent money or gifts since....</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 (1-5) PARENT.....2 (1-5) GRANDPARENT.....3 (1-5) SON/DAUGHTER.....4 (1-5) GRANDCHILD.....5 (1-5) SISTER/BROTHER.....6 (1-5) NIECE/NEPHEW.....7 (1-5) OTHER RELATIVE.....8 (1-5) NEIGHBOR.....9 (1-5) OTHER NON-RELATIVE..10 (1-5)</p>	<p>4</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING IN THE TOWN OR VILLAGE? SECTION 2.</p> <p>ID CODE</p>	<p>5</p> <p>Does [NAME]... live here, in the town or village? YES.....1 (> 7) NO.....2</p>	<p>6</p> <p>Where does [NAME]... live? Does he/she live... Here in the village/town....1 Other village in Kagera.....2 Other town in Kagera.....3 Dar-Es-Salaam.....4 Other town in Tanzania.....5 Other Village in Tanzania.....6 Other Country.....7 Don't Know.....8</p>	<p>7.</p> <p>How much money have you sent to [NAME] in the past 12 months including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>8</p> <p>Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?</p> <p>YES.....1 NO.....2 (> 10)</p>	<p>9</p> <p>What was the main reason for sending this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES...2 SCHOOL EXPENSES...3 WEDDING EXPENSES...4 TRANSPORTATION...5 ASSISTANCE NEEDS...6 PURCHASE OF A DURABLE GOOD...7 INVESTMENT.....8 OTHER.....9 (Specify:)</p>	<p>10</p> <p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES.....1 NO.....2 (> 13)</p>	<p>11</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>12</p> <p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>13</p> <p>Did you send money or gifts in kind to anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES.....1 NO.....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

<p>14</p> <p>Now I would like to ask you some questions about the second person to whom you sent money or gifts or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 (> 16)</p> <p>PARENT.....2 (> 16)</p> <p>GRANDPARENT.....3 (> 16)</p> <p>SON/DAUGHTER.....4 (> 16)</p> <p>GRANDCHILD.....5 (> 16)</p> <p>SISTER/BROTHER.....6 (> 16)</p> <p>NIECE/NEPHEW.....7 (> 16)</p> <p>OTHER RELATIVE.....8 (> 16)</p> <p>NEIGHBOR.....9 (> 16)</p> <p>OTHER NON-RELATIVE...10 (> 16)</p>	<p>15</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>IN CODE</p>	<p>16</p> <p>Does [NAME]... [live here, in... TOWN OR VILLAGE]?</p> <p>YES...1 (> 16)</p> <p>NO.....2</p>	<p>17</p> <p>Where does [NAME]... [live? Does he/she live...]</p> <p>Here in the Village/Town...1</p> <p>Other Village in Kagera...2</p> <p>Other Town in Dar-Es-Salaam...3</p> <p>Other Town in Tanzania...4</p> <p>Other Village in Tanzania...5</p> <p>Tanzania...6</p> <p>Other Country...7</p> <p>Don't Know...8</p>	<p>18</p> <p>How much money have you sent to [NAME]... in the past 12 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>19</p> <p>Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?</p> <p>YES.....1</p> <p>NO.....2 (> 21)</p>	<p>20</p> <p>What was the main reason for sending this money or these goods?</p> <p>MEDICAL CARE.....1</p> <p>FUNERAL EXPENSES...2</p> <p>SCHOOL EXPENSES...3</p> <p>WEDDING EXPENSES...4</p> <p>TRANSPORTATION...5</p> <p>SUBSISTENCE NEEDS...6</p> <p>PURCHASE OF A DURABLE GOOD...7</p> <p>INVESTMENT.....8</p> <p>OTHER.....9 (Specify: _____)</p>	<p>21</p> <p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES.....1</p> <p>NO.....2 (> 24)</p>	<p>22</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>23</p> <p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>24</p> <p>Did you send money or gifts in kind to anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES.....1</p> <p>NO.....2 (> 46)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT

<p>25</p> <p>Now I would like to ask you some questions about the third person to whom you sent money or gifts or loans in the past 12 months.</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 PARENT.....2 GRANDPARENT.....3 SON/DAUGHTER.....4 GRANDCHILD.....5 SISTER/BROTHER.....6 NIECE/NEPHEW.....7 OTHER RELATIVE.....8 NEIGHBOR.....9 OTHER NON-RELATIVE.....10</p>	<p>26</p> <p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>ID CODE</p>	<p>27</p> <p>Does [NAME]... live here, Does he/she live... (NAME OF TOWN OR VILLAGE)?</p> <p>YES.....1 (> 29) NO.....2</p>	<p>28</p> <p>Where does [NAME]... live? Does he/she live... (NAME OF TOWN OR VILLAGE)?</p> <p>Here in the Village/Town.....1 Other Village in Kibera.....2 Other town in Kibera.....3 Dar-Es-Salaam.....4 Other town in Tanzania.....5 Other Village in Tanzania.....6 Other Country.....7 Don't Know.....8</p>	<p>29</p> <p>How much money have you sent to [NAME]... in the past 12 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>30</p> <p>Was there a specific reason for sending this money? For example, to pay for school fees, medical care, or funerals?</p> <p>YES.....1 NO.....2 (> 32)</p>	<p>31</p> <p>What was the main reason for sending this money or these goods?</p> <p>MEDICAL CARE.....1 FUNERAL EXPENSES.....2 SCHOOL EXPENSES.....3 WEDDING EXPENSES.....4 TRANSPORTATION.....5 SUBSISTENCE NEEDS.....6 PURCHASE OF A DURABLE GOOD.....7 INVESTMENT.....8 OTHER.....9 (Specify:)</p>	<p>32</p> <p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES.....1 NO.....2 (> 35)</p>	<p>33</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>34</p> <p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>35</p> <p>In addition to these 3 people, money or gifts in kind to anyone else in the past 12 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES.....1 NO.....2 (> 40)</p>
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SECTION 19: REMITTANCES AND CREDIT, PART B: LENDING AND REMITTANCES SENT (END)

<p>36</p> <p>How much money have you sent to all other persons in the past 12 months, including the value of gifts in kind?</p> <p>AMOUNT</p>	<p>37</p> <p>Do you expect that any part of this amount will be repaid to you?</p> <p>YES...1 NO....2 (> 40)</p>	<p>38</p> <p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>39</p> <p>How much do you expect to be repaid in the future?</p> <p>AMOUNT</p>	<p>40</p> <p>Does anyone or any group owe you money or goods that you expect to be repaid?</p> <p>YES...1 NO....2 (> PART C)</p>	<p>41</p> <p>What is the total amount owed to you from these other individuals or groups?</p> <p>AMOUNT</p>	<p>42</p> <p>Was any part of this loan made to pay for medical care?</p> <p>YES...1 NO....2 (> PART C)</p>	<p>43</p> <p>How much was lent to pay for medical care?</p> <p>AMOUNT</p> <p>> PART C</p>
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**SECTION 19. REMITTANCES
AND CREDIT**

**PART C.
SAVINGS**

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

SECTION 19. PART C: SAVINGS

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

1	2	3	4	5	6	7			8	9	10
						A.	B.	C.			
Do you participate in any informal savings organizations with friends or neighbors (for example, bujumu or upatu)?	How much do you contribute to this fund and how often? IF MORE THAN ONE ASK ABOUT THE MOST IMPORTANT UNIT OF TIME DAY...3 WEEK...3 MONTH...3 YEAR...6	How much did you contribute to this bujumu in the last 12 months (since...)?	Do members draw from this fund on a regular basis or only when there is an urgent need? REIMBURSED REGULARLY...1 WHEN THERE IS NEED...2 (- 7) BOTH.....3	How often does each member receive money from this fund? UNIT OF TIME DAY...3 WEEK...3 MONTH...3 YEAR...6	How much did you receive from this bujumu in the last 12 months (since...)?	When a member of the organization has a family problem, will the organization help by... A. Changing the order of payment? YES...1 NO....2	B. Changing the amount of payment to the member in need? YES....1 NO.....2	C. Collecting additional funds from other members? YES....1 NO.....2	How many other informal savings organizations (bujumu, upatu) do you participate in?	How much did you contribute to all of these other bujumu and upatu in the past 12 months?	How much did you receive from all these other bujumu and upatu in the past 12 months (since...)?
YES...1 NO....2 (>12)	AMOUNT TIME UNIT	AMOUNT	BOTH.....3	FREQUENCY TIME UNIT	AMOUNT	YES...1 NO....2	YES....1 NO.....2	YES....1 NO.....2	NUMBER	AMOUNT	AMOUNT
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

>11, NEXT PAGE

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 15 YEARS OR OLDER

11. Have I lost you the most question, I would like to
 asking that the important call for on the
 representative is completely confidential. The
 information you provide will not be divulged to other
 persons, nor will it be used for any purpose other than
 cannot be divulged to government bodies (100% for tax
 purposes).

Do you have any of the following accounts? YES... 1
 NO... 2

12. Have I just discussed all of
 the accounts that you have
 your personal savings at home
 to total what is the value of all
 your accounts and your other
 assets (including the
 value of foreign savings)?

13. HAVE I THE ANSWER TO ALL ITEMS IN QUESTION 6 IS NO. YES GO TO THE NEXT PERSON.				
a. Bank savings accounts?	b. Checking accounts?	c. Foreign currency accounts?	d. Other bank accounts?	e. Other savings in your lifetime in 7 the following 5 items

14. NEXT PERSON

AMOUNT

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS

1. Now I'm going to ask you about anyone who was living in your household in the past 24 months and has died. Has any member of your household who was residing with you died in the past 24 months--that is, since ...[SAME MONTH TWO YEARS AGO]...?

INTERVIEWER: PROMPT FOR OLD PEOPLE, INFANTS. CROSS-REFERENCE SECTION 3 FOR RECENT DEATH OF PARENTS AND THE FERTILITY SECTION FOR RECENT DEATH OF CHILDREN

YES.....1

NO.....2 (- PART B)

SECTION 20: MORTALITY PART A: MORTALITY OF HOUSEHOLD MEMBERS

PERSON NUMBER	2 Please tell me the names of all members of your household who were residing with during the past 24 months and who have died. MAKE A LIST OF THE NAMES OF ALL HOUSEHOLD MEMBERS WHO DIED IN THE PAST 24 MONTHS (SINCE TWO YEARS AGO) AND RECORD THEIR SEX. MAKE SURE THAT THEY WERE PERSONS WHO HABITUALLY RESIDED AND ATE WITH THE HOUSEHOLD. ASK QUESTIONS 3-43 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST PERSON BEFORE PROCEEDING TO THE NEXT ONE.	3 SEX OF DECEASED MALE...1 FEMALE...2	4 What was the relation between (NAME) and the current head of the household? SPOUSE.....2 SON/DAUGHTER.....3 GRAND CHILD.....4 MOTHER/FATHER.....5 BROTHER/SISTER.....6 GRANDPARENT.....7 NIECE/NEPHEW.....8 SON/DAUGHTER IN LAW.....9 BROTHER/SISTER IN LAW.....10 MOTHER/FATHER IN LAW.....11 OTHER RELATIVE OF HEAD.....12 OTHER RELATIVE OF SPOUSE.....13 UNRELATED SERVANT OR BOARDER.....14 OTHER UNRELATED PERSON.....15	5 How old was (NAME) when he/she passed away? COMPLETED YEARS IF 5 OR OLDER.....5 YEARS AND MONTHS IF UNDER 5..... (IF UNDER 15 YEARS, > 7)	6 Was (NAME) the head of the household before he/she died? YES...1 NO...2	7 Did (NAME) have a natural parent (mother or father) living in this household? YES...1 NO...2 (> 9)	8 COPY THE ID CODE OF THE MOTHER AND/OR FATHER OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)		9 Did (NAME) have a sister or brother living in this household? YES...1 NO...2 (> 11)	10 COPY THE ID CODE OF THE SISTERS AND/OR BROTHERS OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER. (SECTION 1)	11 WAS DECEASED LESS THAN 15 YEARS OLD? (SEE QUESTION 5) YES...1 (> 26) NO...2
							MOTHER'S ID CODE	FATHER'S ID CODE			
	NAME			YRS MOS							

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

12 Was ..[NAME].. married at the time of his/her death?	13 Does the wife/husband of ..[NAME].. live in this household?	14 COPY THE ID CODE OF THE WIFE OR HUSBAND FROM THE HOUSEHOLD ROSTER (SECTION 1). If THE DECEASED HAD MORE THAN ONE WIFE LIVING IN THE HOUSEHOLD, LIST THE ID CODES OF ALL OF THEM.	15 Did ..[NAME].. have any children living in this household?	16 COPY THE ID CODE OF ALL CHILDREN (ADULTS AND YOUNGSTERS) OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	17 Did ..[NAME].. ever attend school?	18 What was the highest grade that he/she completed?	19 What kind of work did ..[NAME].. do for most of his/her life?				
								YES...1 NO....2 (> 15)	YES...1 NO....2 (> 15)	YES...1 NO....2 (> 17)	YES...1 NO....2 (> 19)
								HUSBAND/WIVES		CHILDREN	
#1 ID CODE	#2 ID CODE	#3 ID CODE	#1 ID CODE	#2 ID CODE	#3 ID CODE	#4 ID CODE	#5 ID CODE	#6 ID CODE	#7 ID CODE	#8 ID CODE	

CODES

NONE

ADLTD

K (Koranic)

P1 P2 P3 P4

P5 P6 P7 P8

S1 S2 S3 S4

A1 A2

U1 U2 U3 U4

U5 U6 U7 U8

FARMING.....1

FISHING.....2

TRADER/MERCHANT.....3

SALES.....3

TRANSPORT.....3

CONSTRUCTION.....3

EDUCATION.....3

PROFESSIONAL/ADMINISTRATOR.....4

HEALTH.....4

PROFESSIONAL/ADMINISTRATOR.....7

OTHER PROFES- SIONAL/ADMIN.....8

SECRETARY/CLERICAL.....9

FACTORY WORKER.....10

RESTAURANT, BAR OR HOTEL.....11

SKILLED TRADES.....12

DOMESTIC WORK AT HOME.....13

OTHER.....14

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

<p>20 Now I'm going to ask you about the circumstances surrounding ..(NAME'S).. death.</p> <p>ASK TO SPEAK WITH THE PERSON(S) MOST FAMILIAR WITH THE CIRCUMSTANCES</p> <p>In what month and year did ..(NAME).. pass away?</p>	<p>21 Did ..(NAME).. die as the result of an illness?</p> <p>YES.....1 (> 23)</p> <p>NO.....2</p> <p>DON'T KNOW...3 (> 24)</p>	<p>22 What was the cause of ..(NAME'S).. death?</p> <p>TRAFFIC ACCIDENT.....1</p> <p>CHILDBIRTH.....2</p> <p>OR COMPLI.....3</p> <p>CATIONS.....4</p> <p>HOMICIDE.....5</p> <p>SUICIDE.....6</p> <p>OTHER ACCIDENT.....7</p> <p>OR INJURY.....8</p> <p>OTHER.....9 (SPECIFY:)</p> <p>24</p>	<p>23 Can you describe the symptoms that ..(NAME).. had during his/her illness? What was wrong?</p> <p>DIARRHEA (ACUTE).....1</p> <p>DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2</p> <p>WEIGHT LOSS (MAJOR).....3</p> <p>FEVER (ACUTE).....4</p> <p>FEVER (RECURRING).....5</p> <p>SKIN RASH.....6</p> <p>WEAKNESS.....7</p> <p>SEVERE HEADACHE.....8</p> <p>FINTING.....9</p> <p>CHILLS (FEELING HOT AND COLD).....10</p> <p>VOMITING.....11</p> <p>COUGH.....12</p> <p>PRODUCTIVE COUGH.....13</p> <p>COUGHING BLOOD.....14</p> <p>PAIN ON PASSING URINE.....15</p> <p>GENITAL SORES.....16</p> <p>MENTAL DISORDER.....17</p> <p>ABDOMINAL PAIN.....18</p> <p>SORE THROAT.....19</p> <p>DIFFICULTY BREATHING.....20</p> <p>BURN.....21</p> <p>FRACTURE.....22</p> <p>WOUND.....23</p> <p>CHILDBIRTH.....24</p> <p>OTHER.....25 SPECIFY.....25</p>	<p>24 IF DIARRHEA NOT CITED...</p> <p>Did ..(NAME).. have diarrhea for a month or more?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>25 IF WEIGHT LOSS NOT CITED...</p> <p>Did ..(NAME).. lose a great deal of weight?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>26 IF SKIN RASH NOT CITED....</p> <p>Did ..(NAME).. have a rash over his/her body?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>27 IF FEVER NOT CITED...</p> <p>Did ..(NAME).. suffer from recurrent fevers for a month or more before his/her death?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p>	<p>28 For how long was ..(NAME).. suffering from this illness or condition before he/she died?</p> <p>TIME UNIT:</p> <p>DAY...3</p> <p>WEEK...4</p> <p>MONTH...5</p> <p>YEAR...6</p>	<p>29 DID THIS DEATH OCCUR IN THE PAST 12 MONTHS? (REFER TO Q.20)</p> <p>YES.....1</p> <p>NO.....2 (> NEXT DECEASED PERSON)</p>
	<p>MOB YEAR</p>		<p>SYMPTOM # 1</p> <p>SYMPTOM # 2</p> <p>SYMPTOM # 3</p> <p>SYMPTOM # 4</p> <p>SYMPTOM # 5</p>					<p>NUMBER</p> <p>TIME UNIT</p>	

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

JANUARY 1982	30 Did ...[NAME]... ever seek medical treatment for the condition(s) that led to his/her death?	31 A. Which health establishments were visited for this (these) condition(s)? HOSPITAL.....1 HEALTH CENTRE.....2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HOME OF PERSON CONSULTED.....6 PATIENT'S HOME.....7 OTHER (SPECIFY:.....).....8 B. How much was spent on the consultations at each establishment for this (these) condition(s)? PROBE FOR PAYMENTS IN CASH.	32 Was ...[NAME]... hospitalized for the condition(s) that led to his/her death?	33 How much was spent by the members of this household for this hospitalization in the past 12 months? INCLUDE ROOM CHARGES, FOOD, TRANSPORTATION. DO NOT INCLUDE MEDICINES.	34 How much was spent altogether for medicines to treat the condition(s) that led to ...[NAME'S]... death?	35 Did ...[NAME]... pass away at home, in a health establishment, or elsewhere?	36 What type of health establishment was it?																							
	YES....1 NO.....2 (> 35) DON'T KNOW...3 (> 35)		YES...1 NO....2 (> 34)			NONE.....1 (> 40) FACILITY...2 ELSEWHERE...3 (> 40)	PUBLIC HOSPITAL.....1 PRIVATE HOSPITAL.....2 PUBLIC HEALTH CENTER.....3 PUBLIC DISPENSARY.....4 PRIVATE DISPENSARY.....5 PRIVATE PRACTITIONER'S OFFICE.....6																							
		<table border="1"> <thead> <tr> <th colspan="2">FIRST PLACE CONSULTED</th> <th colspan="2">SECOND PLACE CONSULTED</th> <th colspan="2">THIRD PLACE CONSULTED</th> <th colspan="2">ALL OTHER PLACES</th> </tr> <tr> <th>A CODE</th> <th>B AMOUNT</th> <th>A CODE</th> <th>B AMOUNT</th> <th>A CODE</th> <th>B AMOUNT</th> <th>B AMOUNT</th> <th>B AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FIRST PLACE CONSULTED		SECOND PLACE CONSULTED		THIRD PLACE CONSULTED		ALL OTHER PLACES		A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT	B AMOUNT	B AMOUNT										AMOUNT	AMOUNT	
FIRST PLACE CONSULTED		SECOND PLACE CONSULTED		THIRD PLACE CONSULTED		ALL OTHER PLACES																								
A CODE	B AMOUNT	A CODE	B AMOUNT	A CODE	B AMOUNT	B AMOUNT	B AMOUNT																							

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

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

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

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES

1. Do you have any relatives who were living away from your household and who died in the last 24 months? That is, since ..(SAME MONTH TWO YEARS AGO)..?

YES.....1

NO.....2 (>END)

PROMPT FOR OLD PEOPLE, INFANTS. CROSS REFERENCE WITH SECTION 3 (PARENTS DIED, LAST 12 MONTHS) AND FERTILITY SECTION (CHILDREN DIED, LAST 24 MONTHS). MAKE A LIST OF THE NAMES OF ALL RELATIVES WHO DIED IN THE PAST 24 MONTHS (SINCE TWO YEARS AGO) AND RECORD THEIR SEX. ASK QUESTIONS 2-27 FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST RELATIVE BEFORE PROCEEDING TO THE NEXT ONE.

SECTION 20: MORTALITY PART B: MORTALITY OF RELATIVES

2 Please tell me the names of all relatives of your household who were not living with your household during the past 24 months who have died.	3 SEX OF DECEASED MALE...1 FEMALE...2	4 What was the relation between ..(NAME).. and the current head of your household? SPOUSE.....2 SON/DAUGHTER.....3 GRAND CHILD.....4 MOTHER/FATHER.....5 BROTHER/SISTER.....6 GRANDPARENT.....7 NIECE/NEPHEW.....8 SON/DAUGHTER IN LAW.....9 BROTHER/SISTER IN LAW.....10 MOTHER/FATHER IN LAW.....11 OTHER RELATIVE OF HEAD.....12 OTHER RELATIVE OF SPOUSE.....13 UNRELATED SERVANT OR BOARDER.....14 OTHER UNRELATED PERSON.....15	5 How old was ..(NAME).. when he/she passed away? COMPLETED YEARS IF 5 YEARS OR OLDER.....5 YEARS AND MONTHS IF UNDER 5.....		6 Did ..(NAME).. have a natural parent (mother or father) living in this household? YES...1 NO....2 (> 8)	7 COPY THE ID CODE OF THE MOTHER AND/OR FATHER OF THE DECEASED PERSON FROM THE HOUSEHOLD ROSTER (SECTION 1).	8 Did ..(NAME).. have a sister or brother living in this household? YES...1 NO....2 (> 10)	9 COPY THE ID CODE OF THE SISTERS AND/OR BROTHERS OF THE DECEASED FROM THE HOUSEHOLD ROSTER (SECTION 1).	10 WAS THE DECEASED LESS THAN 15 YEARS OLD? (LOOK AT THE ANSWER TO QUESTION 5.) YES...1 (> 18) NO....2		
			YRS	MON						MOTHER'S ID CODE	FATHER'S ID CODE
NAME											

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

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

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

18 How I'm going to ask you about the circumstances surrounding ...[NAME]'s death. ASK TO SPEAK WITH THE PERSON(S) MOST FAMILIAR WITH THE CIRCUMSTANCES. In what month and year did ...[NAME]... pass away?	19 Did ...[NAME] die as the result of an illness? YES...1 (- 21) NO....2 DON'T KNOW 3 (- 24)	20 What was the cause of ...[NAME]'s death? TRAFFIC ACCIDENT.....1 CHILD BIRTH OR COMPLICATIONS.....2 SUICIDE.....3 OTHER ACCIDENT.....4 ON WOUND.....5 OTHER (SPECIFY).....6	21 Was the illness from which ...[NAME]... was suffering ever diagnosed by a health professional? YES...1 NO....2 (- 23) DON'T KNOW 3 (- 23)	22 What did the health practitioner report that ...[NAME]... was suffering from? SEE ILLNESS CODES ABOVE.	23 What illness do you think ...[NAME]... was suffering from? SEE ILLNESS CODES ABOVE.	24 DID THIS DEATH OCCUR IN THE PAST 12 MONTHS? (REFER TO Q.18) YES.....1 NO.....2 (- NEXT DECEASED PERSON)	25 Did anyone in your household send money to the family of ...[NAME]... to help pay for his/her medical treatment? YES.....1 NO.....2 (- 27)	26 How much money did members of this household send altogether in the past 12 months to the family of ...[NAME]... for his/her medical treatment? AMOUNT	27 Did anyone in the household send contributions to help pay for the funeral expenses of ...[NAME]...? YES...1 NO....2 (- NEXT DECEASED PERSON)	28 How much was spent by members of your household for the funeral expenses for ...[NAME]...? INCLUDE TRAVEL COSTS FOR HOUSEHOLD MEMBERS TO ATTEND FUNERAL OR WAKE. (- NEXT DECEASED PERSON) AMOUNT

ILLNESS CODES	
AIDS/HIV.....	1
ASTHMA.....	2
BILHARZIA/ SHISTOSOMIASIS.....	3
CANCER.....	4
DIARRHEA.....	5
DYSENTERY.....	6
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OTHER STD (SPECIFY).....	22
OTHER ILLNESS (SPECIFY).....	23
OTHER INJURY (SPECIFY).....	24
DON'T KNOW.....	25