

**AFYA NA MAENDELEO
KAGERA HEALTH AND DEVELOPMENT SURVEY**

**HOUSEHOLD QUESTIONNAIRE
WAVE 2**

STRICTLY CONFIDENTIAL

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SURVEY INFORMATION

CLUSTER: /
HOUSEHOLD ROSTER

HEAD OF HOUSEHOLD:

ADDRESS (OR DESCRIPTION):

FIRST ROUND OF SURVEY

INTERVIEWER: DATE:

DWELLING FOUND? YES...1 NO...2 (>SUPERVISOR) IS THE HEAD OF HOUSEHOLD THE SAME? YES...1 NO...2 (>SUPERVISOR)

NAME OF NEW HEAD:

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

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

INTERVIEW CONDUCTED IN: KISWAHILI...1 KIHANGAZA...4 INTERPRETER? YES...1 NO...2 ENGLISH...3 KISUBI...5 OTHER (SPECIFY)...6

REMARKS:

VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

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

THIS HOUSEHOLD RE-PLACES HOUSEHOLD NO: THIS HOUSEHOLD WILL BE REPLACED BY NO: REASON: MOVED...1 REFUSED...2 HEAD DIED, HH DISINTEGRATED...3

DATA ENTRY, ROUND ONE

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

SECOND ROUND OF SURVEY

PROPOSED DATE:

INTERVIEWER: DATE:

REMARKS:

VERIFICATION OF QUESTIONNAIRE, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

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

DATA ENTRY, ROUND TWO

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

O B S E R V A T I O N S

ROUND 1

ROUND 2

SUMMARY OF SURVEY RESULTS

SECTION		FIRST VISIT		INTERVIEWER	CHECK-UP VISIT		INTERVIEWER	SUPERVISOR	CORRECTED IN OFFICE..1 CORRECTED DURING SECOND ROUND.....2 NOT CORRECTED.....3						
		DATE			RESULT	DATE				RESULT	SATISFACTORY...1 TO BE COMPLETED...2 TO BE REDONE....3		SATISFACTORY....1 CORRECTIONS.....2		
		DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE...3	DAY		MONTH		YEAR	COMPLETE.....1 PARTIAL.....2				
FIRST ROUND	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
SECOND ROUND	11														
	12														
	13														
	14														
	15														
	16														
	17														
	18														
	19														
	20														

SECTION 1. PART A. HOUSEHOLD ROSTER

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

INTERVIEWER _____

RESPONDENT: _____ ID CODE:

- A When I was here 6 months ago, we made a list of all the people who were normally living together and eating in this dwelling.

ASK QUESTION 1A ABOUT EACH PERSON ON THE HOUSEHOLD ROSTER FROM THE PREVIOUS WAVE, AND COMPLETE QUESTIONS 2 AND 3.

- B. In addition to these persons, is there anyone else who normally lives and eats in this dwelling? For example, persons who have joined your household since my last visit?

PROBE FOR NEW BIRTHS, NEW SPOUSES AND CHILDREN, ADULTS OR GRANDPARENTS WHO HAVE JOINED THE HOUSEHOLD SINCE WAVE 1. ALSO PROBE FOR NON-RELATIVES WHO HAVE JOINED THE HOUSEHOLD.

YES.....1 -----> Please give me the names of all the persons who have joined your household in the past months (that is, since my last visit 6 months ago) and who normally live and eat their meals together in this dwelling.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD FOR EACH PERSON IN QUESTIONS 1, 2, AND 3.

NO.....2

NEW PERSON IN
HOUSEHOLD?.....>

- C. I would like to make sure that I now have a complete list of all of the persons who normally live and eat in your dwelling.

READ THE LIST OF PERSONS FOR WHOM QUESTION 1A IS YES, PLUS ALL NEW PERSONS ADDED TO THE HOUSEHOLD ROSTER CARD.

Is there anyone else who normally lives and eats in this dwelling?

WRITE THE NAME, SEX AND THE RELATION TO THE HEAD OF THE HOUSEHOLD FOR EACH PERSON IN QUESTIONS 1, 2, AND 3.

- D. Now I would like to have some information about each of the persons that you mentioned.

FOR EACH PERSON FOR WHOM QUESTION 1A IS YES, PLUS ALL NEW PERSONS ON THE HOUSEHOLD ROSTER CARD ASK QUESTIONS 4-11. DETERMINE HOUSEHOLD MEMBERSHIP IN QUESTION 12 AND ASK QUESTION 13 OF ALL HOUSEHOLD MEMBERS.

FOR EACH HOUSEHOLD MEMBER, WRITE "X" AND COPY AGE IN YEARS IN COLUMN 2 OF THE HOUSEHOLD ROSTER CARD.

SECTION 1. HOUSEHOLD ROSTER

IF ANSWER IS YES TO QUESTION 1A OR A NEW MEMBER, ASK QUESTIONS 4-13

IDENTIFICATION CODE	1A	2	3	4	5	6	7	8	9	10	11	12	13
	FOR PERSONS FROM WAVE 1: Is (NAME) still normally living and eating with you in this dwelling?	SEX MALE...1 FEMALE...2	RELATIONSHIP TO HEAD HEAD.....1 WIFE OR HUSBAND.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER OR MOTHER.....5 SISTER OR BROTHER.....6 NIECE OR NEPHEW.....7 SON/DAUGHTER-IN-LAW.....8 BROTHER/SISTER-IN-LAW.....9 FATHER/MOTHER-IN-LAW.....10 OTHER RELATIVE OF HEAD OR OF HIS/HER SPOUSE.....11 SERVANT/MKATABA.....12 SERVANT/MKATABA.....13 TENANT/BOARDER.....14 OTHER UNRELATED PERSON.....15	Can you tell me the date of birth of (NAME)? YES..1 NO..2 (>6)	WRITE THE DATE OF BIRTH CALCULATE PERSON'S AGE. ASK THE RESPONDENT TO CONFIRM IT IN QUES. 6 ↓ DAY MTH YEAR	How old is (NAME)? YEARS IF 5 YEARS OR OVER. YEARS AND MONTHS IF <5 YEARS. IF <14 YRS >10	What is the present marital status of (NAME)? Is he (or she) currently... READ TO RESPONDENT: married.....1 partner.....2 divorced....3(>10) separated...4(>10) widow/ widower...5(>10) never married...6(>10)	Does the partner of (NAME) live in this household? YES..1 NO..2 (>10)	COPY THE IDENTIFICATION CODE OF THE PARTNER (IF MORE THAN ONE, THE ID CODE OF THE FIRST) ID CODE	For how many months during the past 12 months has he (or she) been away from this household? (since MONTH/YEAR) IF 9 MTHS OR LESS, > 12 MONTHS	Do you expect that (NAME) will be residing here until I return 6 months from now? YES.....1 NO.....2 (> NEXT PERSON)	HOUSEHOLD MEMBER? CHECK THE CRITERIA AT RIGHT YES..1 NO..2 (> NEXT PERSON)	IF ANSWER TO Q10 IS ZERO, WRITE ZERO AND > NEXT PERSON. IF ANSWER TO Q10 IS 1-12, ASK: How many months in the past 6 months (since my last visit) has (NAME) been away from this household? NEXT PERSON MONTHS

INSTRUCTIONS FOR CODING HOUSEHOLD MEMBERSHIP:

- HEAD IS ALWAYS A MEMBER
- FOLLOWING ARE NOT MEMBERS:
 - SERVANT/MKATABA (CODE 13, QUESTION 3)
 - TENANT/BOARDER (CODE 14, QUESTION 3)
- IF ANSWER TO QUESTION 11 IS NO (CODE 2)
- EVERYONE ELSE AWAY FOR 9 MONTHS OR LESS IS A MEMBER

SECTION 1 PART 8: LOCATION OF MEMBERS WHO HAVE MOVED

RESPONDENT: HEAD OF HOUSEHOLD. TO BE ASKED ABOUT ALL
PERSONS FROM WAVE 1 WHO ARE NO LONGER HOUSEHOLD MEMBERS.

SECTION 1. PART B

I D E N T I F I C A T I O N C O D E	1	2	3	4
	Has...[NAME]...moved away from this household? IF NO, PROBE TO SEE IF PERSON DIED. YES, MOVED.....1 NO, DIED.....2 (-> NEXT PERSON)	When did ...[NAME]... move away from your household?	Where did ...[NAME]... move to? Was it.... Somewhere else in this place.....1 A village elsewhere in Kagera?.....2 A town elsewhere in Kagera?.....3 Dar es Salaam.....4 An urban area elsewhere in Tanzania?.....5 A rural area elsewhere in Tanzania.....6 A foreign country?.....7 DON'T KNOW.....8	What was the main reason that[NAME]....moved away from your household? MOST IMPORTANT REASON EMPLOYMENT.....1 BUSINESS OPPORTUNITIES.....2 POSTED TO A NEW AREA.....3 LAND NOT AVAILABLE.....4 SCHOOLING.....5 MARRIAGE.....6 DIVORCE.....7 WIDOWHOOD.....8 DEATH OF PARENTS.....9 ILLNESS OF HOUSEHOLD MEMBERS.....10 ILLNESS OR DEATH OF FAMILY LIVING ELSEWHERE.....11 OWN ILLNESS/TO OBTAIN MEDICAL CARE.....12 OTHER FAMILY PROBLEMS.....13 POLITICAL/ECONOMIC PROBLEMS....14 NATURAL DISASTERS.....15 OTHER.....16
		MONTH YEAR		

SECTION 2: CHILDREN RESIDING ELSEWHERE

- 1A. Does any member of your household have children of any age not living here in this household?

PROBE FOR ADULT CHILDREN

YES.....1

NO.....2 (> 1C)

☐

- 1B. ASK THE RESPONDENT TO NAME ALL CHILDREN LIVING ELSEWHERE.

IF THE CHILD IS ON THE ROSTER ALREADY, RECORD THEIR STATUS IN QUESTIONS 2A - 2C.

IF THE CHILD IS NOT ON THE ROSTER, ADD HIS/HER NAME ON THE NEXT BLANK LINE, AND COMPLETE QUESTIONS 2A - 2C.

- 1C. ARE THERE ANY NAMES ON THE ROSTER NOT MENTIONED BY THE RESPONDENT?

YES.....1 > COMPLETE Q2A-2C FOR THEM

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

☐

- 1D. I would like to make sure that I now have a complete list of all of the children living elsewhere of the members of this household.

READ THE LIST OF CHILDREN LIVING ELSEWHERE TO THE RESPONDENT.

- 1E. COMPLETE QUESTIONS 3 - 17 FOR ALL CHILDREN LIVING ELSEWHERE IN WAVE 2. (THEY HAVE AN X IN THE COLUMN FOR WAVE 2).

SECTION 2: CHILDREN RESIDING ELSEWHERE

FOR EVERY CHILD RECORDED IN QUESTION 2, ASK QUESTIONS 2A-17.																		
CHILD ID CODE	2A	2B	2C	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	STATUS OF CHILD LIVING ELSEWHERE CHILD STILL AWAY.....1(>W2X) CHILD JOINED HOUSEHOLD.....2(>2C) CHILD DIED.....3(NEXT CHILD) BOTH PARENTS NO LONGER IN HOUSEHOLD.....4(NEXT CHILD) CHILD LEFT HH SINCE WAVE 1.....5(>2B) CHILD OF NEW HH MEMBER.....6(>W2X) CHILD BORN ELSEWHERE.....7(>W2X) CHILD MISSED IN WAVE 1.....8(>W2X)	LOOK FOR THE CHILD'S NAME ON THE HOUSEHOLD ROSTER CARD. WHAT IS HIS/HER ID CODE? 17 ID CODE	LOOK FOR THE CHILD'S NAME ON THE HOUSEHOLD ROSTER CARD. WHAT IS HIS/HER ID CODE? ID CODE	SEX? MALE.....1 FEMALE.....2	How old is (NAME) now? YEARS	Does the father of (NAME) live in this household? YES...1 NO...2 (> 7)	COPY THE FATHER'S ID CODE ID CODE	Is the father of (NAME) alive? YES...1 NO...2	Does the natural mother of (NAME) live in this household? YES...1 NO...2 (> 10)	COPY THE MOTHER'S ID CODE ID CODE	Is the natural mother of (NAME) alive? YES...1 NO...2	Has (NAME) attended school? YES...1 NO...2 (> 14)	Is (NAME) attending school now? YES...1 NO...2	What is the highest grade completed by (NAME)? CODES: NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	Where does he/she live? SAME PLACE AS HOUSEHOLD.....1 VILLAGE ELSEWHERE IN KAGERA.....2 TOWN ELSEWHERE IN KAGERA.....3 DAR-ES-SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	Is (NAME) working? YES...1 NO...2 (> 17)	Does (NAME)..... Work for the government, the party, or a parastatal organization?.....1 Work for a private employer?.....2 Self-employed in business?.....3 or self-employed in farming?.....4 OTHER (Specify).....5 IF MORE THAN ONE WRITE MOST IMPORTANT	Why is (NAME) living elsewhere? LIST THE MAJOR REASON SO CHILD MAY ATTEND SCHOOL.....1 SO CHILD MAY OBTAIN MEDICAL CARE.....2 OTHERS ARE BETTER ABLE TO TAKE CARE OF HIM.....3 PARENTS ARE TOO SICK TO CARE FOR HIM.....4 LIVING WITH OTHER PARENT WHO HAS CUSTODY.....5 EMPLOYMENT.....6 MARRIAGE.....7 INDEPENDENT ADULT.....8 OTHER (SPECIFY).....9

**SECTION 3: INFORMATION ON THE
PARENTS OF HOUSEHOLD MEMBERS**

**TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS**

SECTION 3. PART A. INFORMATION ON FATHER

IDENTIFICATION CODE	<p>1</p> <p>Is the father of... [NAME]... living in this household?</p> <p>YES...1</p> <p>NO....2 (=3)</p>	<p>2</p> <p>COPY THE IDENTIFICATION CODE FOR THE FATHER</p> <p><input type="text" value="9"/></p>	<p>3</p> <p>Is the father of... [NAME]... still alive?</p> <p>YES...1 (=5)</p> <p>NO....2</p>	<p>4</p> <p>Did the father of... [NAME]... pass away in the last 6 months? (since...?)</p> <p>YES...1</p> <p>NO....2</p> <p><input type="text" value="5A"/></p>	<p>5</p> <p>Where is the father of... [NAME]... living now?</p> <p>SAME PLACE AS HOUSEHOLD...1</p> <p>VILLAGE ELSEWHERE...2</p> <p>IN KAGERA...3</p> <p>TOWN ELSEWHERE IN KAGERA...4</p> <p>DAR ES SALAAM...5</p> <p>OTHER URBAN AREA...6</p> <p>IN TANZANIA...7</p> <p>OTHER RURAL AREA...8</p> <p>IN TANZANIA...9</p> <p>OTHER COUNTRY...10</p> <p>DON'T KNOW...11</p>	<p>5A</p> <p>IS... [NAME]... A NEW MEMBER OF THE HOUSEHOLD THIS WAVE?</p> <p>YES...1</p> <p>NO....2 (=9)</p>	<p>6</p> <p>Did the father of... [NAME]... attend school?</p> <p>YES...1</p> <p>NO....2 (=8)</p>	<p>7</p> <p>What was the highest grade he completed?</p> <p>CODES</p> <p>NONE</p> <p>ADULTED</p> <p>KORANIC</p> <p>P1 P2 P3 P4</p> <p>P5 P6 P7 P8</p> <p>S1 S2 S3 S4</p> <p>A1 A2</p> <p>U1 U2 U3 U4</p> <p>U5 U6 U7 U8</p> <p>GRADE</p>	<p>8</p> <p>For whom did [NAME'S] father work for most of his life? Did he...</p> <p>work for the government, party, or parastatal...1</p> <p>work for a private employer...2</p> <p>Was he self-employed in business?...3</p> <p>or was he self-employed in farming?...4</p> <p>OTHER...5</p>
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SECTION 3. PART B. INFORMATION ON MOTHER

IDENTIFICATION CODE	9	10	11	12	13	13A	14	15	16	17	18	19		
	Is the natural mother of [NAME].. living in this household?	COPY THE MOTHER'S IDENTIFICATION CODE	Is the natural mother of [NAME].. still alive?	Did the natural mother of [NAME].. pass away in the last 6 months? (since...?)	Where is the natural mother of [NAME].. living now?	IS [NAME].. A NEW MEMBER OF THE HOUSEHOLD THIS WAVE?	Did the natural mother of [NAME].. attend school?	What was the highest grade she completed?	For whom did [NAME'S].. natural mother work for most of her life? Did she... work for the government, party, or parastatal?.....1 work for a private employer?.....2 Was she self-employed in business?.....3 or was she self-employed in farming?.....4 OTHER.(specify).....5	IS THIS PERSON LESS THAN 15 YEARS OLD?	ARE BOTH OF [NAME'S] PARENTS ABSENT?	How long has [NAME].. been living with your household?		
	YES...1 NO...2 (=11)	<input type="checkbox"/> NEXT HHOLD MEMBER	YES...1 (= 13) NO....2	YES...1 NO....2 <input type="checkbox"/> 13A	SAME PLACE AS HOUSEHOLD...1 VILLAGE ELSEWHERE...2 IN KAGERA...3 TOWN ELSEWHERE IN KAGERA...4 DAR ES SALAAM...5 OTHER URBAN AREA...6 IN TANZANIA...7 OTHER RURAL AREA...8 IN TANZANIA...9 OTHER COUNTRY...10 DON'T KNOW...11	YES...1 NO...2 (= 17)	YES...1 NO...2 (= 16)	CODES NONE ADULTED KORAMIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8		YES...1 NO...2 (= NEXT MEMBER)	YES...1 NO...2 (= NEXT MEMBER)		YRS	MTNS
								GRADE						

SECTION 4 . MAIN ACTIVITIES OF THE HOUSEHOLD

RESPONDENT: HEAD OF HOUSEHOLD

1. During the past 6 months, has anyone in your household owned or worked on a shamba/garden?

YES.....1

NO.....2 (> 3)

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

NAME: _____

ID CODE: _____

3. During the past 6 months, has any member of your household raised or owned livestock or animals?

YES.....1

NO.....2 (> 5)

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

NAME: _____

ID CODE: _____

5. During the past 6 months, has any member of your household owned all or part of a fishing business?

YES.....1

NO.....2 (> 7)

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

NAME: _____

ID CODE: _____

7. During the past 6 months, has any member of your household owned all or part of the following:

Trade?

YES...1

NO....2

Industry?

YES...1

NO....2

Artisan?

YES...1

NO....2

Business?

YES.....1

NO.....2

Independent profession?

YES....1

NO.....2

IF ALL ANSWERS ARE "NO" > 10

IF ANY ANSWERS ARE YES > 8

ORDER	8 What different...[]...were owned by members of your household during the past 6 months?					OFFICE USE	9 Who is the person who knows most about the expenses and income of ...[NAME OF BUSINESS, ENTERPRISE, ETC....]? ID CODE	
	Trades	Industries	Artisan shops	Businesses	Independent professions		NAME	ID CODE
1								
2								
3								
4								
5								

10. Who shops for the food for your household?

NAME: _____

ID CODE: _____

> SECTION 5

SECTION 5: EDUCATION

TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS
7 YEARS AND OLDER

SECTION 5. EDUCATION

I D E N T I F I C A T I O N C O D E	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Can ...[NAME]... read a news- paper? YES...1 NO...2 (=>3)	write a let- ter? YES...1 NO...2	do writ- ten cal- culations? YES...1 NO...2 (=>SECTION 6)	Has... [NAME]... ever at- tended or is he/ she at- tending a school? YES...1 NO...2 (=>SECTION 6)	What was the highest grade he/she completed? NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8 GRADE	In addi- tion, has he/ she had any techni- cal or profes- sional train- ing? YES...1 NO...2 (=>B)	How many years of additional training? YEARS IF MORE THAN ONE YEAR MONTHS IF LESS THAN ONE YEAR YEARS MONTHS	Is... [NAME]... attending school now? YES...1 NO...2 (=>13)	Was the last school attended by [NAME].... Public?...1 Private secular?...2 Private religious?...3	How many hours did...[NAME]... actually spend in school on last...[DAY OF WEEK]...? RECORD THE NUMBER OF HOURS ATTENDED EACH DAY MON TUE WED THU FRI SAT SUN TOT	Is this the number of hours [CITE NUMBER] that he/she usually spends at school during a week? YES....1 (> 14) NO.....2	Why did...[NAME]... not attend school for the normal hours in the past 7 days? OWN ILLNESS.....1 TO CARE FOR ILL FAMILY MEMBER.....2 TO WORK AT HOME.....3 TO WORK OUTSIDE HOME.....4 PUBLIC OR RELIGIOUS HOLIDAY.....5 VACATION.....6 FUNERAL/MOURNING.....7 OTHER.....8 > 14	Has... [NAME]... attended school during the past 6 months? YES...1 NO...2 (=> SECTION 6)	How far is [NAME]'s] school from here? DISTANCE CODE FOOT....1 METER...2 KM.....3 MILE....4 DIST- ANCE CODES

SECTION 5. EDUCATION (CONT.)

I D E N T I F I C A T I O N C O D E	15	16	17		18								19	20	21	22
	Does he/she live here in this household while attending school?	How does... [NAME]... normally travel to school?	How long does it take... [NAME]... to get to school in that way?		How much has your household spent during the past 6 months on... [NAME'S]... education for... IF NOTHING WAS SPENT, WRITE ZERO. DO NOT INCLUDE CONTRIBUTIONS MADE BY OTHERS. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE TOTAL IN COLUMN H								Did... [NAME] have a sponsorship during the past 6 months?	From what institution was this sponsorship obtained?	Why was this sponsorship given?	What was the value of the sponsorship for the past 6 months?
	YES...1 NO...2 (► 18)	ON FOOT...1 BICYCLE...2 CAR...3 BUS...4 BOAT...5 OTHER...6			A. Contributions to School Development Fund and the Universal Primary Education (UPE) Fund?	B. Uniforms and sports clothes?	C. Books and school supplies?	D. Transportation to school?	E. Board and lodging?	F. School fees?	G. Other? (Clubs, extra classes, pocket money, etc.)	H. TOTAL	YES...1 NO...2 (► 23)	COOPERATIVE UNION...1 SCHOOL...2 COMMUNITY FUNDS...3 CHURCH/RELIGIOUS GROUP...4 GOVERNMENT...5 OTHER PRIVATE ORGANIZATION (SPECIFY:)...6 OTHER (SPECIFY:)...7	FAMILY UNABLE TO PAY FEES...1 MERIT/COMPETITION...2 OTHER...3	► 23 NEXT PAGE
		MIN	HRS	AMOUNT		AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT				AMOUNT	

SECTION 5. EDUCATION (END)

I D E N T I F I C A T I O N C O D E	23	24	25						26	27	28
	Has any other person, who is not a member of your household paid any other school expenses for ..[NAME]? YES...1 NO...2 (> 26)	How is this other person related to... [NAME]...? IF MORE THAN ONE BENEFACTOR, CITE THE ONE WHO CONTRIBUTED THE MOST. PARENT.....1 SIBLING.....2 GRANDPARENT.....3 AUNT/UNCLE.....4 OTHER RELATIVE...5 UNRELATED PERSON.....6	How much did these other persons contribute in the past 6 months for ..[NAME'S]... IF NOTHING WAS SPENT, WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, WRITE TOTAL IN COLUMN H. _____						Did...[NAME]...receive any support in kind for his/her schooling in the past 6 months? For example, a school uniform, books and supplies, free food at school? YES...1 NO...2 (> SECTION 6)	From what institution did he/she receive this assistance? COOPERATIVE UNION.....1 SCHOOL.....2 COMMUNITY FUNDS.....3 CHURCH/RELIGIOUS GROUP.....4 GOVERNMENT.....5 OTHER PRIVATE ORGANIZATION...6 OTHER (SPECIFY).....7	What was the value of these contributions in the past 6 months? SECTION 6
			A. Contributions to School Development Fund and the Universal Primary Education (UPE) Fund? AMOUNT	B. Uniforms and sport clothes? AMOUNT	C. Books and school supplies? AMOUNT	D. Transportation to school? AMOUNT	E. Board and lodging? AMOUNT	F. School fees? AMOUNT	G. Other schooling expenses? (Clubs, extra classes, pocket money, etc.) AMOUNT	H. TOTAL AMOUNT	

SECTION 6: HEALTH

TO BE ASKED ABOUT ALL
HOUSEHOLD MEMBERS

SECTION 6 HEALTH

PART A: ACUTE ILLNESS IN THE PAST FOUR WEEKS

IDENTIFICATION CODE	1	2		3	4	5	6	7	8																										
	<p>During the past 4 weeks have you had any illness or injury? For example, have you had a cough, a cold, diarrhea, an injury due to an accident, or any other illness?</p> <p>YES, ILLNESS...1 YES, INJURY...2 NO.....3 (>78)</p> <p>IF BOTH ILLNESS AND INJURY, USE ILLNESS CODE.</p>	<p>IF ILLNESS: How long ago did this illness start?</p> <p>IF INJURY: How long ago did this injury occur?</p> <p>IF MORE THAN ONE, ASK ABOUT MOST RECENT</p> <p>TIME DAY.....3 UNIT: WEEK....4 MONTH.....5 YEAR.....6</p>		<p>DID THIS ILLNESS BEGIN LESS THAN SIX MONTHS AGO?</p> <p>YES...1 (>7) NO....2</p>	<p>During the past 4 weeks have you had any other illnesses or injuries?</p> <p>YES.....1 NO.....2 (>78)</p>	<p>IF ILLNESS: How long ago did this illness occur?</p> <p>IF INJURY: How long ago did this injury occur?</p> <p>IF MORE THAN ONE, ASK ABOUT MOST RECENT</p> <p>TIME DAY....3 UNIT: WEEK...4 MONTH.....5 YEAR.....6</p>	<p>DID THIS ILLNESS BEGIN LESS THAN SIX MONTHS AGO?</p> <p>YES....1 NO.....2 (>78)</p>	<p>For how many days did you suffer from this illness or injury (since DATE THAT ILLNESS BEGAN)?</p> <p>DAYS</p>	<p>IF ILLNESS: Can you describe the symptoms that you suffered from during this illness? What is/was wrong?</p> <p>IF INJURY: What type of injury did you have?</p> <p>RECORD UP TO FIVE SYMPTOMS MENTIONED BY THE RESPONDENT.</p> <table border="0"> <tr> <td>DIARRHEA (ACUTE).....1</td> <td>CHILLS (FEELING HOT AND COLD).....10</td> <td>ABDOMINAL PAIN.....18</td> </tr> <tr> <td>DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2</td> <td>VOMITING.....11</td> <td>SORE THROAT.....19</td> </tr> <tr> <td>WEIGHT LOSS (MAJOR).....3</td> <td>COUGH.....12</td> <td>DIFFICULTY BREATHING.....20</td> </tr> <tr> <td>FEVER (ACUTE).....4</td> <td>PRODUCTIVE COUGH.....13</td> <td>BURN.....21</td> </tr> <tr> <td>FEVER (RECURRING).....5</td> <td>COUGHING BLOOD.....14</td> <td>FRACTURE.....22</td> </tr> <tr> <td>SKIN RASH.....6</td> <td>PAIN ON PASSING URINE.....15</td> <td>WOUND.....23</td> </tr> <tr> <td>WEAKNESS.....7</td> <td>GENITAL SORES.....16</td> <td>CHILDBIRTH.....24</td> </tr> <tr> <td>SEVERE HEADACHE.....8</td> <td>MENTAL DISORDER.....17</td> <td>OTHER (SPECIFY:).....25</td> </tr> <tr> <td>FAINTING.....9</td> <td></td> <td></td> </tr> </table>	DIARRHEA (ACUTE).....1	CHILLS (FEELING HOT AND COLD).....10	ABDOMINAL PAIN.....18	DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2	VOMITING.....11	SORE THROAT.....19	WEIGHT LOSS (MAJOR).....3	COUGH.....12	DIFFICULTY BREATHING.....20	FEVER (ACUTE).....4	PRODUCTIVE COUGH.....13	BURN.....21	FEVER (RECURRING).....5	COUGHING BLOOD.....14	FRACTURE.....22	SKIN RASH.....6	PAIN ON PASSING URINE.....15	WOUND.....23	WEAKNESS.....7	GENITAL SORES.....16	CHILDBIRTH.....24	SEVERE HEADACHE.....8	MENTAL DISORDER.....17	OTHER (SPECIFY:).....25	FAINTING.....9	
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FAINTING.....9																																			
	AMOUNT OF TIME	TIME UNIT		AMOUNT OF TIME	TIME UNIT		SYMPTOM #1	SYMPTOM #2	SYMPTOM #3	SYMPTOM #4	SYMPTOM #5																								

SECTION 6A: HEALTH (CONT.)

I D E N T I F I C A T I O N C O D E	9	10	10A	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	For how many days were you unable to carry on your usual activities because of this illness or injury? IF NONE, WRITE 0 AND >12. DAYS	IS THIS PERSON 15 OR OLDER? YES..1 NO..2 (>12)	While you were ill or injured, did anyone assist you? YES....1 NO..2 (>12)	During your illness, who in your household was mainly performing your work for you? IF NO ONE WRITE 0 ID CODE	Has anyone been consulted for treating this illness or injury? For example, a doctor, nurse, T&A, healer, pharmacist or other practitioner? YES..1 NO...2 (>54)	Where was the first place that you sought care? HOSPITAL.....1 HEALTH CTRE...2 DISPENSARY...3 CLINIC.....4 PHARMACY.....5 HOME OF THE PERSON CONSULTED...6 (>15) PATIENT'S HOME.....7 (>19) OTHER.....8 (SPECIFY:)	Is this a public or a private establishment? PUBLIC..1 MISSION..2 PRIVATE..3 DESIGNATED..4	Who treated you at this place? DOCTOR.....1 NURSE.....2 MEDICAL ASSISTANT...3 RURAL MEDICAL AIDE.....4 TBA.....5 PHARMACIST...6 LAB TECHNICIAN...7 TRADITIONAL HEALER.....8 SPIRITUALIST...9 OTHER.....10 (SPECIFY:)	How far is this establishment from here? DISTANCE CODE FOOT.....1 METER.....2 KM.....3 MILE.....4 DIS-TANCE DIS-TANCE CODE	How did you travel to this establishment? ON FOOT..1 BICYCLE..2 CAR.....3 BUS.....4 BOAT.....5 OTHER...6	How long did it take you to travel to this establishment? TIME ONE WAY HRS MIN	How many times did you visit this establishment for this illness or injury when you were not hospitalized? IF NONE WRITE ZERO AND >21. TIMES	How much did you pay for all of these visits to these establishments for this illness or injury? IN CASH AND IN KIND EXCLUDE COST OF MEDICINES IF FREE WRITE ZERO AMOUNT	Did you have to spend a night in this establishment because of this illness or injury? YES....1 NO..2 (>24)	How many nights? NIGHTS	How much have you paid or will you pay altogether for the stay at this establishment? AMOUNT	Did you seek care at any other establishment for this illness or injury? YES..1 NO..2 (>54)

SECTION 6A: HEALTH (CONT.)

IDENTIFICATION CODE	25	26	27	28	29	30	31	32	33	34	35	36
	Where is the second place that you sought care?	Is this a public or a private establishment?	Who treated you at this place?	How far is this establishment from here?	How did you travel to this establishment?	How long did it take you to travel to this establishment?	How many times did you visit this establishment for this illness or injury when you were not hospitalized?	How much did you pay for all of these visits to this establishment for this illness or injury?	Did you have to spend a night in this establishment because of this illness or injury?	How many nights?	How much have you paid or will you pay altogether for the stay at this establishment?	Did you seek care at any other establishment for this illness or injury?
	HOSPITAL.....1 HEALTH CENTRE...2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HOME OF PERSON CONSULTED.....6 (= 27) PATIENT'S HOME.....7 (= 31) OTHER.....8 (SPECIFY: _____)	PUBLIC...1 MISSION...2 PRIVATE...3 DESIGNATED...4	DOCTOR.....1 NURSE.....2 MEDICAL ASSISTANT...3 RURAL MEDICAL AIDE.....4 TBA.....5 PHARMACIST...6 LAB TECHNICIAN...7 TRADITIONAL HEALER.....8 SPIRITUALIST...9 OTHER (SPECIFY:_)..10	DISTANCE CODES FOOT...1 METER...2 KM...3 MILE...4 DISTANCE DISTANCE CODE	ON FOOT...1 BICYCLE...2 CAR.....3 BUS.....4 BOAT.....5 OTHER (SPECIFY) 6	TIME ONE WAY HRS MIN	IF NONE WRITE 0 AND =33 TIMES	IN CASH AND IN KIND EXCLUDE COST OF MEDICINES IF FREE WRITE ZÉRO. AMOUNT	YES....1 NO...2 (= 36)	NIGHTS AMOUNT	YES...1 NO...2 (= 54)	

SECTION 6A: HEALTH (CONT.)

IDENTIFICATION CODE	37	Where is the third place that you sought care?	38	Is this a public or a private establishment?	39	Who treated you at this place?	40	How far is this establishment from here?	41	How did you travel to this establishment?	42	How long did it take you to travel to this establishment?	43	How many other times did you visit this establishment for this illness or injury when you were not hospitalized?	44	How much did you have to pay for all of these visits to this establishment for this illness or injury?	45	Did you have to spend a night in this establishment because of this illness or injury?	46	How many nights?	47	How much have you paid or will you have to pay altogether for the stay at this establishment?	48	Did you seek care at any other establishment for this illness or injury?	49	How many other establishments did you visit?	50	How much was spent for all visits to other establishments for this illness or injury?	51	In addition to any hospitalizations you have already mentioned, did you have to spend a night in any other establishment because of this illness or injury?	52	How many nights?	53	How much have you paid or will you pay altogether to stay at these establishments?
	HOSPITAL.....1 HEALTH CENTRE.....2 DISPENSARY.....3 CLINIC.....4 PHARMACY.....5 HOME OF THE PERSON CONSULTED.....6 (-39) PATIENT'S HOME.....7 (-43) OTHER (SPECIFY).....8	PUBLIC..1 MISSION..2 PRIVATE..3 DESIGNATED..4	DOCTOR.....1 NURSE.....2 MEDICAL ASSISTANT.....3 RURAL MEDICAL AIDE..4 TBA.....5 PHARMACIST.....6 LAB TECHNICIAN.....7 TRADITIONAL HEALER.....8 SPIRITUALIST.....9 OTHER (SPECIFY).....10	DISTANCE CODE FOOT...1 METER...2 KM.....3 MILE...4	ON FOOT..1 BICYCLE..2 CAR.....3 BUS.....4 BOAT.....5 OTHER.....6 (SPECIFY)	TIME ONE WAY	HRS MIN TIMES	AMOUNT	YES...1 NO...2 (-48)	NIGHTS	AMOUNT	YES...1 NO...2 (-54)	NUMBER	AMOUNT	YES...1 NO...2 (-54)	NIGHTS	AMOUNT																	

ILLNESS CODES

AIDS/HIV.....	1
ASTHMA.....	2
BILHARZIA/ SHISTOSOMIASIS.....	3
CANCER.....	4
DIARRHEA.....	5
DYSENTERY.....	6
FRACTURE.....	7
GONORRHEA.....	8
INTESTINAL PARASITES.....	9
MALARIA.....	10
MALNUTRITION (KWASHIORKOR/ MARASMUS).....	11
MEASLES.....	12
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 6A HEALTH (CONT.)

IDENTIFICATION CODE	54 Were you at any time confined to your bed at home for this illness or injury? YES...1 NO....2 (>56)	55 Who in your household was caring for you most of the time? IF NO ONE, WRITE 0. ID CODE	56 How much has been spent altogether for transportation to health care for this illness or injury? AMOUNT	57 How much has been spent altogether for medicines for this illness? INCLUDING TRADITIONAL MEDICINES AMOUNT	58 Were any of your costs paid for by an employer? YES.....1 NO.....2	59 Did you receive any assistance from outside your household to help to pay for treatment of this illness? INCLUDE PAYMENTS FOR DRUGS YES...1 NO....2 (> 63)	60 How much did you receive from outside the household? AMOUNT	61 Will any part of this have to be repaid? YES...1 NO....2 (> 63)	62 How much will have to be repaid? AMOUNT	63 Are you still suffering from this illness or injury today? YES....1 NO.....2	64 Was your illness ever diagnosed by a health professional? YES...1 NO....2 (>66)	65 What illness did the health practitioner think that you had/have? SEE ILLNESS CODES ABOVE ILLNESS CODE		66 What illness do you think you were suffering from? SEE ILLNESS CODES ABOVE ILLNESS CODE		67 Has this been a recurring medical problem? YES...1 NO....2 (> 69)	68 How many times in the past 12 months have you been stricken with this condition? NUMBER OF TIMES
------------------------	---	--	--	---	--	---	--	---	--	--	---	--	--	---	--	---	---

SECTION 6A HEALTH (END)

I D E N T I F I C A T I O N C O D E	69 Did you have any other illness or injury in the past 4 weeks?	70 How many other illnesses or injuries did you have in the past 4 weeks?	71 How much did you spend on all of these other illnesses or injuries in the past 4 weeks, including the cost of treatment, medicines, transportation and other expenses connected with these illnesses?	72 In addition to these illnesses and injuries in the past 4 weeks, how many times have you been ill or injured in the last 6 months?	73 In addition to the illness or injury that you mentioned in the past 4 weeks, have you been living with any health problem for a long time?	74 Have you suffered from diarrhea for a month or more?	75 Have you lost much weight in recent months?	76 Have you had recurring fever for a month or more?	77 Have you suffered from any skin rash in the past 6 months?	78 How many times have you been ill or injured in the last 6 months?
	YES...1 NO....2 (=72)	NUMBER OF ILLNESSES:	EXCLUDE EXPENDITURES INCURRED JOINTLY WITH THE FIRST ILLNESS AMOUNT	DO NOT COUNT ILLNESS/INJURY IN PAST 4 WEEKS TIMES	PROBE: For more than six months? YES.....1 (= SECTION 6B QUESTION 2) NO.....2	YES...1 NO....2	YES...1 NO....2	YES....1 NO.....2	YES...1 NO....2	SECTION 6B TIMES

SECTION 6C

ILLNESS CODES

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

SECTION 6B HEALTH

PARTB: CHRONIC CONDITIONS

I D E N T I F I C A T I O N C O D E	1 Have you been living with any health problem for more than six months? YES...1 NO....2 (→ 7)	2 How long ago did this health problem start? TIME UNIT DAY.....3 WEEK....4 MONTH...5 YEAR....6 AMOUNT OF TIME TIME UNIT	3 Has this condition ever been diagnosed by a health professional? YES..1 NO...2 (→5)	4 What condition did the health practitioner think that you have? SEE ILLNESS CODES ABOVE →6 ILLNESS	5 What symptoms do you have? DIARRHEA (ACUTE).....1 DIARRHEA (CHRONIC, 1 MONTH OR MORE).....2 WEIGHT LOSS (MAJOR).....3 FEVER (ACUTE).....4 FEVER (RECURRING).....5 SKIN RASH.....6 WEAKNESS.....7 SEVER HEADACHE.....8 FAINTING.....9 CHILLS (FEELING HOT AND COLD).....10 VOMITING.....11 COUGH.....12 PRODUCTIVE COUGH.....13 COUGHING BLOOD.....14 PAIN ON PASSING URINE.....15 GENITAL SORES.....16 MENTAL DISORDER.....17 ABDOMINAL PAIN... 18 SORE THROAT.....19 DIFFICULTY BREATHING.....20 BURN.....21 FRACTURE.....22 WOUND.....23 CHILDBIRTH.....24 OTHER (SPECIFY:).....25	6 How much did you spend on all of these conditions in the past 4 weeks, including the cost of treatment, medicines, transport and other expenses connected with these conditions? EXCLUDE EXPENDITURES INCURRED JOINTLY WITH THE ACUTE ILLNESS AMOUNT	7 Have you suffered from diarrhea for a month or more? YES....1 NO.....2	8 Have you lost much weight in recent months? YES....1 NO.....2	9 Have you had a recurring fever for a month or more? YES....1 NO.....2	10 Have you suffered from any skin rash in the past 6 months? YES.....1 NO.....2 →SECTION 6C
	SYMPTOM #1 SYMPTOM #2 SYMPTOM #3 SYMPTOM #4 SYMPTOM #5									

SECTION 6 HEALTH (END) PART C: GENERAL HEALTH

IDENTIFICATION CODE	1	2	3						
	In general, would you say your health is.... Excellent.....1 Very good.....2 Good.....3 Fair.....4 Bad.....5	Do you have any disabilities? WRITE THE MOST IMPORTANT POOR EYESIGHT.....1 POOR HEARING.....2 MISSING ARM/LEG/ HAND/FOOT.....3 PARALYSED.....4 CRIPPLED.....5 OTHER PROBLEM.....6 NONE.....7	Does your health limit you a lot, a little, or not at all in the following activities? YES, PREVENTS COMPLETELY.....1 YES, PREVENTS TO SOME EXTENT.....2 NO, DOESN'T PREVENT AT ALL.....3						
			A	B	C	D	E	F	G
			Vigorous activities like running, lifting heavy objects, participating in sports, or doing hard labor?	Moderate activities like lifting a table or domestic activities?	Walking uphill?	Bending over or stooping?	Walking more than a mile?	Walking over 100 yards?	Eating, bathing or using the toilet?
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

SECTION 7

SECTION 7: ACTIVITIES

**ALL HOUSEHOLD MEMBERS
7 YEARS AND OLDER**

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART A. TIME USE

IDENTIFICATION CODE	1 IS THE HOUSEHOLD MEMBER ANSWERING THE QUESTIONS HIMSELF (HERSELF)?	2 During the past 7 days, have you worked for someone who is not a member of your household, for example, an employer, a firm, the Government, or some other person outside your household?	3 And during the past 6 months?	4 During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock?	5 And during the past 6 months?	6 During the past 7 days, have you worked for yourself or your household? For example, as an independent merchant or fisherman, lawyer, doctor or other self-employed activity?	7 And during the past 6 months?	8 LOOK BACK TO QUESTION 2. DID THE RESPONDENT WORK FOR SOMEONE ELSE IN THE PAST SEVEN DAYS?	9 LOOK BACK TO QUESTION 4 DID THE RESPONDENT WORK ON A FAMILY FARM IN THE PAST SEVEN DAYS?	10 LOOK BACK TO QUESTION 6. DID THE RESPONDENT WORK IN HIS OWN OR FAMILY BUSINESS IN THE PAST SEVEN DAYS? YES..1 (> PART D) NO...-> REVIEW THE ANSWERS TO Q. 2,4 AND 6. IF ANY ANSWERS ARE "YES" YOU HAVE MADE A MISTAKE CORRECT 8-10 IF ALL THREE ANSWERS ARE "NO" THEN	11 Why did you not work during the past 7 days? (MAIN REASON) SICK.....1 HANDICAPPED.....2 TOO OLD/RETIRED.....3 DO NOT WANT WORK.....4 (>PART E) STUDENT.....5 (>PART E) HOUSEWORK.....6 (>PART E) TOO YOUNG.....7 (>PART E) ON VACATION.....8 (>PART E) AWAITING REPLY OF EMPLOYER/AGENCY.....9 (>PART E) WAITING TO START NEW JOB.....10 (>PART E) NO WORK EXISTS.....11 (>PART E) DON'T KNOW HOW TO LOOK.....12 (>PART E) OTHER REASONS.....13 (>PART E)	12 What kind of work did you do for most of your life? FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION.....6 PROFFESIONAL/ADMIN.....6 HEALTH PROFESSIONAL.....7 ADMIN.....7 OTHER PROFFESIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORK.....10 RESTARANT BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER.....13
	YES..1 NO...2	YES.....1 (> 4) NO.....2	YES..1 NO..2	YES....1 (> 6) NO.....2	YES..1 NO..2	YES.....1 (> 8) NO.....2	YES..1 NO...2	YES....1 (> PART B) NO.....2	YES....1 (> PART C) NO.....2	NO.....2		

> PART E

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART B. EMPLOYMENT DURING THE PAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1 I would like to ask you some questions about the work you did as an employee in the past 7 days (since last ...). What did you do in this work? What kind of trade, industry, or business is it connected with?		2 How many hours did you do this work in the past 7 days (since last ...)?		3 Is this number (CITE TOTAL FROM Q. 2) the number of hours you usually work at this job in a week?		4 Why did you not work your usual hours in the past 7 days?		5 For how many hours per week do you usually work at this job?		6 For how many weeks during the past 6 months did you do this work? (since...)		7 For how many years have you been doing this work? IF LESS THAN ONE YEAR GET MONTHS.		8 For whom did you work in the past 7 days? That is, did you work for...	
	FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER.....13		PROBE FOR ACTUAL HOURS EVERY DAY. INCLUDE OVERTIME. DO NOT INCLUDE TRAVEL TIME, AUTHORIZED ABSENCES, PAID SICK LEAVE OR PAID HOLIDAYS.		YES.....1 (> 6) NO.....2		OWN ILLNESS.....1 ILLNESS OF FAMILY MEMBER.....2 OVERTIME DUE TO ILLNESS OF OTHER EMPLOYEE.....3 OTHER OVERTIME.....4 PUBLIC OR RELIGIOUS HOLIDAY.....5 VACATION.....6 FUNERAL/MOURNING PERIOD.....7 OTHER ABSENCE.....8 (SPECIFY: _____)		HOURS		WEEKS		YEARS MONTHS		The government?.....1(>10) A state-owned company?.....2(>10) A private employer?.....3 Cooperative Unions?.....4 Religious institutions?...5 The party?.....6(>10) Other (Specify)?.....7	
DESCRIPTION		CODE	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	TOTAL						

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART B. EMPLOYMENT DURING THE PAST 7 DAYS (CONT.)

IDENTIFICATION CODE	9 How many people altogether work at this place?	10 Is your position temporary or permanent?	11 Are you entitled to receive paid sick leave for this work?	12 Did you take any Excused Duty in the past 7 days due to illness?	13 How many hours of Excused Duty did you take in the past 7 days due to illness?	14 Does your employer have its own medical facility for treatment of its employees?	15 Does your employer reimburse employees for their medical expenses?	16 Does it reimburse for all medical expenses or only some?	17 Are you entitled to pay lower fees than other patients at some health facilities because of your job?	18 INTERVIEWER: LOOK AT THE ANSWER TO QUESTIONS 14, 15, AND 17. IS THERE AT LEAST ONE ANSWER THAT IS "YES"?	19 Are any other members of your household covered by these health benefits from your employer?	20 Which members of your household are covered?		
	NO. OF PEOPLE	TEMPORARY.1 PERMANENT.2	YES..1 NO...2 (> 14)	YES..1 NO...2 (> 14)	HOURS	YES....1 NO.....2	YES...1 NO.....2 (• 17)	ALL.....1 SOME.....2	YES.....1 NO.....2 DON'T KNOW...3	YES....1 NO.....2 (> 21)	YES....1 NO.....2 (> 21)	YES.....1 NO.....2		
												A. Your spouse(s)?	B. Your children?	C. Other family members?

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART B. EMPLOYMENT DURING THE PAST 7 DAYS (CONTINUED)

I D E N T I F I C A T I O N C O D E	21 Do you receive a salary for this work?	22 How much is your salary, and how often is it paid?	23 Are taxes already deducted from this salary?	24 Did you or will you receive per diem allowances, bonuses, incentives, or gratuities for your work?	25 How much do these per diem allowances, bonuses, incentives, or gratuities amount to?	26 Did you receive any income from overtime for your work?	27 How much have you received for overtime in this job?	28 Have you received or will you receive payment for this work in the form of food, crops, or animals?	29 How much would these goods cost in the market, and how often do you get them?	30 Have you received or will you receive free or subsidized housing connected with your employment?	31 How much (more) rent would you have to pay if there were no subsidy?	32 Have you received or will you receive payment for this work in any other form?	33 What is the value of this other form of payment?	34 Will you receive a retirement pension for this work?
		YES...1 NO...2 (≥ 24)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2	YES...1 NO...2 (≥ 26)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2 (≥ 28)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2 (≥ 30)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2 (≥ 32)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2 (≥ 34)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7
		AMOUNT TIME UNIT			AMOUNT TIME UNIT		AMOUNT TIME UNIT		AMOUNT TIME UNIT		AMOUNT TIME UNIT		AMOUNT TIME UNIT	

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART B. EMPLOYMENT DURING THE PAST 7 DAYS (END)

IDENTIFICATION CODE	35 Have you worked as an employee at any other job in the past 7 days?	36 What did you do in this work? What kind of trade, industry, or business is it connected with?	37 How many hours did you do this work in the past 7 days (since last ...)?	38 For how many weeks during the past 6 months did you do this work?	39 How much will you be paid for this work, including your salary, commissions, per diem, tips, and gratuities?	40 During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock?	41 In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household?								
	YES....1 NO.....2 (> 40)	FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT BAR OR HOTEL.....11 SKILLED TRADES.....12 OTHER.....13	INCLUDE OVERTIME. DO NOT INCLUDE TRAVEL TIME, AUTHORIZED ABSENCES, PAID SICK LEAVE OR PAID HOLIDAYS. HOURS MON. TUE. WED. THU. FRI. SAT. SUN. TOTAL	WEEKS UNIT OF TIME DAY....3 WEEK....4 MONTH...5 YEAR...6 6 MOS...7	AMOUNT TIME UNIT	YES, FARMING, WITH OR WITHOUT LIVESTOCK...1 (> Q.2 PART C) YES, LIVESTOCK ONLY...2 (> Q.17 PART C) NO.....-> CHECK PART A, QUESTION 4. IF THE ANSWER IS "NO" (CODE 2), THEN2 (> PART E)	YES...1 (> PART D) NO.....-> CHECK PART A, QUESTION 6. IF THE ANSWER IS "NO" (CODE 2), THEN2 (> PART E)								
	DESCRIPTION	CODE	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	TOTAL	WEEKS	AMOUNT	TIME UNIT		

CROP CODES

COFFEE.....	01
TEA.....	02
TOBACCO.....	04
COTTON.....	05
LUMBER.....	06
WOOD.....	07
COOKING BANANAS.....	08
SWEET BANANAS.....	09
OTHER BANANAS/ OTHER FORMS.....	10
CASSAVA (RAW).....	11
YAMS.....	15
COCUYAMS.....	16
SWEET POTATOES.....	17
IRISH POTATOES.....	18
MAIZE.....	19
BULLRUSH MILLET.....	21
FINGER MILLET.....	22
SORGHUM.....	23
RICE.....	24
BEANS, PEAS, COMPEAS, OTHER PULSES.....	28
GROUNDNUTS.....	29
SUNFLOWER SEEDS.....	30
MANBARANUTS.....	31
OIL PALM/PALM OIL.....	32
AVOCADO.....	36
MANGOES.....	37
PAMPAW.....	38
CITRUS FRUITS.....	39
PINEAPLES.....	40
OTHER FRUITS (INCL. PASSION).....	41
SUGARCANE.....	43
TOMATOES.....	46
ONIONS, LEEKS, GREEN ONIONS.....	47
EGGPLANT AND BITTER TOMATOES.....	48
CABBAGE.....	50
OTHER VEGETABLES (CASSAVA LEAVES, CARROTS, SPINACH, OKRA, ETC.).....	51
SPICES (CURRY, RED PEPPER, ETC.).....	53
OTHER CROPS (SPECIFY: _____).....	72

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS

I would like to ask you some questions about the work you did in the past 7 days (since last ...) on your own or a family farm.

I D E N T I F I C A T I O N C O D E	1 In the past 7 days (since last ...) have you worked on any shambas/gardens belonging to yourself or members of the household?	2 How much time did you spend in the past 7 days working on your household's shamba(s)/garden(s)?	3 On these shamba(s)/garden(s) belonging to your household, which crops were you working on in the past 7 days?								4 In the past 7 days, did you spend any time in land preparation and planting?	5 In the past 7 days, did you spend any time maintaining your crops? For example, weeding, pruning, applying fertilizer?	6 In the past 7 days, did you spend any time in harvesting, processing, or marketing crops?	7 In the past 7 days (since last ...), have you spent time working on collective land for your community?	8 How much time did you spend in the past 7 days working on collective community plot(s) of agricultural land?					
	YES...1 NO....2 (> 16)	PROBE FOR ACTUAL HOURS EACH DAY.	SEE CROP CODES ABOVE								YES.....1 NO.....2	YES....1 NO.....2	YES...1 NO....2	YES...1 NO....2 (> 9)	PROBE FOR ACTUAL HOURS EACH DAY.					
	HOURS		CROP CODE #1	CROP CODE #2	CROP CODE #3	CROP CODE #4	CROP CODE #5	CROP CODE #6	CROP CODE #7	CROP CODE #8					MON	TUE	WED	THU	FRI	SAT

ACTIVITY CODES

MILLING.....	1
ROASTING.....	2
DRYING/HULLING.....	3
WINNOWING/ SIFTING.....	4
BREWING DISTILLING.....	5
PULPING.....	6
GINNING.....	7
EXTRACTING (OIL)...	8
POUNDING.....	9
PEELING/ SHELLING.....	10
OTHER.....	11

CROP CODES

COFFEE.....	01
TEA.....	02
TOBACCO.....	04
COTTON.....	05
LUMBER.....	06
WOOD.....	07
COOKING BANANAS...	08
SWEET BANANAS.....	09
OTHER BANANAS/ OTHER FORMS.....	10
CASSAVA (RAW).....	11
YAMS.....	15
COCUYAMS.....	16
SWEET POTATOES...	17
IRISH POTATOES...	18
MAIZE.....	19
BULLRUSH MILLET...	21
FINGER MILLET.....	22
SORGHUM.....	23
RICE.....	24
BEANS, PEAS, COMPEAS, OTHER PULSES.....	28
GROUNDNUTS.....	29
SUNFLOWER SEEDS...	30
MAMBARANUTS.....	31
OIL PALM/PALM OIL...	32
AVOCADO.....	36
MANGOES.....	37
PAWPAW.....	38
CITRUS FRUITS.....	39
PINEAPLES.....	40
OTHER FRUITS (INCL. PASSION)...	41
SUGARCANE.....	43
TOMATOES.....	46
ONIONS, LEEKS, GREEN ONIONS.....	47
EGGPLANT AND BITTER TOMATOES...	48
CABBAGE.....	50
OTHER VEGETABLES (CASSAVA LEAVES, CARROTS, SPINACH, OKRA, ETC.).....	51
SPICES (CURRY, RED PEPPER, ETC.)....	53
OTHER CROPS (SPECIFY:.....)	72

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS (CONTINUED)

IDENTIFICATION CODE	9 In the past 7 days, did you receive any income from the sale of crops from your own or other household members' shambas/gardens. That is, money that is for your own disposition?	10 How much did you receive (that is, you may dispose of) from the sale of crops the past 7 days (since ...) before subtracting any expenses for purchase of agricultural inputs, personal, or family items?	11 In the past 7 days, did you spend any time processing crops from the shambas/gardens of your household, for sale? For example, did you brew banana beer from your own production? Did you make ...etc. for sale in the market?	12 What processing activities were you engaged in? SEE ACTIVITY AND CROP CODES ABOVE.										13 How much time did you spend processing your crops for sale the past 7 days? PROBE FOR ACTUAL HOURS EACH DAY.	14 Did you earn any income from these processing activities on your own crops in the past 7 days?	15 How much did you receive in the past 7 days from selling the processed products?						
	YES.....1 NO.....2 (> 11)	AMOUNT	YES.....1 NO.....2 (> 16)	ACTI-VITY #1	CROP CODE	ACTI-VITY #2	CROP CODE	ACTI-VITY #3	CROP CODE	ACTI-VITY #4	CROP CODE	ACTI-VITY #5	CROP CODE	MON	TUE	WED	THU	FRI	SAT	SUN	HOURS	YES...1 NO...2 (>16)

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART C: SELF-EMPLOYED FARMERS IN THE LAST 7 DAYS (CONTINUED)

IDENTIFICATION CODE	16 In the past 7 days (since last ...), have you spent any time caring for animals belonging to you or to your household? YES...1 NO...2 (>16)	17 What types of animals did you care for in the past 7 days? CATTLE, INCLUDING COWS.....1 SHEEP.....2 GOATS.....3 CHICKENS.....4 PIGS.....5 DUCKS, TURKEYS OR OTHER POULTRY....6 RABBITS.....7 INSECTS, BEES.....8 OTHER ANIMALS (SPECIFY:)...9	18 How many hours in the past 7 days (since last ...) did you spend feeding, caring for, tending, and transporting these animals belonging to yourself or your household? PROBE FOR ACTUAL HOURS WORKED EACH DAY.	19 In the past 7 days (since last ...) have you spent any time collecting or transforming the products of your or your household's animals for sale? For example, milk, cheese, hides, honey, etc.? YES...1 NO...2 (>24)	20 What animal products did you transform? MILK, CHEESE YOGHURT.....1 EGGS.....2 HONEY.....3 SKINS AND HIDES.....4 MANURE.....5 OTHER.....6	21 How many hours in the past 7 days (since last ...) did you spend collecting or transforming the products of your or your household's animals for sale? PROBE FOR ACTUAL HOURS WORKED EACH DAY.	22 In the past 7 days, did you receive any income from the sale of these animal products? That is, money that is for your disposition? YES...1 NO....2 (>24)	23 How much did you receive (that you may dispose of) from the sale of these products in the past 7 days (since last...) before subtracting any expenses for purchase of inputs, personal, or family items? -AMOUNT	24 In the past 7 days, were you self-employed in your own business or profession or in one belonging to your household? YES...1(>PART D) NO-> CHECK PART A, QUEST 6. IF THE ANSWER IS NO (CODE 2) THEN...2 (>PART E)																										
	ANIMAL CODE #1	ANIMAL CODE #2	ANIMAL CODE #3	ANIMAL CODE #4	HOURS							PRODUCT CODE #1	PRODUCT CODE #2	PRODUCT CODE #3	HOURS							HOURS							HOURS						
	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN

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

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

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

IDENTIFICATION CODE	1 Would like to ask you some questions about the work you did in the past 7 days (since last ...) in your own business or in your family's business. What type of business or self-employment did you work at in the past 7 days? What kind of trade, industry, or business is it connected with?		2 How many hours did you do this work in the past 7 days (since last ...)?		3 Is this number (CITE TOTAL FROM Q.2) the number of hours you usually work at this job in a week?		4 Why did you not work your usual hours in the past 7 days?		5 For how many hours per week do you usually work at this job?		6 For how many weeks during the past 6 months did you do this work? (since...)		7 For how many years have you been doing this work?		8 Are you the sole or part owner of this business or profession?		9 To whom in the household does this business belong?		10 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 7 days?		11 What is or will be the value of your cash and in-kind income from working in this family business for the past 7 days?																																								
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SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT.)

I D E N T I F I C A T I O N C O D E	12 Does anyone else in the household work in this business? (other than yourself)?	13 Which other household members work in this business?				14 How much did you receive from this business in the past 7 days (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or family items?	15 Is this more than or less than the receipts in a typical week of the last 6 months?	16 For how many months of the last 6 months (since last ...) were weekly receipts higher than in the past 7 days?	17 For how many months were weekly receipts lower than in the past 7 days?	18 After paying for expenses for this business, including hired workers, money for household members who helped, purchase of goods for sale or for inputs, such as raw materials, fuel, and electricity, but before purchasing personal items for yourself or your household, how much money will you receive from this business in the past 7 days?	19 Have you worked in any other business or profession of your own or belonging to your household in the past 7 days?
	YES.....1 NO.....2 (> 14)	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	AMOUNT	MORE.....1 LESS.....2 ABOUT THE SAME..3	MONTHS	MONTHS	AMOUNT	YES.....1 NO.....2 (> PART E)

SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT.)

IDENTIFICATION CODE	21 What other business or self-employment did you work at in the past 7 days? What kind of trade, industry, or business is it connected with? IF MORE THAN ONE, USE THE ONE IN WHICH THE MOST TIME WAS SPENT. NOTE THAT FISHING IS CONSIDERED SELF-EMPLOYMENT, UNLESS FOR AN EMPLOYER.	22 How many hours did you do this work in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY	23 For how many weeks during the past 6 months did you do this work?	24 Are you the sole or part owner of this business or profession? YES, OWNER...1 (> 28) YES, PARTNER...2 (> 28) NO.....3	25 To whom in the household does this business belong? COPY ID CODE FROM HOUSEHOLD ROSTER	26 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 7 days? YES....1 NO.....2 (> 36)	27 What is or will be the value of your cash and in-kind income from working in this family business for the past 7 days? UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 6 MOS.....7 36 AMOUNT TIME UNIT																																
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SECTION 7 ACTIVITIES AND NON-LABOR INCOME PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (CONT)

I D E N T I F I C A T I O N C O D E	28 Does anyone else in the household work in this business? (other than yourself?)	29 Which other household members work in this business?				30 How much did you receive from this business in the past 7 days (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or family items?	31 Is this more than or less than the receipts in a typical week of the last 6 months?	32 For how many months of the last 6 months (since ...) were weekly receipts higher than in the past 7 days?	33 For how many months were weekly receipts lower than in the past 7 days?	34 How much money will you receive from this business in the past 7 days after paying for expenses for this business, including hired workers, money for household members who helped, purchase of goods for sale or for inputs, such as raw materials, fuel, and electricity, but before purchasing personal items for yourself or your household?
	YES.....1 NO.....2 (> 30)	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	AMOUNT	MORE.....1 LESS.....2 ABOUT THE SAME...3	MONTHS	MONTHS	AMOUNT

SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART D: SELF-EMPLOYED BUSINESSMEN IN THE LAST 7 DAYS (END)

IDENTIFICATION CODE	36 Have you worked in any other business or profession of your own or belonging to your household in the past 7 days?	37 In how many other businesses or self-employed professions belonging to yourself or your household did you participate in the past 7 days?	38 How many hours did you work at these other businesses or professions in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY.							39 How much income will you receive for this work, after any business expenses but before any personal or household purchases?	
	YES...1 NO...2 (► PART E)									<div style="border: 1px solid black; padding: 2px;"> UNIT OF TIME DAY....3 WEEK....4 MONTH....5 YEAR....6 6 MOS...7 </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">► PART E</div>	
		NUMBER	MON	TUE	WED	THU	FRI	SAT	SUN	AMOUNT	TIME UNIT

SECTION 7. ACTIVITIES AND NON-LABOR INCOME

PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1 In the past 7 days (since last...), have you spent any time at home preparing meals, cleaning the house, doing the laundry, or shopping for food? YES.....1 NO.....2 (> 3)	2 How many hours did you spend on these in the past 7 days (since last...)? PROBE FOR ACTUAL HOURS EACH DAY. HOURS MON TUE WED THU FRI SAT SUN	3 In the past 7 days (since last...), have you spent any time collecting firewood for your household? YES...1 NO...2 (> 5)	4 How many hours did you spend collecting firewood in the past 7 days? PROBE FOR ACTUAL HOURS EACH DAY. HOURS MON TUE WED THU FRI SAT SUN	5 In the past 7 days (since last...), did you spend any time collecting water for your household? YES..1 NO...2 (> 7)	6 How many hours did you spend collecting water in the past 7 days (since last ...)? PROBE FOR ACTUAL HOURS EACH DAY HOURS MON TUE WED THU FRI SAT SUN	7 In the past 7 days (since...), have you had to restrict your work activity (either at home or at a job) due to your own illness? YES...1 NO...2 (> 10)	8 For how many days were your work activities restricted because of illness? DAYS	9 For how many days were you too sick to perform any work in the past 7 days? DAYS	10 In the past 7 days (since last...), have you spent any time seeking medical care for yourself or for someone in your household? YES...1 NO...2 (> 12)	11 How many hours did you spend seeking medical care in the past 7 days (since last ...)? For example, travelling to a health establishment, waiting, being treated, buying medicines? PROBE FOR ACTUAL HOURS EACH DAY. HOURS MON TUE WED THU FRI SAT SUN
--	--	--	--	---	---	--	--	---	--	--	--

ACTIVITIES AND NON-LABOR INCOME

PART E: OTHER ACTIVITIES IN THE PAST 7 DAYS (CONTINUED)

IDENTIFICATION CODE	12	In the past 7 days (since last ...), have you spent any time caring for or visiting anyone in your household who was ill?	13	How many hours did you spend caring for ill household members in the past 7 days (since last ...)? For example, washing the patient, feeding the patient, changing the dressings, purchasing medicines, visiting patients.	14	In the past 7 days (since last ...), have you spent any time seeking additional paid work?	15	How many hours did you spend seeking additional paid work in the past 7 days (since last ...)?	16	In the past 7 days (since last ...), have you spent any time helping neighbors or relatives (not in your household) with work on their sham-bas or business, without payment?	17	How many hours did you spend helping them in the past 7 days (since last ...)?	18	In the past 7 days (since last ...), have you attended the funeral of someone in your household or of a friend or relative, or were you in mourning?	19	When did this occur and for how much time were you away from your normal activities?					
	YES...1		PROBE FOR ACTUAL HOURS EACH DAY.		YES....1		PROBE FOR ACTUAL HOURS EACH DAY.		YES....1		PROBE FOR ACTUAL HOURS EACH DAY.		YES....1		PROBE FOR ACTUAL HOURS EACH DAY.						
	NO....2 (=14)				NO....2 (=16)				NO....2 (=18)				NO....2 (=PART F)								
	HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS						
	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 6 MONTHS

Now I would like to talk about your main job during the past 6 months. That is, the work to which you devoted the most time during the past 6 months (since my visit 6 months ago in..).

IDENTIFICATION CODE	1	2	3	4	5	6	7
	What did you do in your main job or activity in the past 6 months? What did this job consist of? What kind of trade, industry, or business is this connected with? FARMING.....1 FISHING.....2 TRADER/MERCHANT/SALES.....3 TRANSPORT.....4 CONSTRUCTION.....5 EDUCATION PROFESSIONAL/ADMIN.....6 HEALTH PROFESSIONAL/ADMIN.....7 OTHER PROFESSIONAL/ADMIN.....8 SECRETARY/CLERICAL.....9 FACTORY WORKER.....10 RESTAURANT, BAR OR HOTEL.....11 SKILLED TRADE.....12 NO ACTIVITY OR JOB.....13 OTHER.....14 (→PART H) DESCRIPTION	INTERVIEWER: IS THIS THE SAME WORK AS A JOB OR ACTIVITY ALREADY CITED FOR THE PAST 7 DAYS? YES, ALREADY DESCRIBED.....1 NO, DIFFERENT WORK.....2 (→ 4)	Did you have any other work or any other jobs in the past 6 months? YES...1 (→ PART G) NO....→ VERIFY WITH PART A. IF NO OTHER JOB IN THE PAST 6 MONTHS.....2 (→ PART H)	For how many weeks during the past 6 months did you do this work? (Since ...) WEEKS	For how many hours per week did you usually work at this job? HOURS	For how many years have you been doing this work? YEARS, IF MORE THAN ONE YEAR. MONTHS AND WEEKS, IF LESS. YRS MOS WKS	In this work were you self-employed on a farm or in a business belonging to yourself or your household, or were you working for someone else? SELF-EMPLOYED FARMER OR WORKING ON FAMILY FARM.....1 (→ 32) SELF-EMPLOYED IN BUSINESS OR WORKING IN FAMILY BUSINESS...2 (→ 47) WORKED AS AN EMPLOYEE FOR SOMEONE ELSE.....3
	CODE						

SECTION 7, ACTIVITIES AND NON-LABOR INCOME PART F: MAIN JOB IN THE LAST 6 MONTHS (CONTINUED)

IDENTIFICATION CODE	8 For whom did you work? That is, did you work for...	9 How many people altogether work at this business or firm?	10 Is your position temporary or permanent?	11 Are you entitled to receive paid sick leave for this work?	12 Does your employer have its own medical facility for treatment of its employees?	13 Does your employer reimburse employees for their medical expenses?	14 Does it reimburse for all medical expenses or only some?	15 Are you entitled to pay lower fees than other patients at some health facilities because of your job?	16 INTERVIEWER: LOOK AT THE ANSWERS TO QUESTIONS 12, 13, AND 15. IS THERE AT LEAST ONE ANSWER THAT IS "YES"?	17 Are any other members of your household covered by these health benefits from your employer?	18 Which members of your household are covered?		
	The government?.....1(> 10) A state-owned company?.....2(> 10) A private business or firm?.....3 Cooperative Unions?....4 Religious institutions?.....5 The party?.....6(> 10) Other (specify)?.....7	NO. OF PEOPLE	TEMPORARY.1 PERMANENT.2	YES...1 NO....2	YES....1 NO.....2	YES...1 NO....2 (> 15)	ALL.....1 SOME....2	YES.....1 NO.....2 DON'T KNOW...3	YES....1 NO.....2 (> 19)	YES....1 NO.....2 (> 19)	YES.....1 NO.....2 A. Your spouse? B. Your children? C. Other family members?		