

SECTION 14. PART B. EXPENDITURES

FIRST BUSINESS					
1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you pay for ...? 1..?	How much do you usually pay for ...? 1..?	How much did you pay for ...? 1..?	Was any part of this ...? 1..?	What was the total value of the ...? 1..?
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	UNIT	AMOUNT	AMOUNT	AMOUNT
				YES...1 NO...2 (=NEXT ITEM)	
Raw materials	YES-▶ ◀-NO	02			
Articles for resale	YES-▶ ◀-NO	03			
Rental of equipment, buildings, land, vehicles, machinery	YES-▶ ◀-NO	04			
Maintenance and repairs	YES-▶ ◀-NO	05			
Transport	YES-▶ ◀-NO	06			
Fuel and oil	YES-▶ ◀-NO	07			
Electricity	YES-▶ ◀-NO	08			
Water	YES-▶ ◀-NO	09			
Daily or monthly taxes	YES-▶ ◀-NO	10			
Annual taxes or licenses	YES-▶ ◀-NO	11			
Other expenses (Specify: _____)	YES-▶ ◀-NO	12			

▶ 2-6

PART C

SECOND BUSINESS					
1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you pay for ...? 1..?	How much do you usually pay for ...? 1..?	How much did you pay for ...? 1..?	Was any part of this ...? 1..?	What was the total value of the ...? 1..?
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	UNIT	AMOUNT	AMOUNT	AMOUNT
				YES...1 NO...2 (=NEXT ITEM)	
Raw materials	YES-▶ ◀-NO	02			
Articles for resale	YES-▶ ◀-NO	03			
Rental of equipment, buildings, land, vehicles, machinery	YES-▶ ◀-NO	04			
Maintenance and repairs	YES-▶ ◀-NO	05			
Transport	YES-▶ ◀-NO	06			
Fuel and oil	YES-▶ ◀-NO	07			
Electricity	YES-▶ ◀-NO	08			
Water	YES-▶ ◀-NO	09			
Daily or monthly taxes	YES-▶ ◀-NO	10			
Annual taxes or licenses	YES-▶ ◀-NO	11			
Other expenses (Specify: _____)	YES-▶ ◀-NO	12			

▶ 2-6

PART C

THIRD BUSINESS					
1	2	3	4	5	6
Since my visit 6 months ago did your business (trade, industry, profession, etc.) spend money on the following items or inputs? PUT A CROSS IN THE APPROPRIATE BOX.	How often do you pay for ...? 1..?	How much do you usually pay for ...? 1..?	How much did you pay for ...? 1..?	Was any part of this ...? 1..?	What was the total value of the ...? 1..?
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-6.	TIMES	UNIT	AMOUNT	AMOUNT	AMOUNT
				YES...1 NO...2 (=NEXT ITEM)	
Raw materials	YES-▶ ◀-NO	02			
Articles for resale	YES-▶ ◀-NO	03			
Rental of equipment, buildings, land, vehicles, machinery	YES-▶ ◀-NO	04			
Maintenance and repairs	YES-▶ ◀-NO	05			
Transport	YES-▶ ◀-NO	06			
Fuel and oil	YES-▶ ◀-NO	07			
Electricity	YES-▶ ◀-NO	08			
Water	YES-▶ ◀-NO	09			
Daily or monthly taxes	YES-▶ ◀-NO	10			
Annual taxes or licenses	YES-▶ ◀-NO	11			
Other expenses (Specify: _____)	YES-▶ ◀-NO	12			

▶ 2-6

PART C

SECTION 14. PART C: INCOME

[illegible][illegible]

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

[illegible]

SECTION 14. PART D. ASSETS

FIRST BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...[]...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ...[]... owned by your business today? AMOUNT	4 Did your business purchase any ...[]... in the last 6 months? YES....1 NO.....2 (> 6)	5 How much was paid for the ...[]... purchased by your business in the last 6 months? AMOUNT	6 Did your business sell any ...[]... in the last 6 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ...[]... sold in the last 6 months? AMOUNT
	<div style="text-align: right;">▶ NEXT ITEM</div>						

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

▶ NEXT BUSINESS

SECOND BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...[]...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ...[]... owned by your business today? AMOUNT	4 Did your business purchase any ...[]... in the last 6 months? YES....1 NO.....2 (> 6)	5 How much was paid for the ...[]... purchased by your business in the last 6 months? AMOUNT	6 Did your business sell any ...[]... in the last 6 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ...[]... sold in the last 6 months? AMOUNT
	<div style="text-align: right;">▶ NEXT ITEM</div>						

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

▶ NEXT BUSINESS

THIRD BUSINESS	1 Did your business (trade, industry, profession, etc.) own any of the following in the last 6 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	2 Does your business currently own any ...[]...? YES....1 NO.....2 (> 4)	3 If you wanted to sell, how much could you sell all the ...[]... owned by your business today? AMOUNT	4 Did your business purchase any ...[]... in the last 6 months? YES....1 NO.....2 (> 6)	5 How much was paid for the ...[]... purchased by your business in the last 6 months? AMOUNT	6 Did your business sell any ...[]... in the last 6 months? YES....1 NO.....2 (> NEXT ITEM)	7 How much did your business receive for the ...[]... sold in the last 6 months? AMOUNT
	<div style="text-align: right;">▶ NEXT ITEM</div>						

Buildings and land	YES->	14					
	<-NO						
Vehicles or boats (autos, trucks, bicycles, other)	YES->	15					
	<-NO						
Tools, equipment, machinery	YES->	16					
	<-NO						
Other durable goods for running your business	YES->	17					
	<-NO						

▶ SECTION 15

TIME UNIT:
DAY.....3
WEEK.....4
MONTH.....2
YEAR.....6

RESPONDENT: HEAD OF HOUSEHOLD

PART A: TYPE AND OWNERSHIP OF DWELLING

1 MAIN TYPE OF DWELLING

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

2 HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

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

[illegible]

SECTION 15: HOUSING

PART A (END)

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

► PART B

SECTION 15: HOUSING

PART B: HOUSING EXPENDITURES

1. Do any members of your household own any other dwellings?
YES.....1
NO.....2 (> 9)
2. Did your household borrow money to buy or build this house, and is your household still repaying the debt?
YES.....1
NO.....2 (> 5)
3. How much was the last payment?
AMOUNT:
4. How often are they made?
N° OF TIMES:
TIME UNIT:
5. Did anyone in the household rent out these other dwellings in the past 6 months?
YES.....1
NO.....2 (> 7)
6. How much was received in rental income in the past 6 months from these other dwellings?
AMOUNT:
 > 9
7. If you wanted to rent these other dwellings to someone else, how much rent would you be able to get for them?
AMOUNT:
TIME UNIT:
8. If you wanted to sell these other dwellings today, how much would you be able to get for them?
AMOUNT:
9. Did anyone in the household sell a dwelling in the past 6 months?
YES.....1
NO.....2 (> 11A)
10. What was the main reason for selling this dwelling?
MOVED FROM THE AREA.....1
TO PAY FOR MEDICAL CARE.....2
DEATH OF OWNER.....3
OTHER.....4

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

AMOUNT:

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

YES.....1
NO.....2 (> 12)

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

AMOUNT:

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

INDOOR PLUMBING.....1	<input type="text"/>
INSIDE STANDPIPE.....2	
WATER VENDOR.....3	
WATER TRUCK/TANKER SERVICE.....4	
NEIGHBORING HOUSEHOLD.....5	
PRIVATE OUTSIDE STANDPIPE/TAP.....6	
PUBLIC STANDPIPE.....7	
WELL WITH PUMP.....8 (> 12)	
WELL WITHOUT PUMP.....9 (> 12)	
RIVER LAKE, SPRING, POND.....10 (> 12)	
RAINWATER.....11 (> 12)	
OTHER (SPECIFY).....12 (> 12)	

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

AMOUNT:

(PROBE IF JOINT METER OR SHARED BILL)

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

NUMBER: TIME UNIT:

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

YES.....1
NO.....2 (> 17)

16. What fraction of this water was sold?

LESS THAN 1/4.....1	<input type="text"/>
1/4.....2	
1/2.....3	
3/4.....4	
ALL.....5	

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

DISTANCE: DISTANCE CODE:

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

> 18, NEXT PAGE

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

SECTION 15: HOUSING

PART B: HOUSING EXPENDITURES

(END)

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

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

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

AMOUNT:

TIME UNIT:

20. Does your dwelling have a toilet or latrine?

YES.....1
 NO.....2 (=22)

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

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

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

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

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

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

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

(IF NOTHING, WRITE ZERO) AMOUNT:

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

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

MONTHS:

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

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

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

Firewood
 (IF FIREWOOD USED FROM HOME
 PRODUCTION, WRITE VALUE OF
 AMOUNT USED)
 Charcoal

Kerosene

Biogas

Oil (for lamps)

Other fuel for
 cooking or lighting
 (SPECIFY:.....)

▶ SECTION 16

SECTION 16: DURABLE GOODS, HOUSEHOLD EXPENDITURES AND ASSISTANCE

PART A-2: DURABLE GOODS ACQUIRED SINCE WAVE ONE

RESPONDENT: THE HEAD OF HOUSEHOLD

INSTRUCTIONS:

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

PROBE FOR GOODS ACQUIRED SINCE WAVE 1. GOODS OF NEW HOUSEHOLD MEMBERS AND GOODS MISSED IN WAVE 1.

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

FOR ALL GOODS OWNED, ASK QUESTIONS 2-7.

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

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

	2 Please describe all the ...[]... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE, COLOUR, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT (QUESTION 1) THEN GO TO THE NEXT ITEM IN QUESTION 1 FOR WHICH THE ANSWER IS YES. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.	3 Who in the household owns this ...[]...? IF COMMUNITY PROPERTY, WRITE 99.	4 Was this ...[]... acquired in the last 6 months? YES....1 (> 6) NO.....2	5 In what year was this ...[]... acquired?	6 How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ...[]... when you acquired it?	7 If you wanted to sell this ...[]... today, how much would you receive? NEXT ITEM	
	GOOD	DESCRIPTION	CODE	ID CODE	YEAR	AMOUNT	AMOUNT
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							

SECTION 16: DURABLE GOODS, HOUSEHOLD EXPENDITURES AND ASSISTANCE

PART A-2: DURABLE GOODS ACQUIRED SINCE WAVE ONE

RESPONDENT: THE HEAD OF HOUSEHOLD

N U M B E R	2 Please describe all the ... owned by members of your household? WRITE THE TYPE OF GOOD AND DESCRIPTION (MAKE, COLOUR, ETC) FOR EACH OF THE GOODS. COPY THE CODE FROM THE LIST AT LEFT (QUESTION 1). THEN GO TO THE NEXT ITEM IN QUESTION 1 FOR WHICH THE ANSWER IS YES. ASK QUESTION 2 FOR ALL GOODS BEFORE GOING TO 3-7.			3 Who in the household owns this ...? ... 1...? IF COMMUNITY PROPERTY WRITE 99.	4 Was this ... acquired in the last 6 months? YES...1 (> 6) NO.....2	5 In what year was this ... acquired?	6 How much did you pay for this ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of ... when you acquired it?	7 If you wanted to sell this ... today, how much would you receive? ▶ NEXT ITEM
	GOOD	DESCRIPTION	CODE	ID CODE	YEAR	AMOUNT	AMOUNT	
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								

SECTION 16: PART B: HOUSEHOLD EXPENDITURES

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

► PART C

PART C: RECEIPT OF ASSISTANCE

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

► PART D

PART D: OTHER ASSISTANCE

- In the past six months, did anyone outside this household (for example, relatives, neighbors) provide assistance to your household or any of the members thereof in farm work, taking care of the sick, etc..?
YES.....1
NO.....2 (► SECTION 17)
- How many people have helped you in the last six months?
NUMBER OF PERSONS: _____
- How many days did they work?
MULTIPLY THE NUMBER OF PERSONS TIMES THE NUMBER OF DAYS PER PERSON TO GET THE NUMBER OF MANDAYS OF HELP IN THE PAST SIX MONTHS.
NUMBER OF MANDAYS: _____

► SECTION 17

SECTION 17: FOOD CONSUMPTION

SUPERVISOR _____

DESIGNATED RESPONDENT: _____ CODE:

INTERVIEWER _____

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

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

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

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

PART A: THE SEASONS OF THE PAST 6 MONTHS

1. During the past 6 months, in some months it rained heavily (the masika and vuli seasons), while at other times it did not (kiangazi season).

A. Would you please explain to me during which of these 6 months you had the rainy seasons (masika, vuli)?

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

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

MASIKA RAINS.....1

VULI RAINS.....2

KIANGAZI DRY.....3

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

--	--	--	--	--	--	--	--	--	--	--	--

2. During the past 6 months, have the members of your household eaten foods grown or raised by your household?

YES.....1 (> PART B)

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

.....2 (> PART C)

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 6 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 6 months, have the members of your household eaten ... [CROP] ... that was grown or raised by the members of your household? YES...1 NO...2 (▶ NEXT FOOD)												During which months of the last 6 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												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 (ktangazi) 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?
														JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC												TIMES TIME UNIT		AMOUNT	TIMES TIME UNIT		AMOUNT
Tea, coffee or cocoa at home?	YES-▶ ◀-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																													*

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

▶ QUESTION 1, NEXT PAGE

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 6 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 6 months, have the members of your household eaten ... [CROP] ... that was grown or raised by the members of your household? YES...1 NO...2 (▶ NEXT FOOD)												During which months of the last 6 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												How often during the months of the rainy season (masika, vuli) did they eat home-produced ... [CROP] ...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.		How much would it have cost to buy the amount they ate each time during the rainy season?	How often during the months of the dry season (kiangazi) did they eat home-produced ... [CROP] ...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.		How much would it have cost to buy the amount they ate each time during the dry season? ▶ NEXT ITEM
														JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC												TIMES TIME UNIT		AMOUNT	TIMES TIME UNIT		AMOUNT
Sunflower seeds?	YES-▶ ◀-NO	30																													
Mambaranuts?	YES-▶ ◀-NO	31																													
Palm oil/oil palm?	YES-▶ ◀-NO	32																													
Avocado?	YES-▶ ◀-NO	36																													
Mangoes?	YES-▶ ◀-NO	37																								*			*		*
Pawpaw?	YES-▶ ◀-NO	38																													
Citrus fruits?	YES-▶ ◀-NO	39																													
Pineapples?	YES-▶ ◀-NO	40																													
Other fruits, including passion fruits?	YES-▶ ◀-NO	41																													
Sugar, candy, honey or sugar cane?	YES-▶ ◀-NO	44																													
Tomatoes?	YES-▶ ◀-NO	46																													
Onions, leeks and green onions?	YES-▶ ◀-NO	47																													

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

▶ QUESTION 1, NEXT PAGE

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

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 6 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 6 months, have the members of your household eaten ...[CROP]... that was grown or raised by the members of your household? YES...1 NO...2 (▶ NEXT FOOD)												During which months of the last 6 months (since ...) did your household consume the ... [CROP] ... that the members of your household produced? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL THE MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2												How often during the months of the rainy season (masika, vuli) did they eat home-produced ...[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND ▶6.		How much would it have cost to buy the amount they ate each time during the rainy season?	How often during the months of the dry season (kiangazi) did they eat home-produced ...[CROP]...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND ▶NEXT ITEM.		How much would it have cost to buy the amount they ate each time during the dry season? ▶ NEXT ITEM
														JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC												TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT
Eggplant and bitter tomatoes?	YES-▶ ◀-NO	48																													
Cabbage?	YES-▶ ◀-NO	50																													
Other vegetables(cassava leaves, carrots, lettuce, etc.)?	YES-▶ ◀-NO	51																													
Spices (curry, red pepper, etc.)?	YES-▶ ◀-NO	53																													
Other foods or crops (specify:)?	YES-▶ ◀-NO	72																													

▶ QUESTION 1, NEXT PAGE

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

IF THE ANSWER TO 1 IS YES, ASK 2-7.																				
1	2	3	4												5	6	7			
During the past 6 months, have the members of your household eaten any ... [ITEM] ... that was produced by animals belonging to your household? REFER BACK TO SECTION 12 (PART A) TO VERIFY THESE ANSWERS. PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7.	IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	During which months of the last 6 months (since ...) did your household consume the ... [ITEM] ... from animals belonging to your household? PUT AN X ABOVE EACH OF THE PAST 6 MONTHS. FOR ALL THE MONTHS WITH AN X, WRITE CODE 1 IF THE ITEM WAS CONSUMED OR CODE 2 IF IT WAS NOT CONSUMED. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (CONSUMED OWN PRODUCTION)...1 NO (DID NOT CONSUME FROM OWN PRODUCTION).....2	How often during the months of the rainy season (masika, vuli) did they eat home-produced ...[ITEM]...? IF HOME PRODUCTION NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.												How much would it have cost to buy the amount they ate each time during the rainy season?	How often during the months of the dry season (kiangazi) did they eat home-produced ...[ITEM]...? IF HOME PRODUCTION NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.	How much would it have cost to buy the amount they ate each time during the dry season?			
			TIMES TIME UNIT												AMOUNT	TIMES TIME UNIT	AMOUNT			
Chicken eggs?	YES->		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						
	<-NO	61																		
Fresh milk?	YES->																			
	<-NO	67																		
Yoghurt, cheese or other milk product?	YES->																			
	<-NO	69																		
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						

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

IF THE ANSWER TO 1 IS YES, ASK 2-7.																				
1	2	3	4												5	6	7			
During the past 6 months, have the members of your household eaten any fish, edible insects or wild game (including game birds) that were collected or captured by members of your household? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL ITEMS BEFORE GOING TO QUESTIONS 2-7.	IF THE ANSWER TO QUESTION 1 IS YES, WRITE 1 BELOW.	During which months of the last 6 months (since ...) did your household consume the ... [ITEM] ... captured or collected by members of your household? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X WRITE CODE 1 IF THE ITEM WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL THE MONTHS WITHOUT AN X. YES (CONSUMED OWN CATCH).....1 NO (DID NOT CONSUME FROM OWN CATCH).....2	How often during the months of the rainy season (masika, vuli) did they eat the ...[ITEM]... that they collected? IF HOME CATCH NOT CONSUMED DURING RAINY SEASON, WRITE 0 TIMES AND >6.												How much would it have cost to buy the amount they ate each time during the rainy season?	How often during the months of the dry season (kiangazi) did they eat the ...[ITEM]...that they collected? IF HOME CATCH NOT CONSUMED DURING DRY SEASON, WRITE 0 TIMES AND >NEXT ITEM.	How much would it have cost to buy the amount they ate each time during the dry season?			
			TIMES TIME UNIT												AMOUNT	TIMES TIME UNIT	AMOUNT			
Fish?	YES->		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						
	<-NO	54																		
Wild game, including game birds?	YES->																			
	<-NO	59																		
Edible insects?	YES->																			
	<-NO	60																		
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC						

TIME UNIT:
DAY...3
WEEK...4
MONTH...5
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 the past 6 months (since,...) have the members of your household bought any of the following foods for their own consumption?		During which months of the last 6 months (since,...) did members of your household buy ..[FOOD ITEM]..?												How often during the months of the rainy season (masika, 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 (kiangazi) 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 ..[FOOD ITEM].. since my visit two weeks ago?	How much have they spent since my visit two weeks ago?
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.												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->	18																			
	<-NO																				
Maize?	YES->	19																			
	<-NO																				
Millet or sorghum, all forms?	YES->	20																			
	<-NO																				
Rice?	YES->	24																			
	<-NO																				
Beans, peas, cowpeas and other pulses?	YES->	28																			
	<-NO																				

> QUESTION 1, NEXT PAGE

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

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

1		2												3		4		5		6		7		8	
During the past 6 months (since....) have the members of your household bought any of the following foods for their own consumption?		During which months of the last 6 months (since...) did members of your household buy...[FOOD ITEM]..?												How often during the months of the rainy season (masika, 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 (kiangazi) 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...[FOOD ITEM].. since my visit two weeks ago?		How much have they spent since my visit two weeks ago?	
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.												YES (BOUGHT).....1 NO (DID NOT BUY).....2		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	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	
Groundnuts?	YES->	29																							
	<-NO																								
Sunflower seeds?	YES->	30																							
	<-NO																								
Mambaranuts?	YES->	31																							
	<-NO																								
Palm oil/oil palm	YES->	32																							
	<-NO																								
Butter?	YES->	34																							
	<-NO																								
Margarine?	YES->	35																							
	<-NO																								
Avocado?	YES->	36																							
	<-NO																								
Mangoes?	YES->	37																							
	<-NO																								
Pampaw?	YES->	38																							
	<-NO																								
Citrus fruits?	YES->	39																							
	<-NO																								
Pineapples?	YES->	40																							
	<-NO																								
Other fruits, including passion fruits?	YES->	41																							
	<-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

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

<p>1</p> <p>During the past 6 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 style="text-align: right;"><input type="checkbox"/> X</p>		<p>2</p> <p>During which months of the last 6 months (since,...) did members of your household buy ...[FOOD ITEM]..?</p> <p>PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.</p> <p style="text-align: center;">YES (BOUGHT).....1 NO (DID NOT BUY).....2</p>												<p>3</p> <p>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>		<p>4</p> <p>How much did it cost to buy this amount each time during the rainy season?</p>		<p>5</p> <p>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>		<p>6</p> <p>How much did it cost to buy this amount each time during the dry season?</p>		<p>7</p> <p>Have the members of your household bought any ...1... since my visit two weeks ago?</p> <p>YES...1 NO...2 (>NEXT ITEM)</p>		<p>8</p> <p>How much have they spent since my visit two weeks ago?</p> <p style="text-align: center;"><input type="checkbox"/> >NEXT ITEM</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		<table border="1"> <thead> <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> <th>TIMES</th><th>TIME UNIT</th> <th>AMOUNT</th> <th>TIMES</th><th>TIME UNIT</th> <th>AMOUNT</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td colspan="19">Fruits juices?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">42</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Sugar, candy, honey or sugar cane?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">44</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Tomatoes?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">46</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Onions, leeks and green onions?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">47</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Eggplant and bitter tomatoes?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">48</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Pumpkin?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">49</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Cabbage?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">50</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Other vegetables (cassava leaves, carrots, spinach, okra, cauliflower, etc.)?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">51</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Spices (curry, red pepper, etc.)?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">53</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Fish</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">54</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Edible insects?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">60</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> <tr> <td colspan="19">Eggs (all birds)?</td> </tr> <tr> <td colspan="2">YES-></td> <td colspan="17">61</td> </tr> <tr> <td colspan="2"><-NO</td> <td colspan="17"></td> </tr> </tbody> </table>												JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	AMOUNT	Fruits juices?																			YES->		42																	<-NO																			Sugar, candy, honey or sugar cane?																			YES->		44																	<-NO																			Tomatoes?																			YES->		46																	<-NO																			Onions, leeks and green onions?																			YES->		47																	<-NO																			Eggplant and bitter tomatoes?																			YES->		48																	<-NO																			Pumpkin?																			YES->		49																	<-NO																			Cabbage?																			YES->		50																	<-NO																			Other vegetables (cassava leaves, carrots, spinach, okra, cauliflower, etc.)?																			YES->		51																	<-NO																			Spices (curry, red pepper, etc.)?																			YES->		53																	<-NO																			Fish																			YES->		54																	<-NO																			Edible insects?																			YES->		60																	<-NO																			Eggs (all birds)?																			YES->		61																	<-NO																								
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	AMOUNT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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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	
During the past 6 months (since....) have the members of your household bought any of the following foods for their own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		IF THE ANSWER TO 1 IS YES, ASK 2-8. During which months of the last 6 months (since ...) did members of your household buy ..[FOOD ITEM]..? PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF THE CROP WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X. YES (BOUGHT).....1 NO (DID NOT BUY).....2												How often during the months of the rainy season (masika, vuli) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE RAINY SEASON, WRITE 0 TIMES AND >5.		How much did it cost to buy this amount each time during the rainy season?		How often during the months of the dry season (kiangazi) did they buy ...[FOOD ITEM]..? IF NOT BOUGHT DURING THE DRY SEASON, WRITE 0 TIMES AND >7.		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 visit two weeks ago? YES...1 NO...2 (>NEXT ITEM)		How much have they spent since my visit two weeks ago? >NEXT ITEM	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT	TIMES	TIME UNIT	AMOUNT	AMOUNT	AMOUNT				
Local alcoholic beverages consumed at home?	YES->	64																							
	<-NO																								
Fresh milk?	YES->	67																							
	<-NO																								
Milk products (yogurt/cheese)?	YES->	69																							
	<-NO																								
Other foods or crops (specify:)?	YES->	72																							
	<-NO																								
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC												

> QUESTION 1, NEXT PAGE

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

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

1		2												3		4	5	6	
During the past 6 months (since...) have the members of your household bought any of the following foods for their own consumption?		During which months of the last 6 months (since...) did members of your household buy ...[FOOD ITEM]...?												How often did they buy ...[]... during these months?		How much did it cost to buy this amount each time during these months?	Have the members of your household bought any ...[]... since my visit two weeks ago?	How much have they spent since my visit two weeks ago?	
PUT A CROSS IN THE APPROPRIATE BOX FOR ALL CROPS BEFORE GOING TO QUESTIONS 2-8.		PUT AN X ABOVE EACH OF THE LAST 6 MONTHS. FOR ALL MONTHS WITH AN X, WRITE CODE 1 IF THE CROP WAS BOUGHT OR CODE 2 IF IT WAS NOT BOUGHT. LEAVE BLANK ALL MONTHS WITHOUT AN X.												IF NOT BOUGHT DURING THESE MONTHS, WRITE 0 TIMES AND >5.		THIS AMOUNT SHOULD CORRESPOND TO EACH TIME IN Q3.	YES...1	NO...2 (>NEXT ITEM)	NEXT ITEM AMOUNT
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TIMES	TIME UNIT	AMOUNT			
Wheat flour, bread?	YES->																		
	<-NO																		
Macaroni and spaghetti?	YES->																		
	<-NO																		
Biscuits, cakes or buns?	YES->																		
	<-NO																		
Other oils?	YES->																		
	<-NO																		
Jams, jellies, marmalades, sweets?	YES->																		
	<-NO																		
Salt?	YES->																		
	<-NO																		
Chicken, duck and other poultry?	YES->																		
	<-NO																		
Beef?	YES->																		
	<-NO																		
Mutton and goat?	YES->																		
	<-NO																		
Pork?	YES->																		
	<-NO																		
Baby food, excluding milk?	YES->																		
	<-NO																		
Sodas (coke, fanta, etc.)?	YES->																		
	<-NO																		

> QUESTION 1, NEXT PAGE

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

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

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

I D E N T I F I C A T I O N C O D E	Now I am going to ask you about certain items you may have acquired in the past 6 months (since...). By acquired, I mean items that you bought for yourself, made for yourself, or that were given to you.																		
	A. In the past 6 months (since...), have you acquired any ...[]...?																		
	RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM. THEN ASK QUESTION 'B' FOR ALL ITEMS ACQUIRED:																		
	B. What is the value of all of the ...[]... that you have acquired in the past 6 months (since...)?																		
1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B
Khanges or Kitenges?		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		3A		4A		5A		6A		7A		8A		9A		10A		Q.B	PART B
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	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

IDENTIFICATION CODE	<p>Now I am going to ask you about items that you have purchased since my visit 2 weeks ago. I am interested only in items you purchased for yourself or someone else with your own money, and not items purchased for you by someone else.</p> <p>A. Since my visit 2 weeks ago, have you purchased ...[]...?</p> <p>RECORD THE ANSWER TO QUESTION 'A' FOR EACH ITEM. ASK QUESTION 'B' FOR ALL ITEMS PURCHASED:</p> <p>B. How much have you spent for ...[]... since my visit?</p>																								
	1A	1B	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	9A	9B	10A	10B	11A	11B	12A	12B	
	Food consumed outside the home (at restaurants, bars, and bought on the street)?		Beverages consumed outside the home?		Cigarettes, tobacco?		Gambling games of chance, lottery tickets?		Newspapers or magazines?		Gasoline and motor oil?		Envelopes, writing paper, pens and pencils?		Candles, paraffin, matches?		Batteries?		Sporting events, cinema, contribution to clubs, etc.?		Toilet soap, washing powder, tooth brush and tooth paste?		Cosmetics, lotions, perfume, body lotions?		AMOUNT
	YES...1 NO....2 ▶ 2A		YES...1 NO....2 ▶ 3A		YES...1 NO....2 ▶ 4A		YES...1 NO....2 ▶ 5A		YES...1 NO....2 ▶ 6A		YES...1 NO....2 ▶ 7A		YES...1 NO....2 ▶ 8A		YES...1 NO....2 ▶ 9A		YES...1 NO....2 ▶ 10A		YES...1 NO....2 ▶ 11A		YES...1 NO....2 ▶ 12A		YES...1 NO....2 ▶ 0.8		▶ SECTION 19
	AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT				

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

I D E N T I F I C A T I O N C O D E	1.	2
	<p>During the past 6 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.....1 NO.....2 (> 40)</p> <p>IF NO, PROBE FOR GIFTS, MONEY RECEIVED FOR FUNERALS, SCHOOLING EXPENSES, CHILD SUPPORT, WEDDINGS, GOODS OR MONEY TO HELP SICK PERSONS -- IN THE LAST 6 MONTHS.</p> <p>REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFTS, LOANS AND TRANSFERS FROM THESE CHILDREN. ALSO ASK ABOUT MONEY RECEIVED FOR MEDICAL CARE, AS NOTED IN THE HEALTH SECTION, AND FOR SCHOOLING, AS NOTED IN THE EDUCATION SECTION.</p>	<p>From how many different people did you receive money or gifts in the last 6 months?</p> <p>NO. OF PEOPLE</p>

▶ 3
NEXT PAGE

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

I D E N T I F I C A T I O N C O D E	3	4	5	6	7	8	9	10	11	12	13
	<p>Now I would like to ask you some questions about the persons from whom you received money, gifts, or loans in the past 6 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.....1 (p 5)</p> <p>PARENT.....2 (p 5)</p> <p>GRANDPARENT.....3 (p 5)</p> <p>SON/DAUGHTER.....4 (p 5)</p> <p>GRANDCHILD.....5 (p 5)</p> <p>SISTER/BROTHER.....6 (p 5)</p> <p>NIECE/NEPHEW.....7 (p 5)</p> <p>OTHER RELATIVE.....8 (p 5)</p> <p>NEIGHBOR.....9 (p 5)</p> <p>OTHER NON-RELATIVE..10 (p 5)</p>	<p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2, OR WRITE 99 IF THE CHILD IS DECEASED</p> <p>▶ 7</p> <p>ID CODE</p>	<p>Does ..[NAME].. live here in ...[NAME OF TOWN OR VILLAGE]...?</p> <p>YES.....1 (p 7)</p> <p>NO.....2</p> <p>DECEASED...3 (p 7)</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>Dar-Es-Salaam...4</p> <p>Other Town in Tanzania.....5</p> <p>Other Village Tanzania.....6</p> <p>Other Country...7</p> <p>Dont Know.....8</p>	<p>How much have you received from this person in the past 6 months, including money and the value of gifts in kind?</p> <p>AMOUNT</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 (p 10)</p>	<p>What was the main reason for receiving 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>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (p 13)</p>	<p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>Did you receive money or gifts in kind from anyone else in the past 6 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (p 40)</p>

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

I D E N T I F I C A T I O N C O D E	14	15	16	17	18	19	20	21	22	23	24
	<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 6 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>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>OR WRITE 99 IF THE CHILD IS DECEASED</p> <p>18</p> <p>ID CODE</p>	<p>Does ..(NAME).. live here in ... (NAME OF TOWN OR VILLAGE)....?</p> <p>YES.....1 (> 18)</p> <p>NO.....2</p> <p>DECEASED 3 (> 18)</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>Dar-Es-Salaam....4</p> <p>Other Town in Tanzania.....5</p> <p>Other Village Tanzania.....6</p> <p>Other Country.....7</p> <p>Don't Know.....8</p>	<p>How much have you received from this person in the past 6 months, including money and the value of gifts in kind?</p> <p>AMOUNT</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 (> 21)</p>	<p>What was the main reason for receiving 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</p> <p>(SPECIFY: _____)</p>	<p>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (> 24)</p>	<p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>Did you receive money or gifts in kind from anyone else in the past 6 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (> 40)</p>

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

I D E N T I F I C A T I O N C O D E	25	26	27	28	29	30	31	32	33	34	35
	<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 6 months.</p> <p>What is his/her relationship to you?</p> <p>HUSBAND OR WIFE.....1 (► 27)</p> <p>PARENT.....2 (► 27)</p> <p>GRANDPARENT.....3 (► 27)</p> <p>SON/DAUGHTER.....4</p> <p>GRANDCHILD.....5 (► 27)</p> <p>SISTER/BROTHER.....6 (► 27)</p> <p>NIECE/NEPHEW.....7 (► 27)</p> <p>OTHER RELATIVE.....8 (► 27)</p> <p>NEIGHBOR.....9</p> <p>OTHER NON-RELATIVE..10 (► 27)</p>	<p>COPY THE CHILD ID CODE OF THE CHILD LIVING ELSEWHERE FROM SECTION 2.</p> <p>OR 99 IF CHILD IS DECEASED</p> <p>►29</p> <p>ID CODE</p>	<p>Does ..[NAME].. live here, in ...[NAME OF TOWN OR VILLAGE]...?</p> <p>YES.....1 (► 29)</p> <p>NO.....2</p> <p>DECEASED..3 (►29)</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>Dar-Es-Salaam....4</p> <p>Other Town in Tanzania.....5</p> <p>Other Village in Tanzania.....6</p> <p>Other Country....7</p> <p>Dont Know.....8</p>	<p>How much have you received from this person in the past 6 months, including money and the value of gifts in kind?</p> <p>AMOUNT</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>What was the main reason for receiving 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</p> <p>(SPECIFY: _____)</p>	<p>Must you repay any part of this amount?</p> <p>YES...1</p> <p>NO....2 (► 35)</p>	<p>How much has already been repaid?</p> <p>AMOUNT</p>	<p>How much do you expect to repay in the future?</p> <p>AMOUNT</p>	<p>In addition to the three people you mentioned, did you receive money or gifts in kind from anyone else in the past 6 months?</p> <p>(VERIFY WITH THE ANSWER TO QUESTION 2)</p> <p>YES....1</p> <p>NO.....2 (► 40)</p>

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

I D E N T I F I C A T I O N C O D E	36	37	38	39	40	41	42	43
	How much have you received from all other persons in the past 6 months, including money and the value of gifts in kind?	Must 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 PERSONAL, FAMILY, OR BUSINESS LOANS)?	What is the total amount that you owe for repayment of these outstanding debts?	Was any part of this debt incurred to pay for medical care?	How much was incurred for medical care?
	AMOUNT	YES...1 NO...2 (> 40)	AMOUNT	AMOUNT	EXCLUDE AGRICULTURAL LOANS YES...1 NO...2 (> PART B)	AMOUNT	YES...1 NO....2 (> PART B)	AMOUNT
								▶ PART B

SECTION 19. REMITTANCES
AND CREDIT

PART B.
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

I D E N T I F I C A T I O N C O D E	1	2
	During the past 6 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?	
	YES.....1 NO.....2 (> 40)	
	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 6 MONTHS. REFER BACK TO SECTION 2 ON CHILDREN LIVING ELSEWHERE. ASK ABOUT GIFTS, LOANS AND TRANSFERS TO THESE CHILDREN.	
		NO. OF PEOPLE

▶ 3
NEXT PAGE