



Southern Sudan Commission for  
Census Statistics and Evaluation

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Central Bureau of Statistics

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# REPUBLIC OF SUDAN

## National Baseline Household Survey Questionnaire 2009

Strictly confidential information

### A. Interview particulars

A1. Identification		
Administrative unit	Name	Code
State		/
County		/
Payam		/
Boma		/
Enumeration Area		/
Household number (listing)		/
Interviewer name and ID code	Name	/

A2. Location characteristics	
Urban or rural (location of household)	<input type="checkbox"/> Urban location <input type="checkbox"/> Rural location
North coordinate (main dwelling entrance)	Decimal degrees
East coordinate (main dwelling entrance)	
Village/block name(s)	

### A3. Household migration characteristics

Did the household live in this County 12 months ago?		If no, where did the household live 12 months ago?		State name		Code	
Yes	No	If outside Sudan, leave State and County code and name open and fill in only Country name and code (see list in manual)		County name		/	
<input type="checkbox"/>	<input type="checkbox"/>			Country name		/	
If no, how many months ago did the household move to the current location?							
Does this household usually migrate during the year to look for work, raise livestock or for other reasons?				Yes		No	
				<input type="checkbox"/>		<input type="checkbox"/>	

### A4. Questionnaire logistics

Number of forms for this household	Total number of forms used for this household	
	Of which this is form number	/

	Day	Month	Year	Time at start of interview		Time at end of interview	
				Hour	Minute	Hour	Minute
Interview 1 (A-L) (completed date and time used for the interview)	/	/	/	/	/	/	/
Interview 2 (M-N) (completed date and time used for the interview)	/	/	/	/	/	/	/

Questionnaire checked and approved	Yes	Supervisors signature
	<input type="checkbox"/>	

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Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
<b>B. ALL HOUSEHOLD MEMBERS – I am now going to ask about characteristics of <u>all</u> the members of this household starting with their names</b>														
<b>B1. List the names of all the members of this household – starting with the head of household.</b>		Head												
If more than 12 members, use an additional form.														
<b>B2 What is [Name's] relationship to head of household?</b>														
1	Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Daughter/son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Spouse of son/daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sister/brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Sister/brother in-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Parent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Niece/nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Non relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B3 Is [Name] male or female?</b>														
1	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B4-1 What is [Name's] age in completed years?</b>														
If less than one year old, code "0"														
If over 95 years old, code "95"														
<b>B4-2 If less than 5 years old ask: What is [Name's] age in completed months?</b>														
<b>B5 IF 12 YEARS AND ABOVE ASK: What is [Name's] marital status?</b>														
1	Never married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Widowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B6 During the past 12 months, how many months did [Name] live in this household?</b>														
Number of months														
<b>B7 Is biological father of [Name] living in this household?</b>														
1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	No, but alive and living elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	No, but dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	No, but do not know if he is alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B8 Is biological mother of [Name] living in this household?</b>														
1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	No, but alive and living elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	No, but dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	No, but do not know if she is alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
<b>C. AGE 6 YEARS AND ABOVE – EDUCATION</b> I am now going to ask about the educational status for persons 6 years and above in the household														
<b>C1</b>	Can [Name] read and write with understanding a simple sentence in any language?													
	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C2</b>	Has [Name] ever attended school?													
	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C4</b> ←	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C3</b>	Is [Name] currently attending school?													
<b>C5</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No If [Name] is 16 years or more go to C7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C4</b>	IF [NAME] IS LESS THAN 16 YEARS OLD: Why is [Name] not attending school?													
	1 No money for school costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 Supporting the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3 Own illness/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C7</b> {	4 Families illness/disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5 School too far from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Cultural reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C5</b>	FOR THOSE CURRENTLY ATTENDING SCHOOL: What is the grade and level that [Name] is attending?													
	1 P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3 P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 P4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5 P5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 P6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 P7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 P8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9 Secondary 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	10 Secondary 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	11 Secondary 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	12 Secondary 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	13 Secondary 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	14 Secondary 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	15 Post secondary diploma program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	16 University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	17 Khalwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

Member number	+	1	2	3	4	5	6	[ 7	8	9	10	11	12	+
<b>C. AGE 6 YEARS AND ABOVE – EDUCATION. Continued</b>														
<b>C6</b>	<b>FOR THOSE CURRENTLY ATTENDING SCHOOL: What was the grade and level that [Name] was attending previous school year?</b>													
1	Did not attend school previous year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	P4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	P5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	P6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	P7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	P8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Secondary 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Secondary 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Secondary 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Secondary 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Secondary 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Secondary 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Post secondary diploma program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Khalwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C7</b>	<b>FOR THOSE CURRENTLY ATTENDING AND/OR PREVIOUSLY ATTENDED SCHOOL: What is the highest level that [Name] has completed?</b>													
1	No qualification (previously)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Incomplete primary (currently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Primary 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Primary 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Primary 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Junior 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Junior 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Secondary 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Secondary 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Secondary 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Secondary 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Secondary 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Secondary 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Post secondary diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Khalwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

Member number	+	1	2	3	4	5	6	[ 7	8	9	10	11	12	+
<b>C. AGE 6 YEARS AND ABOVE – EDUCATION. Continued</b>														
<b>C8</b>	Has [Name] ever attended any sort of vocational training?													
	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D1</b> ←	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C9</b>	If yes, what type of skills did [Name] acquire? (Mark all that applies)													
	1 Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 Brick laying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3 Computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Motor mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5 Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 Sewing/tailoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Nursing/first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C10</b>	How many months did [Name's] vocational training last?													
	Months (no decimal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	If less than a month, write '0'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>C11</b>	What was the total expenditure related to [Name's] vocational training last 12 months?													
	SDG (no decimal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>D. AGE 10 YEARS AND ABOVE – WORK</b> I am now going to ask questions about economic activity for all persons 10 years and above in the household														
<b>D1</b>	During the last 7 days, did [Name] work at least one hour for pay (or without pay), profit in kind for family business?													
<b>D6</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D2</b>	[Name] did <u>not</u> work during the last 7 days, but have a job to go back to?													
<b>D6</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D3</b>	[Name] did <u>not</u> work during the last 7 days, but have worked before and is available for work?													
<b>D6</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D4</b>	[Name] did <u>not</u> work before, and is not seeking work?													
<b>D11</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D5</b>	[Name] have never worked before, but is seeking work?													
<b>E1</b> ←	1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
<b>D. AGE 10 YEARS AND ABOVE – WORK. Continued</b>														
<b>D6</b>	<b>FOR THOSE WHO WORKED OR HAVE WORKED BEFORE (Yes in D1-D3): What was [Name's] <u>main</u> activity of work the last 7 days or last days work? (ISIC-4)</b>													
1	Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Crop farming and horticulture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Forestry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Mining and quarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Electricity, gas, steam and air conditioning supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Water supply; sewerage, waste management and remediation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Wholesale and retail trade; repair of motor vehicles and motorcycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Transportation and storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Accommodation and food service activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Information and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Financial and insurance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Real estate activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Professional, scientific and technical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Administrative and support service activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Public administration and pulsory social security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Defence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Human health and social work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Arts, entertainment and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Other service activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D7</b>	<b>Did [Name] receive wages, salaries or other values in cash or kind or in other values for the work done during the last 7 days?</b>													
1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D8</b>	<b>What was the value of [Name's] last payment (cash or kind)? (or if not yet received payment) What is the value of the payment that [Name] expect to receive (cash or kind)?</b>													
	<i>SDG (no decimal)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D9</b>	<b>How many days did [Name] work for the payment just reported (D8)? (or if not yet received payment) How many days does [Name] expect to work for the payment just reported?</b>													
	<i>Days, no decimal</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

		[ ]												
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
<b>D. AGE 10 YEARS AND ABOVE – WORK. Continued</b>														
<b>D10</b>		FOR THOSE WHO WORKED LAST 7 DAYS OR HAVE WORKED BEFORE (from D1, D2 or D3): What was [Name's] <u>main</u> employment status?												
1 Paid employee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Employer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Own account worker		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Unpaid family worker		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Unpaid working for others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D11</b>		FOR THOSE WHO DID NOT WORK BEFORE AND WERE NOT SEEKING WORK (from D4): Why did [Name] not seek work? (Mark only one)												
<b>E1</b>	1 No hope to find job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Full time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Income recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Too old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Disabled/too sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Full time homemaker/housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7 Pensioner/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D12</b>		FOR THOSE WHO WORKED LAST 7 DAYS OR HAVE WORKED BEFORE (from D1, D2 or D3): What was [Name's] <u>main</u> activity of work during the last 12 months? (ISIC-4)												
1 Animal husbandry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Crop farming and horticulture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Fishing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Forestry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Mining and quarrying		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Manufacturing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Electricity, gas, steam and air conditioning supply		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Water supply; sewerage, waste management and remediation activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Construction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Wholesale and retail trade; repair of motor vehicles and motorcycles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Transportation and storage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Accommodation and food service activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Information and communication		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Financial and insurance activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Real estate activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Professional, scientific and technical activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Administrative and support service activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Public administration and pulsory social security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Defence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Education		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Human health and social work activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Arts, entertainment and recreation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Other service activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+

[ ]

Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
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**D. AGE 10 YEARS AND ABOVE – WORK. Continued**

**D13** For the last month (30 days) - What was the value of [Name's] payments (cash or kind)? *(or if not yet received payment)* What is the value of the payment that [Name] expect to receive (cash or kind)?  
SDG (no decimal)

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**D14** How many weeks did [Name] work for the payment just reported (D13)?  
Weeks, no decimal

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**E. CHILDREN LESS THAN 5 YEARS OLD – HEIGHT AND WEIGHT** We are now going measure height and weight of all children less than 5 years old in the household.

**E1** **Measured height in cm**  
Centimetres (with one decimal)

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**E2** **Measured weight in kg**  
Kilograms (with one decimal)

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

**E3** **Result of measurement**  
 1 Measured  
 2 Not measured - Not present  
 3 Not measured - Refusal  
 4 Not measured - Other reasons

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. CHILDREN 12- 24 MONTHS OLD - IMMUNIZATION** We are now going ask the mothers/care takers of 1 year old children about their children's vaccination.

**F1** Has your 1 year old child [Name] ever been given measles vaccination injections or MMR (that is a "shot" in the arm given at the age of 9-12 months)?  
 1 Yes  
 2 No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F2** Is there a vaccination card to confirm this?  
 1 Yes  
 2 No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F3** If there is a vaccination card, can I see it?  
 1 Vaccination card seen

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Member number	+	1	2	3	4	5	6	7	8	9	10	11	12	+
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**G. CONTROL OF INTERVIEW FLOW – Need for a continuation sheet?**

**G1** Is the information (section B-F) for all members of the household now covered?

**H 1** ← 1 Yes ☐ If yes: Continue to section H and finalize the first household interview visit by including the housing and household information on the current form (H-L)  
**A1** ← 2 No ☐ If no: Use additional form(s) with names of additional household members filled in and copy the same ID codes (A1), enumerator ID (A1) and number of forms used (A4) and continue to fill in corresponding individual information (section B-F) about the remaining persons in the household.



**H. HOUSEHOLD – HOUSING** I am now going to ask about your housing

**H1** What type of dwelling does this household live in? (mark only one)

- 1 Tent ☐
- + 2 Dwelling of straw mats ☐
- 3 Tukul/gottiya-mud ☐
- 4 Tukul/gottiya-sticks ☐
- 5 Flat or apartment ☐
- 6 Villa ☐
- 7 House of one floor-mud ☐
- 8 House of one floor-brick/concrete ☐
- 9 House constructed of wood ☐
- 10 Multi-storey house ☐
- 11 Incomplete ☐

**H2** How many rooms does this household have total?

Number of rooms

**H3** How many rooms are used for sleeping indoors?

Number of rooms

**H4** What is the main tenure status of this dwelling?

- 1 Owned ☐
- 2 Rented ☐
- 3 Housing provided as part of work ☐
- 4 Free ☐

**H5** What is the main source of drinking water for this household?

- 1 Water filtering stations with common network/stand pipe (koshk) ☐
- 2 Mechanical boreholes with common network/standpipe (koshk) ☐
- 3 Deep boreholes (donkey) without network ☐
- 4 Deep boreholes (donkey) with network ☐
- 5 Hand pumps ☐
- 6 Sand filters with common network stand pipe (koshk) ☐
- 7 Shallow wells (dug wells) ☐
- 8 Hafeer/Dam without filter (still open water) ☐
- 9 Hafeer/Dam with filter (still open water) ☐
- 10 Turdal/fula/river (still open water) ☐
- + 11 Running open water source (river, pond, tura'a) ☐
- 12 Water vendor (tanker-cart-bearer) from deep boreholes ☐
- 13 Water vendor – from shallow wells pond/river/spring ☐

**H6** How long time does it usually take to walk (one way) to this main water source from dwelling? (if source is in dwelling, enter 0)

Minutes

**H7** What is the main source of lighting for this household?

- 1 Public electricity ☐
- + 2 Private electricity (generator) ☐
- 3 Gas ☐
- 4 Paraffin lantern ☐
- 5 Paraffin lamp ☐
- 6 Firewood ☐
- 7 Grass ☐
- 8 Candle wax ☐
- 9 Solar power ☐
- 10 Biogas ☐
- 11 No lighting ☐

**H8** What is the main source of energy for cooking in this household?

- 1 Firewood ☐
- 2 Charcoal ☐
- 3 Gas ☐
- 4 Electricity ☐
- 5 Paraffin ☐
- 6 Cow dung ☐
- 7 Grass ☐
- 8 Biogas ☐
- 9 No cooking ☐

**H9** What is the main type of toilet facility used by this household?

- 1 Pit latrine private ☐
- 2 Shared pit latrine ☐
- 3 Private flush toilet ☐
- 4 Shared flush toilet ☐
- 5 Bucket toilet ☐
- 6 No toilet facility ☐

**H10** What is the main method of solid waste disposal for this household?

- + 1 Skip bin open ☐
- 2 Skip bin closed ☐
- 3 Pit ☐
- 4 Heap ☐
- 5 Burning ☐
- 6 Other ☐

# **I. HOUSEHOLD – LIVELIHOOD AND ASSETS**

I am now going to ask about the household livelihood and assets

## **I1 What is the household's main source of livelihood?**

- 1 Crop farming ☐
- + 2 Animal husbandry ☐
- 3 Wages and salaries ☐
- 4 Owned business enterprise ☐
- 5 Property income ☐
- 6 Remittances ☐
- 7 Pension ☐
- 8 Aid ☐
- 9 Others ☐

## **I2 Does any member of this household own any of the following transport items? (Mark all that apply) If marked: How many items do you have and how much would you have to pay if you should buy this item at the market?**

	Yes	No	Number of items	Value of item (SDG)
1 Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2 Motor cycle/Motor rickshaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3 Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4 Canoe/Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5 Any type of animal used for transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

+

## **I3 Does any member of this household own any of the following? (Mark all that apply) If marked: How many items do you have and how much would you have to pay if you should buy this item at the market?**

	Yes	No	Number of items	Value of item (SDG)
1 Television/Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
+ 2 Radio/transistor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3 Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4 Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5 Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6 Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7 Air cooler/Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
8 Pair of shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
9 Blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10 Mosquito net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

+

**J. HOUSEHOLD – HOUSEHOLD HEALTH** I am now going to ask you questions related the household health

- J1** Do members of this household have access to any health care facility when sick?
- 1 Yes ☐
- J5** ← 2 No ☐
- J2** What type of health care facility do members of this household visit most often when sick?
- 1 Primary Health Care Unit ☐
- +** 2 Primary Health Care Centre ☐
- 3 Public Hospital ☐
- 4 Private Hospital/Clinic ☐
- 5 Pharmacy/Drug Store ☐
- 6 No medical help available ☐
- 7 Other ☐
- J3** Does the facility provide free health care?
- 1 Yes ☐
- 2 No ☐
- J4** How long does it take members of this household to reach the above mentioned (J2) health facility?
- 1 Less than 15 minutes ☐
- 2 15-29 minutes ☐
- 3 30-59 minutes ☐
- 4 1-2 hours ☐
- 5 More than 2 hours ☐
- J5** If members of this household do not usually visit any of the facilities above mentioned (J2), what is the main type of medical help you seek when sick?
- 1 Religious healer ☐
- 2 Which doctor ☐
- 3 Traditional healer ☐
- 4 Relative/Friend /Neighbour ☐
- 5 Other ☐

- J6** Does this household have any bed-/mosquito-nets?
- 1 Yes ☐
- K1** ← 2 No ☐
- J7** How many bed-/mosquito-nets does this household have?
- Total number of nets
- J8** Who do usually sleep under these bed-/mosquito-net(s)? (mark all that applies)
- 1 Head of household ☐
- +** 2 Pregnant mothers ☐
- 3 Children under five ☐
- 4 Other ☐
- J9** Have these bed-/mosquito-net(s) been treated with chemicals less than 12 months ago?
- 1 Yes ☐
- 2 No ☐
- J10** Where did the household acquire these bed-/mosquito-net(s)?
- 1 Free from health facility ☐
- 2 Bought from the market shop ☐
- 3 Other ☐

+

**K. HOUSEHOLD – ECONOMIC TRANSFERS** I am now going to ask about possible economic transfers to the household during the last 12 months

- K1** Has the household received cash or goods from food aid programs in the last 12 months?

Yes ☐ →

No ☐ ↓

What is the value of cash and kind received in the last 12 months?

Cash received (SDG without decimals)

Value (SDG without decimals) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?


+

**K. HOUSEHOLD – ECONOMIC TRANSFERS Continued.**

**K2** Has the household received cash or goods from other government benefit in the last 12 months?

+

Yes ☐ →  
No ☐  
↓

What is the value of cash and kind received in the last 12 months?  
(SDG without decimals)

Cash received (SDG) +

Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?

**K3** Has the household received cash or goods from other NGO/Charity scheme in the last 12 months?

Yes ☐ →  
No ☐  
↓

What is the value of cash and kind received in the last 12 months?  
(SDG without decimals)

Cash received (SDG)

Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?

**K4** Has the household received cash or goods from individuals outside the household in the last 12 months?

Yes ☐ →  
No ☐  
↓

What is the value of cash and kind received in the last 12 months?  
(SDG without decimals)

Cash received (SDG)

Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?

**K5** Has the household received cash or goods from other groups in the last 12 months?

+

Yes ☐ →  
No ☐ +  
↓

What is the value of cash and kind received in the last 12 months?  
(SDG without decimals)

Cash received (SDG)

Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?

**L. HOUSEHOLD – CASH, CREDIT, SAVINGS AND SHOCKS** I am now going to ask questions about cash, credit and savings for this household

**L1** Has any member of this household used cash in the past 7 days?

- 1 Yes ☐  
2 No ☐

**L2** Does any member of this household use cash for obtaining goods for the household that the household does not produce it self?

- L4** ← 1 Yes ☐  
2 No ☐

+

**L3** If not using cash, how does the household obtain such goods?

- 1 Exchange for own products (barter) ☐  
2 Do not use any goods that not are produced by the household? ☐  
3 Other ☐

**L4** In the last 12 months has any member of the household borrowed or obtained money that he/she had to repay?

- 1 Yes ☐  
**L8** ← 2 No ☐

**L5** Who did the household borrow from in the last 12 months?

- 1 Family and/or other individuals ☐  
2 Banks and Government agencies ☐  
+ 3 NGOs or Microfinance institutions ☐  
4 Pawning own belongings ☐  
5 Employer or landlord ☐

**L6** How much money did the household borrow the last 12 months?

SDG without decimal

**L. HOUSEHOLD – CASH, CREDIT, SAVINGS AND SHOCKS. Continued**

**L7 What is the main reason for borrowing or obtaining this loan?**

**Purpose agriculture:**

- + 1 Farm inputs ☐
- 2 Buy heavy equipment ☐
- 3 Buy other equipment ☐
- 4 Buy animals ☐
- 5 Buy agricultural land ☐
- 6 Other agricultural costs ☐

**Purpose non-farm business:**

- 7 Working capital and purchase of inputs ☐
- 8 Land and/or building equipment ☐
- 9 Other business expenses ☐

**Purpose personal use:**

- 10 Consumption needs ☐
- 11 Purchase and improvement of dwelling ☐

**Other purposes:**

- 12 Religious, wedding, burial ☐
- 13 Consumer durables ☐
- 14 On-lending ☐
- 15 Other ☐

**L8 FOR THOSE WHO DID NOT BORROW OR OBTAIN MONEY THE LAST 12 MONTHS (From L4) Why has no members of the household borrowed money in the last 12 months? (Mark all that apply)**

- + 1 No need ☐
- 2 Believed I would be refused ☐
- 3 Too expensive ☐
- 4 Inadequate collateral ☐
- 5 Do not like to be in dept ☐
- 6 Do not know any lender ☐
- 7 Attempted to borrow but was refused ☐
- 8 Because in dept ☐
- 9 Other ☐

**L9 Does any member of the household have a bank account or a postal savings account?**

- 1 Yes ☐
- 2 No ☐

**L10 Over the past five years, was the household severely affected by any of the following events?**

Read out the hole list	Tick of for Yes or No	If "Yes"			
		Rank the three most significant shocks (Code 1, 2 or 3)	Estimated Value of the most significant shocks (SDG)	What did you do in response to this [shock] to try to cope /regain your former welfare level? (Code list below)	
		c01	c02	c03	c04
1 Drought or Floods	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
2 Crop disease or pests	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
3 Livestock died or stolen	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
4 Severe illness or accident of HH member	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
5 Death of HH member	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
6 Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
7 Robbery/ burglary/ assault	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
8 Dwelling damaged, destroyed	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
9 Severe water shortage	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			
10 Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>			

**Code list for coping strategies L10 (c04):**

1=Spent cash saving, 2=Sent children to live with relatives, 3=Sold assets (tools, furniture etc), 4 Sold farm land, 5=Rented out farm, 6=Sold animals, 7=Sold more crops, 8=Worked more/worked longer hours, 9=Other hh members who weren't working went to work, 10=Started a new business, 11=Removed children from school to work, 12=Went elsewhere to find work for more than a month, 13=Borrowed money from relatives, 14=Borrowed money from money lender, 15=Borrowed money from institutions (banks etc), 16=Received help from religious institutions, 17= Received help from local NGO, 18=Received help from international NGO, 19=Received help from Government, 20=Received help from family/friends, 21=Reduced food consumption, 22=Consumed lower cost, but less preferred foods, 23=Reduced non-food expenditures, 24=Spiritual help-, prayers, sacrifices, consulted diviner etc, 25=Other

**END OF FIRST VISIT INTERVIEW**

Remember to thank the respondent for the interview, explain about the next visit interview (how respondent should prepare) and make an appointment (day and time) for the second visit interview. Fill in section A4 "Interview 1 completed date and time used". Check the form for quality and missing. Store the form in a safe place.

# **START OF SECOND VISIT INTERVIEW**

For households with more than 12 members, be sure that the form you use for the second visit interview is the one containing information about the last member of the household (section B-G first interview) and the housing information (section H-L first interview). Check that section A4 "Number of forms used for this household" is correctly filled in.

## **Instructions for section M1-5 Purchase and Consumption module (see also the manual)**

For section M1: The actual number of household members that ate together the last 7 days should be recorded in section M1

For section M2-3: Read out each item from the attached food commodity list as follows: "Over the past (one week/7 days) did you or others in your household acquire, purchase, barter or consume any of [item]?"

1) If the respondent answers "no", tick off for "no" and continue to next line/item and repeat the questioning.

2) If the respondent answers "yes" tick off for "yes" and continue to ask questions and fill in information about purchase and possible consumption C03-C15 before you continue to next line/item.

For section M4-5: Read out each item from the questionnaire and, if "no" tick off and continue to next line, if "yes" tick off and fill in total amount of cash (or estimated value of kind/barter) spent.

**M1.1 Does this household have more than 12 members?**

Yes ☐ →  
No ☐ ↓

**M1.2 Is this the last form used for the first visit interview of the household ?**

Yes ☐ If yes, start the second visit interview section M-N

No ☐ If no, find the correct (last) form and start the second visit interview section M-N

**M1.3 How many people ate together at a daily basis in the household during the last 7 days?**

## **Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco)**

+	Item code	Mark Yes or No for all items	Purchases last 7 days						Consumption (last 7 days) from own production, own stock, from gifts and other sources						
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?			3. How much of the purchased [item] was consumed?			4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was most of the [item] purchased? (mark only one) <small>1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0111 Bread and Cereals</b>															
Dura	11101	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Yellow maize (Dura Shami)	11103	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Millet (Dukhn)	11104	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Weat	11105	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Maize (in the cob)	11106	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Rice (imported)	11109	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Wheat flour (Fino,local)	11111	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12= bundle big 13= bundle small 14= basket/plastic basin (10 liter) 15= bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<div>+</div> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was <u>most</u> of the [item] purchased? <small>(mark only one)</small> 1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0111 Bread and Cereals. Continued</b>															
Dura flour	11114	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Maize flour	11116	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Millet flour	11117	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Other flour	11118	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Macaroni, Spaghetti, Noodles etc	11121	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Breakfast cereals	11122	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Reels of pasta	11127	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Bread	11128	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Kisra & Asida	11130	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Local biscuit	11132	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Buns	11136	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Infant feeding	11139	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Other Cereal and cereal products	11140	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0112 Meat</b>															
Sheep meat (fresh, with bone, local)	11201	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Goat meat (with bones, fresh, local)	11202	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Liver (Sheep / Goat)	11203	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12= bundle big 13= bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

+  1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?  Include food both eaten communally in the household and that eaten separately by individual household members	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?
			Quantity purchased <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Total amount of cash (SDG) spent <i>with one decimal</i>	Where was <u>most</u> of the [item] purchased? <i>(mark only one)</i>  1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0112 Meat. Continued</b>															
Meat accessories (Sheep/Goat)	11204	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Sheep head fresh and cleaned (without skin) full head	112041	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Goat head cleaned and fresh (without skin) full head	112042	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Feet/foot, Sheep/Goat fresh and cleaned (without skin)	112043	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Mutton tripes (intestines) Sheep/Goat, fresh and cleaned	112045	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Fresh beef	11205	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Pork meat	11206	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Liver (cattle/veal)	11210	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Accessories beef/veal	11211	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Accessories meat (head of cattle/veal) fresh and clean without skin	112111	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Accessories meat (cow goat/veal) fresh	112112	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Feet/foot cow/veal fresh and clean without skin	112113	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Mutton tripes (intestines) cow/veal fresh and clean	112114	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Camel meat (local fresh)	11212	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Camel liver	11213	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Chicken and poultry	11214	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big  
13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)



**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

+  1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?  Include food both eaten communally in the household and that eaten separately by individual household members	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?
			Quantity purchased <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Total amount of cash (SDG) spent <i>with one decimal</i>	Where was <u>most</u> of the [item] purchased? <i>(mark only one)</i>  1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0112 Meat. Continued</b>															
Small animals (rabbits, mice,...)	11215	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Insects	11216	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Blood and blood products	11217	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Sausages (cattle/veal)	11219	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Other meat and animal products	11220	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0113 Fish and seafood</b>															
Fresh fish, Bolati and others	11301	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Fissekh, salted fish (local)	11303	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Dried fish (local)	11305	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Tinned fish, Sardine 125 grams, Tuna etc	11306	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0114 Milk, cheese and eggs</b>															
Fresh milk	11401	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Milk powder	11404	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Milk products; cheese, yoghurt, etc	11406	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Eggs	11411	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0115 Oils and fats</b>															
Animal and vegetable butter	11501	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Ghee (samin)	11503	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big  
13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<b>+</b> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								<b>7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?</b>  <small>Retail price (SDG) with one decimal</small>  <b>+</b>
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was <u>most</u> of the [item] purchased? <small>(mark only one)</small> 1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
Cooking oil	11505	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0116 Fruits</b>															
Apples	11602	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Local banana	11603	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Oranges in dozen	11606	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Mango fresh in dozen	11614	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Indian mango (local)	116141	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Mango peel (municipal mango)	116142	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Pineapple	11616	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Dates	11619	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Papaya	11626	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Avocado	11627	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Other fruits	11628	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0117 Pulses</b>															
Dry Egyptian beans (local) by quarter good quality	11701	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Dry chick peas	11702	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Green okra	11703	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Dry okra (dry Alweka)	11704	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<div>+</div> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchase d/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?  +  <small>Retail price (SDG) with one decimal</small>
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent with one decimal	Where was <u>most</u> of the [item] purchased? (mark only one)  1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0117 Pulses Continued</b>															
Natural groundnut (sold in rubu) (Roasted)	11705	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Groundnut flour	11706	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Soya bean flour	11707	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Lentils	11711	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
White beans	11713	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Lentils (Adasia)	11715	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Carrots	11718	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Cabbage	11719	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Cucumber	11720	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Onions, dry sold in bulk fresh from first class	11725	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Fresh tomatoes	11728	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Potato (Irish)	11734	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Sweet potato	11735	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Milokhia	11737	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Pumpkin (Gara'a)	11741	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Tomato sauce (canned)	11744	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

+  1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?  Include food both eaten communally in the household and that eaten separately by individual household members	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?
			Quantity purchased <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Total amount of cash (SDG) spent <i>with one decimal</i>	Where was <u>most</u> of the [item] purchased? <i>(mark only one)</i>  1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>	Quantity unit code <i>(code)</i>	Quantity consumed <i>number of quantity units</i>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>0117 Pulses Continued</b>															
Tomato sauce (small pack of 70 grams)	117441	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Tomato sauce (large pack of local 500 grams)	117442	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Tinned pulses	11745	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Cassava tubers	11749	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Yam	11750	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Cassava flour	11751	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Cooking banana	11752	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Other roots, tubers, vegetables	11753	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>0118 Sugar, jam, honey, chocolate and candy</b>															
Sugar	11801	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Sugar cane	11802	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Natural honey	11803	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Tahniah Halawa*	11805	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Chocolate	11806	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Jam (the malty) & jelly	11807	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Candy	11809	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<div>+</div> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources									
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?	
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent with one decimal	Where was <u>most</u> of the [item] purchased? (mark only one)  1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15	
<b>0118 Sugar, jam, honey, chocolate and candy. Continued</b>																
Jelly	11809	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Other sugar	11810	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<b>0119 Food products not classified above</b>																
Green spicy (pungent)	11901	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Red chili (hot pepper)	11902	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Grain black pepper	11903	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Ginger powder	11906	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Yeast	11912	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Promises cinnamon	11914	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Cinnamon powder	11915	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Food salt	11916	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Baking powder	11919	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Coriander	11923	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Okra dry powder (waika)	11925	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Other spices	11931	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big 13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<b>+</b> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources									
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?	
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was <u>most</u> of the [item] purchased? <small>(mark only one)</small> 1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15	
<b>0121 Coffee, tea and cocoa</b>																
Coffee	12101	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Black tea imported	12103	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Khazalten tea or other	121031	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Tea bags	12105	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Nescafe (coffee instant)	12106	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Cocoa	12107	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
<b>0122 Mineral water and refreshing drinks</b>																
Local mineral water	12201	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Local mineral water 1.5 liters	122011	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Local mineral water 0.5 liters	122012	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Orange juice (fruit juice)	12202	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Bottle of Fanta Sprite	12215	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Bottle of Fanta Sprite 300-350 mille liter	122151	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Aluminium box Fanat Sprite 350 mille litre	122152	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Traditional beer	12218	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										
Canned/bottled beer	12219	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>										

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big 13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<div style="text-align: center;">+</div> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		<b>7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?</b>  <small>Retail price (SDG) with one decimal</small>  <div style="text-align: center;">+</div>	
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?	Quantity purchased	Quantity unit code	Total amount of cash (SDG) spent with one decimal	Where was most of the [item] purchased? (mark only one)	Quantity consumed	Quantity unit code	Quantity consumed	Quantity unit code	Quantity consumed	Quantity unit code	Quantity consumed		Quantity unit code
			<small>number of quantity units</small>	<small>(code)</small>		<small>1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar</small>	<small>number of quantity units</small>	<small>(code)</small>	<small>number of quantity units</small>	<small>(code)</small>	<small>number of quantity units</small>	<small>(code)</small>	<small>number of quantity units</small>	<small>(code)</small>		<small>number of quantity units</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15	
<b>0122 Mineral water and refreshing drinks/juice. Continued</b>																
Liquor	12220	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Other beverage products	12221	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<b>0220 Tobacco</b>																
Cigarettes	22001	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Tombac, tobacco	22009	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Honeyed tobacco (Aoasl)	22010	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<b>1111 Restaurants, cafes and the like</b>																
Lunch in a restaurant	111101	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Coffee or tea in the market	111102	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Fresh orange juice in a restaurant	111103	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Meals and breakfast for one person in a restaurant	111104	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Sandwich Tamiya / beans	111105	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Egyptian boiled beans	111106	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<b>1112 Cooked food from vendor</b>																
Maize boiled/roasted	111201	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Cassava boiled	111202	Yes No <input type="checkbox"/> <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big  
13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

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**Section M2. Purchase and consumption last 7 days (Food, beverages and tobacco) Continued.**

<div>+</div> <b>1. Over the past one week (7 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 7 days				Consumption (last 7 days) from own production, own stock, from gifts and other sources								
			2. How much of [item] was purchased last 7 days and what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 7 days, but consumed (4-6), what is the estimated unit price?  Retail price (SDG) with one decimal  +
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was <u>most</u> of the [item] purchased? <small>(mark only one)</small> 1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15
<b>1112 Cooked food from vendor. Continued</b>															
Eggs boiled	111203	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Chicken	111204	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Meat	111205	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Fish	111206	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Meat dishes in a restaurant	111207	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Fish dishes in a restaurant	111208	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									
Other cooked food from vendors	111209	Yes <input type="checkbox"/> No <input type="checkbox"/>				<div>1 2 3 4 5 6 7</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>									

**Quantity unit codes:** 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12=bundle big  
13=bundle small 14= basket/plastic basin (10 liter) 15=bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)

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**Section M3. Purchase (and consumption) last 30 days (Energy sources)**

<div>+</div> <b>1. Over the past one month (30 days), did you or others in your household acquire/purchased/ consumed any [item]?</b>  <small>Include food both eaten communally in the household and that eaten separately by individual household members</small>	Item code	Mark Yes or No for all items	Purchases last 30 days				Consumption (last 30 days) from own production, own stock, from gifts and other sources									
			2. How much of [item] was purchased last 30 days, what did it cost (cash or value of barter) and where was most of it purchased?				3. How much of the purchased [item] was consumed?		4. How much of [item] was consumed from own stock?		5. How much of [item] was consumed from own production?		6. How much of [item] was consumed from gifts and other sources?		7. If [item] not purchased last 30 days, but consumed (4-6), what is the estimated unit price?	
			Quantity purchased <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Total amount of cash (SDG) spent <small>with one decimal</small>	Where was <u>most</u> of the [item] purchased? <small>(mark only one)</small> 1 = City market 2 = Street vendor 3 = Local shop 4 = Out of town (market/roadside) 5 = Own import 6 = Home residence 7 = Restaurant/bar	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small> <b>with one decimal</b>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>	Quantity consumed <small>number of quantity units</small>	Quantity unit code <small>(code)</small>
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	C15	
<b>45 Electricity, gas, liquid fuels, solid fuels, energy used for heating</b>																
Electricity to homes from grid (kw)	45101	Yes <input type="checkbox"/> No <input type="checkbox"/>		kW												
Gas cylinder 12.5 kg	45201	Yes <input type="checkbox"/> No <input type="checkbox"/>		Piece		1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Piece		Piece						
Kerosene	45301	Yes <input type="checkbox"/> No <input type="checkbox"/>		Liter		1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Liter		Liter						
Generator fuel	45302	Yes <input type="checkbox"/> No <input type="checkbox"/>		Liter		1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Liter		Liter						
Charcoal	45401	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Wood fuel	45402	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Other energy source	45403	Yes <input type="checkbox"/> No <input type="checkbox"/>				1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<b>Quantity unit codes:</b> 1= piece 2= dozen (12 pieces) 3=gram (g) 4=kilogram (kg) 5= deciliter (dl) 6=liter (l) 7=rattle/pound 8=rubu 9=cup (8 dl) 10= bottle (5 dl) 11=heap 12= bundle big 13= bundle small 14= basket/plastic basin (10 liter) 15= bunch big (30kg) 16= bunch small (10kg) 17=50 kg bag/sack 18=Jerry can (20 l)																

**Section M4. Purchase (and consumption) last 30 days (Frequently purchased non-food goods and services).**

1. Over the past month (30 days), did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent
	C01	C02	C03
<b>441-444 Water supply, garbage and sewage disposal fees</b> Specify all (no skip)			
Monthly water fees	44101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Waste fees	44201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other related fees and services	44403	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>561 Non-durable household goods (soap, matches etc)</b> Specify all (no skip)			
Match boxes	56101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Laundry soap (local)	56102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Soap (powder)	56103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bathing soap	56104	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	56117	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>562 Domestic servants and services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 611	
Service cost weekly salary at family house	56201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other kind of domestic services	56202	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>611 – 612 Medicines and drugs</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 613	
Cough Syrup medicine (cold)	61101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drug tabs and roots for reducing fever and malaria	61102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Antibiotics	61103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other pharmaceutical products	61204	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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1. Over the past month (30 days), did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
<b>613 Equipments for curative services</b> Specify all (no skip)			
Medical eye glasses	61301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hearing aid	61302	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>621 Medical doctoral services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 622	
Specialist and general doctors	62101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical consultation at hospital	62103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning blood vessels	62105	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>622 Medical dental service</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 623	
Filling and treatment of teeth	62201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>623 Medical tests and others</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 630	
Malaria blood testing	62301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other tests (blood, urine, feces)	62302	Yes <input type="checkbox"/> No <input type="checkbox"/>	
x-ray test	62303	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physiotherapy	62304	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>630 Other hospital and healer services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 711-734	
Birth in general hospital	63001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations in hospital	63004	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Government hospital	630041	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private hospital	630042	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Traditional healers fee/medicine	63005	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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1. Over the past month (30 days), did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent
	C01	C02	C03
<b>731-734 Public transport use</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 810
Movement and freight using train or road transport	73101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Boda-boda, taxi and bus fares	73103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tickets for air travel	73301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tickets for travel by sea or river	73401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>810 Mail services</b> Specify all (no skip)			
Cost of sending mail and parcel	81001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>820-830 Telephone equipment and services</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 934
Mobile and fix phone costs and their repair	82001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monthly telephone subscription fees for housing	83001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fixed telephone bills	83002	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile airtime and internet and fax fees	83003	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile monthly subscription fey, internet and fax	83003	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>934 Pets and related products</b> Specify all (no skip)			
Spending on pets and related products	93401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>941 Recreational and sports</b> Specify all (no skip)			
Participate and fees in sports clubs and tickets	94101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Boda boda fares	94102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage ceremony costs	94103	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**Section M4. Purchase (and consumption) last 30 days (Frequently purchased non-food goods and services). Continued** [

1. Over the past month (30 days), did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
Accommodation services, hotel rent etc. Not for the house	112	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>121 Personal care service and equipment, cosmetics, haircut/saloon</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to M5	
Hair cut for men, hair dressing for women	121101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sauna bath	121102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decoration for women	121105	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other personal care services	121106	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Small electric hairdryer etc	121201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Shampoo, creams and perfumes	121303	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tooth paste and teeth brush	121313	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ordinary razor	121314	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Talh wood and shaf	121321	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	121322	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**Section M5. Purchase (and consumption) last year (12 months) (Non-food goods and services)**

1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
Clothing materials, tissue etc	311	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>312-315 Clothing, laundry, repair or tailoring Fees</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 321
Infant and boys clothing	31201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Men's clothing	31213	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Girls clothing	31214	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lady's clothing	31218	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other type of clothing (hat, tie etc)	313	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Laundry, repair and rental	314	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tailoring fees	315	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>321 Shoes and footwear</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 41-42
Men's shoes (normal skin)	32101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Men's Slippers	32111	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Women's shoes (normal skin)	32115	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Women's leather slippers	32117	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Girl's shoes imitation leather	32124	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Rental of housing</b>	41-42	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>431 Materials for housing maintenance</b> Specify all (no skip)			
Occupied family housing maintenance cost	43101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Faucet (tap)	431011	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
Neon bulb	431012	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Glass for building	431013	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Portland cement	431014	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Switch (electric)	431015	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other materials for housing maintenance	431016	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>441-444 Water supply, garbage and sewage disposal fees</b> Specify all (no skip)			
Monthly water fees	44101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Waste fees	44201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other related fees and services	44403	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>511-520 Furniture, carpet and home textiles – mosquito net</b> Specify all (no skip)			
Furniture	51101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Linoleum /plastic flooring	51201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carpet imported	51202	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bed sheets, mattress, pillows mosquito net etc	52001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>531 Major household appliances (electric &amp; non-electric)</b> Specify all (no skip)			
Refrigerators, washing machines, air coolers etc	53101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ceiling fan, electric iron, mixers etc	53102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	53103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>533 Repair of household appliances</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 540

1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent
	C01	C02	C03
Filling of refrigerator gas	53301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mixer repair	53303	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other electrical household appliances repair	53304	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>540 Glass tools, cutlery, kettles, utensils</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 552
Cooking suit (pots)	54001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Glass plate	54002	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Glass bowl (imported)	54003	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spoons, knives, forks	54009	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tea cups, glasses etc	54012	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>552 Small tools and miscellaneous accessories</b> Specify all (no skip)			
Tools and hand equipments	55201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hand operated screwdriver	552011	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hand saw	552012	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tree branch scissor	552013	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile ladder	552014	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bulb charger (imported)	552015	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electrical link	552016	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dry-cell battery (Haggar battery –large size)	55202	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Torch/Flash light	55203	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**Section M5. Purchase (and consumption) last year (12 months) (Non-food goods and services). Continued**

1. Over the past 12 month, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
Paraffin lamp	55204	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>561 Non-durable household goods (soap, matches etc)</b> Specify all (no skip)			
Match boxes	56101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Laundry soap (local)	56102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Soap (powder)	56103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bathing soap	56104	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	56117	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>562 Domestic servants and services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 611	
Service cost weekly salary at family house	56201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other kind of domestic services	56202	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>611 Medicines and drugs</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 613	
Cough Syrup medicine (cold)	61101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drug tabs and roots for reducing fever and malaria	61102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Antibiotics	61103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other pharmaceutical products	61204	Yes <input type="checkbox"/> No <input type="checkbox"/>	

1. Over the past 12 month, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent  SDG with one decimal
	C01	C02	C03
<b>613 Equipments for curative services</b> Specify all (no skip)			
Medical eye glasses	61301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hearing aid	61302	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>621 Medical doctoral services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 622	
Specialist and general doctors	62101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical consultation at hospital	62103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning blood vessels	62105	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>622 Medical dental service</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 623	
Filling and treatment of teeth	62201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>623 Medical tests and others</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 630	
Malaria blood testing	62301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other tests (blood, urine, feces)	62302	Yes <input type="checkbox"/> No <input type="checkbox"/>	
x-ray test	62303	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physiotherapy	62304	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>630 Other hospital and healer services</b>		Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 711-714	
Birth in general hospital	63001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations in hospital	63004	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Government hospital	630041	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private hospital	630042	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Traditional healers fee/medicine	63005	Yes <input type="checkbox"/> No <input type="checkbox"/>	

1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  Total amount of cash (SDG) spent
	C01	C02	C03
<b>711-714 Cars, motorcycles, bicycles and animal drawn vehicles</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 731
Private sedan cars for family use	71101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Motorcycle for private use	71201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bicycle	71301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spare parts and accessories for personal transport	721	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fuel, oils and lubricants for personal transport	722	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maintenance and repair of personal transport	723	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other services related to personal transport	724	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>731-734 Public transport use</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 810
Movement and freight using train or road transport	73101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Boda-boda, taxi and bus fares	73103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tickets for air travel	73301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tickets for travel by sea or river	73401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>810 Mail services</b> Specify all (no skip)			
Cost of sending mail and parcel	81001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>820-830 Telephone equipment and services</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 911-15
Mobile and fix phone costs and their repair	82001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monthly telephone subscription fees for housing	83001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fixed telephone bills	83002	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile airtime and internet and fax fees	83003	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Section M5. Purchase (and consumption) last year (12 months) (Non-food goods and services). Continued**

1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  <i>Total amount of cash (SDG) spent</i> <i>SDG with one decimal</i>
	C01	C02	C03
Mobile monthly subscription fey, internet and fax	83003	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>911-915 Audio visual equipment</b> Specify all (no skip)			
Color TV, radio etc	91101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Computers and calculators	91301	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Photographic and computers tapes/CD	91401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Repair of equipment	915	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>932 Sports equipment, camping and outdoor recreation</b> Specify all (no skip)			
Football and other sports equipment	93201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>934 Pets and related products</b> Specify all (no skip)			
Spending on pets and related products	93401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>941 Recreational and sports</b> Specify all (no skip)			
Participate and fees in sports clubs and tickets	94101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Boda boda fares	94102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage ceremony costs	94103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>951 Books, newspaper and magazines</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 960
Spending on books including textbooks	95101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Newspapers and periodicals	952	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stationary and painting	954	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items	2. How much did you pay (cash or value of barter) in total?  <i>Total amount of cash (SDG) spent</i> <i>SDG with one decimal</i>
	C01	C02	C03
<b>Organized tourist travels 960</b> Specify all (no skip)			
Organized travels incl Hajj and Umrah	96001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>101-112 Education</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 121
Pre primary and primary education	101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary education	102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post secondary education	103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Higher education	104	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Un-specified educational level	105	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accommodation services, hotel rent etc. Not for the house	112	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>121 Personal care service and equipment, cosmetics, haircut/saloon</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 1231
Hair cut for men, hair dressing for women	121101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sauna bath	121102	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decoration for women	121105	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other personal care services	121106	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Small electric hairdryer etc	121201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Shampoo, creams and perfumes	121303	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tooth paste and teeth brush	121313	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ordinary razor	121314	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Talh wood and shaf	121321	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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1. Over the past 12 months, did you or others in your household purchase or barter any [item]?	Item code	Mark Yes or No for all items  +	2. How much did you pay (cash or value of barter) in total?  <i>Total amount of cash (SDG) spent</i>
	C01	C02	C03
Other	121322	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>1231 Jewelry, writs watches and big watches</b>			Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 1232
Gold and silver	123101	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wristwatch and wall clock	123103	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>1232 Other personal belongings</b> Specify all (no skip)			
Suitcase, schoolbags etc	123201	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relating insurance transport	1254	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Compulsory car insurance	125401	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>1270 Other services n.e.s classified</b> Specify all (no skip)			
Charges for official document inclusive ID card	127001	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driving license fees	127002	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth certificate fees	127003	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage document fees	127004	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Passport fees	127005	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ownership document for real estate	127007	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	127010	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**N. HOUSEHOLD – AGRICULTURE** I am now going to ask about agricultural land, crop production and livestock

**N1** Does any member of the household currently own or use any agricultural land, forest land or pasture land?

1 Yes ☐

**N6** ← 2 No ☐

**N2** What is the tenure status of the land under cultivation?

1 Owned ☐

2 Rented ☐

+ 3 Partially owned ☐

4 Communal ☐

**N3** How much did the household spend on the following agricultural inputs last 12 months?

Value of item(s) (SDG)

1 Pesticides

2 Labour cost

+ 3 Machine/equipment repairs

4 Farm repair

5 Fuel and lubricants

**N4. Crop plot module**

Plot	Plot name/description	Plot area		Is this land currently being used to grow mainly:  (read out) 1 = annual crops 2 = tree crops, 3 = forest land, 4 = pasture land 5 = water surface 6 = other use  Mark for <u>main</u> use	Did you use this land continually for the past 12 months, or did you rent it out to others for all or part of the last 12 months?  (Codes) 1= Used all 12 months 2=Rented all 12 months 3=Both rented and used	What crops did you grow on this plot last 12 months?		Is the plot irrigated?  Yes No	How did your household acquire this land?  (Codes) 1=Inherited 2=Cleared 3=Purchased 4=Use right from local leaders 5=Received from de-collectivization 6=Other	What legal title or ownership rights do you have for this plot of land?  (Codes) 1=Deed 2=Sales receipt 3=Customary rights 4=Other rights 5=None	If you were to buy a similar plot of land to day, how much would you have to pay for it?  (SDG without decimal)
		Unit code 1 = Feddan 2 = Acres 3 = Square metres	Number of units (no decimal)			First season (Crop code for main crop on the plot))	Second season (Crop code for main crop on the plot)				
1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Crop codes:** 1=Rice 2=Wheat 3=Millet 4=Sorghum 5=Maize 6=Cassava 7=Irish 8=Sweet potatoes 9=Yams 10=Beans 11=Groundnuts 12=Lentils 13=Peas 14=Soybeans 15=Cabbage 16=Other leafy vegetables 17=Lettuce 18=Tomatoes 19=coffee 20=tea 21=cotton 22=other

**N. HOUSEHOLD – AGRICULTURE. Continued**

**N5. Crop harvest module**

Code  +	Crop type	Have you harvested any [crop type] during the past 12 months?	How much [Crop type] did you harvest in the past 12 months?		How much of the [Crop type] you harvested during the last 12 months was sold		What price did you get for the [Crop type] you sold? (If more than one price, get the average)  (SDG with one decimal)
			Quantity harvested (no decimal)	Quantity unit code (code)	Quantity harvested (no decimal)	Quantity unit code (code)	
C01	C02	C03	C04	C05	C06	C07	C03
1	Rice	Yes No <input type="checkbox"/> <input type="checkbox"/>					
2	Wheat	Yes No <input type="checkbox"/> <input type="checkbox"/>					
3	Millet	Yes No <input type="checkbox"/> <input type="checkbox"/>					
4	Sorghum	Yes No <input type="checkbox"/> <input type="checkbox"/>					
5	Maize	Yes No <input type="checkbox"/> <input type="checkbox"/>					
6	Cassava	Yes No <input type="checkbox"/> <input type="checkbox"/>					
7	Irish	Yes No <input type="checkbox"/> <input type="checkbox"/>					
8	Sweet potatoes	Yes No <input type="checkbox"/> <input type="checkbox"/>					
9	Yams	Yes No <input type="checkbox"/> <input type="checkbox"/>					
10	Beans	Yes No <input type="checkbox"/> <input type="checkbox"/>					
11	Groundnuts	Yes No <input type="checkbox"/> <input type="checkbox"/>					
12	Lentils	Yes No <input type="checkbox"/> <input type="checkbox"/>					
13	Peas	Yes No <input type="checkbox"/> <input type="checkbox"/>					
14	Soybeans	Yes No <input type="checkbox"/> <input type="checkbox"/>					
15	Cabbage	Yes No <input type="checkbox"/> <input type="checkbox"/>					
16	Other leafy vegetables	Yes No <input type="checkbox"/> <input type="checkbox"/>					
17	Lettuce	Yes No <input type="checkbox"/> <input type="checkbox"/>					
18	Tomatoes	Yes No <input type="checkbox"/> <input type="checkbox"/>					
19	Other	Yes No <input type="checkbox"/> <input type="checkbox"/>					

**N6. Livestock and poultry module**

**N6.1** Does any member of the household currently own any livestock or poultry?

1 Yes ☐

END ← 2 No (End of interview) ☐

**N6.2** Does any member of this household own any of the following animals? (Mark all that apply)

+		Yes	No	Number of animals	If you sold one of the [animals] today, how much money could you get for it? (SDG)
1	Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2	Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3	Donkey/Mules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4	Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5	Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6	Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7	Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
8	Camels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**Quantity unit codes:** 1= piece, 2= dozen (12 pieces), 3=gram (g), 4=kilogram (kg) 5= deciliter (dl), 6=liter (l), 7=rattle/pound, 8=rubu, 9=cup (8 dl), 10= bottle (5 dl) 11=heap, 12=bundle big, 13=bundle small, 14= basket/plastic basin (10 liter), 15=bunch big (30kg), 16= bunch small (10kg), 17=50 kg bag/sack , 18=Jerry can (20 l), 19=quintal (100kg), 20=ton (1000kg)

**END OF SECOND VISIT INTERVIEW**

Remember to thank the respondent for the interview. Check the filled in forms thoroughly and fill in section A4 "Interview 2 completed date and time used".

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