



Southern Sudan Commission for
Census Statistics and Evaluation

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Central Bureau of Statistics

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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Code |
| If no, where did the household live 12 months ago? <small>If outside Sudan, leave State and County code and name open and fill in only Country name and code (see list in manual)</small> | State name County name 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 <input type="checkbox"/> No <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) <small>(completed date and time used for the interview)</small> | | | | | | | |
| Interview 2 (M-N) <small>(completed date and time used for the interview)</small> | | | | | | | |

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

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Member number + 1 2 3 4 5 6 [7 8 9 10 11 12 +

B. ALL HOUSEHOLD MEMBERS – I am now going to ask about characteristics of all the members of this household starting with their names

B1. List the names of all the members of this household – starting with the head of household.

| | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Head | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|

If more than 12 members, use an additional form.

B2 What is [Name's] relationship to head of household?

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Head | <input type="checkbox"/> |
| 2 Spouse | <input type="checkbox"/> |
| 3 Daughter/son | <input type="checkbox"/> |
| 4 Spouse of son/daughter | <input type="checkbox"/> |
| 5 Grandchild | <input type="checkbox"/> |
| 6 Sister/brother | <input type="checkbox"/> |
| 7 Sister/brother in-laws | <input type="checkbox"/> |
| 8 Parent | <input type="checkbox"/> |
| 9 Parent-in-law | <input type="checkbox"/> |
| 10 Niece/nephew | <input type="checkbox"/> |
| 11 Other relative | <input type="checkbox"/> |
| 12 Non relative | <input type="checkbox"/> |

B3 Is [Name] male or female?

| | | | | | | | | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Male | <input type="checkbox"/> |
| 2 Female | <input type="checkbox"/> |

B4-1 What is [Name's] age in completed years?
 If less than one year old, code "0"
 If over 95 years old, code "95"

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

B4-2 If less than 5 years old ask: What is [Name's] age in completed months?

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

B5 IF 12 YEARS AND ABOVE ASK: What is [Name's] marital status?

| | | | | | | | | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Never married | <input type="checkbox"/> |
| 2 Married | <input type="checkbox"/> |
| 3 Widowed | <input type="checkbox"/> |
| 4 Divorced | <input type="checkbox"/> |

B6 During the past 12 months, how many months did [Name] live in this household?
 Number of months

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

B7 Is biological father of [Name] living in this household?

| | | | | | | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Yes | <input type="checkbox"/> |
| 2 No, but alive and living elsewhere | <input type="checkbox"/> |
| 3 No, but dead | <input type="checkbox"/> |
| 4 No, but do not know if he is alive | <input type="checkbox"/> |

B8 Is biological mother of [Name] living in this household?

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

C. AGE 6 YEARS AND ABOVE – EDUCATION. Continued

C6 *FOR THOSE CURRENTLY ATTENDING SCHOOL: What was the grade and level that [Name] was attending previous school year?*

| | | | | | | | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Did not attend school previous year | <input type="checkbox"/> |
| 2 | P1 | <input type="checkbox"/> |
| 3 | P2 | <input type="checkbox"/> |
| 4 | P3 | <input type="checkbox"/> |
| 5 | P4 | <input type="checkbox"/> |
| 6 | P5 | <input type="checkbox"/> |
| 7 | P6 | <input type="checkbox"/> |
| 8 | P7 | <input type="checkbox"/> |
| 9 | P8 | <input type="checkbox"/> |
| 10 | Secondary 1 | <input type="checkbox"/> |
| 11 | Secondary 2 | <input type="checkbox"/> |
| 12 | Secondary 3 | <input type="checkbox"/> |
| 13 | Secondary 4 | <input type="checkbox"/> |
| 14 | Secondary 5 | <input type="checkbox"/> |
| 15 | Secondary 6 | <input type="checkbox"/> |
| 16 | Post secondary diploma program | <input type="checkbox"/> |
| 16 | University | <input type="checkbox"/> |
| 17 | Khalwa | <input type="checkbox"/> |

C7 *FOR THOSE CURRENTLY ATTENDING AND/OR PREVIOUSLY ATTENDED SCHOOL: What is the highest level that [Name] has completed?*

| | | | | | | | | | | | | | |
|----|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | No qualification (previously) | <input type="checkbox"/> |
| 2 | Incomplete primary (currently) | <input type="checkbox"/> |
| 3 | Primary 4 | <input type="checkbox"/> |
| 4 | Primary 6 | <input type="checkbox"/> |
| 5 | Primary 8 | <input type="checkbox"/> |
| 6 | Junior 3 | <input type="checkbox"/> |
| 7 | Junior 4 | <input type="checkbox"/> |
| 8 | Secondary 1 | <input type="checkbox"/> |
| 9 | Secondary 2 | <input type="checkbox"/> |
| 10 | Secondary 3 | <input type="checkbox"/> |
| 11 | Secondary 4 | <input type="checkbox"/> |
| 12 | Secondary 5 | <input type="checkbox"/> |
| 13 | Secondary 6 | <input type="checkbox"/> |
| 14 | Post secondary diploma | <input type="checkbox"/> |
| 15 | University | <input type="checkbox"/> |
| 16 | Khalwa | <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 +

C. AGE 6 YEARS AND ABOVE – EDUCATION. Continued

C8 Has [Name] ever attended any sort of vocational training?

1 Yes

D1 ← 2 No

C9 If yes, what type of skills did [Name] acquire? (Mark all that applies)

1 Carpentry

2 Brick laying

3 Computer science

4 Motor mechanics

5 Electrical

6 Catering

7 Sewing/tailoring

8 Nursing/first aid

9 Other

C10 How many months did [Name's] vocational training last?
Months (no decimal)
If less than a month, write '0'

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

C11 What was the total expenditure related to [Name's] vocational training last 12 months?
SDG (no decimal)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

D. AGE 10 YEARS AND ABOVE – WORK I am now going to ask questions about economic activity for all persons 10 years and above in the household

D1 During the last 7 days, did [Name] work at least one hour for pay (or without pay), profit in kind for family business?

D6 ← 1 Yes

2 No

D2 [Name] did not work during the last 7 days, but have a job to go back to?

D6 ← 1 Yes

2 No

D3 [Name] did not work during the last 7 days, but have worked before and is available for work?

D6 ← 1 Yes

2 No

D4 [Name] did not work before, and is not seeking work?

D11 ← 1 Yes

2 No

D5 [Name] have never worked before, but is seeking work?

E1 ← 1 Yes

2 No

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 +

D. AGE 10 YEARS AND ABOVE – WORK. Continued

D6 FOR THOSE WHO WORKED OR HAVE WORKED BEFORE (Yes in D1-D3): What was [Name's] main activity of work the last 7 days or last days work? (ISIC-4)

| | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Animal husbandry | <input type="checkbox"/> |
| 2 Crop farming and horticulture | <input type="checkbox"/> |
| 3 Fishing | <input type="checkbox"/> |
| 4 Forestry | <input type="checkbox"/> |
| 5 Mining and quarrying | <input type="checkbox"/> |
| 6 Manufacturing | <input type="checkbox"/> |
| 7 Electricity, gas, steam and air conditioning supply | <input type="checkbox"/> |
| 8 Water supply; sewerage, waste management and remediation activities | <input type="checkbox"/> |
| 9 Construction | <input type="checkbox"/> |
| 10 Wholesale and retail trade; repair of motor vehicles and motorcycles | <input type="checkbox"/> |
| 11 Transportation and storage | <input type="checkbox"/> |
| 12 Accommodation and food service activities | <input type="checkbox"/> |
| 13 Information and communication | <input type="checkbox"/> |
| 14 Financial and insurance activities | <input type="checkbox"/> |
| 15 Real estate activities | <input type="checkbox"/> |
| 16 Professional, scientific and technical activities | <input type="checkbox"/> |
| 17 Administrative and support service activities | <input type="checkbox"/> |
| 18 Public administration and pulsory social security | <input type="checkbox"/> |
| 19 Defence | <input type="checkbox"/> |
| 20 Education | <input type="checkbox"/> |
| 21 Human health and social work activities | <input type="checkbox"/> |
| 22 Arts, entertainment and recreation | <input type="checkbox"/> |
| 23 Other service activities | <input type="checkbox"/> |
| 24 Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use | <input type="checkbox"/> |

D7 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?

| | | | | | | | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Yes | <input type="checkbox"/> |
| 2 No | <input type="checkbox"/> |

D8 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)?

SDG (no decimal)

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

D9 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?

Days, no decimal

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 +

D. AGE 10 YEARS AND ABOVE – WORK. Continued

D10 FOR THOSE WHO WORKED LAST 7 DAYS OR HAVE WORKED BEFORE (from D1, D2 or D3): What was [Name's] main employment status?

- 1 Paid employee 1 2 3 4 5 6 7 8 9 10 11 12
- 2 Employer 1 2 3 4 5 6 7 8 9 10 11 12
- 3 Own account worker 1 2 3 4 5 6 7 8 9 10 11 12
- 4 Unpaid family worker 1 2 3 4 5 6 7 8 9 10 11 12
- 5 Unpaid working for others 1 2 3 4 5 6 7 8 9 10 11 12

D11 FOR THOSE WHO DID NOT WORK BEFORE AND WERE NOT SEEKING WORK (from D4): Why did [Name] not seek work? (Mark only one)

- E1** {
- 1 No hope to find job 1 2 3 4 5 6 7 8 9 10 11 12
 - 2 Full time student 1 2 3 4 5 6 7 8 9 10 11 12
 - 3 Income recipient 1 2 3 4 5 6 7 8 9 10 11 12
 - 4 Too old 1 2 3 4 5 6 7 8 9 10 11 12
 - 5 Disabled/too sick 1 2 3 4 5 6 7 8 9 10 11 12
 - 6 Full time homemaker/housewife 1 2 3 4 5 6 7 8 9 10 11 12
 - 7 Pensioner/retired 1 2 3 4 5 6 7 8 9 10 11 12

D12 FOR THOSE WHO WORKED LAST 7 DAYS OR HAVE WORKED BEFORE (from D1, D2 or D3): What was [Name's] main activity of work during the last 12 months? (ISIC-4)

- 1 Animal husbandry 1 2 3 4 5 6 7 8 9 10 11 12
- 2 Crop farming and horticulture 1 2 3 4 5 6 7 8 9 10 11 12
- 3 Fishing 1 2 3 4 5 6 7 8 9 10 11 12
- 4 Forestry 1 2 3 4 5 6 7 8 9 10 11 12
- 5 Mining and quarrying 1 2 3 4 5 6 7 8 9 10 11 12
- 6 Manufacturing 1 2 3 4 5 6 7 8 9 10 11 12
- 7 Electricity, gas, steam and air conditioning supply 1 2 3 4 5 6 7 8 9 10 11 12
- 8 Water supply; sewerage, waste management and remediation activities 1 2 3 4 5 6 7 8 9 10 11 12
- 9 Construction 1 2 3 4 5 6 7 8 9 10 11 12
- 10 Wholesale and retail trade; repair of motor vehicles and motorcycles 1 2 3 4 5 6 7 8 9 10 11 12
- 11 Transportation and storage 1 2 3 4 5 6 7 8 9 10 11 12
- 12 Accommodation and food service activities 1 2 3 4 5 6 7 8 9 10 11 12
- 13 Information and communication 1 2 3 4 5 6 7 8 9 10 11 12
- 14 Financial and insurance activities 1 2 3 4 5 6 7 8 9 10 11 12
- 15 Real estate activities 1 2 3 4 5 6 7 8 9 10 11 12
- 16 Professional, scientific and technical activities 1 2 3 4 5 6 7 8 9 10 11 12
- 17 Administrative and support service activities 1 2 3 4 5 6 7 8 9 10 11 12
- 18 Public administration and pulsory social security 1 2 3 4 5 6 7 8 9 10 11 12
- 19 Defence 1 2 3 4 5 6 7 8 9 10 11 12
- 20 Education 1 2 3 4 5 6 7 8 9 10 11 12
- 21 Human health and social work activities 1 2 3 4 5 6 7 8 9 10 11 12
- 22 Arts, entertainment and recreation 1 2 3 4 5 6 7 8 9 10 11 12
- 23 Other service activities 1 2 3 4 5 6 7 8 9 10 11 12
- 24 Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use 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 +

Member number + 1 2 3 4 5 6 [7 8 9 10 11 12 +

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)

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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)

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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"/> |

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

F2 Is there a vaccination card to confirm this?

- 1 Yes
- 2 No

F3 If there is a vaccination card, can I see it?

- 1 Vaccination card seen

Member number + 1 2 3 4 5 6 7 8 9 10 11 12 +

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?

- 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)
- 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 1
A 1

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

- 11** 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

12 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"/> |

+

13 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.*

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>K2 Has the household received cash or goods from other government benefit in the last 12 months?</p> <p>Yes <input type="checkbox"/> →</p> <p>No <input type="checkbox"/> ↓</p> | <p>What is the value of cash and kind received in the last 12 months?</p> <p><i>(SDG without decimals)</i></p> | <p>Cash received (SDG) +</p> <p>Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?</p> | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| <p>K3 Has the household received cash or goods from other NGO/Charity scheme in the last 12 months?</p> <p>Yes <input type="checkbox"/> →</p> <p>No <input type="checkbox"/> ↓</p> | <p>What is the value of cash and kind received in the last 12 months?</p> <p><i>(SDG without decimals)</i></p> | <p>Cash received (SDG)</p> <p>Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?</p> | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| <p>K4 Has the household received cash or goods from individuals outside the household in the last 12 months?</p> <p>Yes <input type="checkbox"/> →</p> <p>No <input type="checkbox"/> ↓</p> | <p>What is the value of cash and kind received in the last 12 months?</p> <p><i>(SDG without decimals)</i></p> | <p>Cash received (SDG)</p> <p>Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?</p> | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| <p>K5 Has the household received cash or goods from other groups in the last 12 months?</p> <p>Yes <input type="checkbox"/> →</p> <p>No <input type="checkbox"/> ↓</p> | <p>What is the value of cash and kind received in the last 12 months?</p> <p><i>(SDG without decimals)</i></p> | <p>Cash received (SDG)</p> <p>Value (SDG) of kind received i.e. how much would you have to pay if you should buy similar kind at the market?</p> | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | |
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L. HOUSEHOLD – CASH, CREDIT, SAVINGS AND SHOCKS I am now going to ask questions about cash, credit and savings for this household

| | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| <p>L1 Has any member of this household used cash in the past 7 days?</p> <p>1 Yes <input type="checkbox"/></p> <p>2 No <input type="checkbox"/></p> | <p>L4 In the last 12 months has any member of the household borrowed or obtained money that he/she had to repay?</p> <p>1 Yes <input type="checkbox"/></p> <p>2 No <input type="checkbox"/></p> | | | | | | | | | | |
| <p>L2 Does any member of this household use cash for obtaining goods for the household that the household does not produce it self?</p> <p>1 Yes <input type="checkbox"/></p> <p>2 No <input type="checkbox"/></p> | <p>L5 Who did the household borrow from in the last 12 months?</p> <p>1 Family and/or other individuals <input type="checkbox"/></p> <p>2 Banks and Government agencies <input type="checkbox"/></p> <p>3 NGOs or Microfinance institutions <input type="checkbox"/></p> <p>4 Pawning own belongings <input type="checkbox"/></p> <p>5 Employer or landlord <input type="checkbox"/></p> | | | | | | | | | | |
| <p>L3 If not using cash, how does the household obtain such goods?</p> <p>1 Exchange for own products (barter) <input type="checkbox"/></p> <p>2 Do not use any goods that not are produced by the household? <input type="checkbox"/></p> <p>3 Other <input type="checkbox"/></p> | <p>L6 How much money did the household borrow the last 12 months?</p> <p><i>SDG without decimal</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |

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"/> | <input type="text"/> | <input type="text"/> |
| 2 Crop disease or pests | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 3 Livestock died or stolen | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 4 Severe illness or accident of HH member | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 5 Death of HH member | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 6 Fire | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 7 Robbery/ burglary/ assault | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 8 Dwelling damaged, destroyed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 9 Severe water shortage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 10 Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

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.

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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 number of quantity units | Quantity unit code (code) | Total amount of cash (SDG) spent with one decimal | Where was most of the [item] purchased? (mark only one) | | Quantity consumed number of quantity units | Quantity unit code (code) | Quantity consumed number of quantity units | Quantity unit code (code) | Quantity consumed number of quantity units | Quantity unit code (code) | Quantity consumed number of quantity units | Quantity unit code (code) | Retail price (SDG) with one decimal |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 0111 Bread and Cereals | | | | | | | | | | | | | | | | |
| Dura | 11101 | 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"/> | | | | | | | | | | |
| Yellow maize (Dura Shami) | 11103 | 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"/> | | | | | | | | | | |
| Millet (Dukhn) | 11104 | 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"/> | | | | | | | | | | |
| Weat | 11105 | 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"/> | | | | | | | | | | |
| Maize (in the cob) | 11106 | 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"/> | | | | | | | | | | |
| Rice (imported) | 11109 | 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"/> | | | | | | | | | | |
| Wheat flour (Fino,local) | 11111 | 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.

| + | 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 most 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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 0111 Bread and Cereals. Continued | | | | | | | | | | | | | | | | | |
| Dura flour | 11114 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Maize flour | 11116 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Millet flour | 11117 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Other flour | 11118 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Macaroni, Spaghetti, Noodles etc | 11121 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Breakfast cereals | 11122 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Reels of pasta | 11127 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Bread | 11128 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Kisra & Asida | 11130 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Local biscuit | 11132 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Buns | 11136 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Infant feeding | 11139 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Other Cereal and cereal products | 11140 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| 0112 Meat | | | | | | | | | | | | | | | | | |
| Sheep meat (fresh, with bone, local) | 11201 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Goat meat (with bones, fresh, local) | 11202 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |
| Liver (Sheep / Goat) | 11203 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | | |

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]? | 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 most 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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 0112 Meat. Continued | | | | | | | | | | | | | | | | | |
| Meat accessories (Sheep/Goat) | 11204 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Sheep head fresh and cleaned (without skin) full head | 112041 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Goat head cleaned and fresh (without skin) full head | 112042 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Feet/foot, Sheep/Goat fresh and cleaned (without skin) | 112043 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Mutton tripes (intestines) Sheep/Goat, fresh and cleaned | 112045 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Fresh beef | 11205 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Pork meat | 11206 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Liver (cattle/veal) | 11210 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Accessories beef/veal | 11211 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Accessories meat (head of cattle/veal) fresh and clean without skin | 112111 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Accessories meat (cow/guilt/veal) fresh | 112112 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Feet/foot cow/veal fresh and clean without skin | 112113 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Mutton tripes (intestines) cow/veal fresh and clean | 112114 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Camel meat (local fresh) | 11212 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Camel liver | 11213 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Chicken and poultry | 11214 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |

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.

| + | 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? (4-6), | |
| | | | 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 most 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 <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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 0112 Meat. Continued | | | | | | | | | | | | | | | | | |
| Small animals (rabbits, mice,...) | 11215 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Insects | 11216 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Blood and blood products | 11217 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Sausages (cattle/veal) | 11219 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Other meat and animal products | 11220 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| 0113 Fish and seafood | | | | | | | | | | | | | | | | | |
| Fresh fish, Bolati and others | 11301 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Fissekh, salted fish (local) | 11303 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Dried fish (local) | 11305 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Tinned fish, Sardine 125 grams, Tuna etc | 11306 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| 0114 Milk, cheese and eggs | | | | | | | | | | | | | | | | | |
| Fresh milk | 11401 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Milk powder | 11404 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Milk products: cheese, yoghurt, etc | 11406 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Eggs | 11411 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| 0115 Oils and fats | | | | | | | | | | | | | | | | | |
| Animal and vegetable butter | 11501 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| Ghee (samin) | 11503 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |

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/purchase/ consumed any [item]? | 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 <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> | |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 0117 Pulses Continued | | | | | | | | | | | | | | | | |
| Natural groundnut (sold in rubu) (Roasted) | 11705 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Groundnut flour | 11706 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Soya bean flour | 11707 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Lentils | 11711 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| White beans | 11713 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Lentils (Adasia) | 11715 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Carrots | 11718 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Cabbage | 11719 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Cucumber | 11720 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Onions, dry sold in bulk fresh from first class | 11725 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Fresh tomatoes | 11728 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Potato (Irish) | 11734 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Sweet potato | 11735 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Milokhia | 11737 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Pumpkin (Gara'a) | 11741 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |
| Tomato sauce (canned) | 11744 | Yes No | | | | 1 2 3 4 5 6 7 | | | | | | | | | | |

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

| + | 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 most 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 | |
| 0117 Pulses Continued | | | | | | | | | | | | | | | | |
| Tomato sauce (small pack of 70 grams) | 117441 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Tomato sauce (large pack of local 500 grams) | 117442 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Tinned pulses | 11745 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Cassava tubers | 11749 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Yam | 11750 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Cassava flour | 11751 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Cooking banana | 11752 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Other roots, tubers, vegetables | 11753 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| 0118 Sugar, jam, honey, chocolate and candy | | | | | | | | | | | | | | | | |
| Sugar | 11801 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Sugar cane | 11802 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Natural honey | 11803 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Tahnieh Halawa* | 11805 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Chocolate | 11806 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Jam (the malty) & jelly | 11807 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Candy | 11809 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

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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.

| + | 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 most 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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | | |
| 0118 Sugar, jam, honey, chocolate and candy. Continued | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | |
| 0119 Food products not classified above | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | |

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

| + | 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 most 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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | | |
| 0121 Coffee, tea and cocoa | | | | | | | | | | | | | | | | | |
| Coffee | 12101 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Black tea imported | 12103 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Khazalten tea or other | 12103† | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Tea bags | 12105 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Nescafe (coffee instant) | 12106 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Cocoa | 12107 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| 0122 Mineral water and refreshing drinks | | | | | | | | | | | | | | | | | |
| Local mineral water | 12201 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Local mineral water 1.5 liters | 12201† | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Local mineral water 0.5 liters | 12202 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Orange juice (fruit juice) | 12202 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Bottle of Fanta Sprite | 12215 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Bottle of Fanta Sprite 300-350 mille liter | 12215† | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Aluminium box Fanat Sprite 350 mille litre | 12215† | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Traditional beer | 12218 | <input type="checkbox"/> 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 | | | | | | | | | | | |
| Canned/bottled beer | 12219 | <input type="checkbox"/> 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 | | | | | | | | | | | |

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]? | 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 most 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> | Quantity unit code <i>(code)</i> |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | | |
| 0122 Mineral water and refreshing drinks/juice. Continued | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | |
| 0220 Tobacco | | | | | | | | | | | | | | | | | |
| 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 (Aocast) | 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"/> | | | | | | | | | | | |
| 1111 Restaurants, cafes and the like | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | |
| 1112 Cooked food from vendor | | | | | | | | | | | | | | | | | |
| 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)

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]? | 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 most 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 | |
| 1112 Cooked food from vendor. Continued | | | | | | | | | | | | | | | |
| Eggs boiled | 111203 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Chicken | 111204 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Meat | 111205 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Fish | 111206 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Meat dishes in a restaurant | 111207 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Fish dishes in a restaurant | 111208 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| Other cooked food from vendors | 111209 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | <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 | | | | | | | | |
| 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 M3. Purchase (and consumption) last 30 days (Energy sources)

| + 1. Over the past one month (30 days), did you or others in your household acquire/purchased/ consumed any [item]? | 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 <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 most 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 with one decimal</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> |
| C01 | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 | C13 | C14 | C15 | | |
| 45 Electricity, gas, liquid fuels, solid fuels, energy used for heating | | | | | | | | | | | | | | | | |
| 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 <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"/> | | Piece | | Piece | | | | | | |
| Kerosene | 45301 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Liter | | 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"/> | | Liter | | Liter | | | | | | |
| Generator fuel | 45302 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Liter | | 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"/> | | Liter | | Liter | | | | | | |
| Charcoal | 45401 | 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"/> | | | | | | | | | | |
| Wood fuel | 45402 | 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"/> | | | | | | | | | | |
| Other energy source | 45403 | 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) | | | | | | | | | | | | | | | | |

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? <i>Total amount of cash (SDG) spent</i> |
|---|-----------|--|--|
| | | + | |
| | | C01 | C02 |
| | | C03 | |
| 441-444 Water supply, garbage and sewage disposal fees 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"/> | |
| 561 Non-durable household goods (soap, matches etc) 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"/> | |
| 562 Domestic servants and services 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"/> | |
| 611 – 612 Medicines and drugs 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? <i>Total amount of cash (SDG) spent</i> <i>SDG with one decimal</i> |
|---|-----------|--|---|
| | | + | |
| | | C01 | C02 |
| | | C03 | |
| 613 Equipments for curative services 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"/> | |
| 621 Medical doctoral services 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"/> | |
| 622 Medical dental service 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"/> | |
| 623 Medical tests and others 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"/> | |
| 630 Other hospital and healer services 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? <i>Total amount of cash (SDG) spent</i> |
|---|-----------|--|--|
| | | + | |
| | | C01 | C02 |
| | | C03 | |
| 731-734 Public transport use 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"/> | |
| 810 Mail services Specify all (no skip) | | | |
| Cost of sending mail and parcel | 81001 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 820-830 Telephone equipment and services 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"/> | |
| 934 Pets and related products Specify all (no skip) | | | |
| Spending on pets and related products | 93401 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 941 Recreational and sports 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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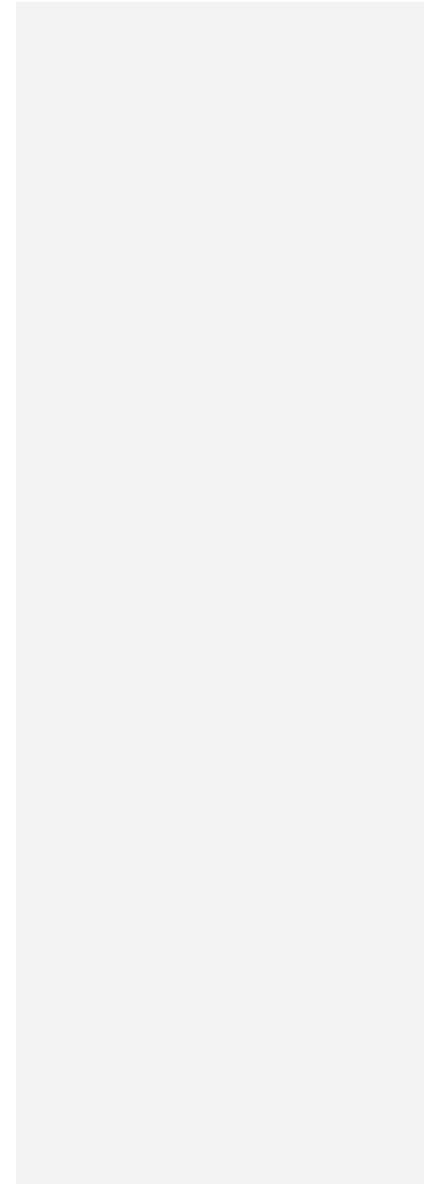
Section M4. Purchase (and consumption) last 30 days (Frequently purchased non-food goods and services). Continued [

| 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 <i>SDG with one decimal</i> |
| | C01 | C02 | C03 |
| Accommodation services, hotel rent etc. Not for the house | 112 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 121 Personal care service and equipment, cosmetics, haircut/saloon | | | 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"/> | |
| Tail 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? <i>Total amount of cash (SDG) spent SDG with one decimal</i> |
|--|-----------|------------------------------|--------------------------|---|
| | | Yes | No | |
| | C01 | C02 | | C03 |
| Clothing materials, tissue etc | 311 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 312-315 Clothing, laundry, repair or tailoring Fees | | | | Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 321 |
| Infant and boys clothing | 31201 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Men's clothing | 31213 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Girls clothing | 31214 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lady's clothing | 31218 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other type of clothing (hat, tie etc) | 313 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laundry, repair and rental | 314 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tailoring fees | 315 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 321 Shoes and footwear | | | | Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 41-42 |
| Men's shoes (normal skin) | 32101 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Men's Slippers | 32111 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Women's shoes (normal skin) | 32115 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Women's leather slippers | 32117 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Girl's shoes imitation leather | 32124 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rental of housing | | | | |
| 431 Materials for housing maintenance Specify all (no skip) | | | | |
| Occupied family housing maintenance cost | 43101 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Faucet (tap) | 431011 | <input type="checkbox"/> | <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 SDG with one decimal</i> |
|--|-----------|------------------------------|--------------------------|---|
| | | Yes | No | |
| | C01 | C02 | | C03 |
| Neon bulb | 431012 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass for building | 431013 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Portland cement | 431014 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Switch (electric) | 431015 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other materials for housing maintenance | 431016 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 441-444 Water supply, garbage and sewage disposal fees Specify all (no skip) | | | | |
| Monthly water fees | 44101 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Waste fees | 44201 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other related fees and services | 44403 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 511-520 Furniture, carpet and home textiles – mosquito net Specify all (no skip) | | | | |
| Furniture | 51101 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Linoleum /plastic flooring | 51201 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Carpet imported | 51202 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bed sheets, mattress, pillows mosquito net etc | 52001 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 531 Major household appliances (electric & non-electric) Specify all (no skip) | | | | |
| Refrigerators, washing machines, air coolers etc | 53101 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ceiling fan, electric iron, mixers etc | 53102 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | 53103 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 533 Repair of household appliances | | | | 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? <i>Total amount of cash (SDG) spent</i> |
|--|-----------|------------------------------|--------------------------|--|
| | | Yes | No | |
| | C01 | C02 | | C03 |
| Filling of refrigerator gas | 53301 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mixer repair | 53303 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other electrical household appliances repair | 53304 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 540 Glass tools, cutlery, kettles, utensils | | | | Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 552 |
| Cooking suit (pots) | 54001 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass plate | 54002 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass bowl (imported) | 54003 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Spoons, knives, forks | 54009 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tea cups, glasses etc | 54012 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 552 Small tools and miscellaneous accessories Specify all (no skip) | | | | |
| Tools and hand equipments | 55201 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hand operated screwdriver | 552011 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hand saw | 552012 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tree branch scissor | 552013 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mobile ladder | 552014 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bulb charger (imported) | 552015 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electrical link | 552016 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dry-cell battery (Haggar battery –large size) | 55202 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Torch/Flash light | 55203 | <input type="checkbox"/> | <input type="checkbox"/> | |

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Comment [U1]: Remove this section

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? |
|--|-----------|---|---|
| | | + | Total amount of cash (SDG) spent SDG with one decimal |
| | C01 | C02 | C03 |
| Paraffin lamp | 55204 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 561 Non-durable household goods (soap, matches etc.) Specify all (no skip) | | | |
| Match boxes | 56101 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Laundry soap (local) | 56102 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Soap (powder) | 56103 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Bathing soap | 56104 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other | 56117 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 562 Domestic servants and services | | | |
| Service cost weekly salary at family house | 56201 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other kind of domestic services | 56202 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 611 Medicines and drugs | | | |
| Cough Syrup (cold) | 61101 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Drug tabs and roots for reducing fever and malaria | 61102 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Antibiotics | 61103 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other pharmaceutical products | 61204 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| 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 |
| 613 Equipments for curative services. Specify all (no skip) | | | |
| Medical eye glasses | 61301 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Hearing aid | 61302 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 621 Medical doctoral services | | | |
| Specialist and general doctors | 62101 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Medical consultation at hospital | 62103 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Planning blood vessels | 62105 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 622 Medical dental service | | | |
| Filling and treatment of teeth | 62201 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 623 Medical tests and others | | | |
| Malaria blood testing | 62301 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other tests (blood, urine, feces) | 62302 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| x-ray test | 62303 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Physiotherapy | 62304 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 630 Other hospital and healer services | | | |
| Birth in general hospital | 63001 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Operations in hospital | 63004 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Government hospital | 630041 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Private hospital | 630042 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Traditional healers fee/medicine | 63005 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| 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 |
| 711-714 Cars, motorcycles, bicycles and animal drawn vehicles | | | |
| Private sedan cars for family use | 71101 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Motorcycle for private use | 71201 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Bicycle | 71301 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Spare parts and accessories for personal transport | 721 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Fuel, oils and lubricants for personal transport | 722 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Maintenance and repair of personal transport | 723 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other services related to personal transport | 724 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 731-734 Public transport use | | | |
| Movement and freight using train/road transport | 73101 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Boda-boda, taxi and bus fares | 73103 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Tickets for air travel | 73301 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Tickets for travel by sea or river | 73401 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 810 Mail services. Specify all (no skip) | | | |
| Cost of sending mail and parcel | 81001 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 820-830 Telephone equipment and services | | | |
| Mobile and fix phone costs and their repair | 82001 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Monthly telephone subscription fees for housing | 83001 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Fixed telephone bills | 83002 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Mobile airtime and internet and fax fees | 83003 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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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? <small>Total amount of cash (SDG) spent SDG with one decimal</small> |
|--|------------------|---|---|
| | C01 | C02 | C03 |
| Mobile monthly subscription fee, internet and tax | 83003 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 911-915 Audio visual equipment Specify all (no skip) | | | |
| Color TV, radio etc | 91101 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Computers and calculators | 91301 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Photographic and computers tapes/CD | 91401 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Repair of equipment | 915 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 932 Sports equipment, camping and outdoor recreation Specify all (no skip) | | | |
| Football and other sports equipment | 93201 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 934 Pets and related products Specify all (no skip) | | | |
| Spending on pets and related products | 93401 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 941 Recreational and sports Specify all (no skip) | | | |
| Participate and fees in sports clubs and tickets | 94101 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Boda boda fees | 94102 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Marriage ceremony costs | 94103 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 951 Books, newspaper and magazines Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 960 | | | |
| Spending on books including text books | 95101 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Newspapers and periodicals | 952 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stationary and painting | 954 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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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? <small>Total amount of cash (SDG) spent SDG with one decimal</small> |
|---|-------------------|---|---|
| | C01 | C02 | C03 |
| Organized tourist travels 960 Specify all (no skip) | | | |
| Organized travels incl Hajj and Umrah | 96001 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 101-112 Education Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 121 | | | |
| Pre primary and primary education | 101 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Secondary education | 102 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Post secondary education | 103 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Higher education | 104 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Un-specified educational level | 105 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Accommodation services, hotel rent etc. Not for the house | 112 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 121 Personal care service and equipment, cosmetics, haircuts/salon 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sauna bath | 121102 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Decoration for women | 121105 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other personal care services | 121106 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Small electric hairdryer etc | 121201 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Shampoo, creams and perfumes | 121909 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tooth paste and teeth brush | 121313 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ordinary razor | 121314 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Talsh wood and shaf | 121321 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 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? <small>Total amount of cash (SDG) spent</small> |
|---|-------------------|---|--|
| | C01 | C02 | C03 |
| Other | 121322 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1231 Jewelry, writes watches and big watches Yes <input type="checkbox"/> If Yes, specify below No <input type="checkbox"/> If No, skip to 1232 | | | |
| Gold and silver | 123101 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Wristwatch and wall clock | 123103 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1232 Other personal belongings Specify all (no skip) | | | |
| Suitcase, schoolbags etc | 123201 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relating insurance transport | 1254 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Compulsory car insurance | 125401 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1270 Other services n.e.s classified Specify all (no skip) | | | |
| Charges for official documents inclusive ID card | 127003 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Driving license fees | 127002 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Birth certificate fees | 127003 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Marriage document fees | 127004 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Passport fees | 127005 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ownership document for real estate | 127007 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | 127010 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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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
 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 ? | 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 <u>main</u> crop on the plot) | Second season (Crop code for <u>main</u> crop on the plot) | | | | |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> | | | Yes <input type="checkbox"/> 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"/> |

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 | C08 |
| 1 | Rice | Yes No | | | | | |
| 2 | Wheat | Yes No | | | | | |
| 3 | Millet | Yes No | | | | | |
| 4 | Sorghum | Yes No | | | | | |
| 5 | Maize | Yes No | | | | | |
| 6 | Cassava | Yes No | | | | | |
| 7 | Irish | Yes No | | | | | |
| 8 | Sweet potatoes | Yes No | | | | | |
| 9 | Yams | Yes No | | | | | |
| 10 | Beans | Yes No | | | | | |
| 11 | Groundnuts | Yes No | | | | | |
| 12 | Lentils | Yes No | | | | | |
| 13 | Peas | Yes No | | | | | |
| 14 | Soybeans | Yes No | | | | | |
| 15 | Cabbage | Yes No | | | | | |
| 16 | Other leafy vegetables | Yes No | | | | | |
| 17 | Lettuce | Yes No | | | | | |
| 18 | Tomatoes | Yes No | | | | | |

| | | | | | | | | | |
|----|-------|--------|--|--|--|--|--|--|--|
| 19 | Other | Yes No | | | | | | | |
|----|-------|--------|--|--|--|--|--|--|--|

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"/> |

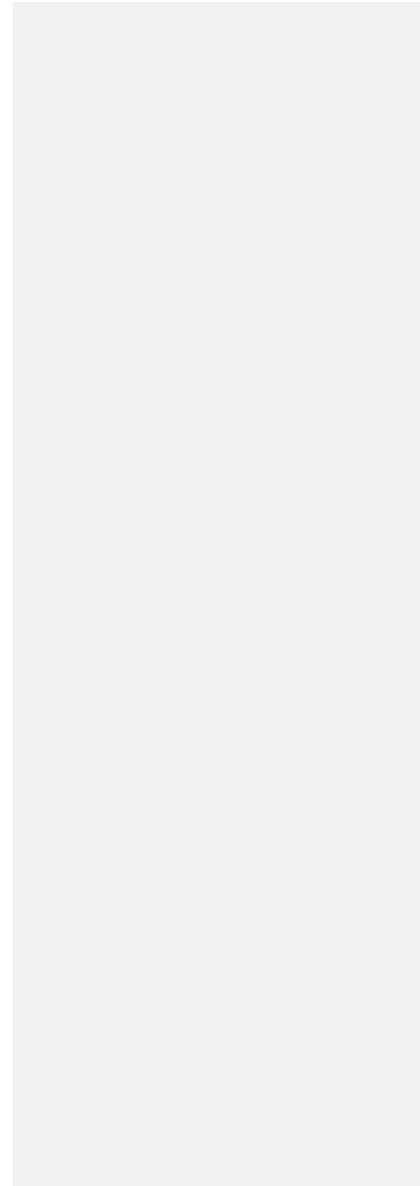
Quantity unit codes: 1= piece, 2= dozen (12 pieces), 3=gram (g), 4=kilogram (kg)
 5= deciliter (dl), 6=liter (l), 7=rattle/pound, 8=rubu, 9=cup (8 dl), 10= bottle (5 dl)
 11=heap, 12=bundle big, 13=bundle small, 14= basket/plastic basin (10 liter),
 15=bunch big (30kg), 16= bunch small (10kg), 17=50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

+

+



PM

