

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

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

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 6 MONTHS (CONTINUED)

I D E N T I F I C A T I O N C O D E	19 Do you receive a salary for this work?	20 How much is your salary, and how often is it paid?	21 Are taxes already deducted from this salary?	22 Did you or will you receive commissions, tips, per diem allowances or gratuities for your work?	23 How much do these commissions, tips, per diem allowances or gratuities amount to?	24 Have you received or will you receive payment for this work in the form of food, crops, or animals?	25 How much would these goods cost in the market, and how often do you get them?	26 Have you received or will you receive free or subsidized housing connected with your employment?	27 How much (more) rent would you have to pay if there were no subsidy?	28 Have you received or will you receive payment for this work in any other form?	29 What is the value of this other form of payment?	30 Will you receive a retirement pension for this work?	31 Did you have any other work or any other jobs in the past 6 months?
	YES...1 NO...2 (-> 22)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2	YES.....1 NO.....2 (-> 24)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES.....1 NO.....2 (-> 26)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES.....1 NO.....2 (-> 28)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES...1 NO...2 (-> 30)	UNIT OF TIME DAY...3 WEEK...4 MONTH...5 YEAR...6 6 MOS...7	YES.....1 NO.....2	YES...1 (> PART G) NO...-> VERIFY WITH PART A. IF NO OTHER JOBS IN THE PAST 6 MONTHS.....2 (> PART H)

ACTIVITY CODES

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

CROP CODES

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

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 6 MONTHS (CONTINUED)

IDENTIFICATION CODE	32 In the past 6 months (since....), have you worked on any shambas/gardens belonging to yourself or members of your household?	33 On these shamba(s) belonging to your household, which crops were you working on in the past 6 months? SEE CROP CODES ABOVE								34 In the past 6 months, did you receive any income from the sale of crops from your own or other members' shambas? That is, money for your own disposition?	35 How much did you receive (that is, you may dispose of) from the sale of crops in the past 6 months (since ...) before subtracting any expenses for purchase of agricultural inputs, personal, or household items?	36 In the past 6 months, did you spend any time processing crops from the shambas of your household, for sale? For example, did you brew banana beer from your own production? Did you make ... etc. for sale in the market?	37 What processing activities were you engaged in, in the past 6 months? SEE CROP AND ACTIVITY CODES ABOVE.						38 In the past 6 months, did you earn any income from these processing activities on your own crops? (Since ...)?	39 How much did you receive from the sale of the processed products in the past 6 months?
	YES....1 NO.....2 (> 36)	CROP CODE #1	CROP CODE #2	CROP CODE #3	CROP CODE #4	CROP CODE #5	CROP CODE #6	CROP CODE #7	CROP CODE #8	YES.....1 NO.....2 (> 36)	AMOUNT	YES.....1 NO.....2 (> 40)	ACTVTY #1	CROP CODE	ACTVTY #2	CROP CODE	ACTVTY #3	CROP CODE	YES.....1 NO.....2 (> 40)	AMOUNT

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 6 MONTHS (CONTINUED)

IDENTIFICATION CODE	40 In the past 6 months (since.....), have you spent any time caring for animals belonging to you or to your household? YES.....1 NO.....2 (▶ 42)	41 What types of animals did you care for? CATTLE, INCLUDING COWS.....1 SHEEP.....2 GOATS.....3 CHICKENS.....4 PIGS.....5 DUCKS, TURKEYS OR OTHER POULTRY.....6 RABBITS.....7 INSECTS/BEEES.....8 OTHER ANIMALS (SPECIFY:.....).....9				42 In the past 6 months (since.....) have you spent any time collecting or processing the products of your or your household's animals for sale? For example, milk, cheese, tanned hides, honey, etc.? YES.....1 NO.....2 (▶ 46)	43 What animal products did you collect or process? MILK, CHEESE YOGHURT.....1 EGGS.....2 HONEY.....3 SKINS AND HIDES.....4 MANURE.....5 OTHER.....6	44 In the past 6 months, did you receive any income from the sale of these animal products? That is, money that is for your sole disposition? YES.....1 NO.....2 (▶ 46)	45 How much did you receive (that you may dispose of) from the sale of all products collected or processed from your or your household's animals in the past 6 months (since.....) before subtracting any expenses for purchase of inputs, personal, or household items? AMOUNT	46 Did you have any other work or jobs in the past 6 months? YES.....1 (▶ PART G) NO...VERIFY WITH PART A. IF NO OTHER JOB IN PAST 6 MONTHS.....2 (▶ PART H)
	ANIMAL CODE #1	ANIMAL CODE #2	ANIMAL CODE #3	ANIMAL CODE #4	PRODUCT CODE #1	PRODUCT CODE #2	PRODUCT CODE #3			

SECTION 7, ACTIVITIES AND NON-LABOR INCOME

PART F: MAIN JOB IN THE LAST 6 MONTHS (END)

IDENTIFICATION CODE	47 Are you the sole or part owner of this business or profession? YES, OWNER...1 (▶ 51) YES, PARTNER...2 (▶ 51) NO.....3	48 To whom in the household does this business belong? COPY ID CODE FROM HOUSEHOLD ROSTER ID CODE	49 Did you receive or will you receive income (in cash or in kind) for the work that you did in this business in the past 6 months? YES.....1 NO.....2 (▶ 55)	50 What is or will be the value of your cash and in-kind income from working in this family business for the past 6 months? UNIT OF TIME DAY...4 WEEK...4 MONTH..5 YEAR..6 6 MOS..7 ▶ 55 AMOUNT TIME UNIT	51 Does anyone else in the household work in this business? (other than yourself?) YES.....1 NO.....2 (▶ 53)	52 Which other household members work in this business? ID CODE #1 ID CODE #2 ID CODE #3 ID CODE #4	53 How much did you receive from this business in the past 6 months (since last ...) for sales and services provided, before subtracting any expenses for payment of workers, or purchase of inputs, personal, or household items? AMOUNT TIME UNIT	54 How much did you receive from this business after paying for expenses but before purchasing personal items, in the past 6 months? (Since ...)? UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 6 MOS.....7 AMOUNT TIME UNIT	55 Did you have any other work or any other jobs in the past 6 months? YES...1 (▶ PART G) NO...--> VERIFY WITH PART A. IF NO OTHER JOB IN THE PAST 6 MONTHS:2 (▶ PART H)
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SECTION 7 ACTIVITIES AND NON-LABOR INCOME

PART G: SECONDARY JOB IN THE PAST 6 MONTHS

IDENTIFICATION CODE	<p>1 What was your secondary job in the past 6 months, that is, the job or work at which you spent the most time at after your main job? What kind of trade, industry, or business is this connected with?</p>		<p>2 INTERVIEWER: IS THIS THE SAME WORK AS A JOB OR ACTIVITY ALREADY CITED FOR THE PAST 7 DAYS?</p>		<p>3 In this work were you paid a salary?</p>		<p>4 How much did you receive from this job in the past 6 months, including any salary, bonuses, commissions, per diem and payments in kind?</p>		<p>5 How much did you receive in the past 6 months from your business or farm after expenditures on inputs, but before purchasing personal items for yourself or your household? (Since...)</p>		<p>6 Did you do any other work or have any other jobs in the past 6 months that you have not yet described to me?</p>		<p>7 How much did you receive from all of these other jobs or all of this other work in the past 6 months, including payment in kind?</p>		
	<p>FARMING.....1 HEALTH PROFESSIONAL/ ADMIN.....7 FISHING.....2 OTHER PROFESSIONAL/ ADMIN.....8 TRADER/MERCHANT/ SALES.....3 SECRETARY/CLERICAL.....9 TRANSPORT.....4 FACTORY WORKER.....10 CONSTRUCTION.....5 RESTAURANT, BAR OR HOTEL.....11 EDUCATION PROFESSIONAL/ADMIN.....6 OTHER.....13</p>		<p>YES, ALREADY DESCRIBED.....1 (▶ 6) NO, DIFFERENT WORK.....2</p>		<p>YES.....1 NO.....2(▶ 5)</p>		<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 6 MOS.....7</p> <p>▶ 6</p>		<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 6 MOS.....7</p>		<p>YES.....1 NO.....2 (▶PART H)</p>		<p>UNIT OF TIME DAY.....3 WEEK.....4 MONTH.....5 YEAR.....6 6 MOS.....7</p> <p>▶ PART H</p>		
DESCRIPTION		CODE		AMOUNT		TIME UNIT		AMOUNT		TIME UNIT		AMOUNT		TIME UNIT	

SECTION 7,
PART H:NON-LABOR INCOME

SECTION 7. ACTIVITIES AND NON-LABOR INCOME PART H. NON LABOR INCOME.

IDENTIFICATION CODE	1 IS THE RESPONDENT 15 OR OLDER?	A. During the past 6 months (since ...) have you received any income from ... [] ...? RECORD THE ANSWER TO QUESTION A, THEN ASK QUESTION B FOR ALL SOURCES OF INCOME RECEIVED											▶ SECTION 8				
	YES...1 NO...2 (▶ SECTION 8)	2A Pension or retirement fund?	2B How much have you received in the past 6 months from the pension or retirement fund?	3A Employment insurance, medical insurance, or life insurance?	3B How much have you received in the past 6 months from employment insurance, medical insurance, or life insurance?	4A Interest on savings, credit union or other bank accounts?	4B How much have you received in the past 6 months from interest on savings, credit union, or other bank accounts?	5A Lottery winnings or games of chance?	5B How much have you received in the past 6 months from lottery winnings or games of chance?	6A Dowry? IN CASH OR IN KIND?	6B How much have you received in the past 6 months from dowries?	7A Inheritance?	7B How much have you received in the past 6 months from inheritance?	8A Income from sale of durable goods, such as cars, radios, bicycles, etc.?	8B How much have you received in the past 6 months from the sale of durable goods, such as cars, radios, bicycles, etc.?	9A Other income sources? IN CASH OR IN KIND	9B How much have you received in the past 6 months from other income sources?
		YES...1 NO...2 ▶3A	AMOUNT	YES...1 NO...2 ▶4A	AMOUNT	YES...1 NO...2 ▶5A	AMOUNT	YES...1 NO...2 ▶6A	AMOUNT	YES...1 NO...2 ▶7A	AMOUNT	YES...1 NO...2 ▶8A	AMOUNT	YES...1 NO...2 ▶9A	AMOUNT	YES...1 NO...2 ▶Q.B	AMOUNT

SECTION 8
M I G R A T I O N

RESPONDENT: ALL NEW
HOUSEHOLD MEMBERS

SECTION 8. MIGRATION

IDENTIFICATION CODE	1	2	3	4	5	6	7
	Were you born at [PRESENT PLACE OF RESIDENCE]?	Have you lived somewhere else?	In which region or country were you born?	What is your nationality?	How long have you lived in... [TOWN OR VILLAGE WHERE RESPONDENT LIVES NOW] since you migrated here? TIME IN YEARS	Where did you come from?	What was the main reason you left to come here to this household?
	YES...1 NO...2 (▶ 3)	YES...1 (▶ 5) NO...2 (▶ NEXT PERSON)	KAGERA..1 IRINGA..15 Mwanza..2 MBEYA..16 MARA...3 RUVUMA..17 KIGOMA..4 MTWARA..18 Tabora..5 LINDI...19 SINGIDA..6 SHIN...20 DODOMA..7 YANGA...20 ARUSHA..8 UNGUJA..21 KILI-PEMBA...22 MANJARO..9 KENYA...23 TANGA...10 UGANDA..24 PWANI...11 RWANDA..25 DAR-ES-SALAAM...12 BURUNDI..26 ZAIRE...27 MORO-OTHER...13 RUKWA..14 FOREIGN.28	TANZANIAN..1 UGANDAN...2 KENYAN...3 RWANDAN...4 BURUNDIAN..5 ZAIREAN...6 ZAMBIAN...7 MALAWIAN...8 OTHER AFRICAN...9 OTHER...10	MONTHS IF LESS THAN ONE YEAR YEARS MOS	VILLAGE IN KAGERA..1 TOWN IN KAGERA...2 DAR ES SALAAM...3 OTHER URBAN AREA IN TANZANIA...4 OTHER RURAL AREA IN TANZANIA...5 OTHER COUNTRY...6	NO JOB/WANTED BETTER JOB.....1 BUSINESS OPPORTUNITIES.....2 POSTED TO NEW AREA.....3 LAND NOT AVAILABLE.....4 SCHOOLING.....5 MARRIAGE.....6 DIVORCE.....7 WIDOWHOOD.....8 DEATH OF PARENTS.....9 ILLNESS OF HOUSEHOLD MEMBERS..10 OTHER FAMILY PROBLEMS.....11 POLITICAL/ECONOMIC PROBLEMS...12 NATURAL DISASTERS.....13 OTHER.....14

▶ NEXT PERSON

SECTION 9 . FERTILITY (END)

16. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE

I would like to be sure I have understood correctly. You have given birth to _____ children.

FOR NEW MEMBERS: in your life time.
FOR CONTINUING MEMBERS: in the past 6 months.
Is this correct?

() YES (▶ WRITE THE NUMBER HERE) -----▶

() NO (▶ GO BACK TO QUESTIONS 3-11 CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
(A) ALL CHILDREN WHO ARE HOUSEHOLD MEMBERS (Q.7) ARE ON THE HOUSEHOLD ROSTER (SECTION 1). THEIR ID CODES ARE CORRECTLY COPIED AND THEIR AND THEIR SEX AND AGE ARE IDENTICAL IN THE TWO PLACES.
(B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 2.

17. Have you had any pregnancies that were interrupted before last term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1
NO.....2 (▶ 19)

18. How many such pregnancies have you had in your life?

NUMBER:

19. Have you already lived with a husband or boyfriend?

YES.....1
NO.....2 (▶ SECTION 10)

INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP

20. How old were you when you and your first husband or boyfriend started living together?

AGE:

21. What month and year was it?

MONTH:

YEAR:

22. IS THIS WOMAN 50 OR OLDER?

YES.....1 (▶ 27)
NO.....2

23. Are you pregnant now?

YES.....1
NO.....2 (▶ 25)

24. How many months?

MONTHS:

▶ 27

25. Some couples use contraception methods to avoid pregnancy or to space births. Are you currently using a method of contraception? (For example, the pill, the IUD, condoms, withdrawal, rhythm, abstinence.)

YES.....1
NO.....2 (▶ 27)

26. What contraceptive method are you and your partner using at present?

- | | | |
|-------------------|-----------------------------|----------------------|
| ABSTINENCE.....1 | DIAPHRAGM.....7 | <input type="text"/> |
| RHYTHM.....2 | PILL.....8 | <input type="text"/> |
| WITHDRAWAL.....3 | IUD.....9 | <input type="text"/> |
| DOUCHE.....4 | INJECTION.....10 | <input type="text"/> |
| CONDOMS.....5 | FEMALE STERILIZATION.....11 | <input type="text"/> |
| SPERMICIDES.....6 | MALE STERILIZATION.....12 | <input type="text"/> |
| | OTHER.....13 | |

▶ NEXT SECTION

27. Have you ever used a contraceptive method to avoid pregnancy or space births?

YES.....1
NO.....2 (▶ NEXT SECTION)

28. What method have you used?

LIST UP TO THREE METHODS.

- | | | |
|-------------------|-----------------------------|----------------------|
| ABSTINENCE.....1 | DIAPHRAGM.....7 | <input type="text"/> |
| RHYTHM.....2 | PILL.....8 | <input type="text"/> |
| WITHDRAWAL.....3 | IUD.....9 | <input type="text"/> |
| DOUCHE.....4 | INJECTION.....10 | |
| CONDOMS.....5 | FEMALE STERILIZATION.....11 | |
| SPERMICIDES.....6 | MALE STERILIZATION.....12 | |
| | OTHER.....13 | |

▶ NEXT SECTION

SECTION 9. FERTILITY (END)

16. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE

I would like to be sure I have understood correctly. You have given birth to _____ children.

FOR NEW MEMBERS: in your life time.
FOR CONTINUING MEMBERS: in the past 6 months.
Is this correct?

- () YES (▶ WRITE THE NUMBER HERE) -----▶
- () NO (▶ GO BACK TO QUESTIONS 3-11 CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
(A) ALL CHILDREN WHO ARE HOUSEHOLD MEMBERS (Q.7) ARE ON THE HOUSEHOLD ROSTER (SECTION 1). THEIR ID CODES ARE CORRECTLY COPIED AND THEIR AND THEIR SEX AND AGE ARE IDENTICAL IN THE TWO PLACES.
(B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 2.

17. Have you had any pregnancies that were interrupted before last term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1
NO.....2 (▶ 19)

18. How many such pregnancies have you had in your life?

NUMBER:

19. Have you already lived with a husband or boyfriend?

YES.....1
NO.....2 (▶ SECTION 10)

INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP

20. How old were you when you and your first husband or boyfriend started living together?

AGE:

21. What month and year was it?

MONTH:

YEAR:

22. IS THIS WOMAN 50 OR OLDER?

YES.....1 (▶ 27)
NO.....2

23. Are you pregnant now?

YES.....1
NO.....2 (▶ 25)

24. How many months?

MONTHS:
▶ 27

25. Some couples use contraception methods to avoid pregnancy or to space births. Are you currently using a method of contraception? (For example, the pill, the IUD, condoms, withdrawal, rhythm, abstinence.)

YES.....1
NO.....2 (▶ 27)

26. What contraceptive method are you and your partner using at present?

- | | | |
|-------------------|--------------------------|----------------------|
| ABSTINENCE.....1 | DIAPHRAGM.....7 | <input type="text"/> |
| RHYTHM.....2 | PILL.....8 | <input type="text"/> |
| WITHDRAWAL.....3 | IUD.....9 | <input type="text"/> |
| DOUCHE.....4 | INJECTION.....10 | <input type="text"/> |
| CONDOMS.....5 | FEMALE STERILIZATION..11 | <input type="text"/> |
| SPERMICIDES.....6 | MALE STERILIZATION....12 | <input type="text"/> |
| | OTHER.....13 | |

▶ NEXT SECTION

27. Have you ever used a contraceptive method to avoid pregnancy or space births?

YES....1
NO.....2 (▶ NEXT SECTION)

28. What method have you used?

- LIST UP TO THREE METHODS.
- | | | |
|-------------------|--------------------------|----------------------|
| ABSTINENCE.....1 | DIAPHRAGM.....7 | <input type="text"/> |
| RHYTHM.....2 | PILL.....8 | <input type="text"/> |
| WITHDRAWAL.....3 | IUD.....9 | <input type="text"/> |
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SECTION 9. FERTILITY (END)

16. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE

I would like to be sure I have understood correctly. You have given birth to _____ children.

FOR NEW MEMBERS: in your life time.
FOR CONTINUING MEMBERS: in the past 6 months.
Is this correct?

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INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
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(B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 2.

17. Have you had any pregnancies that were interrupted before last term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1
NO.....2 (▶ 19)

18. How many such pregnancies have you had in your life?

NUMBER:

19. Have you already lived with a husband or boyfriend?

YES.....1
NO.....2 (▶ SECTION 10)

INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP

20. How old were you when you and your first husband or boyfriend started living together?

AGE:

21. What month and year was it?

MONTH:

YEAR:

22. IS THIS WOMAN 50 OR OLDER?

YES.....1 (▶ 27)
NO.....2

23. Are you pregnant now?

YES.....1
NO.....2 (▶ 25)

24. How many months?

MONTHS:
▶ 27

25. Some couples use contraception methods to avoid pregnancy or to space births. Are you currently using a method of contraception? (For example, the pill, the IUD, condoms, withdrawal, rhythm, abstinence.)

YES.....1
NO.....2 (▶ 27)

26. What contraceptive method are you and your partner using at present?

ABSTINENCE.....1	DIAPHRAGM.....7	<input type="text"/>
RHYTHM.....2	PILL.....8	<input type="text"/>
WITHDRAWAL.....3	IUD.....9	<input type="text"/>
DOUCHE.....4	INJECTION.....10	<input type="text"/>
CONDOMS.....5	FEMALE STERILIZATION.....11	<input type="text"/>
SPERMICIDES.....6	MALE STERILIZATION.....12	<input type="text"/>
	OTHER.....13	<input type="text"/>

▶ NEXT SECTION

27. Have you ever used a contraceptive method to avoid pregnancy or space births?

YES.....1
NO.....2 (▶ NEXT SECTION)

28. What method have you used?

LIST UP TO THREE METHODS.

ABSTINENCE.....1	DIAPHRAGM.....7	<input type="text"/>
RHYTHM.....2	PILL.....8	<input type="text"/>
WITHDRAWAL.....3	IUD.....9	<input type="text"/>
DOUCHE.....4	INJECTION.....10	<input type="text"/>
CONDOMS.....5	FEMALE STERILIZATION.....11	<input type="text"/>
SPERMICIDES.....6	MALE STERILIZATION.....12	<input type="text"/>
	OTHER.....13	<input type="text"/>

▶ NEXT SECTION

SECTION 10: ANTHROPOMETRY

IDENTIFICATION CODE	CLUSTER: <input type="text"/>	1 AGE (COPY FROM HOUSEHOLD ROSTER)	2 SEX MALE.....1 FEMALE.....2 PREGNANT...3 BREAST-FEEDING...4	3 WAS THIS PERSON MEASURED? YES...1 NO...2 (= 7)	4 DATE OF MEASUREMENT			5 WEIGHT KG	6 HEIGHT OR LENGTH CM	7 REASON NOT MEASURED: AT SCHOOL.....1 BOARDING/TRAVELLING.....2 HANDICAP OR DEFORMITY.....3 SERIOUS ILLNESS.....4 REFUSAL.....5 OTHER.....6	8 IS... [NAME] LESS THAN 6 YEARS OLD? YES...1 NO...2 (= NEXT PERSON)	9 Does... [NAME] have a vaccination card? YES...1 NO...2	10 Has... [NAME]... been vaccinated against the following illnesses? NONE.....0 ONE.....1 TWO.....2 THREE.....3			
	HOUSEHOLD NUMBER: <input type="text"/>				YRS	MOS	DAY						MONTH	YEAR	A. Meas-les?	B. Tetanus? (inc. DPT)
COPY THE NAMES OF THE HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER, MATCHING THE ID CODES																
NAMES																

SECTION 11: FARMING

DESIGNATED RESPONDENT: _____ CODE:

INTERVIEWER: WAS THIS THE PERSON INTERVIEWED?
 YES.....1
 NO.....2

INTRODUCTION

Now I am going to ask you about all of the shambas/gardens owned by the members of your household and about all other shambas/gardens cultivated by members of your household, in the past six months, even if they were not owned.

- A. How many shambas/gardens were owned individually or collectively by the members of your household in the past 6 months?
- | | | |
|--|---|----------------------|
| | SHAMBAS | GARDENS |
| | SHAMBAS/GARDENS OWNED BY THE HOUSEHOLD: | |
| | <input type="text"/> | <input type="text"/> |
- B. How many shambas/gardens did the members of your household use that were not owned by someone in the household?
- | | | |
|--|--|----------------------|
| | SHAMBAS/GARDENS USED BUT NOT OWNED BY THE HOUSEHOLD: | |
| | <input type="text"/> | <input type="text"/> |
- C. INTERVIEWER: ADD THE ANSWERS TO QUESTIONS A AND B. WRITE THE TOTAL NUMBER OF SHAMBAS/GARDENS OWNED OR USED IN THE PAST 6 MONTHS IN THE BOX AT RIGHT.
- | | | | |
|--|------------------------|----------------------|----------------------|
| | TOTAL SHAMBAS/GARDENS: | <input type="text"/> | <input type="text"/> |
|--|------------------------|----------------------|----------------------|
- D. Have the members of your household sold any shambas or gardens since my visit six months ago?
- | | | |
|--|-------------------------|----------------------|
| | YES.....1 | <input type="text"/> |
| | NO.....2 (► QUESTION F) | |
- E. How much did the household receive from the sale of shambas or gardens since my visit six months ago?
- AMOUNT:

- F. Have the members of your household disinherited any shambas or gardens since my last visit 6 months ago?
- | | | |
|--|---------------------|----------------------|
| | YES.....1 | <input type="text"/> |
| | NO.....2 (► PART A) | |
- G. How many shambas or gardens were disinherited?
- | | | | |
|----------|----------------------|----------|----------------------|
| SHAMBAS: | <input type="text"/> | GARDENS: | <input type="text"/> |
|----------|----------------------|----------|----------------------|
- H. If you had wanted to sell this/these shamba(s) or garden(s), how much would you have gotten for them?
- AMOUNT:
- PART A

SECTION 11. FARMING, PART A. LAND

1 A. Please describe to me all of the shambas/gardens owned by the members of your household in the past 6 months. MAKE A LIST OF ALL SHAMBAS/GARDENS OWNED BY THE HOUSEHOLD. INCLUDE SHAMBAS/GARDENS IN FALLOW. B. Please describe to me all other shambas/gardens used but not owned by your household in the past 6 months. ADD SHAMBAS/GARDENS USED BUT NOT OWNED TO THE LIST BELOW. LIST ALL SHAMBAS FIRST AND THEN ADD GARDENS. COMPARE THE TOTAL NUMBER OF SHAMBAS/GARDENS ON THE LIST WITH THE TOTAL IN "C" ABOVE. THE NUMBER SHOULD BE THE SAME. PLOT NUMBER DESCRIPTION.	2 What is the total area of this shamba/garden? RECORD AREA TO THE NEAREST HALF UNIT AREA CODE: ACRE..1 HA....2 NUMBER AREA CODE	3 Who owns this shamba/garden? That is, is it owned by... a specific person in your household?....1 by all the members of your household?..2 by someone outside your household?....3 or this and other households together?.....4 ID CODE # 1 ID CODE # 2	4 TO WHOM DOES THIS SHAMBA/GARDEN BELONG? COPY ID CODE OF OWNER FROM THE HOUSEHOLD ROSTER	5 How was this shamba/garden acquired? BOUGHT.....1 INHERITED...3 GRANTED BY PUBLIC AUTHORITY...4 GIFT/OTHER...5	5A Was this shamba bought on credit? YES....1 NO.....2	5B How much money is left to repay? IF IN KIND, CITE VALUE IF COMPLETELY REPAID, WRITE 0. AMOUNT	6 WITH this shamba/garden bought in the past 6 months (since...)? YES..1 NO...2	7 How much did it cost to buy this shamba/garden? INCLUDE ANY AMOUNT STILL OWED ▶ 12 AMOUNT	8 Was this shamba/garden inherited in the past 6 months (since...)? YES..1 NO...2	9 If you wanted to sell this shamba/garden today, how much could you get for it? EXCLUDE THE VALUE OF ANY BUILDINGS ON THE LAND ▶ 12, NEXT PAGE AMOUNT	10 Did you or your household have to pay for the use of this shamba/garden in cash or in kind in the past 6 months (since...)? YES....1 NO.....2	11 What was the value of the crops and cash or any other payments made for the use of this shamba/garden in the past 6 months (since...)? ▶ NEXT SHAMBA /GARDEN AMOUNT
01	.											
02	.											
03	.											
04	.											
05	.											
06	.											
07	.											
08	.											
09	.											
10	.											
11	.											
12	.											
13	.											

SECTION 11. FARMING, PART A. LAND (END)

PLOT NUMBER	12 Was this shamba/garden cultivated in crops or wood in the past 6 months? YES CULTIVATED IN CROPS OR WOOD.....1 NO, LEFT FALLOW.....2 (> 16)	13 Was this shamba/garden cultivated by members of your household? YES.....1 (> 16) ¹ NO.....2	14 Did you or members of your household receive any payment, in cash or in kind (crops) for the use of this shamba/garden in the past 6 months? YES.....1 NO.....2 (> 16) ²	15 How much was received by the members of your household, in cash or in kind, for the use of this shamba/garden in the past 6 months? AMOUNT	16 Does a member of your household still own this shamba? YES.....1 NO.....2 <input type="checkbox"/> > NEXT SHAMBA
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					

SECTION 11 B : CROPS

1 In the past 6 months (since...), have the members of your household grown any of the following crops? PUT A CROSS IN THE BOX FOR EACH CROP. ASK QUESTION 1 ABOUT ALL CROPS BEFORE ASKING 2-13 FOR EACH CROP GROWN.	2 On which shamba(s)/garden(s) did your household grow ...[CROP]...? COPY THE SHAMBA/GARDEN NUMBERS WITH THIS CROP FROM PART A.					3 How many acres or hectares of [CROP] were harvested during the past 6 months? RECORD AREA TO THE NEAREST HALF UNIT AREA ACRE:..1 CODE: HA.....2	4 How much ...[CROP]... was sold during the past 6 months?		5 How much was the harvest of ...[CROP]... sold for?		6 Did you keep part of your crop for seed? YES.....1 NO.....2 (> 8) NOT APPLICABLE..3 (> 8)	7 If you had sold this same quantity at harvest time, what is the most amount you could have gotten? AMOUNT	8 Did you give part of the harvest of ...[CROP]... to laborers or to a landowner or as a gift, for ceremonies and fetishes? YES...1 NO....2(>10)	9 If you had sold this same quantity of ...[CROP]... at the time you gave it, what is the most amount of money you could have gotten? AMOUNT	10 Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.? YES....1 NO.....2 (>12)	11 If you had sold this same quantity at the time you lost it, what is the most amount of money you could have gotten? AMOUNT	12 Do you have any of your ...[CROP]... in stock at present? YES...1 NO....2 (>NEXT CROP)	13 If you were to sell this same quantity now, what is the most amount of money you could get? AMOUNT ▶ NEXT CROP
	FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER		NUMBER	AREA CODE	QUANTITY	UNIT								
Yams?	YES->	15																
	<-NO																	
Cocoyams?	YES->	16																
	<-NO																	
Sweet potatoes?	YES->	17																
	<-NO																	
Irish Potatoes?	YES->	18																
	<-NO																	
Maize?	YES->	19																
	<-NO																	
Bullrush millet?	YES->	21																
	<-NO																	
Finger millet?	YES->	22																
	<-NO																	
Sorghum?	YES->	23																
	<-NO																	
Rice?	YES->	24																
	<-NO																	
Beans, peas, cowpeas, other pulses?	YES->	28																
	<-NO																	

▶ NEXT PAGE

10 000 SQ M = 1 HA
1 ACRE = 0.407 HA
1 STEP = 1 METER

QUANTITY CODES
1 KG.....1
2 TON.....2
3 LB.....3
4 SACK.....4
5 FUNGU.....5
6 KABABA/KOBO.....6
7 BUNCH.....7
8 FRUIT.....8
9 LOG.....9
10 DEBE/TIN.....10
11 PIECE.....11
12 STICK.....12
13 KIMBO.....13
14 WZIGO.....14
15 TOTAL.....15

SECTION 11 B : CROPS

<p>1</p> <p>In the past 6 months (since...), have the members of your household grown any of the following crops?</p> <p>PUT A CROSS IN THE BOX FOR EACH CROP. ASK QUESTION 1 ABOUT ALL CROPS BEFORE ASKING 2-13 FOR EACH CROP GROWN.</p>	<p>2</p> <p>On which shamba(s)/garden(s) did your household grow ...[CROP]...?</p> <p>COPY THE SHAMBA/GARDEN NUMBERS WITH THIS CROP FROM PART A.</p>					<p>3</p> <p>How many acres or hectares of [CROP] were harvested during the past 6 months?</p> <p>RECORD AREA TO THE NEAREST HALF UNIT</p> <p>AREA ACRE:..1 CODE: HA.....2</p>	<p>4</p> <p>How much ...[CROP]... was sold during the past 6 months?</p>	<p>5</p> <p>How much was the harvest of..[CROP].. sold for?</p>	<p>6</p> <p>Did you keep part of your crop for seed?</p> <p>YES.....1 NO.....2 (> 8)</p> <p>NOT APPLICABLE..3 (> 8)</p>	<p>7</p> <p>If you had sold this same quantity at harvest time, what is the most amount you could have gotten?</p>	<p>8</p> <p>Did you give part of the harvest of ...[CROP]... to laborers or to a landowner or as a gift, for ceremonies and fetishes?</p> <p>YES...1 NO....2(>10)</p>	<p>9</p> <p>If you had sold this same quantity of ...[CROP]... at the time you gave it, what is the most amount of money you could have gotten?</p>	<p>10</p> <p>Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.?</p> <p>YES....1 NO...2 (>12)</p>	<p>11</p> <p>If you had sold this same quantity at the time you lost it, what is the most amount of money you could have gotten?</p>	<p>12</p> <p>Do you have any of your ...[CROP].. in stock at present?</p> <p>YES...1 NO....2 (>NEXT CROP)</p>	<p>13</p> <p>If you were to sell this same quantity now, what is the most amount of money you could get?</p> <p>>NEXT CROP</p>
	FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER	NUMBER	AREA CODE	QUANTITY	UNIT	AMOUNT	UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

Groundnuts?	YES->	29																	
	<-NO																		
Sunflower seeds?	YES->	30																	
	<-NO																		
Mambaranuts?	YES->	31																	
	<-NO																		
Oil palm/palm oil?	YES->	32																	
	<-NO																		
Avocado?	YES->	36																	
	<-NO																		
Mangoes?	YES->	37																	
	<-NO																		
Pawpaw?	YES->	38																	
	<-NO																		
Citrus fruits?	YES->	39																	
	<-NO																		
Pineapple?	YES->	40																	
	<-NO																		
Other fruits (incl. passion)?	YES->	41																	
	<-NO																		

> NEXT PAGE

10,000 SQ M = 1 HA
1 ACRE = 0.407 HA
1 STEP = 1 METER

QUANTITY CODES
 KG.....1
 TON.....2
 LB.....3
 SACK.....4
 FUNGU.....5
 KABABA/KOBO.....6
 BUNCH.....7
 FRUIT.....8
 LOG.....9
 DEBE/TIN...10
 PIECE.....11
 STICK.....12
 KIMBO.....13
 MZIGO.....14
 TOTAL.....15

SECTION 11 B : CROPS

1 In the past 6 months (since...), have the members of your household grown any of the following crops? PUT A CROSS IN THE BOX FOR EACH CROP. ASK QUESTION 1 ABOUT ALL CROPS BEFORE ASKING 2-13 FOR EACH CROP GROWN.	2 On which shamba(s)/garden(s) did your household grow ...[CROP]...? COPY THE SHAMBA/GARDEN NUMBERS WITH THIS CROP FROM PART A.	3 How many acres or hectares of [CROP] were harvested during the past 6 months? RECORD AREA TO THE NEAREST HALF UNIT AREA ACRE:..1 CODE: HA.....2					4 How much ...[CROP]... was sold during the past 6 months?		5 How much was the harvest of...[CROP].. sold for?		6 Did you keep part of your crop for seed? YES.....1 NO.....2 (> 8) NOT APPLICABLE..3 (> 8)		7 If you had sold this same quantity at harvest time, what is the most amount you could have gotten? AMOUNT		8 Did you give part of the harvest of ...[CROP]... to laborers or to a landowner or as a gift, for ceremonies and fetishes? YES...1 NO....2(>10)		9 If you had sold this same quantity of ...[CROP]... at the time you gave it, what is the most amount of money you could have gotten? AMOUNT		10 Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.? YES....1 NO....2 (>12)		11 If you had sold this same quantity at the time you lost it, what is the most amount of money you could have gotten? AMOUNT		12 Do you have any of your ...[CROP].. in stock at present? YES...1 NO....2 (>NEXT CROP)		13 If you were to sell this same quantity now, what is the most amount of money you could get? AMOUNT ▶NEXT CROP	
		FIRST NUMBER	SECOND NUMBER	THIRD NUMBER	FOURTH NUMBER	FIFTH NUMBER	NUMBER	AREA CODE	QUANTITY	UNIT	AMOUNT	UNIT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT			
Sugarcane?	YES->	43																								
	<-NO																									
Tomatoes?	YES->	46																								
	<-NO																									
Onions, leeks, green onions?	YES->	47																								
	<-NO																									
Eggplant and bitter tomatoes?	YES->	48																								
	<-NO																									
Cabbage?	YES->	50																								
	<-NO																									
Other veges (cassava leaves, carrots, spinach, okra etc.?)	YES->	51																								
	<-NO																									
Spices (curry, red pepper, etc.?)	YES->	53																								
	<-NO																									
Other crops (specify _____?)	YES->	72																								
	<-NO																									

▶ NEXT PAGE

10,000 SQ M = 1 HA
1 ACRE = 0.407 HA
1 STEP = 1 METER

QUANTITY CODES
KC1
TON2
LB3
SACK4
FUNGU5
KABABA/KOBO6
BUNCH7
FRUIT8
LOG9
DEBE/TIN10
PIECE11
STICK12
KIMBO13
MZIGO14
TOTAL15

SECTION 11, PART D: FARM INPUTS

1. Did your household use any hired labor or tenants on your shambas in the past 6 months (since....)?
 YES.....1
 NO.....2 (► 4)
2. How many laborers were used on your shambas in the past 6 months, and for how many days?
 MULTIPLY THE NUMBER OF PERSONS TIMES THE NUMBER OF DAYS PER PERSON TO GET THE NUMBER OF MAN DAYS OF LABOR INPUT IN THE PAST 6 MONTHS
 MANDAYS:
3. How much was paid to these laborers in the past 6 months?
 INCLUDE THE VALUE OF PAYMENTS IN KIND.
 AMOUNT:
4. Did your household use fertilizer on your shambas during the last 6 months?
 YES.....1
 NO.....2 (► 6)
5. How much did you spend on the purchase of fertilizer in the past 6 months (since....)?
 AMOUNT:
6. Did your household use organic manure on your shambas in the last 6 months?
 YES.....1
 NO.....2 (► 8)
7. How much did you spend on the purchase of manure for your shambas in the past 6 months (since....)?
 AMOUNT:
8. Did your household use pesticides on your shambas in the past 6 months?
 YES.....1
 NO.....2 (► 10)
9. How much did you spend on the purchase of pesticides for your shambas in the past 6 months (since....)?
 AMOUNT:
10. Did your household have expenses for transporting its crops during the past 6 months?
 YES.....1
 NO.....2 (► 12)
11. How much did members of your household spend on transportation of your crops in the past 6 months (since....)?
 AMOUNT:
12. Did your household have any other expenses associated with crop production in the past 6 months, such as the purchase of sacks, containers, storage, irrigation, renting of animal traction, etc.?
 YES.....1
 NO.....2 (► 14)
13. How much did your household spend for these other inputs for the production of crops during the past 6 months (since....)?
 AMOUNT:

14. DID THE HOUSEHOLD PURCHASE ANY INPUTS?
 CHECK THE ANSWERS TO Q1,4,6,8,10,12.
 YES.....1
 NO.....2 (► PART E)
15. Does your household currently owe money for any of these farm inputs or for advances that must be repaid?
 YES.....1
 NO.....2 (► PART E)
16. How much does your household owe for all farm inputs or advances?
 AMOUNT:

FOR CALCULATIONS

► PART E

SECTION 11. PART E. SALES OF PRODUCTS FROM HOMEGROWN CROPS

Now I would like to ask you some questions about the processing by your household of their crops to make products for sale.

1. Has any member of your household, during the past 6 months, processed any of his/her crops for sale? For example, by making and selling banana beer, maize brew, dried fruits or vegetables, or any other product from crops grown by your household?

YES.....1
NO.....2 (▶ PART F)

2 During the past 6 months, has any member of your household made the following products for sale from his/her crops? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH PRODUCT. ASK QUESTION 2 FOR ALL PRODUCTS BEFORE GOING TO 3-8.	3 In which months in the past 6 months have members of your household made ...[]... for sale? COUNT NUMBER OF MONTHS	4 Which household members participated in production of ...[]... for sale? ID CODE ID CODE ID CODE			5 During these months, how many times did they sell ...[]...? TIMES TIME UNIT		6 And how much money did they usually receive each time? AMOUNT	7 In order to make ...[]... did they have to spend for, e.g., tools, containers, transport, labor, etc.? YES...1 NO....2 (▶ NEXT PRODUCT)	8 How much were those expenses in the past 6 months? (since my visit 6 months ago?) ▶ NEXT PRODUCT AMOUNT
		YES-▶ ←-NO	01						

Banana juice	YES-▶ ←-NO	01							
Local banana beer	YES-▶ ←-NO	02							
Banana cognac	YES-▶ ←-NO	03							
Local pineapple beer	YES-▶ ←-NO	04							
Maize flour	YES-▶ ←-NO	05							
Roast or cooked maize	YES-▶ ←-NO	06							
Local maize brew	YES-▶ ←-NO	07							
Millet beer	YES-▶ ←-NO	08							
Dried cassava	YES-▶ ←-NO	09							
Cassava flour	YES-▶ ←-NO	10							
Groundnut oil	YES-▶ ←-NO	11							
Green coffee beans	YES-▶ ←-NO	12							
Dried fruits or vegetables	YES-▶ ←-NO	13							
Other	YES-▶ ←-NO	14							

SECTION 11
PART F. HAND TOOLS

A. How many of the following tools are owned by members of your household? WRITE THE NUMBER OF EACH TOOL IN THE BOX. IF NONE, WRITE 0. ASK QUESTION A FOR ALL TOOLS BEFORE ASKING QUESTION B.	B. For how much could you sell all of these tools today? IF ANSWER TO QUESTION A IS ZERO, WRITE 0 IN QUESTION B. AMOUNT
1. Hoes?	
2. Axes?	
3. Machetes?	
4. Picks?	
5. Shovels?	
6. Wheelbarrows?	
7. Sickles?	
8. Pangas?	
9. Mundu?	
10. Pruning shears?	
11. Others?	

▶ PART G

SECTION 11.

PART G. FARM EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-11.										
1	2	3	4	5	6	7	8	9	10	11
During the past 6 months (since...) has any member of your household owned a -----?	Does any member of your household still own a ----- now?	How many () do the members of your household own altogether?	For how much money could they sell all these ----- for today?	Has any member of your household bought a ----- in the past 6 months?	How many () have they bought altogether?	How much did they pay altogether for these -----?	Has any member of your household sold a ----- in the past 6 months?	How many () have the members of your household sold altogether?	How much did they receive altogether for the sale of all of these -----?	How much money did your household earn by leasing () during the last 6 months?
PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL EQUIPMENT BEFORE GOING TO 2-11.	YES...1 NO...2 (=5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (=8)	NUMBER BOUGHT	AMOUNT	YES...1 NO...2 (=11)	NUMBER SOLD	AMOUNT	AMOUNT
Tractor?	YES-> ←-NO	01								
Plough?	YES-> ←-NO	02								
Other animal drawn implement?	YES-> ←-NO	03								
Cart?	YES-> ←-NO	04								
Handmill?	YES-> ←-NO	05								
Watering equipment?	YES-> ←-NO	06								
Motorized vehicle for farm use?	YES-> ←-NO	07								
Draft or stud animals?	YES-> ←-NO	08								
Farm buildings?	YES-> ←-NO	10								
Grinder?	YES-> ←-NO	11								
Banana beer "boats"?	YES-> ←-NO	12								
Gericans/drums?	YES-> ←-NO	13								
Other equipment for processing your crops?	YES-> ←-NO	14								
Other equipment or implements?	YES-> ←-NO	09								

▶ NEXT EQUIPMENT

▶2-11

▶ END OF SECTION

S E C T I O N 1 2 : L I V E S T O C K

~~SUPERVISOR~~

DESIGNATED RESPONDENT: _____ CODE:

~~INTERVIEWER~~

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

SECTION 12. LIVESTOCK PART A: ANIMALS

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-13.

1 During the past 6 months, has any member of your household owned ...? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 2-13. X	2 Do any members of your household own ...? YES...1 NO...2 (> 5)	3 How many of all ... ages are owned by your household at present? NUMBER THIS TIME	4 If they wanted to sell one of these ... today, how much money would they receive altogether? AMOUNT	5 During the past 6 months have members of your household sold any ...? YES...1 NO...2 (> 8)	6 How many ... have they sold? NUMBER SOLD	7 How much altogether have they received from sales of ... during the past 6 months? AMOUNT	8 Have any members of your household bought any ... during the past 6 months (since...)? YES...1 NO...2 (> 11)	9 How many ... did they buy? NUMBER BOUGHT	10 How much did they pay altogether for all the ... they bought during the past 6 months? AMOUNT	11 How many ... were born or received as gifts or inherited during the past 6 months? NUMBER BORN INHERITED OR RECEIVED	12 How many ... raised by your household were eaten by the members of your household in the past 6 months? NUMBER EATEN	13 How many ... raised by your household were lost, stolen, disinherited, given as gifts or died during the past 6 months? NUMBER LOST, STOLEN, DIED OR DISINHERITED
---	---	---	---	---	--	---	---	--	--	---	---	--

▶ NEXT ANIMAL

Cattle, including cows?	YES ->	01										
	<- NO											
Sheep?	YES ->	02										
	<- NO											
Goats?	YES ->	03										
	<- NO											
Chickens?	YES ->	04										
	<- NO											
Pigs?	YES ->	05										
	<- NO											
Ducks, turkeys or other poultry?	YES ->	06										
	<- NO											
Rabbits?	YES ->	07										
	<- NO											
Other animals? (Specify: _____)	YES ->	08										
	<- NO											

1 During the past 6 months, has any member of your household raised ...? ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 2-13.	2 Are any members of your household raising bees at the present time? YES...1 NO...2 (> 5)	3 How many hives are owned by your household at the present time? NUMBER OWNED	4 If they wanted to sell one of these hives today, how much money would they receive altogether? AMOUNT	5 During the past 6 months, has any member of your household sold any beehives? YES...1 NO...2 (> 8)	6 How many hives have they sold? NUMBER SOLD	7 How much altogether have they received from sales of beehives during the past 6 months? AMOUNT	8 Have any members of your household bought any beehives in the past 6 months? YES...1 NO...2 (> 11)	9 How many hives did they buy? NUMBER BOUGHT	10 How much did they pay altogether for all the hives they bought during the past 6 months? AMOUNT	11 How many beehives were received as gifts in the past 6 months? NUMBER RECEIVED AS PRESENTS	12 ----->	13 How many hives were given as gifts in the past 6 months? NUMBER GIVEN OUT AS PRESENTS
Bees?	YES ->	09										
	<- NO											

▶ 2-13

▶ SECTION B

SECTION 12. LIVESTOCK

PART B. SALE OF ANIMAL PRODUCTS

1 During the past 6 months (since....), have any members of your household sold products obtained from their animals? For example, milk products, eggs, or tanned skins?

YES.....1

NO.....2 (▶ PART C)

<p>2 During the past 6 months, have they sold any... []... obtained from their animals?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX BELOW. ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>3 How much has your household received from the sale of ... []... in the past 6 months (since....)?</p> <p style="text-align: center;">AMOUNT</p>	<p>4 Which household members participated in producing ... []...?</p> <p style="text-align: center;">▶ NEXT PRODUCT</p> <p>ID CODE ID CODE ID CODE</p>
--	---	---

Milk or milk products?	YES-▶ ←-NO	01			
Eggs?	YES-▶ ←-NO	02			
Skins and hides?	YES-▶ ←-NO	03			
Honey, honeycomb, or beeswax?	YES-▶ ←-NO	04			
Other animal or bee products? (Specify):	YES-▶ ←-NO	05			

▶ 3-4

▶ PART C

PART C. LIVESTOCK EXPENDITURES

<p>1 In the past 6 months (since...), has a member of your household spent money on the following items in order to raise livestock?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. ASK 1 FOR ALL ITEMS BEFORE GOING TO 2.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>IF THE ANSWER TO 1 IS YES, ASK 2.</p> <p>2 How much money have all the members of your household spent on ... []... in the past 6 months (since....)?</p> <p style="text-align: center;">AMOUNT</p>
---	---

Paid labor for herding?	YES-▶ ←-NO	01	
Buildings and maintenance of pens and fences?	YES-▶ ←-NO	02	
Feed, including salt?	YES-▶ ←-NO	03	
Insecticide sprays for animals?	YES-▶ NO	04	
Veterinary services, inoculations, or other medical products?	YES-▶ ←-NO	05	
Transport of animals, feed, or supplies?	YES-▶ ←-NO	06	
Commissions on the sale of animals?	YES-▶ ←-NO	07	
Compensation for damage caused by animals?	YES-▶ ←-NO	08	
Packaging of animal and poultry products?	YES-▶ ←-NO	09	
Other expenses for raising livestock, poultry, or bees (incubator, electricity, etc.)? Specify:	YES-▶ ←-NO	10	

▶ 2

▶ NEXT SECTION