

**PERU
INSTITUTO NACIONAL DE ESTADISTICA
INE**

HOUSEHOLD QUESTIONNAIRE

**WORLD BANK
LIVING STANDARDS MEASUREMENT UNIT
EDUCATION DEPARTMENT**

STRICTLY CONFIDENTIAL

December 9 1985

7

FIRST VISIT

FPA

INTERVIEW

Interviewer: _____ Date
Day Mth. Year

Language of interview: _____
 Spanish ----- 1
 Quechua ----- 2
 Aymara ----- 3
 Other (What?) ----- 4

REMARKS: _____

VERIFICATION

Supervisor: _____ Date
Day Mth. Yr.

Did reinterview Yes 1 Date of
take place? No 2 reinterview
Day Mth. Year

REMARKS: _____

Reason:
 Empty household.... 1
 Provisional HH..... 2
 Not found..... 3
 Other(What?)..... 4

Was this house- Yes 1
hold replaced? No 2

This HH replaces This HH will be repla-
HH # ced by HH #

FPA

DATA ENTRY

Operator _____ Date
Day Mth. Year

REMARKS: _____

DATA ENTRY

Supervisor: _____ Date
Day Mth. Year

REMARKS: _____

SECOND VISIT

INTERVIEW

Planned date
Day Mth. Year

Interviewer: _____ Date
Day Mth. Year

REMARKS: _____

VERIFICATION

Supervisor: _____ Date
Day Mth. Year

Did reinterview Yes 1 Date of
take place? No 2 reinterv.
Day Mth. Year

REMARKS: _____

DATA ENTRY

Operator _____ Date
Day Mth. Year

REMARKS: _____

DATA ENTRY

Supervisor: _____ Date
Day Mth. Yr

REMARKS: _____

SECTION	FIRST ATTEMPT			SECOND ATTEMPT			CORRECTIONS OF INTERVIEW Satisfactory 1 To be complet. 2 To be repeat. 3	SUPERVISION OF DATA ENTRY Satisfact. 1 Corrections 2
	DATE			DATE				
	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
FIRST VISIT	1							
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SECOND VISIT	9							
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SECTION 1 PART 8. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Is the father (NAME)... living in this household?	COPY THE IDENTIFICATION CODE FOR THE FATHER	Is the father (NAME)... still alive?	Did the father (NAME)... attend school?	What was the highest grade/level he completed?	What kind of work did the father of... (NAME)... do for most of his life?	IF >10 YEARS ASK: When (NAME)... was 10 years old, did he/she live with his/her father?	Is the mother (NAME)... living in this household?	COPY THE IDENTIFICATION CODE FOR THE MOTHER	Is the mother (NAME)... still alive?	Did the mother (NAME)... attend school?	What was the highest grade/level she completed?	What kind of work did the mother of... (NAME)... do for most of her life?	IF >10 YEARS ASK: When (NAME)... was 10 years old, did she live with his/her mother?
YES..1 NO...2	<input checked="" type="checkbox"/>	YES..1 NO...2	YES..1 NO...2	LEVEL NONE.....0 INITIAL.....1 PRIMARY.....2 SECONDARY.....3 COMMON.....3 SECONDARY.....3 TECHNICAL.....4 POST-SECONDARY.....4 NON-UNIVERSITY.....5 UNIVERSITY.....6 OTHER.....7	PROFESSIONAL, TECHNICIAN/ MANAGER, SUPERIOR PUBLIC OFFICER ADMINISTRATIVE COMMERCE ACTIV. AGRICULT./FORESTRY WORKER FISHERY HUNTER TRANSPORTATION WORKER CONSTRUCTION WORKER MANUFACT./INDUSTRY WORKER ARTISAN MINING WORKER SERVICES WORKER OTHER WORKER (WHAT?) DID NOT WORK	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	LEVEL NONE.....0 INITIAL.....1 PRIMARY.....2 SECONDARY.....3 COMMON.....3 SECONDARY.....3 TECHNICAL.....4 POST-SECONDARY.....4 NON-UNIVERSITY.....5 UNIVERSITY.....6 OTHER.....7	PROFESSIONAL, TECHNICIAN/ MANAGER, SUPERIOR PUBLIC OFFICER PERM. ADMINISTRATIVE COMMERCE ACTIV. AGRICULT./FORESTRY WORKER FISHERY HUNTER TRANSPORTATION WORKER CONSTRUCTION WORKER MANUFACT./INDUSTRY WORKER ARTISAN MINING WORKER SERVICES WORKER OTHER WORK (WHAT?) DID NOT WORK	YES..1 NO...2

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REGULAR DAILY SYSTEM
(BASICA REGULAR)
CURRENT PREVIOUS

PRE-KINDER, INITIAL D, TRANSITION } 1st. GRADE

PRIMARY:

FIRST YEAR ▶ 2nd. GRADE
SECOND YEAR ▶ 3rd. GRADE
THIRD YEAR ▶ 4th. GRADE
FOURTH YEAR ▶ 5th. GRADE
FIFTH YEAR ▶ 6th. GRADE

SECONDARY:

FIRST YEAR ▶ 7th. GRADE
SECOND YEAR ▶ 8th. GRADE
THIRD YEAR ▶ 9th. GRADE
FOURTH YEAR ▶ --
FIFTH YEAR ▶ --

(EVENING AND NIGHT SYSTEM
(BASICA LABORAL)
CURRENT PREVIOUS

PRE-SCHOOL TRANSITION } 1st. GRADE

PRIMARY:

FIRST YEAR ▶ 2nd. GRADE
SECOND YEAR ▶ --
THIRD YEAR ▶ 3rd. GRADE
FOURTH YEAR ▶ 4th. GRADE
FIFTH YEAR ▶ --
SIXTH YEAR ▶ 5th. GRADE

SECONDARY:

FIRST YEAR ▶ 6th. GRADE
SECOND YEAR ▶ 7th. GRADE
THIRD YEAR ▶ 8th. GRADE
FOURTH YEAR ▶ 9th. GRADE
FIFTH YEAR ▶ --
SIXTH YEAR ▶ --

SECTION 2. HOUSING

PART A: TYPE OF DWELLING

(FILLED UP BY INTERVIEWER)

11. TYPE OF DWELLING (MAIN DWELLING)

- DETACHED.....1
- APARTMENT.....2
- SEVERAL HOUSES IN COURTYARD....3
- DWELLING IN COMPOUND.....4
- IMPROVISED DWELLING.....5
- OTHER (WHAT)?.....6

12. OUTSIDE WINDOWS:

- ALUMINIUM WITH GLASS.....1
- IRON WITH GLASS.....2
- WOOD WITH GLASS.....3
- ALUMINIUM WITHOUT GLASS.....4
- IRON WITHOUT GLASS.....5
- WOOD WITHOUT GLASS.....6
- THERE ARE NO WINDOWS.....7
- OTHER (WHAT)?.....8

Now I would like to ask you some questions about your dwelling and materials used in its construction. By your dwelling I mean all the rooms and all the separate buildings used by members of your household.

3. What is the main construction material of the outside walls of your dwelling?

- BRICKS OR CEMENT BLOCK.....1
- STONE OR MIX OF CEMENT AND LIME.....2
- ADobe3
- CLAY WITH CANE (QUINCHA).....4
- STONE WITH CLAY.....5
- WOOD.....6
- STRAN.....7
- OTHER (WHAT)?.....8

4. What is the main flooring material of your dwelling?

- PARQUET OR POLISHED WOOD.....1
- ASPHALTIC TILES, VINYL2
- OR SIMILAR.....3
- TILES OR SIMILAR.....4
- WOOD (PLAIN).....5
- CEMENT.....6
- DIRT.....7
- OTHER (WHAT)?.....8

5. What is the main material of the roofs of your dwelling?

- CONCRETE.....1
- WOOD.....2
- ROOFING TILE.....3
- BLOCKS OF CALAMINE, FIBERS CEMENT OR SIMILAR.....4
- MAT WITH CLAY.....5
- STRAN, PALM LEAVES.....6
- OTHER (WHAT)?.....7

6. How many rooms does your household occupy, including bedrooms, living room and dining room? DO NOT COUNT DEPOSIT, BATHROOMS, WC., KITCHEN, HALLWAYS, OR GARAGE.

7. Do you have separate kitchen?

- YES.....1
- NO.....2

8. Are you using one of your household rooms for work or business?

- YES.....1
- NO.....2 (► PART B)

9. How many rooms are you using only for work or business?

IF ROOM IS SHARED
ENTER ZERO

► PART B

SECTION 2. PART B: HOUSING EXPENSES

1. The dwelling your household occupies is:

- squattered?.....1 (▶ 11)
- owned, fully paid?.....2 (▶ 11)
- owned, still paying?.....3
- rented, paid in goods, services or money?.....4 (▶ 4)
- OTHER (WHAT)?.....5 (▶ 10)

2. How much was your last mortgage payment?

AMOUNT:

3. How often do you make these payments?

- MONTHLY.....5 (▶ 12)
- QUARTERLY.....6 (▶ 12)
- TWICE A YEAR.....7 (▶ 12)
- ONCE A YEAR.....8 (▶ 12)

4. Who is this dwelling rented from?

- RELATIVE.....1
- PRIVATE EMPLOYER.....2
- PUBLIC ORGANISM.....3
- INDIVIDUAL/PRIVATE AGENCY.....4
- OTHER (WHAT)?.....5

5. How much was your last monthly rent payment?

AMOUNT:

IF NOT PAID IN MONEY, ENTER ZERO

6. Do you pay in goods and services for the use of this dwelling?

- YES.....1
- NO.....2 (▶ 0)

7. In how much do you estimate the value of these goods and services provided by your household each month?

AMOUNT:

8. Do you get any assistance to pay all or part of the rent for this dwelling? FOR EXAMPLE, FROM A RELATIVE, FROM EMPLOYER, FROM GOVERNMENT, PUBLIC AGENCY OR ANY OTHER INDIVIDUAL?

- YES.....1
- NO.....2 (▶ 12)

9. Who gives you assistance?

- RELATIVE.....1 (▶ 12)
- PRIVATE EMPLOYER.....2 (▶ 12)
- GOVERNMENT/PUBLIC ORG.....3 (▶ 12)
- INDIVIDUAL/PRIVATE AGENCY.....4 (▶ 12)
- OTHER (WHAT)?.....5 (▶ 12)

10. Who provides this dwellings to your household?

- RELATIVE.....1
- PRIVATE EMPLOYER.....2
- GOVERNMENT/PUBLIC ORG.....3
- INDIVIDUAL/PRIVATE AGENCY.....4
- OTHER (WHAT)?.....5

11. If you were to rent out this dwelling, how much would you rent it for monthly?

AMOUNT:

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

- PUBLIC SERVICE: INSIDE DWELLING.....1
- OUTSIDE DWELLING, INSIDE BUILDING.....2
- OUTSIDE DWELLING, OUTSIDE BUILDING (PYLON).....3
- WELL.....4
- RIVER/SPRING.....5 (▶ 16)
- WATER TRUCK, WATERMAN.....6 (▶ 15)
- OTHER (WHAT)?.....7 (▶ 17)

13. Is this...[MAIN SOURCE OF WATER]...used only by your household or shared with other households?

- EXCLUSIVE.....1
- SHARED.....2

14. Does your household have an exclusive or a shared water meter?

- EXCLUSIVE.....1
- SHARED.....2
- DOES NOT HAVE...3

15. How much was your last monthly water payment?

AMOUNT:
IF NOT PAID IN MONEY, ENTER ZERO

[]

16. IF MAIN SOURCE OF WATER IS NOT INSIDE DWELLING, ASK:

How many meters from your household is this... (MAIN SOURCE OF WATER)...?

METERS:

IF MAIN SOURCE OF WATER IS INSIDE DWELLING, ENTER ZERO

[]

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

- BURIED.....1
- BURNED.....2
- COLLECTED BY GARBAGE TRUCK.....3
- INCINERATED.....4
- MAKE MANURE.....5
- DUMPED.....6

[]

18. What type of sewerage is available for your household?

- PUBLIC SERVICE.....1
- WELL-SEPTIC.....2
- CESSPOOL.....3
- DOES NOT HAVE.....4 (▶ 22)

[]

19. Do you have a toilet (WC) in your household?

- YES.....1
- NO.....2 (▶ 22)

[]

20. Is this toilet exclusive or do you share it?

- EXCLUSIVE.....1
- SHARED.....2

[]

21. Is the toilet inside or outside the dwelling?

- INSIDE.....1
- OUTSIDE.....2

[]

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

- ELECTRICITY.....1
- KEROSENE OR OIL.....2 (▶ 25)
- CANDLE.....3 (▶ 25)
- NONE.....4 (▶ 25)

[]

23. Do you have an exclusive or shared electricity meter?

- EXCLUSIVE.....1
- SHARED.....2
- DOES NOT HAVE...3

[]

24. How much was your last monthly electricity bill?

AMOUNT:
IF NOT PAID IN MONEY, WRITE ZERO

[]

25. What kind of fuel does your household use most often for cooking?

- ELECTRICITY.....1 (▶ 27)
- GAS.....2
- KEROSENE.....3
- CHARCOAL.....4
- WOOD.....5
- OTHER (WHAT)?.....6
- DO NOT COOK.....7

[]

26. How much was your last monthly fuel expenditure?

AMOUNT:
IF NOT PAID IN MONEY, WRITE ZERO
IF NOT A MONTHLY EXPENDITURE, MAKE CALCULATIONS

[]

27. Do you have any other regular expenses for your dwelling? for example, security, public electricity, parking, guards, community services, etc.

- YES.....1
- NO.....2 (▶ 29)

[]

28. How much was your last monthly payment for these expenses?

AMOUNT:

[]

29. Do you have telephone in your household?

- YES.....1
- NO.....2 (▶ SECTION 3)

30. How much was your last monthly phone expenditure?

AMOUNT:

[]

▶ SECTION 3

SECTION 3. EDUCATION PART A. (END).

26	27	28	29	30	31	32
Has (NAME) done any training courses?	In what year did (NAME) do the last training course?	How many hours per week had the longest training course (NAME) did?	For how many weeks had the longest training course?	Where did (NAME) do that longest course? ACADEMY.....1 OCCUPATIONAL TRAINING.....2 INSTITUTE.....3 SPECIAL TECHNICAL.....4 UNIVERSITY.....5 NIGHT SCHOOL.....6 TECHNICAL INSTITUTE.....7 WORKING PLACE OR ENTERPRISE.....8 COURSE BY CORRESPONDENCE.....9 OTHER.....10	Did (NAME) obtain any diploma or certificate in the longest course? YES...1 NO...2	Is (NAME) doing any training course now? YES...1 NO...2
YES..1 NO...2	YEAR	HOURS PER WEEK	WEEKS		YES...1 NO...2	YES...1 NO...2

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SECTION 3. PART B. NURSERY SCHOOL ATTENDANCE. CHILDREN UNDER 5 YRS.

1 Has... (NAME) attended nursery school during the last 12 months? YES..1 NO..2 (NEXT CHILD)	2 How much has your household spent on...(NAME) education for IF NOTHING WAS SPENT, WRITE ZERO IF THE RESPONDENT CAN ONLY GIVE THE TOTAL AMOUNT, WRITE →							
	A registration fees in the last 12 months?	B contribution from parents to the nursery, during the last 12 months?	C uniforms and sport supplies, during the last 3 months?	D books and school supplies, during the last 3 months?	E monthly fees to the nursery, the last month paid?	F transporta- tion to school, the last month paid?	G food/seats lodging, the last month paid?	H other expenses, during the last 12 months?
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

▶ NEXT CHILD

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SECTION 3. PART C. EDUCATION OF CHILDREN RESIDING ELSEWHERE.

1. Does any member of your household have children under 30 years old not living here in this household?

YES.....1
 NO.....2 (▶ SECTION 4)

FOR EACH CHILD LISTED IN QUESTION 2, ASK QUESTIONS 4-14

CHILD	2 What are their names? LIST ALL THE CHILDREN UNDER 30 YEARS OF AGE WHO DO NOT LIVE IN THIS HOUSEHOLD. COMPLETE THE LIST BEFORE GOING TO 4 - 14.	3 SEX M...1 F...2	4 How old is... (NAME)... now? YEARS	5 Does the father of (NAME)... live in this household? YES..1 NO..2(▶7)	6 COPY THE FATHER'S ID CODE I. C.	7 Does the mother of (NAME)... live in this household? YES..1 NO..2(▶9)	8 COPY THE MOTHER'S IDENTIFICATION CODE I. C.	9 Has... (NAME)... attended school? YES....1 NO.....2 (▶NEXT CHILD)	10 What is the highest grade/level completed by..(NAME)..? NONE.....1 INITIAL.....2 PRIMARY.....3 SECONDARY COMMON.....4 POST-SECONDARY NON-UNIVER.....5 UNIVERSITY.....6 OTHER.....7		11 Is... (NAME)... attending school now? YES....1 NO.....2 (▶NEXT CHILD)	12 Does the household assist in financing education? YES....1 NO.....2 (▶NEXT CHILD)	13 How often did you send financial assistance to (NAME)... during the last 12 months? FREQ. TIME UNIT		14 What is the current value of what you sent him/her the last time? INCLUDE VALUE OF REMITTANCES IN GOODS ▶ NEXT CHILD AMOUNT
									LEVEL	GRADE					
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TIME UNIT: HOUR...1 DAY...2 WEEK....3 TWO WEEKS..4 MONTH.5 QUARTER....6 SEMESTER...7 YEAR..8

▶ SECTION 4

REGULAR DAILY SYSTEM (BASICA REGULAR)
 CURRENT PREVIOUS

PRE-KINDER INITIAL 0 } 1st.GRADE
 TRANSITION

PRIMARY:
 FIRST YEAR ▶ 2nd.GRADE
 SECOND YEAR ▶ 3rd.GRADE
 THIRD YEAR ▶ 4th.GRADE
 FOURTH YEAR ▶ 5th.GRADE
 FIFTH YEAR ▶ 6th.GRADE

SECONDARY:
 FIRST YEAR ▶ 7th.GRADE
 SECOND YEAR ▶ 8th.GRADE
 THIRD YEAR ▶ 9th.GRADE
 FOURTH YEAR ▶ --
 FIFTH YEAR ▶ --

EVENING AND NIGHT SYSTEM (BASICA LABORAL)
 CURRENT PREVIOUS

PRE-SCHOOL TRANSITION } 1st.GRADE

PRIMARY:
 FIRST YEAR ▶ 2nd.GRADE
 SECOND YEAR ▶ --
 THIRD YEAR ▶ 3rd.GRADE
 FOURTH YEAR ▶ 4th.GRADE
 FIFTH YEAR ▶ --
 SIXTH YEAR ▶ 5th.GRADE

SECONDARY:
 FIRST YEAR ▶ 6th.GRADE
 SECOND YEAR ▶ 7th.GRADE
 THIRD YEAR ▶ 8th.GRADE
 FOURTH YEAR ▶ 9th.GRADE
 FIFTH YEAR ▶ --
 SIXTH YEAR ▶ --

SECTION 4. HEALTH

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	17
							HRS	MIN									
Has... (NAME)... had any illness or injury during the past four weeks? PRONTS, HAS... DIARRHEA, COLIC, VOMITING AND BLOOD, SKIN RASH, HIGH FEVER, ETC. YES...1 NO...2 (1-16)	For how many days during the last 4 weeks did (NAME)... suffer from this illness or injury?	Of these (DAYS)... (NAME)... was ill, for how many days was he/she unable to carry on his/her usual activities?	Has someone been consulted for this illness or injury during the past four weeks? YES...1 NO...2 (1-14)	Who was consulted? IF TWO OR MORE PRACTITIONERS, WRITE THE ONE WITH THE LOWER CODE DOCTOR...1 DENTIST...2 OBSTETRICIAN...3 NURSE...4 HEALTH OFFICER...5 HEALTH PROMOTER...6 PHARMACIST...7 MIDWIFE...8 HEALER...9 OTHER...10	Where did the consultation take place? IF 2 OR MORE PLACES WRITE THE ONE WITH THE LOWER CODE HOSPITAL...1 HEALTH CENTER...2 SANITARY BOOTH...3 COMMUNAL BOOTH...4 CLINIC/DOCTOR'S OFFICE...5 PHARMACY...6 HOME OF PRACTITIONER...7 HOME OF SICK PERSON...8 OTHER...9	What mode of transportation was used to go to the consultation place? PUBLIC TRANS...1 PRIV. MOTOR VEHICLE...2 PRIV. NON-MOTOR VEHIC...3 WALKING...4 OTHER...5	How long did it take to get to the consultation place? TIME ONE WAY	How many times was this (PRACTITIONER) consulted for this illness (NAME)... (the last 4 weeks)?	How many times did you (PRACTITIONER) consult for all these consultations?	How much did you (PRACTITIONER) pay (night in a hospital) during the past 4 weeks because of this illness?	How much did you have to pay for this hospital stay?	How much did you pay for this illness (NAME)... during the past 4 weeks?	Did you buy medicines for this illness (NAME)... during the past 4 weeks? PRESCRIBED BY SELF...1 PRESCRIBED...2 YES...1 NO...2 (1-16)	How much has been spent altogether for medicines?	In the past 12 months, has... (NAME)... had any consultation for preventive reasons, like check-ups or vaccinations? YES...1 NO...2 (1-16)	How much would you have to pay today altogether for these preventive consultations? D-NEXT MEMBER	AMOUNT
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Public
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Private
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SECTION 5. PART B. MAIN JOB DURING THE LAST 7 DAYS.

OCCUPATION CODE	1 Please describe as what have you done in your main job during the past 7 days. That is, the work on which you spent most hours during the past 7 days even if you were not paid for it. What did you do in this work?		2 What kind of trade, industry or business is it connected with?		3 For how many days during the past 7 days did you do this work?	4 During these days, how many hours per day did you effectively work?	5 For how many hours per week do you usually work?	6 During the last 12 months, how many months have you been doing this work? IF 0 MONTHS OR MORE ▶ 8	7 Is this work seasonal? YES...1 NO....2	8 How long have you been doing this work? IF LESS THAN ONE MONTH WRITE WEEKS	9 Have you received or will you receive money for this work? YES...1 NO....2 (▶11)	10 How much was your last payment? How often did you get paid? WRITE AMOUNT OF "NET" INCOME AND FREQUENCY OF PAYMENT	11 In this.. (OCCUP. 1) were you an independent worker or an unpaid family worker? YES....1 NO....2 (▶13 NEXT PAGE)	12 Have.. you.. done.. any.. other.. work.. in.. the.. past.. 7.. days? YES...1 (▶PART C) NO....2 (▶PART D)
	OCCUPATION	CODE	ACTIVITY	CODE	DAYS	HOURS PER DAY	HOURS PER WEEK	MONTHS	YRS.	MON THS	WEE KS	AMOUNT	TIME UNIT.	
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TIME UNIT: HOUR...1 DAY....2 WEEK.....3 TWO WEEKS..4 MONTH..5 QUARTER...6 SEMESTER...7 YEAR..8

SECTION 5. PART B. MAIN JOB DURING THE LAST 7 DAYS (CONTIN.)

13	14	15	16	17	18	19	20	21
<p>In this (OCCUPAT) are you...</p> <p>Blue col. worker 7.1</p> <p>White col. worker 7.2</p> <p>Domestic worker 7.3 (b-1)</p>	<p>Is your employer manager or director related to you?</p> <p>YES...1</p> <p>NO...2</p>	<p>Do you receive additional salaries for this work?</p> <p>YES...1</p> <p>NO (b-1) 2</p>	<p>How many additional salaries do you receive?</p> <p>How often?</p> <p>WRITE # OF PAYMENTS OR ADDIT. SALARIES AND FREQUENCY OF PAYMENTS.</p> <p>NUMBER</p> <p>TIME UNIT</p>	<p>What mode of transportation do you use to go to your work?</p> <p>PUBLIC...1</p> <p>PRIVATE MOTOR VEHICLE...2</p> <p>PRIVATE NON-MOTOR VEHICLE...3</p> <p>WALK...4</p> <p>OTHER...5</p>	<p>How long does it take you to go to your work here?</p> <p>WRITE ONLY ONE WAY TRIP</p> <p>HRS</p> <p>MIN</p>	<p>How often do you go to your work? FOR EXAMPLE: TWICE A DAY, ONCE A WEEK.</p> <p>TIMES</p> <p>TIME UNIT</p>	<p>Do you get free or subsidized food or meals in your working place?</p> <p>YES...1</p> <p>NO...2 (b-22 NEXT PAGE)</p>	<p>What is the current value of these foods and meals?</p> <p>How often do you get these?</p> <p>WRITE AMOUNT AND FREQUENCY</p> <p>AMOUNT</p> <p>TIME UNIT</p>

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TIME UNIT: HOUR...1 DAY...2 WEEK...3 TWO WEEKS...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART B.

MAIN JOB DURING THE LAST 7 DAYS

(CONT.)

22	23	24	25	26	27	28	29	30	31	32	CROSS SECTION	
											AMOUNT	TIME UNIT
Do you receive payment in groceries for this work? IF AGRIC. WORKER, PRODUCE, HARVEST AND/OR LIVESTOCK YES..1 NO (b-2)	What is the current value of these groceries? How often do you get them? WRITE AMOUNT AND FREQUENCY OF PAYMENT	Do you receive payment in free or subsidized housing? YES..1 YES SUBSIDIZED (b-2) NO (b-2)	What is the current value of renting a house to the one you get? WRITE AMOUNT AND FREQUENCY OF PAYMENT ▶ 27	How much do you get? How often? WRITE AMOUNT AND FREQUENCY OF PAYMENT	Do you receive payment in free clothing for this work? YES..1 NO (b-2)	What is the current value of that free clothing? How often do you receive it? WRITE AMOUNT AND FREQUENCY OF PAYMENT	Do you get free or subsidized transportation to go to this work? YES..1 NO (b-2)	What is the current value of that free subsidized transportation? How often? WRITE AMOUNT AND FREQUENCY OF PAYMENT	Do you receive payment for this work in any other form? YES..1 NO (b-2) NEXT PAGE	What is the current value of those payments? How often do you get them? WRITE AMOUNT AND FREQUENCY OF PAYMENT ▶ 33 NEXT PAGE	AMOUNT	TIME UNIT

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TIME UNIT: HOUR...1 DAY...2 WEEK...3 TWO WEEKS...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART C. SECONDARY JOB DURING THE LAST 7 DAYS

1	2		3	4	5	6	7			8	9		10	11	12	
	OCCUPATION	CODE					ACTIVITY	CODE	DAYS		HOURS PER DAY	MONTHS			YRS.	MTS
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TIME UNIT: HOUR..1 DAY.....2 WEEK....3 TWO WEEKS..4 MONTH...5 QUARTER.....6 SEMESTER...7 YEAR..8

SECTION 3. PART C. SECONDARY JOB DURING THE LAST 7 DAYS (END)

13	14	15	16		17	18	19	20		
			AMOUNT	TIME UNIT				AMOUNT	TIME UNIT	
Whom did you work for? Private company, enterprise, or cooperative....1 The government, the public sector, the Army.....2 A state-owned company.....3 Private home...4 (13)	In what (OCCUPAT.) you are... Blue coll. worker?...1 White coll. worker?...2	Do you receive payment in goods and services? YES...1 NO...2 (15)	What is the value of these goods and services? How often do you receive them? ENTER AMOUNT AND FREQUENCY OF PAYMENT		Have you used tools, equipment, supplies or other materials of your own in this work? INCLUDE EQUIPM. MACHINES, IN-PUTS THAT BELONG TO THE RESPONDENT YES...1 NO...2 (17)	If you were to sell these tools, equipment or materials, how much would you receive from the sale?	Besides this (OCCUPAT.) have you done any other work during the last 7 days? YES...1 NO...2 (19)	How much did you receive in all these other jobs? INCLUDE PAYMENTS IN FORM OF GOODS AND/OR SERVICES WRITE AMOUNT OF NET INCOME AND FREQUENCY OF PAYMENT		
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TIME UNIT	
PAY.....	2
WEEK.....	1
2ND WEEK.....	1
MONTH.....	1
SEMIYEAR.....	1
YEAR.....	1

PART D

1 Have you looked for additional paid work during the past 7 days?	2 In looking for extrawork, what have you done?....Did you talk to... boss/supervisor? employment agency? friends/relatives? newspaper? used other methods?					3 How many weeks have you been looking for another job?	4 Why haven't you looked for extra work during the past 7 days? (MOST IMPORTANT REASON) DOES NOT WANT TO WORK.....1 HAS NO TIME.....2 FARMS ENOUGH HOME.....3 MAY NOT BE REPLY FROM AN EMPLOYER OR AGENCY.....4 WAITING TO START A NEW JOB.....5 THERE IS NO MORE WORK.....6 ALREADY FOUND A JOB.....7 OTHER (WHAT?).....8	5 During the past 7 days have you looked for other job to replace your present work? YES...1 NO...2 (PART E)	6 Have you looked for work as..... self-employed?.....1 salaried?.....2 both?.....3	7 Have you looked for a job in the... Private Sector?..1 Public Sector?..2 Both?.....3	8 Have you looked for a job in Agricult. Activ?..1 Non agricul. activ?..2 Both?.....3	9 What is the lowest income you would accept to work? WRITE AMOUNT AND FREQUENCY OF PAYMENT <input type="checkbox"/> PART E AMOUNT TIME UNIT								
YES...1 NO....2(=4)	YES...1	YES...1	YES...1	YES...1	YES...1	5														
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TIME UNIT: HOUR...1 DAY...2 WEEK.....3 TWO WEEKS...4 MONTH..5 QUARTER.....6 SEMESTER....7 YEAR...8

SECTION 5. PART E. MAIN JOB DURING THE LAST 12 MONTHS (CONT.)

C O D E	12 Is that (OCCUPAT.) were you... Blue coll. worker?...1 White coll. worker?...2 Domestic worker?...3 (▶ 14)	13 Was your employer manager & director related to you? YES...1 NO...2	14 Did you receive additional salaries for this work? YES...1 NO...2 (▶ 14)	15 How many additional salaries did you get? How often did you get them? WRITE # OF SALARIES OR PAYMENTS AND FREQUENCY		16 What mode of trans- portation did you usually use to go to your work? PUBLIC...1 PRIVATE MOTOR VEHIC...2 PRIVATE NON-MOTOR VEHIC...3 WALKER...4 OTHER...5		17 How long did it take you to go to your work (from here)? WRITE ONLY ONE MAY TRIP		18 How often did you go to your work? FOR EXAMPLE: THICE A DAY, ONCE A WEEK.		19 Did you get (reg/ subsidized food and meals at your working place? YES..1 NO...2 (▶ 21 NEXT PAGE)	20 What is the current value of those foods and meals? How often did you get them? WRITE AMOUNT FREQUENCY OF PAYMENT ▶ 21 NEXT PAGE	
				NUMBER	TIME UNIT	HOURS	MIN	TIMES	TIME UNIT	AMOUNT	TIME UNIT			

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TIME UNIT: HOUR...1 DAY...2 WEEK...3 TWO WEEKS...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART E. MAIN JOB DURING THE LAST 12 MONTHS (END)

32	33	34	35	36	37	38	39	40	41	42
When did you work for... (Occupation)...	How many people like- gether worked at your working place?	Was there a labor union or other kind of workers' organization in that work?	When you started that work, did you sign a contract?	Were you entitled to paid holidays in this work?	Were you entitled to paid sick leave in this work?	Were you entitled to receive benefits of (a) retirement pension plan (old-age Social Security)?	Did you receive the benefits of family insurance?	Did you have other family insurance?	Did you use tools, equipment, supplies or other materials of your own in this work?	If you were to sell these tools, how much would you receive from the sale?
A private company enterprise, or cooperative.....1	ONLY YOU.....	YES...1	YES...1	YES...1	YES...1	YES...1	YES...1	YES...1	YES...1	
The government or the public sector (the Army.....)	2 TO 10.....	NO...2	NO...2	NO...2	NO...2	NO...2	NO...2	NO...2	NO...2	
A state owned company.....	11 TO 25.....									
A private business.....	26 TO 50.....									
	51 TO 100.....									
	101 TO 200.....									
	201 & MORE...6									
	CODE									
										AMOUNT

▶ PART F

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TIME UNIT: HOUR...1 DAY...2 WEEK...3 TWO WEEKS...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5, PART 6. SECONDARY JOB DURING THE LAST 12 MONTHS.

1 Describe as what you have done in your secondary work during the past 12 months, that is, the work on which you spent "more hours" during the past 12 months after your main job. What did you do in this work?	2 To what kind of trade, industry or business is your (SECONDARY OCCUPATION THE PAST 12 MONTHS) connected with?	3 Is this work the same as your main or secondary job during the past 7 days? YES SAME AS PRINCIPAL...1 (-> IS NEXT PAGE) YES SAME AS SECONDARY...2 (-> IS NEXT PAGE) NO DIFFERENT WORK.....3 DID NOT WORK LAST 7 DAYS.....4	4 For how many months during the past 12 months did you work as (OCCUPATION)? IF 8 MTHS. OR MORE	5 Was this work a seasonal activity? YES...1 NO...2	6 During the months you worked (OCCUP.), how many days per week did you usually work?	7 How many hours a day did you usually work as (OCCUP.)?	8 How long did you work as (OCCUPATION)? IF LESS THAN ONE MONTH, ENTER WEEKS	9 Were you paid or did you make any income for this work? YES...1 NO...2 (B-11)	10 How much was your last payment? How often did you get it? In what month did you get your last payment? WRITE NET AMOUNT, FREQUENCY OF PAYMENT, AND MONTH OF LAST PAYMENT	11 In this (OCCUP.) were you a self-employed or unpaid family worker? YES...1 (B-11 NEXT PAGE) NO...2 (B-11 NEXT PAGE)			
											OCCUPATION	CODE	ACTIVITY

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TIME UNIT: HOUR ..1 DAY...2 WEEK...3 TWO WEEKS.4 MONTH.5 QUARTER...6 SEMESTER...7 YEAR..8

SECTION 5. PART 6. SECONDARY JOB DURING THE LAST 12 MONTHS (END)

12 When did you work for in your job (OCCUPATION)? A private company or enterprise.....1 The government, public sector, or the Army.....2 A state owned company..3 A private home..4 (-> 14)	13 In that (OCCUPAT.) were you... A..... blue col. worker? 1 white col. worker? 2	14 Did you receive any payment in goods and services? YES...1 NO...2 (-> 14)	15 What is the current value of these goods and services? How often did you get them? WRITE AMOUNT AND FREQUENCY OF PAYMENT	16 Did you use tool, equipment, supplies or other materials of your own in this work? INCLUDE EQUIPMENT, MACHINES, INPUTS, MATERIALS THAT BELONGED TO THE RESPONDENT. YES...1 NO...2 (-> 16)	17 If you were to sell these equipments or materials, how much would you receive from the sale? WRITE AMOUNT AND FREQUENCY OF PAYMENT	AMOUNT	TIME UNIT	AMOUNT

18 Besides all those jobs you already mentioned, have you done any other work during the past 12 months? YES....1 NO....2 (-> PART H)	19 How much did you receive for those other works altogether? INCLUDE PAYMENTS IN GOODS AND SERVICES. WRITE AMOUNT AND FREQUENCY OF PAYMENTS	AMOUNT	TIME UNIT

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TIME UNIT : HOUR...1 DAY...2 WEEK.....3 TWO WEEKS...4 MONTH..5 QUARTER.....6 SEMESTER....7 YEAR...8

SECTION 5. PART H. OTHER ACTIVITIES.

1	2	3	4	5	6	7	8	9
During the last 7 days, have you done housework? FOR EXAMPLE: CLEANING THE HOUSE, PREPARING MEALS FOR YOUR FAMILY, DOING LAUNDRY, BUYING FOOD OR CLOTHES, SUPERVISING CHILDREN & HOMEWORK, ETC. YES...1 NO....2 (▶ 4)	How many days did you do it since..? DAYS	For how many hours each day? HOURS	Have you been without paid work (waiting for work) during the past 12 months (since....)? YES...1 NO...2 (▶ NEXT PERSON)	Have you been without paid work (waiting for work) during the past 12 months? YES...1 NO...2 (▶ NEXT PERSON)	During the past 12 months, for how many weeks altogether were you without paid work? WEEKS	Of those weeks without paid job, for how many weeks were you looking for a job? WEEKS	Those weeks you were unemployed, were they at once or in different periods? AT ONCE...1 DIFFERENT PERIODS ▶ How many times were you unemployed? 0 OF TIMES	During the past 12 months, have you lost paid employment because of the end of the agricultural season? YES...1 NO....2 ▶ NEXT PERSON

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SECTION 4. MIGRATION.

1 In place you born born...	2 Have you lived anywhere else (PRESENT RESIDENCE)?	3 Did you live the last 12 months in... (PRESENT RESIDENCE)?	4 Did you come to (PRESENT PLACE OF RESIDENCE) because of seasonal work here?	5 For how many months did you come to (PRESENT PLACE OF RESIDENCE)?	6 How old were you when you last left your place of birth or the first time you came to live elsewhere?	7 Why did you leave your place of birth to live elsewhere? (MOST IMPORTANT REASON)	8 What year did you come (from each) to live in... (PRESENT PLACE OF RESIDENCE)?	9 Why did you come (come back) to live in... (PRESENT PLACE OF RESIDENCE)?	10 Where did you live before coming (coming back) to live in... (PRESENT PLACE OF RESIDENCE)?	11 The place where you lived before coming (coming back) here was...	12 How many times in your life altogether have you changed your place of residence?
Country- side.....1	A village...2	YES...1(D-4)	?	MONTHS	YEAR	MORE INCOME...1 WORK...2 STUDY...3 MARRIAGE...4 OTHER FAMILY REASONS...5 OTHER...6	YEAR MONTH	MORE INCOME...1 WORK...2 STUDY...3 MARRIAGE...4 OTHER FAMILY REASONS...5 OTHER...6	ENTER COUNTRY IF LIVING ABROAD. PROVINCE OR COUNTRY	Country- side.....1	TIMES
A town....3	A city....4	NO....2	?							A village...2	
Other.....5	Other.....5	NO...1	?							A town....3	
		NO...2	?							A city....4	
		(D-4) (PRESENT RESIDENCE)	?							Other.....5	
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SECTION 7. FERTILITY

READ FIRST LINE OF THE STICKER BELOW UNTIL YOU COME TO THE CODE OF A WOMAN WHO IS BETWEEN 15 TO 49 YEARS OLD IN THE HOUSEHOLD ROSTER. MARK WITH A CROSS EACH IDENTIFICATION CODE WHICH DOES NOT CORRESPOND TO A WOMAN BETWEEN 15 TO 49 YEARS OLD. IF THERE IS NOT AN IDENTIFICATION CODE IN THE FIRST LINE OF THE STICKER, GO TO THE SECOND LINE. IF YOU FIND THE APPROPRIATE IDENTIFICATION CODE OF A WOMAN BETWEEN THAT AGE, CLOSE IT INTO A CIRCLE.

STICKER

WRITE NAME AND IDENTIFICATION CODE OF THE WOMAN SELECTED FROM THE HOUSEHOLD ROSTER.

NAME: _____	IDENTIF. CODE <input type="checkbox"/>
-------------	--

Now, I would like to interview.....(NAME OF WOMAN SELECTED...)

INTERVIEWER	
HAS THIS PERSON BEEN INTERVIEWED?	YES.....1 <input type="checkbox"/>
	NO.....2

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever been pregnant? EVEN THOUGH THE PREGNANCY LASTED ONLY FEW WEEKS.

YES.....1

NO.....2 (► 10, NEXT PAGE)

2. Have you ever given birth to a live child? EVEN THOUGH THE CHILD LIVED ONLY FOR SHORT TIME, FOR EXAMPLE FEW MINUTES.

YES.....1

NO.....2 (► 16, NEXT PAGE)

3. How many live children have you given birth to, including those who lived only for short time?

TOTAL:

Of those, how many were males?

how many were females?

4. How many died even though they lived for short time?

TOTAL:

Of those, how many were males?

how many were females?

5. At present, how many live children do you have, including those who do not live in your household?

TOTAL:

Of those, how many were males?

how many were females?

(ADD THE ANSWERS TO 4 AND 5. IF THERE IS CONSISTENCY WITH 3 PROCEED, OTHERWISE CHECK AND CORRECT).

IF ONLY ONE LIVE BORN CHILD IN P.3, ► P.7

6. What is the birth date of your first child born alive?

DAY MONTH YEAR

7. What is the birth date of your last child born alive?

DAY MONTH YEAR

IF BORN AFTER 1980, CONTINUE IF NOT to 16).

8. Is your last child born alive, still living?

YES.....1 (to 10) NO.....2

9. What is the date of death of your last child born alive?

DAY MONTH YEAR

10. When you were pregnant with your last child born alive, did you have check-ups for your pregnancy in a hospital, health center, sanitary booth, community booth or clinic?

YES.....1 NO.....2 (to 11)

11. How many times did you get pregnancy check-ups?

TIMES:

12. Where did you give birth to your last child born alive?

- HOSPITAL.....1 HEALTH CENTER.....2 SANITARY BOOTH.....3 COMMUNITY CENTER.....4 DOCTOR'S OFF./CLINIC...5 YOUR HOME.....6

13. Who assisted you at the birth?

- DOCTOR, OBSTETRICIAN, NURSE.....1 HEALTH OFFICER, AUXILIAR.....2 HEALTH PROMOTER.....3 MIDWIFE.....4 SOME RELATIVE.....5 NOBODY.....6 OTHER (WHG).....7

14. Did you breast-feed your last child born alive?

YES.....1 NO.....2 (to 16) STILL B.F.....3 (to 16)

15. How many months did breast-feed your last child born alive?

MONTHS

16. Have you had any pregnancies that were interrupted before term, through a miscarriage, even though the pregnancy lasted only a few weeks, or have you had a still-born child?

YES.....1 NO.....2 (to 18)

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

PREGNANCIES

18. Are you pregnant now?

YES.....1 NO.....2 (to 20)

19. How many months?

MONTHS

20. Are you married, or do you live with someone now?

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

21. Have you ever been married or lived with someone in the past?

YES.....1 NO.....2 (to SECTION B)

22. How old were you when you first married or started to live with someone?

AGE:

SECTION B

SECTION B. RESPONDENTS FOR ROUND TWO

RESPONDENT: THE PERSON BEST INFORMED OF THE ACTIVITIES OF THE HOUSEHOLD MEMBERS

NAME OF THE RESPONDENT: _____ IDENTIFICAT. CODE

1. INTERVIEWER: ACCORDING TO SECTION 5A, WRITE CODE 1 IF ANY MEMBER OF THE HOUSEHOLD WORKED AS FARMER OR AS A FAMILY WORKER IN THE HOUSEHOLD LANDS OR RAISING LIVESTOCK THAT BELONGS TO THE HOUSEHOLD. IF NOT, ASK:

Has any member of your household worked in farming or raising livestock during the past 12 months?

YES.....1
NO.....2 (► 3)

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

NAME: _____ IDENTIF. CODE

3. INTERVIEWER: ACCORDING TO SECTION 5A, WRITE CODE 1 IF ANY MEMBER OF THE HOUSEHOLD HAD A BUSINESS, ENTERPRISE, COMPANY OR ANY OTHER INDEPENDENT WORK SUCH AS TAILORING, FISHERMAN, HAIRCUTTER, DOCTOR, LAWYER OR ANY OTHER SELF-EMPLOYED WORK. IF NOT, ASK:

Has any member of your household worked for him/herself in a business or enterprise, during the last 12 months?

YES.....1
NO.....2 (► B NEXT PAGE)

0 4 8	4 What are the different businesses, enterprises, industries, companies, or professions and services that were owned or managed by members of your household, during the last 12 months? MAKE A COMPLETE LIST BEFORE GOING TO 0.5		5 Who is the person who knows the most about the expenses, income and operations of..(ENTERPRISE, INDUSTRY, ETC.)?	
	OFFICE USE	NAME	IDENT. CODE	
1				
2				
3				
4				
5				

6. ARE THERE MORE THAN 3 BUSINESSES, ENTERPRISES OR COMPANIES IN 0.4?

YES.....1
NO.....2 (► B NEXT PAGE)

7. Of all those businesses, which ones are the most important for your household?

WRITE ORDER NUMBER OF 0.4 FOR THE 3 MOST IMPORTANT.

SECTION I. GENERAL CHARACTERISTICS

SECTION I. PART A. HOUSEHOLD ROSTER

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

INTERVIEWER: _____
RESPONDENT: _____ IDENTIFIC. CODE []

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

First, I would like to have the names of all the members of your immediate family, including the head of the household, his wife (or husband), and his/her single children who normally live and eat their meals together in this household, in order of age, please. Then, I will need the names of his/her married children and names of their spouses and their children.

ALWAYS WRITE DOWN THE NAME OF THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE. THEN WRITE DOWN THEIR SINGLE CHILDREN IN ORDER OF AGE, FOLLOWED BY MARRIED CHILDREN, THEIR SPOUSES AND CHILDREN.

WRITE DOWN THE NAME, RELATIONSHIP TO HEAD OF THE HOUSEHOLD AND SEX FOR EACH PERSON.

Now, please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here. WRITE DOWN THE NAME, RELATIONSHIP TO HEAD OF HOUSEHOLD AND SEX.

Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance boarders, domestic workers, etc. WRITE DOWN NAME, RELATIONSHIP TO THE HEAD OF HOUSEHOLD AND SEX.

Are there any other persons not now present but who normally live and eat their meals here? For example, any person staying somewhere else or who is in vacation or who is visiting other people? WRITE THE NAMES, RELATIONSHIP TO THE HEAD OF HOUSEHOLD AND SEX.

Are there any other persons who slept here last night but who do not normally live here? WRITE NAME, RELATIONSHIP TO THE HEAD OF HOUSEHOLD AND SEX.

FOR EACH PERSON LISTED IN COLUMN 1, ASK THE QUESTIONS 4-11, AND CLASSIFY HIM/HER IN Q.12. COMPLETE THE ENTIRE LINE BEFORE GOING TO THE NEXT PERSON LISTED.

4-11. Now I would like to have some information about each of the persons you mentioned.

12. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA:

LOOK AT THE ANSWER TO QUESTION 11.

ALL PERSONS FOR WHOM THE ANSWER IS FROM 0 TO 9 MONTHS ARE HOUSEHOLD MEMBERS, EXCEPT:

- DOMESTIC WORKERS AND THEIR RELATIVES (SEE QUESTION 2)
- BOARDERS AND THEIR RELATIVES (SEE QUESTION 2)
- DECEASED PERSONS

BOARDERS AND THEIR RELATIVES (SEE QUESTION 2)

IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- INFANTS LESS THAN 3 MONTHS OLD (CHILDREN OF HOUSEHOLD MEMBERS)

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMN A

ON THE LEFT SIDE OF THE FORM, ENTER AGE IN COMPLETE YEARS (SEE Q.4) OF ALL PERSONS CLASSIFIED AS HOUSEHOLD MEMBERS (CODE 1 IN Q.12) IF PERSON IS 4 YEARS AND 8 MONTHS OLD, WRITE DOWN 4. IF PERSON IS ONLY 9 MONTHS WRITE DOWN 0.

PART B

WRITE THE NAMES OF ALL HOUSEHOLD MEMBERS ON THE HOUSEHOLD CARD. From now on, we would refer to these persons as "HOUSEHOLD MEMBERS". READ OUT THE NAMES AND GIVE THE CARD TO RESPONDENT.

8. Of the household members, who is the best-informed person about food expenses of your household?

NAME: _____ IDENTIFIC. CODE.

9. Of the household members, who knows the most about other expenditures of your household such as: clothing, shoes, transportation, etc.; and also income and savings?

NAME: _____ IDENTIFIC. CODE.

EPILOG TO FIRST VISIT

Mr. (Mrs.) Thank you very much for your cooperation. Before leaving I would like to tell you that in my next visit..... (DATE OF THE SECOND VISIT)... we will be talking about consumption expenditures you will have from tomorrow on. Therefore, I would like you to keep them in mind.

END OF FIRST VISIT

SECTION 1. PART A. HOUSEHOLD ROSTER			FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 4-12																			
A	NAME	2 RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD SPOUSE (HUSBAND LIVING TOGETHER, RATE).....2 SON/DAUGHTER.....3 SON/DAUGHTER-IN-LAW.....3 GRANDSON/GRANDDAUGHTER.....5 PARENTS/IN-LAWS.....6 OTHER RELATIVE.....7 DOMESTIC WORKER.....8 BOARDER.....9 OTHER PERSON.....0 NON-RELATIVE.....0	3 SEX MALE.1 FE-MALE.2	4 What is the date of birth of...[NAME]...? ..[NAME]...?			5 How old is...[NAME]...? ..[NAME]...? YEARS IF 5 YEARS OR OVER YEARS AND MONTHS IF UNDER 5 CHECK AND CORRECT IF THERE IS ANY INCONSISTENCY WITH QUESTION 4		6 In what province was...[NAME]...born? WRITE THE NAME OF THE COUNTRY IF BORN ABROAD UNDER 12 YEARS ▶ 10		7 What is the marital status of...[NAME]... is he/she currently...? READ TO RESPONDENT: Living-together...1 Married.....2 (▶ 10) Widower.....4 (▶ 10) Divorced.....5 (▶ 10) Separated.....5 (▶ 10) Single.....6 (▶ 10)		8 Does the spouse of...[NAME]... live in this household? YES..1 NO...2 (▶ 10)		9 COPY IDENTIFICATION CODE OF WIFE OR COMPANIONSHIP		10 Did...[NAME]... lodge here last night? YES..1 NO...2		11 For how many months in the past 12 months has...[NAME]... not slept or taken his/her meals in this HH. since [SAME DATE LAST YR] MONTHS		12 HOUSEHOLD MEMBER? CHECK THE CRITERIA ABOVE YES...1 NO...2 NEXT PERSON	
				DAY	MONTH	YEAR	YEARS	MONTHS	PROVINCE	OFFICE CODE												
01																						
02																						
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MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO 4-14

NEXT PERSON

SECTION 9. AGRO-PASTORAL ACTIVITIES
PART A. AGRICULTURAL LAND

Now I would like to ask you some questions about all of the land that belongs to your household, either if you work them or you lease them out.

1. Do you have your own plots? YES...1
 NO....2 (▶ 11)

INCLUDE PLOTS GRANTED BY AGRARIAN REFORM, USUFRUCTED OR GRANTED BY THE COMMUNITY, RELATIVES, ETC.

SUPERVISOR _____ IDENTIFICATION CODE

RESPONDENT _____

INTERVIEWER _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES..1 NO...2

PLOTS OWNED OR RENTED OUT		3	4	5	6	7	8	9	10
ORDER NUMBER	2	The plot.. (NAME).. is... worked by the household?....1	Is most of the plot.. (NAME).. water-ed?.....1 dry?.....2	What is the area of the plot.....(NAME)?.. ENTER LOCAL LAND AREA UNITS USING THE CODE ABOVE OF THE PAGE	If you were to sell this plot. (NAME).. how much would you ask for it?	If you were to rent out this plot... (NAME).. how much would you rent it for annually?	How did you obtain this plot? PURCHASED.....1 INHERITED.....2 GRANTED A.R....3 USUFRUCTED...4 OTHER.....5	When did you buy plot... (NAME)..?	How much did you pay for plot... (NAME)..?
		ASSIGN A LINE TO EACH PLOT. WRITE NAME OF THE PLOT. THEN ASK 3-10 FOR EACH PLOT.	rented out or share-cropped..2	AREA	LAND AREA CODE	AMOUNT	AMOUNT	(NEXT PLOT)	MONTH YEAR
01									
02									
03									
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13									

▶ NEXT PLOT

Now I would like to ask you some questions about the plots your household rents in or works as sharecroppers.

11. During the last 12 months, have you worked rented in plots or sharecropped somebody else's plots?

YES...1

NO...2 (D-18)

INCLUDE RENT IN EXCHANGE FOR HARVEST OR LABOR

PLOTS RENTED IN							
O R D E R N U M B E R	12	13	14		15	16	17
	How many and which ones are these? ASSIGN ONE LINE TO EACH PLOT. WRITE NAME OF THE PLOT. THEN ASK 13-17 FOR EACH PLOT.	Is most of the plot...[NAME] watered?.....1 dry?.....2	What is the area of the plot... [NAME]..? ENTER LOCAL LAND AREA UNITS, USING THE CODE OF THE PAGE ABOVE		How do you pay the rent for this plot? Money.....1 Harvest.....2 Harvest and money.....3 Work.....4 Other.....5	If you had to pay money to rent in this plot, how much would you pay per year? ▶ NEXT PLOT AMOUNT	How much do you pay for renting the plot...[NAME]..per year? ▶ NEXT PLOT AMOUNT
			AREA	LAND AREA CODE			
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

18. During the last 12 months, (since.....)
Have you sold any plot?

YES..1

NO...2 (▶ PART B)

PLOTS SOLD					
D I S T R I C T R I C T	19	20		21	22
		How many and which ones are those? ASSIGN ONE LINE FOR EACH PLOT. WRITE NAME OF PLOT. THEN ASK 20-22 FOR EACH PLOT.	What is the area of the plot.....[NAME]...? ENTER LOCAL LAND AREA USING THE CODE OF PAGE ABOVE.		How much did you sell plot... [NAME]..for?	When did you sell [??]
		AREA	LAND AREA CODE	AMOUNT	MONTH | YEAR

▶
NEXT
PLOT

IMPORTANT NOTE

IF ANSWERED :

Question 1 : Code 2 (NO)

Question 11: Code 2 (NO)

Question 18: Code 2 (NO)

GO TO PART 9-1

01	.					
02	.					
03	.					
04	.					
05	.					
06	.					
07	.					
08	.					
09	.					
10	.					
11	.					
12	.					
13	.					
14	.					
15	.					

SECTION 9. PART C. INVENTORY OF PERMANENT CROPS

Now I would like to ask you some questions about lands used for permanent crops.

1. Do you have any land used for permanent crops? (For example: coffee, coconut, coca, fruit trees, forestry, etc.) YES..1 NO...2 (▶ PART D)

ORDER NUMBER	2	3	4	5
	INTERVIEWER: MAKE A COMPLETE LIST OF ALL PERMANENT CROPS, INCLUDING FORESTRY WHETHER THEY HAVE BEEN HARVESTED DURING THE LAST 12 MONTHS OR NOT. THEN ASK QUESTIONS 3-5 FOR EACH CROP	What proportion of..[CROP]..... is still growing?	What proportion of..[CROP]..... is already in full production?	What proportion of..[CROP]..... is near the end of its produc.life? <input type="button" value="▶ NEXT CROP"/>
	CROP	CODE	WRITE THE PROPORTION AS A FRACTION OF THE TOTAL OF PLANTS. FOR EXAMPLE: 1/3, 3/4,...ETC. IF NOTHING, WRITE 0/0. IF TOTAL WRITE 1/1.	

01			/	/	/
02			/	/	/
03			/	/	/
04			/	/	/
05			/	/	/
06			/	/	/
07			/	/	/
08			/	/	/
09			/	/	/
10			/	/	/
11			/	/	/
12			/	/	/
13			/	/	/
14			/	/	/
15			/	/	/

SECTION 9. PART D. FARM INPUTS

1. Has your household bought seeds (since.....) during the last 12 months? Did you buy seeds, plants or stems that have been used for seeding?

YES....1
NO.....2 (►8)

2	3	4	5	6	7
For which crops? WRITE CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q.3-7	How much would you have to pay now for the seeds and plants of ...[CROP]... that you bought in the last 12 months?	Have you already harvested the... [CROP]... for which you bought these seeds? YES...1 NO...2	Where did you get these seeds? ENCL.....1 COOPERATIVE.....2 DEALER.....3 INDIVIDUAL.....4 AGRICUL. MINIST...5 OTHER.....6	Did you buy these seeds... in cash?...1 (► NEXT CROP) on credit?...2	Who gave you that credit? AGRICUL. BANK.....1 OTHER BANK.....2 COOPERATIVE.....3 DEALER.....4 RELATIVE, FRIEND.....5 AGRICUL. MINISTRY.....6 OTHER.....7
CODE	AMOUNT				
01					
02					
03					
04					

► NEXT CROP

8. During the last 12 months, did you buy fertilizers? (UREA, N.P.K., ETC.,)

YES....1
NO.....2 (►15)

9	10	11	12	13	14
For which crops? WRITE CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q.10-14	How much would you have to pay now for the fertilizers for... [CROP]... that you bought in the last 12 months?	Have you already harvested the... [CROP]... for which you bought that fertilizer? YES...1 NO...2	Where did you get that fertilizer? ENCL.....1 COOPERATIVE.....2 DEALER.....3 INDIVIDUAL.....4 AGRICUL. MINIST...5 OTHER.....6	Did you buy that fertilizer... in cash?...1 (► NEXT CROP) on credit?...2	Who gave you that credit? AGRICUL. BANK.....1 OTHER BANK.....2 COOPERATIVE.....3 DEALER.....4 RELATIVE, FRIEND.....5 AGRICUL. MINISTRY.....6 OTHER.....7
CODE	AMOUNT				
01					
02					
03					
04					

► NEXT CROP

15. During the last 12 months, did you buy guano? (manure)

YES....1
NO.....2 (►20)

16	17	18	19
For which crops? LIST CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q.17-19	How much would you have to pay now for the organic manure for... [CROP]... that you bought during the last 12 months?	Have you already harvested the... [CROP]... for which you bought that guano? YES...1 NO...2	Where did you buy that guano? ENCL.....1 DEALER.....2 OTHER.....3
CODE	AMOUNT		
01			
02			
03			

► NEXT CROP

SECTION 9. PART D. FARM INPUTS (CONTINUATION)

20. Did you buy insecticides during the past 12 months?

YES....1
NO.....2 (D-27)

21	22	23	24	25	26
For which crops? LIST CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q. 22-26	How much would you have to pay now for the insecticides you bought for...[CROP]...during the last 12 months?	Have you already harvested the...[CROP]...for which you bought that insecticide? YES...1 NO....2	Where did you get that insecticide? ENCI.....1 COOPERATIVE.....2 STORE.....3 INDIVIDUAL.....4 AGRIC. MINISTRY...5 OTHER.....6	Did you buy these insecticides... in cash?...1 (D- NEXT CROP) on credit?...2	Who gave you that credit? AGRICULT. BANK.....1 OTHER BANK.....2 COOPERATIVE.....3 DEALER.....4 RELATIVE, FRIEND.....5 AGRICULT. MINISTRY...6 OTHER.....7
CODE	AMOUNT				
01					
02					
03					
04					

▶ NEXT CROP

27. During the last 12 months, did you buy sacks, jivas, twine, baskets, or other containers for your products?

YES....1
NO.....2 (D-34)

28	29	30	31	32	33
For which crops? LIST CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q. 29-33	How much would you have to pay now for the sacks, jivas, etc., for...[CROP]...that you bought during the last 12 months?	Have you already harvested the...[CROP]...for which you bought these sacks, jivas, etc.? YES...1 NO....2	Where did you buy those sacks, etc.? ENCI.....1 COOPERATIVE.....2 STORE.....3 INDIVIDUAL.....4 AGRIC. MINISTRY...5 OTHER.....6	Did you buy those sacks, jivas, etc.. in cash?...1 (D- NEXT CROP) on credit?...2	Who gave you that credit? AGRICULT. BANK.....1 OTHER BANK.....2 COOPERATIVE.....3 DEALER.....4 RELATIVE, FRIEND.....5 AGRICULT. MINIS...6 OTHER.....7
CODE	AMOUNT				
01					
02					
03					
04					

▶ NEXT CROP

SECTION 9. PART D. FARM INPUTS (END)

34. Did you have transportation expenses for your agricultural production during the past 12 months?

INCLUDE FUEL EXPENSES IF HOUSEHOLD HAS ITS OWN TRANSPORTATION

YES....1
NO.....2 (D-36)

35. How much would you have to pay today for all the transportation services you used during the last 12 months?

AMOUNT:

36. Did you have expenses for storing seeds, fertilizers, pesticides, or any other harvested products during the last 12 months?

YES....1
NO.....2 (D-38)

37. How much would you have to pay today for that storage you used during the last 12 months?

CURRENT VALUE AMOUNT

38. Did you hire personnel to work in your plots during the last 12 months?

YES....1
NO.....2 (D-41)

39. How many days of labor altogether did you use during the last 12 months?

AMOUNT OF
D.O.L.

40. What is the current price of each day of labor?

AMOUNT:

41. Have you had other production expenses during the past 12 months, such as for renting animals (yunta), equipment, machinery, maintenance and repair of buildings or machines, irrigation charges, fuel oil, electricity, other fuel, etc.?

YES....1
NO.....2 (D- PART E)

42. How much would you have to pay today altogether for these expenses?

AMOUNT:

D- PART E

SECTION 9. PART E. LABOR EXCHANGE

Has anyone outside from your household been working in your farm without money payment during the last 12 months (HINKA, CHOVA CHOVA, ETC.)?

YES....1
NO.....2 (▶3)

2. INTERVIEWER: DETERMINE NUMBER OF MAN DAYS OF LABOR RECEIVED BY HOUSEHOLD DURING THE LAST 12 MONTHS

MAN - DAYS:

3. Did you work land as sharecroppers during the last 12 months?

YES....1
NO.....2 (▶7)

4 For which crops? LIST THE CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q.5-6		5 What is the total area of land for..[CROP]..that you worked as sharecroppers during the last 12 months?		6 What part of the harvest of ..[CROP]...do you have to give to the landowner? WRITE THAT PROPORTION AS A FRACTION FOR EXAMPLE: 1/2, 1/3, 3/4, ETC.
	CODE	AREA	LAND AREA CODE	
	01			/
	02			/
	03			/
	04			/

▶ NEXT CROP

7. Did you leased land to sharecroppers during the last 12 months?

YES....1
NO.....2 (▶ PART F)

8 For which crops? LIST THE CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q.9-10		9 What is the total area of land for..[CROP]..that you gave to sharecroppers during the last 12 months?		10 What part of the harvested ..[CROP]... do these persons have to give you? WRITE THE PROPORTION AS A FRACTION FOR EXAMPLE: 1/2, 1/3, 3/4, ETC.
	CODE	AREA	LAND AREA CODE	
	01			/
	02			/
	03			/
	04			/

▶ NEXT CROP

▶ PART F

SECTION 9. PART F. STORED CROPS

1. Do you have at the present time, any stored crops harvested during the last 12 months that you are going to use for household consumption?

YES...1
NO...2 (▶ PART G)

2	What are these stored products? LIST THE PRODUCTS AND COPY THEIR CODES. LIST ALL THE PRODUCTS BEFORE GOING TO Q.3	3	The quantity of, [CROP], that you have currently stored, how many days of consumption will it last?
	CODE	DAYS	▶ NEXT CROP
	01		
	02		
	03		
	04		

PART 6. TECHNICAL ASSISTANCE

1. Did you receive any agricultural technical assistance during the last 12 months?

YES...1
NO...2 (▶ PART H)

2. Who gave you that agricultural technical assistance?

- AGRICULTURAL BANK.....1
- AGRICULTURAL MINISTRY.....2
- UNIVERSITIES.....3
- ENTERPRISES.....4
- COOPERATIVES.....5
- FARMERS ASSOCIATION.....6
- INDEPENDENT PROFESS.....7
- OTHER (WHAT?).....8

▶ PART H

SECTION 9. PART H. PRODUCTS MADE OUT OF CROPS

Now I would like to ask you some questions about subproducts of your crops produced for sale.

1. Have you made any by-products from your harvests for sale, during the last 12 months?
For example, grapes in wine or pisco, wheat in flour, etc.

YES...1
NO....2 (PART I)

<p>2</p> <p>Did you make ...[BY-PRODUCT]... for sale out of your harvest, during the last 12 months?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX, ASK Q. 2 FOR EACH PRODUCT BEFORE GOING TO Q. 3-7</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>3</p> <p>How much of...[BY-PRODUCT]... did you make for sale during the last 12 months?</p> <p>FOR EXAMPLE:</p> <p style="text-align: center;"><input type="text" value="12"/> BOTTLES OF <input type="text" value="700"/> CC.</p> <p>AMOUNT MEASUREMENT UNIT [MU] EQUIVALENCE IN GR. OR CC.</p>	<p>4</p> <p>How many [MU] of...[BY-PRODUCT]... did you sell during these last 12 months?</p> <p>QUANTITY</p>	<p>5</p> <p>How much does cost today each...[MU]... of...[BY-PRODUCT]...?</p> <p>AMOUNT</p>	<p>6</p> <p>Have you spent any money in order to make...[BY-PRODUCT]...? For example: purchase of tools, containers, salaries, etc.?</p> <p>YES...1 NO....2</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">NEXT BY-PRODUCT</p>	<p>7</p> <p>If you were to make these expenses for...[BY-PRODUCTS]... now, How much would you have to pay?</p> <p style="text-align: center;"><input type="text"/></p> <p style="text-align: center;">NEXT BY-PRODUCT</p> <p style="text-align: center;">AMOUNT</p>
--	---	--	---	--	---

Product	Yes/No	Amount	Measurement Unit [MU]	Equivalence in Gr. or CC.	Quantity	Amount	Yes/No	Amount
Chancaca	YES → ← NO	601						
Chicha	YES → ← NO	602						
Dried fruits	YES → ← NO	603						
Flours, manioc flour	YES → ← NO	604						
Marmalade	YES → ← NO	605						
Wine, pisco, aguardiente	YES → ← NO	606						
Chuño (ONLY IN THE HIGHLANDS)	YES → ← NO	607						
Guarapo (ONLY IN THE HIGHLANDS)	YES → ← NO	608						
Jora (ONLY IN THE HIGHLANDS)	YES → ← NO	609						
Mote (ONLY IN THE HIGHLANDS)	YES → ← NO	610						
Tocos (ONLY IN THE HIGHLANDS)	YES → ← NO	611						
Chochocha (ONLY IN THE HIGHLANDS)	YES → ← NO	612						
Morón (ONLY IN THE HIGHLANDS)	YES → ← NO	613						
Dried potato (ONLY IN THE HIGHLANDS)	YES → ← NO	614						
Aguajina (ONLY IN THE HIGHLANDS)	YES → ← NO	615						
Chocolate bars (ONLY IN THE HIGHLANDS)	YES → ← NO	616						
Masato (ONLY IN THE JUNGLE)	YES → ← NO	617						

SECTION 9.

PART I. LIVESTOCK

1 Have your household had animals during the last 12 months? (since...) PROMPT: FOR EXAMPLE, GOATS, PORKS, SHEEPS, POULTRY, ETC.

YES.....1 NO.....2 (▶ PART I) []

FOR EACH AFFIRMATIVE ANSWER TO 2, ASK Q. 3-14

Table with 14 columns (Q. 2-14) and 13 rows of animal categories (Dxs, Other bovines, Ovines, etc.). Each cell contains a question and a grid for recording data.

▶ NEXT ANIMAL

SECTION 9.

PART J.
ANIMAL PRODUCTS

Now I would like to ask you some questions about the products for sale obtained from the animals you raise.

1. During the last 12 months, did you sell any product obtained from these animals your household raised? For example, eggs, milk, cheeses, etc.

YES.....1
NO.....2 (▶ PART K)

<p>2</p> <p>During the last 12 months, have you sold any...[PRODUCT]... obtained from your animals..?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. ASK Q. 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>3</p> <p>How much of... [PRODUCT]... did you sell in the last 12 months?</p> <p>EXAMPLE: 20 DOZENS</p> <p>QUANTITY MEASUREMENT UNIT (MU)</p>	<p>4</p> <p>How much does it cost each ..(MU). of [PRODUCT].. today?</p> <p>CURRENT UNITARY PRICE</p>
--	--	---

Eggs	YES ->	01			
	← NO				

Milk	YES ->	02			
	← NO				

Cheese, cottage cheese, milk by-products	YES ->	03			
	← NO				

Sausages, ham, blood sausage, etc.	YES ->	04			
	← NO				

Tanned skins	YES ->	05			
	← NO				

Wool, fibers, etc.	YES ->	06			
	← NO				

Honey bee	YES ->	07			
	← NO				

Other animal products	YES ->	08			
	← NO				

▶ 3-4

▶ PART K

PART K. LIVESTOCK EXPENDITURES

<p>1</p> <p>During the last 12 months, to raise your animals or poultry, did you have to pay for...</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>MAKE A COMPLETE LIST BEFORE GOING TO Q.2-3</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>IF THE ANSWER TO 1 IS YES, ASK Q. 2-3.</p> <p>2</p> <p>If you had to pay today for all the expenditures for..[ITEM]..you had during the last 12 months, how much money would you have to pay?</p> <p style="text-align: center;">AMOUNT</p>	<p>3</p> <p>Where did you obtain this ...[ITEM]...?</p> <p>STORE.....1 INDIVIDUAL.....2 COOPERATIVE.....3 PUBLIC AGENCY.....4 OTHER.....5</p> <p>▶ NEXT ITEM</p>
---	--	--

Labor for herding?	YES ->	01			
	← NO				

Construction and repairs of pens, fences, etc.?	YES ->	02			
	← NO				

Feeding including salt for the animals?	YES ->	03			
	← NO				

Veterinary services?	YES ->	04			
	← NO				

Innoculations, medicines and chemical products?	YES ->	05			
	← NO				

Transport of animals or poultry?	YES ->	06			
	← NO				

Commissions on the sale of animals?	YES ->	07			
	← NO				

Packing of livestock by-products?	YES ->	08			
	← NO				

Other expenses for the animals?	YES ->	09			
	← NO				

▶ 2-3

▶ PART L

SECTION 9. PART L. HAND TOOLS

Of the following tools, tell me how many do you have of each kind? (If nothing, write zero).

WRITE THE NUMBER FOR EACH TOOL IN THE APPROPRIATE BOX

1 Hoes and Shovels	<input type="checkbox"/>	3 Machetes Sabers Valichas	<input type="checkbox"/>	5 Rakes	<input type="checkbox"/>	7 Saws	<input type="checkbox"/>	9 Knapsacks	<input type="checkbox"/>		
2 Axes	<input type="checkbox"/>	4 Pickax	<input type="checkbox"/>	6 Hoces	<input type="checkbox"/>	8 Chaquitacillas Tacarpos Picks	<input type="checkbox"/>	10 Wheelbarrows	<input type="checkbox"/>	11 Other tools	<input type="checkbox"/>

SECTION 9. PART M. FARMING EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-12.

1	2	3	4	5	6	7	8	9	10	11	12
During the last 12 months (since...), have you had or do you have your own..(GOOD)?	Do you own now..(GOOD)?	How many (GOOD) do you have all together?	If you were going to sell now all the..(GOOD)..that you own, how much could you sell them for?	During the last 12 months, did you buy any..(GOOD)..?	How many (GOOD) did you buy?	If you were to buy these..(GOOD)..today, how much would you have to pay for all of them now?	Did you sell any..(GOOD)..during the last 12 months?	How many (GOOD) did you sell?	If you were going to sell these..(GOODS)..today, how much could you sell them for?	Have you rented out any..(GOOD)..during the last 12 months?	How much money would your household earn today from the lease of those..(GOOD).. you rented out in the last 12 months?
PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL EQUIPMENT BEFORE GOING TO Q.2-12	YES..1 NO...2(▶5)	NUMBER	AMOUNT	YES..1 NO...2(▶8)	PURCHASED NUMBER	AMOUNT	YES..1 NO...2(▶11)	NUMBER SOLD	AMOUNT	YES...1 NO...2 (▶ NEXT GOOD)	AMOUNT

▶ NEXT GOOD

Plough for animals	YES → ← NO	01									
Tractor	YES → ← NO	02									
Milking machine	YES → ← NO	03									
Harvesting machine	YES → ← NO	04									
Seeding machine	YES → ← NO	05									
Electricity motor	YES → ← NO	06									
Tiller	YES → ← NO	07									
Truck, van	YES → ← NO	08									
Other agricult. equipment	YES → ← NO	09									

SECTION 10. NON-FARM SELF-EMPLOYMENT

In the last visit, you gave me the names of the best-informed household members about the business, industries or professional services your household has. Now, I would like to ask them some questions.

COMPLETE THE WHOLE SECTION FOR EACH ENTERPRISE BEFORE GOING TO THE NEXT.

IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT THE SECOND AND THEN THE THIRD ENTERPRISE.

MAKE NEW APPOINTMENT TO SEE ALL THE RESPONDENTS NOT AVAILABLE.

PART A: INFORMATIONS

ENTERPRISE	SUPERVISOR		INTERVIEWER	
	1 NAME AND BUSINESS NAME OF THE ENTERPRISE, TRADE OR INDUSTRY	2 NAME OF BEST-INFORMED PERSON.	3 IS THIS THE PERSON ACTUALLY INTERVIEWED?	
	OFFICE CODE	IDENTIF. CODE	YES...1 NO....2	
1				
2				
3				

▶ 4, NEXT PAGE

5 What kind of product for sale does it manufacture? ENTER TWO MAIN PRODUCTS.	OFFICE CODE		6 Does the... (ENTERPRISE)... sell any product which does not produce? YES..1 NO...2 (▶8)	7 What are the products which sells but does not produce? ENTER 2 MAIN PRODUCTS	OFFICE CODE		8 Does the... (ENTERPRISE)... provide an, service or is it a free-lance profession? YES..1 NO...2 (▶10)	9 What kind of services does it provide? ENTER 2 MAIN SERVICES.	OFFICE CODE	
	PROD.1	PROD.2			PROD.1	PROD.2			SERV.1	SERV.2

11 Do you own... (the whole (ENTERP)... or only a part.....2	12 What percentage of the... (ENTERPRISE)... do you own? %	13 During the last 12 months (SINCE...), how many persons have worked or helped in... (ENTERPRISE)...? INCLUDE THE RESPONDENT AND OTHER HOUSEHOLD MEMBERS WHO HAVE BEEN WORKING THERE EVEN IF THEY WERE NOT PAID. (IF ONLY THE RESPONDENT ▶23)	14 During the last 12 months (SINCE...), did the... (ENTERP)... pay to someone? PROMT: HOUSEHOLD MEMBERS? OTHER WORKERS? INCLUDE PAYMENTS IN MONEY AND KIND. YES, TO WORKERS...1 YES, TO HH MEMBERS...2 YES, TO BOTH...3 NO, TO NOBODY...4 (▶23)	15 During the last 12 months, how many salaried workers has the... (ENTERP)... had? SALARIED WORKERS	16 Of those salaried workers, how many were permanent workers? PERMANENT WORKERS	17 Of those salaried workers, how many were temporary workers? TEMPORARY WORKERS	18 Is there a labor union in... (ENTERP)...? YES..1 (▶20) NO...2	19 Do the workers belong to any labor association, federation, etc.? YES..1 NO...2	20 Are the workers enrolled in the IPSS? YES..1 NO...2 (▶22)	21 Do the workers have any other insurance besides, IPSS? YES..1 NO...2	22 When the workers of... (ENTERPRISE)... start working, do they sign a contract? YES..1 (▶23) NO...2
---	--	---	---	--	--	--	---	---	---	--	--

24 During the last 12 months... (SINCE...), how many months was the (ENTERP)... in operation? IF 12 MONTHS ▶26 MONTHS	25 Since my last visit, how much did the... (ENTERP)... operate? YES..1 NO...2 (▶38)	26 Since my last visit, how much money did the... (ENTERP)... receive? GROSS AMOUNT OF SALES OF PROD UCTS, GOODS AND SERVICES.	27 To whom did this... (ENTERP)... sell or provide services most frequently? INDIVIDUALS...1 FACTORIES...2 STORES...3 STREET VENDORS...4 OTHER...5	28 Since my last visit did this... (ENTERP)... receive other payments in goods or services? YES..1 NO...2 (▶30)	29 What is the monetary value of these payment received since my last visit? AMOUNT	30 Would you say the sales of the... (ENTERP) since my last visit were more than usual...1 less than usual...2 the same than usual...3	31 Since my last visit, has the household consumed or used product or services from the... (ENTERP)...? YES..1 NO...2 (▶35)	32 What is the monetary value of these products or services from... (ENTERP)... you used or consumed since my last visit? AMOUNT	33 Since my last visit did you purchase products for sale or your... (ENTERP)... since my last visit? YES..1 NO...2 (▶36)	34 How much have you spent in the purchase of products for sale by the... (ENTERPRISE)... since my last visit? AMOUNT	35 From whom did you purchase most of these products? INDIVIDUAL...1 RETAILER...2 WHOLESALE...3 MANUFACTURER...4 OTHER...5	36 Since my last visit did you have other expenses in your... (ENTERP)...? YES..1 NO...2 (▶PART B)	37 What is the monetary value of these expenses altogether? AMOUNT
--	---	--	--	--	---	---	--	--	--	---	--	---	--

39 How much money did the... (ENTERP)... receive in... (THAT MONTH)? GROSS AMOUNT FOR SALE OF PRODUCTS, GOODS AND SERVICES	40 Did the... (ENTERP)... receive other payments in goods or services... (THAT MONTH)? YES..1 NO...2 (▶42)	41 What is the monetary value of these payments? AMOUNT	42 Did your household consume or use some of the products or services of this... (ENTERP)... (THAT MONTH)? YES..1 NO...2 (▶44)	43 What is the monetary value of the products or services consumed or used by your household during (THAT MONTH)? AMOUNT	44 Did you purchase product for sale in the... (ENTERP)... (THAT MONTH)? YES..1 NO...2 (▶46)	45 How much did you spend in the purchase of these products for sale by... (ENTERP)... (THAT MONTH)? AMOUNT	46 Did you have any other expenditure in this... (ENTERP)... (THAT MONTH)? YES..1 NO...2 (▶PART B)	47 What is the monetary value of all these other expenditures... (THAT MONTH)...? AMOUNT
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SECTION 10. PART B. EXPENDITURES

FIRST ENTERPRISE				
1	2	3	4	
During the past 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]?	How much did you spend in...[ITEM]... the last time you paid for it? In what month was that?	During the last 12 months how many times and how often did you spend in...[ITEM]?	Did you share... [ITEM]... with your household or other household business?	
PUT A CROSS IN THE APPROPRIATE BOX	INCLUDE VALUE OF PAYMENT IN KIND.		YES...1 NO...2	
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO Q.2-4	AMOUNT	MTH.	TIMES	TIME UNIT ▶ NEXT ITEM

SECOND ENTERPRISE				
1	2	3	4	
During the past 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]?	How much did you spend in...[ITEM]... the last time you paid for it? In what month was that?	During the last 12 months how many times and how often did you spend in...[ITEM]?	Did you share... [ITEM]... with your household or other household business?	
PUT A CROSS IN THE APPROPRIATE BOX	INCLUDE THE VALUE OF PAYMENT IN KIND.		YES...1 NO...2	
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO Q.2-4	AMOUNT	MTH.	TIMES	TIME UNIT ▶ NEXT ITEM

THIRD ENTERPRISE				
1	2	3	4	
During the last 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]?	How much did you spend in...[ITEM]... the last time you paid for it? In what month was that?	During the last 12 months how many times and how often did you spend in...[ITEM]?	Did you share... [ITEM]... with your household or other household business?	
PUT A CROSS IN THE APPROPRIATE BOX	INCLUDE THE VALUE OF PAYMENT IN KIND.		YES...1 NO...2	
COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO Q.2-4	AMOUNT	MTH.	TIMES	TIME UNIT ▶ NEXT ITEM

Wages or other remunerations?	YES →	01								
	← NO									

Wages or other remunerations?	YES →	01								
	← NO									

Wages or other remunerations?	YES →	01								
	← NO									

Raw materials?	YES →	02								
	← NO									

Raw materials?	YES →	02								
	← NO									

Raw materials?	YES →	02								
	← NO									

Purchase of equipment, premises, land, vehicles, machinery?	YES →	03								
	← NO									

Purchase of equipment, premises, land, vehicles, machinery?	YES →	03								
	← NO									

Purchase of equipment, premises, land, vehicle or machinery?	YES →	03								
	← NO									

Rental of equipment, premises, land, vehicles, machinery?	YES →	04								
	← NO									

Rental of equipment, buildings, land, vehicles, machinery?	YES →	04								
	← NO									

Rental of equipment, buildings, land, vehicles, machinery?	YES →	04								
	← NO									

Maintenance and repairs?	YES →	05								
	← NO									

Maintenance and repairs?	YES →	05								
	← NO									

Maintenance and repairs?	YES →	05								
	← NO									

Transportation?	YES →	06								
	← NO									

Transportation?	YES →	06								
	← NO									

Transportation?	YES →	06								
	← NO									

Fuel?	YES →	07								
	← NO									

Fuel?	YES →	07								
	← NO									

Fuel?	YES →	07								
	← NO									

Electricity?	YES →	08								
	← NO									

Electricity?	YES →	08								
	← NO									

Electricity?	YES →	08								
	← NO									

Water?	YES →	09								
	← NO									

Water?	YES →	09								
	← NO									

Water?	YES →	09								
	← NO									

Contributions to Social Security?	YES →	10								
	← NO									

Contributions to Social Security?	YES →	10								
	← NO									

Contributions to Social Security?	YES →	10								
	← NO									

Other kind of taxes?	YES →	11								
	← NO									

Other kind of taxes?	YES →	11								
	← NO									

Other kind of taxes?	YES →	11								
	← NO									

Other items? (Specify)	YES →	12								
	← NO									

Other items? (Specify)	YES →	12								
	← NO									

Other items? (Specify)	YES →	12								
	← NO									

▶ 2-4

▶ PART C

▶ 2-4

▶ PART C

▶ 2-4

▶ PART C

52k

FIRST ENTERPRISE

<p>1 Does your [ENTERPRISE]...own the following items at this time?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO Q.2-3</p>	<p>2 For how much could you sell all these...[ITEM]... today?</p> <p>AMOUNT</p>	<p>3 Did you share.[ITEM] with your HH or other HH businesses?</p> <p>YES...1 NO...2</p> <p>▶ NEXT ITEM</p>
--	---	---

Goods not yet been sold?	YES ->	13	
	-NO		

Tools?	YES ->	14	
	-NO		

Cars, vans, motor-cycles, tricycles, vehicles?	YES ->	15	
	-NO		

Furniture?	YES ->	16	
	-NO		

Machinery and equipment?	YES ->	17	
	-NO		

Land and buildings?	YES ->	18	
	-NO		

Other durable goods for running your [ENTERPRISE]?	YES ->	19	
	-NO		

Any other good?	YES ->	20	
	-NO		

▶ 2 ▶ NEXT ENTERPRISE

SECOND ENTERPRISE

<p>1 Does your [ENTERPRISE]...own the following items at this time?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO Q.2-3</p>	<p>2 For how much could you sell all these.[ITEMS]... today?</p> <p>AMOUNT</p>	<p>3 Did you share.[ITEM] with your HH or other HH businesses?</p> <p>YES...1 NO...2</p> <p>▶ NEXT EXPEND.</p>
--	--	--

Goods not yet been sold?	YES ->	13	
	-NO		

Tools?	YES ->	14	
	-NO		

Cars, vans, motor-cycles, tricycles, vehicles?	YES ->	15	
	-NO		

Furniture?	YES ->	16	
	-NO		

Machinery and equipment?	YES ->	17	
	-NO		

Land and buildings?	YES ->	18	
	-NO		

Other durable goods for running your [ENTERPRISE]?	YES ->	19	
	-NO		

Any other good?	YES ->	20	
	-NO		

▶ 2 ▶ NEXT ENTERPRISE

THIRD ENTERPRISE

<p>1 Does your [ENTERPRISE]...own the following items at this time?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO Q.2-3</p>	<p>2 For how much could you sell all these.[ITEM]... today?</p> <p>AMOUNT</p>	<p>3 Did you share.[ITEM] with your HH or other HH businesses?</p> <p>YES...1 NO...2</p> <p>▶ NEXT GOOD</p>
--	---	---

Goods not yet been sold?	YES ->	13	
	-NO		

Tools?	YES ->	14	
	-NO		

Cars, vans, motor-cycles, tricycles, vehicles?	YES ->	15	
	-NO		

Furniture?	YES ->	16	
	-NO		

Machinery and equipment?	YES ->	17	
	-NO		

Land and buildings?	YES ->	18	
	-NO		

Other durable goods for running your [ENTERPRISE]?	YES ->	19	
	-NO		

Any other good?	YES ->	20	
	-NO		

▶ 2 ▶ SECTION 11

SECTION II. EXPENDITURES AND INVENTORY OF DURABLE GOODS

SUPERVISOR

RESPONDENT _____ IDENT. CODE

INTERVIEWER

IS THIS PERSON ACTUALLY THE INTERVIEWED? YES...1 NO...2

PART A. DAILY EXPENDITURES

Now I would like to ask you some questions about your household expenditures.

<p>1</p> <p>Since my last visit have you bought...?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO Q.2.</p> <p style="text-align: center;"><input type="checkbox"/> I</p>	<p>2</p> <p>How much did your household spend in... (PRODUCT)...since my last visit?</p> <p>INTERVIEWER: EXCLUDE SELFSUPPLY</p> <p style="text-align: center;">AMOUNT</p>
--	---

Food and beverages consumed outside the household?	YES ->	-101 _____
	← NO	|||||

Cigarettes, tobacco, etc.?	YES ->	-102 _____
	← NO	|||||

Soap, shampoo, other products for personal care?	YES ->	-103 _____
	← NO	|||||

Detergents and other products for laundry and household cleaning?	YES ->	-104 _____
	← NO	|||||

Public urban and inter-urban transportation?	YES ->	-105 _____
	← NO	|||||

Newspapers and magazines?	YES ->	-106 _____
	← NO	|||||

Communications (parcels, mail, and public telephone)?	YES ->	-107 _____
	← NO	|||||

Medicines (modern and traditional)?	YES ->	-108 _____
	← NO	|||||

Fuel and oil for vehicles?	YES ->	-109 _____
	← NO	|||||

FOR CALCULATIONS

SECTION 11 PART B: EXPENDITURE IN SEMI-DURABLE GOODS & SERVICES

Now I would like to ask you some questions about the expenditures you made during the last 3 months.

1		FOR ANSWER "YES" TO Q.1	
During the last 3 months (since....), Have you spent in ..		2	
PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO Q.2		How much did you spend altogether (PRODUCT)...during the last 3 months?	
		AMOUNT	
Fabrics and clothing for adults?	YES -> ←-NO	115	
Fabrics and clothing for children?	YES -> ←-NO	116	
Shoes and shoe repairs for adults?	YES -> ←-NO	117	
Shoes and shoe repairs for children?	YES -> ←-NO	118	
Repair and maintenance of vehicles (except gas and oil)?	YES -> ←-NO	119	
Dwelling repairs?	YES -> ←-NO	120	
Household furniture and appliances (beds, tables, etc.)?	YES -> ←-NO	121	
Knitted clothing for the household (curtains, sheets, towels, etc.)?	YES -> ←-NO	122	
Dishware and kitchen appliances (dishes, pans, etc.)?	YES -> ←-NO	123	
Medicines (modern and traditional)?	YES -> ←-NO	124	

CONTINUE

1		IF THE ANSWER TO QUESTION 1 IS Y P1	
During the last 3 months (since.....), Did you spend in...		2	
PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO Q.2		How much did you spend altogether (PRODUCT)... during the last 3 months?	
		AMOUNT	
Medical services, hospitalizations, health insurances, etc?	YES -> ←-NO	126	
Books and subscriptions (excluding school books)?	YES -> ←-NO	127	
Domestic service?	YES -> ←-NO	128	
Goods and services for personal care (for example: haircuttery)?	YES -> ←-NO	129	
Entertainment (movies, records, toys, sports, etc)?	YES -> ←-NO	130	
Lotteries and games?	YES -> ←-NO	131	
Marriages?	YES -> ←-NO	132	
Funerals?	YES -> ←-NO	133	
Interprovincial and international transportation?	YES -> ←-NO	134	
Other goods and services? (Specify)	YES -> ←-NO	135	
During the last 3 months, Did your HH lose any money?	YES -> ←-NO	136	

2

PART C

SECTION 11. PART C. INVENTORY OF DURABLES GOODS

INSTRUCTIONS:
 FOR EACH ITEM IN THE LIST BELOW,
 ASK THE FOLLOWING QUESTIONS:
 Do you have in your HH.....(TYPE OF GOOD)..?
 PUT A CROSS IN THE APPROPRIATE
 BOX FOR EACH ITEM. GO TO THE NEXT ITEM.
 FINALLY, FOR EACH ITEM IN WHICH THE ANSWER IS
 YES, ASK QUESTION 1.

Do you have in your household...

TYPE OF GOOD	CODE	YES	NO
Radio?	201		
Refrigerator?	202		
Sewing machine?	203		
Car?	204		
Bicycle?	205		
Floor polisher?	206		
Telephone?	207		
Black and white T.V.?	208		
Color T.V.?	209		
Washing machine?	210		
Knitting machine?	211		
Motorcycle?	212		
Record player, sound equip.?	213		
Blender, mixer or fan?	214		
Gas stove?	215		
Others?	216		

D U R A B L E S	1	2	3	4		
	Please describe all the ...[GOOD]..you have.. USE ONE LINE FOR EACH GOOD. WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, MODEL, ETC.) FOR EACH GOOD COPY THE CODE AND THEN GO TO THE NEXT ITEM ON THE LIST AT YOU LEFT FOR WHICH THE ANSWER WAS YES. ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO Q.2-4	Since when do you own this... ..[GOOD]..?	How much did you pay for this ..[GOOD]..? IF IT WAS A GIFT OR EXCHANGE: What was the value of this ..[GOOD].. when you obtained it?	If you were going to sell this ..[GOOD]..today, How much would you sell it for?		
	TYPE OF GOOD	DESCRIPTION	TYPE CODE	MTH YEAR	AMOUNT	AMOUNT

▶ NEXT GOOD

01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

▶ PART D

SECTION 11 PART D. EXPENSES FOR TRANSFERS

I would like to ask you some questions about other expenditures you have made during the last 12 months.

1 During the last 12 months (since....) have you made any of the following expenditures? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ANSWER. ASK QUESTION FOR ALL SOURCES BEFORE GOING TO Q.2	2 How much did you pay for ...[ITEM]...last time, and when did you pay it?	3 How many times and how often did you spend money in this... [ITEM]...during the last 12 months?			
		AMOUNT	MTH.	TIMES	TIME UNIT
Food allowance, allowances, children allowance, etc.?	YES -> ← NO	01			
Contributions to non-profit organizations (CARITAS, OFASA, RED CROSS, etc.)?	YES -> ← NO	02			
Direct taxes: autoavaluo, income, remunerations, etc.?	YES -> ← NO	03			
Contributions to Social security (IPSS, Pensions Fund, etc.)?	YES -> ← NO	04			
Life insurances?	YES -> ← NO	05			
Contributions (fees) to clubs, associations, etc.?	YES -> ← NO	06			
Others?(Specify)	YES -> ← NO	07			

▶ PART E

SECTION 11. PART E. EXPENSES FOR REMITTANCES TO RELATIVES

1. Has any member of your household sent money or goods - regularly or irregularly - to persons who are not members of your household, during the past 3 months?

PROMPT: FOR EXAMPLE, MONEY SENT FROM PARENTS TO A CHILD STUDYING ELSEWHERE, OR TO OTHER PERSONS.

YES.....1

NO.....2 (▶ SECTION 12)

I would like to ask you some questions about the persons to whom you sent this assistance.

ASK QUESTION 3-7 FOR ALL MENTIONED PERSONS.

2 What are the names of all the persons to whom you sent assistance during the last 3 months? LIST ALL THE NAMES BEFORE GOING TO Q.3-7 IF THE RESPONDENT DOES NOT WANT TO GIVE NAMES, NUMBER THE PERSONS. NAME	3 What is the relationship of (NAME)...to the head of the household? SPOUSE (HUSBAND, LIVING TOGETHER, MATE).....1 SON/DAUGHTER.....2 SON/DAUGHTER - IN-LAW.....3 GRAND-SON/GRANDDAUGHTER.....4 PARENTS/PARENTS - IN-LAW.....5 OTHER RELATIVES.....6 FAMILY WORKER.....7 BOARDER.....8 OTHER PERSON, NON RELATED.....9	4 Where does he/she live? ..Is he/she in.. The countryside?...1 A village?.....2 A town?.....3 A city?.....4 Elsewhere?.....5	5 In what province is that place? WRITE COUNTRY IF ASSISTANCE IS BEING SENT ABROAD. PROVINCE	OFFICE CODE	6 How much have you sent altogether to ..(NAME)... during the last 3 months? Include the value of assistance in kind (parcels, gifts, etc.)? AMOUNT	7 Is (will be) part of this assistance to be repaid to the household? YES...1 NO....2 ▶ NEXT PERSON
1						
2						
3						
4						
5						
6						
7						
8						
9						

▶ SECTION 12

SECTION 12. FOOD EXPENSES

SUPERVISOR _____ **IDENTIFICATION CODE:**

RESPONDENT: _____

INTERVIEWER _____ **YES..1**

IS THIS PERSON ACTUALLY INTERVIEWED? **NO...2**

PART A: FOOD EXPENSES

Now I would like to ask you some questions about food expenses.

1. Do you get food from some of the household businesses??

YES..1 (▶ PART B)

NO...2

<p>2</p> <p>Since my last visit, Did you buy</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL FOODS BEFORE GOING TO Q.3.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>IF THE ANSWER TO Q.2 IS "YES"</p> <p>3</p> <p>How much did you spend in...(FOOD).. since my last visit?</p> <p style="text-align: center;">AMOUNT</p>
---	--

<p>2</p> <p>Since my last visit, Did you buy?.....</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE FOOD LIST BEFORE GOING TO Q.3</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>IF THE ANSWER TO Q.2 IS "YES".</p> <p>3</p> <p>How much did you spend in...(FOOD)..... since my last visit?</p> <p style="text-align: center;">AMOUNT</p>
---	--

Rice?	YES ->	-301
	← NO	.....
Corn, maize or corn's by-products?	YES ->	-302
	← NO	.....
Wheat, or wheat flour?	YES ->	-303
	← NO	.....
Barley, barley flour's by-products?	YES ->	-304
	← NO	.....
Quinoa, quinoa flour, or by-products?	YES ->	-305
	← NO	.....
Bread?	YES ->	-306
	← NO	.....
Cookies, cakes, etc.?	YES ->	-307
	← NO	.....
Noodles (all kinds)?	YES ->	-308
	← NO	.....
Meats (beef, pork, sheep, etc.)?	YES ->	-309
	← NO	.....
Poultry meats (chicken, turkey, etc.)?	YES ->	-310
	← NO	.....
Meat's by-products (bacon, pork sausage, ham, paté, sausages, etc.)?	YES ->	-311
	← NO	.....
Fresh, frozen, smoked, or preserved fish and sea food?	YES ->	-312
	← NO	.....
Milk?	YES ->	-313
	← NO	.....
Yogurt, butter, cheese, etc.?	YES ->	-314
	← NO	.....
Eggs?	YES ->	-315
	← NO	.....

Oil, margarine, etc.?	YES ->	-316
	← NO	.....
Seasonings (hot pepper, cinnamon, pepper, tomato sauce, vinegar, etc.)?	YES ->	-317
	← NO	.....
Tubercles and roots (potato, sweet potato, yucca, etc.)?	YES ->	-318
	← NO	.....
Dried vegetables (green peas, chick peas, lentils, broad beans, soy, etc.)?	YES ->	-319
	← NO	.....
Fresh vegetables?	YES ->	-320
	← NO	.....
Fresh fruits?	YES ->	-321
	← NO	.....
Frozen, preserved vegetables, etc.?	YES ->	-322
	← NO	.....
Frozen, dried or preserved fruits, etc.?	YES ->	-323
	← NO	.....
White and brown sugar?	YES ->	-324
	← NO	.....
Coffee, tea, cocoa, herbs?	YES ->	-325
	← NO	.....
Candies, chocolates, honey, chancaca, etc.?	YES ->	-326
	← NO	.....
Ready to serve food?	YES ->	-327
	← NO	.....
Alcoholic beverages (wine, beer, liquors, etc.)?	YES ->	-328
	← NO	.....
Soft drinks (Inca Kola, Pepsi Cola, etc.)?	YES ->	-329
	← NO	.....
Other food?	YES ->	-330
	← NO	.....

SECTION 12. PART B: EXPENDITURES AND SELF-SUPPLY FOOD

IF ANSWER TO Q.1 IS "YES" ASK Q.2-3.		
1 Since my last visit, did you buy or self-supplied of..... PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE THE LIST OF FOODS BEFORE GOING TO Q.2-3.	2 Did you get (FOOD)..... by .. purchase?...1 self-supply?...2 both?.....3	3 How much was the total amount of purchases/self-supply since my last visit? AMOUNT

Rice?	YES ->	-301	
	←-NO		
Corn, maize, corn's by-products?	YES ->	-302	
	←-NO		
Wheat, wheat's flour?	YES ->	-303	
	←-NO		
Barley, barley's flour, barley's by-products?	YES ->	-304	
	←-NO		
Quinoa, quinoa's flour, quinoa's by-products?	YES ->	-305	
	←-NO		
Bread?	YES ->	-306	
	←-NO		
Cookies, cakes, etc.?	YES ->	-307	
	←-NO		
Noodles (all types)?	YES ->	-308	
	←-NO		
Red meats (beef, pork, sheep, etc.)?	YES ->	-309	
	←-NO		
Poultry meats (chicken, poultry, etc.)?	YES ->	-310	
	←-NO		
Meat's by-products (bacon, hot sausage, ham paté, sausage, etc.)?	YES ->	-311	
	←-NO		
Fresh, frozen, smoked, and canned, etc., fish and sea food?	YES ->	-312	
	←-NO		
Milk?	YES ->	-313	
	←-NO		
Yogourt, butter, chesse, etc.?	YES ->	-314	
	←-NO		
Eggs?	YES ->	-315	
	←-NO		

CONTINUE

IF EACH ANSWER IS "YES" ASK Q.2-3		
1 Since my last visit, did you buy/self-supply of... PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE THE LIST OF FOODS BEFORE GOING TO Q.2-3.	2 Did you get (FOOD)..... by.. purchase?...1 self-supply?...2 both?.....3	3 How much was the total amount of purchases/self-supply since my last visit? AMOUNT

Oils, margarine, etc.	YES ->	-316	
	←-NO		
Seasonings (hot pepper, cinnamon, pepper, tomato sauce, vinegar, etc.)?	YES ->	-317	
	←-NO		
Tubercles and roots (potato, sweet potato) yucca root, etc.)?	YES ->	-318	
	←-NO		
Dried vegetables (green peas, chick peas, broad beans, soy, etc.)?	YES ->	-319	
	←-NO		
Fresh vegetables?	YES ->	-320	
	←-NO		
Fresh fruits?	YES ->	-321	
	←-NO		
Frozen, canned vegetables, etc.?	YES ->	-322	
	←-NO		
Frozen, dried, canned fruits, etc.?	YES ->	-323	
	←-NO		
White and brown sugar?	YES ->	-324	
	←-NO		
Coffee, tea, cacao, herbs?	YES ->	-325	
	←-NO		
Candies, chocolates, honey, chancaca, etc.?	YES ->	-326	
	←-NO		
Ready to serve food?	YES ->	-327	
	←-NO		
Alcoholic beverages (wine, beer, liquors, etc.)?	YES ->	-328	
	←-NO		
Soft drinks (Inca Kola, Pepsi Cola, etc.)?	YES ->	-329	
	←-NO		
Other food?	YES ->	-330	
	←-NO		

▶ 2-3

▶ PART C

SECTION 12.

PART C. CONSUMPTION OF HOME PRODUCTION

1. During the past 3 months..(since..) have you consumed products from, your agricultural or livestock activities, that is, harvested, raised, recolected, hunted or fished by your household?

YES.....1
NO.....2 (► SECTION 13)

		IF ANSWER IS "YES" TO Q.2, ASK Q.3-4		
2		3	4	
During the past 3 months, have you consumed... (FOOD)... from your own harvests, animals, hunting, fishing or recolection?		During these months, how many times and how often did you consume... (FOOD)... from your own production?	How much would cost you today the same amount of (FOOD) you have consumed each time?	
PUT A CROSS IN THE APPROPRIATE BOX.	<input checked="" type="checkbox"/>			
COMPLETE LIST OF EACH FOOD BEFORE GOING TO Q.3-4		TIMES	TIME UNIT	AMOUNT
Rice?	YES-► ← NO	301		
Maize (grains, flour or any other form)?	YES-► ← NO	302		
Red beans?	YES-► ← NO	303		
Potato, sweet potato, yucca root (in any form, for examp., chuño)?	YES-► ← NO	304		
Wheat, barley, quinoa (in any form)?	YES-► ← NO	305		
Fresh fruits (papaya, plantain mango, lemon, etc.)?	YES-► ← NO	306		
Vegetables (garlic, tomato, onion, lettuce, carrots, pumpkin, etc.)?	YES-► ← NO	307		
Dried vegetables, (chick peas, broad beans, green peas)?	YES-► ← NO	308		
Fish and sea-food?	YES-► ← NO	309		

CONTINUE

TIME UNIT:
DAY.....2
WEEK.....3
THD WEEKS..4
MONTH.....5
QUARTER....6

		IF ANSWER IS YES TO Q.1, ASK 1.3-4		
2		3	4	
During the past 3 months, have you consumed... (FOOD)... from your own harvests, animals, hunting, fishing or recolection?		During these months, how many times and how often did you consume... (FOOD)... from your own production?	How much would cost you today the same amount of... (FOOD)... you have consumed each time?	
PUT A CROSS IN THE APPROPRIATE BOX	<input checked="" type="checkbox"/>			
COMPLETE LIST FOR ALL FOODS BEFORE GOING TO Q.3-4		TIMES	TIME UNIT	AMOUNT
Poultry (chicken, turkeys, hens, etc.)?	YES-► ← NO	310		
Beef meat, pork, sheep, etc.?	YES-► ← NO	311		
Meat's by-products (haz, charqui, chalonga, sausages, etc.)?	YES-► ← NO	312		
Milk, milk's by-products (manjar, cheese, etc.)?	YES-► ← NO	313		
Eggs?	YES-► ← NO	314		
Rabbits, guinea pigs?	YES-► ← NO	315		
Alcoholic beverages, like pisco, wine, aguardiente?	YES-► ← NO	316		
Other foods?	YES-► ← NO	317		

► 3-4

► SECTION 13

SECTION 13. OTHER INCOME | PART A. MISCELLANEOUS INCOME

I would like to ask you about any other income your household received during the past 12 months?

1 During the past 12 months..(since...), has any member of your household received income in cash or in kind from the following sources? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION FOR ALL SOURCES BEFORE GOING TO Q.2-3	2 How much did you receive for ..[ITEM]... the last time, and in what month was it? AMOUNT MONTH	3 How many times and how often did you receive [ITEM]... during the past 12 months? TIMES TIME UNIT

Retirement pension, unemployment benefits, etc.?	YES ->	01			
	NO ->				

Food pension, alimony, children allowance, etc.?	YES ->	02			
	NO ->				

Medical or life insurance?	YES ->	03			
	NO ->				

Non-profit organizations (CARITAS, OFASA, etc.) (milk, wheat, oatmeal, etc.)?	YES ->	04			
	NO ->				

Interests on savings accounts or other form of savings?	YES ->	05			
	NO ->				

Dividends on shares, bonds, profit shares, etc.?	YES ->	06			
	NO ->				

Rentals for buildings, machinery and vehicles?	YES ->	07			
TAKE IN ACCOUNT ONLY NET RENT	NO ->				

Compensations?	YES ->	08			
	NO ->				

Gambling?	YES ->	09			
	NO ->				

Inheritances?	YES ->	10			
	NO ->				

Other miscellaneous income?(Specify)	YES ->	11			
	NO ->				

SUPERVISOR	IDENTIFICATION CODE: <input type="checkbox"/>
RESPONDENT: _____	

INTERVIEWER: _____	IS THIS PERSON ACTUALLY INTERVIEWED?	YES....1	<input type="checkbox"/>
		NO.....2	

SECTION 13. PART B: INCOME FROM FAMILY REMITTANCES

1. During the past 3 months has any member of your household received money or goods - regularly or irregularly - from persons who are not members of your household?

PROMPT: FOR EXAMPLE, CASH RECEIVED FROM PARENTS WORKING ELSEWHERE, FROM GROWN UP CHILDREN FOR THEIR PARENTS, FROM FRIENDS, NEIGHBORS, ETC.

YES.....1
 NO.....2 (► SECTION 14)

I would like to ask you some questions about the persons who sent assistance in cash or goods to your household.

ASK Q.3-7 FOR ALL MENTIONED PERSONS.

2	3	4	5	6	7
What are the names of all these persons who sent money or goods to members of your household during the past 3 months? WRITE DOWN ALL THE NAMES BEFORE GOING TO Q.3-7 IF THE RESPONDENT DOES NOT WANT TO GIVE NAMES, NUMBER THE PERSONS. NAME	What is the relationship of...(NAME)...to the head of... the household? SPOUSE (HUSBAND, LIVING TOGETHER MATE).....1 SON/DAUGHTER.....2 SON/DAUGHTER-IN-LAW.....3 GRAND SON/DAUGHTER.....4 PARENTS/IN-LAWS.....5 OTHER RELATIVES.....6 FAMILY WORKER.....7 BOARDER.....8 OTHER PERSON, NOT A RELATIVE...9	Where does he/she live? Is he/she in... The countryside...1 A village?.....2 A town?.....3 A city?.....4 Elsewhere?.....5	In what province is this place? WRITE THE NAME OF THE COUNTRY IF ASSISTANCE COMES FROM ABROAD PROVINCE	How much has your household received from...(NAME)...during the past 3 months? Include the value of cash and goods (parcels, gifts, etc.) AMOUNT	Does your household have to repay this assistance to...(NAME)...? YES...1 NO...2 <input type="checkbox"/> NEXT PERSON

1					
2					
3					
4					
5					
6					
7					
8					
9					

SECTION 14. SAVINGS AND CREDIT

PART A: SAVINGS AND CONSUMPTION CREDIT

Now I would like to ask you some questions about different financial transactions done by the household members during the past 12 months.

1	2	3	4
During the past 12 months (since... ..), have you done any of the following transactions?	How many times did you do this... [TRANSACTION] during the last 12 months?	What was the total value of all the ...[TRANSACTION].. you have done during the last 12 months?	In what month did you do that... [TRANSACTION].. the last time?
<p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>COMPLETE 1 FOR ALL TRANSACTIONS BEFORE GOING TO Q.2-3.</p>	TIMES	VALUE	MONTH

Purchase of shares, bonds, property rights, etc.?	YES ->	01		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

Sale of shares, bonds, etc.?	YES ->	02		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

Purchase of private housing? WRITE FULL VALUE (CASH OR CREDIT)	YES ->	03		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

Purchase of urban land (non-agricultural)? WRITE TOTAL VALUE (CASH OR CREDIT) EXCLUDE PURCHASE MADE BY ENTERP. (SECTION 10)	YES ->	04		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

Purchase of durable goods and real state? EXCLUDE PURCHASE MADE BY ENTERP. (SECTION 10)	YES ->	05		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

Sale of durable goods? (cars, factories, etc.)?	YES ->	06		
	← NO	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

▶ 2-4

▶ 5

5. Do you have any consumption credit available to your household (or enterprises owned by your household)?.. For example, credit cards, cooperatives, etc.?

YES....1

NO.....2 (▶ 8)

6. How much did you pay altogether during the last 30 days to these credit systems?

AMOUNT

7. How much do you still have to pay?

AMOUNT

8. Does someone who does not belong to your household owe you any granted loans, now?

YES....1

NO.....2 (▶ 10)

9. How much do they still owe you?

AMOUNT

IF THEY STILL OWE GOODS ESTIMATE THEIR VALUE

10. Did you have any saving accounts in banks, cooperatives, etc., during the last 12 months?

YES....1

NO.....2 (▶ PART B)

11. How much did you have in savings in...[DATE: ONE YEAR AGO]..?

AMOUNT

12. How much do you have in your savings today?

AMOUNT

▶ PART B

SECTION 14: PART B: OTHER CREDITS

Now I would like to ask you some questions about the loans granted to your household or your enterprises.

1. During the last 12 months, did you have to pay any loans given to your household or your enterprise?

YES..1
NO...2 (END OF INTERVIEW)

ORDER NUMBER	2	3	4	5	6	7	8	9	10	11	12	13	14
	What are the banks, enterprises, cooperatives, public agencies or other private or public institutions to whom you have to pay these loans? INCLUDE CREDITS RECEIVED BY HOUSEHOLD ENTERPRISES. INCLUDE LOANS GRANTED BY MONEYLENDERS, FRIENDS, RELATIVES, ETC.? INCLUDE OUTSTANDING QUOTAS IN PANDERO IF THERE ARE SEVERAL LOANS FROM THE SAME SOURCE USE ONE LINE FOR EACH ONE.	WRITE SOURCE'S CODE PRIVATE INDIVID...1 BANKS...2 COOPERATI... YES - FINANCIALS INSTITUTIONS BANCA DE PROMOCION.3 ENTERPRISES.4 OTHERS.....5	What did you ask this loan from... (SOURCE)..for? TRADE, BUSINESS, ENTERPRISE, AGRICULTURE, EDUCATION, HOUSEHOLD, OTHER	REFER TO SECTION 8 AND COPY CODE OF MAIN ENTERPRISE THAT RECEIVED THE LOAN	In what month and year did you borrow this money from... (SOURCE)? MTH YEAR	What was the total amount of the loan you obtained from... (SOURCE)..? VALUE AT DATE IN WHICH LOAN WAS RECEIVED IF LOAN IS IN GOODS, ESTIMATE VALUE IN MONEY AMOUNT	Was an interest rate specified for this loan when it was granted? YES..1 NO...2 (10)	How much was that interest rate? FOR EXAMPLE: 7.5 % MONTHLY RATE TIME UNIT	Did you need a collateral for this loan? YES..1 NO...2	Did you have to repay that loan to... (SOURCE) in regular payments? YES..1 NO...2 (13)	How much do you repay each time and how often? AMOUNT TIME UNIT	When are you going to pay off fully this credit? IF NO DATED WRITE "NK" IF PAID OFF NEXT LOAN	If you had to pay off this loan today, how much would you have to pay? NEXT LOAN

1													
2													
3													
4													
5													
6													
7													
8													
9													

4-14

TIME UNIT: DAY...2 WEEK....3 TWO WEEKS..4 MONTH.5 QUARTER.....6 SEMESTER...7 YEAR..8

END OF SECOND VISIT