

PERU
INSTITUTO NACIONAL DE ESTADISTICA
INE

HOUSEHOLD QUESTIONNAIRE

WORLD BANK
LIVING STANDARDS MEASUREMENT UNIT
EDUCATION DEPARTMENT

STRICTLY CONFIDENTIAL

December 9 1985

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

REMARKS: _____

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

Was this household replaced? Yes 1 ☐ No 2 ☐

This HH replaces ☐ This HH will be replaced by HH # ☐

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 take place? Yes 1 ☐ No 2 ☐ Date of 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 | | | RESULTS | DATE | | | RESULTS | | |
| | | DAY | MONTH | YEAR | COMPLETE 1 INCOMPLETE 2 NON-APPLIED 3 | DAY | MONTH | YEAR | COMPLETE 1 INCOMPLETE 2 NON-APPLIED 3 | | |
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INTERVIEWER REMARKS ON THE FIRST VISIT

INTERVIEWER REMARKS ON THE SECOND VISIT

SUPERVISOR REMARKS ON THE FIRST VISIT

SUPERVISOR REMARKS ON THE SECOND VISIT

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 of (NAME)...do you live in this household? | COPY THE IDENTIFICATION CODE FOR THE FATHER | Is the mother of (NAME)...do you live in this household? | Did the father of (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 AGO: When (NAME)...was 10 years old, did he/she live with his/her father? | Is the mother of (NAME)...do you live in this household? | COPY THE IDENTIFICATION CODE FOR THE MOTHER | Is the mother of (NAME)...do you live in this household? | Did the mother of (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 AGO: When (NAME)...was 10 years old, did she live with his/her mother? |
| YES...1 NO...2 | <input 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 | <input 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 WORK (WHAT?) DID NOT WORK | YES...1 NO...2 |
| | | | | LEVEL | GRADE | | | | | | LEVEL | GRADE | |

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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 10th. GRADE
FIFTH YEAR 11th. GRADE

EVENING AND NIGHT SYSTEM
(BASICA LABORAL)
CURRENT PREVIOUS

PRE-SCHOOL 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 10th. GRADE
FIFTH YEAR 11th. GRADE

SECTION 2. HOUSING

PART A: TYPE OF DWELLING

(FILLED UP BY INTERVIEWER)

1. TYPE OF DWELLING (MAIN DWELLING)

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

2. 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
STRAW.....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
MAY WITH CLAY.....5
STRAW, PALM LEAVES.....6
OTHER (WHAT)?.....7

6. How many rooms does your household occupy, including bedrooms, living room and dining room? DO NOT COUNT DEPOSITIS, 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 (► 8)

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

13. How much was your last monthly water payment?

AMOUNT:
IF NOT PAID IN MONEY, ENTER ZERO

14. 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. SCHOOLING.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
|------------------|-------------------|-----------------|-------------------------|-----------------------------|---|--|---|---------------------------------|----------------------------------|---|---|---|---|---|---|---|--|---|---|
| Can... (NAME)... | read a news paper | write letter? | do writing calculations | Has (NAME) attended school? | CHECK FOR UPON FROM HOUSE-ROSTER IF NAME... YEARS (2-21) (19 YEARS 2-19) MEMBER | What is the highest grade/level (NAME)... completed? | At this level (NAME)... obtain diploma? | Did (NAME)... repeat any grade? | Is (NAME)... a (NAME)/LEVEL did? | How many teachers had the last primary school attended? | In the last primary school (NAME)... attended did each student have a personal use? | In the last primary school (NAME)... attended did each student have a personal use? | In the last primary school (NAME)... attended did each student have a personal use? | In the last primary school (NAME)... attended did each student have a personal use? | In the last primary school (NAME)... attended did each student have a personal use? | Days (NAME)... live at home while attending school? | During the last 7 days how many hours (NAME)... actually attended classes? | Has (NAME)... attended school or other educational institution during the past month? | Was (NAME)... living at home when attending school? |
| YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 | YES..1 NO..2 |

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REGULAR DAILY SYSTEM
(BASICA REGULAR)
CURRENT PREVIOUS

PRE-KINDER, INITIAL OR 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 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 --

SECTION 3. EDUCATION PART A. (END).

| 26 | 27 | 28 | 29 | 30 | 31 | 32 |
|--|---|--|--|--|---|---|
| Has (NAME)... done any training course? | In what year did (NAME)... do the last training course? | How many hours per week had the longest training course ...did? | For how many weeks lasted that longest course? | Where did...(NAME) do... that longest course? ACADEMY...1 OCCUPATIONAL TRAINING...2 SUBSISTENCE...3 UNIVERSITY...4 NIGHT SCHOOL...5 TECHNICAL INSTITUTE...6 WORKING PLACE...7 OR ENTERPRISE...8 COURSE BY CORRESPONDENCE...9 OTHER...10 | Did... (NAME)... obtain any diploma or certi- cate in that longest course? | Is (NAME)... doing any training course now? |
| 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.

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|--|---|--|-----------------------------------|---------------------------------|-----------------------------------|--------------------------------|--------------------------|----------------------------|
| 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 | B contribution from parents to the nursery, | C uniforms and sport supplies, | D books and school supplies, | E monthly fees to the nursery, | F transportation to school, | G food/meals lodging, | H other expenses, |
| | in the last 12 months? | during the last 12 months? | during the last 12 months? | during the last 12 months? | the last month paid? | the last month paid? | the last month paid? | 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

| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
|---|---------------------------|--|---|---------------------------------------|---|--|---|--|--|--|---|---|--------|
| 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. | SEX M...1 F...2 | How old is...1 (NAME)... now? | Does the father of (NAME)... live in this household? | COPY THE FATHER'S ID CODE | Does the mother of (NAME)... live in this household? | COPY THE MOTHER'S IDENTIFI- CATION CODE | Has...1 (NAME)... attended school? | What is the highest grade/ level completed by...1 (NAME)...? NONE.....1 INITIAL.....2 PRIMARY.....3 SECONDARY COMMON.....4 SECONDARY TECHNICAL.....5 POST-SECONDARY NON-UNIVER.....6 UNIVERSITY.....7 OTHER.....8 | Is...1 (NAME)... attending school now? | Does the household assist in financing (NAME)... education? | How often did you send financial assistance to (NAME)... during the last 12 months? | What is the current value of what you sent him/her the last time? INCLUDE VALUE OF REMITTANCES IN GOODS ► NEXT CHILD | |
| | | YEARS | | I. C. | | I. C. | | LEVEL | GRADE | | FREQ. | TIME UNIT | AMOUNT |
| 1 | | | | | | | | | | | | | |
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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 |
|---|--|--|---|--|---|---|--|--|---|---|---|---|---|--|---|---|
| Has...[NAME]... had any illness or injury during the past four weeks? PRONTS, HAS... HAB VOMITS OR DIARRHEA, COLIC, WORMS, COUGH WITH 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? DAYS | Of these [NAME]... was ill, for how many days was he/ she unable to carry on his/ her usual activities? DAYS UNABLE | Has some- body been consulted for this illness or injury of [NAME]... during the past four weeks? PRONTS, DOCTOR, PHARMACIST, HEALER, ETC. YES...1 NO...2 (1-16) | Who was consulted? IF TWO OR MORE PRACTI- TIONERS, WRITE THE ONE WITH THE LOWER CODE DOCTOR...1 DENTIST...2 OBSTETRIC...3 NURSE...4 HEALTH OFF...5 HEALTH PRON...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...5 OFFICE...6 PHARMACY...7 HOME OF PRACTITIONER...8 HOME OF SICK PERSON...9 OTHER...10 | 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 consult- ation place? TIME ONE WAY HRS MIN | How many times was this [NAME]... consult- ed for this illness of [NAME]... during the past 4 weeks? TIMES | How much did you pay (this [NAME]... for all these con- sultations? AMOUNT | Did... [NAME]... spend a night in the hospi- tal during the past 4 weeks because of this illness? YES...1 NO...2 (1-16) | How many nights during the past 4 weeks? | How much did you have to pay for this hospital stay? AMOUNT | Did you buy medicines for this illness of [NAME]... during the past 4 weeks? PRESCRIB. & SELF- PRESCRIB. YES...1 NO...2 (1-16) | How much has been spent altogether for medicines? AMOUNT | In the past 12 months, has... [NAME]... had any consulta- tion for preventive reasons, like check-ups or vacci- nations? YES...1 NO...2 (1-16) MEMBER | How much would you have to pay today altogether for these preventive consulta- tions? AMOUNT |
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Public
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Private
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SECTION 5. ACTIVITIES. PART A. ACTIVITIES OF HOUSEHOLD MEMBERS

| 1 IS THE HOUSEHOLD MEMBER ANSWERING THE QUESTION HIMSELF OR HERSELF? | 2 During the past 7 days, have you worked for someone who is not a member of your household? IF ANSWER IS NO, PROCEED FOR A FIRM, ENTERPRISE, COMPANY, EMPLOYER, THE GOVERNMENT OR ANY OTHER INDIVIDUAL? YES...1 (D> 4) NO...2 | 3 and during the past 7 days, have you worked for someone who is not a member of your household? IF ANSWER IS NO, PROCEED FOR A FIRM, ENTERPRISE, COMPANY, EMPLOYER, THE GOVERNMENT OR ANY OTHER INDIVIDUAL? YES...1 (D> 4) NO...2 | 4 During the past 7 days, have you worked in the farm, or stock raising or to your household? YES...1 (D> 4) NO...2 | 5 and in the last 12 months, have you worked on your own account or as unpaid family worker?.... YES...1 (D> 4) NO...2 | 6 During the last 7 days, have you worked on your own account or as unpaid family worker?.... ONLY NON-AGRIC. ACTIVITIES FOR EXAMPLE: AS A MERCHANT, TAXIDRIVER, DOCTOR, LAWYER, FISHERMAN, ETC. YES...1 (D> 4) NO...2 | 7 and in the past 12 months, have you worked on your own account or as unpaid family worker?.... YES...1 (D> 4) NO...2 | 8 CHECK ANSWERS TO QUESTIONS 2, 4 AND 6. IF THERE IS ANY AFFIRMATIVE ANSWER (CODE 1)...1 (D-PART B) IF ALL ARE NEGATIVE ANSWERS (CODE 2)...2 (D> 1) | | 9 Have you looked for paid work or self-employed work during the past 7 days? YES...1 (D> 1) NO...2 | 10 Were you looking for salaried work or self-employed work? UN-EMPLOYED...1 SELF-EMPLOYED...2 BOTH...3 | 11 During the past 7 days, what did you do to find a job? did you ask to.... | | | | | 12 For how many weeks have you been looking for a job? | 13 What is the lowest income you are willing to accept to work? | 14 Why didn't you look for a job? (MOST IMPORTANT REASON) | | 15 CHECK THE ANSWERS TO QUESTIONS 1, 3, 5, 7, 9, 10, 11, 12, 13, 14. IF THERE IS ANY AFFIRMATIVE ANSWER OR A BLANK (CODE 1 OR 2) (D-PART B) IF ALL ARE NEGATIVE ANSWERS (CODE 3), (D-PART H) |
|---|---|---|--|---|---|---|---|-------------------------|--|--|---|-------------------------------|-------------|---------------------|-----------------|---|--|--|-----------------|---|
| | | | | | | | 1 Boss/employer? | 2 Employment agency? | | | 3 Friend or acquaintance? | 4 Newspaper or other ways? | 5 Other? | STUDENT/MINOR.....1 | HOUSEWIFE.....2 | | | RETIRED.....3 | GET RENTS.....4 | |
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| 1 Please describe in 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. | WEE- | KB | AMOUNT | TIME UNIT. | |
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SECTION 5. PART D. MAIN JOB DURING THE LAST 7 DAYS (CONTIN.)

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

(CONT.)

| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
|--|--|---|--|---------------------------------------|--|---|--|--|---|---|
| Do you receive payment in groceries for this work? | What is the current value of those groceries? How often do you get them? | Do you receive payment in free or subsidized housing? | What is the current value of renting a house to the one you get? | How much do you get? How often? | Do you receive payment in free clothing for this work? | What is the current value of that free clothing? How often do you receive it? | Do you get free or subsidized transportation to go to this work? | What is the current value of that free/subsidized transportation? How often? | Do you receive payment for this work in any other form? | What is the current value of those payments? How often do you get them? |
| IF AGRIC. WORKER, PROCT, HARVEST AND/OR LIVESTOCK | WRITE AMOUNT AND FREQUENCY OF PAYMENT | YES...1 YES SUBSIDIZED...2 NO...3 | WRITE AMOUNT AND FREQUENCY OF PAYMENT | WRITE AMOUNT AND FREQUENCY OF PAYMENT | YES...1 NO...2 | WRITE AMOUNT AND FREQUENCY OF PAYMENT | YES...1 NO...2 | WRITE AMOUNT AND FREQUENCY OF PAYMENT | YES...1 NO...2 | WRITE AMOUNT AND FREQUENCY OF PAYMENT |
| YES...1 NO...2 | AMOUNT TIME UNIT | YES...1 YES SUBSIDIZED...2 NO...3 | AMOUNT TIME UNIT | AMOUNT TIME UNIT | YES...1 NO...2 | AMOUNT TIME UNIT | YES...1 NO...2 | AMOUNT TIME UNIT | YES...1 NO...2 | 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 Please describe as what have you done in your secondary job, that is, the work on which you spent "extra hours", after your main job during the past 7 days. What did you do in this work? | | 2 What kind of trade, industry or business is this (SECONDARY OCCUPATION) connected with? | | 3 For how many days during the past 7 days did you work as (OCCUP.)? | | 4 On these days, how many hours a day did you work as (OCCUP.)? | | 5 For how many months of the last 12 months did you work as (OCCUP.)? IF 8 MONTHS OR MORE 7 | | 6 Is this work seasonal? | | 7 How long have you been working as (OCCUPATION)? IF LESS THAN ONE MONTH WRITE WEEKS. | | 8 Have you received or will you receive money for this work? | | 9 How much? How often? WRITE AMOUNT OF NET INCOME AND FREQUENCY OF PAYMENT | | 10 In this (OCCUP.) are you self-employed or an unpaid family worker? | | 11 Have you done any other work in the past 7 days? YES...1 NO...2 (PART B) | | 12 How much did you receive for all your other works? INCLUDE PAYMENT IN GOODS AND SERVICES WRITE AMOUNT OF NET INCOME AND FREQUENCY OF PAYMENT PART B | |
|--|------|--|------|---|---------------|--|------|--|------|-----------------------------|---------|---|---------|---|-----------|--|---------|--|-----------|--|--|--|--|
| OCCUPATION | CODE | ACTIVITY | CODE | DAYS | HOURS PER DAY | MONTHS | YRS. | MTHS | WKS. | NO....1 | NO....2 | NO....1 | NO....2 | AMOUNT | TIME UNIT | NO....1 | NO....2 | AMOUNT | TIME UNIT | | | | |
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SECTION 5. PART C. SECONDARY JOB DURING THE LAST 7 DAYS (END)

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

PART 0

| TIME UNIT | |
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| DAY..... | 2 |
| WEEK..... | 2 |
| TWO WEEKS..... | 2 |
| MONTH..... | 2 |
| SEMI-ANNUAL..... | 2 |
| YEAR..... | 2 |

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SECTION 5. PART D.

SEARCH FOR ADDITIONAL WORK

| 1 | 2 | | | | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|--|-------------------|--------------------|------------|---------------------|---|--|--|--|--|--|---|
| Have you looked for additional paid work during the past 7 days? | In looking for extrawork, what have you done?.....Did you talk to... | | | | | How many weeks have you been looking for another job? | Why haven't you looked for extra work during the past 7 days? (MOST IMPORTANT REASON) | During the past 7 days have you looked for other job to replace your present work? | Have you looked for work as..... | Have you looked for a job in the.. | Have you looked for a job in | What is the lowest income you would accept to work? |
| | boss/ employer? | employment agency | friends/relatives? | newspaper? | used other methods? | | DOES NOT WANT TO WORK.....1 HAS NO TIME.....2 EARN ENOUGH MONEY.....3 WAITING FOR A 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 | | self-employed?.....1 salaried?.....2 both?.....3 | Private Sector?.....1 Public Sector?.....2 Both?.....3 | Agricult. activ?.....1 Non agricultural activ?.....2 Both?.....3 | WRITE AMOUNT AND FREQUENCY OF PAYMENT |
| YES...1 NO....2(=4) | YES...1 | YES...1 | YES...1 | YES...1 | YES...1 | YES...1 | | YES...1 NO...2(=PART E) | | | | |
| | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | | | | | | |

PART E

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 WORK DURING THE PAST 12 MONTHS

| 1 Please describe in what have you done in your main work during the past 12 months, that is, the work on which you spent 'more hours' even if you were not paid for it? What did you do in this work? | | 2 What kind of trade, industry or business is your (MAIN WORK DURING THE PAST 12 MONTHS) connected with? | | 3 Is this work the same as your main or secondary job during the past 12 months? YES SAME AS MAIN...1 YES SAME AS SECONDARY...2 NO DIFFERENT WORK...3 DID NOT WORK (LAST 12) DAYS...4 | | 4 For how many months during the past 12 months did you work as (OCCUP.)? IF 8 MONTH OR NO...5 | | 5 Was this work seasonal? YES...1 NO...2 | | 6 During the weeks you worked as (OCCUP.), how many days per week did you usually work? DAYS PER WEEK | | 7 How many hours a day did you usually work (OCCUP.)? HOURS PER DAY | | 8 How long were you working as (OCCUP.)? IF LESS THAN ONE MONTH, WRITE MEAS. YRS. MONTHS WEEKS | | 9 Were you paid or did you make any income from this work? YES...1 NO...2 | | 10 How much was your last payment? How often did you get paid? In what month did you receive your last pay? WRITE NET AMOUNT, FREQUENCY OF PAYMENT, AND MONTH OF LAST PAYMENT AMOUNT OF LAST PAYMENT TIM. UNIT NO. | | 11 In that (OCCUP.), were you a self-employed or unpaid family worker? YES...1 NO...2 | |
|--|------|---|------|--|---------------|--|------|---|-------|---|------------------------|---|-----|---|-------|--|--|--|--|--|--|
| OCCUPATION | CODE | ACTIVITY | CODE | MONTHS | DAYS PER WEEK | HOURS PER DAY | YRS. | MONTHS | WEEKS | NO... | AMOUNT OF LAST PAYMENT | TIM. UNIT | NO. | YES... | NO... | | | | | | |
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SECTION 5. PART E. MAIN JOB DURING THE LAST 12 MONTHS (CONT.)

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| 12 Is that (OCCUPAT.) were you... Blue coll. worker?...1 White coll. worker?...2 Domestic worker?...3 (▶ 14) | 13 Was your employer or director related to you? YES...1 NO...2 | 14 Did you receive additional salaries for this work? YES...1 NO...2 (▶ 15) | 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 VEHICLE...2 PRIVATE NON-MOTOR VEHICLE...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: FOOD AND MEALS AT YOUR WORKING PLACE? ONCE A WEEK. | 19 Did you get (from/ 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 |

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

| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|--|---|---|---|--|---|---|---|--|--|--|-----------|
| Did you receive payment in groceries for this work? IF WAS AGRICULT. WORKER, PROMI. HARVESTS AND/OR LIVESTOCK YES..1 NO..2 (P-23) | What is the current value of these groceries? How often did you get them? WRITE AMOUNT AND FREQUENCY OF PAYMENT | Did you get payment in free or subsidized housing for this work? YES FREE...1 YES SUBSIDIZED...2 (P-23) | What is the current value of renting a house like the one you had? WRITE AMOUNT AND FREQUENCY OF PAYMENT ▶ 26 | What is the current value of the housing allowance you received? How often did you get it? WRITE AMOUNT AND FREQUENCY OF PAYMENT | Did you receive payment in free clothing for this work? YES..1 NO..2 (P-23) | What is the current value of that clothing? How often did you get it? WRITE AMOUNT AND FREQUENCY OF PAYMENT | Did you get free or subsidized transportation to go to this work? YES..1 NO..2 (P-30) | What is the current value of that free/subsidized transportation you received? How often did you get it? WRITE AMOUNT AND FREQUENCY OF PAYMENT | Did you receive payment for this work in any other form? YES..1 NO..2 (P-32 NEXT PAGE) | What is the current value of those payments? How often did you get them? WRITE AMOUNT AND FREQUENCY OF PAYMENT | |
| AMOUNT | TIME UNIT | AMOUNT | TIME UNIT | AMOUNT | TIME UNIT | AMOUNT | TIME UNIT | AMOUNT | TIME UNIT | AMOUNT | TIME UNIT |

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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 | | 4 For how many months during the past 12 months did you work as (OCCUPATION)? IF 8 MTHS. OR MORE...1 IF 4 MTHS. OR MORE...2 IF 2 MTHS. OR MORE...3 IF 1 MTH. OR MORE...4 | | 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? DAYS PER WEEK | | 7 How many hours a day did you usually work as (OCCUP.)? HOURS PER DAY | | 8 How long did you work as... (OCCUPATION)? IF LESS THAN ONE MONTH, ENTER WEEKS YEARS MONTHS WEEKS | | | 9 Were you paid or did you make any income for this work? YES...1 NO...2 (→ 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 AMOUNT OF LAST PAYMENT TIME UNIT NO. | | 11 In this... (OCCUP.) were you a self-employed or unpaid family worker? YES...1 (→ 11) NO...2 (→ 11) NEXT PAGE | |
|--|------|---|------|--|--------|---|---------------|--|-------|---|-------|--|------------------------|---|-----|----------------|--|--|---|--|---|--|
| OCCUPATION | CODE | ACTIVITY | CODE | DID NOT WORK LAST 7 DAYS...4 | MONTHS | NO...2 | DAYS PER WEEK | HOURS PER DAY | YEARS | MONTHS | WEEKS | NO...2 (→ 11) | AMOUNT OF LAST PAYMENT | TIME UNIT | NO. | YES...1 (→ 11) | NO...2 (→ 11) | | | | | |
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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 (b-18) | 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 (b-18) | 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 tools, 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 (b-18) | 17 If you were to sell these equipments or materials, how much could 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 (b- 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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| SECTION 4. MIGRATION. | | | | | | | | | | | | |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 1. In place you were born? | 2. Have you lived anywhere else (PRESENT) (PLACE OF RESIDENCE)... | 3. Did you live in... (PRESENT) (PLACE OF RESIDENCE)... | 4. Did you come to... (PRESENT) (PLACE OF RESIDENCE)... | 5. For how many months did you come to... (PRESENT) (PLACE OF RESIDENCE)... | 6. How old were you when you left your place of birth? | 7. Why did you leave your place of birth to live somewhere else? | 8. What year did you come (come back) 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 A town....3 A city....4 Other.....5 | YES...1 NO...2 (NEXT PERSON) | YES...1 (D-4) NO...2 | YES...1 NO...2 | MONTHS YEARS | MONTHS YEARS | (MOST IMPORTANT REASON) MORE INCOME...1 WORK...2 STUDY...3 MARRIAGE...4 OTHER FAMILY REASONS...5 OTHER.....6 | ENTER YEAR AND MONTH IF CAME AFTER 1905. YEAR MONTH | (MOST IMPORTANT REASON) MORE INCOME...1 WORK...2 STUDY...3 MARRIAGE...4 OTHER FAMILY REASONS...5 OTHER.....6 | ENTER COUNTRY IF LIVING ABROAD. PROVINCE OR COUNTRY CODE | Country- side.....1 A village...2 A town....3 A city....4 Other.....5 | Country- side.....1 A village...2 A town....3 A city....4 Other.....5 NEXT PERSON | TIMES |
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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 <input type="checkbox"/> |

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?

| | | |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | 19 <input type="text"/> |
| DAY | MONTH | YEAR |

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

| | | |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | 19 <input type="text"/> |
| DAY | MONTH | YEAR |

(IF BORN AFTER _____ 1980, CONTINUE
IF NOT (u 16).

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

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

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

| | | |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | 19 <input type="text"/> |
| 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 (fu 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 (fu 16)
STILL B.F.....3 (fu 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 (fu 18)

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

PREGNANCIES

18. Are you pregnant now?

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

19. How many months?

MONTHS

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

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

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

YES.....1
NO.....2 (fu SECTION 8)

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

AGE:

SECTION 8

SECTION 8. 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 (D> 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 TAXIDRIVER, 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 (D> 8 NEXT PAGE)

| 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 (D> 8 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 1. GENERAL CHARACTERISTICS

SECTION 1. 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 studying 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 | | | | | | | | | | | |
|-------------------------------------|------|---|-----|--|-----|------|--|--|----------|---|--|--|--|--|---|
| 1 | | 2 | 3 | 4 | | | 5 | 6 | | 7 | 8 | 9 | 10 | 11 | 12 |
| NAME | | RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD | SEX | What is the date of birth of...[NAME]....? | | | How old is...[NAME]...? YEARS IF 5 YEARS OR OVER YEARS AND MONTHS IF UNDER 5 | In what province was...[NAME]...born? WRITE THE NAME OF THE COUNTRY IF BORN ABROAD UNDER 12 YEARS ▶ 10 | | What is the marital status of...[NAME]... is he/she currently...? | Does the spouse of...[NAME]... live in this household? | COPY IDENTIFICATION CODE OF WIFE OR COMPA-NIONSHIP | Did...[NAME]... lodge here last night? | For how many months in the past 12 months has...[NAME]... not slept or taken his/her meals in this HH. since [NAME] DATE LAST YR) MONTHS | HOUSEHOLD MEMBER? CHECK THE CRITERIA ABOVE YES...1 NO...2 NEXT PERSON |
| A | NAME | RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD | SEX | DAY | MTN | YEAR | YEARS | MONTHS | PROVINCE | OFFICE CODE | Living-together...1 Married...2 Widowed...3 (▶ 10) Divorced...4 (▶ 10) Separated...5 (▶ 10) Single...6 (▶ 10) | YES...1 NO...2 (▶ 10) | YES...1 NO...2 | YES...1 NO...2 | YES...1 NO...2 |
| | 01 | | | | | | | | | | | | | | |
| | 02 | | | | | | | | | | | | | | |
| | 03 | | | | | | | | | | | | | | |
| | 04 | | | | | | | | | | | | | | |
| | 05 | | | | | | | | | | | | | | |
| | 06 | | | | | | | | | | | | | | |
| | 07 | | | | | | | | | | | | | | |
| | 08 | | | | | | | | | | | | | | |
| | 09 | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | |
| | 11 | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | |
| | 13 | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | |
| | 15 | | | | | | | | | | | | | | |

MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO 4-14

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 | | 13 | 14 | 15 | 16 | 17 |
|-----------------|---|--|---|--|---|---|
| ORDER NUMBER | 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).. water- ed?.....1 dry?.....2 | What is the area of the plot... (NAME).. ENTER LOCAL LAND AREA UNITS USING THE CODE OF OF THE PAGE ABOVE AREA LAND AREA CODE | 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 |
| 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 | | | | | |
|---|---|---|----------------|--|------------------------------|
| O R D E R N U M B E R | 19 | 20 | | 21 | 22 |
| | <p>How many and which ones are those?</p> <p>ASSIGN ONE LINE FOR EACH PLOT.</p> <p>WRITE NAME OF PLOT.</p> <p>THEN ASK 20-22 FOR EACH PLOT.</p> | <p>What is the area of the plot.....[NAME]...?</p> <p>ENTER LOCAL LAND AREA USING THE CODE OF PAGE ABOVE.</p> | | <p>How much did you sell plot...[NAME]..for?</p> | <p>When did you sell it?</p> |
| | | 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 | | . | | | | |

K1:1

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 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 CROP | CODE | 3 What proportion of..[CROP].... is still growing? | 4 What proportion of..[CROP].... is already in full production? | 5 What proportion of..[CROP].... near the end of its produc.life? ▶ NEXT CROP |
|--------------|--|------|--|---|--|
| | | | 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? | Where did you get these seeds? ENC1.....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 | YES...1 NO....2 | | | |
| 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? | Where did you get that fertilizer? ENC1.....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 | YES...1 NO....2 | | | |
| 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? | Where did you buy that guano? ENC1.....1 DEALER.....2 OTHER.....3 |
| CODE | AMOUNT | YES...1 NO....2 | |
| 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 (►27)

☐

| 21 For which crops? LIST CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q. 22-26 | 22 How much would you have to pay now for the insecticides you bought for...[CROP]...during the last 12 months? | 23 Have you already harvested the.. [CROP]...for which you bought that insecticide ? YES...1 NO....2 | 24 Where did you get that insecticide? ENCI.....1 COOPERATIVE.....2 STORE.....3 INDIVIDUAL.....4 AGRIC. MINIST....5 OTHER.....6 | 25 Did you buy these insectici- des... in cash?...1 (► NEXT CROP) on credit?...2 | 26 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, jvas, twine, baskets, or other containers for your products?

YES.....1
NO.....2 (►34)

☐

| 28 For which crops? LIST CROPS AND COPY THEIR CODES. LIST ALL THE CROPS BEFORE GOING TO Q. 29-33 | 29 How much would you have to pay now for the sacks, jvas, etc., for...[CROP]...that you bought during the last 12 months? | 30 Have you already harvested the.. [CROP]...for which you bought these sacks, jvas, etc? YES...1 NO....2 | 31 Where did you buy those sacks, etc? ENCI.....1 COOPERATIVE.....2 STORE.....3 INDIVIDUAL.....4 AGRICULT. MINISTRY.....5 OTHER.....6 | 32 Did you buy those sacks, jvas, etc.. in cash?...1 (► NEXT CROP) on credit?...2 | 33 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

84

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?

AMOUNT

CURRENT VALUE

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:

► 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 (MINKA, 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 |
| | 01 | |
| | 02 | |
| | 03 | |
| | 04 | |

▶ NEXT
CROP

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

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><input type="checkbox"/> 1 ↓</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><input type="text" value="12"/> <input type="text" value="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 (► 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>► NEXT BY-PRODUCT AMOUNT</p> |
|--|--|--|---|--|---|

| | | | | | | | |
|---|-------|-----|--|--|--|--|--|
| Chancaca | YES → | 601 | | | | | |
| | ← NO | | | | | | |
| Chicha | YES → | 602 | | | | | |
| | ← NO | | | | | | |
| Dried fruits | YES → | 603 | | | | | |
| | ← NO | | | | | | |
| Flours, manioc flour | YES → | 604 | | | | | |
| | ← NO | | | | | | |
| Marmalade | YES → | 605 | | | | | |
| | ← NO | | | | | | |
| Wine, pisco, aguardiente | YES → | 606 | | | | | |
| | ← NO | | | | | | |
| Chuño (ONLY IN THE HIGHLANDS) | YES → | 607 | | | | | |
| | ← NO | | | | | | |
| Guarapo (ONLY IN THE HIGHLANDS) | YES → | 608 | | | | | |
| | ← NO | | | | | | |
| Jora (ONLY IN THE HIGHLANDS) | YES → | 609 | | | | | |
| | ← NO | | | | | | |
| Mote (ONLY IN THE HIGHLANDS) | YES → | 610 | | | | | |
| | ← NO | | | | | | |
| Tocos (ONLY IN THE HIGHLANDS) | YES → | 611 | | | | | |
| | ← NO | | | | | | |
| Chochocha (ONLY IN THE HIGHLANDS) | YES → | 612 | | | | | |
| | ← NO | | | | | | |
| Morón (ONLY IN THE HIGHLANDS) | YES → | 613 | | | | | |
| | ← NO | | | | | | |
| Dried potato (ONLY IN THE HIGHLANDS) | YES → | 614 | | | | | |
| | ← NO | | | | | | |
| Aguajina (ONLY IN THE HIGHLANDS) | YES → | 615 | | | | | |
| | ← NO | | | | | | |
| Chocolate bars (ONLY IN THE HIGHLANDS) | YES → | 616 | | | | | |
| | ← NO | | | | | | |
| Masato (ONLY IN THE JUNGLE) | YES → | 617 | | | | | |
| | ← NO | | | | | | |

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

| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|--|---|--|--|--|--|--|---|--|--|--|--|
| During the last 12 month, have you had... PUT A CROSS IN THE APPROPRIATE BOX. ASK 2 FOR ALL THE ANIMALS BEFORE GOING TO Q.3-14 | Do you have... [ANIMAL]... now? YES...1 NO...2 (▶ 6) | How many... [ANIMAL]... do you have now? NUMBER AT THIS TIME | If you wanted to sell them, how much would you ask for these... [ANIMAL]...? AMOUNT | Have you sold any... [ANIMAL]... during the last 12 months? YES...1 NO...2 (▶ 9) | How many... [ANIMAL]... did you sell? NUMBER SOLD | If you were to sell the same number of... [ANIMAL]... today, how much would you ask for all of them? AMOUNT | Have you bought any... [ANIMAL]... during the last 12 months? (since...) YES...1 NO...2 (▶ 12) | How many... [ANIMAL]... did you buy? NUMBER BOUGHT | If you were to buy the same number of... [ANIMAL]... today how much would you have to pay for all of them? AMOUNT | During the last 12 months, how many... [ANIMAL]... have been born or been received by your household as a gift? NUMBER BORN OR RECEIVED | How many... [ANIMAL]... have been consumed by your household during the last 12 months? NUMBER CONSUMED | How many... [ANIMAL]... have been lost, given away, stolen or died during the last 12 months? NUMBER LOST, GIVEN AWAY OR STOLEN |
| Ox? | YES → ← NO | 01 | | | | | | | | | | |
| Other bovines? | YES → ← NO | 02 | | | | | | | | | | |
| Ovines (sheep)? | YES → ← NO | 03 | | | | | | | | | | |
| Porcines (pigs)? | YES → ← NO | 04 | | | | | | | | | | |
| Caprines (Goats)? | YES → ← NO | 05 | | | | | | | | | | |
| Alpacas (alpacas and llamas)? | YES → ← NO | 06 | | | | | | | | | | |
| Equinos (horses, donkeys, mules)? | YES → ← NO | 07 | | | | | | | | | | |
| Hens, roosters and chicken? | YES → ← NO | 08 | | | | | | | | | | |
| Other kind of poultry? | YES → ← NO | 09 | | | | | | | | | | |
| Rabbits? | YES → ← NO | 10 | | | | | | | | | | |
| Guinea pigs? | YES → ← NO | 11 | | | | | | | | | | |
| Other? | YES → ← NO | 12 | | | | | | | | | | |

▶ 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)

| | | |
|---|--|---|
| 2 | 3 | 4 |
| During the last 12 months, have you sold any...[PRODUCT]... obtained from your animals..? | How much of...[PRODUCT]... did you sell in the last 12 months? | How much does it cost each...[MU]... of [PRODUCT]... today? |
| PUT A CROSS IN THE APPROPRIATE BOX. ASK Q. 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4. | EXAMPLE: 20 DOZENS QUANTITY MEASUREMENT UNIT (MU) | CURRENT UNITARY PRICE |

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

| | | | |
|---|--|---|--------------|
| 1 | | IF THE ANSWER TO 1 IS YES, ASK Q. 2-3. | |
| During the last 12 months, to raise your animals or poultry, did you have to pay for... | | 2 | |
| PUT A CROSS IN THE APPROPRIATE BOX. MAKE A COMPLETE LIST BEFORE GOING TO Q. 2-3 | | 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? | |
| Labor for herding? | | YES → 4-NO | 01 AMOUNT |
| Construction and repairs of pens, fences, etc.? | | YES → 4-NO | 02 AMOUNT |
| Feeding including salt for the animals? | | YES → 4-NO | 03 AMOUNT |
| Veterinary services? | | YES → 4-NO | 04 AMOUNT |
| Innoculations, medicines and chemical products? | | YES → 4-NO | 05 AMOUNT |
| Transport of animals or poultry? | | YES → 4-NO | 06 AMOUNT |
| Commissions on the sale of animals? | | YES → 4-NO | 07 AMOUNT |
| Packing of livestock by-products? | | YES → 4-NO | 08 AMOUNT |
| Other expenses for the animals? | | YES → 4-NO | 09 AMOUNT |

► 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).

1 Hoes
and
Shovels3 Machetes
Sabers
Valichas

5 Rakes

7 Saws

9 Knapsacks

2 Axes

4 Pickax

6 Hoces

8 Chaquitacillas
Tacarpos
Picks

10 Wheelbarrows

11 Other
toolsWRITE THE NUMBER FOR
EACH TOOL IN THE
APPROPRIATE BOX

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... (6000)? | Do you own now... (6000)? | How many... (6000) do you have all together? | If you were going to sell now all the... (6000)... that you own, how much could you sell them for? | During the last 12 months, did you buy any... (6000)? | How many... (6000)... did you buy? | If you were to buy these... (6000)... today, how much would you have to pay for all of them now? | Did you sell any... (6000)... during the last 12 months? | How many... (6000)... did you sell? | If you were going to sell these... (6000)... today, how much could you sell them for? | Have you rented out any... (6000)... during the last 12 months? | How much money would your household earn today from the lease of those... (6000)... 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 6000) | AMOUNT |

► NEXT
6000

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

► 2-12

► SECTION 10

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

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

4, NEXT PAGE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 5 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|

| | | | | | | | | |
|--|---|---|--|--|--|--|---|---|
| 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| How much money did the... ..[ENTERP].. receive in.. [THAT MONTH]. | Did the ..[ENTERP]... receive other payments in goods or services.... [THAT MONTH] | What is the monetary value of these payments? | Did your household consume or use some of the products or services of this... [ENTERP].. [THAT MONTH]? YES..1 NO...2 (>=4) | What is the monetary value of the products or services consumed or used by your household during [THAT MONTH]? YES..1 NO...2 (>=4) | Did you purchase product for sale in the ..[ENTERP].. [THAT MONTH] ? YES..1 NO...2 (>=4) | How much did you spend in the purchase of these products for sale by.. [ENTERP].. [THAT MONTH].? | Did you have any other expenditure in this...[ENTERP].. ..[THAT MONTH]. YES..1 NO...2 (>=4) (>= PART B) | What is the monetary value of all these other expenditures.. [THAT MONTH]. <div style="border: 1px solid black; padding: 2px;">>= PART B</div> AMOUNT |
| GROSS AMOUNT FOR SALE OF PRODUCTS, GOODS AND SERVICES | (ES..1 NO...2 (>=4)) | AMOUNT | YES..1 NO...2 (>=4) | AMOUNT | YES..1 NO...2 (>=4) | AMOUNT | YES..1 NO...2 (>=4) (>= PART B) | AMOUNT |

| FIRST ENTERPRISE | | | | | |
|---|---|--|--|-----------|-------------|
| 1 During the past 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]? | 2 How much did you spend in...[ITEM]... the last time you paid for it? In what month was that? | 3 During the last 12 months how many times and how often did you spend in...[ITEM]? | 4 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 | MTN. | TINES | TIME UNIT | ▶ NEXT ITEM |

| | | | | | | | | | |
|-------------------------------|-------|----|--|--|--|--|--|--|--|
| Wages or other remunerations? | YES → | 01 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------|-------|----|--|--|--|--|--|--|--|
| Raw materials? | YES → | 02 | | | | | | | |
| | ← NO | | | | | | | | |

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

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

| | | | | | | | | | |
|--------------------------|-------|----|--|--|--|--|--|--|--|
| Maintenance and repairs? | YES → | 05 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------|-------|----|--|--|--|--|--|--|--|
| Transportation? | YES → | 06 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-------|-------|----|--|--|--|--|--|--|--|
| Fuel? | YES → | 07 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------------|-------|----|--|--|--|--|--|--|--|
| Electricity? | YES → | 08 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------|-------|----|--|--|--|--|--|--|--|
| Water? | YES → | 09 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------------------------|-------|----|--|--|--|--|--|--|--|
| Contributions to Social Security? | YES → | 10 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------------|-------|----|--|--|--|--|--|--|--|
| Other kind of taxes? | YES → | 11 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|------------------------|-------|----|--|--|--|--|--|--|--|
| Other items? (Specify) | YES → | 12 | | | | | | | |
| | ← NO | | | | | | | | |

▶ 2-4

▶ PART C

| SECOND ENTERPRISE | | | | | |
|---|---|--|--|-----------|-------------|
| 1 During the past 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]? | 2 How much did you spend in...[ITEM]... the last time you paid for it? In what month was that? | 3 During the last 12 months how many times and how often did you spend in...[ITEM]? | 4 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 | MTN. | TINES | TIME UNIT | ▶ NEXT ITEM |

| | | | | | | | | | |
|-------------------------------|-------|----|--|--|--|--|--|--|--|
| Wages or other remunerations? | YES → | 01 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------|-------|----|--|--|--|--|--|--|--|
| Raw materials? | YES → | 02 | | | | | | | |
| | ← NO | | | | | | | | |

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

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

| | | | | | | | | | |
|--------------------------|-------|----|--|--|--|--|--|--|--|
| Maintenance and repairs? | YES → | 05 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------|-------|----|--|--|--|--|--|--|--|
| Transportation? | YES → | 06 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-------|-------|----|--|--|--|--|--|--|--|
| Fuel? | YES → | 07 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------------|-------|----|--|--|--|--|--|--|--|
| Electricity? | YES → | 08 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------|-------|----|--|--|--|--|--|--|--|
| Water? | YES → | 09 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------------------------|-------|----|--|--|--|--|--|--|--|
| Contributions to Social Security? | YES → | 10 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------------|-------|----|--|--|--|--|--|--|--|
| Other kind of taxes? | YES → | 11 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|------------------------|-------|----|--|--|--|--|--|--|--|
| Other items? (Specify) | YES → | 12 | | | | | | | |
| | ← NO | | | | | | | | |

▶ 2-4

▶ PART C

| THIRD ENTERPRISE | | | | | |
|---|---|--|--|-----------|-------------|
| 1 During the last 12 months, did your...[ENTERPRISE]...make any expenditures for the following [ITEM]? | 2 How much did you spend in...[ITEM]... the last time you paid for it? In what month was that? | 3 During the last 12 months how many times and how often did you spend in...[ITEM]? | 4 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 | MTN. | TINES | TIME UNIT | ▶ NEXT ITEM |

| | | | | | | | | | |
|-------------------------------|-------|----|--|--|--|--|--|--|--|
| Wages or other remunerations? | YES → | 01 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------|-------|----|--|--|--|--|--|--|--|
| Raw materials? | YES → | 02 | | | | | | | |
| | ← NO | | | | | | | | |

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

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

| | | | | | | | | | |
|--------------------------|-------|----|--|--|--|--|--|--|--|
| Maintenance and repairs? | YES → | 05 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------|-------|----|--|--|--|--|--|--|--|
| Transportation? | YES → | 06 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-------|-------|----|--|--|--|--|--|--|--|
| Fuel? | YES → | 07 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------------|-------|----|--|--|--|--|--|--|--|
| Electricity? | YES → | 08 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|--------|-------|----|--|--|--|--|--|--|--|
| Water? | YES → | 09 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|-----------------------------------|-------|----|--|--|--|--|--|--|--|
| Contributions to Social Security? | YES → | 10 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|----------------------|-------|----|--|--|--|--|--|--|--|
| Other kind of taxes? | YES → | 11 | | | | | | | |
| | ← NO | | | | | | | | |

| | | | | | | | | | |
|------------------------|-------|----|--|--|--|--|--|--|--|
| Other items? (Specify) | YES → | 12 | | | | | | | |
| | ← NO | | | | | | | | |

▶ 2-4

▶ PART C

SECTION 10 PART C. CAPITAL AND INVENTORY

52

FIRST ENTERPRISE

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

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

| | | | |
|--------|-----------------|----|--|
| Tools? | YES -> NO -> | 14 | |
|--------|-----------------|----|--|

| | | | |
|---|-----------------|----|--|
| Cars, vans, motorcycles, tricycles, vehicles? | YES -> NO -> | 15 | |
|---|-----------------|----|--|

| | | | |
|------------|-----------------|----|--|
| Furniture? | YES -> NO -> | 16 | |
|------------|-----------------|----|--|

| | | | |
|--------------------------|-----------------|----|--|
| Machinery and equipment? | YES -> NO -> | 17 | |
|--------------------------|-----------------|----|--|

| | | | |
|---------------------|-----------------|----|--|
| Land and buildings? | YES -> NO -> | 18 | |
|---------------------|-----------------|----|--|

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

| | | | |
|-----------------|-----------------|----|--|
| Any other good? | YES -> NO -> | 20 | |
|-----------------|-----------------|----|--|

▶ 2

▶ NEXT ENTERPRISE

SECOND ENTERPRISE

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

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

| | | | |
|--------|-----------------|----|--|
| Tools? | YES -> NO -> | 14 | |
|--------|-----------------|----|--|

| | | | |
|---|-----------------|----|--|
| Cars, vans, motorcycles, tricycles, vehicles? | YES -> NO -> | 15 | |
|---|-----------------|----|--|

| | | | |
|------------|-----------------|----|--|
| Furniture? | YES -> NO -> | 16 | |
|------------|-----------------|----|--|

| | | | |
|--------------------------|-----------------|----|--|
| Machinery and equipment? | YES -> NO -> | 17 | |
|--------------------------|-----------------|----|--|

| | | | |
|---------------------|-----------------|----|--|
| Land and buildings? | YES -> NO -> | 18 | |
|---------------------|-----------------|----|--|

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

| | | | |
|-----------------|-----------------|----|--|
| Any other good? | YES -> NO -> | 20 | |
|-----------------|-----------------|----|--|

▶ 2

▶ NEXT ENTERPRISE

THIRD ENTERPRISE

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

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

| | | | |
|--------|-----------------|----|--|
| Tools? | YES -> NO -> | 14 | |
|--------|-----------------|----|--|

| | | | |
|---|-----------------|----|--|
| Cars, vans, motorcycles, tricycles, vehicles? | YES -> NO -> | 15 | |
|---|-----------------|----|--|

| | | | |
|------------|-----------------|----|--|
| Furniture? | YES -> NO -> | 16 | |
|------------|-----------------|----|--|

| | | | |
|--------------------------|-----------------|----|--|
| Machinery and equipment? | YES -> NO -> | 17 | |
|--------------------------|-----------------|----|--|

| | | | |
|---------------------|-----------------|----|--|
| Land and buildings? | YES -> NO -> | 18 | |
|---------------------|-----------------|----|--|

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

| | | | |
|-----------------|-----------------|----|--|
| Any other good? | YES -> NO -> | 20 | |
|-----------------|-----------------|----|--|

▶ 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.

| | |
|--|---|
| 1 Since my last visit have you bought...? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO Q.2. I | 2 How much did your household spend in... (PRODUCT)...since my last visit? INTERVIEWER: EXCLUDE SELF-SUPPLY AMOUNT |
| Food and beverages consumed outside the household? | YES -> -101 NO -> -101 |
| Cigarettes, tobacco, etc.? | YES -> -102 NO -> -102 |
| Soap, shampoo, other products for personal care? | YES -> -103 NO -> -103 |
| Detergents and other products for laundry and household cleaning? | YES -> -104 NO -> -104 |
| Public urban and inter-urban transportation? | YES -> -105 NO -> -105 |
| Newspapers and magazines? | YES -> -106 NO -> -106 |
| Communications (parcels, mail, and public telephone)? | YES -> -107 NO -> -107 |
| Medicines (modern and traditional)? | YES -> -108 NO -> -108 |
| Fuel and oil for vehicles? | YES -> -109 NO -> -109 |

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.

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

CONTINUE

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

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 | Please describe all the ...[GOOD]... you have.. | | 2 | Since when do you own this... ...[GOOD]...? | 3 | How much did you pay for this ...[GOOD]...? | 4 | If you were going to sell this ...[GOOD]... today, How much would you sell it for? |
| | 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. | | IF IT WAS A GIFT OR EXCHANGE: What was the value of this ...[GOOD]... when you obtained it? | | <div>▶ NEXT GOOD</div> | | |
| | TYPE OF GOOD | DESCRIPTION | TYPE CODE | MTH | YEAR | AMOUNT | AMOUNT | | |
| 01 | | | | | | | | | |
| 02 | | | | | | | | | |
| 03 | | | | | | | | | |
| 04 | | | | | | | | | |
| 05 | | | | | | | | | |
| 06 | | | | | | | | | |
| 07 | | | | | | | | | |
| 08 | | | | | | | | | |
| 09 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

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 | 3 | 4 | 5 | 6 | 7 |
|---|---|--|--|--|--|
| 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 | 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, NOW RELATED.....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 that place? WRITE COUNTRY IF ASSISTANCE IS BEING SENT ABROAD. PROVINCE | How much have you sent altogether to ..[NAME]... during the last 3 months? Include the value of assistance in kind (parcels, gifts, etc.)? OFFICE CODE AMOUNT | 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

IS THIS PERSON ACTUALLY INTERVIEWED?

YES...1
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

| | | IF THE ANSWER TO Q.2 IS "YES" |
|--|---|--|
| 2 | Since my last visit, Did you buy | 3 |
| PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL FOODS BEFORE GOING TO Q.3. | | How much did you spend in...[FOOD]... since my last visit? AMOUNT |

| | | |
|--|-------|------|
| 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, pâté, 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 | |

| | | IF THE ANSWER TO Q.2 IS "YES". |
|---|---|--|
| 2 | Since my last visit, Did you buy?..... | 3 |
| PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE FOOD LIST BEFORE GOING TO Q.3 | | How much did you spend in...[FOOD]..... since my last visit? AMOUNT |

| | | |
|---|-------|------|
| 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 | 2 | 3 |
| Since my last visit, did you buy or self-supply of..... | Did you get (FOOD)..... by .. | How much was the total amount of purchases/self-supply since my last visit? |
| PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE THE LIST OF FOODS BEFORE GOING TO Q.2-3. <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | purchase?...1 | AMOUNT |
| | self-supply?....2 | |
| | both?.....3 | |

| | | | |
|---|--------|------|--|
| Rice? | YES -> | -301 | |
| | 4-NO | | |
| Corn, maize, corn's by-products? | YES -> | -302 | |
| | 4-NO | | |
| Wheat, wheat's flour? | YES -> | -303 | |
| | 4-NO | | |
| Barley, barley's flour, barley's by-products? | YES -> | -304 | |
| | 4-NO | | |
| Quinoa, quinoa's flour, quinoa's by-products? | YES -> | -305 | |
| | 4-NO | | |
| Bread? | YES -> | -306 | |
| | 4-NO | | |
| Cookies, cakes, etc.? | YES -> | -307 | |
| | 4-NO | | |
| Noodles (all types)? | YES -> | -308 | |
| | 4-NO | | |
| Red meats (beef, pork, sheep, etc.)? | YES -> | -309 | |
| | 4-NO | | |
| Poultry meats (chicken, poultry, etc.)? | YES -> | -310 | |
| | 4-NO | | |
| Meat's by-products (bacon, hot sausage, ham paté, sausage, etc.)? | YES -> | -311 | |
| | 4-NO | | |
| Fresh, frozen, smoked, and canned, etc., fish and sea food? | YES -> | -312 | |
| | 4-NO | | |
| Milk? | YES -> | -313 | |
| | 4-NO | | |
| Yogourt, butter, chesse, etc.? | YES -> | -314 | |
| | 4-NO | | |
| Eggs? | YES -> | -315 | |
| | 4-NO | | |

CONTINUE

| IF EACH ANSWER IS "YES" ASK Q.2-3 | | |
|--|------------------------------|---|
| 1 | 2 | 3 |
| Since my last visit, did you buy/self-supply of... | Did you get (FOOD)..... by.. | How much was the total amount of purchases/self-supply since my last visit? |
| PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE THE LIST OF FOODS BEFORE GOING TO Q.2-3. <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | purchase?...1 | AMOUNT |
| | self-supply?....2 | |
| | both?.....3 | |

| | | | |
|---|--------|------|--|
| Oils, margarine, etc. | YES -> | -316 | |
| | 4-NO | | |
| Seasonings (hot pepper, cinnamon, pepper, tomato sauce, vinegar, etc.)? | YES -> | -317 | |
| | 4-NO | | |
| Tubercles and roots (potato, sweet potato, yucca root, etc.)? | YES -> | -318 | |
| | 4-NO | | |
| Dried vegetables (green peas, chick peas, broad beans, soy, etc.)? | YES -> | -319 | |
| | 4-NO | | |
| Fresh vegetables? | YES -> | -320 | |
| | 4-NO | | |
| Fresh fruits? | YES -> | -321 | |
| | 4-NO | | |
| Frozen, canned vegetables, etc.? | YES -> | -322 | |
| | 4-NO | | |
| Frozen, dried, canned fruits, etc.? | YES -> | -323 | |
| | 4-NO | | |
| White and brown sugar? | YES -> | -324 | |
| | 4-NO | | |
| Coffee, thea, cacao, herbs? | YES -> | -325 | |
| | 4-NO | | |
| Candies, chocolates, honey, chancaca, etc.? | YES -> | -326 | |
| | 4-NO | | |
| Ready to serve food? | YES -> | -327 | |
| | 4-NO | | |
| Alcoholic beverages (wine, beer, liquors, etc.)? | YES -> | -328 | |
| | 4-NO | | |
| Soft drinks (Inca Kola, Pepsi Cola, etc.)? | YES -> | -329 | |
| | 4-NO | | |
| Other food? | YES -> | -330 | |
| | 4-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)

| 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. | | | | |
| | | 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
TWO WEEKS...4
MONTH.....5
QUARTER....6

| 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. | | | | |
| | | 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?

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

| | | | | | | | |
|--|-------|----|----|--------|-------|-------|-----------|
| Retirement pension, unemployment benefits, etc.? | YES - | NO | 01 | AMOUNT | MONTH | TIMES | TIME UNIT |
|--|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|--|-------|----|----|--------|-------|-------|-----------|
| Food pension, alimony, children allowance, etc.? | YES - | NO | 02 | AMOUNT | MONTH | TIMES | TIME UNIT |
|--|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|----------------------------|-------|----|----|--------|-------|-------|-----------|
| Medical or life insurance? | YES - | NO | 03 | AMOUNT | MONTH | TIMES | TIME UNIT |
|----------------------------|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|---|-------|----|----|--------|-------|-------|-----------|
| Non-profit organizations (CARITAS, OFASA, etc.) (milk, wheat, oatmeal, etc.)? | YES - | NO | 04 | AMOUNT | MONTH | TIMES | TIME UNIT |
|---|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|---|-------|----|----|--------|-------|-------|-----------|
| Interests on savings accounts or other form of savings? | YES - | NO | 05 | AMOUNT | MONTH | TIMES | TIME UNIT |
|---|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|--|-------|----|----|--------|-------|-------|-----------|
| Dividends on shares, bonds, profit shares, etc.? | YES - | NO | 06 | AMOUNT | MONTH | TIMES | TIME UNIT |
|--|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|--|-------|----|----|--------|-------|-------|-----------|
| Rentals for buildings, machinery and vehicles? | YES - | NO | 07 | AMOUNT | MONTH | TIMES | TIME UNIT |
|--|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|----------------|-------|----|----|--------|-------|-------|-----------|
| Compensations? | YES - | NO | 08 | AMOUNT | MONTH | TIMES | TIME UNIT |
|----------------|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|-----------|-------|----|----|--------|-------|-------|-----------|
| Gambling? | YES - | NO | 09 | AMOUNT | MONTH | TIMES | TIME UNIT |
|-----------|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|---------------|-------|----|----|--------|-------|-------|-----------|
| Inheritances? | YES - | NO | 10 | AMOUNT | MONTH | TIMES | TIME UNIT |
|---------------|-------|----|----|--------|-------|-------|-----------|

| | | | | | | | |
|---------------------------------------|-------|----|----|--------|-------|-------|-----------|
| Other miscellaneous income? (Specify) | YES - | NO | 11 | AMOUNT | MONTH | TIMES | TIME UNIT |
|---------------------------------------|-------|----|----|--------|-------|-------|-----------|

SUPERVISOR: _____

RESPONDENT: _____ IDENTIFICATION CODE: ☐

INTERVIEWER: _____

IS THIS PERSON ACTUALLY INTERVIEWED? YES....1 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?

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

► SECTION 14

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? |
| PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL TRANSACTIONS BEFORE GOING TO Q.2-3. | TIMES | VALUE | MONTH |
| Purchase of shares, bonds, property rights, etc.? | YES → | 01 | |
| | ← NO | 02 | |
| Sale of shares, bonds, etc.? | YES → | 02 | |
| | ← NO | 03 | |
| Purchase of private housing? WRITE FULL VALUE (CASH OR CREDIT) | YES → | 03 | |
| | ← NO | 04 | |
| Purchase of urban land (non-agricultural)? WRITE TOTAL VALUE (CASH OR CREDIT) EXCLUDE PURCHASE MADE BY ENTERP. (SECTION 10) | YES → | 04 | |
| | ← NO | 05 | |
| Purchase of durable goods and real state? EXCLUDE PURCHASE MADE BY ENTERP. (SECTION 10) | YES → | 05 | |
| | ← NO | 06 | |
| Sale of durable goods? (cars, factories, etc.)? | YES → | 06 | |
| | ← NO | 07 | |

▶ 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)

| 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, ACTIVITY...2 (D6) EDUCATION...3 (D6) HOUSEHOLD...4 (D6) OTHER...5 (D6) | 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)? MONTH 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 (D10) | 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 (D13) | 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