



The Democratic Republic of Timor-Leste



Ministry of Planning and Finance  
National Statistics Directorate

POVERTY ASSESSMENT PROJECT  
TIMOR-LESTE SURVEY OF LIVING STANDARDS 2006

Job No.			Task	HH No.	Team	Week	

Replaces household number:

Reason for replacement:

1 DWELLING NOT FOUND	3 NO COMPETENT RESPONDENT
2 DWELLING TEMPORARILY VACANT	4 OTHER (SPECIFY: _____)

Household interviewed by	Code	Day	Month	Year
Supervised in the field by	Code	Day	Month	Year

Household's head Name: \_\_\_\_\_

Address: \_\_\_\_\_

District	District Code
Sub District	Sub District Code
Suco	Suco Code
Census enumeration area / Aldeia	Number / Code
Head of the Household	HH Listing Number

STRICTLY CONFIDENTIAL

PUBLIC DISCLOSURE AUTHORIZED

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## SECTION 1: HOUSEHOLD INFORMATION

**RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER**[illegible]

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## SECTION 1: HOUSEHOLD INFORMATION

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# VISITA 1

## SECTION 2: HOUSING

## PART A: DESCRIPTION OF THE DWELLING

### RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

Now, I would like to ask you some questions about your housing conditions. By housing I mean all the rooms and all separate buildings used by your household members to live in.

BEFORE ASKING QUESTION 5, OBSERVE THE DWELLING AND NOTE RESPONSES TO QUESTION 1 TO QUESTION 5.

(1) WHAT IS THE MAJOR CONSTRUCTION MATERIAL OF THE EXTERNAL WALLS?

BRICK	1
CONCRETE	2
UNBAKED BRICK	3
WOOD	4
BAMBOO	5
RATTAN	6
TIN	7
MUD	8
OTHER (SPECIFY ___)	9

(2) WHAT IS THE MAJOR MATERIAL OF THE ROOF?

CONCRETE	1
WOOD	2
METAL SHEETS/ZINC	3
TILE	4
SUGAR PALM FIBRE	5
LEAVES	6
OTHER (SPECIFY ___)	7

(3) WHAT IS THE PRIMARY MATERIAL OF THE FLOOR?

MARBLE/CERAMIC	1
FLOOR TILE/CEMENT	2
CONCRETE/BRICK	3
WOOD	4
BAMBOO	5
EARTH/CLAY	6
OTHER (SPECIFY ___)	7

(4) WHAT TYPE OF DWELLING IS IT?

BAMBOO HOUSE	1
SEMI-PERMANENT	2
TRADITIONAL HOUSE	3
SMALL HOUSE IN COMPOUND OF MAIN HOUSE	4
PERMANENT HOUSE	5
EMERGENCY/TENT	6
OTHER (SPECIFY ___)	7

(5) WHAT IS THE CONDITION OF THE DWELLING UNIT?

GOOD	1
MEDIOCRE	2
A LITTLE DAMAGED	3
SEVERELY DAMAGED	4

(6) How many rooms do the members of your household occupy, including bedrooms, living rooms and rooms used for household enterprises?

DO NOT COUNT BATHROOMS, KITCHENS, BALCONIES, AND CORRIDORS

NUMBER OF ROOMS

(7) How many, if any, of these rooms are used primarily for household enterprise or trade?

WRITE ZERO IF ROOMS ARE NOT USED FOR BUSINESS OR TRADE

NUMBER OF ROOMS

(8) How long has your household been living in this dwelling?

YEARS MONTHS

IF MORE THAN THREE YEARS, DO NOT REQUIRE MONTHS

(9) In approximately what year was this dwelling built?  
ASK FOR ESTIMATE IF RESPONDENT UNSURE OF EXACT YEAR

YEAR BUILT

## VISITA 1

## SECTION 2: HOUSING

## PART B: SERVICES

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1) What is the main source of water for drinking for your household?

BOTTLED WATER	01 ▶ 3	<input type="checkbox"/>
TAP WATER	02 ▶ 3	
PUMP	03	
PROTECTED WELL	04	
UNPROTECTED WELL	05	
PROTECTED SPRING	06	
UNPROTECTED SPRING	07	
RIVER, STREAM, LAKE, POND	08	
RAINWATER	09	
OTHER (SPECIFY ____)	10	

(2) What is the distance to the drinking water source and how long does it take you to get there?

Mts

Min

**ONE-WAY**

(3) Does your household treat your drinking water in any way?

YES	1	<input type="checkbox"/>
NO	2 ▶ 5	

(4) How do you treat your drinking water?

BOIL IT	1	<input type="checkbox"/>
FILTER IT	2	
ADD CHEMICALS	3	
BOIL AND FILTER IT	4	
OTHER (____)	5	

(5) What is the main source of water for bathing and washing for your household?

PRIVATE CONNECTION TO PIPELINE	1	<input type="checkbox"/>
PRIVATE WELL	2	
PUBLIC TAPS/STANDPIPE	3	
PUBLIC WELL	4	
SPRING	5	
RIVER, STREAM, LAKE, POND	6	
RAINWATER	7	
OTHER (SPECIFY ____)	8	

(6) Where do members of your household bathe?

INDOOR BATH/SHOWER	1	<input type="checkbox"/>
OUTDOOR BATH/SHOWER	2	
RIVER, POND, ETC	3 ▶ 8	
OTHER (SPECIFY ____)	4 ▶ 8	

(7) Is this bath/shower used only by your household?

YES	1	<input type="checkbox"/>
NO	2	

(8) What type of toilet is used by your household?

FLUSH TOILET	1	<input type="checkbox"/>
VENTILATED IMPROVED PIT	2	
LATRINE		
PIT LATRINE WITH SLAB	3	
PIT LATRINE WITHOUT SLAB/OPEN	4	
PIT	5 ▶ 10	
BOWL/BUCKET	6 ▶ 10	
OTHER (SPECIFY ____)	7 ▶ 11	

(9) Is this toilet used by your household private, shared or public?

PRIVATE	1	<input type="checkbox"/>
SHARED	2	
PUBLIC	3	
OTHER (SPECIFY ____)	4	

(10) What is the final disposal of sewage?

SEPTIC TANK	1	<input type="checkbox"/>
POND/FIELD	2 ▶ 13	
RIVER/LAKE/OCEAN	3 ▶ 13	
HOLE	4 ▶ 13	
SHORE/OPEN FIELD	5 ▶ 13	
OTHER (SPECIFY ____)	6 ▶ 13	

(11) What is the nearest distance to the septic tank?

Mt.

(12) **INTERVIEWER: LOOK AT QUESTIONS 2 AND 11. IF BOTH ANSWERS ARE > 0 THEN ASK:**

What is the distance between the water source and the septic tank? Mt.

(13) What is the main source of light in your dwelling?

ELECTRICITY	1	<input type="checkbox"/>
PRIVATED GENERATED ELECTRICITY	2 ▶ 15	
PETROMAX (KER PRESSURE LANTERN)	3 ▶ 15	
LAMP	4 ▶ 15	
CANDLES OR BATTERY FLASHLIGHTS	5 ▶ 15	
OTHER (SPECIFY ____)	6 ▶ 15	

(14) How many hours per day on average was electricity available in your dwelling during the past 3 months?

NUMBER OF HOURS PER DAY

(15) What fuel do you use most often for cooking?

GAS/LPG	1	<input type="checkbox"/>
ELECTRICITY	2	
WOOD	3	
COAL	4	
KEROSENE	5	
PEAT, MANURE	6	
OTHER (SPECIFY ____)	7	

(16) Which of the following communication means do you have within the housing unit?

TELEPHONE	1 <input type="checkbox"/>	YES	1
MOBILE TELEPHONE	2 <input type="checkbox"/>	NO	2
INTERNET	3 <input type="checkbox"/>		
SATELLITE DISH	4 <input type="checkbox"/>		

(17) **INTERVIEWER: USE YOUR UNICEF SALT TEST KIT TO ASSES THE LEVEL OF IODINE IN SALT USED IN THIS HOUSEHOLD**

0 PPM	1	<input type="checkbox"/>
BELLOW 15 PPM	2	
ABOVE 15 PPM	3	

**VISITA 1****SECTION 2: HOUSING**

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

**PART C: OWNERSHIP AND EXPENDITURES**

(1) Is this dwelling owned by a member of your household?

YES 1 ☐

NO 2 ► 5 ☐

(2) Since when has this dwelling been owned by a member of your household?

YEAR

(3) Does a person from another household dispute the ownership of this dwelling by a member of your household?

YES 1 ☐

NO 2 ☐

(4) Estimate, please, the amount of money you could receive as rent if you let this dwelling to another person for one month?

► 8 DOLLAR

(5) What is the ownership status of this dwelling?

LEASE/RENT 1 ☐

OFFICIAL HOUSE 2 ► 7

RENT FREE 3 ► 7

OTHER (SPECIFY \_\_\_) 4 ► 7

(6) From whom do you rent/lease this dwelling?

RELATIVE 1 ☐

PRIVATE EMPLOYER 2

STATE 3

PRIVATE PERSON 4

OTHER (\_\_\_) 5

(7) How much does your household pay in cash, goods, or services to rent this dwelling for one month?

IF NO RENT IS PAID, PLEASE ASK FOR ESTIMATE OF AMOUNT YOU WOULD HAVE TO PAY

DOLLAR

		(8) How much did your household pay in the past month for [SERVICE]?	(9) How much did your household pay in the past 12 months for [SERVICE]?	(10) What is the amount of [SERVICE] you used in the past month?	(11) What is the amount of [SERVICE] you used in the past 12 months?
		WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
SERVICE	CODE	DOLLAR	DOLLAR	QUANTITY	QUANTITY
Kerosene (Lt.)	01				
Firewood (Kg.)	02				
Electricity	03				
Telephone	04				
Water	05				
Liquid Propane gas	06				
Fuel for generator (besides kerosene)	07				
Lubricant Oil for the Generator	08				
Maintenance & repair of the generator	09				
Other fuel	10				
Others (flashlight, batteries, matches, lamp, etc.)	11				
Maintenance costs of the house	12				
Expenses on renovation of destroyed house	13				

# VISITA 1

## SECTION 3: ACCESS TO FACILITIES

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

FACILITY NUMBER	Description	(1) Do you or any household member normally use this ...[FACILITY]... ?	(2) How far is it from your house to the ...[FACILITY]... your household normally goes to?	(3) How do you normally travel to this ...[FACILITY]...?	(4) How long does it take to travel from here to this ...[FACILITY]...?	
		YES 1 NO 2 ▶ NEXT FACILITY	KM (0.00)	WALK 1 BICYCLE 2 CAR 3 BUS 4 RIDING HORSE 5 OTHER (SPECIFY___) 6	ONE WAY ONLY	
					HOURS	MINUTES
01	Secondary School					
02	Primary School					
03	Clinic					
04	Bank					
05	Post Office					
06	Bus Terminus/Stop					
07	Veterinary Facility					
08	Vocational Center					
09	Police Station					

(8) What are the three main reasons why your household normally uses this road?

(5) How long does it take you to walk to the nearest vehicle passable road from your house?

HOURS

MINUTES

(6) Is this road accessible to vehicles even during the rainy season?

YES 1  
NO 2

(7) In the past month, how many times have you travelled on this road (by walking, by motorcycle, by minibus etc)?

TIMES

TO VISIT FRIENDS OR RELATIVES 1

TO BUY ITEMS 2  
TO SELL AGRICULTURAL PRODUCE 3

TO GO TO SCHOOL 4  
TO GET HEALTH CARE 5

TO GO TO THE WORK PLACE 6  
OTHER (SPECIFY\_\_\_) 7

Most important

Second most important

Third most important

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART A: WEEKLY FOOD CONSUMPTION

RESPONDENT: SPOUSE OF THE HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1) I want to ask about all food consumed by your household, regardless of which person ate it. Has your household consumed [FOOD] during the past 7 days? Please exclude from your answer any [FOOD] purchased for processing or resale.  ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ITEMS THAT WERE CONSUMED				(2) How much [FOOD] did your household consume during the past 7 days?		(3) What is the value of the [FOOD] consumed by your household during the past 7 days?		(4) How did your household obtain the [FOOD] consumed during the past 7 days		
ITEM	NO	YES	CODE	QUANTITY	UNIT	DOLLAR	PURCHASE	SELF-PRODUCT ION	RECEIVED AS GIFT	
<b>Cereals</b>										
Local rice			1001		Kg.		1	2	3	
Imported rice			1003		Kg.		1	2	3	
Corn			1004		Kg.		1	2	3	
Wheat flour			1005		Kg.		1	2	3	
Corn Flour			1006		Kg.		1	2	3	
Palm flour			1007		Kg.		1	2	3	
Other cereals			1008		Kg.		1	2	3	
<b>TOTAL (Cereals)</b>			<b>1000</b>							
<b>Tubers</b>										
Cassava			1011		Kg.		1	2	3	
Sweet potatoes			1012		Kg.		1	2	3	
Sago (ambon sago)			1013		Kg.		1	2	3	
Taro			1014		Kg.		1	2	3	
Potatoes			1015		Kg.		1	2	3	
Yams			1016		Kg.		1	2	3	
Other tubers			1017		Kg.		1	2	3	
<b>TOTAL (Tubers)</b>			<b>1010</b>							
<b>Fish</b>										
Tuna			1021		Kg.		1	2	3	
V. small sea fish (Sardines, teri, etc.)			1022		Kg.		1	2	3	
Other fresih fish			1023		Kg.		1	2	3	
Salted fish			1024		Kg.		1	2	3	
Canned fish			1025		Kg.		1	2	3	
Squid			1026		Kg.		1	2	3	
Fresh shrimp			1027		Kg.		1	2	3	
Dried shrimp			1028		Kg.		1	2	3	
Other seafood			1029		Kg.		1	2	3	
<b>TOTAL (Fish)</b>			<b>1020</b>							
<b>Meat</b>										
Beef			1031		Kg.		1	2	3	
Buffalo meat			1032		Kg.		1	2	3	
Goat			1033		Kg.		1	2	3	
Pork			1034		Kg.		1	2	3	
Chicken			1035		Kg.		1	2	3	
Canned meat			1036		Kg.		1	2	3	
Meat scraps and bones			1037		Kg.		1	2	3	
Other meat			1038		Kg.		1	2	3	
<b>TOTAL (Meat)</b>			<b>1030</b>							

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART A: WEEKLY FOOD CONSUMPTION

RESPONDENT: SPOUSE OF THE HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1) I want to ask about all food consumed by your household, regardless of which person ate it. Has your household consumed [FOOD] during the past 7 days? Please exclude from your answer any [FOOD] purchased for processing or resale.  ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ITEMS THAT WERE CONSUMED				(2) How much [FOOD] did your household consume during the past 7 days?		(3) What is the value of the [FOOD] consumed by your household during the past 7 days?	(4) How did your household obtain the [FOOD] consumed during the past 7 days		
							PURCHASE	SELF-PRODUCT	RECEIVED AS GIFT
ITEM	NO	YES	CODE	QUANTITY	UNIT	DOLLAR			
<b>Eggs and milk products</b>									
Chicken eggs			1041		Each		1	2	3
Other eggs			1042		Each		1	2	3
Fresh milk			1043		Litre		1	2	3
Canned sweet milk			1044		390 gms		1	2	3
Powdered milk			1045		Kg.		1	2	3
Baby milk			1046		Kg.		1	2	3
Other eggs/milk and dairy			1047		Kg.		1	2	3
<b>TOTAL (Eggs and milk products)</b>			<b>1040</b>						
<b>Vegetables</b>									
Spinach			1051		Kg.		1	2	3
Kangkung			1052		Kg.		1	2	3
Cabbage			1053		Kg.		1	2	3
Light mustard green			1054		Kg.		1	2	3
Dark mustard green			1055		Kg.		1	2	3
String bean			1056		Kg.		1	2	3
Tomato			1057		Kg.		1	2	3
Carrot			1058		Kg.		1	2	3
Cucumber			1059		Kg.		1	2	3
Cassava leaves			1061		Kg.		1	2	3
Eggplant			1062		Kg.		1	2	3
Squash			1063		Kg.		1	2	3
Papaya, young			1064		Kg.		1	2	3
Papaya flowers			1065		Kg.		1	2	3
Lettuce			1066		Kg.		1	2	3
Pumpkin			1067		Kg.		1	2	3
Pumpkin leaves			1068		Kg.		1	2	3
Kabura			1069		Kg.		1	2	3
A Timor veg			1071		Kg.		1	2	3
Tips of banana plants			1072		Kg.		1	2	3
Green bitter melon			1073		Kg.		1	2	3
Onion (big)			1074		Kg.		1	2	3
Garlic			1075		Kg.		1	2	3
Red pepper/chili			1076		Kg.		1	2	3
Sukun			1077		Kg.		1	2	3
Other vegetables			1078		Kg.		1	2	3
<b>TOTAL (Vegetables)</b>			<b>1050</b>						

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART A: WEEKLY FOOD CONSUMPTION

RESPONDENT: SPOUSE OF THE HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1) I want to ask about all food consumed by your household, regardless of which person ate it. Has your household consumed [FOOD] during the past 7 days? Please exclude from your answer any [FOOD] purchased for processing or resale.  ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ITEMS THAT WERE CONSUMED				(2) How much [FOOD] did your household consume during the past 7 days?		(3) What is the value of the [FOOD] consumed by your household during the past 7 days?	(4) How did your household obtain the [FOOD] consumed during the past 7 days		
							PURCHASE	SELF-PRODUCT ION	RECEIVED AS GIFT
ITEM	NO	YES	CODE	QUANTITY	UNIT	DOLLAR			
<b>Legumes/nuts</b>									
Soya bean			1081		Kg.		1	2	3
Mung bean			1082		Kg.		1	2	3
Cashews			1083		Kg.		1	2	3
Peanuts			1084		Kg.		1	2	3
Kidney beans			1085		Kg.		1	2	3
Tofu & Tempe			1086		Kg.		1	2	3
Other legumes/nuts			1087		Kg.		1	2	3
<b>TOTAL (Legumes/nuts)</b>			<b>1080</b>						
<b>Fruit</b>									
Orange/tangerines			1091		Kg.		1	2	3
Mango			1092		Kg.		1	2	3
Apples			1093		Kg.		1	2	3
Avocado			1094		Kg.		1	2	3
Pineapple			1095		Kg.		1	2	3
Banana			1096		Kg.		1	2	3
Green banana			1097		Kg.		1	2	3
Papaya			1098		Kg.		1	2	3
Jambu air			1099		Kg.		1	2	3
Guava			1101		Kg.		1	2	3
Watermelon			1102		Kg.		1	2	3
Soursop			1103		Kg.		1	2	3
Jackfruit			1104		Kg.		1	2	3
Markisa			1105		Kg.		1	2	3
Canned fruit			1106		Kg.		1	2	3
Coconuts			1107		Kg.		1	2	3
Other fruit			1108		Kg.		1	2	3
<b>TOTAL (Fruit)</b>			<b>1090</b>						
<b>Oil &amp; fat</b>									
Coconut oil			1111		Litre		1	2	3
Pork oil			1112		Litre		1	2	3
Other cooking oil			1113		Litre		1	2	3
Dry coconut			1114		Kg.		1	2	3
Butter and margarine			1115		Kg.		1	2	3
Other oil and fat			1116		Litre		1	2	3
<b>TOTAL (Oil &amp; fat)</b>			<b>1110</b>						
<b>Beverages/drinks</b>									
Sugar			1121		Kg.		1	2	3
Palm sugar			1122		Kg.		1	2	3
Tea			1123		Kg.		1	2	3
Coffee			1124		Kg.		1	2	3
Cocoa/Chocolate powder			1125		Kg.		1	2	3
Soda drinks (Sprite, Coca Cola)			1126		Litre		1	2	3
Other beverages			1127		Litre		1	2	3
<b>TOTAL (Beverages/drinks)</b>			<b>1120</b>						

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART A: WEEKLY FOOD CONSUMPTION

RESPONDENT: SPOUSE OF THE HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1)				(2)		(3)		(4)		
I want to ask about all food consumed by your household, regardless of which person ate it. Has your household consumed [FOOD] during the past 7 days? Please exclude from your answer any [FOOD] purchased for processing or resale.  ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ITEMS THAT WERE CONSUMED				How much [FOOD] did your household consume during the past 7 days?		What is the value of the [FOOD] consumed by your household during the past 7 days?		How did your household obtain the [FOOD] consumed during the past 7 days		
ITEM	NO	YES	CODE	QUANTITY	UNIT	DOLLAR	PURCHASE	SELF-PRODUCT ION	RECEIVED AS GIFT	
<b>Ingredients</b>										
Salt			1131		Kg.		1	2	3	
Honey			1132		Litre		1	2	3	
Candle nut			1133		Kg.		1	2	3	
Paprika			1134		Kg.		1	2	3	
Soy sauce sweet/sour			1135		140 ml		1	2	3	
MSG			1136		Kg.		1	2	3	
Other ingredients (spices)			1137		Kg.		1	2	3	
<b>TOTAL (Ingredients)</b>			<b>1130</b>							
<b>Miscellaneous foods</b>										
Instant noodles			1141		Kg.		1	2	3	
Macronie			1142		Kg.		1	2	3	
White bread			1143		Small piece		1	2	3	
Sweet bread			1144		Each		1	2	3	
Biscuits			1145		Kg.		1	2	3	
Sweets/cakes			1146		Each		1	2	3	
Snacks			1147		portion		1	2	3	
Other food			1148							
Prepared food and drink			1149							
<b>TOTAL (Miscellaneous foods)</b>			<b>1140</b>							
<b>Alcoholic drinks</b>										
Beer			1151		Litre		1	2	3	
Wine			1152		Litre		1	2	3	
Tua mutin			1153		Litre		1	2	3	
Tua sabu			1154		Litre		1	2	3	
Other alcoholic beverages			1155		Litre		1	2	3	
<b>TOTAL (Alcoholic drinks)</b>			<b>1150</b>							
<b>Tobacco &amp; betel</b>										
Clove cigarette, filter			1161		Each		1	2	3	
Clove cigarette, non filter			1162		Each		1	2	3	
Tobacco cigarette, filter			1163		Each		1	2	3	
Tobacco cigarette, non filter			1164		Each		1	2	3	
Tobacco			1165		Kg.		1	2	3	
Beatel fruit			1166		Stick		1	2	3	
Beatel nuts			1167		Kg.		1	2	3	
Beatel leaves			1168		Kg.		1	2	3	
Areca nut			1169		Stick		1	2	3	
<b>TOTAL (Tobacco &amp; betel)</b>			<b>1160</b>							

# VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART B: MONTHLY AND ANNUAL NON-FOOD EXPENDITURE

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

				LAST 30 DAYS		LAST 12 MONTHS	
(1)	(2)	(3)	(4)				
<p>Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months?</p> <p>EXCLUDE ANY [ITEM] PURCHASED FOR PROCESSING OR RESALE AS A BUSINESS</p> <p>ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ALL ITEMS THAT WERE CONSUMED</p>	Did you buy or receive any [ITEM] for free (as a gift, or as payment for work) during the past 30 days?	How much did your household spend on [ITEM] in the past 30 days? ADD THE VALUE OF ANY [ITEM] RECEIVED FOR FREE	How much did your household spend on [ITEM] in the past 12 months? ADD THE VALUE OF ANY [ITEM] RECEIVED FOR FREE				
	YES	1					
	NO	2 ► 4	DOLLAR	DOLLAR			
ITEM	NO	YES	CODE				

GOODS AND SERVICES						
Personal care items (soap, shampoo, toothpaste, etc.)			3001			
Cosmetics			3002			
Personal services (haircuts, shaving, manicures, etc.)			3003			
House cleaning supplies and toilet supplies			3004			
Public hospital/community health center/clinic			3005			
Church or private hospital/community health center/clinic			3006			
Mobile clinic			3007			
Midwife/private nurse			3008			
Traditional healers or traditional birthing assistants			3009			
Medicines purchased to treat household members			3011			
Other health expenditures (contraception, vitamins, etc.)			3012			
School fees: enrollment, SPP, BP3/POMG			3013			
Textbooks/photo copy of textbooks, stationery (calculator, compass, etc.)			3014			
Special sources and other school fees			3015			
Newspapers, magazines, books and stationery (exclude school needs)			3016			
Postage, telegram, public telephone, and postage materials			3017			
Maintenance and repair of motor vehicle			3018			
Costs of transportation (bus, airline, taxi, parking fee, etc)			3019			
Entertainment (hotel, motel, cinema, sport, and other recreational fees)			3021			
Payments to a servant who lives in HH			3022			
Payments to a servant/driver who does not live in HH			3023			
Other services (ID card, drivers license, birth certificate, photocopy)			3024			
GOODS AND SERVICES TOTAL			3000			

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART B: MONTHLY AND ANNUAL NON-FOOD EXPENDITURE

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

				LAST 30 DAYS		LAST 12 MONTHS
(1)				(2)	(3)	(4)
Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months?  EXCLUDE ANY [ITEM] PURCHASED FOR PROCESSING OR RESALE AS A BUSINESS  ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ALL ITEMS THAT WERE CONSUMED				Did you buy or receive any [ITEM] for free (as a gift, or as payment for work) during the past 30 days?  YES 1		How much did your household spend on [ITEM] in the past 30 days? ADD THE VALUE OF ANY [ITEM] RECEIVED FOR FREE  NO 2 ► 4
ITEM				NO	YES	CODE
<b>CLOTHING, FOOTWEAR AND HEADGEAR</b>						
Ready made men's wear						3031
Ready made women's wear						3032
Ready made children's clothing						3033
Materials/fabrics for men, women and children						3034
Tailoring and repair costs, thread and sewing needs						3035
Footwear for men						3036
Footwear for women						3037
Footwear for children						3038
Headgear						3039
Clothing cleaning supplies (soap, washing powder, bleach, etc.)						3041
Other clothing and supplies (shoepolish, belts, etc)						3042
<b>CLOTHING, FOOTWEAR AND HEADGEAR TOTAL</b>						<b>3030</b>
<b>DURABLE GOODS</b>						
Furniture (bed, table, chair, wardrobe, etc)						3051
Household equipment (sewing machine, refrigerator etc)						3052
Household linens (sheets, blankets, towels) and items (mattress, curtains, carpet)						3053
Household tools (iron, broom, scissors, knife, machete, saw, etc.)						3054
Kitchen tools and eating utensils(pots, cooking pots, wok, spoon, plates, etc.)						3055
Small electrical items ( watch, clock, camera, video camera etc.)						3056
Jewellery and its repair						3057
Children's toys and repair						3058
TV, Video, cassette, computer, etc and its repair						3059
Sports and hobby equipment and repair						3061
Vehicle repair and maintenance (do not include gasoline)						3062

## VISITA 2

## SECTION 4: CONSUMPTION/EXPENDITURE

## PART B: MONTHLY AND ANNUAL NON-FOOD EXPENDITURE

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

				LAST 30 DAYS		LAST 12 MONTHS
(1)				(2)	(3)	(4)
Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months?				Did you buy or receive any [ITEM] for free (as a gift, or as payment for work) during the past 30 days?		How much did your household spend on [ITEM] in the past 30 days? ADD THE VALUE OF ANY [ITEM] RECEIVED FOR FREE
EXCLUDE ANY [ITEM] PURCHASED FOR PROCESSING OR RESALE AS A BUSINESS						How much did your household spend on [ITEM] in the past 12 months? ADD THE VALUE OF ANY [ITEM] RECEIVED FOR FREE
ASK QUESTION 1 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q 2-4 FOR ALL ITEMS THAT WERE CONSUMED						
				YES	1	
ITEM	NO	YES	CODE	NO	2 ► 4	DOLLAR
Pets and plants including maintenance			3063			
Other durable goods (cradle, baby carriage, electricity installation etc)			3064			
<b>DURABLE GOODS TOTAL</b>			<b>3050</b>			
<b>TAXES AND INSURANCE</b>						
Income tax			3071			
Building and land tax			3072			
Other taxes (vehicle, motor, community, garbage, radio and TV etc)			3073			
<b>TAXES AND INSURANCE TOTAL</b>			<b>3070</b>			
<b>FESTIVITIES AND CEREMONIES</b>						
Marriages, births, and other ceremonies			3081			
Dowry or bride price			3082			
Religious festivals			3083			
Funeral expenses			3084			
Baptism			3085			
<b>FESTIVITIES AND CEREMONIES TOTAL</b>			<b>3080</b>			
<b>OTHER EXPENSES</b>						
Donations to the Church/ religious donations			3091			
Other charity/donations/gifts			3092			
Gambling losses (include cock fighting)			3093			
Cash losses			3094			
Deposits to savings accounts			3095			
Legal or notary services			3096			
<b>OTHER EXPENSES TOTAL</b>			<b>3090</b>			

## PART C: DURABLE GOODS

(1)			(2)
How many [ITEM] does your household own?			If you were to sell these [ITEMS] today, how much would you receive?
IF "0" >> NEXT ROW			
ITEM	CODE	NUMBER	DOLLAR

Stoves	4001		
Refrigerators	4002		
Washing Machines	4003		
Sewing/knitting machines	4004		
Cupboard for clothes	4005		
Buffet	4006		
Fans	4007		
Televisions	4008		
Video players	4009		
Tape players/CD players	4010		
Cameras, video cameras	4011		
Personal computer	4012		
Mobile phone	4013		
Radios	4014		
Bicycles	4015		
Motorcycles/scooters	4016		
Car or truck	4017		
Motor Boat	4018		
Boat without a motor	4019		
Generator	4021		
Water Dispenser	4022		
Electric Rice Cooker	4023		
Mosquito nets	4024		
<b>TOTAL</b>	<b>4000</b>		

## PART A: GENERAL EDUCATION

**RESPONDENT: ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER**

[illegible]

## PART B: ATTENDANCE SCHOOL YEARS 2004/2005

RESPONDENT: ALL HOUSEHOLD MEMBERS ATTENDING SCHOOL DURING THE ACADEMIC YEAR 2004/2005

[illegible]

## SECTION 5: EDUCATION

## PART B: ATTENDANCE SCHOOL YEARS 2004/2005

**RESPONDENT: ALL HOUSEHOLD MEMBERS ATTENDING SCHOOL DURING THE ACADEMIC YEAR 2004/2005**

[illegible]

## SECTION 6: HEALTH

## PART A: HEALTH CARE USE

**RESPONDENT: ALL HOUSEHOLD MEMBERS /PARENTS OR GUARDIANS FOR CHILDREN UNDER 10 YEARS**

[illegible]

## SECTION 6: HEALTH

## PART A: HEALTH CARE USE

**RESPONDENT: ALL HOUSEHOLD MEMBERS /PARENTS OR GUARDIANS FOR CHILDREN UNDER 10 YEARS**

[illegible]

## SECTION 6: HEALTH

## PART A: HEALTH CARE USE

**RESPONDENT: ALL HOUSEHOLD MEMBERS /PARENTS OR GUARDIANS FOR CHILDREN UNDER 10 YEARS**

I D C O D E	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	How did you/[NAME] go to this health care facility?	Did you/[NAME] purchase any medicines in the past 30 days on your own without a prescription to treat your health problems or general health?	What type of medicine did you/[NAME] purchase?	How much in total did you/[NAME] spend in the past 30 days for medicine?	During the past <b>12 months</b> , have you/[NAME] been <b>hospitalized</b> -that is, stayed one or more nights in a hospital/clinic?	How many times were you/[NAME] hospitalized in the past 12 months?	Let's talk about the most recent time you/[NAME] were hospitalized. In what type of hospital/clinic did you stay?	How many days did you/[NAME] spend in the hospital?
	WALK 1							
	BICYCLE 2							
	CAR 3							
	BUS 4							
	RIDING 5							
	OTHER (SPECIFY__)		ANTIBIOTICS 1		YES 1		PUBLIC 1	
			ANTI-MALARIA 2		NO 2		PRIVATE 2	
			OTHER MODERN 3		► NEXT PERSON		CHURCH 3	
	YES 1	TRADITIONAL 4				OTHER (SPECIFY__)		
	NO 2 ► 20	OTHER (SPECIFY__)						
			DOLLAR		NUMBER		DAYS	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

# **VISITA 4**

## **SECTION 6: HEALTH**

**RESPONDENT: ALL HOUSEHOLD MEMBERS /PARENTS OR GUARDIANS FOR CHILDREN UNDER 10 YEARS**

## **PART A: HEALTH CARE USE**

	(24)	(25)	(26)		(27)
I D C O D E	How much did you/[NAME] pay, either in money or in kind, for all costs associated with this stay in a hospital? Include any medicines prescribed during this stay, even if purchased elsewhere. Please exclude transportation costs.	How much did you/[NAME] pay, either in money or in kind, in transport costs? Please include transport costs of anyone who accompanied you.	How much time did you/[NAME] spend traveling to this health care facility?		How did you/[NAME] go to this health care facility?
			ONE WAY TIME		WALK 1
					BICYCLE 2
					CAR 3
					BUS 4
					RIDING HORSE 5
			OTHER (SPECIFY __) 6		
	DOLLAR	DOLLAR	HOURS	MIN	

CONTINUE TO ASK THE HEALTH QUESTIONS FOR ALL THE HOUSEHOLD MEMBERS. WHEN YOU HAVE FINISHED ALL THE MEMBERS, GO TO THE NEXT PAGE AND ASK THE CHILDREN'S HEALTH QUESTIONS FOR ALL CHILDREN UNDER 5 YEARS OF AGE.

01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

## SECTION 6: HEALTH

**RESPONDENT: CHILDREN FIVE YEARS AND UNDER - PARENT / GUARDIAN TO RESPOND**

## PART B: IMMUNIZATION & CARE OF CHILDREN'S ILLNESS

[illegible]

## SECTION 6: HEALTH

## PART B: IMMUNIZATION & CARE OF CHILDREN'S ILLNESS

I D C O D E	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	ASK ONLY IF YOU COULD SEE THE CARD: Has [NAME] received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization campaign?	Has [NAME] received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar?	Has [NAME] received a polio vaccine, that is pink or white drops in the mouth?	When was the first polio vaccine received, just after birth or later?	How many times was the polio vaccine given?	Has [NAME] been given a DPT vaccination, that is an injection usually given in the thigh or buttocks at the same time as polio drops?	How many times did [NAME] get this shot?	Has [NAME] been given an injection against measles?
	IF YES, PROBE AND PUT YEAR/MONTH IN Q.4							
	YES 1							
	NO 2							
		YES 1	YES 1	JUST AFTER		YES 1		YES 1
	► 13	NO 2	NO 2 ► 10	BIRTH 1		NO 2 ► 12		NO 2
	DON'T KNOW 3	DON'T KNOW 3 ► 10	LATER 2		DON'T KNOW 3 ► 12		DON'T KNOW 3	
				TIMES		TIMES		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

## VISITA 4

## SECTION 6: HEALTH

**RESPONDENT: CHILDREN FIVE YEARS AND UNDER - PARENT / GUARDIAN TO RESPOND**

## PART B: IMMUNIZATION & CARE OF CHILDREN'S ILLNESS

I D  C O D E	(13)	(14)							(15)
	INTERVIEWER: LOOK AT PART A, QUESTIONS 6 & 7: HAS [NAME] HAD DIARRHOEA IN THE LAST 30 DAYS?	During this last episode of diarrhoea, did [NAME] drink any of the following?							INTERVIEWER: LOOK AT PART A, QUESTIONS 6, 7 & 9: HAS [NAME] BEEN ILL WITH MALARIA OR FEVER, DURING THE LAST 30 DAYS? HAS HE/SHE BEEN SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?
	A. Breast milk?	B. Cereal / Gruel	C. ORS	D. Milk	E. Only water	F. Water with feeding during some part of the day?	G. Other acceptable fluids?	H. Coffee, soda, arak, beer?	YES, AND HAS BEEN SEEN AT A HEALTH FACILITY 1
YES	1								YES, BUT HAS NOT BEEN SEEN AT A HEALTH FACILITY 2 ► 19
NO	2								NO 3 ► NEXT CHILD
	► 15								

[illegible]

## SECTION 6: HEALTH

**RESPONDENT: CHILDREN FIVE YEARS AND UNDER - PARENT / GUARDIAN TO RESPOND**

## PART B: IMMUNIZATION & CARE OF CHILDREN'S ILLNESS

I D  C O D E	(16)	(17)					(18)	(19)	(20)												
	Did [NAME] take a medicine for fever or malaria that was provided or prescribed at the health facility?	What medicine did [NAME] take that was provided or prescribed at the health facility?					Was [NAME] given medicine for fever or malaria before being taken to the health facility?	Was [NAME] given medicine for fever or malaria during this illness?	What medicine did [NAME] take for fever or malaria before being taken to the health facility?												
		<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>					YES	1	NO	2			<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>					YES	1	NO	2
	YES	1																			
	NO	2																			
YES	1																				
NO	2																				
	A. Paracetamol?	B. Chloroquine?	C. Fansidar?	D. Quinine?	E. Primaquine?	F. Other?			A. Paracetamol?	B. Chloroquine?	C. Fansidar?	D. Quinine?	E. Primaquine?	F. Other?							
YES 1 NO 2 ▶ 18						OTHER (SPECIFY _____)	YES 1 ▶ 20 NO 2 ▶ NEXT CHILD	YES 1 NO 2 ▶ NEXT CHILD						OTHER (SPECIFY _____)							

[illegible]

**VISITA 4**
**SECTION 6: HEALTH**
**PART C: ACCESS TO HEALTH CARE PROVIDERS**
**RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER**

HEALTH PROVIDER NUMBER	HEALTH PROVIDER DESCRIPTION	(1)	(2)	(3)	(4)	
		Have you or any household member used this [HEALTH PROVIDER] during the past 12 months?	How much on average did the treatment cost?	How far did you travel to use the services?	How long did it take to reach the facility/person?	
		YES 1 NO 2 ► NEXT PROVIDER	WRITE ZERO IF NOTHING		ONE WAY ONLY	
			DOLLARS	KM (0.00)	HOURS	MINUTES
01	Traditional healers (dukun)					
02	Traditional birth attendant					
03	Pharmacist					
04	Midwife in government health facility					
05	Midwife in private clinic					
06	Nurse/paramedic in government health facility					
07	Nurse/paramedic in private clinic					
08	Doctor in government health facility					
09	Doctor in private clinic					
10	Dentist					
11	Mobile clinic					
12	Government Sub Community Health Centre					
13	Government Community Health Centre					
14	Private clinic					
15	Government hospital					

## SECTION 7: FERTILITY

RESPONDENT: WOMEN AGED 10-49 YEARS

[illegible]

## SECTION 7: FERTILITY

**RESPONDENT: WOMEN AGED 10-49 YEARS**

[illegible]

## SECTION 7: FERTILITY

**RESPONDENT: WOMEN AGED 10-49 YEARS**

[illegible]

## SECTION 7: FERTILITY

**RESPONDENT: WOMEN AGED 10-49 YEARS**

[illegible]

### PART A: JOBS DURING THE PAST 12 MONTHS

**RESPONDENT: ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER**

[illegible]

### PART A: JOBS DURING THE PAST 12 MONTHS

**RESPONDENT: ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER**

PERSON PID	JOB SERIAL NUMBER	(1)		(2)			(3)												(4)						
		INTERVIEWER: ASK EACH HOUSEHOLD MEMBER 10 YEARS OR OLDER ABOUT ALL THE JOBS DONE DURING THE PAST 12 MONTHS, STARTING WITH THE HOUSEHOLD HEAD. USE ONE SET OF 4 LINES FOR EACH PERSON.		CROSS THE APPROPRIATE COLUMN			During which months did ..[NAME].. work on this job during the past 12 months?												How many hours per day did you work on this job during the past 7 days						
		1.- PROBE FOR SELF-EMPLOYMENT ACTIVITIES, SUCH AS SEWING AND EMBROIDERY, TEXTILE AND SPINNING, FEMALE HAIR STYLING, HANDICRAFTS, ETC.		A	B	C	ASK FOR EACH MONTH												WRITE ZERO IF NONE						
COPY PID CODE HERE		2.- PROBE FOR WORK IN THE HOUSEHOLD'S OWN FARM, CARING OF ANIMALS OR FISHING	OCCUPATION CODE	WAGE	NON-WAGE	FARMING	January	February	March	April	May	June	July	August	September	October	November	December	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
↓	1																								
	2																								
	3																								
	4																								
	1																								
	2																								
	3																								
	4																								
	1																								
	2																								
	3																								
	4																								

**VISITA 3**

**SECTION 8: EMPLOYMENT**

**PART B: WAGE EMPLOYMENT**

FOR ALL WAGE JOBS IDENTIFIED IN PART 8A, QUESTION 2 COLUMN A

NUMBER	(1)		(2)		(3)	(4)	(5)
	INTERVIEWER: COPY THE PERSON ID CODE AND THE JOB SERIAL NUMBER OF ALL WAGE JOBS IDENTIFIED IN PART 8A, QUESTION 2 COLUMN A.		Where do you do this job?		In which sub district is this job located?	Is your employer for this work...	If you got sick for 1 month, what would your employer do?
	PERSON ID CODE	JOB SERIAL NUMBER	SEE SECTOR/INDUSTRY CODES ABOVE		SEE SUB DISTRICT CODES ABOVE	<b>READ ALL RESPONSES!</b>  A private company, enterprise or cooperative? 1 A rural public works program? 2 The government, public sector or army? 3 A state-owned enterprise? 4 A private individual? 5 An NGO? 6 Other? (Specify: _____) 7	FIRE ME 1 GIVE UN-PAID LEAVE 2 GIVE ME PARTIALLY PAID LEAVE 3 GIVE ME FULLY PAID LEAVE 4
		ACTIVITY DESCRIPTION	ACT CODE	SUB DISTRICT CODE			

A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							



**VISITA 3**

**SECTION 8: EMPLOYMENT**

RESPONDENT: ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER

**PART C: UNEMPLOYMENT**

(1)	(2)	(3)	(4)	(5)
<p>INTERVIEWER: LOOK AT QUESTION 4 IN PART 8A</p> <p>HOW MANY HOURS DID THE PERSON WORK DURING THE PAST 7 DAYS</p> <p>IF &gt; 0 ► 4</p>	<p>Do you have a permanent job even though you did not work in the last 7 days?</p>	<p>What is the main reason that you did not work in the last 7 days?</p>	<p>Have you looked for work (or more work) in the last 7 days?</p>	<p>What is the main reason you did not look for a job in the last 7 days?</p>
				HAS A JOB ALREADY 1
				STUDENT 2
				HOUSEWIFE/CHILDCARE 3
				TOO OLD/ 4
				RETIRED
				HANDICAPPED 5
				WAITING FOR REPLY 6
				FROM EMPLOYER
				WAITING FOR RECALL 7
BY EMPLOYER				
WAITING FOR BUSY SEASON 8				
OTHER (SPECIFY___) 9				
YES 1	YES 1 ► NEXT PERSON	NO 2	NO 2	OTHER (SPECIFY___) 9
NO 2 ► 4	EMPLOYER	OTHER (SPECIFY___) 8	NO 2	OTHER (SPECIFY___) 9
HOURS				

01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

**VISITA 3****SECTION 8: EMPLOYMENT****PART D: SELF EMPLOYMENT AND FAMILY BUSINESS ACTIVITIES**

FOR ALL ENTERPRISES IDENTIFIED IN PART 8A, QUESTION 2 COLUMN B.

**DO NOT INCLUDE AGRICULTURE AND FISHING ACTIVITIES**

		Enterprise A					Enterprise B					Enterprise C					Enterprise D				
01	What does this enterprise do (or what do you do in this self/employment job)?  <b>INTERVIEWER: SEE SECTOR/INDUSTRY CODES ABOVE</b>																				
02	WRITE THE ID CODES OF THE HOUSEHOLD MEMBERS WHO WORK IN THIS ENTERPRISE	1° ID CODE	2° ID CODE	3° ID CODE	4° ID CODE	5° ID CODE	1° ID CODE	2° ID CODE	3° ID CODE	4° ID CODE	5° ID CODE	1° ID CODE	2° ID CODE	3° ID CODE	4° ID CODE	5° ID CODE	1° ID CODE	2° ID CODE	3° ID CODE	4° ID CODE	5° ID CODE

COST DURING THE PAST 12 MONTHS		Enterprise A					Enterprise B					Enterprise C					Enterprise D				
Number	ITEM	DOLLAR					DOLLAR					DOLLAR					DOLLAR				
03	Raw materials and goods for resale																				
04	Water, electricity, telegram/ mail/ telephone																				
05	Transportation cost (including fuel and oil)																				
06	Fuel and oil (not for transport)																				
07	Packaging material																				
08	Rent/Maintenance and equipment repairs																				
09	Rent of facilities																				
10	Repairs and maintenance of facilities																				
11	Interest paid on business loans																				
12	Employees cash pay																				
13	Employees in kind pay																				
14	Other expenses (specify _____)																				
15	Tax																				
16	Total																				

**REVENUE DURING THE PAST 12 MONTHS**

FROM GOODS		Enterprise A					Enterprise B					Enterprise C					Enterprise D				
17	Sale of goods (resold or produced)																				
18	Own consumption of goods (resold or produced)																				
FROM SERVICES		Enterprise A					Enterprise B					Enterprise C					Enterprise D				
19	Earnings on services																				
20	Own consumption of services																				
21	Total																				

## PART E: INDIVIDUAL TIME USE

**RESPONDENT: ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER**

[illegible]

**VISITA 3**

**SECTION 9: FARMING, LIVESTOCK, FORESTRY AND FISHERIES**

**PART A: PLOTS**

**RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER**

(1) During the last year (from (MONTH, YEAR to MONTH, YEAR) has any member of your household cultivated crops, or has any member of your household owned or controlled any arable land?

YES	1
NO	2 ► PART D

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
P L O T  I D	Please tell me about each plot of land that a member of your household cultivated, or any plot of arable land a member of your household controlled, even though it does not belong to your household. Include also garden plots. Please describe or give me the name of each plot.	Who in this household makes the decisions about this plot of land?	What is the area of this plot?	What kind of land is this?	What is the tenure status of this [PLOT]?	If you were to sell this [PLOT] of land today, how much could you sell it for?	In general, what is the slope of this[PLOT]?	What is the mode of irrigation on the [PLOT]?	Is the irrigation seasonal or year-round?	How far is this [PLOT] from the road?		
				<b>READ ALL RESPONSES!</b>								
				Annual crops 01	OWNER 1							
				Tree crop 02	PART OWNER 2							
				Forest? 03	RENTED FROM SOMEONE 3							
				Pasture? 04								
				Plantation? 05	RENTED TO SOMEONE 4							
				Bush/underbru 06								
				Grassland? 07	PUBLIC LAND 5							
				Swamp? 08								
				Garden/garden 09	PRIVATE LAND 6							
				Water surface? 10								
	House/building? 11	7										
	Other (____) 12	OTHER (SPECIFY ____)										
	NAME OF PLOT	ID CODE	AREA	Other (____)? 12		DOLLAR				KM (0.00)		
1			m2									
2			m2									
3			m2									
4			m2									
5			m2									
6			m2									
7			m2									
8			m2									
9			m2									

(12) How do you cultivate your field? INDICATE PRIMARY METHOD USED

BY HAND	1
TRAMPLING WITH OWN ANIMALS	2
TRAMPLING WITH RENTED ANIMALS	3
TRACTOR	4



## VISITA 3

## SECTION 9: FARMING, LIVESTOCK, FORESTRY AND FISHERIES

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

## PART C: AGRICULTURAL INPUTS

I N P U T  C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Did you use any [INPUT] for your crops in the last year?	Why did you not use [INPUT]?	How much [INPUT] did you purchase during the past year?	How much did you spend in total to purchase [INPUT] during the past year?	Where did you purchase this [INPUT] during the past year?	How much of [INPUT] did you receive for free?	From whom did you receive this [INPUT] during the past year?
		<div>▶ NEXT INPUT</div>				<div>IF "0" ▶ NEXT INPUT</div>	
	YES 1 ▶ 3 NO 2	DO NOT LIKE TO USE 1 DO NOT REQUIRE 2 DO NOT KNOW HOW TO USE 3 NOT AVAILABLE 4 TOO EXPENSIVE 5 TOO FAR TO CARRY 6 OTHER (SPECIFY __) 7	Kg 1 Litre 2	DOLLAR	PRIVATE INDIVIDUAL 1 PRIVATE FIRM 2 COOPERATIVE 3 GOVERNMENT 4 NGO 5 OTHER (SPECIFY __) 6	Kg 1 Litre 2	PRIVATE INDIVIDUAL 1 PRIVATE FIRM 2 COOPERATIVE 3 GOVERNMENT 4 NGO 5 FRIEND/RELATIVE 6 LANDLORD 7 OTHER (SPECIFY __) 8
	INPUT NO YES		QUANTITY UNIT		1ST SOURCE 2ND SOURCE	QUANTITY UNIT	1ST SOURCE 2ND SOURCE
6001	MANURE						
6002	FERTILISER						
6003	PESTICIDE						
6004	HERBICIDE						
6005	RICE SEEDS						
6006	MAIZE SEEDS						
6007	BEAN SEEDS						

## PART D: FORESTRY

C O D E	PRODUCT	(1)	(2)
		In the past year, how much did your household produce of [PRODUCT]?	How much did you receive from the sale of [PRODUCT] in the past year?
		IF 0 ▶ NEXT PRODUCT	
		QUANTITY UNIT	DOLLAR
8001	TIMBER WOOD	Cubic metres	
8002	FUEL WOOD	Bunch (.04 cu. m)	
8003	SANDAL WOOD	Kg	
8004	HONEY	Litres	
8005	RATTAN	Pieces	
8006	BAMBOO	Pieces(1.85 m.)	
8007	CANDLE NUT (KEMIRI)	Kg	
8008	OTHER (SPECIFY __)		

**VISITA 3**

**SECTION 9: FARMING, LIVESTOCK, FORESTRY AND FISHERIES**

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

**PART E: FARMING EQUIPMENT**

I M P  C O D E		(1) How many [IMPLEMENTS] does your household own today?          WRITE ZERO IF NONE
	IMPLEMENTS	NUMBER

7001	Hoes	
7002	Axes	
7003	Shovels	
7004	Picks	
7005	Big knife	
7006	Sickle/Reaping hook	
7007	Hand thresher	
7008	Rice miller	
7009	Crop drying area	
7011	Tarp/Canvas	
7012	Basket	
7013	Small cart pushed by person	

(2) Did your household own or rent any farm equipment such as tractors, plows, threshers, pumps or oxcarts in the last year?	
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	
YES	1
NO	2 ► PART F

		(3)	(4)	(5)	(6)	
E Q U I P  C O D E		During the last year has any member of your household owned a [EQUIPMENT]?	During the last year, has any member of your household rented a [EQUIPMENT]?	How many days in total did you rent [EQUIPMENT] during the past year?	How much did you spend per day to rent the [EQUIPMENT]?	
			YES			1
			NO			2
			► NEXT			
		EQUIPMENT	YES 1 NO 2		DAYS	DOLLAR/DAY
7021	Tractor					
7022	Machine pulled plow or harrower					
7023	Animal pulled plow					
7024	Mechanical water pump					
7025	Motorized thresher					
7026	Rice winnower					
7027	Rice/Corn mill					
7028	Motorized insecticide pump					
7029	Hand insecticide pump					
7031	Manual coffee grinder					
7032	Motorized coffee grinder					
7033	Ox cart					

# VISITA 3

## SECTION 9: FARMING, LIVESTOCK, FORESTRY AND FISHERIES

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

## PART F: LABOUR & FARM PRODUCE

### FARM LABOUR

(1)			
Did your household hire any farm labourers in the past year?	YES	1	
	NO	2 ► 6	

### FARM PRODUCE

(7)			
Did your household sell any farm products for cash in the past year?	YES	1	
	NO	2	
► PART G			

	(2)	(3)	(4)	(5)
TYPE OF LABOURER	CODE	How many [TYPE] labourers did your household hire for farm work in the last year?  ASK FOR ALL TYPES BEFORE ASKING Q 3-5  WRITE ZERO IF NONE AND SKIP TO NEXT TYPE	How many days in total (including exchange days) did you hire [TYPE] labourers during the past year?	Did you pay [TYPE] in cash, in kind or both?
				PAID IN KIND 1
				PAID IN CASH 2
				PAID IN BOTH 3
				EXCHANGED FOR LABOR 4
				► NEXT TYPE
				What is the wage for one day for [TYPE] labour on the farm?  INCLUDE THE VALUE OF IN KIND PAYMENTS  DAILY WAGE
				DOLLAR

(8)	(9)
During the past 12 months, has your household sold [PRODUCE] for cash?	How much did you receive from the sale of [PRODUCT] in the past year?
ASK QUESTION 8 FOR ALL ITEMS FIRST, PUTTING A CROSS [X] IN THE APPROPRIATE BOX. THEN ASK Q. 9 FOR ALL ITEMS THAT WERE SOLD FOR CASH BY THE HOUSEHOLD	
ITEM	DOLLAR

Male adult	1				
Female adult	2				
Child [< 15 YRS]	3				

Animal hides	6001			
Eggs	6002			
Dairy products	6003			
OTHER (SPECIFY___)	6004			

(6)		
In the last 12 months, how much did you spend for:		
WRITE ZERO IF NOTHING		DOLLAR
	Transportation for marketing crops	
	Irrigation	

## PART G: LIVESTOCK

(1) Did any member of your household raise or own livestock, poultry or any other domesticated animal during the past year, since [MONTH], [YEAR]?

YES	1
NO	2 ► PART H

\_\_\_\_\_

[illegible]

# VISITA 3

## SECTION 9: FARMING, LIVESTOCK, FORESTRY AND FISHERIES

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

(1) Has any member of your household raised fish or engaged in fishing in the past twelve months?

YES 1  
NO 2 ► SECTION 10

(2) Do you use a boat for fishing?

YES 1  
NO 2 ► 7

TYPE NUMBER	TYPE OF BOAT	(3) Do you use this [TYPE OF BOAT] for fishing?	(4) How many [BOAT]s do you use for fishing?	(5) And how many of these [BOAT]s do/es the members of your household own?	(6) If you were to sell this/these boat(s) today, how much would you get for it/them?
		YES 1	NUMBER	NUMBER	DOLLAR
		NO 2			
		► NEXT			
1	CANOE (BASIC)				
2	CANOE (PLANKS)				
3	WOODEN BOAT				
4	OTHER (SPECIFY___)				

(7) What type of fishing gear do you use?

LIST RESPONSES IN ORDER OF IMPORTANCE

HAND CATCH	1	CAST NET	5
SPEAR	2	FISH/CRAB POT	6
HAND LINE	3	TRAP	7
GILL NET	4	BEACH SEINE	8

1st

2nd

## PART H: FISHING AND AQUACULTURE

(8) How much money did you and your crew earn in the last 12 months from fishing?

DOLLAR:

(9) What's the value of the fish you caught consumed by the members of your household, during the past 12 months?

DOLLAR:

(10) What's the value of the fish you caught and was given away to others for free, during the past 12 months?

DOLLAR:

EXPENSE NUMBER	TYPE OF EXPENDITURE	(11) How much did you spend on the following items during the past 12 months?
		WRITE ZERO IF NOTHING
		DOLLAR
1	Hired labour (cash plus Kind)	
2	Refrigeration facility	
3	Repair and maintenance of nets and traps	
4	Boat fuel and repair and maintenance of boat	
5	Boat rent (cash)	
6	Transportation of fish to market	
7	Services (technical assistance) received	
8	OTHER (SPECIFY___)	

**VISITA 3****SECTION 10: TRANSFERS, BORROWING AND SAVINGS**

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

**A. TRANSFERS GIVEN AND LOANS**

- (1) How much money have members of this household **given** to persons who are not household members in the past 12 months?

WRITE ZERO IF NOTHING

DOLLAR:

- (2) How much money have members of this household **loaned** to persons who are not household members in the past 12 months?

WRITE ZERO IF NOTHING

DOLLAR:

- (3) What is the approximate value in cash of the assistance given in food or other goods in the past 12 months?

WRITE ZERO IF NOTHING

DOLLAR:

**B. BORROWING**

- (4) What was the total amount borrowed from family members, friends or other individuals, or an institution in the last 12 months?

a) From inside the country:

DOLLAR:

WRITE ZERO IF NOTHING AND  
► 11 IF BOTH AMOUNTS ARE  
ZERO

b) From abroad:

DOLLAR:

- (5) What was the total amount borrowed from family members, friends or other individuals, or an institution the most recent time, and what was the source of it?

a) Total amount borrowed the most recent time

DOLLAR:

b) Source of the most recent loan

FROM INSIDE THE COUNTRY	1
FROM ABROAD	2

- (6) Where precisely did you obtain this **most recent** loan?

RELATIVE	1	BNU	5
FRIEND	2	NGO	7
PRIVATE MONEY LENDER	3	OTHER SOURCE	8
BANK OR CREDIT UNION	4		

- (7) What was the main reason for obtaining this **most recent** loan?

AGRICULTURAL INPUTS	01	RECONSTRUCTION OR REPAIR	06
LAND FOR FARMING	02	OF THE HOUSE	
NON-AGRICULTURAL BUSINESS	03	HOUSEHOLD DURABLES	07
LAND FOR A HOUSE	04	OTHER CONSUMPTION	08
BUYING A HOUSE	05	FAMILY CELEBRATION (EG WEDDING)	09
		OTHER (SPECIFY__)	10

- (8) What is the rate of interest you pay/paid?

INCLUDE FEES AND COSTS OF LOAN PROCESSING

**PERIOD**

ANNUALLY	1	► PART C
MONTHLY	2	► PART C
WEEKLY	3	► PART C
DAILY	4	► PART C
DON'T KNOW	5	

PERCENTAGE:

PERIOD:

- (9) By when does this loan have to be paid back (or has been paid back)?

MONTH:

YEAR:

**IF DATE OF REPAYMENT IS INDEFINITE, WRITE 99**

- (10) What is the total amount of money or goods that you are expected to pay/paid back or have paid back over the entire loan period?

INCLUDE FEES AND COSTS OF LOAN PROCESSING

DOLLAR:

**WRITE ZERO IF NOTHING****► PART C**

- (11) Have you been refused a loan during the past 12 months?

YES	1
NO	2

**► PART C**

- (12) Which agency/source refused the loan?

RELATIVE	1	BANK OR CREDIT UNION	4
FRIEND	2	BNU	5
PRIVATE MONEY LENDER	3	NGO	7
		OTHER SOURCE	8

- (13) Why was the loan refused?

NO COLLATERAL	1	THE AMOUNT OF LOAN WAS	3
UNABLE TO COMPLETE THE	2	TOO HIGH	
FORMALITIES FOR		TOO MUCH CURRENT DEBT	4
APPLICATION		OTHER (SPECIFY__)	5

**VISITA 3****SECTION 10: TRANSFERS, BORROWING AND SAVINGS**

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

**C. TRANSFERS RECEIVED FROM OTHER THAN HOUSEHOLD'S MEMBERS**

NUMBER	ASSISTANCE	(14) Have you or any member of the household received ..[SOURCE OF ASSISTANCE].. during the past 12 months?	(15) What was the value of [TRANSFERS/ASSISTANCE] that you received in total in the past 12 months from...		
			a) Government ? WRITE ZERO IF NOTHING	b) Non-govt. Agencies? WRITE ZERO IF NOTHING	c) Individuals? WRITE ZERO IF NOTHING
		YES 1			
		NO 2 ► NEXT SOURCE	DOLLAR	DOLLAR	DOLLAR
01	Cash assistance from inside Timor-Leste (other than pensions)				
02	Cash assistance from abroad (other than pensions)				
03	Vaccination for caws, bowls, buffaloes, etc.				
04	Cattle				
05	Pigs				
06	Chickens				
07	Seeds				
08	Fertilizer				
09	Fruit trees				
10	Agricultural tools				
11	Non-agricultural tools				
12	Fishing nets				
13	Mosquito nets				
14	Mosquito net repair kits				
15	Contraception (eg condoms, injections, pills)				
16	Shelter/Housing repair kits				
17	Building materials				
18	Rice				
19	Com				
20	Other food (please specify)				
21	Other (please specify)				

VISITA 3

SECTION 10: TRANSFERS, BORROWING AND SAVINGS

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

D. SAVINGS

NUMBER	SAVINGS	(16) Do you or any member of the household have savings in the form of ..[TYPE OF SAVING]...?	(17) How much is the current value of such assets?	(18) What was the value of [the ASSET] a year ago?
		YES 1	DOLLAR	DOLLAR
		NO 2		
		► NEXT SOURCE		
1	Cash (Dollar)			
2	Deposits with other banks and institutions (Specify_____)			
3	Gold, silver or other precious metals			
4	Jewellery			
5	OTHER (SPECIFY___)			

**VISITA 3****SECTION 11: OTHER INCOME****RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER**

- (1) In the past 12 months, have you or any members of your household received any income such as pensions, rents, inheritance, bride price, revenue from selling a vehicle or other goods, revenue from selling gold or jewellery, or any other income not included as transfers in the previous section ?

YES 1  
NO 2 ► SECTION 12

C O D E	SOURCE	(2)	(3)
		In the last 12 months, did your household, or any of its members, receive any payments, in cash or in any other form, from ..[SOURCE]..?	How much did your household receive in <b>the last 12 months</b> from [SOURCE] including the value of any payment in the form of goods?
		YES 1	
		NO 2 ► NEXT SOURCE	
			DOLLAR
1	Pensions received from inside Timor-Leste		
2	Pensions received from abroad		
3	Rent or lease of land or buildings		
4	Interest on invested money or loans		
5	Bride price paid to the household		
6	Inheritance		
7	Sale of vehicles or other durable goods		
8	Sale of gold, silver, jewellery		
9	Other income (other than that included as transfers in the previous section (specify _____))		

## RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

I would like to ask you some questions about any community groups you or any household member participated in during the last 12 months.

[illegible]

**VISITA 4****SECTION 13: SUBJECTIVE WELLBEING****PART A: HOUSEHOLD**

RESPONDENT: MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(1) Concerning your household's food consumption over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3

☐

(2) Concerning your household's housing situation over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3

☐

(3) Concerning your household's clothing situation over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3

☐

(4) Concerning your household's health care situation over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3

☐

(5) Concerning your children's education situation over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3
NO CHILDREN	4

☐

(6) Concerning your household's total income situation over the past one month, which of the following is true?

Less than adequate	1
Just adequate	2
More than adequate	3

☐

(7) In your opinion, how much would your household need each month so that you can think of yourself as "not poor". Please approximate in cash the value of food and other goods you would need.

DOLLAR

(8) What amount of food and other goods did your household have in the last month? Please approximate in cash the value of food and other goods.

DOLLAR

(9) Do you think that your household's life is better than in 2001?

A LOT BETTER	1
A LITTLE BETTER	2
ABOUT THE SAME	3
A LITTLE WORSE	4
A LOT WORSE	5

☐

(10) What is the religion of the household's head?

CATHOLIC	1
OTHER CHRISTIAN	2
MUSLIM	3
HINDU	4
OTHER (SPECIFY ____)	5
NONE	6

☐

VISITA 4

SECTION 13: SUBJECTIVE WELLBEING

RESPONDENT: MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

PART B: VULNERABILITY

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)						
<p>In the past twelve months, please tell me for each month, whether your family's consumption of food was high, average or low, where low indicates that your family did not have enough food to eat.</p> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr><td>HIGH</td><td style="text-align: center;">1</td></tr> <tr><td>AVERAGE</td><td style="text-align: center;">2</td></tr> <tr><td>LOW</td><td style="text-align: center;">3</td></tr> </table> </div>												HIGH	1	AVERAGE	2	LOW	3
HIGH	1																
AVERAGE	2																
LOW	3																
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC						

(13) For how many months, in the past 12 months, did your household not have enough rice or maize to eat?  MONTHS

(14) ASK ONLY IF THE ANSWER TO QUESTIONS 1-12 INCLUDES A "3" FOR ANY OF THE MONTHS.

Which household members are affected the most by this shortage of food? 1ST ID CODE 2ND ID CODE 3RD ID CODE

WRITE THE ID CODES IN ORDER OF IMPORTANCE, LISTING THE MOST AFFECTED FIRST. IF EVERYONE AFFECTED THE SAME PUT "00"

(15) ASK ONLY IF THE ANSWER TO QUESTIONS 1-12 INCLUDES A "3" FOR ANY OF THE MONTHS.

What actions did your household take to deal with not having enough food to eat. List up to three reasons, starting with the most important reason.

1ST ACTION 2ND ACTION 3RD ACTION

ATE LESS FOOD	1
SWITCHED FROM RICE TO CORN OR OTHER FOOD	2
ATE LESS MEAT/VEGETABLES	3
BORROWED MONEY FROM FRIENDS/RELATIVES	4
SOLD LIVESTOCK OR OTHER ASSETS TO PURCHASE FOOD	5
GOT FOOD AID FROM NGOS/OTHERS	6
OTHER (SPECIFY___)	7

**RESPONDENT: TO BE ASKED ABOUT EACH HOUSEHOLD MEMBER 15 YEARS AND OLDER, INDIVIDUALLY**

[illegible]

**VISITA 1****SECTION 15: ANTHROPOMETRICS****FOR CHILDREN UP TO 6 YEARS OLD**

I D C O D E	(1)	(2)	(3)			(4)	(5)	(6)
	Was [Name] measured?	Why [Name] was not measured?	Date of measurement			Height	Was his/her height measured standing up or lying down?	Weight
	YES 1 ▶ 3 NO 2	NOT AT HOME 1 SICK 2 OTHER (SPECIFY___) 3					STANDING UP 1 LYING DOWN 2	
		▶ NEXT CHILD			DAY MONTH YEAR	CENTIMETERS		KILOGRAMS
01						.		.
02						.		.
03						.		.
04								
05								
06								
07						.		.
08						.		.
09						.		.
10								
11								
12								

INTERVIEWER SHEET

Visit number	Date	Comment
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		

SUPERVISOR SHEET

Visit number	Date	Comment
01		
02		
03		
04		
05		
06		
07		
08		