

RED DE PROTECCION SOCIAL

HOUSEHOLD QUESTIONNAIRE (BASELINE, THIRD VISIT)

MANAGUA, OCTOBER 2002

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## HOUSEHOLD QUESTIONNAIRE (BASELINE THIRD VISIT 2002)

Questionnaire N° /\_\_\_/\_\_\_/\_\_\_/\_\_\_/. /\_\_\_/\_\_\_/

GPS: \_\_\_\_\_

HOUSEHOLD ID: hogaridIs this household in the same location? *mismaubi*

Yes .... 1

No ..... 2

Questionnaire: \_\_\_\_ of \_\_\_\_

## I. GEOGRAPHIC IDENTIFICATION

LOCATION		CODE
1. Department		<i>i01</i>
2. Municipality		<i>i02</i>
3. Area of Supervision		
4. Selected Segment		<i>i04</i>
5. Area	Rural	<i>i05</i>

PLACEMENT	NUMBER
6. House Number	<i>i06 i06b</i>
7. Number of households	<i>i07</i>
8. Household number	<i>i08</i>

IDENTIFICATION	NUMBER
9. Number of People in the household	<i>i09</i>
10. Name of head of household: _____	

NAME OF FIELD WORKER		CODE
11. Enumerator :		<i>encuest</i>
12. Supervisor :		<i>superv</i>

## II. ADDRESS OF HOUSE WHERE SELECTED HOUSEHOLD LIVES

Census Comarca:	CODE	Community:	CODE	Address:
	<i>comarca</i>		<i>comunid</i>	<i>dir_hog</i>

## III. CODING AND DATA ENTRY

NAME	CODE
Coder:	<i>codifi</i>
Data entry:	<i>digitad</i>

## IV. CONTROL DE ENTREVISTAS

VISIT N°	DATE	RESULT CODE	VISITOR CODE
1	<i>fecha</i>	<i>resultado</i>	
2			
3			
4			

RESULT	VISITOR
Realized.....1	Enumerator.....1
Rejected.....2	Supervisor.....2
Absent resident...3	Technical person...3
Incomplete.....4	Coordinator.....4
Left municipality.5	

RESULTADOLB02/POBLACIONLB02

Identification Code	FIRST AND LAST NAMES OF ALL PEOPLE IN THE HOUSEHOLD	MEMBER OF HOUSEHOLD:  -Member.....1  -Not a Member.2	AGE
ID	1	2	3

01	nomb1 nomb2 apell1 apell2	miembro	
02			
03			

04			
05			
06			

07			
08			
09			

10			
11			
12			

SECTION 1. HOUSEHOLD MEMBERS

Identification Code

GENDER

IDENTIFICATION TYPE AND NUMBER

Man....1

Woman..2

BIRTHDATE

DAY

MONTH

YEAR

How old is ...?

YEARS

MONTHS

The civil or conjugal status of ..... is:

-United .....1

-Married.....2

-Separated.....3

-Divorced.....4

-Widowed.....5

-Single.....6

-Less than 12 years old...7

RESIDENTIAL STATUS

..... :

-Eats and sleeps regularly in the home..1

NEXT. PERS

-Neither eats nor sleeps regularly in the home.....2 → Q.6A

-Died.....3 NEXT PERS.

¿Are there other people who eat and sleep regularly in the home?

-Yes.....4

No → PASS TO SECTION 2

Can you give me the first and last names, gender, birthdate, age and civil status of each one.

WRITE THE DATA IN Q.1 TO 5 AND PASS TO Q.6C

Why did ..... leave?

-For work.....1

-To look for work.....2

-Change in conjugal status.....3

-For school....4

-Left with family/friends/ became independent.....5

-Beneficiary of housing program .....6

-Other, what? 7

¿Where did ....go?

Other household within the house..1

Other house within the comarca.....2

Other house in same municipality.3

Other municip. ...4

Other country.....5

Don't know.....6

VERIFICATION

Then,

/\_\_\_/\_\_\_/

(sum number of people)

is the number of people, residents of this household?

Yes.....1 → NEXT SECTION

No.....2

VERIFY AND CORRECT THE LIST

ID

1

2

3

4

5

6

6A

6B

6C

01

sexo

tipo

cedula

dian

mesn

year

year

mesesc

slp05

slp06

slp06a

slp06b

02

03

04

05

06

07

08

09

10

11

12

POBLACIONLB02

S1 P1-P6A

Pag.1

SECTION 2. FOR ALL HOUSEHOLD MEMBERS							
Identification Code	KINSHIP		FATHER/MOTHER IN HOUSEHOLD		FOR PEOPLE 6 YEARS OLD OR MORE		FOR NEW MEMBERS ONLY
	What is the family relationship between ..... and the household head?		Does the father of ..... live in the household?	Does the mother of ..... live in the household?	LITERACY	EDUCATION LEVEL	Why does ... now form part of this household?
					Does ... know :  -how to read & write.....1  -only how to read.....2  -neither reads nor writes....3	What is the level of study and the last grade that ..... passed?  -None.....0 -Pre-school.....1 -Adult education.....2 -Primary.....3 -Secondary.....4 -Basic technical.....5 -Middle technical.....6 -Upper technical.....7 -University.....8	
	Spouse, Companion..... 2	Brother/sister.....12	-Yes	-Yes			-Born after the baseline questionnaire in 2001.....1
	Child..... 3	Uncle/aunt.....13					-Married/united with member of household.....2
	Adoptive child..... 4	Brother/sister in-law...14	Who is the father?	Who is the mother?			-Returned with family/separated/widowed.....3
	Stepchild ..... 5	Grandparent.....15	<div>WRITE ID CODE</div>	<div>WRITE ID CODE</div>			-Because of hurricane Mitch.....4
	Son/daughter in-law..... 6	Grandparent in-law.....16	-Does not live in household...77	-Does not live in household...77			-Came looking for work.....5
	Grandchild..... 7	Nephew/neice.....17					-Combined with another household....6
	Great grandchild / grandchild of stepchild..... 8	Cousin.....18					-Omitted in earlier baseline.....7
	Father or mother..... 9	Domestic employee.....20					-Other, what?.....8
	Step-father or mother..... 10	No family relation.....21					
	Parent in-law..... 11	Paying guest..... 22	-Died.....88	-Died.....88			
ID	7		8	9	10	11	12
01							
02	s2p07		s2p08	s2p09	s2p10	s2p11a	s2p11b
03							s2p12
04							
05							
06							
07							
08							
09							
10							
11							
12							

POBLACIONLB02

SECTION 3. CHARACTERISTICS OF HOUSE AND HOUSEHOLD. PART A. CHARACTERISTICS AND EXPENDITURES OF HOUSEHOLD - FOR ALL HOUSEHOLDS		
<p>1. Type of house: (By observation)</p> <p>-Formal house..... ( ) 1</p> <p>-Country house..... ( ) 2</p> <p>-Rustic house..... ( ) 3</p> <p>-Improvised dwelling..... ( ) 4</p> <p>-Locale used as a house (business,storage,etc)..... ( ) 5</p> <p style="text-align: right;">s3ap01</p>	<p>6. Where does this household obtain water principally?:</p> <p>-Pipes inside the house..... ( ) 1</p> <p>-Pipes outside the house, but inside the yard..... ( ) 2</p> <p>-Public pump..... ( ) 3</p> <p>-Public or private well..... ( ) 4</p> <p>-River, spring or ravine..... ( ) 5</p> <p>-Truck, cart or water porter..... ( ) 6</p> <p>-From another house..... ( ) 7</p> <p>-Other..... ( ) 8</p> <p style="text-align: right;">s3ap06</p>	<p>11. How much did you pay last month or the last time to eliminate garbage?</p> <p style="text-align: right;">s3ap11a</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p>How often do you pay?</p> <p>-Weekly.....( )1 -Monthly....( )3 -Biannually....( )5</p> <p>-Fortnightly ( )2 -Quarterly..( )4 -Annually.....( )6</p> <p style="text-align: right;">s3ap11b</p>
<p>2. The house that this household occupies is:</p> <p>-Owned, with deed ( ) 1</p> <p>-Owned, without deed ( ) 2</p> <p>-Mortgaged ( ) 3</p> <p>-Ceded or borrowed ( ) 4</p> <p>-Received for services ( ) 5</p> <p>-Not theirs - boarders ( ) 6</p> <p>-Rented ( ) 7</p> <p>-Other, What? _____ ( ) 8</p> <p style="text-align: right;">s3ap02</p>	<p>7. Does this household pay for the water it consumes?:</p> <p>-Yes, with meter.....( ) 1</p> <p>-Yes, without meter.....( ) 2</p> <p>-Yes, with the rent.....( ) 3</p> <p>-Recently installed service.....( ) 4</p> <p>-No, don't pay. ....( ) 5</p> <p style="text-align: right;">s3ap07</p>	<p>12. What is the main source of lighting for your household?</p> <p>-Electricity.....( ) 1</p> <p>-Electrical generator.....( ) 2</p> <p>-Gas/kerosene,lanterns,candles..( ) 3</p> <p>-Other.....( ) 4</p> <p>-None.....( ) 5</p> <p style="text-align: right;">s3ap12</p>
<p>3. How much did the household pay last month or the last time for rent?</p> <p>CÓRDOBAS /___/___/___/___/___/ s3ap03a</p> <p>How often do you pay?</p> <p>-Weekly.....( )1 -Monthly....( )3 -Biannually....( )5</p> <p>-Fortnightly ( )2 -Quarterly..( )4 -Annually.....( )6</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">PASS TO Q.6</div> <p style="text-align: right;">s3ap03b</p>	<p>8. How much did you pay last month, or the last time, for the water that you consumed?</p> <p style="text-align: right;">s3ap08a</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p>How often do you pay?</p> <p>-Weekly.....( )1 -Monthly....( )3 -Biannually....( )5</p> <p>-Fortnightly ( )2 -Quarterly..( )4 -Annually.....( )6</p> <p style="text-align: right;">s3ap08b</p>	<p>13. Does this household pay for electrical energy?</p> <p>-Yes, with meter.....( ) 1</p> <p>-Yes, without meter.....( ) 2</p> <p>-Yes, with the rent.....( ) 3</p> <p>-Recently installed service.....( ) 4</p> <p>-No.....( ) 5</p> <p style="text-align: right;">s3ap13</p>
<p>4. If you had to sell the house that your household occupies, For how much would you sell it?</p> <p style="text-align: right;">s3ap04</p> <p>CÓRDOBAS /___/___/___/___/___/</p>	<p>9. What treatment to you apply to your drinking water?:</p> <p>-Exactly how it comes (No treatment)..( ) 1</p> <p>-Boil it.....( ) 2</p> <p>-Put bleach in it.....( ) 3</p> <p>-Other.....( ) 4</p> <p style="text-align: right;">s3ap09</p>	<p>14. How much did you pay last month, or the last time, for electricity?</p> <p style="text-align: right;">s3ap14a</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p>How often do you pay?</p> <p>-Weekly.....( )1 -Monthly....( )3 -Biannually....( )5</p> <p>-Fortnightly ( )2 -Quarterly..( )4 -Annually.....( )6</p> <p style="text-align: right;">s3ap14b</p>
<p>5. If you had to rent the house that your household occupies, How much would you have to pay per month?</p> <p style="text-align: right;">s3ap05</p> <p>CÓRDOBAS /___/___/___/___/___/</p>	<p>10. Does this household pay to eliminate garbage?</p> <p>Yes.....( ) 1</p> <p>No.....( ) 2</p> <p style="text-align: right;">s3ap10</p>	<p>15. How much did you pay last month, or the last time, for any type of fuel: gas, kerosene, candles, etc. for lighting your home?</p> <p style="text-align: right;">s3ap15a</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p>How often do you purchase?</p> <p>-Weekly.....( )1 -Monthly....( )3 -Biannually....( )!</p> <p>-Fortnightly ( )2 -Quarterly..( )4 -Annually.....( )!</p> <p style="text-align: right;">s3ap15b</p>

VIVIENDALB02

SECTION 3. CHARACTERISTICS AND EXPENDITURES OF HOUSEHOLD. (Continued)																																				
<p>16. In what part of the house does this household prepare food?:</p> <p>-In a room dedicated solely to cooking..... ( ) 1</p> <p>-In a room also used for sleeping..... ( ) 2</p> <p>-In a living-dining room..... ( ) 3</p> <p>-In the yard, dining room, or other place..... ( ) 4</p> <p>-They don't cook..... ( ) 5 → 20</p> <p style="text-align: right;">s3ap16</p>	<p>22. In this household:</p> <p>A. Do you make some product or article to sell, like: shoes, furniture, clothes, hammocks, ceramics, bread, tortillas, nacatamales, others?</p> <p>Yes..... ( ) 1      No..... ( ) 2</p> <p style="text-align: right;">s3ap22a</p> <p>B. Do you sell some product or article that you don't make, like: basic grains, sodas, clothes, shoes, others?</p> <p>Yes..... ( ) 1      No..... ( ) 2</p> <p style="text-align: right;">s3ap22b</p> <p>C. Do you lend some service, like: repairs of radio, TV, or refrigerators, medical services, beauty salons, barber shops, upholstery, others?</p> <p>Yes..... ( ) 1      No..... ( ) 2</p> <p style="text-align: right;">s3ap22c</p>	<p>28. In the last 12 months, have you seen the household's (individual members') activities affected by one of the following situations (for example, less work or bad harvest):</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. Drought</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28a</td> </tr> <tr> <td>b. Floods</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28b</td> </tr> <tr> <td>c. Coffee prices</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28c</td> </tr> <tr> <td>d. Robbery</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28d</td> </tr> <tr> <td>e. Lack of work</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28e</td> </tr> <tr> <td>f. Other</td> <td>( ) 1</td> <td>( ) 2</td> <td>s3ap28f</td> </tr> </tbody> </table>		YES	NO		a. Drought	( ) 1	( ) 2	s3ap28a	b. Floods	( ) 1	( ) 2	s3ap28b	c. Coffee prices	( ) 1	( ) 2	s3ap28c	d. Robbery	( ) 1	( ) 2	s3ap28d	e. Lack of work	( ) 1	( ) 2	s3ap28e	f. Other	( ) 1	( ) 2	s3ap28f						
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<p>17. What fuel do you usually use for cooking?</p> <p>-Firewood.....( ) 1</p> <p>-Butane or propane gas.....( ) 2</p> <p>-Kerosene gas.....( ) 3</p> <p>-Charcoal.....( ) 4</p> <p>-Other, what?.....( ) 5</p> <p style="text-align: right;">→ 19</p> <p style="text-align: right;">s3ap17</p>	<p>23. In this household, is there someone who participates in an organization or community group, like:</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>-Community Development Committee.....( ) 1</td> <td>( ) 2</td> <td>s3ap23a</td> </tr> <tr> <td>-Municipal Development Committee.....( ) 1</td> <td>( ) 2</td> <td>s3ap23b</td> </tr> <tr> <td>-Women's organization.....( ) 1</td> <td>( ) 2</td> <td>s3ap23c</td> </tr> <tr> <td>-Parents' association /</td> <td></td> <td></td> </tr> <tr> <td>Education council.....( ) 1</td> <td>( ) 2</td> <td>s3ap23d</td> </tr> <tr> <td>-Saving and lending cooperative.....( ) 1</td> <td>( ) 2</td> <td>s3ap23e</td> </tr> <tr> <td>-Production cooperative.....( ) 1</td> <td>( ) 2</td> <td>s3ap23f</td> </tr> <tr> <td>-Sports club .....( ) 1</td> <td>( ) 2</td> <td>s3ap23g</td> </tr> <tr> <td>-Religious organization.....( ) 1</td> <td>( ) 2</td> <td>s3ap23h</td> </tr> <tr> <td>-Other, What?.....( ) 1</td> <td>( ) 2</td> <td>s3ap23i</td> </tr> </tbody> </table>		YES	NO		-Community Development Committee.....( ) 1	( ) 2	s3ap23a	-Municipal Development Committee.....( ) 1	( ) 2	s3ap23b	-Women's organization.....( ) 1	( ) 2	s3ap23c	-Parents' association /			Education council.....( ) 1	( ) 2	s3ap23d	-Saving and lending cooperative.....( ) 1	( ) 2	s3ap23e	-Production cooperative.....( ) 1	( ) 2	s3ap23f	-Sports club .....( ) 1	( ) 2	s3ap23g	-Religious organization.....( ) 1	( ) 2	s3ap23h	-Other, What?.....( ) 1	( ) 2	s3ap23i	<p>29. What did you do in these cases?</p> <p style="text-align: center;"><b>RESPUESTA MULTIPLE</b></p> <p>- Received loans on which didn't have to pay interest....[ ]1 s3ap29a</p> <p>- Received loans on which had to pay interest.....[ ]2 s3ap29b</p> <p>- Stopped canceling debts.....[ ]3 s3ap29c</p> <p>- Sold assets, goods, property, or animals that wouldn't have sold had it not been such a bad year.....[ ]4 s3ap29d</p> <p>- Spent financial savings.....[ ]5 s3ap29e</p> <p>- Received cash or in-kind help from relatives or friends .....[ ]6 s3ap29f</p> <p>- Received support from an NGO .....[ ]7 s3ap29g</p> <p>- Received support from the government .....[ ]8 s3ap29h</p> <p>- Received support from mayor's office .....[ ]9 s3ap29i</p> <p>- Worked more hours than would normally work.....[ ]10 s3ap29j</p> <p>- Drastically reduced household consumption.....[ ]11 s3ap29k</p> <p>- Planted other products .....[ ]12 s3ap29l</p> <p>- Applied organic treatment .....[ ]13 s3ap29m</p> <p>- Other, what?.....[ ]14 s3ap29n</p> <p>- Nothing.....[ ]15 s3ap29o</p>
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<p>18. How do you obtain firewood?</p> <p>-Purchased.....( ) 1</p> <p>-Given to them.....( ) 2</p> <p>-Look/gather from fields.....( ) 3</p> <p style="text-align: right;">→ 20</p> <p style="text-align: right;">s3ap18</p>																																				
<p>19. How much did you spend last month for cooking fuel?</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p style="text-align: right;">s3ap19</p>																																				
<p>20. Does this household pay for telephone service?</p> <p>-Yes.....( ) 1</p> <p>-Yes, with rent.....( ) 2</p> <p>-Don't pay.....( ) 3</p> <p>-Don't have telephone..( ) 4</p> <p style="text-align: right;">→ 22</p> <p style="text-align: right;">s3ap20</p>																																				
<p>21. How much did you pay for telephone service last month?</p> <p>CÓRDOBAS /___/___/___/___/___/</p> <p style="text-align: right;">s3ap21</p>																																				







## LIST OF INSTITUTIONS OR ORGANIZATIONS THAT PROVIDE DIFFERENT BENEFITS

CODE	ACRONYM	NAME
01	MINSA	Ministry of Health
02	MECD	Ministry of Education, Culture, and Sports
03	PAININ	Program for Integrated Attention to Nicaraguan Youth
04	FUNDEC	Foundation for Community Development
05	PMA	World Food Program
06	PAEBANIC	Program for Literacy and Basic Education of Nicaraguan Adults
07	PINESCOLAR	Integrated Program for School Nutrition
08	APRENDE	Program for Teacher Training
09	UCA-PREAL	Central American University Program for Latin American Educational Reform
10	CESESMA	Center for Health and Environment Educational Services
11	PRODAGROS	Program for Sustainable Agricultural Development
12	ADRA-MCN	Adventist Agency for Development and Assistance Resources / Nicaraguan Community Movement
13	INPRHU	Institute for Promotion and Development of Human Resources
14	MC-INHISA	Community Movement / Nicaraguan Initiative for Hygiene and Environmental Health
15	ODESAR	Organization for Sustainable Development
16	PROFAMILIA	Association for the Well-being of Nicaraguan Families
17	LOS PIPITOS	Association for Parents with Disabled Children
18	MCM	Community Municipal Movement
19	FUNIC-MUJER	Nicaraguan Foundation for Women's Support
20	MCN	Nicaraguan Community Movement
21	MPDL	Movement for Peace, Disarmament, and Development
22	SALUMAI-CARE	Maternal and Infant Health
23	PROSALUD	Program of Integrated Health
24	ADDAC	Association for the Community Diversification and Development
25	FNUAP	UN Population Fund
26	CARITAS DIOCESANAS	Project for Infant Survival
27	CARE	USAID Institute for Humanitarian Aid
28	MAG-FOR	Ministry of Agriculture, Livestock, and Forestry
29	INTA	Institute of Agrarian Technology
30	RPS	Social Protection Net
31	OTHER, WHICH?	
99	DOESN'T KNOW	

SECTION 4. HEALTH PART A. - FEEDING, WEIGHT AND VITAMINS (FOR CHILDREN UNDER 5)																
Identification Code	TYPE OF FOOD						WEIGHT					VITAMINS / IRON / ANTIPARASITICS				
	For how long did you give, or are you giving, ... only breastmilk, without giving him/her any other food, not even water?  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>U. TIME</b>              Days.....1              Weeks.....2              Months....3           </div> Never gave breastmilk exclusively.....5 Never gave breastmilk....6 Still giving only breastmilk.....7▼ <b>PASS TO 7</b>	Since you awoke yesterday, until you awoke today, ..... received: Water? Refreshments Liquid or powdered milk? Other liquids? (sodas, Kola Shaler, etc.) Solid or smooth foods? (semi-solid) foods? (purees, strained food, pieces of meat, etc) Yes...1 Yes.....1 Yes....1 Yes....1 Yes....1 Yes....1 No...2 No.....2 No.....2 No.....2 No.....2 No.....2					Did you take ... to check-ups? -Health center / post.....1 -RED's locale....2 -Other ....3 -No.....4 <b>PASS TO 12</b>	In the check-ups, have they weighed .... in the last 6 months?  Yes...1 No....2 <b>PASS TO 12</b>	Does ..... have a health card?  Yes.1 No..2 <b>PASS TO 12</b>	¿Did they graph .....s weight?  Yes.....1 No.....2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">VERIFY WITH HEALTH CARD</div>	Did they update .....s health card?  Yes.....1 No.....2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">VERIFY WITH HEALTH CARD</div>	Have they given .... vitamin "A" in the last 6 months?  Yes.....1 No.....2	Have they given ..... ferrous sulfate (iron) in the last 4 months?  Yes.....1 No.....2	Have they given ..... anti-parasitic drugs in the last 6 months?  Yes.....1 No.....2		
		QUANT	UNIT OF TIME						COD.	NO. TIMES						
		ID	1	2	3	4	5	6	7	8	9	10	11	12	13	13 A
01	s4p01a	s4p01b	s4p02	s4p03	s4p04	s4p05	s4p06	s4p07	s4p08a	s4p08b	s4p09	s4p10	s4p11	s4p12	s4p13	s4p13a
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SECTION 4. HEALTH PART B. -VACCINATION (FOR CHILDREN UNDER 10)																												
FOR CHILDREN UNDER 5																								CHILDREN FROM 6 TO 9 YEARS				
Identification code	Have they vaccinated ..... against Tuberculosis BCG (the one that leaves a scar)?		Have they vaccinated ..... with the Pentavalent (DTaP) vaccine?			Have they vaccinated ..... against diphtheria, whooping cough, and tetanus (DPT / triple) ?			Have they vaccinated ..... against polio?			Have they vaccinated ..... with the MMR vaccine?			Have they vaccinated ..... against measles?			Have they vaccinated ..... against diphtheria and tetanus (dT) ?			WRITE THE SOURCE OF INFORMATION FROM QUESTIONS 14, 15, 16 17, 18, 19 AND 19A  Card.....1  Mother or relative..2  Both.....3							
	Yes.....1		Yes.....1			Yes.....1			Yes.....1			Yes.....1			Yes.....1													
	No.....2		No.....2			No.....2			No.....2			No.....2			No.....2													
	Date of last vaccin.		How many doses?		Date of last vaccin.	How many doses?		Date of last vaccin.	How many doses?		Date of last vaccin.	How many doses?		Date of last vaccin.	How many doses?		Date of last vaccin.											
ID	14	15			16			17			18			19			19A			20								
01	s4p14	s4p14a	s4p15a	s4p15b	s4p15c	s4p16a	s4p16b	s4p16c	s4p16d	s4p17a	s4p17b	s4p17c	s4p17d	s4p18a	s4p18b	s4p18c	s4p19a	s4p19b	s4p19c	s4p19d	s4p19a1	s4p19a2	s4p19a3	s4p19a4	s4p20			
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SECTION 4. HEALTH PART C. -PRESENCE OF ACUTE DIARRHEAL ILLNESS (FOR CHILDREN UNDER 5)																				
Identification Code	Last month, did .... have diarrhea?		Did you consult anyone about ....'s diarrhea last month?		Who did you consult the last time?		Why didn't you consult for or medicate ..... last month?		Where did you go to seek consultation for ..... the last time?		How long did it take for you to travel from your home to the place of ..... 's consultation?		How long did you wait for ..... 's consultation?		Did you pay for consultation about ..... 's diarrhea the last time?		Did you pay for treatment, serum, or other medication for ..... 's diarrhea the last time?		Last month, did ... suffer from any other illness or accident different from diarrhea?	
	Yes.....1 No.....2 → 30		Yes...1 No....2 → 24		-Doctor.....1 -Nurse.....2 -Nurse's assistant.....3 -Pharmacist.....4 -Midwife.....5 -Healer.....6 -Health brigade..7 -Other,who?_____8		-Light illness.....1 -Didn't have time.....2 -Health center is far.....3 -Attention is bad.....4 -Attention is expensive.....5 -Long waiting times.....6 -Lack qualified personnel..7 -There's no medicine.....8 -Inaccessible schedule.....9 -Inadecuate infrast/equip..10 -Economic problems.....11 -Other, what?_____12		-Health post.....1 -Health center.....2 -Hospital(MINSA)....3 -Gen. hospital(INSS).4 -Private hospital....5 -Place of work.....6 -Pharmacy.....7 -Private clinic.....8 -Health brigade.....9 -Healer's home.....10 -Other, where?_____11 -Patient's home ....12		U. TIME Minutes...1 Hours.....2 Days.....3		U. TIME Minutes...1 Hours.....2 Days.....3		Yes..1 No...2		Yes..1 No...2		Yes..1 No...2	
	What did you give him/her the last time?																		If didn't have diarrhea, pass to 48;  If had diarrhea, pass to 46	
	COD	TREATMENT	COD	HOW MANY TIMES	PASS TO 25		PASS TO 29				COD	U. TIME	COD	U. TIME	COD	HOW MUCH CÓRDOBAS	COD	HOW MUCH CÓRDOBAS		
ID	21	22	23	24	25	26	27	28	29	30										
01	s4p21a	s4p21b	s4p22a	s4p22b	s4p23	s4p24	s4p25	s4p26a	s4p26b	s4p27a	s4p27b	s4p28a	s4p28b	s4p29a	s4p29b	s4p30				
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SECTION 4. HEALTH PART D. - PRESENCE AND CARE OF ILLNESSES (FOR ALL PEOPLE)						
PRESENCE OF ILLNESSES, ACCESS TO SERVICES, MEDICATION, AND EXPENDITURES						
Identification code	Last month, did ..... have any illness such as: -Cough, cold, or some respiratory problem.....1 -Measles, or other eruptive illness.....2 -Accident.....3 -Diarrhea.....4 -Other illness/various of the previous .....5 -Was healthy.....6	Did ... consult anyone about his/her illness last month? Yes....1 No.....2 → 34	Who did s/he consult the last time? -Doctor.....1 -Nurse.....2 -Nurse's assistant....3 -Pharmacist.....4 -Midwife.....5 -Healer.....6 -Health brigade .....7 -Other, who? .....8	Why did .... not seek consultation last month? -Light illness.....1 -Didn't have time.....2 -Health center is far.....3 -Attention is bad.....4 -Attention is expensive....5 -Long waiting times.....6 -Lack qualified personnel...7 -There's no medicine.....8 -Inaccessible schedule.....9 -Inadecuate infrast/equip..10 -Economic problems.....11 -Had medication .....12 -Knows the illness.....13 -Other, why? .....14	Where did .... go to seek consultation the last time? -Health post.....1 -Health center.....2 -Hospital (MINSA).....3 -Gen. hospital (INSS).4 -Private hospital....5 -Place of work.....6 -Pharmacy.....7 -Private clinic.....8 -Health brigade.....9 -Healer's home.....10 -Other, where? .....11 -Patient's home ....12 → 39	How much did .... pay for transportation to and from consultations last month? <div style="border: 1px solid black; padding: 5px; text-align: center;">             IF DIDN'T PAY WRITE 00           </div>
	<div style="border: 1px solid black; padding: 2px;">             If 6 years old or older, go to 52, if 5 years old go to 48           </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">             EXCLUDE PREGNANCY           </div>	COD. No. Times How many times?	<div style="border: 1px solid black; padding: 5px; text-align: center;">             GO TO 35           </div>			
ID	31	32	33	34	35	36
01	s4p31	s4p32a	s4p32b	s4p33	s4p34	s4p35
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**SECTION 4. HEALTH PART D. -PRESENCE AND CARE OF ILLNESSES (FOR ALL PEOPLE)**

PRESENCE OF ILLNESSES, ACCESS TO SERVICES, MEDICATION, AND EXPENDITURES																						
Identification Code	How long did it take for ..... to travel from home to the place of the consultation?		How long did ..... wait for a consultation the last time?		Did .... pay for consultation last month?		Did they prescribe any medication for ..... 's illness or accident the last time?		Did .... take or apply any medication last month?		Where did ..... obtain medication the last time?		Did .... pay for the medication(s) that s/he took for the illness or accident last month?		Did .... pay for other things such as x-rays or laboratory exams last month?		Was ..... admitted into a hospital for this illness or accident last month?		Did .... pay to be hospitalized last month (including everything)?		Last month, How much did you spend in total for ..... 's health care?	
	UNIT OF TIME		UNIT OF TIME		Yes....1 No.....2		Yes....1 No.....2		Yes....1 No.....2		-Place of consult.....1 -Pharmacy.....2 -Street/market.....3 -From an assistance organization.....4 -Family member.....5 -At home.....6 -Other, where?.....7		Yes....1 No.....2		Yes....1 No.....2		Yes....1 No....2		Yes....1 No.....2		<div>INCLUDE EXPENDITURES FROM PREVIOUS QUESTIONS</div> <div>IF DIDN'T SPEND ANYTHING, WRITE (00)</div>	
	Minutes..1 Hours....2 Days.....3		Minutes..1 Hours....2 Days.....3		HOW MUCH?		HOW MUCH?		HOW MUCH?		HOW MUCH?		HOW MUCH?		HOW MUCH?		HOW MUCH?		HOW MUCH?			
	QUANT	U.TIME	QUANT	U.TIME	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS		
ID	37	38		39		40		41		42		43		44		45		46		47		

01	s4p37a	s4p37b	s4p38a	s4p38b	s4p39a	s4p39b	s4p40	s4p41	s4p42	s4p43a	s4p43b	s4p44a	s4p44b	s4p45	s4p46a	s4p46b	s4p47
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SECTION 5. EDUCATION PART A. -PRESCHOOL ATTENDANCE AND CDI (FOR CHILDREN YOUNGER THAN 6 YEARS)				
Identification Code	Did ..... attend, or is ..... attending, in the current school year, a:	How much did you pay for school fees, snacks and/or meals in the CDI or preschool last month?	How much did you pay in the current school year for enrollment in CDI or Preschool for.....?	How much did you pay in the current school year for: uniforms, books, educational items, quotas to the parents' association for .... in the CDI or preschool?
	-Preschool.....1			
	-CDI.....2			
	-School.....3 → 52			Go to 77
	-Enrolled, but does not attend...4 -Did not enroll....5 } → 53	IF DID NOT SPEND ANYTHING WRITE (00)	IF DID NOT SPEND ANYTHING WRITE (00)	IF DID NOT SPEND ANYTHING WRITE (00)
	CÓRDOBAS	CÓRDOBAS	CÓRDOBAS	
ID	48	49	50	51
01	s5p48	s5p49	s5p50	s5p51
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OBSERVATIONS

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SECTION 5. EDUCATION PART B. -SCHOOLING -FOR PEOPLE OLDER THAN 6 YEARS

Identification Code	Did ..... enroll during the current school year in: Preschool, Adult School, Primary, Secondary, Technical, University, Post-graduate?  Yes.....1 → <b>54</b>  No.....2 ↓  <b>IF OLDER THAN 40 YEARS, GO TO 78</b>	Why does ..... not attend school during the current school year? -Age.....1 -Economic problems.....2 -Work/Farm work.....3 -Domestic labor.....4 -Finished studies.....5 -Not interested.....6 -No school nearby.....7 -Illness.....8 -No room (enrollment closed).....9 -Don't offer grade.....10 -Lack of teachers.....11 -Lack of security in school.....12 -Lack of textbooks.....13 -Disabled.....14 -Other, Why?.....15 <b>GO TO 77</b>	In which educational level and grade or year did ..... enroll during the current school year?  -Preschool.....1 -Adult Education...2 } → <b>63</b> -Primary.....3 } → <b>55</b> -Secondary.....4 -Basic Technical...5 } → <b>63</b> -Middle Technical...6 -Superior Technical.7 -University.....8	What is the name of the school where ..... studies?	Where is the school in which ..... studies?					
					Name of the Municipality	COD.	Name of the Comarca	COD.	Name of the Community	COD.
ID	52	53	54	55	56					

01	s5p52	s5p53	s5p54a	s5p54b	s5p55a	s5p55b	s5p56a		s5p56b		s5p56c	
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**SECTION 5. EDUCATION PART B: SCHOOLING - FOR PEOPLE 6 YEARS AND OVER**

Identification Code	TYPE OF CLASSROOM	DISTANCE	MEALS		SUPPLIES	REPETITION	
	Is ..... in a classroom with multiple grades?	What mode of transportation does ... utilize to go from home to the school?	What is the distance that ..... travels from home to the school s/he attends?	Did .... receive any type of free meals in school last month?	What organization or institution is the principal donor?	Did ..... receive school supplies during the current school year?	Is this the first time that ..... enrolled in this grade or year?
	<b>ENUMERATOR: EXPLAIN, IF NECESSARY, WHAT IS A CLASSROOM WITH MULTIPLE GRADES</b>  Yes.....1  No.....2	-On foot.....1 -Animal.....2 -Bicycle.....3 -Collective transportation.4 -Other,What?____5	Yes....1  No.....2 GO TO 62	-FISE.....1 -Government/Not FISE.....2 -NGO / International Donors.....3 -Private business.....4 -Religious congregations.....5 -Church.....6 -Community.....7 -Other,What?_____8 -Don't know.....9	Yes.....1  No.....2	Yes....1  No.....2 How many times has s/he enrolled, including this time?	
	DISTANCE						COD
ID	57	58	59	60	61	62	63

01	s5p57	s5p58	s5p59a	s5p59b	s5p60	s5p61	s5p62	s5p63a	s5p63b
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SECTION 5. EDUCATION PART B: SCHOOLING - FOR PEOPLE 6 YEARS AND OLDER														
Identification Code	ATTENDANCE			TYPE OF CENTER	QUOTAS				EXPENDITURES					
	How many days did ..... not go to class last month, not counting Saturdays, Sundays, and holidays?	What was the main reason why ..... did not go to class? -The teacher is not good.....1 -Lack of teachers.....2 -Bad conditions in the school...3 -Strike.....4 -Vacation.....5 -Weather.....6 -Far away.....7 -Illness.....8 -Domestic labor.....9 -Lack of money.....10 -Work, farm work.....11 -Not interested.....12 -Dropped out.....13 -Other Why?.....14 -Too many students .....15	Is ..... currently attending classes? Yes..0 No...1 In what month did s/he stop attending? Number of month	The educational center where .... studies is: -Traditional public.....1 -Autonomous public...2 -Municipal public....3 -Private.....4 -Subsidized private.....5 IF THE ANSWER IS 4 OR 5, GO TO 70	Does the educational center where .... studies ask for monthly quotas? Yes....1 No.....2 → 71	Are they voluntary quotas? Yes..1 No...2	How much did you pay the last time, how many months did you pay, and in what month did you pay?			Did you pay ....'s SCHOOL FEES last month? YES...1 NO....2	Did you pay school TRANSPORTATION, SCHOOL SNACKS, or OTHER PAYMENTS for ..... last month? YES...1 NO....2			
							Last payment	Number of quotas	Month of pay		How much?	How much?		
													COD	CÓRDOBAS
ID	64	65A	65B	66	67	68	69			70		71		
01	s5p64	s5p65a	s5p65b	s5p66	s5p67a	s5p67b	s5p68	s5p69a	s5p69b	s5p69c	s5p70a	s5p70b	s5p71a	s5p71b
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SECTION 5. EDUCATION PART B: SCHOOLING - FOR PEOPLE 6 YEARS AND OLDER													
Identification Code	ANNUAL EXPENDITURES								AUTOMATIC PROMOTION	DESIRED SCHOOLING LEVEL	DESERTION	INITIAL WORK	
	Did you pay for .....s PREENROLLMENT or ENROLLMENT during the current school year?		Did you pay for .....s UNIFORMS during the current school year? (including shoes and Physical Education uniform)		Did you pay for .....s EDUCATIONAL SUPPLIES or MATERIALS during the current school year?		Did you pay for .....s BOOKS or TEXTS during the current school year?		How did you obtain the majority of the BOOKS that ..... currently uses?	During the current school year, did the teacher send ..... to the next grade, even though s/he didn't pass? Yes.....1 No.....2	To what level do you want (had you wanted) .... to study (to have studied): -Preschool.....1 -Adult Education.....2 -Primary.....3 -Secondary.....4 -Basic technical.....5 -Middle technical....6 -Superior technical..7 -University.....8	At what age did ... drop out of school?  Never attended..1	At what age did....start to work (for pay or without pay?)  Has not yet worked...0
	Yes...1 No....2	Yes...1 No....2	Yes...1 No....2	Yes...1 No....2	-S/he doesn't have books.....1 -S/he already had books.....2 -Loaned by the school (for free).....3 -Rented out by the school (for a price).....4 -Given to him/her by family or friends.....5 -Acquired at home through a loan.....6 -Purchased.....7 -Other How?.....8								
	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS	COD	CÓRDOBAS					
ID	72	73	74	75	76	76A	77	77A	77B				
01	s5p72a	s5p72b	s5p73a	s5p73b	s5p74a	s5p74b	s5p75a	s5p75b	s5p76	s5p76a	s5p77	s5p77a	s5p77b
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SECTION 6. ECONOMIC ACTIVITY -ONLY FOR PEOPLE 6 YEARS AND OLDER						
Identification Code	WORK		PRINCIPAL OCCUPATION	CATEGORY	ACTIVITY	HOURS
		Last week.....: -Worked.....1 <b>Didn't work because s/he was:</b> -on vacation/had permission.....2 -Sick/sick pay.....3 <b>Didn't work because s/he waited:</b> -To continue agricultural work...4 -Response from employer.....5 -New work.....6  -Looked for work,has worked before..7 -Looked for work for first time..8 -Pensioner/retired/shareholder...9 -Housewife.....10 -Student.....11 -Permanently disabled.....12 -Other, What? 13	Last week ... worked at (as):  -Selling at a fixed/ itinerant post.....1 -Wash/ironing for others.2 -Making/selling bread, tortilla,crafts,etc....3 -Helper/apprentice.....4 -Working in the fields...5 -Doing other activities..6 -Doing nothing.....7  <div style="border: 1px solid black; padding: 5px; text-align: center;">             IF WOMAN FROM 12 TO 49              YEARS OLD, GO TO 84. IF              NOT, GO TO NEXT PERSON.           </div>	What did ..... do in the job to which s/he dedicated the hours last week?  <div style="border: 1px solid black; padding: 5px; text-align: center;">             DETAIL THE OCCUPATION OR SPECIFIC FUNCTION OF THE PERSON              IN THEIR WORK           </div>	In the occupation, .... worked as:  -Employee.....1 -Day laborer.....2 -For own self .....3 -Boss/businessman....4 -Member of production cooperative.....5 -Worker without pay...6 -Other, what?.....7	To what type of activity was ... dedicated?  -Agricultural/ livestock.....1  -NOT agricult./ livestock.....2
ID	78	79	80	CODE	81	82

01	s6p78	s6p79	s6p80a	s6p80b	s6p81	s6p82	s6p83
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SECTION 7. FECUNDITY AND WOMEN'S HEALTH (FOR WOMEN FROM 12 TO 49 YEARS)

Identification Code	LIVE BIRTHS AND CURRENT PREGNANCY			PRENATAL CHECK-UPS							
	Have you had children born alive?	Are you currently pregnant, or have you had live births during the last 5 years?	At how many months of pregnancy did you attend your first check-up?	How many times did you go to check-ups in the last/current pregnancy?	In the check-ups, did they:				To whom did you go for check-ups during the last/current pregnancy?	Where did you go for check-ups during the last/current pregnancy?	
	Yes.....1  No.....2	-Yes, .... is pregnant.....1  -Yes, has had children in the last 5 years.2  -No.....3	<div>REFER TO THE LAST PREGNANCY OR THE CURRENT ONE</div> -Has not yet been to check-ups.....10 -Did not go to check-ups.....11		Do a blood test?	Do a urine test?	Give you advice about breast-feeding?	Give you vitamin supplement?			
	COD.	How many? NUMBER		TIMES	Yes....1  No.....2	Yes....1  No.....2	Yes.....1  No.....2	Yes.....1  No.....2	-Gynecologist/ doctor.....1 -Midwife or doula.....2 -Nurse or auxiliary.....3 -Other, who? ____4	-Health post.....1 -Health center.....2 -Hospital (MINSA) ....3 -Gen. hospital (INSS) .4 -Private hospital....5 -Place of work.....6 -Private clinic.....7 -Midwife's house.....8 -Own house.....9 -NGO clinic.....10 -Other, where? ____12	
ID	84		85	86	87	88	89	90	91	92	93
01	s7p84a	s7p84b	s7p85	s7p86	s7p87	s7p88	s7p89	s7p90	s7p91	s7p92	s7p93
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SECTION 7. FECUNDITY Y WOMEN'S HEALTH (FOR WOMEN FROM 12 TO 49 YEARS)																		
Identification Code	VACCINATION		EXPENDITURE FOR PREGNANCY		CARE AND EXPENDITURE ON DELIVERY				INFANT MORTALITY									
	During the last/current pregnancy, did they vaccinate you against tetanus?		In the last 12 months, did you spend money on check-ups or care that you received in the last/current pregnancy?		In the last 12 months, did you spend money on the medication, examinations/tests or other expenses in the last/current pregnancy?		Who delivered your baby the last time?		Where did you go for your last delivery?		In the last 12 months, did you spend money for care and other treatment received during your last delivery?		Is your last child born alive still alive?		What is the birthdate of your last child born alive?		Did s/he receive a birth certificate from MINSA?	
	Yes....1 No.....2		Yes....1 No.....2		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>IF IS PREGNANT FOR THE FIRST TIME, GO TO Q.105</b> </div> Yes.....1 No.....2		-Gynecologist/doctor.....1 -Midwife or doula.....2 -Nurse or auxiliary.....3 -Other, who? ____4		-Health center.....1 -Hospital (MINSA).....2 -Private hospital....3 -Private clinic.....4 -Midwife's house.....5 -Own house.....6 -NGO clinic.....7 -Other, where? ____8		Yes.....1 No.....2		-Yes..1 -No...2				-Yes..1 -No...2	
	How many?		How much did you spend in total?		How much did you spend in total?						How much did you spend in total?				DAY MONTH YEAR			
	COD	DOSE	COD	CÓRDOBAS	COD	CÓRDOBAS					COD	CÓRDOBAS			DAY	MONTH	YEAR	
ID	94		95		96		97		98		99		100		101		102	
01	s7p94a	s7p94b	s7p95a	s7p95b	s7p96a	s7p96b	s7p97		s7p98		s7p99a	s7p99b	s7p100	s7p101a	s7p101b	s7p101c	s7p102	
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LIST OF CODES AND UNITS OF MEASURE  
SECTION 8 (EXPENDITURE OF THE HOUSEHOLD)

ENUMERATOR: IN THIS SECTION IT IS NECESSARY TO CODE THE UNIT OF MEASURE OF THE  
PRODUCTS THAT THE HOUSEHOLD PURCHASED IN THE LAST 15 DAYS. USE THE FOLLOWING LIST

Unit and/or form of presentation	CODE	Unit and/or form of presentation	CODE	Unit and/or form of presentation	CODE
Pound	01	Bag of 2 ounces	17	Box of 10 ounces	33
Gram	02	Bag of 4 ounces	18	Box of 5 ounces	34
Unit	03	Bag of 8 ounces	19	Jar of 400 grams	35
Slice (piece of fruit)	04	Large bottle of 250 grams	20	Packet (condiments)	36
Tortilla, packaged	05	Medium bottle of 150 grams	21	Bottle of 750 milliliters	37
Small box (30 eggs)	06	Small bottle of 50 grams	22	Half bottle of 370 milliliters	38
Dozen	07	Large tin of tuna, 170 grams	23	Bottle of 280 millileters	39
Loaf of bread	08	Small tin of tuna, 110 grams	24	Bottle of 100-150 millileters	40
Large mould	09	Small bar of 4 ounces	25	Bottle of 12 ounces (soda/beer)	41
Small mould	10	Hammock (yucca/manioc)	26	Can of juice 160-200 milliliters	42
Packet (hamburger buns)	11	Value	27	Can of juice 200-250 milliliters	43
Packet (hot dog buns)	12	Head of garlic	28	Gallon	44
Large packet (crackers)	13	String	29	Liter	45
Small packet (crackers)	14	Armful (beets, onions, carrots)	30	Small stick (celery)	46
Box of crackers	15	Handful (mint/cilantro)	31	Packet of 20 units	47
Bag of 1 ounce	16	Bag (sweets)	32	Ounce	48

GASTOS\_A02

SECTION 8. EXPENDITURES OF THE HOUSEHOLD. PART A. EXPENDITURES IN FOOD, DRINK, TOBACCO IN THE LAST 15 DAYS															
NUMBER OF ORDER	1. What person is the most informed about expenditures on food in the household?		2. Is the interview conducted with this person?				INTRODUCTION: Mr(s) ., I'm going to read you a list of the PRINCIPAL FOOD ITEMS CONSUMED. Tell me if you PURCHASED them in the LAST 15 DAYS or if you OBTAINED THEM WITHOUT PURCHASE because you produce them, they are given to you as pay for work done by a household member, they are given to you as gifts, or you take them from your business.								
	CODE OF THE PERSON /___/___ s8ap01		Yes ( )1 s8ap02a No ( )2 → CODE OF THE PERSON /___ s8ap02b				7. In addition to purchasing, did you acquire the (PRODUCT) for household consumption in the LAST 15 DAYS, coming from:		8. How often do you obtain or are given the (PRODUCT)?		9. What quantity of (PRODUCT) did you obtain every (FRECUENCIA) and in what unit of measure?		10. How much would you have to pay for (PRODUCT) if you had to purchase it?		
	3. During the LAST 15 DAYS did any household member purchase:		4. How often do you purchase .... (PRODUCT)?		5. What quantity of the (PRODUCT) do you purchase, how often (FREQUENCY) and in what unit of measure?		6. How much did you pay in TOTAL for the (PRODUCT)?		7. In addition to purchasing, did you acquire the (PRODUCT) for household consumption in the LAST 15 DAYS, coming from:		8. How often do you obtain or are given the (PRODUCT)?		9. What quantity of (PRODUCT) did you obtain every (FRECUENCIA) and in what unit of measure?		10. How much would you have to pay for (PRODUCT) if you had to purchase it?
	s8ap00		s8ap03		QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	NEXT PRODUCT		QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	
01	Pinolillo/Oatmeal	Yes ( )1 No ( )2->7	s8ap04	s8ap05a		s8ap05b	s8ap06	s8ap07		s8ap08	s8ap09a		sap09b	s8ap10	
02	Tortilla	Yes ( )1 No ( )2->7													
03	Nacatamales	Yes ( )1 No ( )2->7													
04	Corn (on the cob)	Yes ( )1 No ( )2->7													
05	Dried corn(maize) in grain	Yes ( )1 No ( )2->7													
06	Simple bread	Yes ( )1 No ( )2->7													
07	Sweet bread	Yes ( )1 No ( )2->7													
08	Crackers	Yes ( )1 No ( )2->7													
09	Rice, in grain	Yes ( )1 No ( )2->7													
10	Food pastas: spaghetti, noodles, etc.	Yes ( )1 No ( )2->7													
11	Ground/instant coffee	Yes ( )1 No ( )2->7													
12	Beef	Yes ( )1 No ( )2->7													
13	Pork	Yes ( )1 No ( )2->7													
14	Bones of beef/pork	Yes ( )1 No ( )2->7													

GASTOS\_A02

SECTION 8. EXPENDITURES OF THE HOUSEHOLD. PART A. EXPENDITURES IN FOOD, DRINK, TOBACCO IN THE LAST 15 DAYS																								
NUMBER OF ORDER	3. During the LAST 15 DAYS did any household member purchase:		4. How often do you purchase .... (PRODUCT)?  <div style="border: 1px solid black; padding: 2px;"> <b>FREQUENCY</b>  Daily.....1  Weekly.....2  Fortnightly..3  Monthly.....4  Quarterly...5  Biannually...6  Annually.....7 </div>		5. What quantity of the (PRODUCT) do you purchase, how often (FREQUENCY) and in what unit of measure?		6. How much did you pay in TOTAL for the (PRODUCT)?		7. In addition to purchasing, did you acquire the (PRODUCT) for household consumption in the LAST 15 DAYS, coming from:  -Own production.....1 -Part of pay.....2 -Store/own business..3 -Donation/gift.....4 -Other, what?.....5 -No.....6 <div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">NEXT PRODUCT</div>		8. How often do you obtain or are given the (PRODUCT)?  <div style="border: 1px solid black; padding: 2px;"> <b>FREQUENCY</b>  Daily.....1  Weekly.....2  Fortnightly..3  Monthly.....4  Quarterly...5  Biannually...6  Annually.....7 </div>		9. What quantity of (PRODUCT) did you obtain every (FRECUENCIA) and in what unit of measure?		10. How much would you have to pay for (PRODUCT) if you had to purchase it?									
																	QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS
																	s8ap00		s8ap03					
15	Chicken	Yes ( )1 No ( )2->7	s8ap04	s8ap05a		s8ap05b	s8ap06		s8ap07		s8ap08		s8ap09a		s8ap09b	s8ap10								
16	Fish/ Fish cutlet	Yes ( )1 No ( )2->7																						
17	Shrimp	Yes ( )1 No ( )2->7																						
18	Tuna, Sardines	Yes ( )1 No ( )2->7																						
19	Sausages: Ham, Bologne	Yes ( )1 No ( )2->7																						
20	Pasteurized/cow milk	Yes ( )1 No ( )2->7																						
21	Powdered milk	Yes ( )1 No ( )2->7																						
22	Cheese/Cream cheese/Cheese curds	Yes ( )1 No ( )2->7																						
23	Butter/Margarine/Cream	Yes ( )1 No ( )2->7																						
24	Chicken eggs	Yes ( )1 No ( )2->7																						
25	Vegetable oil	Yes ( )1 No ( )2->7																						
26	Lard (pork)	Yes ( )1 No ( )2->7																						
27	Passion fruit, ripe banana	Yes ( )1 No ( )2->7																						
28	Limes, oranges, mandarines	Yes ( )1 No ( )2->7																						
29	Apple, pineapple, cantaloupe, watermelon, papaya, other fruits	Yes ( )1 No ( )2->7																						
30	Avocado / Chayote	Yes ( )1 No ( )2->7																						

GASTOS\_A02

SECTION 8. EXPENDITURES OF THE HOUSEHOLD. PART A. EXPENDITURES IN FOOD, DRINK, TOBACCO IN THE LAST 15 DAY:																
NUMBER OF ORDER	3. During the LAST 15 DAYS did any household member purchase:		4. How often do you purchase .... (PRODUCT)?		5. What quantity of the (PRODUCT) do you purchase, how often (FREQUENCY) and in what unit of measure?		6. How much did you pay in TOTAL for the (PRODUCT)?		7. In addition to purchasing, did you acquire the (PRODUCT) for household consumption in the LAST 15 DAYS, coming from:		8. How often do you obtain or are given the (PRODUCT)?		9. What quantity of (PRODUCT) did you obtain every (FRECUENCIA) and in what unit of measure?		10. How much would you have to pay for (PRODUCT) if you had to purchase it?	
			FREQUENCY								FREQUENCY					
			Daily.....1 Weekly.....2 Fortnightly..3 Monthly.....4 Quarterly....5 Biannually...6 Annually.....7								Daily.....1 Weekly.....2 Fortnightly..3 Monthly.....4 Quarterly....5 Biannually...6 Annually.....7					
	sap00	s8ap03	QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	NEXT PRODUCT				QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS		
31	Green/ripe plantain, Square Guinean banana	Yes ( ) 1 No ( ) 2->7	s8ap04	s8ap05a	s8ap05b	s8ap06	s8ap07		s8ap08	s8ap09a	s8ap09b	s8ap10				
32	White onion	Yes ( ) 1 No ( ) 2->7														
33	Yellow onion	Yes ( ) 1 No ( ) 2->7														
34	Garlic	Yes ( ) 1 No ( ) 2->7														
35	Tomato	Yes ( ) 1 No ( ) 2->7														
36	Green tomato (tomatillo)	Yes ( ) 1 No ( ) 2->7														
37	Cabbage/Lettuce	Yes ( ) 1 No ( ) 2->7														
38	Cucumber	Yes ( ) 1 No ( ) 2->7														
39	Potatoes	Yes ( ) 1 No ( ) 2->7														
40	Carrots/Beets	Yes ( ) 1 No ( ) 2->7														
41	Beans (grains)	Yes ( ) 1 No ( ) 2->7														
42	Cilantro, mint, celery, parsley	Yes ( ) 1 No ( ) 2->7														
43	Manioc (yucca)	Yes ( ) 1 No ( ) 2->7														
44	Sugar	Yes ( ) 1 No ( ) 2->7														
45	Candies/Chocolates	Yes ( ) 1 No ( ) 2->7														
46	Jelly	Yes ( ) 1 No ( ) 2->7														

SECTION 8. EXPENDITURES OF THE HOUSEHOLD. PART A. EXPENDITURES IN FOOD, DRINK, TOBACCO IN THE LAST 15 DAY:															
NUMBER OF ORDER	3. During the LAST 15 DAYS did any household member purchase:	4. How often do you purchase .... (PRODUCT)?		5. What quantity of the (PRODUCT) do you purchase, how often (FREQUENCY) and in what unit of measure?		6. How much did you pay in TOTAL for the (PRODUCT)?		7. In addition to purchasing, did you acquire the (PRODUCT) for household consumption in the LAST 15 DAYS, coming from:		8. How often do you obtain or are given the (PRODUCT)?		9. What quantity of (PRODUCT) did you obtain every (FRECUENCIA) and in what unit of measure?		10. How much would you have to pay for (PRODUCT) if you had to purchase it?	
		FREQUENCY								FREQUENCY					
		Daily.....1 Weekly.....2 Fortnightly..3 Monthly.....4 Quarterly....5 Biannually...6 Annually.....7										Daily.....1 Weekly.....2 Fortnightly..3 Monthly.....4 Quarterly....5 Biannually...6 Annually.....7			
	<i>s8ap00</i>	<i>s8ap03</i>	QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	NEXT PRODUCT				QUANT	UNIT OF MEASURE	COD U/M	TOTAL VALUE CÓRDOBAS	
47	Condiments	Yes ( ) 1 No ( ) 2->7	<i>s8ap04</i>	<i>s8ap05a</i>	<i>s8ap05b</i>	<i>s8ap06</i>	<i>s8ap07</i>	<i>s8ap08</i>	<i>s8ap09a</i>	<i>s8ap09b</i>	<i>s8ap10</i>				
48	Salt	Yes ( ) 1 No ( ) 2->7													
49	Vinegar	Yes ( ) 1 No ( ) 2->7													
50	English sauce / Ketchup	Yes ( ) 1 No ( ) 2->7													
51	Mustard / Mayonnaise	Yes ( ) 1 No ( ) 2->7													
52	Canned juice	Yes ( ) 1 No ( ) 2->7													
53	Sodas / Mineral water	Yes ( ) 1 No ( ) 2->7													
54	Liquor	Yes ( ) 1 No ( ) 2->7													
55	Beer	Yes ( ) 1 No ( ) 2->7													
56	Ice cream / Sherbet	Yes ( ) 1 No ( ) 2->7													
57	Cigarettes	Yes ( ) 1 No ( ) 2->7													
58	Prepared food	Yes ( ) 1 No ( ) 2->7													
59	Vegetable shortening	Yes ( ) 1 No ( ) 2->7													
60	Purified water	Yes ( ) 1 No ( ) 2->7													
61	Other, what?	Yes ( ) 1 No ( ) 2->7													
62	Other, what?	Yes ( ) 1 No ( ) 2->7													

## SECTION 8. PART B. -OTHER NON-FOOD EXPENDITURES

INTRODUCTION: From this part forward, I'm going to ask about other non-food expenditures that the household made last week, last month, and in the last 12 months, except for prepared food and drink consumed outside of the home

1. In this household, who is the person most well informed about the expenditures of the household in: transportation, fuel, clothes, and furniture?

CODE OF THE PERSON /\_\_\_/\_\_\_/ s8b1p01

2. Is the interview conducted with this person?

Yes..[ ] s8b1p02a s8b1p02b

No ..[ ]2 CODE OF THE PERSON /\_\_\_/\_\_\_/ INTERVIEWED

## SECTION 8. PART B.1 -EXPENDITURES LAST WEEK

INTRODUCTION: Subsequently, I am going to ask about the expenditures that household members made LAST WEEK.

In the LAST WEEK, did any of the people in this household spend money on:	How much did they spend on ...[ITEM], LAST WEEK?
3	4

s8b1p00 s8b1p03 s8b1p04

1. Taxis, city/inter-city buses, water transport, excluding school transport.	Yes [ ]1 No [ ]2 →NI	
2. Newspapers.	Yes [ ]1 No [ ]2 →NI	
3. Public telephone, telegraph, fax, mail, etc.	Yes [ ]1 No [ ]2 →NI	
4. Fuel, vehicle lubricants, for private household use.	Yes [ ]1 No [ ]2 →NI	
5. Food and beverages prepared outside of home.	Yes [ ]1 No [ ]2	

→ GO TO PART B.2

GASTOS\_B102

## SECTION 8. PART B.2 -EXPENDITURES LAST MONTH

INTRODUCTION: Subsequently, I'm going to ask about the expenditures that household members made LAST MONTH.

In the LAST MONTH, did any people from the household purchase or supply themselves with :	How much did they spend on ...[ITEM] LAST MONTH? Include the value of self-supply.
1	2

s8b2p00 s8b2p01 s8b2p02

1. Dish soap, detergent for clothes, bleach.	Yes [ ]1 No [ ]2 →NI	
2. Polishing paste, shoe shine, and dye.	Yes [ ]1 No [ ]2 →NI	
3. Brooms, brushes, mops, rags.	Yes [ ]1 No [ ]2 →NI	
4. Gloves for cooking and washing.	Yes [ ]1 No [ ]2 →NI	
5. Matches, light bulbs, flash lights, batteries.	Yes [ ]1 No [ ]2 →NI	
6. Floor wax and disinfectant.	Yes [ ]1 No [ ]2 →NI	
7. Air fresheners, fungicides, insecticides for the home.	Yes [ ]1 No [ ]2 →NI	
8. Cologne, deoderant, lotion, and perfume.	Yes [ ]1 No [ ]2 →NI	
9. Hair combs and brushes. Clothes brushes and shoe brushes.	Yes [ ]1 No [ ]2 →NI	
10. Baby oil, hair cream, suntan lotion, repellant, powder, vaseline.	Yes [ ]1 No [ ]2 →NI	
11. Disposable bottles and diapers	Yes [ ]1 No [ ]2 →NI	
12. Disposable razors and replacements, hair curlers nail clippers, tweezers.	Yes [ ]1 No [ ]2 →NI	
13. Nail polish, foundation, lip pencil, face powder.	Yes [ ]1 No [ ]2 →NI	
14. Tooth brush and paste, dental floss, mouthwash.	Yes [ ]1 No [ ]2 →NI	

In the LAST MONTH, did any people from the household purchase or supply themselves with :	How much did they spend on ...[ITEM] LAST MONTH? Include the value of self-supply.
1	2

s8b2p00 s8b2p01 s8b2p02

15. Shampoo, body soap, conditioner, shaving cream.	Yes [ ]1 No [ ]2 →NI	
16. Toilet paper, napkins, sanitary pads, tampons, and Kleenex.	Yes [ ]1 No [ ]2 →NI	
17. Hair cut, hair do, perms, shaves. Manicure, pedicure, and make-overs. Sauna, Turkish bath, massages, and gym.	Yes [ ]1 No [ ]2 →NI	
18. Books, magazines, subscriptions. Do not include school texts.	Yes [ ]1 No [ ]2 →NI	
19. Entry fee to Tourist Centers. Recreation and entertainment such as: shows, movies, baseball games, records, cassettes, and other items of the same nature.	Yes [ ]1 No [ ]2 →NI	
20. Laundry, ironing and repair of clothing outside of the home.	Yes [ ]1 No [ ]2 →NI	
21. Contributions to INSS for optional social security for household members and/or domestic employees.	Yes [ ]1 No [ ]2 →NI	
22. Raffles and lotteries.	Yes [ ]1 No [ ]2 →NI	
23. Domestic employee, laundress, chauffeur, gardener.	Yes [ ]1 No [ ]2 →NI	
24. Pay of food pension.	Yes [ ]1 No [ ]2 →NI	
25. Cellular phone, beeper, paid by members of the household.	Yes [ ]1 No [ ]2	

→ GO TO PART B.3

GASTOS\_B202



SECTION 8 PART B.3 - EXPENDITURES IN THE LAST 6 MONTHS			
In the LAST 6 MONTHS, did any people from the household purchase or spend money on:		How much did they spend on ....[ITEM] during the LAST 6 MONTHS?	In what month did they make most of the purchases?
1		2	3
<i>s8b3p00</i>		<i>s8b3p01</i>	<i>s8b3p02</i>
1. Adult clothing and/or fabric for making adult clothing.	Yes [ ]1 No [ ]2 →NI		
2. Children's clothing and/or fabric for making children's clothing. Exclude school clothing.	Yes [ ]1 No [ ]2 →NI		
3. Shoes and shoe repair for adults.	Yes [ ]1 No [ ]2 →NI		
4. Shoes and shoe repair for children. Exclude school shoes.	Yes [ ]1 No [ ]2 →NI		
5. Repair and maintenance of vehicle for household use. Includes spare parts, does not include fuel.	Yes [ ]1 No [ ]2 →NI		
6. Repair and replacement parts for stoves, washing machines, refrigerators, radio, other appliances.	Yes [ ]1 No [ ]2 →NI		
7. Dishes, pots, serving dishes, ladles, and other items of this nature.	Yes [ ]1 No [ ]2 →NI		
8. Vases, porcelain and crystal figurines, other decorations.	Yes [ ]1 No [ ]2 →NI		
9. Curtains, sheets, towels, comforters, mattresses, tablecloths, cloths.	Yes [ ]1 No [ ]2 →NI		
10. Thread/yarn to sew or weave, buttons, elastic, inlays, zipper, scissors.	Yes [ ]1 No [ ]2 →NI		
11. Toys and sporting goods.	Yes [ ]1 No [ ]2 →NI		
12. Parties and gifts. Don't include food/beverage.	Yes [ ]1 No [ ]2 →NI		
13. Shipment of money and/or goods to children who are studying outside the home, to other family members, friends or acquaintances.	Yes [ ]1 No [ ]2 →NI		
14. Donations to charitable organizations.	Yes [ ]1 No [ ]2 →		
→ GO TO PART B.4			

GASTOS\_B302

SECTION 8. PART B.4 -EXPENDITURES IN THE LAST 12 MONTHS			
In the LAST 12 MONTHS, did any people from the household purchase or spend money on:		How much did they spend on ....[ITEM] during the LAST 12 MONTHS?	In what month did they make most of the purchases?
1		2	3
<i>s8b4p00</i>		<i>s8b4p01</i>	<i>s8b4p02</i>
1. Home improvements, including materials, tools, and labor.	Yes [ ]1 No [ ]2 →NI		
2. Furniture and accessories, dining, living and bedrooms, etc. Incl. repair.	Yes [ ]1 No [ ]2 →NI		
3. Stoves, irons, washing machine, refrigerator, radio, other appliances.	Yes [ ]1 No [ ]2 →NI		
4. Clothes dryer, hair dryer, electric razor.	Yes [ ]1 No [ ]2 →NI		
5. National and international travel fares.	Yes [ ]1 No [ ]2 →NI		
6. Hotels, hostels, travel tours. Don't include travel fares.	Yes [ ]1 No [ ]2 →NI		
7.- Professional services lawyers, accountants, and other professionals.	Yes [ ]1 No [ ]2 →NI		
8. Purchase of a car for household use.	Yes [ ]1 No [ ]2 →NI		
9. Purchase of a bicycle and motorcycle.	Yes [ ]1 No [ ]2 →NI		
10. Fines, vehicle registration, driver's license.	Yes [ ]1 No [ ]2 →NI		
11. Real and imitation jewelry. Include repairs.	Yes [ ]1 No [ ]2 →NI		
12. Purchase of eye glasses, hearing aids, dentures.	Yes [ ]1 No [ ]2 →NI		
13. Income taxes, vehicle taxes, and property taxes, except for land taxes.	Yes [ ]1 No [ ]2 →NI		
14. Private health, life, car, and other insurance.	Yes [ ]1 No [ ]2 →NI		
15. Religious ceremonies, weddings, funerals, and related expenditures.	Yes [ ]1 No [ ]2 →NI		
16. Contributions to clubs and associations.	Yes [ ]1 No [ ]2 →NI		
17. Other legal transactions without professional advice.	Yes [ ]1 No [ ]2 →NI		
18. Purchase of agricultural/ industrial equip./machinery.	Yes [ ]1 No [ ]2 →	→ GO TO PART C	

GASTOS\_B402

**SECTION 8. PART C. -HOUSEHOLD EQUIPMENT**

**INTRODUCTION:** I would like to know about household equipment, independently of whether the goods belong to the informant or any other person in the household. Please mention the number of goods of each type that the household has, with the age and value of each good.

1. Does this household have (TYPE OF GOOD)							
c o d e	TYPE OF GOOD:		How many do you have?	How old is the (TYPE OF GOOD)	How much do you think this (TYPE OF GOOD) is worth today, in its current state? or How much could you sell it for?	Which household member is the owner of (TYPE OF GOOD)?	
	Yes....1 No.....2 → NEXT GOOD			<div>LESS THAN 1 YEAR= 00</div>		IF RESPONDS THAT THE ENTIRE HOUSEHOLD, WRITE CODE = 60, IF RESPONDS THAT IT IS RENTED, WRITE CODE = 70.	
	CODE					WRITE PERSON(S) CODE	
	1		2	3	4	5	
01	Radio	s8cp00	s8cp01	s8cp02	s8cp03	s8cp04	s8cp05
02	Black and white television						
03	Color television						
04	Refrigerator						
05	Stove						
06	Iron						
07	Electric grinder						
08	Radio cassette player						
09	Sound system /						
10	Fan						
11	Blender						
12	Toaster						
13	Oven						
14	Microwave oven						
15	Rice cooker						
16	Washing machine						
17	Video cassette recorder						
18	Air conditioner						
19	Sewing machine						
20	Typewriter						
21	Computer						
22	Vehicle						
23	Boat						
24	Bicycle						
25	Motorcycle						

EQUIPOS02

AGRICULTURAL EQUIPMENT					
c o d e	Do you currently have (EQUIPMENT) at your disposal?	How many (....) belong to members of the household?	How much would it cost to purchase all of these (EQUIPMENT) today in their current state?	How old is the last one?	
	-Si.....1 -No.....2	<div>NONE=00 AND GO TO NEXT EQUIP.</div>		<div>LESS THAN ONE YEAR= 00</div>	
	EQUIPMENT	COD.	CORDOBAS		
	1	2	3	4	
	s8cap00	s8cap01	s8cap02	s8cap03	s8cap04
01	Yoke and plow implements				
02	Water pump				
03	Work animals				
04	Fumigation pump				
05	Small tools				
06	Oxcart, Wagon				
07	Other, what?				
08	Other, what?				
09	Other, what?				
10	Other, what?				
11	Other, what?				
12	Other, what?				
13	Other, what?				
14	Other, what?				
15	Other, what?				
16	Other, what?				
18	Other, what?				
19	Other, what?				
20	Other, what?				
21	Other, what?				
22	Other, what?				
23	Other, what?				
24	Other, what?				
25	Other, what?				

EQUIPOSAGR02

SECTION 9. -MIGRATION, REMITTANCES, AND AID (Last 12 months). PART A. MIGRATION AND REMITTANCES													
Does there exist another person that was a member of this household but does not live with you anymore, or some relative or friend who provides you with assistance?		Why did ..... leave the household?	How old was ... when s/he left?	What is the gender of ...?	What is the family relationship that... has with the head of household?	Where does ..... currently live?				In the last 12 months, did ... send you money or other aid?		How often do you receive this aid?	
-Yes, ex-member of household..1 -Yes, relative or friend.....2→ 4  -No .....( )3→ PART B s9p01		-Married / united...1 -Work.....2 -Studies...3 -Other, what?____4		Man....1  Woman..2		WRITE THE NAME OF THE DEPARTMENT AND MUNICIPALITY WHERE S/HE LIVES OR THE NAME OF THE COUNTRY IF S/HE LIVES OUTSIDE OF NICARAGUA				-Yes, money.....1 -Yes, in-kind....2 -Yes, both.....3  VALUE IN-KIND AID  -No..4 → PART B		-Fortnightly..1 -Monthly....2 -Quarterly...3 -Biannually..4 -Annually....5	
COD.	NAMES AND SURNAMES		YEARS			DEPARTMENT	COD	MUNICIPALITY	COD	COUNTRY	COD	COD	CORDOBAS
1		2	3	4	5	6				7		8	

s9p01	s9nomb1	s9nomb2	s9apel1	s9apel2	s9p02	s9p03	s9p04	s9p05		depto		muni		pais	s9p07a	s9p07b	s9p08

MIGRACION02

PART B. AYUDAS													
Does there exist another person that was a member of this household but does not live with you anymore, or some relative or friend to whom you provide assistance?		Why did ..... leave the household?	How old was ... when s/he left?	What is the gender of ...?	What is the family relationship that... has with the head of household?	Where does ..... currently live?				In the last 12 months, did you send money or other aid to ... ?		How often do you send this aid?	
-Yes, ex-member of household..1 -Yes, relative or friend.....2→ 4  -No .....( )3→ PART B s9ap01		-Married / united...1 -Work.....2 -Studies...3 -Other, what?____4		Man....1  Woman..2		WRITE THE NAME OF THE DEPARTMENT AND MUNICIPALITY WHERE S/HE LIVES OR THE NAME OF THE COUNTRY IF S/HE LIVES OUTSIDE OF NICARAGUA				-Yes, money.....1 -Yes, in-kind....2 -Yes, both.....3  VALUE IN-KIND AID  -No..4 → SECTION 10		-Fortnightly..1 -Monthly....2 -Quarterly...3 -Biannually..4 -Annually....5	
COD.	NAMES AND SURNAMES		YEARS			DEPARTMENT	COD	MUNICIPALITY	COD	COUNTRY	COD	COD	CÓRDOBAS
1		2	3	4	5	6				7		8	

s9ap00	9anomb1	s9anomb2	s9aapel1	s9aapel2	s9ap02	s9ap03	s9ap04	s9ap05		depto		muni		pais	s9ap07a	s9ap07b	s9ap08a

AYUDAS02

SECTION 10. ACCESS TO CREDIT PART A. -INSTITUTIONAL CREDIT										
<p>Are you or your family familiar with where the following institutions are located?</p> <p>Yes.....1</p> <p>No.....2 → NEXT INSTITUTION</p>			<p>At what distance is [NAME OF INSTITUTION] from your house?</p>		<p>Did you request any credit from them during the last 12 months?</p> <p>Yes...1</p> <p>No....2</p> <p>Did they give you credit?</p> <p>Yes....1</p> <p>No.....2</p> <p>→ NEXT INSTIT.</p>		<p>If you were to ask for credit, do you think they would give it to you?</p> <p>Yes....1</p> <p>No.....2</p>		<p>Why did you not request / not receive credit?</p> <p>-They don't offer loans in the community.....1</p> <p>-Has lots of debt.....2</p> <p>-They ask for too many requirements.....3</p> <p>-Doesn't know how to request it.....4</p> <p>-Doesn't have goods for collateral.....5</p> <p>-Is afraid of losing the collateral.....6</p> <p>-It's risky, doesn't have stable income.....7</p> <p>-Interest rate is too high.....8</p> <p>-Prefers to work with own resources.....9</p> <p>-Does not have investment opportunities.....10</p> <p>-Hasn't needed it.....11</p> <p>-Other, What?.....12</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>WRITE THE 3 PRINCIPAL REASONS IN ORDER OF IMPORTANCE</p> </div>	
N°	1	CODE	KMS	MTS	CODE	CREDIT	4	A	B	C
	institu	s10ap01	s10ap02a	s10ap02b	s10ap03a	s10ap03b	s10ap04	s10ap05a	s10ap05b	s10ap05c
01	Adventist Agency for Development and Assistance Resources (ADRA)									
02	Program for Small Credit and Business Management (ATIENDE SA)									
03	Production Bank (BANPRO)									
04										
05	Central American Bank (BANCENTRO)									
06										
07	Bank of Central America (BAC)									
08	Export Bank (BANEXPO)									
09										
10	Finance Bank (BDF)									
11	Calley Dagnall Bank									
12										
13	Foundation for Community Development (FUNDEC)									
14	Organization for Sustainable Development (ODESAL)									
15	Program for Sustainable Agricultural Development (PRODAGROS)									
16	National Union for Farmers and Ranchers (UNAG)									
17	Other, Which?									

CREDITO\_A02

SECTION 10. ACCESS TO CREDIT      PART B. - INFORMAL CREDIT

Do you or your family know any of the following people who could lend you money:

Yes.....1

No. . . . . 2  $\longrightarrow$  NEXT PERSON

Did you request any credit from them during the last 12 months?

Yes...1.

No . . . . 2

Did they give you credit?

Yes...1

No. . . . . 2      **PER.**

If you were to ask for credit, do you think they would give it to you?

Yes...1

No. . . . . 2

[illegible]

-They don't offer loans in the community....1

```
-Has lots of debt.....2
```

```
-They ask for too many requirements.....3
```

```
-Doesn't know how to request it.....4
```

```
-Doesn't have goods for collateral.....5
```

-Is afraid of losing the collateral.....6

-It's risky, doesn't have stable income.....7

```
-Interest rate is too high.....8
```

-Prefers to work with own resources.....9

- Does not have investment opportunities....10

```

-Hasn't needed it.....11

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-Other. What?	12
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WRITE THE 3 PRINCIPAL REASONS  
IN ORDER OF IMPORTANCE

CODE

CODE

CREDIT

A

B

C

N°	6	7	8	9
01	Local Moneylender (Usurer / speculator) <i>fuentes</i>	<i>s10bp06</i>	<i>s10bp07a</i>	<i>s10bp07b</i>
02	A relative			
03	A friend			
04	Buyer of the harvest			
05	Other person, specifv:			

CREDITO B02

ENUMERATOR: FINALIZE THE INTERVIEW WITH THE FOLLOWING QUESTIONS TO THE HEAD OF HOUSEHOLD OR HIS/HER SPOUSE/COMPANION

Mr.(s) can you tell me, with whom should we confirm your whereabouts in case you were to change your residence within the next year:

What is the name and address of this person?

Name:	<i>nombj1</i>	<i>nombj2</i>	<i>apelj1</i>	<i>apelj2</i>
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1
5	1	1	1	1
6	1	1	1	1
7	1	1	1	1
8	1	1	1	1
9	1	1	1	1
10	1	1	1	1
11	1	1	1	1
12	1	1	1	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
16	1	1	1	1
17	1	1	1	1
18	1	1	1	1
19	1	1	1	1
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26	1	1	1	1
27	1	1	1	1
28	1	1	1	1
29	1	1	1	1
30	1	1	1	1
31	1	1	1	1
32	1	1	1	1
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34	1	1	1	1
35	1	1	1	1
36	1	1	1	1
37	1	1	1	1
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84	1	1	1	1
85	1	1	1	1
86	1	1	1	1
87	1	1	1	1
88	1	1	1	1
89	1	1	1	1
90	1	1	1	1
91	1	1	1	1
92	1	1	1	1
93	1	1	1	1
94	1	1		

Address: *direc*

-Relative.....	(	) 1
-Neighbor.....	(	) 2
-Friend.....	(	) 3
-Other, specify	(	) 4 <i>informe</i>

CONTACT002

SECTION 11, POSSESSION OF ANIMALS												
POSSESSION OF ANIMALS, SALE OF LIVE ANIMALS, AND CONSUMPTION												
During the last 12 months, did you raise animals such as:  chickens, pigs, cattle, etc, on own or rented land, shared or loaned?  Yes..[     ] 1  No....[     ] 2	N U M B E R  O F  O R D E R	Which of the following species did you raise?		How many [.....] do you currently have (including those you share)?	For how much could you sell all your [..... ] today?	How many [.....] died or were lost in the last 12 months?	In the last 12 months, How many [.....] did you sell alive, and for how much did you sell them?		Of these animals, how many did you slaughter for own consumption in the last 12 months, and how much would it have cost you if you had to purchase?		Of these slaughtered animals in the last 12 months, did you sell any part/portion?	
		Yes.... 1 →  No.....2 →		FORMULATE Q2 TO Q8 FOR EACH TYPE OF ANIMAL THEY RAISED.  NEXT SPECIES  GO TO PART F	NONE = 00 AND GO TO Q32	NONE = 00	NONE = 00	NONE = 00  IF BENEFICIARY, GO TO THE NEXT SECTION. IF NOT, END OF INTERVIEW		-Yes.....1  -No.....2		For how much?
1	N°	SPECIES	COD.	QUANTITY	CÓRDOBAS	QUANTITY	QUANT.	CÓRDOBAS	QUANT.	CÓRDOBAS	COD.	CÓRDOBAS
		2		3	4	5	6		7		8	
		s11p00	s11p02	s11p03	s11p04	s11p05	s11p06a, s11p06b		s11p07a	s11p07b	s11p08a	s11p08b
	01	Cows, bulls, calves, steer										
	02	Pigs										
	03	Domestic birds (hens, chickens, ducks, turkeys)										
	04	Horses, donkeys, and mules										
	05	Other animals, which?										
	06	Other animals, which?										

SECTION 12. ONLY FOR BENEFICIARIES															
Is your household a beneficiary of RPS?		Who is the titled person?		How much time does it take to arrive from your home to the place where the payments are disbursed?		How much time do you wait for the disbursal of payments?		How much do you pay for transport going and coming from the disbursal of payment?		Last year, would you have gone to the place where payments are disbursed if it weren't for the payment?		Do you know for how much longer the program will last?		How many days can a beneficiary child not attend school without justification?	
_Yes.....1 _No.....2  -They weren't lucky.....1 -They didn't need help..2 -They weren't censused..3 -Doesn't know.....4 -Other, Why?.....5		<div>CONTINUE INTERVIEW WITH TITLED</div>		<div>UNIT OF TIME</div> Minutes.....1 Hours.....2 Days.....3		<div>UNIT OF TIME</div> Minutes.....1 Hours.....2 Days.....3		<div>NOTHING=00</div>		-Yes.....1 -No..... 2		-Yes.....1 -No..... 2		<div>DON'T KNOW = 00</div>	
COD.	REASON			QUANT.	U.T.	QUANT.	U.T.			COD.	How many times?	COD.	How much time?		DAYS
1		2		3		4		5		6		7		8	
s12p01a	s12p01b	s12p02		s12p03a	s12p03b	s12p04a	s12p04b	s12p05		s12p06a	s12p06b	s12p07a	s12p07b	s12p08	

9. To be a beneficiary of the RPS program, household should:

	YES	NO	DON'T KNOW	
- a. Enroll in school those children who are in fifth grade of primary school.....	( )1	( )2	( )3	s12p09a
- b. Take 4 year old children to check-ups every two months .....	( )1	( )2	( )3	s12p09b
- c. The titled person should attend all the training sessions .....	( )1	( )2	( )3	s12p09c
- d. Pay an incentive to the promoter .....	( )1	( )2	( )3	s12p09d
- e. Take 1 year old children to check-ups every two months .....	( )1	( )2	( )3	s12p09e
-f. The children must gain weight .....	( )1	( )2	( )3	s12p09f

BENEF02