Identification ☐☐ ☐ ☐☐☐ ☐ ☐☐☐ ☐ ☐☐☐☐

SECTION 2: HOUSEHOLD PARTICULARS

Line/ Member Number	8. Main /Secondary Activities (Enter Activity Code)				9. Was (NAME) sick or injured in the last 4 weeks?	10.What sort of sickness/ i njury did (NAME) suffer?	
Circle serial Number of main respo-ndent (s) during each contact	Farming/Livestock keeping.....=01 Fishing.....=02 Mining.....=03 Tourism.....=04 Paid Employee: -Government.....=05 -Parastatal.....=06 -NGO/Religious organisations, etc.....=07 -Others (*Private, Missions etc.*).....=08 Self Employed (*Not in agricultural, livestock keeping, fishing*): -With Employees.....=09 -Without Employees.....=10 Unpaid family helper in a business (*Non-agriculture*)..=11 Looking for work of any type (*Unemployed*).....=12 No Activity.....=13 Housemaker/Housewife/Household chores.....=14 Student.....=15 Not active: -Too old/retired.....=16 -Sick.....=17 -Disabled.....=18 -Other.....=19 Not applicable.....=98				(Enter Code) Yes.....=1 No.....=2 IF "NO" GO TO Q12	(Circle the Code) Fever/Malaria.=1 Diarrhoea.....=2 Accident.....=3 Dental.....=4 Skin condition=5 Eye.....=6 ear, Nose or throught.....=7 Other.....=8 YOU MAY MARK MORE THAN ONE ANSWER	
	During the last 7 days what was your main activity?		Besides the activity you have mentioned what was your ot her activity during the last 7 days?				
	Code	Time spent	Code	Time spent			
	8a	8b	8c	8d	9	10	
01	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
02	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
03	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
04	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
05	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
06	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
07	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
08	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
09	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
10	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
11	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
12	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
13	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
14	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
15	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	
16	☐☐	☐☐	☐☐	☐☐	☐	1 2 3 4 5 6 7 8	

IF YOU SUBSTITUTED THE HOUSEHOLD MARK (V) IN THE BOX PROVIDED ☐