

**CASH TRANSFER PROJECT - FOLLOW-UP SURVEY**

**FORM A**

Corrections Completed First Data Entry Second Data Entry	Initials: <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/>	Batch: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sequence: <input type="text"/> <input type="text"/>	Household number: <input style="width:100%;" type="text"/>
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**HOUSEHOLD IDENTIFICATION**

Q001 **Study site references - Main study and CT cluster:**

Q002 **Census district:** \_\_\_\_\_

Q003 **EA:**  **Ward:**

Q004 **Dwelling number (if applicable):**

Q005 **Village:** \_\_\_\_\_

Q006 **Interview zone and location:**  \_\_\_\_\_

Q007 **Name of household head (CT baseline):** \_\_\_\_\_

Q008 **Name of household head (now):** \_\_\_\_\_

**INTERVIEWER VISIT**

	1	2	3
Q009 <b><u>Date (DD/MM/YYYY):</u></b>	_____	_____	_____
Q010 <b><u>Time:</u></b>	_____	_____	_____
Q011 <b><u>Interviewer:</u></b>	_____	_____	_____
Q012 <b><u>Result**:</u></b>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>

**CHECKED BY SUPERVISOR**

Q013 **Signature:** \_\_\_\_\_

Q014 **Date:** \_\_\_\_\_

<b>Q015</b>	<b><u>Interviewer:</u></b>	<b><u>Date:</u></b>	<b><u>Clinic/School Name:</u></b>
Vaccinations Verified:	<input style="width:50px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
School Attendance Verified:	<input style="width:50px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>

\*\*RESULT CODES

- |   |   |
|---|---|
| 1 Completed                               | 5 Household refused                         |
| 2 Attended, but not completed (postponed) | 6 Household did not attend - reason unknown |
| 3 Household relocated                     | 8 Other (specify) _____                     |
| 4 Household dissolved                     |   |

"Now I would like to get some information on the ADULTS who live in this household"...

Adults are defined here as being persons aged 18 years and above.

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	RELATION TO H.O.H.	SEX	SURVIVAL STATUS	RESIDENCE STATUS		AGE	HEALTH AND DISABILITY		
					[old members]	[new members]				
Q016	Q017	Q018	Q019	Q020	Q021	Q022	Q023	Q024	Q025	Q026
Please give me the names of the adults (aged 18+) who have been staying (physically) in this household on a regular basis? <i>Start with those present at last visit, then add new members. Circle line no. of respondent.</i>		What is the relationship of (NAME) to the head of household?	Is (NAME) male or female?	Is (NAME) still alive?	Does (NAME) STILL stay in this HH on a regular basis?	When did (NAME) start staying in this household?	How old is (NAME)?	Does (NAME) have a chronic illness?	Does (NAME) have any form of disability?	If yes, record form of disability
		See footnote*	M F	Y N DK	Y N	Mth Year	Years	Y N	Y N	Code**
451			1 2	1 2 8	1 2			1 2	1 2	
452			1 2	1 2 8	1 2			1 2	1 2	
453			1 2	1 2 8	1 2			1 2	1 2	
454			1 2	1 2 8	1 2			1 2	1 2	
455			1 2	1 2 8	1 2			1 2	1 2	
456			1 2	1 2 8	1 2			1 2	1 2	
457			1 2	1 2 8	1 2			1 2	1 2	
458			1 2	1 2 8	1 2			1 2	1 2	
459			1 2	1 2 8	1 2			1 2	1 2	
460			1 2	1 2 8	1 2			1 2	1 2	
461			1 2	1 2 8	1 2			1 2	1 2	
462			1 2	1 2 8	1 2			1 2	1 2	
463			1 2	1 2 8	1 2			1 2	1 2	
464			1 2	1 2 8	1 2			1 2	1 2	
465			1 2	1 2 8	1 2			1 2	1 2	
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467			1 2	1 2 8	1 2			1 2	1 2	
468			1 2	1 2 8	1 2			1 2	1 2	
469			1 2	1 2 8	1 2			1 2	1 2	
470			1 2	1 2 8	1 2			1 2	1 2	
471			1 2	1 2 8	1 2			1 2	1 2	

Tick here, if a further continuation sheet is used:

" Just to make sure I have a complete listing ..."

Q027 "Are there any other persons aged 18 years or more that we have not yet listed - including any adults joined the household since we spoke to you at the beginning of the cash transfer project?" **Note total # of new adults and add to list above.**

Q028 **Interviewer: Count the TOTAL number of adults (pre-printed and new members) on the roster and record in the box to the right.**

- \* CODES FOR Q018, Q030, Q031: RELATIONSHIP TO HEAD OF HOUSEHOLD AND PRINCIPLE CAREGIVER
- |                              |   |                         |                          |
|------------------------------|---|-------------------------|--------------------------|
| 01 Head                      | 06 Father/mother (natural)              | 11 Paternal aunt        | 16 Paternal grandfather  |
| 02 Wife or Husband           | 07 Parent-in-law                        | 12 Maternal uncle       | 17 Paternal grandmother  |
| 03 Son or daughter (natural) | 08 Brother or sister (natural)          | 13 Paternal uncle       | 18 Other relative/cousin |
| 04 Son or daughter-in-law    | 09 Stepfather/mother (father's co-wife) | 14 Maternal grandfather | 19 Adopted/foster child  |
| 05 Grandchild                | 10 Maternal aunt                        | 15 Maternal grandmother | 20 Not related           |
- \*\* DISABILITY CODES (Q026 AND Q042)
- |                              |                              |
|------------------------------|------------------------------|
| 1 Blind or visually impaired | 4 Deaf                       |
| 2 Dumb                       | 5 Lame (including paralysed) |
| 3 Mentally disturbed         | 6 Other (specify) _____      |
- Tick only if the extent of the disability / impairment is such that it seriously affects ability to perform routine work, school and/or other daily functions

\*\*\*CHRONIC ILLNESS  
Defined as very sick for at least 3 months during the past 12 months where "very sick" is defined as being too sick to work or do normal activities around the house.

- \*\*\*\* CODES FOR Q045: MAIN SYMPTOM OF ILLNESS
- |              |                         |                  |                   |
|--------------|-------------------------|------------------|-------------------|
| 01 Diarrhoea | 04 Fever                | 07 Ear infection | 10 Fractured limb |
| 02 Vomiting  | 05 Runny nose           | 08 Headache      | 11 Burns or cuts  |
| 03 Cough     | 06 Difficulty breathing | 09 Stomach ache  | 20 Other          |



**CASH TRANSFER PROJECT - HOUSEHOLD MEMBERS FORM - CHILDREN**

Site:  HHID:

"Now I would like to get some information about the children under 18 years of age who live in this household"...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	BIRTH REGISTRATION		DIET									CLOTH-ING	EMPLOYMENT [children aged 6-17 years]					SCHOOL ATTENDANCE ACHIEVEMENT [children aged 6-17 years]					VERIFICATION						
Q029	Q030	Q059	Q060	Q061	Q062	Q063	Q064	Q065	Q066	Q067	Q068	Q069	Q070	Q071	Q072					Q073	Q074	Q075	Q076	Q077	Q078	Q079				
	Copy names from previous sheet Make sure names are listed in the same order as on the previous sheet against the same line numbers	Does (NAME) have a birth certificate? If yes, ask to see the certificate.	<b>IF NO...</b> Has a birth certificate ever been applied for (NAME)?	Why does (NAME) not have a birth certificate?	Which of the following foods has (NAME) eaten in the last 7 days? mumazuva manomwe apfuura (last 7 days)?									Does (NAME) own a pair of shoes?	On average, how many hours per week did (NAME) spend on the following tasks during 2010?					Was (NAME) enrolled in school in 2010?  If YES, go to Q75.	Why was (NAME) not enrolled in school?  Go to Q080.	In the last 20 SCHOOL days in 2010, how many days did (NAME) miss school?	In 2011, is (NAME) repeating the grade he/she took in 2010?	Did (NAME) pass or fail Grade 7 this year?	How many 'O' levels did (NAME) pass and fail this year?	School attendance verified at school  A agree D disagree				
		Y Y N seen not seen	Y N	Code ****	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Y N	Code *****	No.	Y N	Pass Fail NA	Pass No.	Fail No.	A D	
481		1 2 3	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2							1 2			1 2	1 2	9			1 2
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Tick here, if a further continuation sheet is used:

\*\*\*\* CODES FOR Q061: REASON FOR NOT HAVING BIRTH CERTIFICATE

- 01 Parent(s) has no birth/death records
- 02 Parent(s) not Zimbabwean
- 03 Child born outside Zimbabwe
- 04 Child born out of wedlock
- 05 Transport costs
- 06 Distance to registration office
- 07 Not got around to it yet
- 08 No hospital birth record (lost or not born in hospital)
- 09 Birth certificate lost
- 10 Registration process takes too long
- 11 Other \_\_\_\_\_

\*\*\*\*\* CODES FOR Q051: REASON NOT ENROLLED IN SCHOOL

- 01 Not yet started school
- 02 Insufficient funds
- 03 Found job
- 04 Inadequate exam passes
- 05 Needed to help at home
- 06 Marriage
- 07 Pregnancy/childbirth - voluntary
- 08 Pregnancy - expelled
- 09 Expelled from school - other
- 10 Had to look after sick relative
- 11 Chronic Illness
- 12 Disability (type) \_\_\_\_\_
- 13 Other \_\_\_\_\_

REF.	QUESTIONS FILTERS	CODING CATEGORIES	SKIP TO																																																																																																						
<b>For the following items, initially, just ask if the household has the item / what type of facility the household has.</b>																																																																																																									
Q080	What is the main source of drinking water for members of your household?  _____	<table border="1"> <thead> <tr> <th></th> <th>BL</th> <th>Now</th> <th>CT?</th> </tr> <tr> <th></th> <th></th> <th></th> <th>Y N</th> </tr> </thead> <tbody> <tr> <td>Piped into residence</td> <td><input type="checkbox"/></td> <td>1</td> <td>1 2</td> </tr> <tr> <td>Private tap in yard or plot</td> <td><input type="checkbox"/></td> <td>2</td> <td>1 2</td> </tr> <tr> <td>Communal tap</td> <td><input type="checkbox"/></td> <td>3</td> <td>1 2</td> </tr> <tr> <td>Own well or borehole</td> <td><input type="checkbox"/></td> <td>4</td> <td>1 2</td> </tr> <tr> <td>Other well or borehole</td> <td><input type="checkbox"/></td> <td>5</td> <td>1 2</td> </tr> <tr> <td>Protected spring</td> <td><input type="checkbox"/></td> <td>6</td> <td>1 2</td> </tr> <tr> <td>Other (specify)</td> <td><input type="checkbox"/></td> <td>8</td> <td>1 2</td> </tr> </tbody> </table>		BL	Now	CT?				Y N	Piped into residence	<input type="checkbox"/>	1	1 2	Private tap in yard or plot	<input type="checkbox"/>	2	1 2	Communal tap	<input type="checkbox"/>	3	1 2	Own well or borehole	<input type="checkbox"/>	4	1 2	Other well or borehole	<input type="checkbox"/>	5	1 2	Protected spring	<input type="checkbox"/>	6	1 2	Other (specify)	<input type="checkbox"/>	8	1 2																																																																			
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Q081	What kind of toilet facility does your household have?  _____	<table border="1"> <tbody> <tr> <td>Flush toilet</td> <td><input type="checkbox"/></td> <td>1</td> <td>1 2</td> </tr> <tr> <td>Blair toilet</td> <td><input type="checkbox"/></td> <td>2</td> <td>1 2</td> </tr> <tr> <td>Pit latrine</td> <td><input type="checkbox"/></td> <td>3</td> <td>1 2</td> </tr> <tr> <td>Other (specify)</td> <td><input type="checkbox"/></td> <td>4</td> <td>1 2</td> </tr> <tr> <td>No facilities</td> <td><input type="checkbox"/></td> <td>5</td> <td>1 2</td> </tr> </tbody> </table>	Flush toilet	<input type="checkbox"/>	1	1 2	Blair toilet	<input type="checkbox"/>	2	1 2	Pit latrine	<input type="checkbox"/>	3	1 2	Other (specify)	<input type="checkbox"/>	4	1 2	No facilities	<input type="checkbox"/>	5	1 2	- Q083																																																																																		
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Q082	Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?	<table border="1"> <tbody> <tr> <td>Household alone</td> <td><input type="checkbox"/></td> <td>1</td> <td>1 2</td> </tr> <tr> <td>Shared with neighbours</td> <td><input type="checkbox"/></td> <td>2</td> <td>1 2</td> </tr> <tr> <td>Communal</td> <td><input type="checkbox"/></td> <td>3</td> <td>1 2</td> </tr> </tbody> </table>	Household alone	<input type="checkbox"/>	1	1 2	Shared with neighbours	<input type="checkbox"/>	2	1 2	Communal	<input type="checkbox"/>	3	1 2																																																																																											
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Q083	<u>Record household type</u>	<table border="1"> <tbody> <tr> <td>Pole and dagga structure</td> <td><input type="checkbox"/></td> <td>1</td> <td>1 2</td> </tr> <tr> <td>Brick house - thatched roof</td> <td><input type="checkbox"/></td> <td>2</td> <td>1 2</td> </tr> <tr> <td>Brick house - tiled/sheeting roof</td> <td><input type="checkbox"/></td> <td>3</td> <td>1 2</td> </tr> <tr> <td>Cabin/other</td> <td><input type="checkbox"/></td> <td>8</td> <td>1 2</td> </tr> </tbody> </table>	Pole and dagga structure	<input type="checkbox"/>	1	1 2	Brick house - thatched roof	<input type="checkbox"/>	2	1 2	Brick house - tiled/sheeting roof	<input type="checkbox"/>	3	1 2	Cabin/other	<input type="checkbox"/>	8	1 2																																																																																							
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Q084	<u>Observe and record type of floor of the main dwelling</u>	<table border="1"> <tbody> <tr> <td>Natural floor (earth/sand/dung)</td> <td><input type="checkbox"/></td> <td>1</td> <td>1 2</td> </tr> <tr> <td>Rudimentary (planks/palm/bamboo)</td> <td><input type="checkbox"/></td> <td>2</td> <td>1 2</td> </tr> <tr> <td>Finished (wood/cement/carpet...)</td> <td><input type="checkbox"/></td> <td>3</td> <td>1 2</td> </tr> </tbody> </table>	Natural floor (earth/sand/dung)	<input type="checkbox"/>	1	1 2	Rudimentary (planks/palm/bamboo)	<input type="checkbox"/>	2	1 2	Finished (wood/cement/carpet...)	<input type="checkbox"/>	3	1 2																																																																																											
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Q085	Does your household have: Electricity? A refridgerator? A radio? A television? A bicycle? A motorcycle? A car? A tractor? A scotch kart? A cellphone?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Refridgerator</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Radio</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Television</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Bicycle</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Motorcycle</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Car</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Tractor</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Scotch kart</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Cellphone</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> </tbody> </table>		Y	N	Y	N	NA	Electricity	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Refridgerator	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Radio	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Television	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Bicycle	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Motorcycle	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Car	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Tractor	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Scotch kart	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Cellphone	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9																																					
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Q086	How many of the following does your household own?	<table border="1"> <tbody> <tr> <td>Cattle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> <tr> <td>Goats</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> </tbody> </table>	Cattle	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9	Goats	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9																																																																																															
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Q087	How many hectares of land does your household have under <u>Round to the nearest 0.1 of a hectare.</u>	<table border="1"> <tbody> <tr> <td>Maize, casava, sorghum</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> <tr> <td>Cotton</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> <tr> <td>Other crops (specify) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> <tr> <td>Vegetable garden</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 2 9</td> </tr> </tbody> </table>	Maize, casava, sorghum	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9	Cotton	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9	Other crops (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9	Vegetable garden	<input type="checkbox"/>	<input type="checkbox"/>	1 2 9																																																																																							
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Q088	In 2010, did you spend money on the following:	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>School fees</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>School equip't (incl. uniforms and stationery)</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Healthcare/medications (incl. clinics visits)</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Birth registration costs (incl. transport)</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Clothes</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Blankets</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Housing repairs and improvements</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Household assets / equipment</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Agricultural equipment</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Animals / livestock purchases</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Income generating activities</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Alcohol or tobacco</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Other entertainment costs</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Loans to others</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Visiting friends / family</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> <tr> <td>Funerals / mem services (incl. burial socs)</td> <td><input type="checkbox"/></td> <td>1 2</td> <td><input type="checkbox"/></td> <td>1 2</td> <td>9</td> </tr> </tbody> </table>		Y	N	Y	N	NA	School fees	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	School equip't (incl. uniforms and stationery)	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Healthcare/medications (incl. clinics visits)	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Birth registration costs (incl. transport)	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Clothes	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Blankets	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Housing repairs and improvements	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Household assets / equipment	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Agricultural equipment	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Animals / livestock purchases	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Income generating activities	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Alcohol or tobacco	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Other entertainment costs	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Loans to others	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Visiting friends / family	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	Funerals / mem services (incl. burial socs)	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	9	
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Q089	How many meals did the household take yesterday?	Number <input type="text"/>																																																																																																							
Q090	How many parenting skills classes did members of your household attend in 2010?  <u>Note line number of person who attended most classes.</u>	Number <input type="text"/> <input type="text"/>																																																																																																							
Q091	In 2010, did your household receive cash transfers from DOMCCP/CRS?	<table border="1"> <tbody> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>2</td> </tr> </tbody> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	- Q098																																																																																																
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No	<input type="checkbox"/>	2																																																																																																							
Q092	<u>Note line number of main household representative for the cash transfer programme.</u>	Household line no. <input type="text"/>																																																																																																							

For Q080-Q088, for each item, ask whether cash transfer programme money was spent directly on the item.

