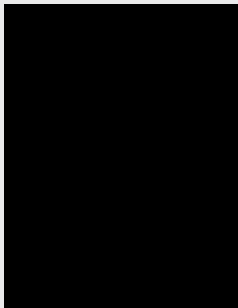

1. Village *

- ☐ Mt. Meru
- ☐ Nodonjukin
- ☐ Loro
- ☐ Meliot

2. Enumerator *



Participant ID Number *

3. Survey Year *

- ☐ 2016
- ☐ 2015
- ☐ 2014
- ☐ 2013

Survey Month *



January

February

March

April

May

June

July

August

September

October

November

December

Survey Day *

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

Basic Demographics

4. Gender *

- ☐ Male
- ☐ Female

5. What is your relationship to the head of the household? *

- ☐ Head of household
- ☐ Spouse of head of household
- ☐ Son of head of household
- ☐ In-law
- ☐ Hired labor
- ☐ Daughter of head of household
- ☐ Other

6. Ethnic Group *

- ☐ Chagga
- ☐ Maasai
- ☐ Warusha
- ☐ Other

7. How old are you? *

Enter a number.

8. What is your religion? *

- ☐ Protestant Christian
- ☐ Catholic Christian
- ☐ Muslim
- ☐ Traditional
- ☐ None
- ☐ Other

9. Do you read? *

- ☐ Yes
- ☐ No

10. Highest level of education *

- ☐ No formal education
- ☐ Some primary school
- ☐ Completed primary school
- ☐ Some high school
- ☐ Completed high school
- ☐ Some education beyond high school
- ☐ Finished college
- ☐ Postgraduate or above

11. Are you married? *

- ☐ Yes
- ☐ Never
- ☐ Divorced
- ☐ Widow(er)

12. How many times have you been married? *

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10+

13. If married, how old were you when you got married the first time? *

Enter a number.

- ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17
- ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
- ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33
- ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41
- ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49
- ☐ 50 ☐ NEVER MARRIED

14. How many wives do you or your husband have currently? *

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10+

15. What is your birth order? *

- ☐ First
- ☐ Middle
- ☐ Last

16. How many siblings do you have? *

	0	1	2	3	4	5	6	7	8	9	10+
Brothers living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brothers deceased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sisters living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sisters deceased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Children

17. How old were you when your first child was born? *

- ☐ No Children ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16
- ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24
- ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32
- ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40
- ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48
- ☐ 49 ☐ 50

18. How many children do you have? *

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Sons living *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sons deceased *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daughters living *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daughters deceased *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Did you have any children that didn't survive to one year old? *

☐ Yes

☐ No

20. Number of persons in household

Enter numbers for all that apply.

If none apply, enter 0 in at least one box.

	Number	Number in School
Children less than school age	Number <input type="text"/>	Number in School <input type="text"/>
Females : Primary school age	Number <input type="text"/>	Number in School <input type="text"/>
Females : Secondary school age	Number <input type="text"/>	Number in School <input type="text"/>
Females : Between 19-65	Number <input type="text"/>	Number in School <input type="text"/>
Females : Over 65	Number <input type="text"/>	Number in School <input type="text"/>
Males : Primary school age	Number <input type="text"/>	Number in School <input type="text"/>
Males : Secondary school age	Number <input type="text"/>	Number in School <input type="text"/>
Males : Between 19-65	Number <input type="text"/>	Number in School <input type="text"/>
Males : Over 65	Number <input type="text"/>	Number in School <input type="text"/>

Health/Health Services

21. What health services do you use for yourself and family? **CHECK ALL THAT APPLY ***

- ☐ Government clinic
- ☐ Private doctor
- ☐ Government hospital
- ☐ Private hospital
- ☐ Local/indigenous practitioners
- ☐ Dispensary
- ☐ None
- ☐ Other (please specify)

22. If you can't treat yourself, where do you go FIRST for medical treatment? *

- ☐ Government clinic
- ☐ Private doctor
- ☐ Government hospital
- ☐ Private hospital
- ☐ Local/indigenous practitioners
- ☐ Dispensary
- ☐ None
- ☐ Other (please specify)

23. If you go to [repeat what they answered above], and they can't help you, then where do you go next for medical treatment? *

This CANNOT be the SAME SELECTION AS 22!

- ☐ Government clinic
- ☐ Private doctor
- ☐ Govt hospital
- ☐ Private hospital
- ☐ Local/indigenous practitioners
- ☐ None, I only have ONE option
- ☐ Other (please specify)

24. What was the most recent illness for a person in the household? *

25. Where did you USUALLY get medicine come from? *

- ☐ Government clinic/ hospital
- ☐ Private doctor
- ☐ Private clinic/ hospital
- ☐ Pharmacy
- ☐ Friend or neighbor
- ☐ N/A
- ☐ Other (please specify)

26. What was the most recent exotic medicine someone in your household used? *

- ☐ I have not used an exotic medicine recently
- ☐ Yes, but I don't know the name
- ☐ Yes, I have used the name is?

27. How many times has someone used antibiotics in your household in the last year?

- ☐ 0
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-10 times
- ☐ Over 10 times

28. Where did you USUALLY get ANTIBIOTICS come from? *

- ☐ Government clinic/ hospital
- ☐ Private doctor
- ☐ Private clinic/ hospital
- ☐ Pharmacy
- ☐ Friend or neighbor
- ☐ N/A
- ☐ Other (please specify)

29. Are children less than 5 years old in the household currently vaccinated against one or more diseases? *

- ☐ Yes
- ☐ No
- ☐ No children under 5 years

30. How much time does it take to travel to the health center or hospital that you use (ONE WAY)?

Enter numbers. Only need to fill in one box.

minutes by foot

minutes by vehicle

31. How many visits to a health clinic or hospital were made by household members in the last 3 months (sum of everyone in house)? *

- ☐ 0-1 time
- ☐ 2-4 times
- ☐ 5-10 times
- ☐ 11-20 times
- ☐ 20+ times

Social - Household Information

32. How many dwellings? *

Enter numbers.

- ☐ 1-3
- ☐ 3-6
- ☐ 7-10
- ☐ Over 10

33. Animal House

	Yes	No
Cattle	<input type="radio"/>	<input type="radio"/>
Goats and Sheep	<input type="radio"/>	<input type="radio"/>
Chicken	<input type="radio"/>	<input type="radio"/>
Dog	<input type="radio"/>	<input type="radio"/>

34. The house of the respondent is: *

- ☐ On own land
- ☐ On communal land
- ☐ Other

35. Toilet location? *

- ☐ Inside the house
- ☐ Outside the house
- ☐ Both
- ☐ None

36. What type of toilet? *

- ☐ Flush toilet
- ☐ Pit toilet
- ☐ Trench
- ☐ Bush in dedicated location
- ☐ Bush in general
- ☐ Other

37. Electricity –Household inventory *

- ☐ None
- ☐ Grid (this means a power line is connected to house)
- ☐ Off grid (but available via local production such as solar panels)

38. How many of these does your household have? *

	0	1	2	3	4	5+
Radio Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerator Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorcycle/Scooter : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car/Truck : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cell Phone : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse Cart: Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plough : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syringe : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needles : Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M'kokoteli(Wheel Barrow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Where do you get your water? **CHECK ALL THAT APPLY ***

- ☐ Communal well
- ☐ Private well
- ☐ River water
- ☐ Lake or water hole
- ☐ Rain water or seasonal stream
- ☐ Household Stand pipe
- ☐ Nieghbor Standpipe
- ☐ Pay for delivery
- ☐ Cistern
- ☐ Other (please specify)

40. Where do you usually get your water? *

- ☐ Communal well
- ☐ Private well
- ☐ River water
- ☐ Lake or impoundment
- ☐ Rain water seasonal stream
- ☐ Household Stand pipe
- ☐ Neighbor Standpipe
- ☐ Pay for delivery
- ☐ Other (please specify)

41. Do livestock or wildlife drink from the same water source? For example, livestock and humans all drink from standpipe *

- ☐ No, water only for people
- ☐ Livestock drink the same water
- ☐ Wildlife drink the same water
- ☐ Both livestock and wildlife drink the same water

44. Quantity of cow's milk consumed by household per day

	Quantity
Home produced milk	Quantity <input type="text"/>
Purchased milk	Quantity <input type="text"/>
Home produced butter	Quantity <input type="text"/>
Purchased butter	Quantity <input type="text"/>
Home produced eggs	Quantity <input type="text"/>
Purchased eggs	Quantity <input type="text"/>

Economic - Crop Enterprise, Land

45. **FOR THE LAST HARVEST** what types of crops did you grow?

If NO CROPS, enter NA for at least one entry.

	Crop name	Area planted	Draught power used (Yes/No)	Draught power used (Type)	Fertilizer used (Yes/No)	Fertilizer used (Type)	Crop output use (Home Consumption)
Crop 1	Crop name <input type="text"/>	Area planted <input type="text"/>	Draught power used (Yes/No) <input type="text"/>	Draught power used (Type) <input type="text"/>	Fertilizer used (Yes/No) <input type="text"/>	Fertilizer used (Type) <input type="text"/>	Crop output use (Home Consumption) <input type="text"/>
Crop 2	Crop name <input type="text"/>	Area planted <input type="text"/>	Draught power used (Yes/No) <input type="text"/>	Draught power used (Type) <input type="text"/>	Fertilizer used (Yes/No) <input type="text"/>	Fertilizer used (Type) <input type="text"/>	Crop output use (Home Consumption) <input type="text"/>
Crop 3	Crop name <input type="text"/>	Area planted <input type="text"/>	Draught power used (Yes/No) <input type="text"/>	Draught power used (Type) <input type="text"/>	Fertilizer used (Yes/No) <input type="text"/>	Fertilizer used (Type) <input type="text"/>	Crop output use (Home Consumption) <input type="text"/>
Crop 4	Crop name <input type="text"/>	Area planted <input type="text"/>	Draught power used (Yes/No) <input type="text"/>	Draught power used (Type) <input type="text"/>	Fertilizer used (Yes/No) <input type="text"/>	Fertilizer used (Type) <input type="text"/>	Crop output use (Home Consumption) <input type="text"/>
Crop 5	Crop name <input type="text"/>	Area planted <input type="text"/>	Draught power used (Yes/No) <input type="text"/>	Draught power used (Type) <input type="text"/>	Fertilizer used (Yes/No) <input type="text"/>	Fertilizer used (Type) <input type="text"/>	Crop output use (Home Consumption) <input type="text"/>



46. Total crop production expenditures for the most recent complete growing season
If NO CROPS, enter 0 for at least one entry.

	Cost (in TZS)
Seed	Cost (in TZS) <input type="text"/>
Fertilizer	Cost (in TZS) <input type="text"/>
Herbicide	Cost (in TZS) <input type="text"/>
Pesticide	Cost (in TZS) <input type="text"/>
Tractor Rental	Cost (in TZS) <input type="text"/>
Other 1 (specify below)	Cost (in TZS) <input type="text"/>
Other 2 (specify below)	Cost (in TZS) <input type="text"/>
Other 3 (specify below)	Cost (in TZS) <input type="text"/>

47. Did you lose 1/4 or more of your crops in the following years? *

2014

Yes, I lost 1/4 of my crops
Yes, I lost 1/2 of my crops
Yes, I lost 3/4 of my crops
Yes, I lost ALL of my crops
No, I did not lose any crops
No, I don't GROW ANY CROPS
I don't remember

2013

Yes, I lost 1/4 of my crops
Yes, I lost 1/2 of my crops
Yes, I lost 3/4 of my crops
Yes, I lost ALL of my crops
No, I did not lose any crops
No, I don't GROW ANY CROPS
I don't remember

2012

Yes, I lost 1/4 of my crops
Yes, I lost 1/2 of my crops
Yes, I lost 3/4 of my crops
Yes, I lost ALL of my crops
No, I did not lose any crops
No, I don't GROW ANY CROPS
I don't remember

2011

Yes, I lost 1/4 of my crops
Yes, I lost 1/2 of my crops
Yes, I lost 3/4 of my crops
Yes, I lost ALL of my crops
No, I did not lose any crops
No, I don't GROW ANY CROPS
I don't remember

2010

Yes, I lost 1/4 of my crops
Yes, I lost 1/2 of my crops
Yes, I lost 3/4 of my crops
Yes, I lost ALL of my crops
No, I did not lose any crops
No, I don't GROW ANY CROPS
I don't remember

48. If you lost a 1/4 or more of your crops in the following years, what was the major reason? *

2014

Drought
Pests or Disease
Bad Seeds or Not Enough Fertilizer
Animals Ate
Didn't take care of the field
I don't have crops
I didn't lose any crops that year
I don't remember

2013

Drought
Pests or Disease
Bad Seeds or Not Enough Fertilizer
Animals Ate
Didn't take care of the field
I don't have crops
I didn't lose any crops that year
I don't remember

2012

Drought
Pests or Disease
Bad Seeds or Not Enough Fertilizer
Animals Ate
Didn't take care of the field
I don't have crops
I didn't lose any crops that year
I don't remember

2011

Drought
Pests or Disease
Bad Seeds or Not Enough Fertilizer
Animals Ate
Didn't take care of the field
I don't have crops
I didn't lose any crops that year
I don't remember

2010

Drought
Pests or Disease
Bad Seeds or Not Enough Fertilizer
Animals Ate
Didn't take care of the field

I don't have crops
I didn't lose any crops that year
I don't remember



Livestock Enterprise, Assets

49. Cattle

Enter numbers.

If NO CATTLE, enter 0 for at least one entry.

	Adult (Number)	Young (Number)
Kept in a boma in homestead part of all of the day	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Moves in and out of the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Herded away from the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>

50. Sheep & goats

Enter numbers.

If NO GOATS AND SHEEP, enter 0 for at least one entry.

	Adult (Number)	Young (Number)
Kept in a boma in homestead part of all of the day	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Moves in and out of the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Herded away from the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>

51. Donkeys

Enter numbers.

If NO DONKEYS, enter 0 for at least one entry.

	Adult (Number)	Young (Number)
Kept in a boma in homestead part of all of the day	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Moves in and out of the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>
Herded away from the homestead	Adult (Number) <input type="text"/>	Young (Number) <input type="text"/>

52. Pigs

Enter numbers.

If NO PIGS, enter 0 for at least one entry.

	Animals (Number)	Purchase in last year? If Yes, put number	Source of Purchase
adult	Animals (Number) <input type="text"/>	Purchase in last year? If Yes, put number <input type="text"/>	Source of Purchase <input type="text"/>
young	Animals (Number) <input type="text"/>	Purchase in last year? If Yes, put number <input type="text"/>	Source of Purchase <input type="text"/>

53. Poultry system

	Birds (Number)	Housing?	Purchase in last year, if yes put #
Free range	Birds (Number) <input type="text"/>	Housing? <input type="text"/>	Purchase in last year, if yes put # <input type="text"/>

54. number of eggs produced per flock/day? *

Enter a number.

eggs/flock/day

55. Average amount of eggs sold by the household *

Enter a number.

eggs per day

56. How many animals have you purchased in the last year? *

Cattle

Sheep/goats

Donkeys

57. How many animals have you sold in the last year? *

Cattle

Sheep/goats

Donkeys

58. Where do you sell cattle and small livestock? **(Check ALL that apply) ***

- ☐ Local market
- ☐ Regional market
- ☐ Neighbors
- ☐ Butcher/abattoir
- ☐ I don't sell cattle
- ☐ I don't own any cattle
- ☐ Other (specify)

59. When you sell livestock how far do you usually travel? *

- ☐ 1 hour or less
- ☐ More than 1 hour less than 1 day
- ☐ More than 1 day
- ☐ More than 2 days
- ☐ N/A

60. When you purchase livestock how far do you usually travel? *

- ☐ 1 hour or less
- ☐ More than 1 hour less than 1 day
- ☐ More than 1 day
- ☐ More than 2 days
- ☐ N/A

61. Does someone outside your household manage your livestock for you? *

- ☐ Yes
- ☐ No

62. If someone else manages your livestock outside of your household, why? *

- ☐ Too many to manage alone
- ☐ Other person needed livestock for milk
- ☐ N/A
- ☐ Other (specify)

63. How many animals do you currently manage for someone else? *

Enter numbers for all that apply.

If none apply, enter 0 for at least one entry.

- Cattle
- Goats
- Sheep
- Donkeys
- Horses
- Other

64. Why are you keeping stock for someone else? (SKIP IF NOT KEEPING STOCK FOR SOMEONE ELSE) *

- ☐ Owner had too many to manage alone
- ☐ Needed livestock for milk
- ☐ Kumharia
- ☐ N/A
- ☐ Other (specify)

65. How much land does the household graze and not share with other livestock holders for grazing? *

Enter the number and the units.

☐ Yes, write in number and units

*

☐ None

66. Does your family have access to common grazing land? *

☐ Yes

☐ No

67. What factors keep you from increasing your herd size? (CHECK ALL THAT APPLY) *

☐ Lack of money

☐ Lack of land

☐ Lack of water

☐ Lack of labor

☐ Don't want any more

☐ Too expensive to maintain

☐ Disease limitations

☐ N/A

☐ Other (specify)

68. How often do your livestock come into contact with livestock from other villages/communities when grazing? *

- ☐ Never
- ☐ Every day
- ☐ Once or more per week
- ☐ Once or more per month
- ☐ Less than once per month

Cattle Management

69. How many times in a normal year do you move your livestock? *

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+
- ☐ NA, I have no livestock

70. How many times do you move your livestock in a dry year? *

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+
- ☐ NA, I have no livestock

71. How far do you move your livestock in a normal year? *

- ☐ Less than one day walk
- ☐ One to two days
- ☐ Three to four days
- ☐ More than four days
- ☐ N/A

72. How far do you move your livestock in a dry year? *

- ☐ Less than one day walk
- ☐ One to two days
- ☐ Three to four days
- ☐ More than four days
- ☐ N/A

73. Is this year a dry year, normal year, or wet year? *

- ☐ Dry year
- ☐ Normal year
- ☐ Wet year

Economic - Livestock Health and Loss

74. Did you lose one-quarter or more of your livestock in the following years? *

For example, if their herd was 4 and they lost 1 cow or sheep then say "yes"

2014

Yes, I lost 1/4 of my herd
Yes, I lost 1/2 of my herd
Yes, I lost 3/4 of my herd
Yes, I lost ALL of my herd
No, I didn't lose more than 1/4
No, I don't have any livestock
I don't remember

2013

Yes, I lost 1/4 of my herd
Yes, I lost 1/2 of my herd
Yes, I lost 3/4 of my herd
Yes, I lost ALL of my herd
No, I didn't lose more than 1/4
No, I don't have any livestock
I don't remember

2012

Yes, I lost 1/4 of my herd
Yes, I lost 1/2 of my herd
Yes, I lost 3/4 of my herd
Yes, I lost ALL of my herd
No, I didn't lose more than 1/4
No, I don't have any livestock
I don't remember

2011

Yes, I lost 1/4 of my herd
Yes, I lost 1/2 of my herd
Yes, I lost 3/4 of my herd
Yes, I lost ALL of my herd
No, I didn't lose more than 1/4
No, I don't have any livestock
I don't remember

2010

Yes, I lost 1/4 of my herd
Yes, I lost 1/2 of my herd
Yes, I lost 3/4 of my herd
Yes, I lost ALL of my herd
No, I didn't lose more than 1/4
No, I don't have any livestock
I don't remember

75. If you lost 1/4 or more of your herds in the following years, what was the major reason? *

2014

Drought
Pests or Disease
I did not lose 1/4 of my herd that year
I don't have any livestock
I don't remember

2013

Drought
Pests or Disease
I did not lose 1/4 of my herd that year
I don't have any livestock
I don't remember

2012

Drought
Pests or Disease
I did not lose 1/4 of my herd that year
I don't have any livestock
I don't remember

2011

Drought
Pests or Disease
I did not lose 1/4 of my herd that year
I don't have any livestock
I don't remember

2010

Drought
Pests or Disease
I did not lose 1/4 of my herd that year
I don't have any livestock
I don't remember

76. What animal health services do you use for livestock? **CHECK ALL THAT APPLY ***

☐ Ag extension officer

☐ Government vet

☐ Private vet

☐ Drug shop

☐ Indigenous healer

☐ None

☐ Other (specify)

77. Describe the most recent illness in your herd (SKIP IF NO RECENT ILLNESS)

	Animal	Illness	Symptoms	Treatment	Duration	Number sick	Recovered
Most recent	Animal <input type="text"/>	Illness <input type="text"/>	Symptoms <input type="text"/>	Treatment <input type="text"/>	Duration <input type="text"/>	Number sick <input type="text"/>	Recovered <input type="text"/>
Next most recent	Animal <input type="text"/>	Illness <input type="text"/>	Symptoms <input type="text"/>	Treatment <input type="text"/>	Duration <input type="text"/>	Number sick <input type="text"/>	Recovered <input type="text"/>

78. Are your animals vaccinated against any diseases? (SKIP IF NO ANIMALS ARE VACCINATED)

List for which diseases animals are vaccinated.

	Disease 1	Disease 2	Disease 3	Disease 4	Other diseases
Cattle	Disease 1 <input type="text"/>	Disease 2 <input type="text"/>	Disease 3 <input type="text"/>	Disease 4 <input type="text"/>	Other diseases <input type="text"/>
Smallstock	Disease 1 <input type="text"/>	Disease 2 <input type="text"/>	Disease 3 <input type="text"/>	Disease 4 <input type="text"/>	Other diseases <input type="text"/>
Dogs	Disease 1 <input type="text"/>	Disease 2 <input type="text"/>	Disease 3 <input type="text"/>	Disease 4 <input type="text"/>	Other diseases <input type="text"/>

79. Where do you get vaccines for livestock? *

- ☐ Veterinarian
- ☐ Animal drug shop
- ☐ Agricultural extension
- ☐ Friends
- ☐ N/A, the HOUSEHOLD does not purchase vaccines
- ☐ Don't Know
- ☐ Other (specify)

80. Number of calves born dead in the last year from sick cows? *

Enter a number.

81. Number of kids born dead in last year from sick mother? *

Enter a number.

82. How do you dispose of a dead animal? *

- ☐ Eat
- ☐ Skin and bury
- ☐ Bury without skinning
- ☐ Leave it
- ☐ Burn it
- ☐ Cook for dogs and pigs
- ☐ N/A

83. When you treat an animal do you use the milk or meat from it? *

- ☐ Immediately
- ☐ After 3 days
- ☐ After 10 days
- ☐ When the animal is healthy
- ☐ N/A

84. Has sickness in your herd reduced the time available for other business/work in the last year? *

☐ Yes

☐ No

85. Has any family member become sick or died because of eating product from sick animal? *

☐ Yes

☐ No

Exotic Medicines for Livestock

86. Do you keep exotic medicines FOR LIVESTOCK at home? *

☐ Yes

☐ No

87. What exotic medicines **FOR LIVESTOCK** do you keep on hand at home?

	Medicine	Brand	Where it was purchased	When it was purchased	Use by date (EXPIRATION)
Medicine 1	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 2	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 3	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 4	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 5	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 6	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 7	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>
Medicine 8	Medicine <input type="text"/>	Brand <input type="text"/>	Where it was purchased <input type="text"/>	When it was purchased <input type="text"/>	Use by date (EXPIRATION) <input type="text"/>

88. Where do you get exotic medicines for livestock? *

- ☐ Veterinarian
- ☐ Animal drug shop
- ☐ Agricultural extension
- ☐ Friends
- ☐ N/A, the HOUSEHOLD does not purchase exotic medicines
- ☐ Other (specify)

Cattle Sickness

89. What do you do to avoid disease/outbreak in livestock? **CHECK ALL THAT APPLY ***
Select all that apply.

- ☐ Keep calves separate
- ☐ Make a shed or pen to prevent contact from other domestic and wild animals
- ☐ Keep new cattle separately
- ☐ Graze sick cattle separately
- ☐ Feed supplementation
- ☐ Buy new cattle from local area
- ☐ Vaccination
- ☐ Treatment (Animal Health)
- ☐ Treatment (traditional)
- ☐ Spraying
- ☐ Do nothing
- ☐ Other (specify)

90. Do you change where you graze when your livestock to avoid sickness? *

- ☐ Yes
- ☐ No
- ☐ N/A, I don't have any cows
- ☐ N/A, my cows are zero grazing

91. Do you ever give your livestock medicine? *

- ☐ Yes, I give them exotic and traditional medicine
- ☐ Yes, but I only give them traditional medicine NOT exotic medicine
- ☐ Yes, but I only give them exotic medicine NOT traditional medicine
- ☐ No, I do not give them any medicine.

92. How much do you use per dose for a full grown cow?

	Length of treatment (days)	dose for adult cow	Don't Know, Vet gives drugs
Pen-strep	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Basulfa	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Bamisola	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Dininabazen	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Parvexon	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Alfamec	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Ivermectine	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>
Inomazene	Length of treatment (days) <input type="text"/>	dose for adult cow <input type="text"/>	Don't Know, Vet gives drugs <input type="text"/>

93. Does anyone in the household milk cows *

☐ Yes

☐ No

94. How much milk do you get from **ONE COW** in the

Dry Season

Under 1 liter
1 liter
1-2 liter
2 liters
more than 2 liters

Wet Season

Under 1 liter
1 liter
1-2 liter
2 liters
more than 2 liters

95. How many cows does THE HOUSEHOLD milk in the
HOUSEHOLD INCLUDES ALL WIVES

Dry Season

1-2
2-4
5-10
11-20
21-40
41-60
Over 60

Wet Season

1-2
2-4
5-10
11-20
21-40
41-60
Over 60

96. Average amount of cow milk sold by the household *

Enter a number.

number of liters/day

97. Average amount of butter sold by the household *

Enter a number.

liters/ market day

98. Does the housheold milk goats/sheep *

☐ Yes

☐ No

99. How much milk do you get from **ONE GOAT/SHEEP** in the:

Dry Season

Under 1 liter
1 liter
1-2 liter
2 liters
more than 2 liters

Wet Season

Under 1 liter
1 liter
1-2 liter
2 liters
more than 2 liters

100. How many goats/sheep does THE HOUSEHOLD milk in the

HOUSEHOLD INCLUDES ALL WIVES

Dry Season

1-2
2-4
5-10
11-20
21-40
41-60
Over 60

Wet Season

1-2
2-4
5-10
11-20
21-40
41-60
Over 60

101. Average amount of goat milk sold by the household *

Enter a number.

liters/ day

102. Where do you normally sell milk or butter?

- ☐ Local market
- ☐ Regional market
- ☐ Neighbors
- ☐ Shop keeper
- ☐ N/A
- ☐ Other (specify)

103. Select YES if anyone in the household milk cows OR goats/sheep

- ☐ Yes
- ☐ No

104. How many times a day do you milk cows or goats?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

105. Do you clean the enyewa of the cows/sheep/goats before milking?

- ☐ Yes
- ☐ No

106. Do you DRINK/COOK with MILK from? *

SICK COWS

Yes
No
N/A, I don't have any milk producing livestock

SICK GOATS/SHEEP

Yes
No
N/A, I don't have any milk producing livestock

107. Do you SELL MILK from? *

SICK COWS

Yes
No
N/A, I don't have any milk producing livestock

SICK GOATS/SHEEP

Yes
No
N/A, I don't have any milk producing livestock

108. Do you stop selling or consuming milk during treatment with exotic medicines? *

- ☐ Yes
- ☐ No
- ☐ N/A

109. Is there a decrease in milk production from sick cows compared to healthy cows? *

- ☐ Yes
- ☐ No
- ☐ No milking of sick cows
- ☐ N/A , I don't have any cows

110. Referring to the previous question, If yes, by how much? (SKIP IF NO DECREASE IN MILK PRODUCTION) *

Enter a number.

liters/day

111. Do you have separate COLLECTION CONTAINERS for DIFFERENT COWS/SHEEP? GOATS?

- ☐ YES, each animal has a different container
- ☐ NO, I use the same container for many animals
- ☐ No, I only have ONE milking animal

112. If one of your milking animals is sick, do you stop milking and clean the collection container BEFORE milking any other animals?

- ☐ Yes, every time
- ☐ Yes, but only some of the times
- ☐ No

113. How often do you clean your calabash/container used for COLLECTING cow and sheep milk

- ☐ Only in the morning
- ☐ Only in the evening
- ☐ In the morning and in the evening
- ☐ A few times per week
- ☐ I never clean my collection containers

114. What do you clean your milk containers with? **CHECK ALL THAT APPLY**

	Water	Cow Urine
Collection Containers	<input type="checkbox"/>	<input type="checkbox"/>
Storage Containers	<input type="checkbox"/>	<input type="checkbox"/>

115. What CONTAINER do you STORE milk in? **CHECK ALL THAT APPLY**

- ☐ Calabash
- ☐ Plastic Container
- ☐ Metal Pots

☐ Other (required) *

116. How many hours do you USUALLY store milk after morning or evening milking before it is all gone?

- ☐ Under 1 hr
- ☐ 1-2
- ☐ 3-4
- ☐ 5-7
- ☐ 8-12
- ☐ 12-24
- ☐ More than one day

117. How many times do you bring the milk to boil?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Over 4

118. Do you boil milk before putting in calabash to make sour milk?

- ☐ Yes, always
- ☐ Yes, but only some of the itme
- ☐ No, I do not boil the milk
- ☐ I do not make sour milk

119. How many days do you keep sour milk before cleaning the calabash?

- ☐ Under 1 day
- ☐ About 1 day
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ A week or more
- ☐ I do not make sour milk

120. If you do not boil all of the milk, why do you not boil all of the milk? **CHECK ALL THAT APPLY**

- ☐ I do not boil the milk I sell
- ☐ Boiled milk tastes bad
- ☐ Boiled milk hurts the vitamines in milk
- ☐ I do not boil milk
- ☐ Other (required) *

125. How long do you cook the porridge for dogs?

- ☐ Under 5 minutes
- ☐ 5-10 minutes
- ☐ over 10 minutes

126. Do you cook your porridge for dogs FOR LESS time than you cook porridge for humans?

- ☐ Yes
- ☐ No

127. If you cook porridge for dogs FOR LESS time, why?

128. If you don't drink milk from sick cows, do you still give it to dogs?

- ☐ Yes
- ☐ No

129. Have you ever seen dogs EAT the poop of. **CHECK ALL THAT APPLY**

- ☐ Humans
- ☐ Other Dogs
- ☐ Cattle
- ☐ Sheep/Goat

130. In the last year, how many DIFFERENT people did you RECEIVE livestock from. This includes buying, loans, marriage payments, and gifts *

131. In the last year, about how many DIFFERENT people did you GIVE livestock to. This includes selling, loans, marriage payments, and gifts *

132. Please think about the last three times you BOUGHT OR SOLD cattle, who did you BUY or SELL them too *

Exchange 1

Kin
Friend
Livestock Trader
NA

Exchange 2

Kin
Friend
Livestock Trader
NA

Exchange 3

Kin
Friend
Livestock Trader
NA

133. List up to 3 water sources your livestock use in a year.

	Name of Source
Water A	Name of Source <input type="text"/>
Water B	Name of Source <input type="text"/>
Water C	Name of Source <input type="text"/>

134. How often do your livestock use the sources

Water A	<div>almost everyday</div> <div>almost once per week</div> <div>about once per month</div>
Water B	<div>almost everyday</div> <div>almost once per week</div> <div>about once per month</div>
Water C	<div>almost everyday</div> <div>almost once per week</div> <div>about once per month</div>

135. Do your livestock come in contact with other livestock at these sources

Water A

Yes, many other animals
Yes, but only a few households
No, this source is in the household
No, I take water from source and bring to cattle

Water B

Yes, many other animals
Yes, but only a few households
No, this source is in the household
No, I take water from source and bring to cattle

Water C

Yes, many other animals
Yes, but only a few households
No, this source is in the household
No, I take water from source and bring to cattle

136. List up to 3 markets you have bought livestock at

	Name of Source
Market A	Name of Source <input type="text"/>
Market B	Name of Source <input type="text"/>
Market C	Name of Source <input type="text"/>

137. For the year, how many cattle did you BUY at the market

Market A

0
1
2-4
5-10
10-30
31-50
Over 50

Market B

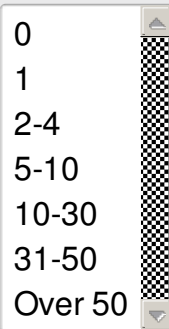
0
1
2-4
5-10
10-30
31-50
Over 50

Market C

0
1
2-4
5-10
10-30
31-50
Over 50

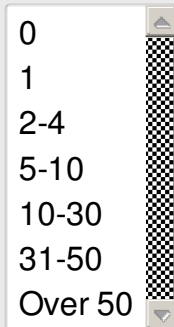
138. For the year, how many cattle did you SELL at the market

Market A



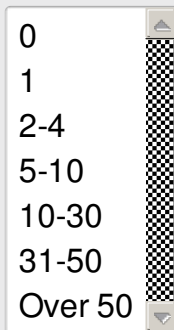
0
1
2-4
5-10
10-30
31-50
Over 50

Market B



0
1
2-4
5-10
10-30
31-50
Over 50

Market C



0
1
2-4
5-10
10-30
31-50
Over 50

Information on wage labor

139. In the last three years, has anyone in the household been employed in wage labor? This means the person is paid at an hourly rate *

☐ Yes

☐ NO

140. Please think of the last three people IN THE HOUSEHOLD who worked wage labor.
Who?

Person 1

No person has worked wage labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 2

No person has worked wage labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 3

No person has worked wage labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

141. Where did the people go for wage labor?

Person 1

close to the village
In an urban area
many kilometers away

Person 2

close to the village
In an urban area
many kilometers away

Person 3

close to the village
In an urban area
many kilometers away

142. How long did the people work in wage labor?

Person 1

A few weeks
A few months
Many months

Person 2

A few weeks
A few months
Many months

Person 3

A few weeks
A few months
Many months

143. What type of wage labor did the person do. For example, security, work for tourist company, get paid to weed field

Person 1

Person 2

Person 3

144. In the last three years, has anyone in the household made money from self-employment, such as boda-boda, selling charcoal, or selling matunda from garden? *

☐ Yes

☐ NO

145. Please think of the last three people IN THE HOUSEHOLD who worked self-employed.
Who were they?

Person 1

Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 2

Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 3

Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

146. What type of self-employment did the person do? For example, drive a boda-boda, sell charcoal, or or vegetables/eggs from garden

Person 1

Person 2

Person 3

147. In the last three years, has anyone IN THE HOUSEHOLD made money from salary labor? Salary Labor means paid per month, for example, working for the government *

☐ Yes

☐ NO

148. Please think of the last three people who worked salary labor IN THE HOUSEHOLD, who were they?

Person 1

No person has worked in salary labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 2

No person has worked in salary labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 3

No person has worked in salary labor
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

149. How often do the people work in salary labor?

Person 1

A few weeks
A few months
Many months

Person 2

A few weeks
A few months
Many months

Person 3

A few weeks
A few months
Many months

150. What type of salary labor did the person do. For example, work for government or NGO

Person 1

Person 2

Person 3

151. Has any person working in SALARY or WAGE LABOR AWAY FROM THE VILLAGE, sent money back to the household? *

Person 1

No person has sent back money
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 2

No person has sent back money
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

Person 3

No person has sent back money
Household Head
Spouse of Household Head
Child of household head
Sibling of Household Head
Parents of Household Head
Cousin
Friend

152. If someone working in wage or salary labor away from household sent money home, how often did they send home?

Person 1

almost every week
almost every month
only a few times a year

Person 2

almost every week
almost every month
only a few times a year

Person 3

almost every week
almost every month
only a few times a year

153. What is the total household wage income per month on average from labor, INCLUDING WAGE, SALARY. SMALL BUSINESS and NOT from livestock or crops? *

Enter a number.

- ☐ 0
- ☐ 1- 25,000
- ☐ 25,000-100,000
- ☐ 100,000-200,000
- ☐ 200,000-400,000
- ☐ 400,000-700,000
- ☐ 700,000-1,000,000
- ☐ Over 1 million
- ☐ Does not want to answer
- ☐ Does not know

154. Does any household member maintain a savings account? *

- ☐ Bank
- ☐ Mpesa
- ☐ None

155. What is the current household savings balance? (SKIP IF NO BANKING ACCOUNT) *

Enter a number.

- ☐ 0
- ☐ 1- 25,000
- ☐ 25,000-100,000
- ☐ 100,000-200,000
- ☐ 200,000-400,000
- ☐ 400,000-700,000
- ☐ 700,000-1,000,000
- ☐ Over 1 million
- ☐ Does not want to answer
- ☐ Does not know

156. In the LAST YEAR did you receive any support for feeding the household from any NGO/Government? *

- ☐ Yes, write in name of source (agency, NGO)
- ☐ No

157. Has any household member taken **a loan or loans** in the last 2 years? *

- ☐ Yes
- ☐ No
- ☐ Don't know

158. Why were the loan (s) taken? **CHECK ALL THAT APPLY** *

- ☐ Buy food
- ☐ Housing
- ☐ Transportation
- ☐ School fees
- ☐ Health care
- ☐ Livestock purchase
- ☐ Business
- ☐ N/A
- ☐ Other

Diversification

159. In the last 3 years, have you changed **the size** of your herd or **species composition** because of changes in the environment, such as climate changes. *

- ☐ Yes
- ☐ No
- ☐ No, I did not own any livestock in the past three years

160. In the last 3 years, have you increased the amount of livestock you sold? *

- ☐ Yes
- ☐ No
- ☐ No, I did not own any livestock in last three years

161. In the last 3 years, have you changed the types of crops you grow because of climate changes or to make more money? *

- ☐ Yes, because of climate change
- ☐ Yes, to make more money
- ☐ Yes, because of climate change AND money
- ☐ No
- ☐ No, I did not have any crops in last 3 years

162. In the last 3 years, have you increased inputs (fertilizer, labor) to increase agricultural output (yield)? *

- ☐ Yes
- ☐ No
- ☐ No, I did not have any crops in last 3 years

Diversification

163. In the Last Year What percent of household income was from Livestock and Crops OR Labor/Assistance *

- ☐ 100% Livestock and Crops
- ☐ 90% Livestock and Crops and 10% Labor
- ☐ 75% Livestock and Crops and 25% Labor
- ☐ 50% Livestock and Crops and 50% Labor
- ☐ 25% Livestock and Crops and 75% Labor
- ☐ 10% Livestock and Crops and 90% Labor
- ☐ 100% Labor and assistance

164. From the money earned by livestock and crops, what percent is from livestock and from crops *

- ☐ 100% Livestock
- ☐ 90% Livestock and 10% Crops
- ☐ 75% Livestock and 25% Crops
- ☐ 50% Livestock and 50% Crops
- ☐ 25% Livestock and 75% Crops
- ☐ 10% Livestock and 90% Crops
- ☐ 100% Crops
- ☐ NA, I get ALL income from Labor/Assistance

VERIFY

165. Did you get a GPS point and label the point the household id number *

☐ Yes

☐ NO

166. Did you get a milk sample (fresh, sour, cattle and goat) if they have this milk? If they did have milk, make sure you put ID Number, Date, Time the Milking (morning or evening), Time you collected, and Type of Container used (calabash, plastic container) *

☐ Yes

☐ No

167. Did you get poop samples (human, cattle, sheep, dog, chicken, donkey) and make sure to put ID, DATE, Time of Collection, Species and OPEN/ENCLOSURE? *

☐ Yes

☐ No