

## **VOLUME II ANNEX: FEED THE FUTURE ZONE OF INFLUENCE INTERIM POPULATION-BASED SURVEY INSTRUMENT**

### **OCTOBER 2014**

This Annex contains the core instrument for the interim population-based surveys in the Zones of Influence of Feed the Future focus countries. It should be used as the basis for each country-specific instrument then adapted to the country context. Country-level adaptation will involve several steps:

1. If the country has conducted a Living Standards Measurement or similar study, the consumption expenditure module from the country's survey instrument should be substituted for Module E in the core instrument, to ensure comparability between Feed the Future and country estimates of poverty and daily per capita expenditures. Missions should work closely with national statistic offices to ensure data processing and indicator calculation also follows country protocols.
2. If the mission has decided to collect the full WEAI in the interim survey, Module G5: Motivation for Decision Making from the baseline survey instrument should be added to Module G.
3. If the mission has decided to collect data on the new nutrition-sensitive value chain indicators, the food groups in Module H and I should be disaggregated as appropriate to capture information about the targeted nutrient-rich value chain commodities.
4. If the mission has decided to collect information not captured by Feed the Future population-based indicator data collection, additional module(s) to capture Mission-specific information should be included.
5. The **yellow highlights** and Instructions in **comment boxes** in the core instrument in this Annex indicate places where the instrument design should be adapted or item wording or response codes should be reviewed to ensure they reflect appropriate wording/responses in the specific country context. The survey implementer should review all highlights and comments to ensure the instrument is appropriately and correctly contextualized.

The core instrument contains the following modules:

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## **MODULE A. HOUSEHOLD IDENTIFICATION COVER SHEET**

HOUSEHOLD IDENTIFICATION										CODE		A09. INTERVIEWER VISITS						
A01. HOUSEHOLD IDENTIFICATION													1	2	3	FINAL VISIT		
												DATE				DAY		
A02. CLUSTER NUMBER																MONTH		
A03. VILLAGE																YEAR		
A04. COUNTY																INT. NUMBER		
A05. DISTRICT												INTERVIEWER'S NAME				RESULT		
A06. REGION												RESULT*						
A07. GPS COORDINATES OF HOUSEHOLD												NEXT VISIT DATE				TOTAL NUMBER OF VISITS		
A08. HOUSEHOLD PHONE NUMBER:												TIME						
NOTE:  THE PRIMARY MALE AND PRIMARY FEMALE DECISIONMAKERS ARE THOSE WHO ARE AGE 18 OR OLDER, AND WHO SELF-IDENTIFY AS THE PRIMARY MALE AND/OR PRIMARY FEMALE MEMBERS RESPONSIBLE FOR THE DECISION MAKING, BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD.  IN HOUSEHOLDS WITH BOTH MALE AND FEMALE DECISIONMAKERS, THE PRIMARY MALE AND PRIMARY FEMALE DECISIONMAKERS ARE USUALLY HUSBAND AND WIFE; HOWEVER THEY CAN ALSO BE OTHER HOUSEHOLD MEMBERS, AS LONG AS THEY ARE AGED 18 AND OVER.										*RESULT CODES:						A10. TOTAL PERSONS IN HOUSEHOLD		
										1 COMPLETED						A11. TOTAL NUMBER OF WOMEN 15-49		
										2 NO HOUSEHOLD MEMBER AT HOME OR HOUSEHOLD MEMBER TOO ILL TO RESPOND/ COGNITIVELY IMPAIRED						A12. TOTAL NUMBER OF CHILDREN AGE 0-5		
										3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD						A13. LINE NO. OF RESPONDENT TO MODULE C		
4 POSTPONED																		
5 REFUSED																		
6 DWELLING VACANT																		
7 ADDRESS NOT A DWELLING																		
8 DWELLING DESTROYED																		
9 DWELLING NOT FOUND																		
10 OTHER _____ (SPECIFY)																		
11 PARTIALLY COMPLETED																		
A14. SENIOR SUPERVISOR						A15. QC INTERVIEWER			A16. INTERVIEWER CODE									
NAME _____						NAME _____												
A17. LANGUAGE OF QUESTIONNAIRE**						A19. NATIVE LANGUAGE OF RESPONDENT**												
A18. LANGUAGE OF INTERVIEW**						A20. WAS A TRANSLATOR USED? (YES=1, NO=2)												
** LANGUAGE CODES: 1 DEFINE1 2 DEFINE2 3 DEFINE3 4 DEFINE4 5 DEFINE5 6 DEFINE6 7 OTHER (SPECIFY)																		

## **MODULE B(1). INFORMED CONSENT**

INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF A RESPONSIBLE ADULT IN THE HOUSEHOLD TO PARTICIPATE IN MODULE C & D OF THE QUESTIONNAIRE.

AT THE BEGINNING OF EACH SUBSEQUENT MODULE, YOU WILL BE PROMPTED TO OBTAIN INFORMED CONSENT FROM EACH ELIGIBLE RESPONDENT PRIOR TO INTERVIEWING HIM OR HER.

ASK TO SPEAK WITH A RESPONSIBLE ADULT IN THE HOUSEHOLD:

STATEMENT TO BE READ TO THE RESPONDENT:

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for members of your household, the interview in total will take approximately 2-3 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**

**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1

↓  
CONTINUE  
WITH  
HOUSEHOLD  
ROSTER:

"First, I'd like to ask you about  
the members of your household."

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

## **MODULE B(2). INFORMED CONSENT AND CONTACT INFORMATION TO LEAVE WITH THE HOUSEHOLD**

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for members of your household, the interview in total will take approximately 2-3 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

If in the future you have any questions regarding the survey or the interview, or concerns or complaints, we welcome you to contact <your organization>, by calling [#####]. This form is for you so that you will have a record of your participation in the study, and the contact information for the survey organization.

NAME OF SURVEY IMPLEMENTING ORGANIZATION: \_\_\_\_\_

NAME OF SURVEY DIRECTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# MODULE C. HOUSEHOLD ROSTER AND DEMOGRAPHICS

Household identification (in data file, each module must be matched with the HH ID)

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**C01a. Who would you say is the primary male decisionmaker in this household? This person should be 18 years old or older.**

YES, PRIMARY MALE DECISIONMAKER EXISTS IN HOUSEHOLD .....1

NO PRIMARY MALE DECISIONMAKER IN HOUSEHOLD .....2

IF THERE IS A PRIMARY MALE DECISIONMAKER, ENTER HIS NAME ON LINE 01 OF THE ROSTER. C02 AND C03 ARE PRE-FILLED FOR THIS LINE NUMBER.

**C01b. Who would you say is the primary female decisionmaker in this household? This person should be 18 years old or older.**

YES, PRIMARY FEMALE DECISIONMAKER EXISTS IN HOUSEHOLD .....1

NO PRIMARY FEMALE DECISIONMAKER IN HOUSEHOLD .....2

IF THERE IS A PRIMARY FEMALE DECISIONMAKER, ENTER HER NAME ON LINE 02 OF THE ROSTER. SEX (C02) IS PRE-FILLED FOR THIS LINE NUMBER. ENTER THE RELATIONSHIP (C03) OF THE FEMALE DECISIONMAKER TO THE PERSON LISTED ON LINE 01; IF NO ONE IS LISTED ON LINE 01, ENTER CODE '01' FOR C03.

Now, please tell me the names of all of the other people who usually live here.

LIST ALL HOUSEHOLD MEMBERS, THEIR SEX (C02), AND THEIR RELATIONSHIP TO THE PRIMARY DECISIONMAKER NAMED IN LINE 01 (C03), OR NAMED IN LINE 02 IF NO HH MEMBER LISTED ON LINE 01.

IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03.

THEN ASK: Are there any other people who live here, even if they are not at home now? These may include children in school or household members at work.

Any other people like small children or infants that we have not listed?

Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

IF YES, COMPLETE LISTING FOR QUESTIONS C02-C03. THEN, ASK QUESTIONS STARTING WITH C04 FOR EACH PERSON ONE AT A TIME.

What is [NAME's] relationship to the primary male decision-maker?

IF NO PRIMARY MALE DECISION-MAKER:

What is [NAME's] relationship to the primary female decision-maker?

SEE CODES BELOW

What is [NAME's] sex?  
M = 1  
F = 2

IF NO ADULT DECISION-MAKER: ENTER CODE 16

What is [NAME's] age?

IN YEARS  
IF 95 OR OLDER, ENTER '95'

Did [NAME] stay here last night?  
YES=1  
NO=2

How long has it been since [NAME] has spent the night in this household?  
SEE CODES BELOW

CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49

CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5

Has [NAME] ever attended school?  
YES=1  
NO=2

Is [NAME] currently attending school?  
YES=1  
NO=2

What is the highest grade of education completed by [NAME]?  
SEE CODES BELOW

Can [NAME] read and write?  
SEE CODES BELOW

IF AGE 3 OR OLDER

C01

C02

C03

C04

C05

C06

C07

C08

C09

C10

C11

C12

01		1	0	1		1→C07 2	1 2 3		01	01	1 2→C12	1 2		
02		2				1→C07 2	1 2 3		02	02	1 2→C12	1 2		
03		1 2				1→C07 2	1 2 3		03	03	1 2→C12	1 2		
04		1 2				1→C07 2	1 2 3		04	04	1 2→C12	1 2		
05		1 2				1→C07 2	1 2 3		05	05	1 2→C12	1 2		
06		1 2				1→C07 2	1 2 3		06	06	1 2→C12	1 2		

**C03 RESULT CODES: RELATIONSHIP TO PRIMARY MALE (OR FEMALE, IF NO MALE) DECISIONMAKER:**  
 SELF ..... 01 COUSIN ..... 10  
 SPOUSE/PARTNER ..... 02 BROTHER/SISTER-IN-LAW ..... 11  
 SON/DAUGHTER ..... 03 MOTHER/FATHER-IN-LAW ..... 12  
 SON/DAUGHTER-IN-LAW ..... 04 OTHER RELATIVE ..... 13  
 GRANDSON/ ..... 05 SERVANT/MAID ..... 14  
 GRANDDAUGHTER ..... 06 LABORER ..... 15  
 MOTHER/FATHER ..... 07 NO DECISIONMAKER OVER ..... 16  
 BROTHER/SISTER ..... 08 AGE 18 IN HOUSEHOLD ..... 16  
 NEPHEW/NIECE ..... 08 OTHER RELATIONSHIP ..... 96  
 NEPHEW/NIECE OF SPOUSE 09

**C06 RESULT CODES: TIME SINCE SPENT THE NIGHT**  
 CIRCLE 1 IF DAYS; ENTER # OF DAYS IN BOX (1-6)  
 CIRCLE 2 IF WEEKS; ENTER # OF WEEKS IN BOX (1-5)  
 CIRCLE 3 IF MONTHS; ENTER # OF MONTHS IN BOX MEMBER HAS BEEN AWAY.

**C11 RESULT CODES: EDUCATION**  
 LESS THAN P1 (OR NO SCHOOL) ..... 01  
 PRIMARY LEVEL 1-3 ..... 02  
 PRIMARY LEVEL 4-6 ..... 03  
 SECONDARY 1-4 ..... 04  
 SECONDARY 5-6 ..... 05  
 UNIVERSITY OR ABOVE ..... 06  
 TECHNICAL OR VOCATIONAL ..... 07  
 ADULT LITERACY ONLY (NO FORMAL EDUCATION) ..... 08  
 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) ..... 09  
 DON'T KNOW/NOT APPLICABLE ..... 98

**C12 RESULT CODES: LITERACY**  
 CANNOT READ & WRITE .... 1  
 CAN SIGN (WRITE) ONLY ... 2  
 CAN READ ONLY ..... 3  
 CAN READ & WRITE ..... 4

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LINE NUMBER	Now, please tell me the names of all of the other people who usually live here.		What is [NAME's] relationship to the primary male decision-maker?									
	LIST ALL HOUSEHOLD MEMBERS, THEIR SEX (C02), AND THEIR RELATIONSHIP TO THE PRIMARY DECISIONMAKER NAMED IN LINE 01 (C03), OR NAMED IN LINE 02 IF NO HH MEMBER LISTED ON LINE 01.											
	IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03.											
	THEN ASK: Are there any other people who live here, even if they are not at home now? These may include children in school or household members at work.											
	Any other people like small children or infants that we have not listed?		IF NO PRIMARY MALE DECISION-MAKER: What is [NAME's] relationship to the primary female decision-maker?									
	Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?		SEE CODES BELOW	What is [NAME's] age?								
	IF YES, COMPLETE LISTING FOR QUESTIONS C02-C03. THEN, ASK QUESTIONS STARTING WITH C04 FOR EACH PERSON, ONE AT A TIME.	What is [NAME's] sex? M = 1 F = 2	IF NO ADULT DECISION-MAKER: ENTER CODE 16	IN YEARS IF 95 OR OLDER, ENTER '95'	Did [NAME] stay here last night? YES=1 NO=2	How long has it been since [NAME] has spent the night in this household? SEE CODES BELOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5	Has [NAME] ever attended school? YES=1 NO=2	Is [NAME] currently attending school? YES=1 NO=2	What is the highest grade of education completed by [NAME]? SEE CODES BELOW	Can [NAME] read and write? SEE CODES BELOW
									IF AGE 3 OR OLDER			
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12
07		1 2			1→C07 2	1 2 3		07	07	1 2→C12	1 2	
08		1 2			1→C07 2	1 2 3		08	08	1 2→C12	1 2	
09		1 2			1→C07 2	1 2 3		09	09	1 2→C12	1 2	
10		1 2			1→C07 2	1 2 3		10	10	1 2→C12	1 2	
11		1 2			1→C07 2	1 2 3		11	11	1 2→C12	1 2	
12		1 2			1→C07 2	1 2 3		12	12	1 2→C12	1 2	
13		1 2			1→C07 2	1 2 3		13	13	1 2→C12	1 2	
14		1 2			1→C07 2	1 2 3		14	14	1 2→C12	1 2	
15		1 2			1→C07 2	1 2 3		15	15	1 2→C12	1 2	
C03 RESULT CODES: RELATIONSHIP TO PRIMARY MALE (OR FEMALE, IF NO MALE) DECISIONMAKER:				C06 RESULT CODES: TIME SINCE HOME			C11 RESULT CODES: EDUCATION			C12 RESULT CODES: LITERACY		
SELF.....01 COUSIN.....10				CIRCLE 1 IF DAYS; ENTER # OF DAYS IN BOX (1-6)			LESS THAN P1 (OR NO SCHOOL).....01			LITERACY		
SPOUSE/PARTNER.....02 BROTHER/SISTER-IN-LAW...11							PRIMARY LEVEL 1-3.....02			CANNOT READ & WRITE ... 1		
SON/DAUGHTER.....03 MOTHER/FATHER-IN-LAW ...12							PRIMARY LEVEL 4-6.....03			CAN SIGN (WRITE) ONLY ..2		
SON/DAUGHTER-IN-LAW .....04 OTHER RELATIVE .....13							SECONDARY 1-4.....04			CAN READ ONLY .....3		
GRANDSON/.....SERVANT/MAID .....14							SECONDARY 5-6.....05			CAN READ & WRITE.....4		
GRANDDAUGHTER.....05 LABORER.....15							UNIVERSITY OR ABOVE .....06					
MOTHER/FATHER.....06 NO DECISIONMAKER OVER							TECHNICAL OR VOCATIONAL .....07					
BROTHER/SISTER.....07 AGE 18 IN HOUSEHOLD ....16							ADULT LITERACY ONLY (NO FORMAL EDUCATION).....08					
NEPHEW/NIECE.....08 OTHER RELATIONSHIP .....96							KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION).....09					
NEPHEW/NIECE OF SPOUSE 09							DONT KNOW/NOT APPLICABLE.....98					

## MODULE D. DWELLING CHARACTERISTICS

Household identification (in data file, each module must be matched with the HH ID)

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CONTINUE INTERVIEWING THE SAME RESPONDENT FROM MODULE C.

"Now I'd like to ask you a few questions about your home."

QNO.	QUESTIONS	RESPONSE CODES		
D01.	OBSERVE (DO NOT ASK) ROOF TOP MATERIAL (OUTER COVERING):	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>D01:TYPE OF ROOF</b></p> <p>NATURAL ROOFING</p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF ..... 12</p> <p>SOD ..... 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> </div> <div style="width: 48%;"> <p>FINISHED ROOFING</p> <p>METAL ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>CERAMIC TILES ..... 34</p> <p>CEMENT ..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>OTHER ..... 96</p> </div> </div>		
D02.	OBSERVE (DO NOT ASK) FLOOR MATERIAL:	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>D02:TYPE OF FLOOR</b></p> <p>NATURAL FLOOR</p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> </div> <div style="width: 48%;"> <p>FINISHED FLOOR</p> <p>PARQUET/POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER ..... 96</p> </div> </div>		
D03.	OBSERVE (DO NOT ASK) EXTERIOR WALLS:	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>D03:TYPE OF WALLS</b></p> <p>NATURAL WALLS</p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p>METAL SHEETING ..... 27</p> </div> <div style="width: 48%;"> <p>FINISHED WALLS</p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER ..... 96</p> </div> </div>		
D04.	How many rooms in this dwelling are used for sleeping?	<p><b>D04. NUMBER OF ROOMS USED FOR SLEEPING:</b></p> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		



D05.	What is the main type of toilet your household uses?	<b>D05: TYPE OF TOILET</b> FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT..... 23 COMPOSTING TOILET..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 → SKIP TO D08 OTHER..... 96		
D06.	Do you share this toilet with other households?	<b>D06: IF TOILET IS SHARED</b> YES ..... 1 NO ..... 2 → SKIP TO D08		
D07.	How many households use this toilet?	<b>D07: NUMBER OF HOUSEHOLDS WITH WHOM TOILET IS SHARED</b>  NUMBER OF HOUSEHOLDS (IF LESS THAN 10) ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0	
0				
D08.	What is the main source of drinking water for your household?	<b>D08: MAIN DRINKING WATER SOURCE</b> PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK..... 61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER/DAM/LAKE/ POND/STREAM/CANAL/ IRRIGATION CHANNEL)..... 81 BOTTLED WATER ..... 91 OTHER..... 96		
D09.	Does this household have electricity?	<b>D09: ELECTRICITY</b> YES ..... 1 NO ..... 2		

D10.	What is the main source of cooking fuel for your household?	D10: COOKING FUEL	
		ELECTRICITY.....	01
		LIQUID PROPANE GAS.....	02
		NATURAL GAS.....	03
		BIOGAS.....	04
		KEROSENE .....	05
		COAL, LIGNITE .....	06
		CHARCOAL .....	07
		WOOD.....	08
		STRAW/SHRUBS/GRASS .....	09
	AGRICULTURAL CROP RESIDUE .....	10	
	ANIMAL DUNG .....	11	
	NO FOOD COOKED IN HOUSEHOLD....	95	
	OTHER .....	96	

## MODULE E. HOUSEHOLD CONSUMPTION EXPENDITURE

Household identification (*in data file, each module must be matched with the HH ID*)

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**ASK THESE QUESTIONS ABOUT ALL HOUSEHOLD MEMBERS.** FOR MODULE E1, ASK WHOEVER IS MOST KNOWLEDGEABLE ABOUT THE FOOD THE HOUSEHOLD MEMBERS HAVE EATEN IN THE PAST WEEK. FOR MODULES E2 THROUGH E7, ASK THE PERSON WHO IS MOST KNOWLEDGEABLE ABOUT OTHER HOUSEHOLD EXPENDITURES, INCLUDING NON-FOOD ITEMS THAT HOUSEHOLD MEMBERS HAVE BOUGHT.

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE E HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE E INFORMED CONSENT PROCEDURE (ANNEX 3) TO THE RESPONDENT.

“Now I would like to ask you about the kinds of foods that you and other members of your household have eaten over the past week. I’d also like to ask you about items that you or members of your household may have bought in the past week. Please include foods in meals that are shared with other members of the household, as well as foods that individual members of the household may have consumed independently of other family members. First we will ask about foods that were eaten at your home, or at the home of friends or other family. Later we will ask about foods that were purchased already prepared from a restaurant or a vendor.”

### MODULE E1. FOOD CONSUMPTION OVER PAST 7 DAYS

FOOD ITEM	ITEM CODE	Over the past one week (7 days), did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?  If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed.	How much of what you ate came from your household’s own production?		CHECK E1.06A.  IF E1.06A IS > 0, ASK: “Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today.”	How much of what you ate came from gifts or other sources?		CHECK E1.07A.  IF E1.07A IS > 0, ASK: “Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today.”
E1.01		E1.02	E1.03A QUANTITY	E1.03B UNIT	E1.04A QUANTITY	E1.04B UNIT	E1.05 LOCAL\$	E1.06A QUANTITY	E1.06B UNIT	E1.06C ESTIMATE LOCAL\$	E1.07A QUANTITY	E1.07B UNIT	E1.07C ESTIMATE LOCAL\$
Cereals, Grains and Cereal Products	01-20												
Maize <i>ufamgaiwa</i> (normal flour)	01	YES.....1 NO .....2→ NEXT ITEM											
Maize <i>ufa</i> refined (fine flour)	02	YES.....1 NO .....2→ NEXT ITEM											
Maize <i>ufamadeya</i> (bran flour)	03	YES.....1 NO .....2→ NEXT ITEM											
Maize grain (not as <i>ufa</i> )	04	YES.....1 NO .....2→ NEXT ITEM											

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Green maize	05	YES.....1 NO .....2→ NEXT ITEM											
Rice	06	YES.....1 NO .....2→ NEXT ITEM											
Finger millet ( <i>mawere</i> )	07	YES.....1 NO .....2→ NEXT ITEM											
Sorghum ( <i>mapira</i> )	08	YES.....1 NO .....2→ NEXT ITEM											
Pearl millet ( <i>mchewere</i> )	09	YES.....1 NO .....2→ NEXT ITEM											
Wheat flour	10	YES.....1 NO .....2→ NEXT ITEM											
Bread	11	YES.....1 NO .....2→ NEXT ITEM											
Buns, scones	12	YES.....1 NO .....2→ NEXT ITEM											
Biscuits	13	YES.....1 NO .....2→ NEXT ITEM											
Spaghetti, macaroni, pasta	14	YES.....1 NO .....2→ NEXT ITEM											
Breakfast cereal	15	YES.....1 NO .....2→ NEXT ITEM											
Infant feeding cereals	16	YES.....1 NO .....2→ NEXT ITEM											
Other cereals (specify)	17-20	YES.....1 NO .....2→ NEXT ITEM											

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Roots, Tubers, and Plantains 21-35													
Cassava tubers	21	YES.....1 NO .....2→ NEXT ITEM											
Cassava flour	22	YES.....1 NO .....2→ NEXT ITEM											
White sweet potato	23	YES.....1 NO .....2→ NEXT ITEM											
Orange sweet potato	24	YES.....1 NO .....2→ NEXT ITEM											
Irish potato	25	YES.....1 NO .....2→ NEXT ITEM											
Potato crisps	26	YES.....1 NO .....2→ NEXT ITEM											
Plantain, cooking banana	27	YES.....1 NO .....2→ NEXT ITEM											
Cocoyam ( <i>masimbi</i> )	28	YES.....1 NO .....2→ NEXT ITEM											
Other roots, tubers, or plantains (specify)	29-35	YES.....1 NO .....2→ NEXT ITEM											
Nuts and Pulses 36-50													
Bean, white	36	YES.....1 NO .....2→ NEXT ITEM											
Bean, brown	37	YES.....1 NO .....2→ NEXT ITEM											

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Pigeonpea ( <i>nandolo</i> )	38	YES.....1 NO .....2→ NEXT ITEM											
Groundnut	39	YES.....1 NO .....2→ NEXT ITEM											
Groundnut flour	40	YES.....1 NO .....2→ NEXT ITEM											
Soyabean flour	41	YES.....1 NO .....2→ NEXT ITEM											
Ground bean ( <i>nzama</i> )	42	YES.....1 NO .....2→ NEXT ITEM											
Cowpea ( <i>khobwe</i> )	43	YES.....1 NO .....2→ NEXT ITEM											
Macademia nuts	44	YES.....1 NO .....2→ NEXT ITEM											
Other nuts or pulses (specify)	45-50	YES.....1 NO .....2→ NEXT ITEM											
Vegetables 51-70													
Onion, fresh or processed	51	YES.....1 NO .....2→ NEXT ITEM											
Cabbage, fresh or processed	52	YES.....1 NO .....2→ NEXT ITEM											
Tanaposi/Rape, fresh or processed	53	YES.....1 NO .....2→ NEXT ITEM											
Nkhwani, fresh or processed	54	YES.....1 NO .....2→ NEXT ITEM											

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Chinese cabbage, fresh or processed	55	YES.....1 NO .....2→ NEXT ITEM											
Other cultivated green leafy vegetables, fresh or processed	56	YES.....1 NO .....2→ NEXT ITEM											
Gathered wild green leaves	57	YES.....1 NO .....2→ NEXT ITEM											
Tomato, fresh or processed	58	YES.....1 NO .....2→ NEXT ITEM											
Cucumber, fresh or processed	59	YES.....1 NO .....2→ NEXT ITEM											
Pumpkin, fresh or processed	60	YES.....1 NO .....2→ NEXT ITEM											
Okra / Therere, fresh or processed	61	YES.....1 NO .....2→ NEXT ITEM											
Mushroom, fresh or processed	62	YES.....1 NO .....2→ NEXT ITEM											
Other vegetables, fresh or processed (specify)	63-70	YES.....1 NO .....2→ NEXT ITEM											
Meat, Fish and Animal products	71-90												
Eggs	71	YES.....1 NO .....2→ NEXT ITEM											
Dried fish	72	YES.....1 NO .....2→ NEXT ITEM											

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Fresh fish	73	YES.....1 NO .....2→ NEXT ITEM											
Beef	74	YES.....1 NO .....2→ NEXT ITEM											
Goat	75	YES.....1 NO .....2→ NEXT ITEM											
Pork	76	YES.....1 NO .....2→ NEXT ITEM											
Mutton	77	YES.....1 NO .....2→ NEXT ITEM											
Chicken	78	YES.....1 NO .....2→ NEXT ITEM											
Other poultry - guinea fowl, doves, etc.	79	YES.....1 NO .....2→ NEXT ITEM											
Small animal – rabbit, mice, etc.	80	YES.....1 NO .....2→ NEXT ITEM											
Termites, other insects, for example Ngumbi (caterpillar)	81	YES.....1 NO .....2→ NEXT ITEM											
Tinned meat or fish	82	YES.....1 NO .....2→ NEXT ITEM											
Smoked fish	83	YES.....1 NO .....2→ NEXT ITEM											
Fish Soup/Sauce	84	YES.....1 NO .....2→ NEXT ITEM											
Other meat (specify)	85-90	YES.....1 NO .....2→ NEXT ITEM											



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<b>Fruits</b>	91-110												
Mango	91	YES.....1 NO .....2→ NEXT ITEM											
Banana	92	YES.....1 NO .....2→ NEXT ITEM											
Citrus – naartje, orange, etc.	93	YES.....1 NO .....2→ NEXT ITEM											
Pineapple	94	YES.....1 NO .....2→ NEXT ITEM											
Papaya	95	YES.....1 NO .....2→ NEXT ITEM											
Guava	96	YES.....1 NO .....2→ NEXT ITEM											
Avocado	97	YES.....1 NO .....2→ NEXT ITEM											
Wild fruit (masau, malambe, etc.)	98	YES.....1 NO .....2→ NEXT ITEM											
Apple	99	YES.....1 NO .....2→ NEXT ITEM											
Other fruits (specify)	100-110	YES.....1 NO .....2→ NEXT ITEM											
<b>Milk and Milk Products</b>	111-125												
Fresh milk	111	YES.....1 NO .....2→ NEXT ITEM											
Powdered milk	112	YES.....1											

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		NO .....2→ NEXT ITEM											
Margarine - Blue band	113	YES.....1 NO .....2→ NEXT ITEM											
Butter	114	YES.....1 NO .....2→ NEXT ITEM											
Chambiko - soured milk	115	YES.....1 NO .....2→ NEXT ITEM											
Yoghurt	116	YES.....1 NO .....2→ NEXT ITEM											
Cheese	117	YES.....1 NO .....2→ NEXT ITEM											
Infant feeding formula (for bottle)	118	YES.....1 NO .....2→ NEXT ITEM											
Other milk (specify)	119-125	YES.....1 NO .....2→ NEXT ITEM											
Sugar, Fats, and Oil	126-135												
Sugar	126	YES.....1 NO .....2→ NEXT ITEM											
Sugar Cane	127	YES.....1 NO .....2→ NEXT ITEM											
Cooking oil	128	YES.....1 NO .....2→ NEXT ITEM											
Other sugars, fats, or oils (specify)	129-135	YES.....1 NO .....2→ NEXT ITEM											
Beverages	136-155												

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Tea	136	YES.....1 NO .....2→ NEXT ITEM											
Coffee	137	YES.....1 NO .....2→ NEXT ITEM											
Cocoa, Milo	138	YES.....1 NO .....2→ NEXT ITEM											
Squash (Sobo drink concentrate)	139	YES.....1 NO .....2→ NEXT ITEM											
Fruit juice	140	YES.....1 NO .....2→ NEXT ITEM											
Freezes (flavoured ice)	141	YES.....1 NO .....2→ NEXT ITEM											
Soft drinks (Coca-cola, Fanta, Sprite, etc.)	142	YES.....1 NO .....2→ NEXT ITEM											
Chibuku (commercial traditional-style beer)	143	YES.....1 NO .....2→ NEXT ITEM											
Bottled water	144	YES.....1 NO .....2→ NEXT ITEM											
Maheu	145	YES.....1 NO .....2→ NEXT ITEM											
Bottled / canned beer (Carlsberg, etc.)	146	YES.....1 NO .....2→ NEXT ITEM											
Thobwa	147	YES.....1 NO .....2→ NEXT ITEM											
Traditional beer (masese)	148	YES.....1 NO .....2→ NEXT ITEM											

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Wine or commercial liquor	149	YES.....1 NO .....2→ NEXT ITEM											
Locally brewed liquor (kachasu)	150	YES.....1 NO .....2→ NEXT ITEM											
Other beverages (specify)	151-155	YES.....1 NO .....2→ NEXT ITEM											
Spices & Miscellaneous	156-170												
Salt	156	YES.....1 NO .....2→ NEXT ITEM											
Spices	157	YES.....1 NO .....2→ NEXT ITEM											
Yeast, baking powder, bicarbonate of soda	158	YES.....1 NO .....2→ NEXT ITEM											
Tomato sauce (bottle)	159	YES.....1 NO .....2→ NEXT ITEM											
Hot sauce (Nali, etc.)	160	YES.....1 NO .....2→ NEXT ITEM											
Jam, jelly	161	YES.....1 NO .....2→ NEXT ITEM											
Sweets, candy, chocolates	162	YES.....1 NO .....2→ NEXT ITEM											
Honey	163	YES.....1 NO .....2→ NEXT ITEM											
Other spices, condiments, etc. (specify)	164-170	YES.....1 NO .....2→ NEXT ITEM											

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<b>Cooked Foods from Vendors</b>	171-190												
Maize - boiled or roasted (vendor)	171	YES.....1 NO .....2→ NEXT ITEM											
Chips (vendor)	172	YES.....1 NO .....2→ NEXT ITEM											
Cassava - boiled (vendor)	173	YES.....1 NO .....2→ NEXT ITEM											
Eggs - boiled (vendor)	174	YES.....1 NO .....2→ NEXT ITEM											
Chicken (vendor)	175	YES.....1 NO .....2→ NEXT ITEM											
Meat (vendor)	176	YES.....1 NO .....2→ NEXT ITEM											
Fish (vendor)	177	YES.....1 NO .....2→ NEXT ITEM											
Mandazi, doughnut (vendor)	178	YES.....1 NO .....2→ NEXT ITEM											
Samosa (vendor)	179	YES.....1 NO .....2→ NEXT ITEM											
Meal eaten at restaurant	180	YES.....1 NO .....2→ NEXT ITEM											
Other cooked foods from vendors (specify)	181-190	YES.....1 NO .....2→ SKIP TO E1.0											

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	RESPONSE CATEGORIES FOR E1.03b/1.04b/1.06b/1.07b – UNITS												
	KILOGRAMME.....01 NO. 12 PLATE.....07 BASKET ( <i>DENGU</i> ) (UNSHELLED) ..... 13 MILLILITRE ..... 19												
	50 KG. BAG .....02 BUNCH.....08 OX-CART (UNSHELLED) ..... 14 TEASPOON ..... 20												
	90 KG. BAG .....03 PIECE.....09 LITRE ..... 15 BASIN ..... 21												
	PAIL (SMALL) .....04 HEAP .....10 CUP..... 16 SACHET/TUBE..... 22												
	PAIL (LARGE).....05 BALE.....11 TIN ..... 17 TOTAL..... 23												
	NO. 10 PLATE .....06 BASKET ( <i>DENGU</i> ) (SHELLED) ..... 12 GRAM ..... 18 OTHER (SPECIFY)..... 96												
	NOTE: ANY UNIT LISTED <u>MUST</u> BE ABLE TO BE CONVERTED TO A STANDARDIZED UNIT. THIS CONVERSION WILL HAPPEN DURING DATA ANALYSIS; IT SHOULD NOT BE DONE IN THE FIELD BY THE INTERVIEWER.												

QNO.	QUESTION	RESPONSE CATEGORIES
E1.08	Over the past one week (7 days), did any people who are not members of your household eat any meals in your household?	YES..... 1 NO.....2→ SKIP TO E1.12
E1.09	Over the past one week (7 days), how many people who are not members of your household ate meals in your household?	E1.09. NUMBER OF PEOPLE <input type="text"/> <input type="text"/> <input type="text"/>
E1.10	Over the past one week (7 days), what was the total number of days in which any meal was shared with people who are not members of your household?	E1.10. NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/>
E1.11	Over the past one week (7 days), what was the total number of meals that were shared with people who are not members of your household?	E1.11. NUMBER OF MEALS <input type="text"/> <input type="text"/> <input type="text"/>

E1.12	Over the past one week (7 days), did your household purchase pet food for family pets like a cat or a dog?	YES..... 1 NO.....2→ GO TO E1.14
E1.13	How much did you spend on pet food last week?	ENTER AMOUNT IN LOCAL\$: _____
E1.14	Over the past one week (7 days), were there any other expenditures on pets?	YES..... 1 NO.....2→ GO TO MODULE E2
E1.15	How much did you spend on other purchases for pets last week?	ENTER AMOUNT IN LOCAL\$: _____

## MODULE E2. NON-FOOD EXPENDITURES OVER PAST 7 DAYS

"Now I would like to ask you about items that you or members of your household may have bought in the past week."

<u>ONE WEEK RECALL</u>			
ITEM	ITEM CODE	Over the past <u>one week (7 days)</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
<b>E2.01</b>	<b>191-210</b>	<b>E2.02</b>	<b>E2.03</b> Local\$
Charcoal	191	YES.....1 NO..... 2→ NEXT ITEM	
Paraffin or kerosene	192	YES.....1 NO..... 2→ NEXT ITEM	
Cigarettes or other tobacco	193	YES.....1 NO..... 2→ NEXT ITEM	
Candles	194	YES.....1 NO..... 2→ NEXT ITEM	
Matches	195	YES.....1 NO..... 2→ NEXT ITEM	
Newspapers or magazines	196	YES.....1 NO..... 2→ NEXT ITEM	
Public transport - Bicycle Taxi (include any used for school under education costs; include any used for obtaining health care under health expenditures)	197	YES.....1 NO..... 2→ NEXT ITEM	
Public transport - Bus/Minibus (include any used for school under education costs; include any used for obtaining health care under health expenditures)	198	YES.....1 NO..... 2→ NEXT ITEM	
Public transport - Other (truck, oxcart, etc.) (include any used for school under education costs; include any used for obtaining health care under health expenditures)	199	YES.....1 NO..... 2→ NEXT ITEM	
Other (specify)	200-210	YES.....1 NO..... 2→ NEXT ITEM	



## MODULE E3. NON-FOOD EXPENDITURES OVER PAST ONE MONTH

“Next I would like to ask you about items that you or members of your household may have bought over the past month.”

ONE MONTH RECALL ITEM	ITEM CODE	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
<b>E3.01</b>	<b>211-240</b>	<b>E3.02</b>	<b>E3.03 Local\$</b>
Milling fees for grains (not including cost of grain itself), grain	211	YES..... 1 NO..... 2→ NEXT ITEM	
Bar soap (body soap or clothes soap)	212	YES..... 1 NO..... 2→ NEXT ITEM	
Clothes soap (powder, paste)	213	YES..... 1 NO..... 2→ NEXT ITEM	
Toothpaste, toothbrush	214	YES..... 1 NO..... 2→ NEXT ITEM	
Toilet paper	215	YES..... 1 NO..... 2→ NEXT ITEM	
Glycerine, Vaseline, skin creams	216	YES..... 1 NO..... 2→ NEXT ITEM	
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)	217	YES..... 1 NO..... 2→ NEXT ITEM	
Light bulbs	218	YES..... 1 NO..... 2→ NEXT ITEM	
Postage stamps or other postal fees	219	YES..... 1 NO..... 2→ NEXT ITEM	
Donation - to church, charity, beggar, etc.	220	YES..... 1 NO..... 2→ NEXT ITEM	
Petrol or diesel	221	YES..... 1 NO..... 2→ NEXT ITEM	
Motor vehicle service, repair, or parts	222	YES..... 1 NO..... 2→ NEXT ITEM	
Bicycle service, repair, or parts	223	YES..... 1 NO..... 2→ NEXT ITEM	
Wages paid to servants	224	YES..... 1 NO..... 2→ NEXT ITEM	
Repairs to household and personal items (radios, watches, etc., excluding battery purchases)	225	YES..... 1 NO..... 2→ NEXT ITEM	

<u>ONE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
E3.01	211-240	E3.02	E3.03 Local\$
Utilities: Natural gas	226	YES..... 1 NO..... 2→ NEXT ITEM	
Utilities: Electricity	227	YES..... 1 NO..... 2→ NEXT ITEM	
Utilities: Water	228	YES..... 1 NO..... 2→ NEXT ITEM	
Batteries	229	YES..... 1 NO..... 2→ NEXT ITEM	
Recharging of batteries, cell phones, etc.	230	YES..... 1 NO..... 2→ NEXT ITEM	
Air time for cell phones	231	YES..... 1 NO..... 2→ NEXT ITEM	
HEALTH EXPENDITURES (include estimated value of any in-kind payments, or borrowed amounts)			
Anything related to illnesses and injuries, including for medicine, tests, consultation, & in-patient fees	232	YES..... 1 NO..... 2→ NEXT ITEM	
Medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc.	233	YES..... 1 NO..... 2→ NEXT ITEM	
Non-prescription medicines, for example, Panadol, Fansidar, cough syrup, etc.	234	YES..... 1 NO..... 2→ NEXT ITEM	
Transportation used to access health-related services or care that did not require an overnight stay in a health facility or at a traditional healer's dwelling	235	YES..... 1 NO..... 2→ NEXT ITEM	
Other health expenditures: Specify _____	236-240	YES..... 1 NO..... 2→ MODULE E4	

## MODULE E4. NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

“Next I would like to ask you about items that you or members of your household may have bought over the past three months.”

<u>THREE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
<b>E4.01</b>	241-290	<b>E4.02</b>	<b>E4.03</b> Local\$
Infant clothing	241	YES..... 1 NO..... 2→ NEXT ITEM	
Baby nappies/diapers	242	YES..... 1 NO..... 2→ NEXT ITEM	
Boy's trousers (FOR ALL CLOTHING, EXCLUDE UNIFORMS/SCHOOL CLOTHING)	243	YES..... 1 NO..... 2→ NEXT ITEM	
Boy's shirts	244	YES..... 1 NO..... 2→ NEXT ITEM	
Boy's jackets	245	YES..... 1 NO..... 2→ NEXT ITEM	
Boy's undergarments	246	YES..... 1 NO..... 2→ NEXT ITEM	
Boy's other clothing	247	YES..... 1 NO..... 2→ NEXT ITEM	
Men's trousers	248	YES..... 1 NO..... 2→ NEXT ITEM	
Men's shirts	249	YES..... 1 NO..... 2→ NEXT ITEM	
Men's jackets	250	YES..... 1 NO..... 2→ NEXT ITEM	
Men's undergarments	251	YES..... 1 NO..... 2→ NEXT ITEM	
Men's other clothing	252	YES..... 1 NO..... 2→ NEXT ITEM	
Girl's blouse/shirt	253	YES..... 1 NO..... 2→ NEXT ITEM	
Girl's dress/skirt	254	YES..... 1 NO..... 2→ NEXT ITEM	
Girl's undergarments	255	YES..... 1 NO..... 2→ NEXT ITEM	
Girl's other clothing	256	YES..... 1 NO..... 2→ NEXT ITEM	

<u>THREE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
E4.01	241-290	E4.02	E4.03 Local\$
Women's blouse/shirt	257	YES..... 1 NO.....2→ NEXT ITEM	
<i>Chitenje</i> cloth	258	YES..... 1 NO.....2→ NEXT ITEM	
Women's dress/skirt	259	YES..... 1 NO.....2→ NEXT ITEM	
Women's undergarments	260	YES..... 1 NO.....2→ NEXT ITEM	
Women's other clothing	261	YES..... 1 NO.....2→ NEXT ITEM	
Boys shoes	262	YES..... 1 NO.....2→ NEXT ITEM	
Men's shoes	263	YES..... 1 NO.....2→ NEXT ITEM	
Girl's shoes	264	YES..... 1 NO.....2→ NEXT ITEM	
Women's shoes	265	YES..... 1 NO.....2→ NEXT ITEM	
Cloth, thread, other sewing material	266	YES..... 1 NO.....2→ NEXT ITEM	
Laundry, dry cleaning, tailoring fees	267	YES..... 1 NO.....2→ NEXT ITEM	
Bowls, glassware, plates, silverware, etc.	268	YES..... 1 NO.....2→ NEXT ITEM	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)	269	YES..... 1 NO.....2→ NEXT ITEM	
Cleaning utensils (brooms, brushes, etc.)	270	YES..... 1 NO.....2→ NEXT ITEM	
Torch / flashlight	271	YES..... 1 NO.....2→ NEXT ITEM	
Umbrella	272	YES..... 1 NO.....2→ NEXT ITEM	
Paraffin lamp (hurricane or pressure)	273	YES..... 1 NO.....2→ NEXT ITEM	

<u>THREE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
<b>E4.01</b>	241-290	<b>E4.02</b>	<b>E4.03 Local\$</b>
Stationery items (excluding school related)	274	YES..... 1 NO.....2→ NEXT ITEM	
Books (excluding school related)	275	YES..... 1 NO.....2→ NEXT ITEM	
Music or video cassette or CD/DVD	276	YES..... 1 NO.....2→ NEXT ITEM	
Tickets for sports / entertainment events	277	YES..... 1 NO.....2→ NEXT ITEM	
House decorations	278	YES..... 1 NO.....2→ NEXT ITEM	
Night's lodging in rest house or hotel (excluding school or health related)	279	YES..... 1 NO.....2→ NEXT ITEM	
Other: Specify_____	280-290	YES..... 1 NO..... 2→ MODULE E5	

## MODULE E5. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

“Now I would like to ask you about items that you or members of your household may have bought over the past one year.”

<u>ONE YEAR (12 MONTH) RECALL</u>	ITEM CODE	Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
<b>E5.01</b>	291-330	<b>E5.02</b>	<b>E5.03 Local\$</b>
Carpet, rugs, drapes, curtains	291	YES.....1 NO.....2→ NEXT ITEM	
Linen - towels, sheets, blankets	292	YES.....1 NO.....2→ NEXT ITEM	
Mat - sleeping or for drying maize flour	293	YES.....1 NO.....2→ NEXT ITEM	
Mosquito net	294	YES.....1 NO.....2→ NEXT ITEM	
Mattress	295	YES.....1 NO.....2→ NEXT ITEM	
Sports & hobby equipment, musical instruments, toys	296	YES.....1 NO.....2→ NEXT ITEM	
Film, film processing, camera	297	YES.....1 NO.....2→ NEXT ITEM	
Cement	298	YES.....1 NO.....2→ NEXT ITEM	
Bricks	299	YES.....1 NO.....2→ NEXT ITEM	
Construction timber	300	YES.....1 NO.....2→ NEXT ITEM	
Council rates	301	YES.....1 NO.....2→ NEXT ITEM	
Insurance - health (MASM, etc.), auto, home, life	302	YES.....1 NO.....2→ NEXT ITEM	
Fines or legal fees	303	YES.....1 NO.....2→ NEXT ITEM	
<i>Lobola</i> (bridewealth) costs	304	YES.....1 NO.....2→ NEXT ITEM	
Marriage ceremony costs	305	YES.....1 NO.....2→ NEXT ITEM	
Funeral costs, household members	306	YES.....1 NO.....2→ NEXT ITEM	

<b>ONE YEAR (12 MONTH) RECALL</b>		Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
ITEM	ITEM CODE		
<b>E5.01</b>	291-330	<b>E5.02</b>	<b>E5.03</b> <b>Local\$</b>
Funeral costs, non-household members (relatives, neighbors/friends)	307	YES.....1 NO.....2→ NEXT ITEM	
<b>HEALTH EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)</b>			
Hospitalizations or overnight stay in any hospital – total cost for treatment	308	YES.....1 NO.....2→ NEXT ITEM	
Travel to and from the medical facility for any overnight stay(s) or hospitalization	309	YES.....1 NO.....2→ NEXT ITEM	
Food costs during overnight stay(s) at the medical facility or hospitalization (if not already included above)	310	YES.....1 NO.....2→ NEXT ITEM	
Over-night(s) stay at a traditional healer's or faith healer's dwelling – total costs for treatment	311	YES.....1 NO.....2→ NEXT ITEM	
Travel costs to the traditional healer's or faith healer's dwelling for overnight stay(s)	312	YES.....1 NO.....2→ NEXT ITEM	
Food costs during overnight stay(s) at the traditional healer's or faith healer's dwelling	313	YES.....1 NO.....2→ NEXT ITEM	
<b>EDUCATION EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)</b>			
Tuition, including extra tuition fees	314	YES.....1 NO.....2→ NEXT ITEM	
Expenditures on after school programs and tutoring	315	YES.....1 NO.....2→ NEXT ITEM	
School books and stationery	316	YES.....1 NO.....2→ NEXT ITEM	
School uniform	317	YES.....1 NO.....2→ NEXT ITEM	
Boarding fees	318	YES.....1 NO.....2→ NEXT ITEM	
Contribution to school building maintenance	319	YES.....1 NO.....2→ NEXT ITEM	
Transport to and from school	320	YES.....1 NO.....2→ NEXT ITEM	
Parent/Teacher Association and other related fees	321	YES.....1 NO.....2→ NEXT ITEM	

<u>ONE YEAR (12 MONTH) RECALL</u>			
ITEM	ITEM CODE	Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
E5.01	291-330	E5.02	E5.03 Local\$
Other: Specify_____	322	YES.....1 NO.....2→ NEXT ITEM	

NON-FOOD ITEMS THAT MAY OR MAY NOT HAVE BEEN PURCHASED							
<u>ONE YEAR (12 MONTH) RECALL</u>							
ITEM	Item Code	Over the past one year (12 months) did your household gather, purchase or pay for any [ITEM]?	What was the estimated total quantity of [ITEM] used?		Did your household gather the [ITEM], or did your household purchase or pay for the [ITEM]?	FOR ITEMS THAT WERE GATHERED:  What was the total estimated value of [ITEM] that you used?	FOR ITEMS THAT WERE BOUGHT:  How much did you spend in total on [ITEM]?
E5.04	323-325	E5.05	E5.06a Quantity	E5.06b Unit	E5.06c FILTER	E5.07 (Local\$)	E5.08 (Local \$)
Woodpoles, bamboo	323	YES.....1 NO.....2→ NEXT ITEM			GATHERED .....1 → E5.07 PURCHASED/PAID...2→ E5.08	→ SKIP TO NEXT ITEM	
Grass for thatching roof or other use	324	YES.....1 NO.....2→ NEXT ITEM			GATHERED .....1 → E5.07 PURCHASED/PAID...2→ E5.08	→ SKIP TO NEXT ITEM	
Other: Specify_____	325	YES.....1 NO.....2→ NEXT ITEM			GATHERED .....1 → E5.07 PURCHASED/PAID...2→ E5.08	→ SKIP TO MODULE E6	



## MODULE E6. HOUSING EXPENDITURES

"Now I'd like to ask you some questions about your home."

QNO.	QUESTION	RESPONSE CATEGORIES				
E6.01	Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	OWN..... 1 BEING PURCHASED ..... 2 EMPLOYER PROVIDES ..... 3 FREE ..... 4 → E6.04 RENTED..... 5 → E6.05 DON'T KNOW/NON-RESPONSE/NA.... 98				
E6.02	If you <u>sold this dwelling</u> today, how much would you receive for it?	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE/NA.....999998				
E6.03	How old is this house, in years?	<div style="border: 1px solid black; width: 60px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 30px; margin-bottom: 5px;"></div> DON'T KNOW/ NON-RESPONSE/NA.....998 → SKIP TO E6.06				
E6.04	If you <u>rented this dwelling out</u> today, how much rent would you receive?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">E6.04A LOCAL\$</th> <th style="width: 40%; text-align: center;">E6.04B UNIT</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div>           DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.06         </td> <td style="vertical-align: top;">           DAY..... 1            WEEK ..... 2            MONTH..... 3            YEAR ..... 4              DON'T KNOW/ NON-RESPONSE /NA.....99998 → SKIP TO E6.09         </td> </tr> </tbody> </table>	E6.04A LOCAL\$	E6.04B UNIT	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.06	DAY..... 1 WEEK ..... 2 MONTH..... 3 YEAR ..... 4  DON'T KNOW/ NON-RESPONSE /NA.....99998 → SKIP TO E6.09
E6.04A LOCAL\$	E6.04B UNIT					
<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.06	DAY..... 1 WEEK ..... 2 MONTH..... 3 YEAR ..... 4  DON'T KNOW/ NON-RESPONSE /NA.....99998 → SKIP TO E6.09					

E6.05	How much do you pay to rent this dwelling?	<table border="1"> <thead> <tr> <th data-bbox="938 129 1467 188">E6.05A LOCAL\$</th> <th data-bbox="1467 129 1995 188">E6.05B UNIT</th> </tr> </thead> <tbody> <tr> <td data-bbox="938 188 1467 483"> <div data-bbox="945 225 1202 300"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.09</p> </td> <td data-bbox="1467 188 1995 483"> <div data-bbox="1473 225 1624 331"> DAY..... 1 WEEK ..... 2 MONTH..... 3 YEAR ..... 4 </div> <div data-bbox="1473 363 1635 443"> DON'T KNOW/ NON-RESPONSE /NA.....99998 </div> <div data-bbox="1657 225 1877 443"> <div style="border-left: 1px solid black; height: 100px; position: relative; top: 141px; left: 740px;"> <div style="position: absolute; top: 0; right: 0; border-top: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></div> </div> </div> </td> </tr> </tbody> </table>		E6.05A LOCAL\$	E6.05B UNIT	<div data-bbox="945 225 1202 300"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.09</p>	<div data-bbox="1473 225 1624 331"> DAY..... 1 WEEK ..... 2 MONTH..... 3 YEAR ..... 4 </div> <div data-bbox="1473 363 1635 443"> DON'T KNOW/ NON-RESPONSE /NA.....99998 </div> <div data-bbox="1657 225 1877 443"> <div style="border-left: 1px solid black; height: 100px; position: relative; top: 141px; left: 740px;"> <div style="position: absolute; top: 0; right: 0; border-top: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></div> </div> </div>
E6.05A LOCAL\$	E6.05B UNIT						
<div data-bbox="945 225 1202 300"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>DON'T KNOW/NON-RESPONSE /NA.....99998 → SKIP TO E6.09</p>	<div data-bbox="1473 225 1624 331"> DAY..... 1 WEEK ..... 2 MONTH..... 3 YEAR ..... 4 </div> <div data-bbox="1473 363 1635 443"> DON'T KNOW/ NON-RESPONSE /NA.....99998 </div> <div data-bbox="1657 225 1877 443"> <div style="border-left: 1px solid black; height: 100px; position: relative; top: 141px; left: 740px;"> <div style="position: absolute; top: 0; right: 0; border-top: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></div> </div> </div>						
E6.06	Do you pay a mortgage on this house, that is, a regular payment towards purchasing the house?	YES ..... 1 NO .....2 → SKIP TO E6.09					
E6.07	How often do you make mortgage payments?	ONCE A MONTH .....1 ONCE EVERY 3 MONTHS.....2 ONCE EVERY 6 MONTHS.....3 ONCE A YEAR.....4 OTHER (SPECIFY).....6					
E6.08	How much do you pay each time you make a payment on your mortgage?	<div data-bbox="938 767 1196 842"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>AMOUNT IS VARIABLE.....99996</p> <p>DON'T KNOW/ NON-RESPONSE.....99998</p>					
E6.09	In the past one month, how much did you spend on repairs & maintenance to this house?	<div data-bbox="938 1015 1196 1090"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>DON'T KNOW/ NON-RESPONSE.....99998</p>					

## MODULE E7. DURABLE GOODS EXPENDITURES

"Now I'd like to ask you some questions about items that may be owned by your household."

ITEM	Item Code	Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any of these [ITEM]s in the last 12 months?	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
E7.01	341-370	E7.02	E7.03 NUMBER	E7.04 YEAR	E7.05 LOCAL\$	E7.06	E7.07 LOCAL\$
Bed//table/chair	341	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Fan	342	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Air conditioner	343	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Radio	344	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Tape or CD/DVD player/VCR	345	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Television	346	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Sewing machine	347	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Kerosene/paraffin stove	348	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Electric stove; hot plate	349	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Gas stove	350	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Refrigerator	351	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Washing machine	352	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Bicycle	353	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Boat	354	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	
Motorcycle/scooter	355	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO .....2→ NEXT ITEM	

ITEM	Item Code	Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any of these [ITEM]s in the last 12 months?	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
E7.01	341-370	E7.02	E7.03 NUMBER	E7.04 YEAR	E7.05 LOCAL\$	E7.06	E7.07 LOCAL\$
Car	356	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Mini-bus	357	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Lorry	358	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Beer-brewing drum	359	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Upholstered chair, sofa set	360	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Coffee table (for sitting room)	361	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Cupboard, drawers, bureau	362	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Lantern (paraffin)	363	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Desk	364	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Clock	365	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Iron (for pressing clothes)	366	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Computer equipment & accessories	367	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Satellite dish	368	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Solar panel	369	YES..... 1 NO .....2→ NEXT ITEM				YES.....1 NO..... 2→ NEXT ITEM	
Generator	370	YES..... 1 NO ..... 2→ MODULE F				YES.....1 NO..... 2→ MODULE F	

## MODULE F. HOUSEHOLD HUNGER SCALE

Household identification (*in data file, each module must be  
matched with the HH ID*)

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CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT TO MODULE F HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE F INFORMED CONSENT PROCEDURE (ANNEX 4) TO THE RESPONDENT.

ASK THESE QUESTIONS OF THE PERSON RESPONSIBLE FOR HOUSEHOLD FOOD PREPARATION.

**“Moving on to another topic, I’d like to ask you a few questions about the availability of food in your home.”**

QNO.	QUESTION	RESPONSE
F01	In the past [4 weeks/30 days] was there ever no food to eat of any kind in your house because of lack of resources to get food?	YES.....1 NO.....2 → GO TO F03
F02	How often did this happen in the past [4 weeks/30 days]?	RARELY (1-2 TIMES) .....1 SOMETIMES (3-10 TIMES)..... 2 OFTEN (MORE THAN 10 TIMES) .... 3
F03	In the past [4 weeks/30 days] did you or any household member go to sleep at night hungry because there was not enough food?	YES.....1 NO.....2 → GO TO F05
F04	How often did this happen in the past [4 weeks/30 days]?	RARELY (1-2 TIMES) .....1 SOMETIMES (3-10 TIMES)..... 2 OFTEN (MORE THAN 10 TIMES) .....3
F05	In the past [4 weeks/30 days] did you or any household member go a whole day and night without eating anything at all because there was not enough food?	YES.....1 NO.....2 → END MODULE
F06	How often did this happen in the past [4 weeks/30 days]?	RARELY (1-2 TIMES) .....1 SOMETIMES (3-10 TIMES)..... 2 OFTEN (MORE THAN 10 TIMES) .....3

## MODULE G. WOMEN'S EMPOWERMENT IN AGRICULTURE INDEX

THIS QUESTIONNAIRE SHOULD BE ADMINISTERED TO THE PRIMARY FEMALE DECISIONMAKER (AGE 18 OR OLDER) IDENTIFIED ON LINE 02 OF THE HOUSEHOLD ROSTER (SECTION C) OF THE HOUSEHOLD LEVEL QUESTIONNAIRE.

YOU SHOULD COMPLETE THIS COVERSHEET FOR EACH ELIGIBLE RESPONDENT EVEN IF THE INDIVIDUAL IS NOT AVAILABLE TO BE INTERVIEWED.

PLEASE DOUBLE CHECK TO ENSURE:

- YOU HAVE COMPLETED THE ROSTER SECTION OF THE HOUSEHOLD QUESTIONNAIRE TO IDENTIFY THE CORRECT PRIMARY FEMALE DECISIONMAKER;
- RESPONDENTS TO THIS MODULE ARE AGE 18 OR OLDER;
- YOU HAVE NOTED THE HOUSEHOLD ID AND INDIVIDUAL ID CORRECTLY FOR THE PERSON YOU ARE ABOUT TO INTERVIEW;
- YOU HAVE SOUGHT TO INTERVIEW THE INDIVIDUAL IN PRIVATE OR WHERE OTHER MEMBERS OF THE HOUSEHOLD CANNOT OVERHEAR OR CONTRIBUTE ANSWERS;
- YOU HAVE CHECKED THE INFORMED CONSENT REGISTER AND ENSURED THAT THE RESPONDENT(S) TO MODULE G HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE G INFORMED CONSENT PROCEDURE (ANNEX 5) TO THE RESPONDENT(S).

### SUB-MODULE G1. INDIVIDUAL IDENTIFICATION

	Code		Code
<b>G1.01. HOUSEHOLD IDENTIFICATION:</b> .....	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		

NO.	QUESTION	RESPONSE
G1.05	In what month and year were you born?	<div> <div></div><div></div> </div> MONTH DK MONTH....98  <div> <div></div><div></div><div></div><div></div> </div> YEAR DK YEAR....9998
G1.06	Please tell me how old you are. What was your age at your last birthday?  RECORD AGE IN COMPLETED YEARS	<div> <div></div><div></div> </div> YEARS  IF RESPONDENT KNOWS HER/HIS AGE, SKIP TO G1.08  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE/HE IS, ENTER '98' AND ASK QUESTION G1.07.
G1.07	Are you 18 years old or older?	YES.....1  NO.....2 DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEAI) AND PROCEED TO MODULE H IF RESPONDENT IS ELIGIBLE FOR MODULE H.
G1.08	CHECK G1.05, G1.06 AND G1.07 (IF APPLICABLE): IS THE RESPONDENT 18 YEARS OLD OR OLDER?  IF THE INFORMATION IN G1.05, G1.06 AND G1.07 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL.	YES.....1  NO.....2 DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEAI) AND PROCEED TO MODULE H IF RESPONDENT IS ELIGIBLE FOR MODULE H.
G1.09	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .....1 YES, LIVING WITH A MAN.....2 → GO TO SUB-MODULE G2 NO, NOT IN UNION .....3
G1.10	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .....1 YES, LIVED WITH A MAN .....2 NO.....3 → GO TO SUB-MODULE G2
G1.11	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3

## SUB-MODULE G2: ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME GENERATION

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH SUB-MODULE (G2-G6) MUST BE LINKED WITH HH AND RESPONDENT ID)

RESPONDENT ID CODE


“Now I'd like to ask you some questions about your participation in certain types of work activities.”

ACTIVITY		Did you yourself participate in [ACTIVITY] in the past 12 months (that is, during the last [one/two] cropping seasons)?	How much input did you have in making decisions about [ACTIVITY]?	How much input did you have in decisions on the use of income generated from [ACTIVITY]
ACTIVITY CODE	ACTIVITY DESCRIPTION	G2.01	G2.02	G2.03
<b>A</b>	<b>Food crop farming:</b> These are crops that are grown primarily for household food consumption	YES..... 1 NO..... 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95
<b>B</b>	<b>Cash crop farming:</b> These are crops that are grown primarily for sale in the market	YES..... 1 NO..... 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95
<b>C</b>	<b>Livestock raising</b>	YES..... 1 NO..... 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95
<b>D</b>	<b>Non-farm economic activities:</b> This would include things like running a small business, self-employment, buy-and-sell	YES..... 1 NO..... 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95
<b>E</b>	<b>Wage and salary employment:</b> This could be work that is paid for in cash or in-kind, including both agriculture and other wage work	YES..... 1 NO..... 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95
<b>F</b>	<b>Fishing or fishpond culture</b>	YES..... 1 NO..... 2 → SKIP TO MODULE G3	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95	NO INPUT OR INPUT INTO VERY FEW DECISIONS .....01 INPUT INTO SOME DECISIONS .....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE .....95



### SUB-MODULE G3(A): ACCESS TO PRODUCTIVE CAPITAL

"Now I'd like to ask you about your household's ownership of a number of items that could be used to generate income."

PRODUCTIVE CAPITAL		Does anyone in your household currently have any [ITEM]?	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]? <b>CIRCLE ALL APPLICABLE</b>	Who would you say can decide whether to sell [ITEM] most of the time? <b>CIRCLE ALL APPLICABLE</b>	Who would you say can decide whether to give away [ITEM] most of the time? <b>CIRCLE ALL APPLICABLE</b>	Who would you say can decide to mortgage or rent out [ITEM] most of the time? <b>CIRCLE ALL APPLICABLE</b>	Who contributes most to decisions regarding a new purchase of [ITEM]? <b>CIRCLE ALL APPLICABLE</b>
PRODUCTIVE CAPITAL		G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
<b>A</b>	Agricultural land (pieces/plots)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>B</b>	Large livestock (oxen, cattle)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>C</b>	Small livestock (goats, pigs, sheep)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>D</b>	Chickens, ducks, turkeys, and pigeons	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>E</b>	Fish pond or fishing equipment	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>F</b>	Farm equipment (non-mechanized: hand tools, animal-drawn ploughs)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>G</b>	Farm equipment (mechanized: tractor-drawn plough, power tiller, treadle pump)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z
<b>H</b>	Nonfarm business equipment (solar panels used for recharging, sewing machine, brewing equipment, fryers)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				

PRODUCTIVE CAPITAL		Does anyone in your household currently have any [ITEM]?	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]? CIRCLE ALL APPLICABLE	Who would you say can decide whether to sell [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide whether to give away [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide to mortgage or rent out [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who contributes most to decisions regarding a new purchase of [ITEM]? CIRCLE ALL APPLICABLE
PRODUCTIVE CAPITAL		G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
I	House or other structures	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				
J	Large consumer durables (refrigerator, TV, sofa)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				
K	Small consumer durables (radio, cookware)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				
L	Cell phone	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				
M	Other land not used for agricultural purposes (pieces/plots, residential or commercial land)	YES..1 NO...2→ SKIP TO NEXT ITEM	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				
N	Means of transportation (bicycle, motorcycle, car)	YES..1 NO...2→ SKIP TO MODULE G3(B)	<input type="text"/> <input type="text"/> <input type="text"/>	SELF ..... A PARTNER/SPOUSE ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER.. D NOT APPLICABLE ..... Z				

## SUB-MODULE G3(B): ACCESS TO CREDIT

“Next I’d like to ask about your household’s experience with borrowing money or other items in the past 12 months.”

LENDING SOURCES		Has anyone in your household taken any loans or borrowed cash/in-kind from [SOURCE] in the past 12 months?	Who made the decision to borrow from [SOURCE]? <b>CIRCLE ALL APPLICABLE</b>	Who makes the decision about what to do with the money/ item borrowed from [SOURCE]? <b>CIRCLE ALL APPLICABLE</b>
LENDING SOURCE NAMES		G3.07	G3.08	G3.09
<b>A</b>	Non-governmental organization (NGO)	YES, CASH .....1 YES, IN-KIND .....2 YES, CASH AND IN-KIND .....3 NO .....4 <b>→ GO TO NEXT SOURCE</b> DON'T KNOW .....8	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z
<b>B</b>	Informal lender	YES, CASH .....1 YES, IN-KIND .....2 YES, CASH AND IN-KIND .....3 NO .....4 <b>→ GO TO NEXT SOURCE</b> DON'T KNOW .....8	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z
<b>C</b>	Formal lender (bank/financial institution)	YES, CASH .....1 YES, IN-KIND .....2 YES, CASH AND IN-KIND .....3 NO .....4 <b>→ GO TO NEXT SOURCE</b> DON'T KNOW .....8	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z
<b>D</b>	Friends or relatives	YES, CASH .....1 YES, IN-KIND .....2 YES, CASH AND IN-KIND .....3 NO .....4 <b>→ GO TO NEXT SOURCE</b> DON'T KNOW .....8	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z
<b>E</b>	Group based micro-finance or lending including VSLAs / SACCOs/ merry-go-rounds	YES, CASH .....1 YES, IN-KIND .....2 YES, CASH AND IN-KIND .....3 NO .....4 <b>→ GO TO MODULE G4</b> DON'T KNOW .....8	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z	SELF .....A PARTNER/SPOUSE .....B OTHER HH MEMBER .....C OTHER NON-HH MEMBER ....D NOT APPLICABLE .....Z

## SUB-MODULE G4(A): INDIVIDUAL LEADERSHIP AND INFLUENCE IN THE COMMUNITY

“Now I have a few questions about how comfortable you feel speaking up in public when the community needs to make important decisions.”

QNO.	QUESTION	RESPONSE
G4.01	Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community?	NO, NOT AT ALL COMFORTABLE ..... 1 YES, BUT WITH DIFFICULTY ..... 2 YES, COMFORTABLY ..... 3 NOT APPLICABLE ..... 5
G4.02	Do you feel comfortable speaking up in public to ensure proper payment of wages for public works or other similar programs?	NO, NOT AT ALL COMFORTABLE ..... 1 YES, BUT WITH DIFFICULTY ..... 2 YES, COMFORTABLY ..... 3 NOT APPLICABLE ..... 5
G4.03	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?	NO, NOT AT ALL COMFORTABLE ..... 1 YES, BUT WITH DIFFICULTY ..... 2 YES, COMFORTABLY ..... 3 NOT APPLICABLE ..... 5

## SUB-MODULE G4(B): GROUP MEMBERSHIP

“The next few questions are about different groups or organizations that may exist in your community.”

GROUP MEMBERSHIP		Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
GROUP CATEGORIES		G4.04	G4.05
A	Agricultural/livestock/fisheries producer's group (including marketing groups)	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
B	Water users' group	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
C	Forest users' group	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
D	Credit or microfinance group (including SACCOs/merry-go-rounds/ VSLAs)	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
E	Mutual help or insurance group (including burial societies)	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
F	Trade and business association	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
G	Civic groups (improving community) or charitable group (helping others)	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2
H	Local government	YES..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T ..... KNOW ..... 8	YES .....1 NO .....2

GROUP MEMBERSHIP		Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
GROUP CATEGORIES		G4.04	G4.05
I	Religious group	YES ..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T KNOW ..... 8	YES ..... 1 NO ..... 2
J	Other women's group  ONLY INCLUDE A GROUP HERE IF IT DOES NOT FIT INTO ONE OF THE OTHER CATEGORIES	YES ..... 1 NO ..... 2 → SKIP TO NEXT GROUP DON'T KNOW ..... 8	YES ..... 1 NO ..... 2
K	Any other group or organization (SPECIFY) _____	YES ..... 1 NO ..... 2 → SKIP TO MODULE G5A DON'T KNOW ..... 8	YES ..... 1 NO ..... 2

## SUB-MODULE G5(A): DECISION MAKING

"Now I have some questions about making decisions about various aspects of household life."

ACTIVITY		When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? CIRCLE ALL APPLICABLE	FILTER: CHECK G5.01	To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to?
	ACTIVITY	G5.01	G5.01A	G5.02
A	Getting inputs for agricultural production	SELF ..... A SPOUSE/PARTNER ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER ..... D NOT APPLICABLE ..... Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE ..... 2 → GO TO G5.02	NOT AT ALL ..... 1 SMALL EXTENT ..... 2 MEDIUM EXTENT ..... 3 TO A HIGH EXTENT ..... 4
B	The types of crops to grow	SELF ..... A SPOUSE/PARTNER ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER ..... D NOT APPLICABLE ..... Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE ..... 2 → GO TO G5.02	NOT AT ALL ..... 1 SMALL EXTENT ..... 2 MEDIUM EXTENT ..... 3 TO A HIGH EXTENT ..... 4
C	Taking crops to the market (or not)	SELF ..... A SPOUSE/PARTNER ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER ..... D NOT APPLICABLE ..... Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE ..... 2 → GO TO G5.02	NOT AT ALL ..... 1 SMALL EXTENT ..... 2 MEDIUM EXTENT ..... 3 TO A HIGH EXTENT ..... 4
D	Livestock raising	SELF ..... A SPOUSE/PARTNER ..... B OTHER HH MEMBER ..... C OTHER NON-HH MEMBER ..... D NOT APPLICABLE ..... Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE ..... 2 → GO TO G5.02	NOT AT ALL ..... 1 SMALL EXTENT ..... 2 MEDIUM EXTENT ..... 3 TO A HIGH EXTENT ..... 4

ACTIVITY		When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? CIRCLE ALL APPLICABLE	FILTER: CHECK G5.01	To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to?
	ACTIVITY	G5.01	G5.01A	G5.02
E	Your own (singular) wage or salary employment	SELF.....A SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLE .....Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE.....1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE.....2 → GO TO G5.02	NOT AT ALL.....1 SMALL EXTENT .....2 MEDIUM EXTENT .....3 TO A HIGH EXTENT .....4
F	Major household expenditures (such as a large appliance for the house like refrigerator)	SELF.....A SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLE .....Z → SKIP TO NEXT ACTIVITY	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE.....1 → GO TO NEXT ACTIVITY  "SELF" ("A") IS NOT THE ONLY RESPONSE.....2 → GO TO G5.02	NOT AT ALL.....1 SMALL EXTENT .....2 MEDIUM EXTENT .....3 TO A HIGH EXTENT .....4
G	Minor household expenditures (such as food for daily consumption or other household needs)	SELF.....A SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLE .....Z → SKIP TO NEXT MODULE	CHECK G5.01:  "SELF" ("A") IS THE ONLY RESPONSE.....1 → GO TO NEXT MODULE  "SELF" ("A") IS NOT THE ONLY RESPONSE.....2 → GO TO G5.02	NOT AT ALL.....1 SMALL EXTENT .....2 MEDIUM EXTENT .....3 TO A HIGH EXTENT .....4



## SUB-MODULE G6(A): TIME ALLOCATION

**G6.01:** PLEASE RECORD A LOG OF THE ACTIVITIES FOR THE INDIVIDUAL IN THE LAST COMPLETE 24 HOURS (STARTING YESTERDAY MORNING AT 4 AM, FINISHING 3:59 AM OF THE CURRENT DAY). THE TIME INTERVALS ARE MARKED IN 15 MIN INTERVALS AND ONE TO TWO ACTIVITIES CAN BE MARKED FOR EACH TIME PERIOD BY DRAWING A LINE THROUGH THAT ACTIVITY. IF TWO ACTIVITIES ARE MARKED, THEY SHOULD BE DISTINGUISHED WITH A 1 FOR THE PRIMARY ACTIVITY AND A 2 FOR THE SECONDARY ACTIVITY WRITTEN NEXT TO THE LINES. PLEASE ADMINISTER USING THE PROTOCOL IN THE INTERVIEWER MANUAL.

"Now I'd like to ask you about how you spent your time during the past 24 hours. This will be a detailed accounting. We'll begin from yesterday morning at 4am, and continue through to 4am of this morning."

[illegible]

SUB-MODULE G6(A) continued: TIME ALLOCATION

ACTIVITY CODE	ACTIVITY	DAY			EVENING			NIGHT																	
		16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	8	9	10	11	12			
A	Sleeping and resting																								
B	Eating and drinking																								
C	Personal care																								
D	School (including homework)																								
E	Work as employed																								
F	Own business work																								
G	Farming/livestock/fishing																								
H	Shopping/getting service (including health services)																								
I	Weaving, sewing, textile care																								
J	Cooking																								
K	Domestic work (including fetching wood and water)																								
L	Care for children/adults/elderly																								
M	Travel and commuting																								
N	Watching TV/listening to radio/reading																								
O	Exercising																								
P	Social activities and hobbies																								
Q	Religious activities																								
X	Other (SPECIFY)																								

# SUB-MODULE G6(B): SATISFACTION WITH TIME ALLOCATION

QNO.	QUESTION	RESPONSE OPTIONS/INSTRUCTIONS
G6.01B	In the past 24 hours, did you work, either at home or outside the home, more than usual, about the same amount as usual, or less than usual?	MORE THAN USUAL.....1 ABOUT THE SAME AS USUAL.....2 LESS THAN USUAL.....3
G6.02	<p>Next, I am going to ask you a question about how satisfied you are with the time you have to yourself to do things you enjoy. Please give your opinion on a scale of 1 to 10. 1 means you are not satisfied and 10 means you are very satisfied. If you are neither satisfied nor dissatisfied, this would be in the middle, or 5, on the scale.</p> <p>How satisfied are you with your available time for leisure activities like visiting neighbors, watching TV, listening to the radio, seeing movies or doing sports?</p>	<p>SATISFACTION RATING: <input type="text"/> <input type="text"/></p>

## MODULE H: WOMEN'S ANTHROPOMETRY AND DIETARY DIVERSITY

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH RESPONDENT  
MUST BE MATCHED WITH THE HH ID)

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ASK THESE QUESTIONS OF EACH WOMAN AGE 15-49 YEARS IN THE HOUSEHOLD.

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE H HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE H INFORMED CONSENT PROCEDURE (ANNEX 6) TO THE RESPONDENT(S).

CARRY DUPLICATE COPIES OF THIS MODULE IN CASE THERE ARE MORE THAN 5 WOMEN OF AGE 15-49 IN THE HOUSEHOLD.

ENSURE THAT THE ENTIRETY OF MODULE H, INCLUDING DIETARY DIVERSITY, IS COMPLETED FOR WOMAN 1 BEFORE MOVING ON TO WOMAN 2.

"In order to learn more about peoples' nutrition in our country, we would like to take measures of your growth – your height and your weight – and we'd also like to learn more about what kinds of foods you eat."

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H01	WOMAN'S ID CODE AND NAME FROM THE HOUSEHOLD ROSTER	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> NAME: _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> NAME: _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> NAME: _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> NAME: _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> NAME: _____
H02	In what month and year were you born?	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> YEAR DK YEAR....9998
H03	Please tell me how old you are. What was your age at your last birthday?  RECORD AGE IN COMPLETED YEARS	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> YEARS  IF RESPONDENT KNOWS HER AGE, SKIP TO H05  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> YEARS  IF RESPONDENT KNOWS HER AGE, SKIP TO H05  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> YEARS  IF RESPONDENT KNOWS HER AGE, SKIP TO H05  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> YEARS  IF RESPONDENT KNOWS HER AGE, SKIP TO H05  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> YEARS  IF RESPONDENT KNOWS HER AGE, SKIP TO H05  IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H04	Are you between the ages of 15 and 49 years old?	YES.....1 NO.....2 DK.....8	YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8
H05	CHECK H02, H03 AND H04 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS?  IF THE INFORMATION IN H02, H03, AND H04 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL.	YES.....1  NO.....2 ] CHECK DK.....8 ] FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES..... 1  NO..... 2 ] CHECK DK..... 8 ] FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES..... 1  NO..... 2 ] CHECK DK..... 8 ] FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES..... 1  NO..... 2 ] CHECK DK..... 8 ] FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES..... 1  NO..... 2 ] CHECK DK..... 8 ] FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I
<b>WOMEN'S NUTRITIONAL STATUS</b>						
H06	Are you currently pregnant?	YES..... 1 → SKIP TO DIETARY DIVERSITY  NO.....2 DK.....8	YES..... 1 → SKIP TO DIETARY DIVERSITY  NO..... 2 DK..... 8	YES..... 1 → SKIP TO DIETARY DIVERSITY  NO..... 2 DK..... 8	YES..... 1 → SKIP TO DIETARY DIVERSITY  NO..... 2 DK..... 8	YES..... 1 → SKIP TO DIETARY DIVERSITY  NO..... 2 DK..... 8
H07	WEIGHT IN KILOGRAMS:  WEIGH THE WOMAN	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999
H08	HEIGHT IN CENTIMETERS:  MEASURE THE WOMAN	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER..... 9996 REFUSED..... 9999

WOMEN'S DIETARY DIVERSITY						
<p>Now I'd like to ask you to describe everything that you ate yesterday during the day or night, whether you ate it while you were at home, or while you were somewhere else.</p> <p><b>A)</b> Think about when you first woke up yesterday. Did you eat anything at that time?            IF YES: Please tell me everything you ate at that time. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE," THEN CONTINUE TO PART B.            IF NO: CONTINUE TO PART B.</p> <p><b>B)</b> What did you do after that? Did you eat anything at that time?            IF YES: Please tell me everything you ate at that time. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE."</p> <p>REPEAT QUESTION B ABOVE UNTIL RESPONDENT SAYS SHE WENT TO SLEEP UNTIL THE NEXT DAY.</p> <p>IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE, OR STEW, PROBE:  <b>C)</b> What ingredients were in that [mixed dish]? PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE."</p> <p>AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.</p> <p>ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '2' IF NO, AND '8' IF DON'T KNOW.</p> <p>Yesterday during the day or night, did you drink/eat any [food group items]?</p>						
NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS THAT RESPONDENT MENTIONED, BUT ARE NOT IN THE LIST BELOW, IN THE SPACE TO THE RIGHT OF THIS BOX. THIS WILL ALLOW THE SURVEY SUPERVISOR OR OTHER KNOWLEDGEABLE INDIVIDUAL TO CLASSIFY THE FOOD LATER.	WRITE FOODS EATEN HERE:	WRITE FOODS EATEN HERE:	WRITE FOODS EATEN HERE:	WRITE FOODS EATEN HERE:	WRITE FOODS EATEN HERE:
H14	Food made from grains, such as bread, rice, noodles, porridge, or [other local grain food]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H15	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside or [other local yellow/orange foods]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H16	White potatoes, white yams, manioc, cassava, [other local root crops] or any other foods made from roots?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H17	Any dark green leafy vegetables such as [local dark green leafy vegetables]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H17 A	Any other vegetables?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H18	Ripe mangoes, ripe papayas or [other local vitamin A-rich fruits]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H18 A	Any other fruits?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H19	Liver, kidney, heart, or other organ meats?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H19 a	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H20	Any organs from wild animals, such as [names of local commonly-consumed wildlife]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H20 a	Any flesh from wild animals, such as [names of local commonly-consumed wildlife]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H22	Eggs?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H23	Fresh or dried fish, shellfish, or seafood?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H24 A	Any foods made from beans, peas, or lentils, such as [add any local legume names]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H24 B	Any foods made from nuts or seeds such as [add any local nut/seed names]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H25	Milk, cheese, yogurt, or other milk products?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H26	Any oil, fats, or butter, or foods made with any of these?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H27	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H28	Condiments for flavor, such as chilies, spices, herbs, fish powder or <b>[add any local condiment names]</b> ?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H29	Grubs, snails or insects such as <b>[add any local insect names]</b> ?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
H30	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8



## **MODULE I. CHILD ANTHROPOMETRY AND INFANT AND YOUNG CHILD FEEDING**

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH RESPONDENT MUST BE MATCHED WITH THE HH ID)

--	--	--	--	--	--

IDENTIFY THE PRIMARY CAREGIVER OF EACH CHILD AGE 0-59 MONTHS IN THE HOUSEHOLD. ASK THESE QUESTIONS OF THE PRIMARY CAREGIVER OF EACH CHILD AGED 0-59 MONTHS IN THE HOUSEHOLD. CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE I HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE I INFORMED CONSENT PROCEDURE (ANNEX 7) TO THE RESPONDENT(S) (THE PRIMARY CAREGIVER OF EACH CHILD AGED 0-59 MONTHS IN THE HOUSEHOLD).

YOU SHOULD CARRY DUPLICATE COPIES OF THIS MODULE IN CASE THERE ARE MORE THAN 5 CHILDREN 0-59 MONTHS OLD IN THE HOUSEHOLD.

“In order to learn more about child nutrition in our country, we would like to measure your child(ren)’s growth – their height and their weight – and we’d also like to learn more about what kinds of foods they eat.”

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I01	CAREGIVER'S ID CODE FROM THE HOUSEHOLD ROSTER	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
I02	CHILD'S ID CODE AND FIRST NAME FROM THE HOUSEHOLD ROSTER	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80px; margin-top: 5px;"></div> CHILD'S NAME	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80px; margin-top: 5px;"></div> CHILD'S NAME	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80px; margin-top: 5px;"></div> CHILD'S NAME	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80px; margin-top: 5px;"></div> CHILD'S NAME	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80px; margin-top: 5px;"></div> CHILD'S NAME
I03	What is [CHILD'S NAME]'s sex?	MALE .....1 FEMALE .....2	MALE .....1 FEMALE .....2	MALE .....1 FEMALE .....2	MALE .....1 FEMALE .....2	MALE .....1 FEMALE .....2
I04	I would like to ask you some question about [CHILD'S NAME]. What is [his/her] birthday? In what month and year was [CHILD'S NAME] born?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DAY DK DAY....98  <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DAY DK DAY....98  <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DAY DK DAY....98  <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DAY DK DAY....98  <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR DK YEAR....9998	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DAY DK DAY....98  <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> MONTH DK MONTH....98  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR DK YEAR....9998

I04A	CHECK I04: IS THE INFORMATION ON THE CHILD'S DAY, MONTH, AND YEAR OF BIRTH COMPLETE?	YES..... 1 → SKIP TO I05 NO.....2	YES.....1 → SKIP TO I05 NO .....2	YES .....1 → SKIP TO I05 NO .....2	YES.....1 → SKIP TO I05 NO .....2	YES..... 1 → SKIP TO I05 NO..... 2
I04B	Does [CHILD'S NAME] have a health or vaccination card with the birth date recorded?	YES..... 1 NO..... 2 <input type="checkbox"/> SKIP DK.....8 <input type="checkbox"/> TO I05	YES..... 1 NO ..... 2 <input type="checkbox"/> SKIP DK.....8 <input type="checkbox"/> TO I05	YES .....1 NO .....2 <input type="checkbox"/> SKIP DK.....8 <input type="checkbox"/> TO I05	YES.....1 NO ..... 2 <input type="checkbox"/> SKIP DK .....8 <input type="checkbox"/> TO I05	YES .....1 NO..... 2 <input type="checkbox"/> SKIP DK .....8 <input type="checkbox"/> TO I05
I04C	May I please see the card?	YES.....1 NO..... 2 <input type="checkbox"/> SKIP CARD NOT AVAILABLE ..8 <input type="checkbox"/> TO I05	YES.....1 NO ..... 2 <input type="checkbox"/> SKIP CARD NOT AVAILABLE ..8 <input type="checkbox"/> TO I05	YES .....1 NO .....2 <input type="checkbox"/> SKIP CARD NOT AVAILABLE ..8 <input type="checkbox"/> TO I05	YES .....1 NO ..... 2 <input type="checkbox"/> SKIP CARD NOT AVAILABLE ..8 <input type="checkbox"/> TO I05	YES .....1 NO..... 2 <input type="checkbox"/> SKIP CARD NOT AVAILABLE .8 <input type="checkbox"/> TO I05
I04D	CONFIRM WITH THE RESPONDENT THAT THE INFORMATION ON THE CARD IS CORRECT.  IF THE HEALTH/VACCINATION CARD IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.	<div><input type="text"/><input type="text"/></div> <div>DAY DK DAY....98</div> <div><input type="text"/><input type="text"/></div> <div>MONTH DK MONTH....98</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>YEAR DK YEAR....9998</div>	<div><input type="text"/><input type="text"/></div> <div>DAY DK DAY....98</div> <div><input type="text"/><input type="text"/></div> <div>MONTH DK MONTH....98</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>YEAR DK YEAR....9998</div>	<div><input type="text"/><input type="text"/></div> <div>DAY DK DAY....98</div> <div><input type="text"/><input type="text"/></div> <div>MONTH DK MONTH....98</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>YEAR DK YEAR....9998</div>	<div><input type="text"/><input type="text"/></div> <div>DAY DK DAY....98</div> <div><input type="text"/><input type="text"/></div> <div>MONTH DK MONTH....98</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>YEAR DK YEAR....9998</div>	<div><input type="text"/><input type="text"/></div> <div>DAY DK DAY....98</div> <div><input type="text"/><input type="text"/></div> <div>MONTH DK MONTH....98</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>YEAR DK YEAR....9998</div>
I05	How old was [CHILD'S NAME] at [his/her] last birthday? RECORD AGE IN COMPLETED YEARS	<div><input type="text"/></div> <div>YEARS</div>	<div><input type="text"/></div> <div>YEARS</div>	<div><input type="text"/></div> <div>YEARS</div>	<div><input type="text"/></div> <div>YEARS</div>	<div><input type="text"/></div> <div>YEARS</div>
I06	How many months old is [CHILD'S NAME]? RECORD AGE IN COMPLETED MONTHS	<div><input type="text"/><input type="text"/></div> <div>MONTHS</div>	<div><input type="text"/><input type="text"/></div> <div>MONTHS</div>	<div><input type="text"/><input type="text"/></div> <div>MONTHS</div>	<div><input type="text"/><input type="text"/></div> <div>MONTHS</div>	<div><input type="text"/><input type="text"/></div> <div>MONTHS</div>

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I07	CHECK I04, I04D, I05, AND I06 TO VERIFY CONSISTENCY					
I07A	CHECK: IS THE YEAR RECORDED IN I04 OR I04D CONSISTENT WITH THE AGE IN YEARS RECORDED IN I05?	YES..... 1 NO..... 2	YES .....1 NO .....2	YES..... 1 NO ..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
I07B	ARE YEAR AND MONTH OF BIRTH RECORDED IN I04 OR I04D CONSISTENT WITH AGE IN MONTHS RECORDED IN I06?	YES..... 1 NO..... 2	YES .....1 NO .....2	YES..... 1 NO ..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
I07C	CHECK 107A AND 107B: IF THE ANSWER TO A OR B IS 'NO,' RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED ON A HEALTH CARD, THIS MAY BE USED AS THE CORRECT DATA SOURCE.					
I08	CHECK I06. IS THE CHILD UNDER 60 MONTHS?	YES..... 1  NO..... 2 DON'T KNOW ..... 8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES .....1  NO .....2 DON'T KNOW .....8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES..... 1  NO ..... 2 DON'T KNOW ..... 8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES..... 1  NO..... 2 DON'T KNOW ..... 8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES..... 1  NO..... 2 DON'T KNOW ..... 8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE
"Now I would like to assess your child for a condition called "edema," which occurs when too much fluid is retained by the body. It can be related to nutrition. To perform the test, I need to gently press my thumbs on [NAME]'s feet."						
I09	DOES CHILD HAVE EDEMA?	YES.....1 NO.....2 NOT PRESENT.....4 OTHER.....6 REFUSED .....9	YES .....1 NO .....2 NOT PRESENT.....4 OTHER.....6 REFUSED .....9	YES.....1 NO .....2 NOT PRESENT.....4 OTHER.....6 REFUSED .....9	YES..... 1 NO..... 2 NOT PRESENT ..... 4 OTHER ..... 6 REFUSED..... 9	YES..... 1 NO..... 2 NOT PRESENT ..... 4 OTHER ..... 6 REFUSED..... 9
I10	WEIGHT IN KILOGRAMS: WEIGH THE CHILD	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 9994 OTHER ..... 9996 REFUSED ..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT.....9994 OTHER.....9996 REFUSED .....9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 9994 OTHER .....9996 REFUSED .....9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 9994 OTHER ..... 9996 REFUSED..... 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .....9994 OTHER ..... 9996 REFUSED..... 9999

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I11	CHILDREN UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN; CHILDREN 24 MONTHS OR OLDER SHOULD BE MEASURED STANDING UP.  HEIGHT IN CENTIMETERS: MEASURE THE CHILD	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 OTHER.....9996 REFUSED .....9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER ..... 9996 REFUSED..... 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 OTHER.....9996 REFUSED .....9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER .....9996 REFUSED .....9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 OTHER .....9996 REFUSED..... 9999
I11A	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ... 6	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ... 6	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ... 6	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ... 6	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ... 6
EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET						
I15	CHECK QUESTION I05. IS THE CHILD UNDER 2 YEARS OF AGE?	YES .....1 NO .....2 PROCEED TO NEXT CHILD OR END MODULE	YES..... 1 NO..... 2 PROCEED TO NEXT CHILD OR END MODULE	YES ..... 1 NO .....2 PROCEED TO NEXT CHILD OR END MODULE	YES..... 1 NO ..... 2 PROCEED TO NEXT CHILD OR END MODULE	YES..... 1 NO..... 2 PROCEED TO NEXT CHILD OR END MODULE

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I16	Has [CHILD'S NAME] ever been breastfed?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I18	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I18	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I18	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I18	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I18
I17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES.....1 → SKIP TO I19 NO.....2 DON'T KNOW.....8	YES.....1 → SKIP TO I19 NO.....2 DON'T KNOW.....8	YES.....1 → SKIP TO I19 NO.....2 DON'T KNOW.....8	YES.....1 → SKIP TO I19 NO.....2 DON'T KNOW.....8	YES.....1 → SKIP TO I19 NO.....2 DON'T KNOW.....8
I18	Sometimes babies are fed breast milk in different ways, for example by spoon, cup, or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I19	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I20	Was [CHILD'S NAME] given [local name for oral rehydration solution] yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	<p>READ THE QUESTIONS BELOW. READ THE LIST OF LIQUIDS ONE BY ONE AND MARK YES OR NO, ACCORDINGLY.</p> <p>Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night.</p> <p>Did [CHILD'S NAME] have any [ITEM FROM LIST]?:</p>					
I21	Plain water?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I22	Infant formula such as [insert local examples]?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24

I23	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98
I24	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk?	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I26 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I26 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I26 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I26 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I26 ←
I25	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98
I26	Did [CHILD'S NAME] have any juice or juice drinks?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
I27	Clear broth?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
I28	Yogurt?	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I30 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I30 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I30 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I30 ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 SKIP TO I30 ←
I29	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98	<div> <div></div> <div></div> </div> TIMES DON'T KNOW .... 98
I30	Did [CHILD'S NAME] have any thin porridge?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
I31	Any other liquids such as [list other water-based liquids available in the local setting]?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
I32	Any other liquids?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8

<p>Now I'd like to ask you to describe everything that [CHILD'S NAME] ate yesterday during the day or night, whether [he/she] ate it while at home, or while somewhere else.</p> <p>A) Think about when [CHILD'S NAME] first woke up yesterday. Did [CHILD'S NAME] eat anything at that time?  IF YES: Please tell me everything [child's name] ate at that time. PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE." THEN CONTINUE TO PART B).  IF NO, CONTINUE TO PART B).</p> <p>B) What did [CHILD'S NAME] do after that? Did [CHILD'S NAME] eat anything at that time?  IF YES: Please tell me everything [CHILD'S NAME] ate at that time. PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE."  REPEAT QUESTION B) UNTIL THE RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.</p> <p>IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE, OR STEW, PROBE:  C) What ingredients were in that [MIXED DISH]? PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE."</p> <p>AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER '1' IN THE RESPONSE BOX NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.</p> <p>ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED IN THE RESPONSE BOX, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '0' IF NO, AND '8' IF DON'T KNOW:  Yesterday, during the day or night, did [CHILD'S NAME] drink/eat any [FOOD GROUP ITEMS]?</p>						
NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS (TO THE RIGHT OF THIS BOX) THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW. THIS WILL ALLOW THE SURVEY SUPERVISOR OR OTHER KNOWLEDGEABLE INDIVIDUAL TO CLASSIFY THE FOOD LATER.	WRITE FOODS MENTIONED HERE:	WRITE FOODS MENTIONED HERE:	WRITE FOODS MENTIONED HERE:	WRITE FOODS MENTIONED HERE:	WRITE FOODS MENTIONED HERE:
I33	<i>Food made from grains, such as bread, rice, noodles, porridge, or [other local grain food]?</i>	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I34	<i>Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside or [other local yellow/orange foods]?</i>	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I35	White potatoes, white yams, manioc, cassava, [other local root crops] or any other foods made from roots?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I36	Any dark green leafy vegetables such as [local dark green leafy vegetables]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I36A	Any other vegetables?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5

I37	Ripe mangoes, ripe papayas or [other local vitamin A-rich fruits]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I37A	Any other fruits?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I38	Liver, kidney, heart, or other organ meats?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I38a	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I39	Any organs from wild animals, such as [names of local commonly-consumed wildlife]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I40	Any flesh from wild animals, such as [names of local commonly-consumed wildlife]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I41	Eggs?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I42	Fresh or dried fish, shellfish, or seafood?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I43A	Any foods made from beans, peas, or lentils, such as [add any local legume names]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I43B	Any foods made from nuts or seeds such as [add any local nut/seed names]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I44	Milk, cheese, yogurt, or other milk products?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I45	Any oil, fats, or butter, or foods made with any of these?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I46	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I47	Condiments for flavor, such as chilies, spices, herbs, fish powder or [add any local condiment names]?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I48	Grubs, snails or insects such as [add any local insect names]?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2



		DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW .....8	DON'T KNOW .....8	DON'T KNOW .....8
I49	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW .....8	YES.....1 NO.....2 DON'T KNOW .....8	YES.....1 NO.....2 DON'T KNOW .....8

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
	CHECK CATEGORIES 33-49  IF ALL 'NO,' GO TO I50 IF AT LEAST ONE 'YES' OR ALL 'DON'T KNOW,' GO TO I51					
I50	Did [CHILD'S NAME] eat any solid, semi-solid, or soft foods yesterday during the day or at night?  IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did [CHILD'S NAME] eat?	YES.....1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO .....2 DON'T KNOW.....8 PROCEED TO NEXT CHILD OR END MODULE	YES.....1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO .....2 DON'T KNOW.....8 PROCEED TO NEXT CHILD OR END MODULE	YES.....1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO .....2 DON'T KNOW.....8 PROCEED TO NEXT CHILD OR END MODULE	YES.....1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO .....2 DON'T KNOW.....8 PROCEED TO NEXT CHILD OR END MODULE	YES.....1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO .....2 DON'T KNOW.....8 PROCEED TO NEXT CHILD OR END MODULE
I51	How many times did [child's name] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TIMES  DON'T KNOW .... 98	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TIMES  DON'T KNOW .... 98	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TIMES  DON'T KNOW .... 98	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TIMES  DON'T KNOW ....98	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> DON'T KNOW.....98

CONCLUDE THE INTERVIEW:

"Thank you very much for your time in responding to this survey. Your contributions are greatly appreciated.

## Annex 1. Template for Country-Specific Event Calendar

The purpose of this event calendar template is to assist in ascertaining dates of birth (month and year) for children identified as age 6 or under in the household roster. The local events calendar should be developed in conjunction with local key informants who have a good knowledge of past events in the areas to be surveyed; the events should be specific to the survey area and population at the [province/district] level. The final calendars should be tested by interviewers during the pilot to ensure that the calendar is appropriate for the local population.

### SAMPLE LOCAL EVENTS CALENDAR (INDIA)

Drawn from: World Health Organization. Training Course on Child Growth Assessment. Geneva, WHO, 2008.

Month	Events/Festivals	2002	2003	2004	2005	2006	2007
Margasira	Bhogi	13 Jan	13 Jan	14 Jan	13 Jan	13 Jan	14 Jan
	Sankranti	14 Jan	14 Jan	15 Jan	14 Jan	14 Jan	15 Jan
	Kanuma	15 Jan	15 Jan	16 Jan	15 Jan	15 Jan	16 Jan
Pushya	Republic Day	26 Jan	26 Jan	26 Jan	26 Jan	26 Jan	26 Jan
	Gandhi Vardhanti	30 Jan	30 Jan	30 Jan	30 Jan	30 Jan	30 Jan
Magha	Maha Sivaratri	12 Mar	01 Mar	18 Feb	8 Mar	26 Feb	16 Feb
	Holi	29 Mar	19 Mar	6 Mar	25 Mar	14 Mar	3 Mar
Palgun	Ugadi	13 Apr	2 Apr	21 Mar	9 Apr	30 Mar	20 Mar
	Sri Rama Navami	21 Apr	11 Apr	30 Mar	18 Apr	6 Apr	27 Mar
	Good Friday	29 Mar	18 Apr	9 Apr	25 Mar	14 Apr	6 Apr
	Ambedkar Jayanti	14 Apr	14 Apr	14 Apr	14 Apr	14 Apr	14 Apr
	May Day	1 May	1 May	1 May	1 May	1 May	1 May
Chaitra	Buddha Purnima	26 May	16 May	4 May	23 May	13 May	2 May
	Mrigasira Karthe	8 June	8 June	7 June	8 June	8 June	9 June
Jeshta	Ramzan	6 Dec	26 Nov	15 Nov	4 Nov	25 Oct	14 Oct
	Bakrid	23 Feb	12 Feb	2 Feb	21 Jan	11 Jan	1 Jan
Ashad	Raksha Bandhan	22 Aug	12 Aug	30 Aug	19 Aug	09 Aug	28 Aug
	Varalaxmi Vratm	16 Aug	8 Aug	27 Aug	12 Aug	04 Aug	24 Aug
	Krishnastami	31 Aug	20 Aug	7 Sep	26 Aug	16 Aug	4 Sept
Sravan	Vinayaka Chavithi	10 Sept	31 Aug	18 Sep	7 Sep	27 Aug	15 Sept
	Moharam	25 Mar	14 Mar	2 Mar	20 Feb	9 Feb	30 Jan
Badra	Gandhi Jayanthi	2 Oct	2 Oct	2 Oct	2 Oct	2 Oct	2 Oct
	Durgastami	13 Oct	3 Oct	21 Oct	11 Oct	30 Sept	19 Oct
	Maharnavami	14 Oct	4 Oct	22 Oct	12 Oct	1 Oct	20 Oct
	Vijayadasami	15 Oct	4 Oct	22 Oct	12 Oct	2 Oct	21 Oct
Ashiyuja	Naraka Chaturdhi	3 Nov	24 Oct	11 Nov	30 Oct	20 Oct	8 Nov
	Deepavali	4 Nov	24 Oct	12 Nov	31 Oct	21 Oct	9 Nov
	Naga Chaviti	8 Nov	28 Oct	16 Nov	5 Nov	26 Oct	14 Nov
Kartika	Nehru Birthday	14 Nov	14 Nov	14 Nov	14 Nov	14 Nov	14 Nov
	Christmas	25 Dec	25 Dec	25 Dec	25 Dec	25 Dec	25 Dec
	Tsunami				26 Dec		

*In this sample the months are identified by their local names, feasts and celebrations with fixed dates as well as those with changing dates are updated annually while chance events, like the tsunami, typhoons, floods, etc, have to be entered as they occur.*

## Annex 2. Age/Birth Date Consistency Chart for Survey in 2014

The purpose of this chart is to check the consistency of reported ages and dates, and to help resolve any apparent inconsistencies. Please refer to the Interviewer's Manual for instructions on how to use the chart.

AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2014

Current Age	Year of birth			Current Age	Year of birth	
	Has not had birthday in 2014	Has already had birthday in 2014			Has not had birthday in 2014	Has already had birthday in 2014
	Don't know				Don't know	
0	2014	--		30	1984	1985
1	2013	2014		31	1983	1984
2	2012	2013		32	1982	1983
3	2011	2012		33	1981	1982
4	2010	2011		34	1980	1981
5	2009	2010		35	1979	1980
6	2008	2009		36	1978	1979
7	2007	2008		37	1977	1978
8	2006	2007		38	1976	1977
9	2005	2006		39	1975	1976
10	2004	2005		40	1974	1975
11	2003	2004		41	1973	1974
12	2002	2003		42	1972	1973
13	2001	2002		43	1971	1972
14	2000	2001		44	1970	1971
15	1999	2000		45	1969	1970
16	1998	1999		46	1968	1969
17	1997	1998		47	1967	1968
18	1996	1997		48	1966	1967
19	1995	1996		49	1965	1966
20	1994	1995		50	1964	1965
21	1993	1994		51	1963	1964
22	1992	1993		52	1962	1963
23	1991	1992		53	1961	1962
24	1990	1991		54	1960	1961
25	1989	1990		55	1959	1960
26	1988	1989		56	1958	1959
27	1987	1988		57	1957	1958
28	1986	1987		58	1956	1957
29	1985	1986		59	1955	1956

### **Annex 3. Informed Consent Form for Respondents Answering Module E Who Were Not Consented for the Household Questionnaire**

#### **STATEMENT TO BE READ TO THE RESPONDENT:**

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the purchase of food and other items for the household. The questions for this part of the survey will take about 45 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?  
May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1 → CONTINUE WITH MODULE E:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

#### **Annex 4. Informed Consent Form for Respondents Answering Module F Who Were Not Consented for Prior Modules**

##### **STATEMENT TO BE READ TO THE RESPONDENT:**

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions about availability of food in the household. The questions for this part of the survey will take about 5 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?  
May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1 → CONTINUE WITH MODULE F:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

## **Annex 5. Informed Consent Form for Respondents Answering Module G Who Were Not Consented for Prior Modules**

### **STATEMENT TO BE READ TO THE RESPONDENT:**

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on how you make decisions about the work you do, and how you spend your time during the day. The questions for this part of the survey will take about 30 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?  
May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1 → CONTINUE WITH MODULE G:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

## **Annex 6. Informed Consent Form for Respondents Answering Module H (Women 15-49) Who Were Not Consented for Prior Modules**

### STATEMENT TO BE READ TO THE RESPONDENT:

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the kinds of foods you eat, and your nutritional status, including measurement of your weight and height. The questions for this part of the survey will take about 20 minutes to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?  
May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1 → CONTINUE WITH MODULE H:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."



**Annex 7. Informed Consent Form for Parents or Primary Caregivers of Children Eligible for Module I (Children 0-59 Months)**

**STATEMENT TO BE READ TO THE RESPONDENT:**

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the kinds of foods your child eats, and [his/her/their] nutritional status, including measurement of [his/her/their] weight and height. The questions for this part of the survey will take about 20 minutes to complete per child. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [#####]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?  
May I begin the interview now?**

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED....1 → CONTINUE WITH MODULE I:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

## Annex 8. Informed Consent Register

INTERVIEWER INSTRUCTIONS: KEEP THIS SHEET IN A SECURE PLACE SO YOU CAN EASILY AND QUICKLY IDENTIFY ELIGIBLE RESPONDENTS FOR DIFFERENT PARTS OF THE SURVEY AND CONFIRM THAT RESPONDENTS HAVE PROVIDED INFORMED CONSENT. USE THE COLUMN FOR INTERVIEWER NOTES TO ADD COMMENTS, REMINDERS, QUESTIONS, OR CONCERNS.

[illegible]