HOUSEHOLD SURVEY

Contents

SURVEY1: HOUSEHOLD ROSTER FORM

ENUMERATOR: Ask the questions below of the household head. If the household head is not available for interview, ask the spouse of the head or the next most responsible household member.

MODULE A1: HOUSEHOLD IDENTIFICATION		
Q.No	Question label	Response
A1_1a	GPS coordinates, Latitude (minutes)	
A1_1b	GPS coordinates, Longitude (minutes)	
A1_1c	Accuracy	
A1_1d	Altitude	
A1_2a	Region (code and name)	1. Arusha 2. Kilimanjaro
A1_2b	District (code and name)	1. Arusha (if A1_2a==1) 2. Meru (if A1_2a==1) 3. Hai (if A1_2a==2) 4. Moshi (if A1_2a==2) 5. Siha (if A1_2a==2)
A1_2c	Ward (code and name)	1. Oldonyowass (if A1_2b==1) 2. Sambasha (if A1_2b==1) 3. Imbaseni (if A1_2b==2) 4. Ngabobo (if A1_2b==2) 5. Ngarenanyuki (if A1_2b==2) 6. Nkoanekoli (if A1_2b==2) 7. Mnadani (if A1_2b==3) 8. Kahe Mashariki (if A1_2b==4) 9. Kibosho Mashariki (if A1_2b==4) 10. Kirua Vunjo Kusini (if A1_2b==4)

MODULE A1: HOUSEHOLD IDENTIFICATION

Q.No	Question label	Response
		11. Mabogini (if A1_2b==4) 12. Uru Kusini (if A1_2b==4) 13. Gararagua (if A1_2b==5) 14. Livishi (if A1_2b==5)
A1_2d	Village (code and name)	1. Engutukoit (if A1_2c==1) 2. Oldonyowass (if A1_2c==1) 3. Sambasha (if A1_2c==2) 4. Shiboro (if A1_2c==2) 5. Timbolo (if A1_2c==2) 6. Imbaseny (if A1_2c==3) 7. Kiwawa (if A1_2c==3) 8. Ngabobo (if A1_2c==4) 9. Tank (if A1_2c==4) 10. Ilkirimuny (if A1_2c==5) 11. Olkung'wado (if A1_2c==5) 12. Nkure (if A1_2c==6) 13. Sangananu (if A1_2c==6) 14. Kimashuku (if A1_2c==7) 15. Kwa Tito (if A1_2c==7) 16. Kiterini (if A1_2c==8) 17. Kyomu (if A1_2c==8) 18. Mweka (if A1_2c==9) 19. Singa (if A1_2c==9) 20. Sungu (if A1_2c==9) 21. Uparo (if A1_2c==10) 22. Koresa (if A1_2c==10) 23. Mabogini (if A1_2c==11) 24. Mvuleni (if A1_2c==11) 25. Kitandu (if A1_2c==12) 26. Kariwa (if A1_2c==12) 27. Kimanganuni (if A1_2c==12) 28. Okaseni (if A1_2c==12) 29. Magadini (if A1_2c==13)

Q.No	Question label	Response
		30. Mawasiliano (if A1_2c==13) 31. Mlangoni (if A1_2c==13) 32. Wiri (if A1_2c==13) 33. Ngarony (if A1_2c==14)
HHID	Enumerator: Select the household number assigned to you by your supervisor	Prefilled
A1_3a	Select the day of the visit (ddmmyyy)	
A1_3b	Select the number of your visit	1. First 2. Second 3. Third
A1_4a	Code of Interviewer	Prefilled
A1_4b	Code of Supervisor	Prefilled
A1_4c	Code of Team	Prefilled
A1_5a	Name of the household head	Prefilled
A1_6	Are you talking to the head of the household?	0. No 1. Yes → A_8
A1_6a	Name of respondent (if different from household head)	[Enter respondent's name]
A_7	Can I talk to [A1_5a]?	1. Yes, continue the survey with [A1_5a] → A_8 0. No
A_7a	Can I talk to any other adult in the households?	1. Yes 0. No → Module Q1

MODULE A1: HOUSEHOLD IDENTIFICATION

TZ E2E Household Questionnaire - Baseline

Q.No	Question label	Response
MODULE A1: HOUSEHOLD IDENTIFICATION		
A_7b	Name of respondent	[Enter respondent's name]
A_8	Can you share your phone number? Enumerator: This should be head of the household's phone number	[Phone number]
A_9	Does the household have an alternate number? Enter 97 if no alternate number	[Phone number]
A_10	Are you willing to participate in the interview?	1. Yes 0. No → Module Q1

MODULE A2: HOUSEHOLD ROSTER

Say:

I would like to make a complete list of all household members, that is ALL the people who normally live and eat together, share resources, and answer to the authority of a person recognized as the head of household. First, I would like to have the names of all the members of your immediate family, including the head of the household, his wife or wives (or her husband) and his/her children in order of age. Please only include people who are part of the household for at least half the year (6 out of the last 12 months). Anyone who recently entered the household through birth or marriage should also be listed.

[Interviewer: Always write down the head of the household first, followed by his/her spouse and their children in order of age. If there is more than one wife, start with the first wife, followed by her children in order of age, then the second wife and her children in order of age, and so on. Note that the following people are not household members: deceased individuals / lodgers / guests / relatives living elsewhere and abroad.]

Code A2_A: Relationship to household head	Code A2_B: Activity codes	Code A2_B: Activity codes
1. Household head 2. Spouse/partner of household head 3. Son/daughter 4. Daughter/son -in-law 5. Grandson/daughter 6. Father/mother 7. Brother/sister 8. Niece/Nephew 9. Household head's cousin 10. Father-in-law/mother-in-law 11. Brother/Sister-in-law 12. Spouse's niece/nephew 13. Spouse's cousin 14. House help 96. Other, specify 98. Don't know	1. Self-employed farming (cultivation) 2. Self-employed animal husbandry (owned or leased-in animals) 3. Enterprise/business (non-food) 4. Salaried government 5. Salaried private 6. Agriculture wage labour 7. Animal husbandry wage labour 8. Non-agriculture wage labour	9. Unemployed (did not work but was seeking and/or available for work) 10. Household work including children 11. Student 12. Food retail: market vendor 13. Food retail: shop, kiosk, or mobile vendor 14. Food retail: other 15. Food collection, transportation, or wholesale 95. Not seeking any work/ Not engaged in any activity in the last 12 months 96. Other, specify 98. Don't know

A2_0	What is the total number of members in the household?	Allow 1-15

A2_ID	A2_1	A2_2	A2_3	A2_4	A2_5	A2_6	A2_7	A2_8
Member ID	Member name	What is the relationship of [NAME] to the household head?	What is [NAME]'s sex?	What is [NAME]'s age? If age< 1, enter 0 Enter 98 sn't know	What is [NAME]'s highest level of education? Ask if A2_A==1 OR (A2_4>=15 & A2_4<50 & A2_3==2) OR (A2_4>=10 & A2_4<=14) Enter 98 if don't know Enter 99 if never went to school	What was [NAME]'s primary labour activity (majority of time spent) in the last 12 months? Ask if A2_A==1 OR (A2_4>=15 & A2_4<50 & A2_3==2) OR (A2_4>=10 & A2_4<=14)	What is [NAME]'s marital status? Ask if A2_A==1 OR (A2_4>=15 & A2_4<50 & A2_3==2) OR (A2_4>=10 & A2_4<=14)	Is this union polygamous? Ask if A2_7==2
		Use Code A2_A	1. Male 2. Female 3. Prefer not to answer		1. Primary incomplete 2. Primary complete 3. Secondary incomplete 4. Secondary incomplete 5. Higher 98. Don't Know 99. Never went to school	Use Code A2_B	1. Never married 2. Married or living together 3. Widowed 4. Divorced/ separated	0. No 1. Yes 98. Don't know
1.								
2.								

A2_1	A2_9	A2_10	A2_11
Member name CAPI: pre-fill from above	What is the name of [NAME]'s spouse/ partner? Ask if A2_7==2 CAPI: pre-fill name of household members	What is the name of [NAME]'s mother? Ask if A2_4<18 CAPI: pre-fill name of household members	What is the name of [NAME]'s father? Ask if age<18 CAPI: pre-fill name of household members
	Select 97 if spouse/ partner does not currently live in the household	Select 97 if mother does not currently live in the household	Select 97 if father does not currently live in the household
1.			
2.			

MODULE A3: CONFIRM ELIGIBILITY

Instructions: In each household, one woman of reproductive age (15-49 years of age) who meets the inclusion criteria will be invited to participate in the survey along with the household head (if different than the selected woman). If more than one WRA and only one adolescent live in the household, we will enrol the mother-child pair, i.e., the WRA and her biological child. If the WRA has more than one biological child 10-14 years of age, one will be randomly selected. If the adolescent is not the biological child of the WRA, they will not be interviewed.

Q.No	Question label	Response
HHID	Select the household ID (10-digit number)	
A3_0	Enumerator: This is a list of all adolescents (10-14 years of age) and women of reproductive age (15-49 years of age) in the household	0. [MID X] [CID X] *CAPI pre-populates the list from the household roster* *List WRA who has adolescent child (10-14 yrs)*
	For each member ID selected, repeat the following questions	
A3_3	Is [CID X] the biological child of [MID X]	0. No → Repeat for each pair of [MID X, CID X] in [A3_0] 1. Yes
	Enumerator: Please do the informed consent for the mother and adolescent child pair and fill out questions A3_5 to A3_13 from the signed consent forms FILL OUT THE ANSWERS. DO NOT ASK THE QUESTIONS.	
A3_5	Is [MID X] willing and available to participate in the survey?	1. Yes 0. No → move to next pair in [A3_0] if there is more than one WRA
A3_5a	Is [MID X] willing to take part in follow-up surveys?	1. Yes 0. No → move to next pair in [A3_0] if there is more than one WRA
A3_7	Is the head of household [A1_5a] willing and available to participate in the survey?	1. Yes 0. No → move to module Q1
A3_7a	Is the head of household [A1_5a] willing to take part in follow-up surveys?	1. Yes 0. No → move to module Q1
A_8	Does [MID X] consent to [CID X] participating in the survey?	1. Yes 0. No → move to module Q1
A3_10	Enumerator: The respondent selected for interviews are	1. Women survey: [MID X] (woman survey) 2. Adolescent survey: [CID X] (adolescent survey) 3. Head of household survey: [A1_5a] or [A_7b] (household survey)

MODULE Q1: SURVEY RESULT		
For enumerator to answer		
Q.no	Question label	Response
Q1	Enumerator: Select the status of survey for this household [select multiple]	1. Ineligible household 2. Complete (attempted all modules) 3. Household not found 4. Household head temporarily unavailable 5. Household head permanently unavailable 6. Woman temporarily unavailable 7. Woman permanently unavailable 8. Household head refused to talk 9. Woman refused to talk 10. Household head refused consent 11. Woman refused consent 12. Woman refused consent for adolescent 96. Others, specify

CAPI: The Survey form will split into 3 separate forms after this based on respondents

SURVEY 2: HEAD OF THE HOUSEHOLD SURVEY FORM

Q.no	Question label	Response
HH2	Enumerator: Select the household no.	Pre-filled from the household roster form [HHno]

MODULE B: HOUSEHOLD CHARACTERISTICS		
Say: I would like to ask you questions about your household		
B_resp	Enumerator: Are you talking to the head of household?	1.Yes → B_1 0. No
B_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]
Q.no	Question label	Response
B_1	What is the main building's floor made of?	Code B_A NATURAL FLOOR 1. Earth/Sand 2. Dung RUDIMENTARY FLOOR 3. Wood planks 4. Palm/Bamboo FINISHED FLOOR 5. Parquet or polished wood 6. Vinyl or Asphalt strips 7. Ceramic tiles/ Terrazzo 8. Cement/Concrete 9. Carpet 96. Other. specify 98. Don't know
B_2	What is the main building's roof made of?	Code B_B NATURAL ROOFING 1. No roof 2. Grass/Thatch/Palm leaf/mud RUDIMENTARY ROOFING 3. Rustic mat 4. Palm/Bamboo 5. Wood Planks FINISHED ROOFING 6. Iron sheet 7. Concrete 8. Tiles 96. Other, specify 98. Don't know
B_3	What is the main building's walls made of?	Code B_C NATURAL WALLS 1. No wall 2. Grass 3. Cane/Palm/Trunks/Bamboo RUDIMENTARY WALLS 4. Poles with mud 5. Stone with mud 6. Wood, Timber

		FINISHED WALLS 7. Cement/Concrete 8. Stone with lime/cement 9. Sun-dried bricks/Mud brick 10. Baked bricks 11. Cement blocks 96. Other, specify 98. Don't know
B_4	How many rooms (bedrooms, sitting rooms, dining rooms, kitchen) does your house have? Hint: Do not count stores, bathrooms, shower rooms, verandas, and open spaces as rooms.	[enter numeric]
B_5	Does this household have access to electricity?	1. Yes 0. No → B_7 98. Don't know → B_7
B_6	What is your primary source of energy for lighting? Hint: Select only the primary source.	Code B_D 1. Electricity 2. Solar 3. Gas 4. Paraffin - Hurricane lamp 5. Paraffin – Pressure lamp 6. Paraffin – Wick lamp 7. Firewood 8. Candles 96. Other, specify 98. Don't know
B_7	Does your household own any houses?	1. Yes 0. No 98. Don't know
B_8	Does your household own any agricultural land (pieces/plots)?	1. Yes 0. No 98. Don't know
B_9	Does your household own any other land not used for agricultural purposes (pieces/plots, residential or commercial land)	1. Yes 0. No 98. Don't know
B_10	Is there a special room used for cooking inside or outside the dwelling?	1. Yes, inside the dwelling and enclosed 2. Yes, inside the dwelling but open 3. Yes, outside the dwelling 4. No kitchen
B_11	What is your primary source of cooking fuel?	1. Electricity 2. LPG/natural gas 3. Kerosene 4. Charcoal 5. Wood 6. Animal dung 7. No food cooked in the house 96. Other, specify

		98. Don't know
B_12	What is the main source of drinking water for members of your household?	1. Piped government network 2. Piped local network 3. Tube well or borehole 4. Regular well 5. Water from spring 6. Surface water/protected 7. Surface water/unprotected 8. Tanker truck 9. Rain water collection 10. Bottled water 96. Other, specify 98. Don't know
B_13	Do you do anything to the water to make it safer to drink?	1. Yes 0. No → B_15 98. Don't know → B_15
B_14	What do you usually do to make the water safer to drink?	1. Boil 2. Add bleach/chlorine 3. Strain through a cloth 4. Use water filter 5. Treated at source 6. Let it stand and settle 96. other, specify 98. don't know
B_15	Is there a special room or closed space used as a toilet facility inside or outside the dwelling?	1. Yes, in dwelling 2. Yes, outside welling 3. No toilet facility in dwelling →Next module
B_16	What type of toilet facility is it?	1. Flush to piped sewer system 2. Flush to septic tank 3. Bucket 4. Pit latrine 96. Other, specify 98. Don't know

MODULE C: HOUSEHOLD ASSETS

Say: Now, I am going to ask a few questions about assets in the household and how many you own	

C_resp	Enumerator: Are you talking to the head of household?	1.Yes → C_1 0. No
C_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]

List C_A (Assets) 1. Radio 2. Television 3. Video/DVD/VCD 4. Decoder (Canal +, etc.) 5. Cassette/CD player 6. Telephone (Mobile) 7. Telephone (Fixed) 8. Tablet 9. Computer 10. Oil lamp 11. Bed 12. Mattress 13. Mats 14. Torch/flashlight 15. Table	16. Armchair/Sofa 17. Chair 18. Stool, bench 19. Stove 20. Burner 21. Cabinet 22. Bookcase 23. Wardrobe 24. Jewellery 25. Clothes iron 26. Sewing machine 27. Washing machine 28. Fridge or Freezer 29. solar panel, generator, battery 30. Electric fan 31. Air conditioner	(Agriculture Land/Equipment) 32. Rake 33. Shovel 34. Sickle 35. Hoe 36. Pickaxe 37. Axe 38. Watering can 39. Plow 40. Mill 41. Wheelbarrow 42. Tractor 43. Sprayer 44. Thresher 45. Water Pump (only for agriculture purposes) 46. Combined harvesting machine 47. Fishing pond 48. Fishing equipment	(Other Assets) 49. Boat/Canoe/Pinasse 50. Canoe with motor 51. Cart 52. Bicycle 53. Moped, Motorcycle, or tricycle 54. Car or truck
	C_1		**C_2**
ITEM	Does your household own a/an [ITEM] in working condition?		How many [ITEM]s does your household own in working condition?
C_A	1. Yes 0. No → next item Use List C_A		Enter 998. If don't know
1			
2			

MODULE D: LIVESTOCK OWNERSHIP

Interviewer:

Say: Now I would like to ask you about the livestock that your household has owned over the past 12 months

D_resp	Enumerator: Are you talking to the head of household?	1.Yes → D_1 0. No
D_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]
D_1:	Over the past twelve months has any member of your household owned any livestock like cattle, goats, chickens, rabbits etc.?	1. Yes 0. No → next module 98. Don't know → next module

	D_2	D_3
ANIMAL NAME	Over the past 12 months, has any member of the household owned [ANIMAL NAME]?	How many [ANIMAL NAME] does your household currently own (include all animals of any age)
List D_4	1. Yes 0. No → next animal 98. Don't know → next animal	
1	Draught animals (e.g., bullock, donkey)		
2	Cattle (including calves)		
3	Sheep		
4	Goats		
5	Pigs		
6	Rabbits		
7	Chickens		
8	Guinea fowl		
9	Other poultry		
10	Other (specify)		

MODULE L: AGRICULTURE

Say: This module asks about all agricultural land owned or operated by the household in the past 12 months. Operated could mean that the household doesn't own the land but has been using it for agricultural purposes. Make sure to include ALL agricultural land including those used for crop cultivation (including fruit and permanent crops) and animal rearing.

L_resp	Enumerator: Are you talking to the head of household?	1.Yes → L1_0 0. No
L_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]
L1_0	Has the household owned or operated any agricultural plots or parcels during the last 12 months?	1. Yes 0. No → Module K
L1_0b	How many plots were owned?	

Say: Now I would like to ask you to list all your plots of land.

Interviewer: Draw a simple map of the blocks of agricultural land owned or farmed by members of the household in the past 12 months

Plot ID	Description	L1_1	L1_2A	L1_2B	L1_3		L1_5		L1_6		L1_7
Plot ID	Plot Description	Plot Type	Current Size/ Area	Unit	Distance from home		Who manages the plot?		Who owns the plot officially?		Amount expected to spend if you were to buy a plot of similar size and soil quality
		1. Homestead (includes the dwelling) 2. Cultivable/ arable land 3. Pasture 4. Bush/forest 5. Waste/non-arable land 6. Land in riverbed 7. Other residential/ commercial plot 8. Cultivable pond 9. Derelict pond 10. Home garden 11. Only for seed bed		1. Acre 2. Hectare 97. Other, specify	if next to home "0"		Report 3 primary managers. If HH member, write MID. 94. Non HH Member		Report 3 primary owners MID If HH member, write MID. 94. Non HH Member		**Enter 9998. If don't know**
Plot ID	Shillings				Meter		MID		MID		Shillings
1							A	B	C	A	B	C	
2													
3													

MODULE L3A: VEGETABLES CULTIVATED BY PLOT

L3A_0a	Has your household cultivated any vegetables in the last 12 months?	1. Yes 0. No → Module L3B
L3A_0b	Which plots did you cultivate vegetables on in the past 12 months? H: Select multiple	*Prefill Plot IDs from list in module L1*

Say: We will now look at all the vegetables your household cultivated in the last 12 months.

Vegetable:

1. African nightshade leaves (mnavu)
2. Amaranth leaves (mchicha)
3. Cabbage, chinese (chainizi)
4. Cassava leaves
5. Chard, swiss
6. Spinach
7. Collard greens (sukuma)
8. Cowpea leaves
9. Ethiopian mustard greens
10. Hare lettuce (mchunga)
11. Jute mallow
12. Lettuce
13. Malabar spinach (ndelema)
14. Pea leaves
15. Sweet Potato leaves
16. Pumpkin leaves

17. Spider plant leaves (mgagani)
18. Taro leaves
19. African eggplant (bitter tomato)
20. Eggplant
21. Broccoli
22. Cabbage (green)
23. Capsicum, green
24. Cauliflower
25. Celery
26. Cucumber

27. Mushroom
28. Okra
29. Onion
30. Radish
31. Tomato
32. Zucchini (courgette)
33. Capsicum, red
34. Carrots
35. Pumpkin
36. Squash

37. Other, specify 1
38. Other, specify 2
39. Other, specify 3
40. Other, specify 4
41. Other, specify 5

Plot_ID	Crop_ID	L3A_1	L3A_2	L3A_3	L3A_4	L3A_4a	L3A_4b	L3A_5	L3A_5A	L3A_5B	L3A_6	L3A_7	L3A_8	L3A_8b
Plot	Vegetable	Was [Vegetable] planted in the entire area of	Approximately how much of the plot was planted	What type were the main seeds?	Which fertilizers did you apply? Select multiple	What is the quantity of fertilizers you applied?		Which pesticides did you apply? Select multiple	What is the quantity of pesticides you applied?		Source of irrigation	Approximately how much of the plot was	Were there any losses of [Vegetable	What proportion was lost?

		the plot?	with [Vegetable]?			Amount	Unit		Amount	Unit		irrigated?	] before harvest?	
Prefill from L3_0b		1. Yes → L3A_3 0. No	1. ¼, 25% 2. ½, 50% 3. ¾, 75% 4. 1, 100%	1. Local (traditional/indigenous varieties) 2. Improved 3. Hybrid 4. Recycled 96. Other, specify 98. Don't know	1. Urea 2. Di Ammonium Phosphate (DAP) 3. Calcium Ammonium Nitrate (CAN) 4. Nitrogen Phosphorous Potassium (NPK) 5. Manure 96. Other, specify 97. Did not apply any fertilizer → L3A_5 98. Don't know	Amount	1. Grams 2. Milliliters 3. Bottles	1. Actelllic 2. Dust 3. Alto 4. Ashes 5. Bayleton 6. Blue Copper 7. Cobox 8. Cypercal 9. Decis 10. Diazinon 11. Dimethoate 96. Other, specify 97. Did not apply any pesticides → L3A_6 98. Don't know	Amount	1. Grams 2. Milliliters 3. Bottles	1. Rainfall 2. Borewell 3. Tube well 4. River/streams 96. Other, specify 97. No source of irrigation → L3A_8 98. Don't know → L3A_8	1. ¼, 25% 2. ½, 50% 3. ¾, 75% 4. 1, 100%	0. Yes 1. No → L3A_10	CAPI: enter a number between 0 and 100
1														
2														

Plot_ID	Crop_ID	L3A_9	L3A_10	L3A_11	L3A_12	L3A_13	L3A_14	L3A_15	L3A_16	L3A_17	L3A_18	L3A_19	L3A_20
Plot_ID	Crop_ID	What was the cause of these losses?	Did you harvest any [Vegetable] on this plot in the last 12 months?	Why didn't you harvest any [Vegetable] on this plot?	Have you finished the harvest?	What fraction of the [Vegetable] remains to be harvested in this period?	What was the quantity of [Vegetable] harvested?	Who in the household made the decisions concerning the use of [Vegetable]	Of the quantity of [Vegetable] harvested, what was	What is the estimated value of the harvested [Vegetable	Who in the household made decisions about how to use the income from	Of the quantity of [Vegetable] harvested, how much was used for self-	Of the quantity of [Vegetable] harvested, how much was used for other

							H: Report in kg. Convert local units to Kilograms	harvested in the last 12 months?	the quantity of [Vegetable] sold? Convert local units to Kilograms		]? HOW MUCH WAS HARVEST WORTH IN THE MARKET DURING HARVEST SEASON?	[Vegetable] sales?	consumption? H: Report in kg. Convert local units to Kilograms		purposes (gifting, giving away, trading etc.) H: Report in kg. Convert local units to Kilograms
			1. Birds 2. Animals 3. Insects 4. Diseases 5. Theft 6. Flooding/rainfall 7. Drought 96. Other, specify	1. Yes → L3A_12 0. No	1. Not mine to harvest 2. Still in plot 3. Destruction Skip To next crop	0. Yes → L3A_14 1. No	CAPI: enter a number between 0 and 100		Allow up to 2 primary descion-makers 94. Non HH member			Enter 9998. If don't know	Allow up to 2 primary descion-makers 94. Non HH member		
					Acres		CAPI: enter a number between 0 and 100	Kg	MID 1	MID 2	KG	Shillings	MID1	MID2	Kg	Kg

MODULE L4: YEAR-ROUND AVAILABILITY OF VEGETABLES

L4_0	Did your household cultivate vegetables in the last 12 months?	Preloads from L3A_0 1. Yes → L4_1 0. No → L4_0b
L4_0b	Did your household buy vegetables in the last 12 months?	1. Yes → L4_5 0. No → L3B_0

Month		L4_1			L4_4	L4_5	L4_6
		Did you cultivate any vegetables in [month]?			What proportion of the household's vegetable consumption in [month] came from your own production?	Did you buy any vegetables in [month]?	What proportion of the household's vegetable consumption in [month] came from your purchases?
		1. Yes 0. No → next month			0, 0% ¼, 25% ½, 50% ¾, 75% 1, 100%	0. Yes 0. No → next month	0, 0% ¼, 25% ½, 50% ¾, 75% 1, 100%
A	January						
B	February						
C	March						
D	April						
E	May						
F	June						
G	July						
H	August						
I	September						
J	October						
K	November						
L	December						

TZ E2E Household Questionnaire - Baseline

MODULE L3B: FRUIT AND PERMANENT CROPS CULTIVATED BY PLOT		
L3B_0a	Has your household cultivated any fruit and/or permanent crops in the last 12 months?	1. Yes 0. No → module L2A
L3B_0b	Which plots did you cultivate fruit and permanent crops on in the past 12 months? H: Select multiple	Prefill Plot IDs from list in module L1

Say: We will now look at the all the fruit and permanent crops your household cultivated in the last 12 months.

Fruit Crop :			
1. African star apple 2. Apples 3. Avocado 4. Banana 5. Baobab 6. Cashew apple 7. Custard apple 8. Date 9. Grape 10. Grapefruit	11. Guava 12. Jackfruit 13. Lemon/Lime 14. Mango 15. Marula 16. Orange 17. Passionfruit 18. Papaya 19. Peach 20. Pear	21. Pineapple 22. Plum, black 23. Pomegranate 24. Pomelo 25. Soursop 26. Strawberry 27. Strychnos cocculoides fruit 28. Tamarind 29. Tangerine 30. Tree tomato	31. Watermelon 32. Plum 33. Breadfruit 34. Loquat fruit 35. Indian almond fruit (Kungu) 36. Tea 37. Coffee 96. Other, specify 1

Plot_ID	Fruitcrop_ID	L3B_1	L3B_2	L3B_3	L3B_4	L3B_4A	L3B_4B	L3B_5	L3B_5A	L3B_5B	L3B_6	L3B_7	L3B_8	L3B_8b
Plot	Fruit Crop	Was [Fruit crop] planted in the entire area of the plot?	Approximately how much of the plot was planted with [Fruit crop]?	What type were the main seeds?	Which fertilizers did you apply? Select multiple	What is the quantity of fertilizers you applied?		Which pesticides did you apply? Select multiple	What is the quantity of pesticides you applied?		Source of irrigation	Approximately how much of the plot was irrigated?	Were there any losses of [Fruit crop] before harvest?	What proportion was lost?
Prefill from L3_0b		1. Yes → L3B_3 0. No	1. ¼, 25% 2. ½,	1. Local (tradition al/indigen	1. Urea 2. Di Ammonium	Amount	Unit 1. Gra ms	1. Actelllic 2. Dust 3. Alto	Amount	Unit 1. Gra ms	1. Rainfall 2. Borewell 3. Tube well	1. ¼, 25% 2. ½, 50% 3. ¾, 75%	1. Yes 0. No → L3B_1	CAPI: enter a number between 0 and

			50% 3. ¾, 75% 4. 1, 100%	ous varieties) 2. Improved 3. Hybrid 4. Recycled 96. Other, specify 98. Don't know	Phosphate (DAP) 3. Calcium Ammonium Nitrate (CAN) 4. Nitrogen Phosphorous Potassium (NPK) 5. Manure 96. Other, specify 97. Did not apply any fertilizer 98. Don't know		2. Milliliters 3. Bottles	4. Ashes 5. Bayleton 6. Blue Copper 7. Cobox 8. Cypercal 9. Decis 10. Diazinon 11. Dimethoate 96. Other, specify 97. Did not apply any pesticides 98. Don't know		2. Milliliters 3. Bottles	4. River/streams 96. Other, specify 97. No source of irrigation → L3B_8 98. Don't know → L3B_8	4. 1, 100%	0	100
1											
2											

Plot_ID	Crop_ID	L3B_9	L3B_10	L3B_11	L3B_12	L3B_13	L3B_14	L3B_15	L3B_16	L3B_17	L3B_18	L3B_19	L3B_20
		What was the cause of these losses?	Did you harvest any [Fruit crop] on this plot in the last 12 months?	Why didn't you harvest any [Vegetable] on this plot?	Have you finished the harvest?	What fraction of the [Fruit crop] remains to be harvested in this period?	What was the quantity of [Fruit crop] harvested? H: Report in kg. Convert local units to	Who in the household made the decisions concerning the use of [Fruit crop] harvested in the last 12 months?	Of the quantity of [Fruit crop] harvested, what was the quantity of	What is the estimated value of the harvested [Fruit crop]? HOW	Who in the household made decisions about how to use the income from [Fruit crop] sales?	Of the quantity of [Fruit crop] harvested, how much was used for self-consumption? H: Report in	Of the quantity of [Fruit crop] harvested, how much was used for other purposes (gifting, giving away, trading etc.)

							Kilograms		[Vegetable] sold? Convert local units to Kilograms	MUCH WAS HARVEST WORTH IN THE MARKET DURING HARVEST SEASON?		kg. Convert local units to Kilograms	H: Report in kg. Convert local units to Kilograms
		1. Birds 2. Animals 3. Insects 4. Diseases 5. Theft 6. Flooding/rainfall 7. Drought 96. Other, specify	1. Yes → L3B_12 0. No	1. Not mine to harvest 2. Still in plot 3. Destruction Skip To next crop	1. Yes → L3B_14 2. No	CAPI: enter a number between 0 and 100		Allow up to 2 primary decision-makers 94. Non HH member		Enter 9998. If don't know	Allow up to 2 primary decision-makers 94. Non HH member		
				Acres		CAPI: enter a number between 0 and 100	Kg	MID 1	MID 2	KG	Shillings	MID1	MID2	Kg	Kg

MODULE L2: CROPS CULTIVATED BY PLOT

MODULE L2A: Long rain season

L2A_0a	Has your household cultivated any crops during the long rain season in the last 12 months?	1. Yes 0. No → Module L2B
L2A_0b	Which plots did you cultivate crops on during the long rain season in the past 12 months? H: Select multiple	*Prefill Plot IDs from list in module L1*

Say: We will now look at all the crops your household cultivated during the long rain season in the last 12 months.

Cereals and Cereal products
1. Rice
2. Maize
3. Pearl millet
4. Red millet
5. White millet
6. Millet
7. Wheat
8. Barley

Tubers
9. Cassava
10. White or yellow fleshed sweet potatoes
11. Yams/cocoyams
12. Taro
13. Irish potatoes
14. Cooking bananas

Pulses, Dry
15. Kidney beans
16. Green mung beans
17. Pigeon peas
18. Cow peas
19. Peas
20. Lentils
21. Small green beans
22. Nuts
23. Snap beans or green beans

Nuts and Seeds
24. Groundnuts
25. Sesame
26. Sunflower

21. Other, specify 1
22. Other, specify 2
23. Other, specify 3
24. Other, specify 4
25. Other, specify 5

Plot_ID	Crop_ID	L2A_1	L2A_2	L2A_3	L2A_4	L2A_4a	L2A_4b	L2A_5	L2A_5a	L2A_5b	L2A_6	L2A_7	L2A_8	L2A_8a
Plot	Crop	Was [Crop] planted in entire area of	Approximately how much of the plot	What type were the main seeds?	Which fertilizers did you apply? Select multiple	What is the quantity of fertilizers you applied?		Which pesticides did you apply? Select multiple	What is the quantity of pesticides you applied?		Source of irrigation	Approximately how much of the plot	Were there any losses of	What proportion was lost?

		plot?	was planted with [Crop]?										was irrigated?	crops before harvest?	
Prefill from L2A_0b		1. Yes → L2A_3 0. No → ~~Next crop~~	1. ¼, 25% 2. ½, 50% 3. ¾, 75% 4. 1, 100%	1. Local (traditional/indigenous varieties) 2. Improved 3. Hybrid 4. Recycled 97. Other, specify 98. Don't know	1. Urea 2. Di Ammonium Phosphate (DAP) 3. Calcium Ammonium Nitrate (CAN) 4. Nitrogen Phosphorous Potassium (NPK) 5. Manure 96. Other, specify 97. Did not apply any fertilizer 98. Don't know	Amount	Unit 1. Grams 2. Mililiters 3. Bottle	1. Actelllic 2. Dust 3. Alto 4. Ashes 5. Bayleton 6. Blue Copper 7. Cobox 8. Cypercal 9. Decis 10. Diazinon 11. Dimethoate 96. Other, specify 97. Did not apply any pesticides 98. Don't know	Amount	Unit 1. Grams 2. Mililiters 3. Bottle	1. Rainfall 2. Borewell 3. Tube well 4. River/streams 96. Other, specify 97. No source of irrigation → L2A_8 98. Don't know → L2A_8	1. ¼ 25% 2. ½ 50% 3. ¾ 75% 4. 1, 100%	1. Yes 0. No → L2A_10	CAPI: enter a number between 0 and 100
1															
2															

		L2A_9	L2A_10	L2A_11	L2A_12	L2A_13	L2A_14	L2A_15	L2A_16	L2A_17	L2A_18	L2A_19	L2A_20
Plot_ID	Crop_ID	What was the cause of these losses?	Did you harvest any [Crop] on this plot in the	Why didn't you harvest any [Crop] on this	Have you finished the harvest?	What fraction of the [Crop] remains to be	What was the quantity of [Crop]	Who in the household made the	Of the quantity of [Crop]	What is the estimated	Who in the household made	Of the quantity of [Crop]	Of the quantity of [Crop]

			last 12 months?	plot?		harvested in this period?	harvested? H: Report in kg. Convert local units to Kilograms	decisions concerning the use of [Crop] harvested in the last 12 months?	harvested, what was the quantity of [Vegetable] sold? Convert local units to Kilograms	value of the harvested [Crop]? HOW MUCH WAS HARVEST WORTH IN THE MARKET DURING HARVEST SEASON?	decisions about how to use the income from [Crop] sales?	harvested, how much was used for self-consumption? H: Report in kg. Convert local units to Kilograms	harvested, how much was used for other purposes (gifting, giving away, trading etc.) H: Report in kg. Convert local units to Kilograms
		1. Birds 2. Animals 3. Insects 4. Diseases 5. Theft 6. Flooding/rainfall 7. Drought 96. Other, specify	1. Yes → L2A_12 0. No	1. Not mine to harvest 2. Still in plot 3. Destruction Skip To next crop	1. Yes → L2A_14 0. No	CAPI: enter a number between 0 and 100		Allow up to 2 primary descion-makers 94. Non HH member		Enter 9998. If don't know	Allow up to 2 primary descion-makers 94. Non HH member		
				Acres		CAPI: enter a number between 0 and 100	Kg	MID 1	MID 2	KG	Shillings	MID1	MID2	Kg	Kg

MODULE L2B: Short rain season

L2B_0a	Has your household cultivated any crops during the short rain season in the last 12 months?	1. Yes 0. No → Module L4
L2B_0b	Which plots did you cultivate crops on during the short rain season in the past 12 months? H: Select multiple	*Prefill Plot IDs from list in module L1*

Say: We will now look at all the crops your household cultivated during the short rain season in the last 12 months.

Cereals and Cereal products
1. Rice
2. Maize
3. Millet
4. Red sorghum
5. White sorghum
6. Wheat
7. Barley

Tubers
8. Cassava
9. White or yellow fleshed sweet potatoes
10. Yams/cocoyams
11. Taro
12. Irish potatoes
13. Cooking bananas, plantains

Pulses, Dry
14. Kidney beans
15. Green mung beans
16. Pigeon peas
17. Cow peas
18. Peas

Nuts and Seeds
19. Groundnuts
20. Bambara

26. Other, specify 1
27. Other, specify 2
28. Other, specify 3
29. Other, specify 4
30. Other, specify 5

Plot_ID	Crop_ID	L2B_1	L2B_2	L2B_3	L2B_4	L2B_4a	L2B_4b	L2B_5	L2B_5a	L2B_5b	L2B_6	L2B_7	L2B_8	L2B_8
Plot	Crop	Was [Crop] planted in entire area of plot?	Approximately how much of the plot was planted with [Crop]?	What type were the main seeds?	Which fertilizers did you apply? Select multiple	What is the quantity of fertilizers you applied?		Which pesticides did you apply? Select multiple	What is the quantity of pesticides you applied?		Source of irrigation	Approximately how much of the plot was irrigated?	Were there any losses of crops before harvest?	What proportion was lost?
Prefill		1. Yes →	1. ¼,	1. Local	1. Urea	Amount	Unit	1. Actelllic	Amount	Unit	1. Rainfall	1. ¼, 25%	1. Yes	CAPI: enter a

from L2B_0b		L2B_3 0. No	2. ½, 50% 3. ¾, 75% 4. 1, 100%	(traditional/indigenous varieties) 2. Improved 3. Hybrid 4. Recycled 96. Other, specify 98. Don't know	2. Di Ammonium Phosphate (DAP) 3. Calcium Ammonium Nitrate (CAN) 4. Nitrogen Phosphorous Potassium (NPK) 5. Manure 96. Other, specify 97. Did not apply any fertilizer 98. Don't know		1. Grams 2. Millieters 3. Bottle	2. Dust 3. Alto 4. Ashes 5. Bayleton 6. Blue Copper 7. Cobox 8. Cypercal 9. Decis 10. Diazinon 11. Dimethoate 96. Other, specify 97. Did not apply any pesticides 98. Don't know		1. Grams 2. Milliters 3. Bottle	2. Borewell 3. Tube well 4. River/streams 96. Other, specify 97. No source of irrigation → L2B_8 98. Don't know → L2B_8	2. ½, 50% 3. ¾, 75% 4. 1, 100%	4. No → L2B_10	number between 0 and 100
1														
2														

Plot_ID	Crop_ID	L2B_9	L2B_10	L2B_11	L2B_12	L2B_13	L2B_14	L2B_15	L2B_16	L2B_17	L2B_18	L2B_19	L2B_20
		What was the cause of these losses?	Did you harvest any [Crop] on this plot in the last 12 months?	Why didn't you harvest any [Crop] on this plot?	Have you finished the harvest?	What fraction of the [Crop] remains to be harvested in this period?	What was the quantity of [Crop] harvested? H: Report in kg. Convert local units to Kilograms	Who in the household made the decisions concerning the use of [Crop] harvested in the last 12 months?	Of the quantity of [Crop] harvested, what was the quantity of [Crop] sold?	What is the estimated value of the harvested [Crop]? HOW MUCH WAS	Who in the household made decisions about how to use the income from [Crop] sales?	Of the quantity of [Crop] harvested, how much was used for self-consumption? H: Report in kg. Convert local units to Kilograms	Of the quantity of [Crop] harvested, how much was used for other purposes (gifting, giving away, trading etc.) H: Report in

								Convert local units to Kilograms	HARVEST WORTH IN THE MARKET DURING HARVEST SEASON?				kg. Convert local units to Kilograms
		1. Birds 2. Animals 3. Insects 4. Diseases 5. Theft 6. Flooding/rainfall 7. Drought 96. Other, specify	1. Yes → L2B_12 0. No	1. Not mine to harvest 2. Still in plot 3. Destruction Skip To next crop	1. Yes → L2B_14 0. No	CAPI: enter a number between 0 and 100		Allow up to 2 primary descion-makers 94. Non HH member		Enter 9998. If don't know	Allow up to 2 primary decision-makers 94. Non HH member		
				Acres		CAPI: enter a number between 0 and 100	Kg	MID 1	MID 2	KG	Shillings	MID1	MID2	Kg	Kg

MODULE K: WATER SECURITY

CAPI: only if L1_0==1

Say: Now, I am going to ask about the water situation in the household

K_resp	Enumerator: Are you talking to the head of household?		1.Yes → K_1A 0. No
K_ID	Select the name of the respondent answering this module		[Filter member names from roster age>18]

		K_1A	K_1B	K_1C
ACTIVITY		Did your household water situation impact your [ACTIVITY] in the last rainy season?	Did your household water situation impact your [ACTIVITY] in the last dry season?	In the last 4 weeks, how frequently has your household water situation impacted your [ACTIVITY]?
List K_A		1. Yes 0. No 98. Don't know 97. Not applicable	1. Yes 0. No 98. Don't know 97. Not applicable	Code K_C 0. Never (0 times) 1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (11-20 times) 4. Always (more than 20 times)
1	Crop cultivation			
2	Fruit tree cultivation			
3	Vegetable cultivation			
4	Livestock rearing			
5	Poultry rearing			
6	Fish farming			

MODULE H: FOOD CONSUMPTION AND EXPENDITURE

Say: We would now like to ask you about all the food that was bought for consumption or was consumed from your own stock in the last 7 days

H_resp	Enumerator: Are you talking to the head of household?	1.Yes → H_1 0. No
H_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]

List H_A	Vegetables	Fruit	Beverages
			Juice
Cereals and Cereal products			Soft drinks/ sodas/ carbonated drinks
Rice	Spinach	Ripe banana	Tea
Rice flour	Lettuce	Mango	Coffee
Maize	Amaranth greens	Tamarind	Beer
Pearl millet	Pumpkin leaves	Plum	Wine
Red millet	Cowpea leaves	Papaya	Liquor
White millet	Sweet potato leaves	Tangerine	Local brew
Millet	Nightshade	Lemon/lime	Coconut water
Wheat flour	Eggplant	Jackfruit	
Barley	Cassava leaves	Cucumber	
Bread	Cabbage	Baobab	**Fried and salty foods**
Macaroni, spaghetti	Chinese cabbage	Watermelon	Cassava chips
Other cereal products	Pumpkin	Guava	Cassava-based fried snacks
	Tomato	Peaches	Maize on the cob
Tubers	Carrot	Avocado	Samosa
Cassava	Green pepper	Pineapple	Other fried foods
White or yellow fleshed sweet potatoes	Okra	Orange	
Yams/cocoyams	Onion	Passion fruit	**Sweets**
Taro	Spider flower	Breadfruit	Doughnut
Irish potatoes	Snap beans or green beans	Sour sop	Cakes
Cooking bananas, plantains	Ethiopian mustard	Pomelo	Candies
Other tubers	African eggplant	Grapefruit	Biscuits
	Bean leaves	Grapes	Chocolate
	Spring onions	Sugar apples	Honey
Pulses, Dry	Cauliflower	Cashew fruits	Jams/Marmalade
Kidney beans	Bok Choy	Strawberries	Ice cream
Green mung beans	Jute mallow	African Star Apple	Other sweets
Pigeon peas	Broccoli	Dates	
		Pomegranate	

Cow peas Peas Other beans, lentils and pulses **Nuts and Seeds** Groundnuts Sesame Other nuts and seeds	Mushroom Water cress **Meat, meat products and fish** Beef meat Goat meat Lamb and mutton meat Pork meat Liver, kidney, gizzard Chicken Fresh fish Small dried fish Canned fish Insects Bush meat Other meat products Eggs		Marula Tree tomato Pears Strychnos cocculoides fruit Black plums Loquat fruit Indian almond fruit (Kungu) **Fats** Vegetable oil Margarine Butter Red palm oil Other oils and fats **Milk/milk products** Fresh cow's milk Yogurt Cheese Other dairy products		**Condiments** Chilli peppers Tomato paste Garlic Bouillon cubes Salt Sugar	
	H_1	**H_2**	**H_3**	**H_4**	**H_5**	**H_6**	**H_7**
ITEM	During the past 7 days, did your household consume [ITEM]? Use List H_A	How much of [ITEM] was consumed?		Did your household purchase [ITEM] in the last 7 days?	How much of [ITEM] did your household buy?		What was your household's total expenditure on this [ITEM]?
		Quantity	Unit	Use List H_A	Quantity	Unit (to be updated based on common units in TZ)	
LIST H_A	1. Yes 0. No → next item		Code H_B 1. Kilograms 2. Grams 3. Litre 4. Millilitre 5. Each/per unit 6. Bunch	1. Yes 0. No → H_8		Code H_C 1. Grams 2. Kilograms 3. Litre 4. Millilitre 5. Each/per unit 6. Bunch	Enter 9998. If don't know

			7. Loaf 8. spoon 9. Bowl 10. Cup 11. Basket 97. Other, specify			7. Loaf	
1.							
2.							

	H_8	H_9	H_10	H_11	H_12
ITEM	In the last 7 days, did your household consume any [ITEM] from own production?	In the last 7 days, how much of [ITEM] came from own production?		In the last 7 days, how much of [ITEM] came from gifts and other sources?	
		Quantity	Unit	Quantity FOR NONE, ENTER 'O'	Unit
LIST H_A	1. Yes 0. No → H_11		Code H_C 1. Grams 2. Kilograms 3. Litre 4. Millilitre 5. Each/per unit 6. Bunch 7. Loaf		Code H_C 1. Grams 2. Kilograms 3. Litre 4. Millilitre 5. Each/per unit 6. Bunch 7. Loaf
1.					
2.					

Q.no	Q. label	Response
H_13 H_15	Has the household purchased any prepared foods, or paid to eat food outside the household in the last 7 days?	1. Yes 0. No → H_15 98. Don't know → H_15
H_14	What was the total expenditure on prepared foods and food eaten outside the household in the last 7 days? (TZS)	
H_15	During the last 7 days, has your household given any food to other people, such as neighbours or family members not belonging to your household?	1.Yes 0. No → next module 98. Don't know → next module
H_16	What is the estimated value of the food that you gave away during the last 7 days? (TZS)	

MODULE I: NON-FOOD EXPENDITURES

Say:
Now, I want to ask about how much has the household spent on the following non-food items in the last 12 months.

I_resp	Enumerator: Are you talking to the head of household?	1.Yes → I_1 0. No
I_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]

List I_A

1. Clothes/shoes/fabric
2. Kitchen equipment (cooking pots, etc.)
3. Bowls, glassware, plates, cutlery
4. Cleaning utensils (brushes, brooms etc)
5. Mosquito nets
6. Linens (sheets, towels, blankets)
7. Furniture
8. Lamps/torches
9. Costs (materials, wages) associated with house repairs

10. Costs (materials, wages) associated with bicycle or vehicle repairs
11. Modern medical treatment and medicines
12. Traditional medicine and healers
13. School fees
14. Other educational expenses (exercise books, pens, pencils, uniforms, maintenance, club fees, etc)
15. Church, mosque or other religious contributions
16. Funeral costs and contributions
17. Wedding costs and contributions
18. Contributions to local, regional or national projects
19. Taxes and levies
20. Compensation and penalties
21. Expenditures on insurance (health, home, other)

List I_B

1. Minutes for mobile phone
2. Transport
3. Electricity, kerosene, gas
4. Cigarettes, tobacco
5. Alcohol (beer, wine, liquor)
6. Drinking water from a mobile tank
7. Bottled drinking water (bottled)
8. Rent (house, farm, farm equipment)
9. Gambling/Betting
10. Entertainment (gifts, etc.)

I_1	IN THE LAST <u>12 MONTHS</u>, what was the total expenditure on [ITEM]? H: Enter response in TSH H: Write "0" if no expenditure was made H: Enter 9998. If don't know	Use List L1_A

Say:
Now I want to ask about some monthly expenses

I_2	IN THE LAST <u>ONE MONTH</u>, what was the total expenditure on [ITEM]? H: Enter response in TSH H: Write "0" if no expenditure was made H: Enter 9998. If don't know	Use List L1_B

MODULE M: UNEXPECTED EVENTS/SHOCKS

Say: I would like to ask you questions on unforeseen events or shocks which impacted the household's quality of life.

M_resp	Enumerator: Are you talking to the head of household?	1.Yes → M_1 0. No
M_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]

List M_A
1. Illness or injury of a household member
2. Loss of employment
3. Loss of cattle/large livestock (e.g., to theft, disease, etc.)
4. Loss of small livestock (goats, sheep) (e.g., to theft, disease, etc.)
5. Loss of poultry (e.g., to theft, disease, etc.)
6. Loss of storage crop (e.g., damage, theft)
7. Loss of crop (e.g., elephant/wildlife, flooding, drought, fire plant disease, etc.)
8. Theft

9. Damage to houses/dwellings or any productive assets (e.g., theft, fire, soil/water erosion, heavy rains)
10. Bankruptcy of a company
11. Conflict, dispute, legal problems
12. Death of a household member
96. Other, specify

Code M_B

1. Sale of livestock	13. Reduced non-food consumption
2. Sale of grain stock	14. Household members emigrated to work
3. Other sale of property	15. Made purchases on credit
4. Send children to live with friends	16. Delayed payment of bonds
5. Removed the children from school	17. Sold crops in advance
6. Engaged in other income-generating activities	18. Used the household's savings
7. Borrowed from family, friends, employer, etc.	19. Consumed next year's seeds
8. Borrowed from a financial institution	20. Did not do anything
9. Borrowed from village savings and credit group	21. Took household member to a doctor/health service provider
10. Received assistance from family and friends	96. Other, specify
11. Received assistance from NGO or government	
12. Reduced food consumption	

	ITEM	M_1	M_2	M_3
	List M_A	In the past 12 months, has your household been affected by [ITEM]? 1. Yes 0. No → next item 98. Don't know → next item	How many times in the past 12 months did [ITEM] happen?	What was the primary way your household used to cope/ deal with [ITEM]? Use Code list M_B
1				
2				

MODULE Q2: SURVEY RESULT		
For enumerator to answer		
Q.no	Question label	Response
Q_2	Enumerator: Select the status of survey for this household	1. Complete (attempted all modules) 2. Respondent temporarily unavailable 3. Respondent refused midway 4. Others, specify

SURVEY 3: WOMEN SURVEY

Q.no	Question label	Response
WR3	The respondent for this survey should be the the women of reproductive age	Pre-fill name of WRA from the household roster form [A3_5]
WR4	Enumerator: Are you talking to [A3_5]?	1. Yes 0. No → Module Q3

MODULE J: HOUSEHOLD FOOD INSECURITY		
Say: Now I would like to ask you some questions about food.		
J_resp	Enumerator: Are you talking to the head of household?	1.Yes → J_1 0. No
J_ID	Select the name of the respondent answering this module	[Filter member names from roster age>18]
Q.no	Question label	Response
J_1	In the last 30 days, was there a time when you or others in your household worried about not having enough food to eat because of a lack of money or other resources?	1. Yes 0. No 98. Don't know
J_2	In the last 30 days, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	1. Yes 0. No 98. Don't know
J_3	In the last 30 days, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	1. Yes 0. No 98. Don't know
J_4	In the last 30 days, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	1. Yes 0. No 98. Don't know
J_5	In the last 30 days, was there a time when you or others in the household ate less than you thought you should because of a lack of money or other resources?	1. Yes 0. No 98. Don't know
J_6	In the last 30 days, was there a time when your household ran out of food because of a lack of money or other resources?	1. Yes 0. No 98. Don't know
J_7	In the last 30 days, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	1. Yes 0. No 98. Don't know
J_8	In the last 30 days, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	1. Yes 0. No 98. Don't know

MODULE E: DRIVERS OF FOOD CHOICE MODULE FOR FRUITS AND VEGETABLES (FVs)

Foods

1. Fruits
2. Vegetables

Q.no	Question label	Response
E_ID	Enumerator: This **module should be administered with the WRA**	**Prefill with Index WRA ID**
Food purchases: practices and preferences, Ask E_1-E8 for all foods in the food list		
E_1	Does your household buy [foods] from the market?	1. Yes 2. No, → skip to next food category
E_1a	Are you mostly responsible for buying [foods] for the household?	1. Yes → E_2 0. No
E_2a	Who in the household is mostly responsible for buying [food]?	Prefill from roster
E_2	When you are deciding about [foods] that your household (including yourself) eat, what are some factors that you think about? Enumerator: Select multiple	**Perceived Product Attributes** 1. Appearance/Taste/Smell 2. Freshness/Natural 3. Seasonal 4. Easy to prepare. 5. Easy to store 6. Stays fresh longer **Food related motivation** 7. Food provides energy/calories 8. Feel full or satisfied 9. Nutrition/Health/Diet benefits **Economic factors** 10. Food price 11. Household income **Perceived food safety** 12. Safety labels/certification 13. Safe to eat/would not cause illness **Food trust** 14. Trusted or known seller 15. Trusted or known producer **Food Environment** 16. Availability in the village 17. Availability in markets 18. Accessible (easy to buy) **Socio-cultural factors** 19. Habit/Familiarity/Tradition 20. Kids/family preference 96. Other, specify
E3a	Is there a market in the village/town where you can most [food] that your household consumes?	1. Yes 0.No

E_3	Where you do you typically buy most of the [foods] that your household consumes? Enumerator: Rank 1-2 (1. primary, 2. Secondary 3. Any other)	**List of sources** 1. Permanent Market 2. Periodic market 3. Supermarket 4. Mini Market 5. Small retail shop/ Duka 6. Kiosk or street stall/ Genge 7. Mobile vendor 8. Directly from the farmer 9. No secondary market or other market 96. Other, specify
Repeat E_4-E_8 for the selected choices (for primary market)		
E_4	Usually, how many times per week do you buy [foods] from this [market/seller: E_3]?	1. Daily 2. 4-6 times a week 3. 2-3 times a week 4. Once a week 5. Buy once every 2 weeks 6. Buy once a month
E_5	Does this [market/seller: E_3] have a name? Hint: Enter name of the market/seller. Write 98 if don't know/doesn't have a name	
E_6	Usually when you visit this [market], how many sellers do you buy [foods] from?	1. One → E_8 2. Two 3. More than two
E_7	Why do you go to different sellers for [foods]? Select multiple	1. Price difference 2. Unavailability with single seller 3. Difference in appearance/taste/smell 4. Difference in freshness 5. Difference in safety 6. Sellers offer discounts 7. Sellers advertise their products 96. Other, specify
E_8	Why do you buy [foods] from this [market/seller]? Enumerator: Can select multiple.	1. Only one available 2. Close to home/located on the way to/from home 3. Comes outside our home 4. Best/Lowest prices 5. Personal contact with the vendor 6. Offers variety 7. Offers fresh/natural products 8. Products have good appearance/taste/smell 9. I am used to shop/ it is a habit 10. They have safe products 11. They have labelled/certified products 12. Have products that are seasonal 96. Other, specify
E_9	Does this [market/seller] have the variety of [foods] that you want to buy throughout the year?	1. Mostly 2. Sometimes 3. Rarely

E_10	When buying [foods] from this [market/seller], do you anytime buy more quantity or in-bulk?	1. Yes → E_12 0. No
E_11	Why don't you buy in bulk? Select multiple	1. They get spoiled 2. I don't have storage space 3. I prefer buying fresh 4. Other
Repeat E_12 to E_16 for the primary market in E_3		
E_12	How much time do you usually spend in the [market/seller]?	1. < 15 minutes 2. 15-30 minutes 3. 31 min – 1 hr 4. 1 hr – 2hrs 5. 2hrs – 3hrs 6. 3hrs – 4hrs 7. Half day > half a day
E_13	Think about your commute to this [market/seller] (travel time, transport, leaving kids behind, household chores etc.), would you consider travelling to this [market/seller] easy or difficult?	1. Easy → E_15 2. Neutral → E_15 3. Difficult
E_14	Why is it difficult for you to visit this [market/seller] Select multiple	1. Too far 2. Transport unavailable/insufficient 3. Takes lot of time 4. No proper road/infrastructure 96. Other, specify
E_15	From where you usually commute to this [market/seller]?	1. Home 2. Work/Office 3. Farm 96. Other, specify
E_16	What is the primary mode of transport used to reach the [market/seller]? H: Select one from list	1. Walk 2. Cycle 3. Motorbike 4. Public transport (Bus, Auto etc.) 5. Car 96. Other, specify
Food Habits, Desires, Preparation and Allocation: Now I am going to ask a few questions about food related desires, habits and preparation in your household.		
E2_1	In case you get a **one time transfer** of 10,000 Tanzanian Shillings [~5 USD] to spend on food, which three types of food, in order of preference, would you prefer to eat more of? Code [Top 3]: Ranking type question	1. Maize, cereals, and starches 2. Fish and seafood 3. Meat, chicken (including organ meat) 4. Eggs 5. Dark green leafy vegetables 6. White Roots, tubers, and cooking bananas (RTBs) 7. Vitamin A rich RTBs (e.g. orange flesh sweet potato) 8. Orange vegetables (pumpkin, sweet potato, carrot) 9. Orange flesh fruits (papaya, mango) 10. Other fruits (e.g. oranges) 11. Other vegetables (e.g. tomatoes) 12. Legumes (e.g. beans, peas) 13. Dairy products 14. Snack foods, processed foods (e.g., samosas) 15. Spices, condiments

		16. Sugar sweetened beverages (Coca Cola) 17. Oils and fats 18. Nuts and seeds (groundnuts) 19. Insects 20. Sweets (cake, ice cream) 96. Other, specify
E2_2	In case your **monthly food budget increases** by 10,000 Tanzanian Shillings [~5 USD], which three types of food, in order of preference, would you prefer to eat more? Code [Top 3]	1. Maize, cereals, and starches 2. Fish and seafood 3. Meat, chicken (including organ meat) 4. Eggs 5. Dark green leafy vegetables 6. White Roots, tubers, and cooking bananas (RTBs) 7. Vitamin A rich RTBs (e.g. orange flesh sweet potato) 8. Orange vegetables (pumpkin, sweet potato, carrot) 9. Orange flesh fruits (papaya, mango) 10. Other fruits (oranges) 11. Other vegetables (tomatoes) 12. Legumes (beans, peas) 13. Dairy products 14. Snack foods, processed foods (e.g., samosas) 15. Spices, condiments 16. Sugar sweetened beverages (Coca Cola) 17. Oils and fats 18. Nuts and seeds (groundnuts) 19. Insects 20. Sweets (cake, ice cream) 96. Other, specify
E2_3	What time of the day is the main meal for your household?	
E2_4	On a normal day, who in the household decides what is prepared for main meals Select up to 3 members	Prefill household member names
E2_5	Once it is decided what will be prepared for the main meal, who does most of the food preparation (washing, chopping, cooking) in your household? Select one	Prefill household member names 99. Domestic help
E2_6	Which other household members regularly help preparing the main meal (washing, chopping, cooking) for the household? Select multiple	Prefill household member names 95. No-one else 99. Domestic help
E2_7	Once the main meal is prepared, who eats first? H: Select multiple	1. Women eat before men 2. Men eat before women 3. Adults eat before children 4. Children eat before adults 5. Elderly eat before other household members 98. Don't know
E2_8	Once the main meal is prepared, in your household do members eat in individual or a common plate?	1. Individual plate (each member has a plate) 2. Common plate as a group

		3. Only Men eat in individual plate 4. Other
E2_9	Who is usually in-charge of serving the main meal in your household?	**Prefill from household roster**
E2_10a	I some households, young children are given colorful food; adolescents prefer snacks and elders prefer traditional food and different food is prepared for sick. Do all in your family eat the same food or is different type of food made for different people for different occasions?	1. All eat same food → E2_12 0. No, we prepare different food
E2_11	For which members are different meal prepared? Select multiple	1. For children (6 months-5 years) 2. For children (5 -10 years) 3. For adolescents (10-19 years) 4. For elders 5. For pregnant/lactating women 6. For sick members 7. Adult men 8. Adult women

Now I am going to ask about eating patterns related to fruits and vegetables.

Food list
1. Fruits
2. Vegetables

    CAPI: Repeat E2_12- E2_15 for the food list

E2_12	Thinking about [food list] now, normally during which meal/meals do children eat [food list]? Select multiple	1. Breakfast 2. Lunch 3. Dinner 4. As snack between meals 5. Eat as needed 6. Don't normally eat fruits/vegetables → repeat for vegetables or next section
E2_13	In the last 30 days, has there been a situation in the family, when there were not enough [food list] for all or any member to eat?	1. Yes 2. No → next section
E2_14	In situation, which member was prioritized to eat [food list]? Rank up to 3 members	Prefill household member names 99. No one (equal distribution)
E2_15	In that situation, who in the family decided about the allocation of [food list]? Rank up to 3 members	Prefill household member names 99. Family decision

	MODULE E3: MOTHER'S PERCEPTION OF ADOLESCENT FV EATING BEHAVIOR	
Q.no	Question label	Response
	Now I am going to ask about preferences and eating patterns of [Name of adolescent: A3_8: CID X]	[food list] 1. Fruits 2. Fried and salty 3. Vegetables 4. Sweets or Sugar sweetened beverages
E1_1	According to you, does [CIDX] like to eat [food list]	1. Yes 0. No 98. Don't know
E1_2	In the last week, how many days did [CIDX] eat [food list]? Enumerator: Write number of days	Days: 0-7 98. Don't know
E1_3	In the last week, did [CIDX] take any [food] to school?	1. Yes 0. No 98. Don't know
E1_4	In the last week, has [CIDX] bought his own [food] from the market or in school? Repeat only for items 2/3/5 in the food list	1. Not at all 2. Sometimes (1-3) 3. Almost every day (4-6) 4. Every day
E1_5	Why doesn't [child] eat any [food] during the week? Ask only if E1_1 is 1 for food list==1 or 4 and E1_2!=0 or E1_2!=98	1. We can't afford 2. They are not available in the market 3. Doesn't like eating 4. They are not fresh 5. They are not safe for them 6. Only likes eating snacks 96. Others
E1_6	Is [CID X] choosy about eating [food]?	1. Never 2. Seldom 3. Yes, very choosy

MODULE F: FOOD SAFETY PERCEPTION (FVs)

F_ID	Enumerator: This **module should be administered with the WRA**	Prefill with Index WRA ID
CAPI: Repeat F_1 to F_4 for the food list		Food list 1. Fruits 2. Vegetables
F_1	Think about what your household eats, what does 'safety of [food list]', mean to you?	CAPI: record response
F_2	Generally, what makes you trust the safety of [food list] that you buy? Select multiple	1. Own judgement based on the external appearance of vegetables or fruits 2. Certificate/Label given by authority attesting that the vegetable or fruits is safe 3. Retailer branding 4. Advice from regular vendor about food safety 5. Advice from relatives/friends/neighbours 6. Information on producer and production area 7. Vendor uses hygienic and protective measures (i.e. no dust, dirt, rotting garbage, dirty water, direct sun) 8. Vendors moisten using safe potable water contained in a spray bottle 9. Nothing, [food] are unsafe 96. Other, specify
F_3	Are you ever concerned about the safety of the [food list] that you or your household eat?	0. No 1. Yes → F_5a/F_5b 98. Don't know → F_5a/F_5b
F_4	Why are you not concerned about the safety of [food list] that you or other household members eat? Select multiple, then skip to F_6	1. Only eat from home/own production 2. Buy from trusted vendor 3. Buy fresh 4. Buy labelled/certified products 5. Buy seasonal 6. Other

	F_5a	Are you concerned about the safety of [item]? [If food list==2 (Vegetables)]	Yes	No	
	Item				
	1	1. Orange vegetables (e.g. pumpkin, sweet potato, carrot, red bell pepper)			
	2	2. Green leafy veggies (e.g. amaranth, spinach, nightshade)			
	3	3. Other vegetables (e.g. tomatoes, onions)			
	4	Worried about the safety of most vegetables			
	F5b	Are you concerned about the safety of [item]? [If food list==1 (Fruits)]	Yes	No	
	Item				
	1	1. Orange coloured fruits (ripe papaya, ripe mango, persimmon, passionfruit, dried apricots, NOT: Orange fruit			
	2	2. Other fruits (oranges, strawberries)			
	3	Worried about the safety of most fruits			

F_6	In the last 12 months, have you or any household member been sick due to consumption of [food]?	0. No 1. Yes 98. Don't know
F_7	Does you treat water to wash/prepare [food]?	1. Yes 0. No → F_9
F_8	What do you do to treat water?	1. Boil 2. Add bleach/chlorine 3. Strain through a cloth 4. Use water filter 5. Treated at source 6. Let it stand and settle 96. Other, specify 98. Don't know

F_9	How much do you agree or disagree with the following statements?	Completely disagree	Disagree	Neutral	Agree	Completely agree
1	I only select fruits that have a peel or are uncut					
2	I only select fruits which are a bit eaten by worms					
3	I only select fruits that are in season					
4	I only select fruits that carry food safety certification or labels					
5	I only buy fruits when I know where they are produced					
6	I buy those fruits that my vendor advises me to buy					
7	I only buy fruits from vendors that uses hygienic and protective measures (i.e. no dust, dirt, rotting garbage, dirty water, direct sun)					
8	I only buy when the fruits are moistened using safe potable water contained in a spray bottle					

F_10	How much do you agree or disagree with the following statements?	Completely disagree	Disagree	Neutral	Agree	Completely agree
1	I only select vegetables that have a peel or are uncut					
2	I only select vegetables which are a bit eaten by worms					
3	I only select vegetables that are in season					
4	I only select vegetables that carry food safety certification or labels					
5	I only buy vegetables when I know where they are produced					
6	I buy those vegetables that my vendor advises me to buy					
7	I only buy vegetables from vendors that use hygienic and protective measures (i.e. no dust, dirt, rotting garbage, dirty water, direct sun)					
8	I only buy when the vegetables are moistened using safe potable water contained in a spray bottle					

F_11	How concerned are you about the following sources of food safety risks for fruits that you eat or buy?	Totally not concerned	Not so concerned	Neutral	Rather concerned	Totally Concerned	Don't know or haven't heard this term before
1	Fertilizers and growth enhancers						
2	Pesticides						
3	Preservation treatment						
4	Use of /growing with contaminated water and soil						
5	Unhygienic handling practices (farm to store/vendor)						

F_12	How concerned are you about the following sources of food safety risks for vegetables that you eat or buy?	Totally not concerned	Not so concerned	Neutral	Rather concerned	Totally Concerned	Don't know or haven't heard this term before
1	Fertilizers and growth enhancers						
2	Pesticides						
3	Preservation treatment						
4	Use of /growing with contaminated water and soil						
5	Unhygienic handling practices (farm to store/vendor)						

MODULE G1: ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION		
Say: Now I'd like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life		
G2_ID	Enumerator: This **module should be administered with the WRA**	**Prefill with Index WRA ID**

ACTIVITY CODE	ACTIVITY DESCRIPTION	Did you yourself participate in [ACTIVITY] in the past 12 months (that is, during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? **CIRCLE ALL APPLICABLE** **IF THE RESPONSE IS SELF ONLY SKIP TO QUESTION G2.05**	How much input did you have in making decisions about [ACTIVITY]?	To what extent do you feel you can make your own personal decisions regarding [ACTIVITY] if you want(ed) to?	How much input did you have in decisions about how much of the outputs of [ACTIVITY] to keep for consumption at home rather than selling?	How much input did you have in decisions on the use of income generated from [ACTIVITY]?
		G2_01	G2_02	G2_03	G2_04	G2_05	G2_06
A	Staple grain farming and processing of the harvest: grains that are grown primarily for food consumption (rice, maize, wheat, millet)	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
B	Vegetable farming, processing, trading, or marketing	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made

			Activity	97. No decision made → Next Activity		97. No decision made	
C	Fruit farming, processing, trading, or marketing	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
D	Large livestock raising (cattle, buffaloes) and processing of milk and/or meat	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
E	Small livestock raising (sheep, goats, pigs) and processing of milk and/or meat	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
F	Poultry and other small animals raising (chickens, ducks, turkeys) and processing of eggs and/or meat	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	4. No input or input in few decisions 5. Input into some decisions 6. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made

G	Fishing or fishpond culture	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
H	Non-farm economic activities (running a small business, self-employment, buy-and-sell)	1. Yes 0. No → Next Activity	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Activity	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Activity	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent		1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made
I	Wage and salary employment (work that is paid for in cash or in-kind, including both agriculture and other wage work)	1. Yes 0. No → Next Module	1. Self 2. Spouse 3. Other HH member 4. Other non-HH member 97. Not applicable → Next Module	1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made → Next Module	1. Not at all 2. Small extent 3. Medium extent 4. To a high extent		1. No input or input in few decisions 2. Input into some decisions 3. Input into most or all decisions 97. No decision made

MODULE G2: TIME ALLOCATION

Instructions:

G4.01: 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. <u>mark one activity for each time period</u> by ENTERING THE CORRESPONDING ACTIVITY CODE in the box.

G4.02: CHECK THE BOX BELOW IF THE RESPONDENT WAS CARING FOR CHILDREN WHILE PERFORMING EACH ACTIVITY.

Say:

Now I'd like to ask you about how you spent your time during the past 24 hours. We'll begin from yesterday morning and continue through to this morning. This will be a detailed accounting. I'm interested in everything you did (i.e. resting, eating, personal care, work inside and outside the home, caring for children, cooking, shopping, socializing, etc.), even if it didn't take you much time. I'm particularly interested in agricultural activities such as farming, gardening, and livestock raising whether in the field or on the homestead. I'm also interested in how much time you spent caring for children, especially if it happened while you did some other activity (e.g., collecting water while carrying a child or cooking while watching after a sleeping child).

List G2_A

A. Sleeping and resting
B. Eating and drinking
C. Personal care
D. School (incl. homework)
E. Work as employed
F. Own business work
G. Staple grain farming

H. Vegetable farming, processing, trading, or marketing
I. Fruit farming, processing, trading, or marketing
J. Large livestock raising (cattle, buffaloes)
K. Small livestock raising (sheep, goats, pigs)
L. Poultry and other small animals raising (chickens, ducks, turkeys)
M. Fishpond culture
N. Commuting (to/from work or school)

O. Shopping / getting service (incl. health services)
P. Weaving / sewing / textile care
Q. Cooking
R. Domestic work (incl. fetching water and fuel)
S. Caring for children
T. Caring for adults (sick, elderly)
U. Traveling (not for work or school)

V. Exercising
W. Social activities and hobbies
X. Religious activities
96. Other (specify)

	Night		Morning	Day									
	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00
G4_01 Activity (List G2_A)												

G4_02	In the last 24 hours did you work (at home or outside of the home including chores or other domestic activities) less than usual, about the same as usual, or more than usual?	1. Less than usual 2. About the same as usual 3. More than usual
G4_03	On a usual day (24 hours), how long do you rest (include naps, resting time and sleeping at night)? (in whole hours, round off to the lower whole number)	_____ _____ hours

G4_04	How satisfied are you with your available time for leisure (personal time where you are not required to do any household chore)? This could include activities like resting, sitting idle, taking a walk, visiting neighbors, watching T.V., listening to the radio, seeing movies, or participating in sports.	1. Very satisfied 2. Somewhat satisfied 3. Neither satisfied nor unsatisfied 4. To some extent unsatisfied 5. Very unsatisfied
G4_05	Some women tell us that they have a lot of work to do in one day and so they cannot find a moment for themselves. Now tell me, do you have work pressure like this?	1. Yes, always 2. Yes, sometimes 3. No, never
G4_06	Is there someone in the household who can help with chores when you are ill?	1. Yes, always 2. Yes, sometimes 3. No, never

Quantitative 24-hour dietary recall (24hR) Questionnaire

MODULE DR: 24-Hour Dietary Recall

Interviewer Instructions:
- Interview proceeds through eating occasions, moving from the beginning of the previous day to the end of that day.
- Explain the 24-hour dietary recall, answer any questions the respondent may have, and confirm that the respondent is willing to proceed before beginning the interview.
- Remain non-judgmental and use non-leading questions throughout the interview.

Identifying the respondents:

The respondents to the 24-hour dietary recall in each household will be the same household members who were the first and second respondents to the household survey. If possible, the respondent who is more involved with household food preparation should be interviewed first. A separate 24-hour recall form should be completed for each respondent.

MODULE DR1: Pass 1 – Quick List

Interviewer Instructions:

Pass 1 should be repeated until the participant has reported all the foods and drinks, they can recall having consumed between waking the previous morning and waking the day of the interview. Proceed through the interview completing responses for each eating occasion in order.

Say: I would like to ask you some questions about the foods that you ate or drank yesterday during the whole day and night. I would like to know about all the foods or drinks you had, whether at home or someplace else. Starting from the time you woke up yesterday until that same time this morning, please tell me about everything you had to eat or drink yesterday, including meals, drinks, and snacks.

Enumerator: Use prompts such as the following to aid the respondent in recalling all foods or drinks consumed yesterday.

- What time did you wake up yesterday? What was the first thing you had to eat or drink after you woke up?

- Did you have anything else at that time?

- What did you do after that? Please think about the next time you ate or drank anything and what you had at that time. Anything else?

- Please think through what you did throughout the day to recall any times you had something to eat or drink.

- Did you go anywhere else yesterday where you had something to eat or drink?		
- Did you wake up during the night? Did you eat or drink anything at that time? Anything else?		

Q.no	Q. label	Response
DR1_1	FOOD OR DRINK CONSUMED Hint: Enter the brief name of food or drink from the food list	[Select from food list]
DR1_2	Was this for breakfast, lunch, dinner, snack, or other meal? [Select multiple]	Code: Meal: 1. Breakfast 2. Lunch 3. Dinner/supper 4. Snack 5. Other, specify

Enumerator: Continue to use prompts such as the following until the respondent is not able to recall any further foods or drinks consumed yesterday. - What time did you wake up yesterday? What was the first thing you had to eat or drink after you woke up? - Did you have anything else at that time? - What did you do after that? Please think about the next time you ate or drank anything and what you had at that time. Anything else? - Please think through what you did throughout the day to recall any times you had something to eat or drink. - Did you go anywhere else yesterday where you had something to eat or drink? - Did you wake up during the night? Did you eat or drink anything at that time? Anything else?

Place of preparation**	Ingredient List	Total Amount Served (On plate/bowl) [This refers to the dish/recipe, not individual ingredients]		Leftover amount from served food. (On plate/bowl) [This refers to the dish/recipe, not individual ingredients]	
1. At home 2. Away from home 3. Gathered/harvested from the wild	Instruction for enumerator: Select multiple food ingredients as necessary from the list of ingredients.	Quantity	Unit	Quantity	Unit
DR2_A:	DR2_B:	DR3_C	DR3_D	DR3_E	DR3_F

MODULE DR4: Pass 4 – Final check			
Pass 4 is repeated for all foods and drinks entered in Pass 1.			
Say: I would now like to go through all the foods and drinks you have told me about, to check that I have the most accurate information.			
Enumerator instruction: If there is any change in a food item, specify the change including any changes in quantity and leftovers (if any).			
Q.no	Q. label	Response	Relevance
The interviewer should go through the list of meals recorded and make corrections where there are inaccuracies			

DR2 Pass 2: In this module, the place of preparation and detailed description of each recorded meal will be documented.

DR3 Pass 3: For each recorded meal, the interviewer needs to input, the quantity that was served in plate/bowl/cup for consumption and any leftovers from the quantity served (if any)

MODULE DR5: Additional questions			
Say: Now I would like to ask you a few questions about your day, yesterday.			
Q.no	Q. label	Response	Relevance
DR5_1	Did you feel ill yesterday?	1. Yes 0. No 98. Don't know	
DR5_2	Was your appetite or what you ate unusual yesterday?	1. Yes 0. No → DR5_6 98. Don't know → DR5_6	
DR5_3	How was your appetite unusual yesterday?	1. Less food or drink than usual → DR5_7 2. Same amount but different foods or drinks than usual → DR5_7 3. More food or drink than usual → DR5_7 96. Unusual in another way	
DR5_4	Enumerator: Specify how appetite was unusual yesterday		
DR5_6	Was yesterday a feast day?	1. Yes 0. No	
DR5_8	Were you away from your home more than usual yesterday?	1. Yes 0. No	
Say: Finally, I would like to ask you about any vitamins or supplements you might have taken recently.			
DR5_9	Have you taken any vitamins or supplements in the past week (7 days)?	1. Yes 0. No → DR5_14	

		98. Don't know → DR5_14	
DR5_10	If you have the bottle or other package for the supplements or vitamins you have taken this week, may I please see it? H: Record brand name and front-of-label description of supplement type. If the package is unavailable, ask the respondent to provide any details they can remember, such as brand, type, colour of packaging, etc.		
DR5_11	Select type of supplement(s) based on packaging or respondent's description	1. Complete multi-vitamin for men or women → DR5_13 2. Iron only → DR5_13 3. Iron and folic acid → DR5_13 4. Prenatal multi-vitamin → DR5_13 5. Protein supplement → DR5_13 96. Another supplement 98. Don't know → DR5_13	
DR5_12	Specify other type of supplement(s)		
DR5_13	On how many days did you take these supplements during the past week? H: Enter number between 1 and 7, or enter 98 for "Don't know".		
DR5_14	Enumerator: Were there any issues with completing this form?	1. Yes 0. No → End section	

DR5_15	Enumerator: Describe any issues encountered while completing this form		

MODULE FQ: Food frequency questionnaire	
I will be asking you some questions about the number of times (frequency) you ate some vegetables and fruits in the last month from ………. to….. For each vegetable or fruit, I will also ask you how much (amount) you usually/often eat on each occasion. *Note for the interviewer*: If never, input zero (0) in the usual portion size and then skip to the next vegetable/fruit	

No	Food item	Frequency of consumption in the last month (FFQ_freq)								FQ1. Did you eat [FQv/FQf] at other times/seasons of the year?
		2-3 times per day (7)	Once daily (6)	5-6 times per week (5)	2-4 times per week (4)	Once per week (3)	2-3 times per month (2)	Once per month (1)	Never (0) → FQ1	1. Yes 0. No
		Vegetables								
FQv1	Spinach									
FQv2	Lettuce									
FQv3	Amaranth greens									
FQv4	Pumpkin leaves									
FQv5	Cowpea leaves									

FQv6	Sweet potato leaves										
FQv7	Nightshade										
FQv8	Eggplant										
FQv9	Cassava leaves										
FQv10	Cabbage										
FQv11	Chinese cabbage										
FQv12	Pumpkin										
FQv13	Tomato										
FQv14	Carrot										
FQv15	Green pepper										
FQv16	Okra										

FQv17	Onion									
FQv18	Spider flower									
FQv19	Snap beans or green beans									
FQv20	Ethiopian mustard									
FQv21	African eggplant									
FQv22	Bean leaves									
FQv23	Spring onions									
FQv24	Cauliflower									
FQv25	Bok Choy									
FQv26	Jute mallow									
FQv27	Broccoli									

FQv28	Mushroom										
FQv29	Water cress										
FQv30	Swiss chard										
FQv31	Green peas										
FQv32	Other, specify										
Fruits											
FQf1	Ripe banana										
FQf2	Mango										
FQf3	Tamarind										
FQf4	Plum										
FQf5	Papaya										

FQf6	Tangerine										
FQf7	Lemon/lime										
FQf8	Jackfruit										
FQf9	Cucumber										
FQf10	Baobab										
FQf11	Watermelon										
FQf12	Guava										
FQf13	Peaches										
FQf14	Avocado										
FQf15	Pineapple										
FQf16	Orange										

FQf17	Passion									
FQf18	Breadfruit									
FQf19	Sour sop									
FQf20	Pomelo									
FQf21	Grapefruit									
FQf22	Grapes									
FQf23	Sugar apple									
FQf24	Cashew fruits									
FQf25	Strawberries									
FQf26	African Star Apple									
FQf27	Dates									

FQf28	Pomegranate									
FQf29	Marula									
FQf30	Tree tomato									
FQf31	Pears									
FQf32	Strychnos cocculoides fruit									
FQf33	Black plums									
FQf34	Loquat fruit									
FQf35	Indian almond fruit (Kungu)									
FQf36	Other, specify									

MODULE O1: WOMEN ANTHROPOMETRY		
Q.no	Question label	Response
O1_1	Name of the respondent	Prefill from A3_5
O1_2a	Are you currently pregnant?	1. Yes 0. No 98. Don't know
O1_2b	Are you currently breastfeeding?	1. Yes 0. No
O1_3a	Weight, 1 (kg) Hint: 000.1 Not measured Hint: Record the first weight measurement to the nearest 0.1 kg	
O1_3b	Weight, 2 (kg) Hint: 000.1 Not measured Hint: Record the second weight measurement to the nearest 0.1 kg	
O1_4a	Height, 1 (cm) Hint: 000.1 Not measured Hint: Record the first weight measurement to the nearest 0.1 cm	
O1_4b	Height, 2 (cm) Hint: 000.1 Not measured Hint: Record the second weight measurement to the nearest 0.1 cm	
O1_5a	Waist circumference, 1 (cm) Hint: Record the second weight measurement to the nearest 0.1 cm	

O1_5b	Waist circumference, 2 (cm)	
	Hint: Record the second weight measurement to the nearest 0.1 cm	
O1_6a	Hip circumference, 1 (cm)	
	Hint: Record the first measurement to the nearest 0.1 cm	
O1_6a	Hip circumference, 2 (cm)	
	Hint: Record the second measurement to the nearest 0.1 cm	

MODULE Q3: SURVEY RESULT		
For enumerator to answer		
Q.no	Question label	Response
Q_3	Enumerator: Select the status of survey for this household	1. Complete (attempted all modules) 2. Respondent temporarily unavailable 3. Respondent refused midway 96. Others, specify

SURVEY 4 ADOLESCENT ANTHROPOMETRY MEASUREMENT

Q.no	Question label	Response
AD3	The respondent for this survey should be the adolescent (10-14 years)	Pre-fill name of the adolescent from the household roster form [A3_6]
AD4	Enumerator: Are you talking to [A3_6]?	1. Yes 0. No >> skip to module Q

Q.no	Question label	Response
	MODULE O2: ANTHROPOMETRY	
O2_1	Name of the respondent	Prefill from A3_6
O2_2	Sex of respondent	Prefill from roster A2_3
O2_3a	Weight, 1 (kg) Hint: 000.1 Not measured Hint: Record the first weight measurement to the nearest 0.1 kg	
O2_3b	Weight, 2 (kg) Hint: 000.1 Not measured Hint: Record the second weight measurement to the nearest 0.1 kg	
O2_4a	Height, 1 (cm) Hint: 000.1 Not measured Hint: Record the first weight measurement to the nearest 0.1 cm	
O2_4b	Height, 2 (cm) Hint: 000.1 Not measured Hint: Record the second weight measurement to the nearest 0.1 cm	
O2_5a	Waist circumference, 1 (cm) Hint: Record the second weight measurement to the nearest 0.1 cm	
O2_5b	Waist circumference, 2 (cm) Hint: Record the second weight measurement to the nearest 0.1 cm	

MODULE Q4: SURVEY RESULT		
For enumerator to answer		
Q.no	**Question label**	**Response**
Q_4	Enumerator: Select the status of survey for this household	1. Complete (attempted all modules) 2. Respondent temporarily unavailable 3. Respondent refused midway 97. 96. Others, specify