

Module A. Identification and Informed Consent

IDENTIFICATION (1)									
A01	HOUSEHOLD NUMBER (HH)	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>							
A02	VILLAGE NUMBER (VN)								
A03	PARISH NAME								
A04	SUBCOUNTY NAME								
A05	DISTRICT								
	<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">KAABONG</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">1</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">KOTIDO</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">2</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">ABIM</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">3</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">MOROTO</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">4</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">NAPAK</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">5</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">NAKAPIRIPIT</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">AMUDAT</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">7</div> </div>								
INTERVIEWER VISITS									
		A06 FIRST VISIT	A07 SECOND VISIT	A08 THIRD VISIT	FINAL VISIT				
A09	DATE				DAY	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>			
	ENUMERATOR				MONTH				
	DAY OF VISIT				YEAR				
A10-A12	RESULT OF VISIT				INT. NUMBER	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>			
					RESULT	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>			
A13	NEXT VISIT: DATE				TOTAL NUMBER OF VISITS				
	TIME								
A14 FINAL OUTCOME OF INTERVIEW <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 9 OTHER _____ (SPECIFY) </div> <div style="width: 45%;"> 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED </div> </div>					TOTAL ELIGIBLE WOMEN 15-49 YRS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TOTAL ELIGIBLE FARMERS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TOTAL CHILDREN UNDER FIVE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>				
A15 PRIMARY DECISION-MAKER* NAME _____ A16 SECONDARY DECISION-MAKER* NAME _____									
A17	TEAM LEADER	A18	FIELD COORDINATOR	A19	OFFICE EDITOR	A20 DATA ENTRY			
	NAME _____		NAME _____		NAME _____	OPERATOR _____			
	CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div>DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> </div>			

*THE PRIMARY AND SECONDARY DECISION MAKERS ARE THOSE WHO SELF-IDENTIFY AS THE PRIMARY MALE AND FEMALE (OR FEMALE ONLY) MEMBERS RESPONSIBLE FOR DECISION MAKING, BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD. IN MALE AND FEMALE ADULT HOUSEHOLDS, THEY ARE USUALLY THE HUSBAND AND WIFE; HOWEVER THEY CAN ALSO BE OTHER HOUSEHOLD MEMBERS AS LONG AS THEY ARE AGED 18 AND OVER. IN FEMALE ADULT ONLY HOUSEHOLDS, THERE WILL ONLY BE A PRIMARY DECISION-MAKER -- THE PRINCIPAL FEMALE DECISION-MAKER AGED 18 OR OLDER. PRIMARY AND SECONDARY DECISION-MAKERS DO NOT NEED TO BE REGISTERED FOR MALE ADULT ONLY AND CHILD ONLY HOUSEHOLDS.

INFORMED CONSENT

INFORMED CONSENT: IT IS NECESSARY TO INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF ALL PROSPECTIVE RESPONDENTS TO PARTICIPATE. IF A PROSPECTIVE RESPONDENT (E.G. A WOMAN DECISION MAKER) IS NOT PRESENT AT THE BEGINNING OF THE INTERVIEW, BE SURE TO RETURN TO THIS PAGE AND OBTAIN CONSENT BEFORE INTERVIEWING HIM OR HER. ASK TO SPEAK WITH A RESPONSIBLE ADULT IN THE HOUSEHOLD.

HELLO. MY NAME IS _____. I AM WORKING WITH ICF/NIELSEN. WE ARE CONDUCTING A SURVEY TO LEARN ABOUT AGRICULTURE, FOOD SECURITY, FOOD CONSUMPTION, NUTRITION AND WELLBEING OF HOUSEHOLDS IN KARAMOJA REGION UGANDA. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD. THE QUESTIONS USUALLY TAKE ABOUT 3 TO 4 HOURS. WE CAN RETURN TOMORROW IF YOU DON'T HAVE TIME TO FINISH ALL THE QUESTIONS TODAY. ALL OF THE ANSWERS YOU GIVE WILL BE CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM. YOU DON'T HAVE TO BE IN THE SURVEY, BUT WE HOPE YOU WILL AGREE TO ANSWER THE QUESTIONS SINCE YOUR VIEWS ARE IMPORTANT. IF I ASK YOU ANY QUESTION YOU DON'T WANT TO ANSWER, JUST LET ME KNOW AND I WILL GO ON TO THE NEXT QUESTION OR YOU CAN STOP THE INTERVIEW AT ANY TIME. IN CASE YOU NEED MORE INFORMATION ABOUT THE SURVEY, YOU MAY CONTACT THE PERSON LISTED ON THIS CARD.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions about the study or about your participation?

ASK THE FOLLOWING CONSENT QUESTIONS OF ALL PROSPECTIVE RESPONDENTS. AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.

1. Who is the main male adult (18 years or older) decision-maker in the household?
[NAME], do you agree to participate in the survey?
NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
2. Who is the main female adult (18 years or older) decision-maker in the household?
[NAME], do you agree to participate in the survey?
NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
3. Are there other mothers or responsible persons for children under six years of age with whom I haven't talked yet?
[NAME], do you agree to participate in the survey and allow that children are weighed and measured?
NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
NO CHILDREN UNDER SIX IN THE HOUSEHOLD _____

ADDITIONAL ELIGIBLE HOUSEHOLD MEMBERS

		RESPONDENT AGREED	RESPONDENT DIDN'T AGREE
4. NAME _____	Do you agree to participate in the survey?	____	____
5. NAME _____	Do you agree to participate in the survey?	____	____
6. NAME _____	Do you agree to participate in the survey?	____	____

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.

INTERVIEWER'S NAME AND CODE _____

SIGNATURE AND DATE _____ . .

INTERVIEWER'S NAME AND CODE _____

SIGNATURE AND DATE _____ . .

LINE NO.	USUAL RESIDENTS NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	
			M	F
01		<div></div> <div></div>	1	2
02		<div></div> <div></div>	1	2
03		<div></div> <div></div>	1	2
04		<div></div> <div></div>	1	2
05		<div></div> <div></div>	1	2
06		<div></div> <div></div>	1	2
07		<div></div> <div></div>	1	2
08		<div></div> <div></div>	1	2
09		<div></div> <div></div>	1	2
10		<div></div> <div></div>	1	2
11		<div></div> <div></div>	1	2
12		<div></div> <div></div>	1	2
13		<div></div> <div></div>	1	2
14		<div></div> <div></div>	1	2
15		<div></div> <div></div>	1	2
16		<div></div> <div></div>	1	2
17		<div></div> <div></div>	1	2

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD

02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR
DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 = OTHER RELATIVE

10 = ADOPTED/FOSTER/
STEPCHILD

11 = NOT RELATED

98 = DON'T KNOW

MODULE B. HOUSEHOLD ROSTER

START TIME:

HOUR

MINUTE

LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	ELIGIBILITY						MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS					EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
					IF AGE 15 OR OLDER							IF AGE 0-17 YEARS					5-24 YEARS			
					MODULE C, H1	MODULE D	PRIMARY CAREGIVER	MODULE E	MODULE F, J3, H2-H5	MODULE G										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for 6 of the last 12 months, but it does not include anyone who lives here but eats separately. AFTER LISTING NAMES, RELATIONSHIP, AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME)? IF 95 OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE ≥ 50. USE '00' IF CHILD IS LESS THAN 1 YEAR	Was [NAME] in charge of the food preparation yesterday?	IS THIS CHILD UNDER 6 YEARS OF AGE?	Who is the primary caregiver of [NAME]? *SEE DEFINITION BELOW ENTER LINE NUMBER OF PRIMARY CAREGIVER	IS THIS A WOMAN 15-49 YEARS OF AGE?	IS THIS PERSON THE HEAD OF THE HH; OR A RESPONSIBLE ADULT IF HEAD OF HH IS ABSENT?	IS THIS PERSON A FARMER? **SEE DEFINITION BELOW	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2012 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	
01			M F 1 2	IN YEARS 1 2	Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2	Y N 1 2		Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	LEVEL GRADE 1 2	Y N 1 2 NEXT LINE	LEVEL GRADE 1 2	
02			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
03			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
04			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
05			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
06			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
07			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
08			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	
09			1 2	1 2	1 2	1 2		1 2	1 2	1 2		1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE	1 2	1 2 NEXT LINE	1 2	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

DEFINITIONS

*The primary caregiver is the person who knows the most about how and what the child is fed. Usually, but not always, this will be the child's mother.
**Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL GRADE
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = PRE-PRIMARY
8 = DON'T KNOW
00 = LESS THAN 1 YEAR COMPLETED.
(USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20)
98 = DON'T KNOW

						IF AGE 15 UNDER 6 YEARS					IF AGE 15 OR OLDER	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	ELIGIBILITY						MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
					MODULE C, H1	MODULE D	PRIMARY CAREGIVER	MODULE E	MODULE F, J3, H2-H5	MODULE G									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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10		<div><div></div><div></div></div>	M F 1 2	IN YEARS <div><div></div><div></div></div>	Y N 1 2	Y N 1 2	<div><div></div><div></div></div>	Y N 1 2	Y N 1 2	Y N 1 2	<div><div></div><div></div></div>	Y N DK 1 2 8 GO TO 14	<div><div></div><div></div></div>	Y N DK 1 2 8 GO TO 16	<div><div></div><div></div></div>	Y N 1 2 NEXT LINE	LEVEL GRADE <div><div></div><div></div></div>	Y N 1 2 NEXT LINE	LEVEL GRADE <div><div></div><div></div></div>
11		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
12		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
13		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
14		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
15		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
16		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
17		<div><div></div><div></div></div>	1 2	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	1 2 8 GO TO 14	<div><div></div><div></div></div>	1 2 8 GO TO 16	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD					DEFINITIONS							CODES FOR Qs. 18 AND 20: EDUCATION							
01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT					07 = PARENT-IN-LAW 08 = BROTHER OR SISTER 09 = OTHER RELATIVE 10 = ADOPTED/FOSTER/STEPCHILD 11 = NOT RELATED 98 = DON'T KNOW							*The primary caregiver is the person who knows the most about how and what the child is fed. Usually, but not always, this will be the child's mother. **Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops(crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.							

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES → ADD TO TABLE
NO

END TIME:

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES → ADD TO TABLE
NO

HOUR

2C) Does anyone else live here even if they are not at home now? INCLUDE CHILDREN IN SCHOOL OR HOUSEHOLD MEMBERS AT WORK OR MIGRATED.

YES → ADD TO TABLE
NO

MINUTE

[illegible]

Module F. Water, Sanitation and Hygiene			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F10A	During the wet season, does your household use a different main source of drinking water?	YES 1 NO 2 DON'T KNOW 8	→ F11
F10B	During the wet season, what is the main source of drinking water for the members of your household?	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 ROCK CATCHMENTS 52 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	
F11	What kind of toilet facility do members of your household usually use during the daytime?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYTEM 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 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 ECOSAN LATRINE 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE ... 51 DESIGNATED AREA NOT ALREADY LISTED 61 DIG AND BURY 62 NO FACILITY/BUSH/FIELD 71 OTHER 96 (SPECIFY)	→ F11C
F11A	Does your household share the daytime toilet facility with other households?	YES 1 NO 2	→ F11C
F11B	How many households share that daytime facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
F11C	Do the children of this household use a different daytime toilet facilities as the adult members?	YES 1 NO 2	→ F12

Module F. Water, Sanitation and Hygiene					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
F11D	What kind of facility do children use during the daytime?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYTEM 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 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 ECOSAN LATRINE 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE ... 51 DESIGNATED AREA NOT ALREADY LISTED 61 DIG AND BURY 62 NO FACILITY/BUSH/FIELD 71 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>			
F12	What kind of toilet facility do members of your household usually use during the nighttime?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYTEM 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 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 ECOSAN LATRINE 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE ... 51 DESIGNATED AREA NOT ALREADY LISTED 61 DIG AND BURY 62 NO FACILITY/BUSH/FIELD 71 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>	→ F12C		
F12A	Does your household share the nighttime toilet facility with other households?	YES 1 NO 2	→ F12C		
F12B	How many households share that nighttime facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block; vertical-align: middle; text-align: center; margin-left: 10px;">0</div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98			
F12C	Do the children of this household use a different nighttime toilet facility as the adult members?	YES 1 NO 2	→ F14		

Module F. Water, Sanitation and Hygiene					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
F12D	What kind of facility do children use during nighttime?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYTEM 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 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 ECOSAN LATRINE 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE ... 51 DESIGNATED AREA NOT ALREADY LISTED 61 DIG AND BURY 62 NO FACILITY/BUSH/FIELD 71 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>			
F14	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 <div style="text-align: right;">(SKIP TO F17) ←</div>			
F15	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2			
F16	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) 1 ASH, MUD, SAND 2 NONE 3			
F17	OBSERVATION ONLY: OBSERVE PRESENCE OF DAYTIME TOILET FACILITY THAT HOUSEHOLD SAID THEY USED.	TOILET FACILITY IS AVAILABLE 1 TOILET FACILITY IS NOT AVAILABLE 2			
F18	INSERT TIME MODULE FINISHED	HOUR <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-left: 5px;"></div> MINUTE <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-left: 5px;"></div>		<div style="text-align: right;">GO TO MODULE J3</div>	

MODULE J3. COUNTRY-PROGRAM INDICATORS (HEAD OF HOUSEHOLD)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J3.00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
J3.01	HOUSEHOLD IDENTIFICATION HOUSEHOLD (HH) AND ENUMERATION AREA (EA)	HH <input type="text"/> <input type="text"/> VN <input type="text"/> <input type="text"/>	
J3.02	HEAD OF THE HOUSEHOLD OR RESPONSIBLE ADULT FROM COLUMN 10 ON HOUSEHOLD ROSTER	LINE NUMBER <input type="text"/> <input type="text"/>	
HANDWASHING			
J3.03	<p>Please list five critical moments for handwashing.</p> <p>DO NOT READ THE ANSWERS. WHEN ZERO, ONE, OR MORE ANSWERS ARE GIVEN BY THE RESPONDENT, ASK TWO MORE TIMES IF THERE IS ANYTHING ELSE.</p> <p>RECORD RESPONSES. CIRCLE ALL THAT APPLY.</p> <p>IF THE RESPONDENT INDICATES THAT HE/SHE DOES NOT KNOW, DO NOT PROBE FOR ADDITIONAL RESPONSES.</p> <p>ATER RECORDING ALL RESPONSES, PROBE TWICE ASKING FOR ANY OTHER OCCASIONS.</p>	<p>BEFORE EATING 1</p> <p>AFTER EATHING 2</p> <p>BEFORE PRAYING 3</p> <p>BEFORE BREASTFEEDING OR FEEDING A CHILD 4</p> <p>BEFORE COOKING OR PREPARING FOODS 5</p> <p>AFTER DEFECACTION OR URINATION 6</p> <p>AFTER CLEANING A CHILD WHO HAS DEFICATED OR CHANGING A CHILD'S NAPPY 7</p> <p>WHEN MY HANDS ARE DIRTY 8</p> <p>AFTER CLEANING TOILET/POTTY 9</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
MOBILITY AND SECURITY			
J3.04	Are there areas in your community that you were unable to visit due to insecurity, that you are now able to access, such as grazing land, farmland, markets, or social events?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
J3.05	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	→ GO TO MODULE G

Module G. Agriculture				
NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
G00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
G01	HOUSEHOLD AND VILLAGE NUMBER	HH.... <input type="text"/> <input type="text"/>	VN..... <input type="text"/> <input type="text"/>	
REGISTER NAME, SEX AND LINE NUMBER FROM THE HOUSEHOLD ROSTER FOR THE FIRST FARMER. ASK THE QUESTIONS FROM THE FIRST FARMER. RECORD NAME AND LINE NUMBER FOR ADDITIONAL FARMERS AS NEEDED.				
G02	NAME FROM HOUSEHOLD ROSTER	NAME _____	NAME _____	NAME _____
G02A	FARMER'S SEX FROM THE ROSTER	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
G03	LINE NUMBER FORM THE HOUSEHOLD ROSTER	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>
G03A	IS THIS RESPONDENT A RESPONSIBLE ADULT WHO IS BEING INTERVIEWED ABOUT A FARMER	YES 1 NO 2 (SKIP TO G04) ←	YES 1 NO 2 (SKIP TO G04) ←	YES 1 NO 2 (SKIP TO G04) ←
G03B	RESPONDENT'S LINE NUMBER FORM THE HOUSEHOLD ROSTER	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>
G03C	RESPONDENT'S SEX FROM THE ROSTER	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
INSTRUCTION TO INTERVIEWER WHEN THE FARMER IS ABSENT: I WANT TO KNOW ABOUT ALL THE FARMING ACTIVITIES IN THIS HOUSEHOLD. BECAUSE (NAME OF ABSENT FARMER) IS ABSENT, PLEASE ANSWER THESE QUESTIONS ABOUT HIS/HER FARMING				
G04	Do you have access to a plot of land (even if very small) over which you make decisions about what will be grown, how it will be grown, and how to dispose of the harvest?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
G05	Do you have animals and/or aquaculture products over which you make decisions about how to dispose of the production?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
G06	CHECK ANSWERS TO QUESTIONS G04 AND G05. IF THE ANSWERS TO QUESTIONS G04 AND G05 INCLUDE AT LEAST ONE "YES," PROCEED WITH MODULE.	YES 1 NO 2 (SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS)	YES 1 NO 2 (SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS)	YES 1 NO 2 (SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS)
FINANCIAL SERVICES				
G07	Did you take any agricultural credit, in cash or in kind, in the [PAST 12 MONTHS]? PROBES: village savings groups, farmers associations, government or private institutions, non-cash loans (saved seeds), inputs from buyers	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
G08	Did you save any cash in the [PAST 12 MONTHS]? In other words, did you put any cash aside to use later?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
G09	Some people insure their agricultural production against negative unexpected circumstances, such as drought, floods, and pests. Did you have agricultural insurance in the [PAST 12 MONTHS]?	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 G. Agriculture				
NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
VALUE CHAIN ACTIVITIES Now I want to ask you about farming and animal husbandry practices about which you make decisions. This includes practices about crops, animals and aquaculture products.				
G10	<p>Which of the following activities related to farming and animal husbandry have you practiced during the [PAST 12 MONTHS]?</p> <p>PROBE TO IDENTIFY ANY OTHER ACTIVITIES</p> <p>REGISTER ALL ACTIVITIES THAT RESPONDENT MENTIONS</p> <p>PROBE TO CORRECTLY CLASSIFY ALL ACTIVITIES</p>	<p>PURCHASE INPUTS 01</p> <p>TILLAGE OF LAND .....02</p> <p>BULK TRANSPORTING OF INPUTS, PRODUCE, OR ANIMALS..... 03</p> <p>SORTING PRODUCE 04</p> <p>GRADING PRODUCE 05</p> <p>DRYING OR PROCESSING PRODUCE.....06</p> <p>TRADING OR MARKETING (WHOLESALE, RETAIL, OR EXPORT).....07</p> <p>OTHER ACTIVITY .....08 (SPECIFY NAME AND TYPE OF ACTIVITY)</p> <p>OTHER ACTIVITY .....09 (SPECIFY NAME AND TYPE OF ACTIVITY)</p> <p>DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS.....97</p>		
	CIRCLE ALL ACTIVITIES STATED	1 2 3 4 5 6 7 8 9 97	1 2 3 4 5 6 7 8 9 97	1 2 3 4 5 6 7 8 9 97
AGRICULTURAL PRACTICES				
G11	REFER TO G04 TO DETERMINE WHETHER THE RESPONDENT HAS ACCESS TO A PLOT OF LAND OVER WHICH HE/SHE MAKES DECISIONS.	<input type="checkbox"/> "YES" NO <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO G14)	<input type="checkbox"/> "YES" NO <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO G14)	<input type="checkbox"/> "YES" NO <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO G14)
G12	In the past 12 months, did you plant any crops in the plot(S) over which you make decisions?	YES 1 NO 2 (SKIP TO G14) DONT KNOW 8	YES 1 NO 2 (SKIP TO G14) DONT KNOW 8	YES 1 NO 2 (SKIP TO G14) DONT KNOW 8
G13	<p>What crops did you plant during the [PAST 12 MONTHS] in the plot(S) over which you make decisions.</p> <p>REGISTER THE NAME OF ALL CROPS NAMED BY THE RESPONDENT</p> <p>REGISTER RED SORGHUM AND WHITE SORGHUM AS TWO DIFFERENT CROPS</p>	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
G13A	<p>For each crop you planted, did you use any of these practices In the [PAST 12 MONTHS]?</p> <p>CIRCLE ALL PRACTICES THAT ARE MENTIONED FOR EACH CROP</p> <p>PROBE TO IDENTIFY ANY OTHER PRACTICES</p> <p>REGISTER ALL PRACTICES THAT RESPONDENT MENTIONS</p>	<p>SOIL PREPARATION BY HAND..... 1</p> <p>SOIL PREPARATION WITH OX PLOW..... 2</p> <p>SOIL PREPARATION WITH TRACTOR.....3</p> <p>BROADCASTING SEED..... 4</p> <p>PLANTING SEEDS IN ROWS..... 5</p> <p>CROP ROTATION..... 6</p> <p>APPLY FERTILIZER..... 7</p> <p>INTERCROPPING..... 8</p> <p>OTHER PRACTICE 9 (SPECIFY NAME AND TYPE OF PRACTICE)</p> <p>OTHER PRACTICE 10 (SPECIFY NAME AND TYPE OF PRACTICE)</p> <p>DID NOT USE ANY OF THESE PRACTICES IN PAST 12 MONTHS..... 97</p>		
	CROP #1	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97
	CROP #2	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97
	CROP #3	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97
	CROP #4	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97
	CROP #5	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97
	CROP #6	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97	1 2 3 4 5 6 7 8 9 10 97

Module G. Agriculture

NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
G13B	What did you do with the red sorghum you harvested during the [PAST 12 MONTHS]?	CONSUMED..... 1 SOLD UNPROCESSED..2 SOLD BREWED.....3 DID NOT HARVEST..... 9 (SKIP TO 13C) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST.....9 (SKIP TO 13C) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST.....9 (SKIP TO 13C) ←
G13B1	What portion of the red sorghum you harvested was sold?	_____ PERCENT	_____ PERCENT	_____ PERCENT
G13B2	To whom did you sell the red sorghum? RECORD THE TYPES OF BUYERS	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL.....9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9
G13C	What did you do with the white sorghum you harvested during the [PAST 12 MONTHS]?	CONSUMED..... 1 SOLD UNPROCESSED..2 SOLD BREWED.....3 DID NOT HARVEST..... 9 (SKIP TO 13D) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST.....9 (SKIP TO 13D) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST..... 9 (SKIP TO 13D) ←
G13C1	What portion of the white sorghum you harvested was sold?	_____ PERCENT	_____ PERCENT	_____ PERCENT
G13C2	To whom did you sell the white sorghum? RECORD THE TYPES OF BUYERS	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL.....9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9
G13D	What did you do with the maize you harvested during the [PAST 12 MONTHS]?	CONSUMED..... 1 SOLD UNPROCESSED..2 SOLD BREWED.....3 DID NOT HARVEST..... 9 (SKIP TO 13E) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST.....9 (SKIP TO 13E) ←	CONSUMED..... 1 SOLD UNPROCESSED. 2 SOLD BREWED.....3 DID NOT HARVEST.....9 (SKIP TO 13E) ←
	What portion of the maize you harvested was sold?	_____ PERCENT	_____ PERCENT	_____ PERCENT
	To whom did you sell the maize? RECORD THE TYPES OF BUYERS	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL.....9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9	1. _____ 2. _____ DON'T KNOW.....8 DID NOT SELL..... 9
G13E	What was the origin of the seeds that you planted during the [PAST 12 MONTHS]?	BOUGHT AT MARKET....1 FROM NGO.....2 FROM GOVERNMENT...3 LOCAL SEEDS SAVED FROM LAST HARVEST..... 4	BOUGHT AT MARKET....1 FROM NGO.....2 FROM GOVERNMENT...3 LOCAL SEEDS SAVED FROM LAST HARVEST..... 4	BOUGHT AT MARKET....1 FROM NGO.....2 FROM GOVERNMENT...3 LOCAL SEEDS SAVED FROM LAST HARVEST..... 4
G14	CHECK G05: DETERMINE WHETHER THE RESPONDENT HAS ANY ANIMALS OR AQUACULTURAL PRODUCTS OVER WHICH HE/SHE MAKES DECISIONS	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED </div> <div> <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> (SKIP TO G18) ←	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED </div> <div> <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> (SKIP TO G18) ←	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED </div> <div> <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> (SKIP TO G18) ←
G15	What animal species did you raise/care for and make decisions about during the [PAST 12 MONTHS]?	1 _____	1 _____	1 _____
		2 _____	2 _____	2 _____
	REGISTER THE NAME OF ALL ANIMAL SPECIES LISTED BY THE RESPONDENT	3 _____	3 _____	3 _____
		4 _____	4 _____	4 _____
		5 _____	5 _____	5 _____
		6 _____	6 _____	6 _____

Module G. Agriculture

NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
G16	<p>Did you use any of the following practices when you cared for the animals during the [PAST 12 MONTHS]?</p> <p>CIRCLE ALL THE PRACTICES THAT ARE MENTIONED FOR EACH SPECIES.</p>	ANIMAL SHELTERS 1 KRAALS 2 VACCINATIONS 3 DEWORMING 4 HOMEMADE ANIMAL FEEDS MADE OF LOCALLY AVAILABLE PRODUCTS 5 USE THE SERVICES OF COMMUNITY ANIMAL HEALTH WORKERS 6 PURCHASED DRUGS/MEDICINES TO GIVE TO ANIMALS 7 DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS 9		
	SPECIES #1	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
	SPECIES #2	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
	SPECIES #3	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
	SPECIES #4	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
	SPECIES #5	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
	SPECIES #6	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
G17	<p>If you purchased drugs or medicines to give to animals, where did you purchase the drugs?</p>	VETINARIAN 1 COMMUNITY ANIMAL HEALTH WORKER. . 2 OTHER SOURCE. 3 _____ (SPECIFY) DID NOT PURCHASE DRUGS/MEDICINES 9	VETINARIAN 1 COMMUNITY ANIMAL HEALTH WORKER. . 2 OTHER SOURCE. 3 _____ (SPECIFY) DID NOT PURCHASE DRUGS/MEDICINES 9	VETINARIAN 1 COMMUNITY ANIMAL HEALTH WORKER. . 2 OTHER SOURCE. 3 _____ (SPECIFY) DID NOT PURCHASE DRUGS/MEDICINES 9
G18	<p>Did you use any of the following natural resources management practices or techniques that were not related directly to your on-farm production during the [PAST 12 MONTHS]?</p> <p>CIRCLE ALL PRACTICES MENTIONED BY THE RESPONDENT</p>	MANAGEMENT OF WATERSHED OR REFORESTATION 1 AGRO-FORESTRY OR CULTIVATION OF FRUIT TREES. 2 MANAGEMENT OF FOREST PLANTATION 3 MANAGEMENT OF NATURAL REGENERATION 4 COLLECTING PRODUCTS FROM FOREST PLANTS (SUCH AS GUM ARABIC) 5 SOIL CONSERVATION ON HILLSIDES 6 CONSTRUCTION OF WATER CATCHMENTS 7 DID NOT PRACTICE ANY OF THESE ACTIVITIES FOR THE PAST 12 MONTHS 9		
		1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9	1 2 3 4 5 6 7 9
IMPROVED STORAGE PRACTICES				
G19	<p>CHECK G04:</p> <p>DETERMINE WHETHER THE RESPONDENT HAS ACCESS TO A PLOT OF LAND OVER WHICH HE/SHE MAKES DECISIONS.</p>	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> <p style="text-align: center;">(SKIP TO G26) ←</p>	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> <p style="text-align: center;">(SKIP TO G26) ←</p>	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> <div> <input type="checkbox"/> CODE "YES" CIRCLED <input type="checkbox"/> CODE "NO" CIRCLED </div> </div> <p style="text-align: center;">(SKIP TO G26) ←</p>
G20	<p>During [THE LAST 12 MONTHS], did you store any crops from the plot over which you make decisions?</p>	YES 1 NO 2 (SKIP TO G26) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G26) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G26) ← DON'T KNOW 8
G21	<p>Did you store sorghum?</p>	YES 1 NO 2 (SKIP TO G22) ←	YES 1 NO 2 (SKIP TO G22) ←	YES 1 NO 2 (SKIP TO G22) ←
G21A	<p>What was the main method that you used to store sorghum?</p>	CEREAL BANK. 1 GRANARY 2 OTHER METHOD. 3 _____ (SPECIFY)	CEREAL BANK. 1 GRANARY 2 OTHER METHOD. 3 _____ (SPECIFY)	CEREAL BANK. 1 GRANARY 2 OTHER METHOD. 3 _____ (SPECIFY)
G22	<p>Did you store maize?</p>	YES 1 NO 2 (SKIP TO G23) ←	YES 1 NO 2 (SKIP TO G23) ←	YES 1 NO 2 (SKIP TO G23) ←

Module G. Agriculture

NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
G22A	What was the main method that you used to store maize?	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)
G23	Did you store legumes (beans, cowpeas, pigeon peas, or green grams/mung beans)?	YES 1 NO 2 (SKIP TO G24) ←	YES 1 NO 2 (SKIP TO G24) ←	YES 1 NO 2 (SKIP TO G24) ←
G23A	What was the main method that you used to store legumes (beans, cowpeas, pigeon peas, or green orams/muno beans)?	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)
G24	Did you store rice?	YES 1 NO 2 (SKIP TO G25) ←	YES 1 NO 2 (SKIP TO G25) ←	YES 1 NO 2 (SKIP TO G25) ←
G24A	What was the main method that you used to store rice?	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)	SILO 1 GRANARY 2 OTHER METHOD..... 3 _____ (SPECIFY)
G25	In addition to sorghum, maize, rice and legumes, did you store any additional crops from the plot over which you make decisions during the [PAST 12 MONTHS]?	YES 1 NO 2 (SKIP TO G26) ←	YES 1 NO 2 (SKIP TO G26) ←	YES 1 NO 2 (SKIP TO G26) ←
G25A	What other crops did you store during the [PAST 12 MONTHS] REGISTER THE NAMES OF THE ADDITIONAL CROPS THAT WERE STORED BY EACH RESPONDENT	1 _____ 2 _____ 3 _____ 4 _____	1 _____ 2 _____ 3 _____ 4 _____	1 _____ 2 _____ 3 _____ 4 _____
G25B	What was the main method that you used to store each of the additional crops? CIRCLE THE MAIN METHOD MENTIONED TO STORE ANY ADDITIONAL CROPS	CEREAL BANK 1 SILO 2 GRANARY 3 OTHER METHOD 4 _____ (SPECIFY)		
	ADDITIONAL CROP #1	1 2 3 4	1 2 3 4	1 2 3 4
	ADDITIONAL CROP #2	1 2 3 4	1 2 3 4	1 2 3 4
	ADDITIONAL CROP #3	1 2 3 4	1 2 3 4	1 2 3 4
	ADDITIONAL CROP #4	1 2 3 4	1 2 3 4	1 2 3 4
G26	Do you support the bolus (electronic cattle branding or identification scheme)?	YES 1 NO 2 UNAWARE OF BOLUS SCHEME ... 3 DON'T KNOW 8	YES 1 NO 2 UNAWARE OF BOLUS SCHEME ... 3 DON'T KNOW 8	YES 1 NO 2 UNAWARE OF BOLUS SCHEME ... 3 DON'T KNOW 8
	THERE ARE NO MORE QUESTIONS IN MODULE G AGRICULTURE	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G27.	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G27.	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G27.
G27	<div style="display: flex; justify-content: space-between; align-items: center;"> INSERT TIME MODULE ENDED <div style="display: flex; align-items: center;"> HOUR <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> MINUTE <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> → GO TO MODULE C </div>			

Module C. Food Access (HDDS and HHS)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
C00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
C01	HOUSEHOLD IDENTIFICATION HOUSEHOLD (HH) AND ENUMERATION AREA (EA)	HH <input type="text"/> <input type="text"/> VN <input type="text"/> <input type="text"/>	
C01A	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 6) OF THE PERSON IN CHARGE OF FOOD PREPARATION THE DAY BEFORE THE INTERVIEW OR A RESPONSIBLE ADULT WHO WAS PRESENT AND ATE IN THE HOUSEHOLD THE PREVIOUS DAY.	LINE NUMBER ... <input type="text"/> <input type="text"/>	
HDDS QUESTIONS			
C02	Was yesterday an unusual or special day (Festival, Funeral, etc.) or were most household members absent?	YES 1 NO 2	→ C16
C03	Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night.	YES NO DK	
C04	Any bread, biscuits, rice, noodles, posho, porridge, cereals or other foods made from wheat, maize, rice, sorghum, millet?	..... 1 2 8	
C05	Any Irish potatoes, yams, sweet potatoes, cassava, matoke, or any other foods made from roots or tubers?	..... 1 2 8	
C06	Any vegetables? (pumpkin, squash)	..... 1 2 8	
C07	Any fruits?	..... 1 2 8	
C08	Any beef, pork, lamb, goat, rabbit, field rats, wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats or blood?	..... 1 2 8	
C09	Any eggs?	..... 1 2 8	
C10	Any fresh or dried fish or shellfish?	..... 1 2 8	
C11	Any foods made from beans, peas, lentils, green grams, cowpeas, pigeon peas, nuts, or sunflower seeds?	..... 1 2 8	
C12	Any cheese, yogurt, milk, or other milk products?	..... 1 2 8	
C13	Any foods made with oil, fat, or butter?	..... 1 2 8	
C14	Any sugar or honey?	..... 1 2 8	
C15	Any other foods, such as condiments, coffee or tea?	..... 1 2 8	
HHS QUESTIONS			
C16	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	→ C18
C17	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) ... 3	
C18	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	→ C20
C19	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) ... 3	
C20	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	→ C22
C21	How often did this happen in the past [4 WEEKS/DAYS]?	RARELY (1-2 TIMES) ... 1 SOMETIMES (3-10 TIMES) ... 2 OFTEN (MORE THAN 10) ... 3	
C22	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE D	

Module D. Children's Nutritional Status and Feeding Practices				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
D01	HOUSEHOLD IDENTIFICATION HOUSEHOLD NUMBER VILLAGE NUMBER	HH <input type="text"/> <input type="text"/> VN .. <input type="text"/> <input type="text"/>	HH <input type="text"/> <input type="text"/> VN .. <input type="text"/> <input type="text"/>	HH <input type="text"/> <input type="text"/> VN .. <input type="text"/> <input type="text"/>
D02	CAREGIVER'S ID CODE FROM THE HOUSEHOLD ROSTER	CAREGIVER <input type="text"/> <input type="text"/>	CAREGIVER <input type="text"/> <input type="text"/>	CAREGIVER <input type="text"/> <input type="text"/>
D03	CHILD'S ID CODE FROM THE HOUSEHOLD ROSTER	LINE NUMBER . <input type="text"/> <input type="text"/>	LINE NUMBER . <input type="text"/> <input type="text"/>	LINE NUMBER . <input type="text"/> <input type="text"/>
D04	What is [CHILD NAME]'s sex?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
D05	I would like to ask you some questions about [CHILD'S NAME]. Does [CHILD'S NAME] have a health/vaccination card or other document with the birth date recorded? IF A DOCUMENT WITH THE BIRTHDATE IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE AS DOCUMENTED AND SKIP TO D07 IF A DOCUMENT WITH THE BIRTHDATE IS NOT SHOWN THEN ASK: In what month and year was [child's name] born? What is [his/her] birthday?	DAY <input type="text"/> <input type="text"/> MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D06	How old was [child's name] at [his/her] last birthday? RECORD AGE IN COMPLETED YEARS	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
D07	How many months old is [child's name]? RECORD AGE IN COMPLETED MONTHS REFER TO BIRTHDATE TABLE	MONTHS . <input type="text"/> <input type="text"/>	MONTHS . <input type="text"/> <input type="text"/>	MONTHS . <input type="text"/> <input type="text"/>
D08	CHECK D05, D06, AND D07 TO VERIFY CONSISTENCY A) IS THE YEAR RECORDED IN D05 CONSISTENT WITH THE AGE IN YEARS RECORDED IN D06? B) ARE YEAR AND MONTH OF BIRTH RECORDED IN D05 CONSISTENT WITH AGE IN MONTHS RECORDED IN D07? IF THE ANSWER TO A OR B IS "NO" RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED FROM A HEALTH CARD, THIS SHOULD BE USED AS THE CORRECT DATA SOURCE.			

BIRTH DATE TO AGE IN MONTHS CONVERSION TABLES

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2013	Jan.	1	2	3
	Feb.	0	1	2
	Mar.	--	0	1
	Apr.	--	--	0
	May	--	--	--
	June	--	--	--
	July	--	--	--
	Aug.	--	--	--
	Sept.	--	--	--
	Oct.	--	--	--
	Nov.	--	--	--
	Dec.	--	--	--

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2012	Jan.	13	14	15
	Feb.	12	13	14
	Mar.	11	12	13
	Apr.	10	11	12
	May	9	10	11
	June	8	9	10
	July	7	8	9
	Aug.	6	7	8
	Sept.	5	6	7
	Oct.	4	5	6
	Nov.	3	4	5
	Dec.	2	3	4

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2011	Jan.	25	26	27
	Feb.	24	25	26
	Mar.	23	24	25
	Apr.	22	23	24
	May	21	22	23
	June	20	21	22
	July	19	20	21
	Aug.	18	19	20
	Sept.	17	18	19
	Oct.	16	17	18
	Nov.	15	16	17
	Dec.	14	15	16

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2010	Jan.	37	38	39
	Feb.	36	37	38
	Mar.	35	36	37
	Apr.	34	35	36
	May	33	34	35
	June	32	33	34
	July	31	32	33
	Aug.	30	31	32
	Sept.	29	30	31
	Oct.	28	29	30
	Nov.	27	28	29
	Dec.	26	27	28

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2009	Jan.	49	50	51
	Feb.	48	49	50
	Mar.	47	48	49
	Apr.	46	47	48
	May	45	46	47
	June	44	45	46
	July	43	44	45
	Aug.	42	43	44
	Sept.	41	42	43
	Oct.	40	41	42
	Nov.	39	40	41
	Dec.	38	39	40

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2008	Jan.	61	62	63
	Feb.	60	61	62
	Mar.	59	60	61
	Apr.	58	59	60
	May	57	58	59
	June	56	57	58
	July	55	56	57
	Aug.	54	55	56
	Sept.	53	54	55
	Oct.	52	53	54
	Nov.	51	52	53
	Dec.	50	51	52

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2007	Jan.	--	--	--
	Feb.	72	--	--
	Mar.	71	72	--
	Apr.	70	71	72
	May	69	70	71
	June	68	69	70
	July	67	68	69
	Aug.	66	67	68
	Sept.	65	66	67
	Oct.	64	65	66
	Nov.	63	64	65
	Dec.	62	63	64

Module D. Children's Nutritional Status and Feeding Practices				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
EXCLUSIVE BREAST FEEDING AND MINIMUM ACCEPTABLE DIET				
D14	CHECK D07 : IS THE CHILD UNDER 60 MONTHS (5 YEARS)?	YES 1 NO 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8	YES 1 NO 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8	YES 1 NO 2 (GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8
D15	CHECK D07 : IS THE CHILD UNDER 24 MONTHS (2 YEARS)?	YES 1 NO 2 (SKIP TO D54) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D54) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D54) ← DON'T KNOW 8
D16	Has [CHILD'S NAME] ever been breastfed?	YES 1 NO 2 (SKIP TO D18) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D18) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D18) ← DON'T KNOW 8
D17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES 1 (SKIP TO D19) ← NO 2 DON'T KNOW 8	YES 1 (SKIP TO D19) ← NO 2 DON'T KNOW 8	YES 1 (SKIP TO D19) ← NO 2 DON'T KNOW 8
D18	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
D19	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
D20	Was [CHILD'S NAME] given 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
	Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:			
D21	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
D22	Infant formula such as Nani, SMA, Nestle?	YES 1 NO 2 (SKIP TO D24) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D24) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D24) ← DON'T KNOW 8

Module D. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D23	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>
D24	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk?	YES 1 NO 2 (SKIP TO D26) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D26) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D26) ← DON'T KNOW 8
D25	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>
D26	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
D27	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
D28	Yogurt?	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8
D29	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>
D30	Did [CHILD'S NAME] have any thin porridge such as [INSERT LOCAL EXAMPLES]?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D31	Any other liquids such as [LIST OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING]? (e.g. sorghum beer)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D32	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
	Next I would like to ask you about foods that [CHILD'S NAME] may have eaten yesterday during the day or at night. Yesterday, during the day and night, did (CHILD'S NAME) eat any (ASK QUESTIONS D33-D49)?			
D33	Food made from grains such as bread, biscuits, rice, noodles, chapati, posho, porridge, cereals, or sorghum mash/residue?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D34	Pumpkin, carrots, squash, orange fleshed sweet potatoes, yams, or other foods that are yellow or orange inside?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D35	White irish potatoes, white yams, white sweet potato, cassava, matoke, 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
D36	Any dark green leafy vegetables such as spinach, lettuce, chard, dodo (amaranthis), pumkin leaves, cassava leaves, bean leaves, kales/sukumawiki, cowpea leaves or okra?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D37	Ripe mangoes, ripe papayas, melon, or passionfruit?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D38	Any other fruits or vegetables such as: eggplant, cucumber, watermelon, tomatoes, cabbage, broccoli, cauliflower, etc.	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 D. Children's Nutritional Status and Feeding Practices				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D39	Liver, kidney, heart, or other organ meats, blood?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D40	Any meat, such as beef, pork, lamb, goat, chicken, or duck, game meat, bush rats?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D41	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
D42	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
D43	Any foods made from beans, peas, lentils, nuts, or seeds such as sunflower, groundnuts, simsim, cowpeas, pigeon peas, or green grams	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D44	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
D45	Any shea nut oil or other oils, fats, or butter, or foods made with any of those 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
D46	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
D47	Condiments for flavor, such as chilies, spices, herbs, or fish powder?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D48	Grubs, snails, or insects?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D49	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
	CHECK QUESTIONS D33-D49:	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51
D50	Did [CHILD'S NAME] eat any solid, semi-solid, or 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 D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D54 FIRST COLUMN DON'T KNOW 8	YES 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D54 SECOND COLUMN DON'T KNOW 8	YES 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D54 THIRD COLUMN DON'T KNOW 8
D51	How many times did [child's name] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98
		GO TO D54 FIRST COLUMN	GO TO D54 SECOND COLUMN	GO TO D54 THIRD COLUMN

Module D. Children's Nutritional Status and Feeding Practices				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D54	<p>Has (NAME) had diarrhea in the last 2 weeks? (1)</p> <p>DIARRHEA IS DEFINED AS 3 OR MORE WATERY STOOLS</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ←</p> <p>DON'T KNOW 8</p>
D55	Was there any blood in the stools?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
D56	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK..... 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK..... 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK..... 5</p> <p>DON'T KNOW 8</p>
D57	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD..... 5</p> <p>NEVER GAVE FOOD.... 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD..... 5</p> <p>NEVER GAVE FOOD.... 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD..... 5</p> <p>NEVER GAVE FOOD.... 6</p> <p>DON'T KNOW 8</p>
D58	Did you seek advice or treatment for the diarrhea from any source?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO D62) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO D62) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO D62) ←</p>

Module D. Children's Nutritional Status and Feeding Practices																
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER				SECOND ELIGIBLE CHILD FROM ROSTER				THIRD ELIGIBLE CHILD FROM ROSTER						
		NAME _____				NAME _____				NAME _____						
D59	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF THE PLACE)</p>	PUBLIC SECTOR GOVT HOSPITAL 01 HEALTH CTR 2 02 HEALTH CTR 3 03 HEALTH CTR 4 04 VILLAGE HEALTH TEAM 05 OTHER PUBLIC SECTOR 06 _____ 07 (SPECIFY)				PUBLIC SECTOR GOVT HOSPITAL 01 HEALTH CTR 2 02 HEALTH CTR 3 03 HEALTH CTR 4 04 VILLAGE HEALTH TEAM 05 OTHER PUBLIC SECTOR 06 _____ 07 (SPECIFY)				PUBLIC SECTOR GOVT HOSPITAL 01 HEALTH CTR 2 02 HEALTH CTR 3 03 HEALTH CTR 4 04 VILLAGE HEALTH TEAM 05 OTHER PUBLIC SECTOR 06 _____ 07 (SPECIFY)						
		PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 08 MISSION HOSPITAL 09 PHARMACY 10 FIELDWORKER 11 DRUG SHOP 12 OTHER PRIVATE MED. SECTOR 13 (SPECIFY)				PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 08 MISSION HOSPITAL 09 PHARMACY 10 FIELDWORKER 11 DRUG SHOP 12 OTHER PRIVATE MED. SECTOR 13 (SPECIFY)				PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 08 MISSION HOSPITAL 09 PHARMACY 10 FIELDWORKER 11 DRUG SHOP 12 OTHER PRIVATE MED. SECTOR 13 (SPECIFY)						
		OTHER SOURCE SHOP 14 TRADITIONAL PRACTITIONER 15 MARKET 16 OTHER 17 (SPECIFY)				OTHER SOURCE SHOP 14 TRADITIONAL PRACTITIONER 15 MARKET 16 OTHER 17 (SPECIFY)				OTHER SOURCE SHOP 14 TRADITIONAL PRACTITIONER 15 MARKET 16 OTHER 17 (SPECIFY)						
D60	CHECK D59 : NUMBER OF CODES CIRCLED.	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62)				TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62)				TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62)						
D61	Where did you first seek advice or treatment? USE LETTER CODE FROM D59 .	FIRST PLACE <input type="text"/>				FIRST PLACE <input type="text"/>				FIRST PLACE <input type="text"/>						
D62	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:															
		YES NO DK				YES NO DK				YES NO DK						
	a) A fluid made from a special packet called ORS Sachet such as Zinkid or RESTORE?	FLUID FROM ORS PKT 1 2 8				FLUID FROM ORS PKT 1 2 8				FLUID FROM ORS PKT 1 2 8						
	b) A reconstituted ORS liquid provided through government health facilities?	ORS LIQUID 1 2 8				ORS LIQUID 1 2 8				ORS LIQUID 1 2 8						
	c) A government-recommended homemade fluid?	HOMEMADE FLUID . . 1 2 8				HOMEMADE FLUID . . 1 2 8				HOMEMADE FLUID . . 1 2 8						

Module D. Children's Nutritional Status and Feeding Practices				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D63	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8	YES 1 NO 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8	YES 1 NO 2 (GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) ← DON'T KNOW 8
D64	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 06 NON-ANTIBIOTIC 07 UNKNOWN INJECTION 08 (IV) INTRAVENOUS ... 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 06 NON-ANTIBIOTIC 07 UNKNOWN INJECTION 08 (IV) INTRAVENOUS ... 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 06 NON-ANTIBIOTIC 07 UNKNOWN INJECTION 08 (IV) INTRAVENOUS ... 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER 96 (SPECIFY)
D65		GO TO D01 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO D01 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO D01 ON NEW PAGE FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66
D66	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE J1		

(1) The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.

MODULE J1. PROGRAM INDICATORS (PRIMARY CARETAKER)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J1.00	INSERT TIME MODULE STARTED	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
J1.01	HOUSEHOLD IDENTIFICATION HOUSEHOLD (HH) AND ENUMERATION AREA (EA)	HH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> VN <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
J1.02	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 8) OF THE CARETAKER OF A CHILD	LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
J1.02A	INTERVIEWER CHECK IS THE PRIMARY CARETAKER MALE OR FEMALE?	MALE 1 FEMALE 2	→ GO TO J1.10
HEALTH CARE			
J1.03	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ GO TO J1.06
J1.04	Who usually makes decisions about health care for yourself: you, your husband/partner, or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HER HUSBAND/PARTNER JOINT. 3 OTHER 6 (SPECIFY) _____	
J1.05	Who usually makes decisions about health care for your children [NAMES OF CHILDREN 0-59 MONTHS]: you, your husband/partner, or you and your(husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HER HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY) _____	
ANTENATAL CARE			
J1.06	During your last pregnancy, did you see anyone for antenatal care? (Select all that apply)	DOCTORS 1 NURSE/MIDWIFE 2 TRADITIONAL BIRTH ATTENDANT 3 VILLAGE HEALTH TEAMS 4 Other (Specify) 5 No one 6 NEVER PREGNANT 9	→ GO TO J1.10
J1.07	Where did you receive antenatal care for this pregnancy?	GOVERNMENT HOSPITAL 1 GOVERNMENT CLINIC/ GOVERNMENT FACILITY 2 PRIVATE HOSPITAL 3 PRIVATE MATERNITY 4 HOME OF TRADITIONAL BIRTH ATTENDANT 5 YOUR HOME 6 OTHER (SPECIFY) 7	
J1.08	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
J1.09	Did your partner accompany you to the health facility any time during your antenatal visits?	YES 1 NO 2	

MODULE J1. PROGRAM INDICATORS (PRIMARY CARETAKER)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
J1.10	<p>Please list as many examples as you can of important maternal child care practices</p> <p>DO NOT READ THEM THE RESPONSES. ASK THEM TO LIST AND THEN CIRCLE COORDINATING NUMBER</p>	<p>INITIATE BREASTFEED W/IN 1 HR OF DELIVERY 1</p> <p>EXCLUSIVE BREASTFEED FOR SIX MONTHS 2</p> <p>INTRO OF APPROPRIATE, SAFE, AND ADEQUATE COMPLEMENT FOODS AT 6 MONTHS UP TO 2 YEARS AND BEYOND3</p> <p>BREASTFEED FREQUENTLY ON DEMAND, BOTH DAY AND NIGHT4</p> <p>PROMOTION OF USE OF VARIETY OF NUTRITIOUS, LOCALLY AVAILABLE FOODS FOR INFANTS AND YOUNG CHILDREN 5</p> <p>PREGNANT/LACTATING WOMEN RECEIVE APPROPRIATE CARE AND ENCOURAGED TO CONSUME ADQUATE QUANT OF NUTRITIOUS FOOD6</p> <p>CONTINUE OR INCREASE BRESASTFEEDING WHEN MOTHER OR CHILD IS SICK7</p> <p>WHEN INFANT UNABLE TO SUCKLE, EXPRESSED BREASTMILK FED BY CUP OR TUBE8</p> <p>MOTHER MAINTAINS HEALTH CARD TO MONITOR GROWTH AND DEVELOPMENT OF CHILD 9</p> <p>TAKE THEIR CHILD/REN TO HEALTH PROMOTION SESSIONS OR HEALTH FACILITY10</p> <p>ENSURE TIMELY IMMUNIZATIONS 11</p> <p>ENSURE CHILD SLEEPS UNDER TREATED MOSQUITO NET (ITN) 12</p> <p>CONTINUE BREASTFEEDING FOR 1 YEAR OR 2 YEARS 13</p> <p>FEEDING FREQUEENT MEALS AND SNACKS 14</p> <p>FEEDING FOODS RICH IN IRON 15</p>									
J1.11	<p>INSERT TIME MODULE ENDED</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									<p>GO TO WOMEN'S KISH GRID</p>

INSTRUCTIONS

1. Check Column 9. If there is more than one woman 15-49 in the HH, then select one using the procedure below
2. List all women age 15-49 in the household, in descending order by age (oldest first)
3. Look up the last digit of the household number in the cover, and circle the corresponding column number below
4. Look up where last digit of questionnaire (columns) crosses the number of women 15-49 in HH (rows)
5. The digit in the cell where the column and row meet is the woman to interview for the Women Questionnaire

EXAMPLE: If No of women 15-49 = 3 & last digit = 5, select the 2nd woman listed.

No of Women 15- 49	Line No.	Name	Age	Last digit of the household number (See Cover)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Module E. Women's Nutritional Status and Dietary Diversity		
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____
E00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>
E01	HOUSEHOLD IDENTIFICATION FROM THE COVER PAGE VILLAGE NUMBER	HH <input type="text"/> <input type="text"/> VN <input type="text"/> <input type="text"/>
E02	WOMAN'S ID CODE FROM THE HOUSEHOLD ROSTER	LINE NUMBER <input type="text"/> <input type="text"/>
E03	In what month and year were you born? IF DON'T KNOW MONTH RECORD "98" IF DON'T KNOW YEAR RECORD "9998"	MONTH <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E04	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS AND SKIP TO E06. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, CIRCLE 98 AND ASK QUESTION E05.	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98
E05	Are you between the ages of 15 and 49 years old?	YES 1 NO 2 DON'T KNOW 8
E06	CHECK E03, E04 AND E05 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS? IF THE INFORMATION IN E03, E04 AND E05 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE.	YES 1 NO 2 GO BACK TO WOMEN'S KISH GRID AND SELECT ANOTHER WOMAN
WOMAN'S DIETARY DIVERSITY		
	Yesterday during the day or night did you drink/eat any [ASK QUESTIONS E11 to E27]?	
E11	Food made from grains such as bread, biscuits, rice, noodles, chapati, posho, porridge, cereals, or sorghum mash/residue?	YES 1 NO 2 DON'T KNOW 8
E12	Pumpkin, carrots, squash, orange fleshed sweet potatoes, yams, or other foods that are yellow or orange inside?	YES 1 NO 2 DON'T KNOW 8
E13	White Irish potatoes, white yams, white sweet potato, cassava, matoke, or any other foods made from roots?	YES 1 NO 2 DON'T KNOW 8
E14	Any dark green leafy vegetables such as spinach, lettuce, chard, dodo (amaranthis), pumpkin leaves, cassava leaves, bean leaves, kales/sukumawiki, cowpea leaves, or okra?	YES 1 NO 2 DON'T KNOW 8
E15	Ripe mangoes, ripe papayas, melon, or passionfruit?	YES 1 NO 2 DON'T KNOW 8
E16	Any other fruits or vegetables such as: broccoli, cauliflower, eggplant, cucumber, watermelon, tomatoes, cabbage, etc.?	YES 1 NO 2 DON'T KNOW 8
E17	Liver, kidney, heart, or other organ meats, blood?	YES 1 NO 2 DON'T KNOW 8

Module E. Women's Nutritional Status and Dietary Diversity		
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____
E18	Any meat, such as beef, pork, lamb, goat, chicken, or duck, game meat, bush rats?	YES 1 NO 2 DON'T KNOW 8
E19	Eggs?	YES 1 NO 2 DON'T KNOW 8
E20	Fresh or dried fish, shellfish, or seafood?	YES 1 NO 2 DON'T KNOW 8
E21	Any foods made from beans, peas, lentils, nuts, or seeds such as sunflower, groundnuts, simsim, cowpeas, pigeon peas, green grams?	YES 1 NO 2 DON'T KNOW 8
E22	Cheese, yogurt, or other milk products?	YES 1 NO 2 DON'T KNOW 8
E23	Any shea nut oil or other oils, fats, or butter, or foods made with any of those products?	YES 1 NO 2 DON'T KNOW 8
E24	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	YES 1 NO 2 DON'T KNOW 8
E25	Condiments for flavor, such as chilies, spices, herbs, or fish powder?	YES 1 NO 2 DON'T KNOW 8
E26	Grubs, snails, or insects?	YES 1 NO 2 DON'T KNOW 8
E27	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES 1 NO 2 DON'T KNOW 8
E28	I WOULD LIKE TO ASK YOU ABOUT PREGNANCIES AND BIRTHS YOU MAY HAVE HAD. Are you currently pregnant?	YES 1 (SKIP TO E33) ← NO 2 DON'T KNOW 8
E29	Have you ever been pregnant? IF "NO" PROBE BY ASKING Were you ever pregnant, even if this pregnancy did not result in the birth of a live child?	YES 1 NO 2 (SKIP TO E33) ←
E30	Have you ever given birth? IF "NO" PROBE BY ASKING I mean, to a child even if the child lived only a few minutes or hours, or was born dead?	YES 1 NO 2 (SKIP TO E33) ←
E31	When was the last time you gave birth (even if your child is no longer living)? IF THE RESPONDENT DOES NOT KNOW THE BIRTHDATE ASK: Do you have a health/vaccination card for that child with the birthdate recorded? IF THE HEALTH/VACCINATION CARD IS SHOWN, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD	Date of Last Birth DAY..... |__|__| If day is not known, enter '98' above MONTH..... |__|__| YEAR..... |__|__| |__|__|
E33	INSERT TIME MODULE ENDED <div style="display: flex; align-items: center; justify-content: space-between;"> HOUR <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> MINUTE <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: flex; align-items: center;"> → GO TO MODULE J5 </div> </div>	

MODULE J5. PROGRAM INDICATORS (WOMAN 15-49)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J5.00	INSERT TIME MODULE STARTED	HOUR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
J5.01	HOUSEHOLD IDENTIFICATION HOUSEHOLD (HH) AND ENUMERATION AREA (EA)	HH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> VN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
J5.02	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 9) OF ONE WOMAN AGED 15-49	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
FAMILY PLANNING (P8)			
J5.03	At this time, do you know of a place where you can go to receive services for family planning?	YES 1 NO 2	
J5.04	Are you and your partner currently doing something to delay or prevent you from getting pregnant?	YES 1 NO 2	→ GO TO J5.08
J5.05	If yes, which method? CIRCLE ALL THAT APPLY	FEMALE STERILIZATION 1 MALE STERILIZATION 2 PILLS 3 IUD 4 INJECTION 5 IMPLANTS 6 MALE CONDOMS 7 FEMALE CONDOMS 8 DIAPHRAM 9 JELLY LACTATION AMENORRHEA 11 WITHDRAWAL 12 RHYTHM 13 OTHER (SPECIFY) 14	
J5.06	If you are receiving family planning services, where do you go for them? CIRCLE ALL THAT APPLY	GOVERNMENT HEALTH FACILITY 1 NGO HEALTH FACILITY 2 PRIVATE CLINIC/DRUG SHOP 3 COMMUNITY DISTRIBUTOR 4 COMMUNITY OUTREACH 5 OTHER (SPECIFY) 6	
J5.07	If not, what is the reason? CIRCLE ALL THAT APPLY	DISTANCE TO FACILITY 1 COST 2 RELIABILITY 3 OTHER (SPECIFY) 5	
J5.08	INSERT TIME MODULE ENDED	HOUR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> → GO TO MODULE H1	

MODULE H. POVERTY MEASUREMENT

HOUSEHOLD NUMBER FROM MODULE A

INSERT TIME MODULE STARTED

VILLAGE NUMBER FROM MODULE A

HOUR

MINUTES

INFORMANT'S LINE NUMBER IN HOUSEHOLD ROSTER (COLUMN 6)

--	--

MODULE H1. FOOD, BEVERAGES AND TOBACCO CONSUMPTION OVER PAST 7 DAYS

ITEM CODE	PRODUCT	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		FROM PURCHASES		TOTAL SPENT	FROM AGRICULTURAL PRODUCTION		FROM GIFTS AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DO NOT INCLUDE FOOD OR DRINKS EATEN IN RESTAURANTS.	IF "NO" SKIP TO NEXT ITEM	How much in total did your household eat in the past week?		How much from [ITEM] came from purchases?		How much did you spend on what was eaten If the family ate part but not all of something they purchased, estimate only cost of what was consumed.	How much came from own production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 SHILLING/UGX	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
101	Matooke	1 2									
105	Sweet Potatoes	1 2									
107	Cassava	1 2									
109	Irish Potatoes	1 2									
110	Rice	1 2									
111	Maize	1 2									
114	Bread	1 2									
115	Millet	1 2									
116	Sorghum	1 2									
119	Goat Meat	1 2									
120	Other Meat	1 2									
121	Chicken	1 2									
122	Fish	1 2									
124	Eggs	1 2									
125	Fresh Milk	1 2									
126	Infant Formula Foods	1 2									
127	Cooking oil	1 2									
129	Margarine, Butter, Ghee, etc	1 2									
130	Fruits	1 2									
			UNIT CODES Kilogramme . . . 1 50 kg. Bag . . . 2 90 kg. Bag . . . 3 Pail (small) . . . 4 Pail (large) . . . 5 No. 10 plate . . . 6 NO.12 PLATE . 7 BUNCH. 8 PIECE. 9 HEAP 10 BALE 11 No. 10 plate . . 6 BASKET (DENGU) (SHELLED). 12 BASKET (DENGU) (UNSHELLED) . . 13 OX-CART (UNSHELLED) . . 14 LITRE 15 CUP. 16 TIN. 17 GRAM 18 MILLILITRE . . . 19 TEASPOON. . . . 20 BASIN. 21 SATCHET/TUBE . . 22 TOTAL 23 OTHER 96 (SPECIFY)								

Bags: Uganda normally uses 100kg bags.

MODULE H1. FOOD, BEVERAGES AND TOBACCO CONSUMPTION OVER PAST 7 DAYS

ITEM CODE	PRODUCT	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		FROM PURCHASES		TOTAL SPENT	FROM AGRICULTURAL PRODUCTION		FROM GIFTS AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DO NOT INCLUDE FOOD OR DRINKS EATEN IN RESTAURANTS.	IF "NO" SKIP TO NEXT ITEM	How much in total did your household eat in the past week?		How much from [ITEM] came from purchases?		How much did you spend on what was eaten If the family ate part but not all of something they purchased, estimate only cost of what was consumed.	How much came from own production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 SHILLING/UGX	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
135	Onions	1 2									
136	Tomatoes	1 2									
139	Other vegetables	1 2									
140	Beans	1 2									
142	Ground nuts	1 2									
145	Peas	1 2									
146	Sim sim	1 2									
147	Sugar	1 2									
148	Coffee	1 2									
149	Tea	1 2									
150	Salt	1 2									
151	Soda (NOT AT RESTAURANTS)	1 2									
152	Alcoholic Drinks (NOT AT RESTAURANTS)	1 2									
154	Other drinks	1 2									
155	Cigarettes	1 2									
156	Other Tobacco	1 2									
EXPENDITURE AT RESTAURANTS											
157	Food	1 2									
158	Drinks	1 2									
OTHER FOOD NOT LISTED											
161	SPECIFY _____	1 2									
161	SPECIFY _____	1 2									
161	SPECIFY _____	1 2									
			UNIT CODES Kilogramme . . . 1 NO.12 PLATE . 7 BASKET (DENGU) LITRE. 15 BASIN. 21 50 kg. Bag . . . 2 BUNCH. 8 (SHELLED). . . . 12 CUP. 16 SATCHET/TUBE. . 22 90 kg. Bag . . . 3 PIECE. 9 BASKET (DENGU) TIN. 17 TOTAL 23 Pail (small) . . . 4 HEAP 10 (UNSHELLED) . . 13 GRAM 18 OTHER 96 Pail (large) . . . 5 BALE 11 OX-CART MILLILITRE . . 19 (SPECIFY) No. 10 plate . . . 6 (UNSHELLED) . . 14 TEASPOON. . . . 20								

MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST MONTH			
H2.01	HOUSEHOLD AND VILLAGE NUMBER HH. <input type="text"/> <input type="text"/> VN. <input type="text"/> <input type="text"/>		
H2.02	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 10) OF HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT <input type="text"/> <input type="text"/>		
ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE MONTH	CODING CATEGORIES	COST IN SHILLING/UGX
	Over the past <u>one month</u> , did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
	HOUSE/FUEL/POWER		
304	Maintenance and repair expenses?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
305	Water?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
306	Electricity?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
307	Generators/lawn mower fuels?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
308	Paraffin (Kerosene)?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
309	Charcoal?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
310	Firewood?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
311	Other expenditures? What?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
	NON-DURABLE OR PESONAL GOODS		
451	Matches?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
452	Soap?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
454	Tooth paste?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
455	Cosmetics?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
456	Handbags, travel bags, etc?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
457	Batteries (Dry cells)?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
458	Newspapers and Magazines?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____

MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST MONTH

H2.01	HOUSEHOLD AND VILLAGE NUMBER		
	HH.	<input type="text"/>	VN. <input type="text"/>
H2.02	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 10) OF HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT <input type="text"/>		
ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE MONTH	CODING CATEGORIES	COST IN SHILLING/UGX
	Over the past <u>one month</u> , did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
459	Security protection (weapons, bows, bullets, etc.)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
460	Other non-durable and personal goods? What?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
461	Tires, tubes, spares, etc	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
462	Petrol, diesel etc	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
463	Transport Fares (taxi, bus, boda boda)?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
466	Stamps, envelopes?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
467	Phone fees (fixed/ mobile phones)?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
469	Mobile money fees	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
471	Other transport and communications expenditures? What? LIST EXPENDITURE _____ LIST EXPENDITURE _____	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____ _____
501	Health and medical care services?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
502	Medicines, etc?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
601	Sports, theaters, etc?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
602	Dry cleaning and laundry?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____

MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST MONTH

H2.01	HOUSEHOLD AND VILLAGE NUMBER		
	HH.	<input type="text"/> <input type="text"/>	VN. <input type="text"/> <input type="text"/>
H2.02	LINE NUMBER IN THE HOUSEHOLD LISTING (COLUMN 10) OF HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT <input type="text"/> <input type="text"/>		
ITEM NO.	QUESTIONS FOR A REFERENCE PERIOD OF ONE MONTH	CODING CATEGORIES	COST IN SHILLING/UGX
	Over the past <u>one month</u> , did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
603	Houseboys/ girls, Shamba boys etc?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
604	Barber and beauty shops?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
605	Expenses in hotels, lodging, etc?	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
606	Other expenditures? What? LIST EXPENDITURE _____ LIST EXPENDITURE _____	YES 1 NO 2 (NEXT MODULE)	TOTAL COST _____ _____

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS			
ITEM NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	TOTAL COST IN SHILLING/UGX
	Over the past <u>twelve months</u> (one year), did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
	CLOTHING AND FOOTWEAR		
201	Clothing (mens, womens, childrens)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
202	Other clothing and clothing materials	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
203	Tailoring and Materials	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
204	Footwear (mens, womens, childrens)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
205	Other Footwear and repairs	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
301	Furniture Items	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
302	Carpets, mats, etc.	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
303	Bedding (curtains, bed sheets, mattresses, blankets, etc.)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
304	Others and Repairs	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
401	Charcoal and Kerosene Stoves	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
402	Electronic Appliances or Equipment (iron, kettle, TV, radio cassette, etc.)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
403	Transport equipment (bicycles, motor cycles, motors, pick-ups, etc.)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
404	Radio	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
405	Computers for household use	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS			
ITEM NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	TOTAL COST IN SHILLING/UGX
	Over the past <u>twelve months</u> (one year), did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
406	Phone Handsets (both fixed and mobile)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
407	Agricultural tools	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
408	Security/protection - weapons, bows, bullets	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
409	Other equipment and repairs	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
410	Jewelry, Watches, etc	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
501	Plastics (basins, plates, tumblers, buckets, jerry canes)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
504	Enamel and metallic utensils	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
505	Switches, plugs, cables, etc	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
506	Others and repairs	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
601	Educational expenses (fees, PTA, boarding, uniforms, books & supplies)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
602	Other educational expenses	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
701	Expenditure on household functions	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
702	Expenditure on agricultural services	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
703	Other services N.E.S.	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS			
ITEM NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	TOTAL COST IN SHILLING/UGX
	Over the past <u>twelve months</u> (one year), did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
801	Taxes (income, local services, etc.)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
802	Property rates (taxes)	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
803	User fees and charges	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
805a	Pension and social security payments	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
805b	Insurance premiums	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
806	Remittances, gifts, and other transfers	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
807	Funerals and other social functions	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
808	Interest on Loans	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
809	Dowry and/or debt payments	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
810	Animal sales letter/market fee	YES 1 NO 2 (NEXT ITEM)	TOTAL COST _____
811	Other expenditures, what? LIST EXPENDITURE _____ LIST EXPENDITURE _____	YES 1 (GO TO NEXT MODULE)	TOTAL COST _____ _____

MODULE H4. HOUSING EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Do you own or are you purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	OWN 01 BEING PURCHASED 02 EMPLOYER PROVIDES 03 FREE, AUTHORIZED 04 FREE, NOT AUTHORIZED 05 RENTED 06 OTHER 96 (SPECIFY) DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 98	 → 104 → 104 → 104 → 105 → 104 → H5
102	If you <u>sold this dwelling today</u> , how much would you receive for it?	SHILLING/UGX DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 98	
103	How many years ago was this house built? How old is it?	YEARS. DON'T KNOW 98	
104	If you <u>rented this dwelling today</u> , how much rent would you receive?	SHILLING/UGX DAY 1 WEEK 2 MONTH 3 YEAR 4 DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 8	 → H5 → H5 → H5 → H5 → H5
105	How much do you pay to rent this dwelling?	SHILLING/UGX DAY 1 WEEK 2 MONTH 3 YEAR 4 DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 8	

MODULE H5. VALUE OF ASSETS

ITEM CODE	PRODUCT	YES = 1 NO = 2	NUMBER OF UNITS OF EACH ITEM	AGE OF ITEMS	PRICE IF SOLD	ITEMS BOUGHT IN LAST 12 MONTHS	AMOUNT PAID FOR ALL ITEMS BOUGHT IN THE LAST 12 MONTHS
	Does your household own a [ITEM]? CIRCLE 1 (YES) OR 2 (NO) IN THE FOLLOWING COLUMN. IF THE ANSWER IS "NO" ASK THE QUESTIONS FOR THE FOLLOWING ITEM.		How many [ITEMS] 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 ITEM, AVERAGE VALUE	Did you purchase or pay for any of these [ITEM]s in the last 12 months? "NO": CIRCLE "2" AND GO TO NEXT ITEM.	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
H5.1		H5.2	H5.3 NUMBER OF ITEMS	H5.4 NUMBER OF YEARS	H5.5 SHILLING/UGX	H5.6	H5.7 SHILLING/UGX
02	Other Buildings besides House	1 2				1 2	
03	Land	1 2				1 2	
04	Furniture/Furnishings	1 2				1 2	
05	Household Appliances e.g. Kettle, Flat iron, etc.	1 2				1 2	
06	Television	1 2				1 2	
07	Radio/Cassette	1 2				1 2	
08	Generators	1 2				1 2	
09	Solar panel/electric inverters	1 2				1 2	
10	Bicycle	1 2				1 2	
11	Motor cycle	1 2				1 2	
12	Motor vehicle	1 2				1 2	
13	Boat	1 2				1 2	
14	Other Transport equipment	1 2				1 2	
15	Jewelry and Watches	1 2				1 2	
16	Mobile phone	1 2				1 2	
17	Computer	1 2				1 2	
18	Internet Access	1 2				1 2	
19	Other electronic equipment	1 2				1 2	
20	Agricultural equipment	1 2				1 2	
21	Goats	1 2				1 2	
22	Chickens	1 2				1 2	
23	Cattle	1 2				1 2	
24	Pigs	1 2				1 2	

MODULE H5. VALUE OF ASSETS							
ITEM CODE	PRODUCT	YES = 1 NO = 2	NUMBER OF UNITS OF EACH ITEM	AGE OF ITEMS	PRICE IF SOLD	ITEMS BOUGHT IN LAST 12 MONTHS	AMOUNT PAID FOR ALL ITEMS BOUGHT IN THE LAST 12 MONTHS
	Does your household own a [ITEM]? CIRCLE 1 (YES) OR 2 (NO) IN THE FOLLOWING COLUMN. IF THE ANSWER IS "NO" ASK THE QUESTIONS FOR THE FOLLOWING ITEM.		How many [ITEMS] 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 ITEM, AVERAGE VALUE	Did you purchase or pay for any of these [ITEM]s in the last 12 months? "NO": CIRCLE "2" AND GO TO NEXT ITEM.	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
H5.1		H5.2	H5.3 NUMBER OF ITEMS	H5.4 NUMBER OF YEARS	H5.5 SHILLING/UGX	H5.6	H5.7 SHILLING/UGX
25	Camels	1 2				1 2	
26	Donkeys	1 2				1 2	
27	Solar lanterns/chargers	1 2				1 2	
28	Fuel efficient stoves	1 2				1 2	
29	Mosquito nets	1 2				1 2	
30	Other household assets e.g. lawn mowers, etc.	1 2				1 2	
31	Other, what? _____	1 2				1 2	
32	Other, what? _____	1 2				1 2	
33	Other, what? _____	1 2				1 2	
<div> <div>H5.8</div> <div> <div>INSERT TIME MODULE ENDED</div> <div> <div>HOUR</div> <div> <div></div> <div></div> </div> </div> <div> <div>MINUTE</div> <div> <div></div> <div></div> </div> </div> </div> </div>							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

TEAM LEADER'S OBSERVATIONS

NAME OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

ANTHROPOMETRY																
HOUSEHOLD NUMBER					VILLAGE NUMBER					START TIME		HOUR:		MINUTE:		
CHILDREN LESS THAN 5 YEARS OF AGE (0-59 Months)							WEIGHT AND HEIGHT OF CHILDREN LESS THAN 5 YEARS OF AGE (0-59 MONTHS)									
D67	D68	D69	D70	D71			D72	D73		D74		D75		D76	D77	
LINE NO. FROM HH ROSTER	NAME	SEX MALE: 1 FEMALE: 2	AGE IN MONTHS	CHILD'S DATE OF BIRTH DD/MM/YY			SOURCE BIRTH DATE	WEIGHT (KILOGRAMS)		HEIGHT (CENTIMETERS)		HEIGHT MEASURED LAYING DOWN: 1 OR STANDING UP: 2		RESULT MEASURED: 1 NOT PRESENT: 2 REFUSED: 3 OTHER: 6 (explain in comment box)		EDEMA YES: 1 NO: 2
				DAY	MONTH	YEAR										
COMMENTS:							SOURCE OF BIRTH DATE 1. BIRTH CERTIFICATE 2. BAPTISMAL/CHURCH RECORD 3. HEALTH REGISTRATION CARD 4. HOME RECORD 5. PARENT STATEMENT 6. OTHER									
SELECTED WOMAN'S (15-49) INFORMATION			WEIGHT AND HEIGHT OF SELECTED WOMAN (15-49)													
E34	E35	E36	E37	E38		E39										
LINE NO. FROM HH ROSTER	NAME	AGE IN YEARS	HEIGHT (CENTIMETERS)	WEIGHT (KILOGRAMS)		RESULT MEASURED: 1 NOT PRESENT: 2 REFUSED: 3 OTHER: 6 (explain in comment box)										
COMMENTS:							END TIME HOUR: MINUTE:									
ANTHROPOMETRIST PRINT NAME:							SIGNATURE:		ID #		DAY		MONTH		YEAR	
SUPERVISOR PRINT NAME:							SIGNATURE:		ID #		DAY		MONTH		YEAR	

BIRTH DATE TO AGE IN MONTHS CONVERSION TABLES

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2013	Jan.	1	2	3
	Feb.	0	1	2
	Mar.	--	0	1
	Apr.	--	--	0
	May	--	--	--
	June	--	--	--
	July	--	--	--
	Aug.	--	--	--
	Sept.	--	--	--
	Oct.	--	--	--
	Nov.	--	--	--
	Dec.	--	--	--

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2012	Jan.	13	14	15
	Feb.	12	13	14
	Mar.	11	12	13
	Apr.	10	11	12
	May	9	10	11
	June	8	9	10
	July	7	8	9
	Aug.	6	7	8
	Sept.	5	6	7
	Oct.	4	5	6
	Nov.	3	4	5
	Dec.	2	3	4

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2011	Jan.	25	26	27
	Feb.	24	25	26
	Mar.	23	24	25
	Apr.	22	23	24
	May	21	22	23
	June	20	21	22
	July	19	20	21
	Aug.	18	19	20
	Sept.	17	18	19
	Oct.	16	17	18
	Nov.	15	16	17
	Dec.	14	15	16

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2010	Jan.	37	38	39
	Feb.	36	37	38
	Mar.	35	36	37
	Apr.	34	35	36
	May	33	34	35
	June	32	33	34
	July	31	32	33
	Aug.	30	31	32
	Sept.	29	30	31
	Oct.	28	29	30
	Nov.	27	28	29
	Dec.	26	27	28

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2009	Jan.	49	50	51
	Feb.	48	49	50
	Mar.	47	48	49
	Apr.	46	47	48
	May	45	46	47
	June	44	45	46
	July	43	44	45
	Aug.	42	43	44
	Sept.	41	42	43
	Oct.	40	41	42
	Nov.	39	40	41
	Dec.	38	39	40

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2008	Jan.	61	62	63
	Feb.	60	61	62
	Mar.	59	60	61
	Apr.	58	59	60
	May	57	58	59
	June	56	57	58
	July	55	56	57
	Aug.	54	55	56
	Sept.	53	54	55
	Oct.	52	53	54
	Nov.	51	52	53
	Dec.	50	51	52

		Study Date		
		2013		
		Feb.	Mar.	Apr.
Birth Date - 2007	Jan.	--	--	--
	Feb.	72	--	--
	Mar.	71	72	--
	Apr.	70	71	72
	May	69	70	71
	June	68	69	70
	July	67	68	69
	Aug.	66	67	68
	Sept.	65	66	67
	Oct.	64	65	66
	Nov.	63	64	65
	Dec.	62	63	64

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

WOMEN'S EMPOWERMENT IN AGRICULTURE INDEX

Enumerator: This questionnaire should be administered separately to the primary and secondary respondents identified in the household questionnaire. You should complete this coversheet for each individual identified in the "selection section" even if the individual is not available to be interviewed for reporting purposes.

Please double check to ensure:

- You have completed the roster section of the household questionnaire to identify the correct primary and/or secondary respondent(s);
- You have noted the household ID and individual ID correctly for the person you are about to interview;
- You have gained informed consent for the individual in the household questionnaire;
- You have sought to interview the individual in private or where other members of the household cannot overhear or contribute answers.
- Do not attempt to make responses between the primary and secondary respondent the same—it is ok for them to be different.

MODULE 1. INDIVIDUAL IDENTIFICATION

	Code		Code
1.01. Household Identification:	<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>	1.09. Name of respondent currently being interviewed (ID Code from roster in Section B, 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>
		Surname, First name:	
1.02. Village number	<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>	1.10. Outcome of interview	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
1.03. Parish name	_____	1.11. Ability to be interviewed alone:	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
1.04. Subcounty name	_____		
1.05. District Name	_____		
1.06. Primary Decision-Maker Name and ID (from Module A and B) _____	<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>		
1.07. Secondary Decision-Maker Name and ID (from Module A and B) _____	<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>		
1.08. Type of household	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="display: flex;"> <div style="flex: 1;"> 1.10 Completed .....1 Incomplete .....2 Absent.....3 Refused .....4 Could not locate.....5 Household not eligible for interview.....6 </div> <div style="flex: 1;"> 1.11 Alone.....1 With adult females present.....2 With adult males present.....3 With adults mixed sex present.....4 With children present.....5 With adults mixed sex and children present.....6 </div> </div>	

The **primary and secondary decision makers** are those who self-identify as the primary male and female (or female only) members responsible for the decision making, both social and economic, within the household. In Male and Female Adult Households, they are usually the husband and wife; however they can also be other household members as long as they are aged 18 and over. In Female Adult Only households, there will only be a Primary Decision-Maker -- the principal female decision-maker aged 18 or older. Primary and Secondary Decision-Makers do not need to be noted for Male Adult Only and Child Only Households, and the WEAI should not be applied in Male Adult Only and Child Only Households.

MODULE 2: ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME GENERATION

Activity		Did you (singular) participate in [ACTIVITY] in the past 12 months (that is during the last [one/two] cropping seasons)? Yes.....1 No.....2 >> next activity	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]
ActivityCode	Activity Description	2.01	2.02	2.03
A	Food crop farming: crops that are grown primarily for household food consumption			
B	Cash crop farming: crops that are grown primary for sale in the market			
C	Livestock raising			
D	Non-farm economic activities: Small business, self-employment, buy-and-sell			
E	Wage and salary employment: in-kind or monetary work both agriculture and other wage work			
F	Fishing or fishpond culture			
		<u>2.02/2.03: Input into decision making</u> No input.....1 Input into very few decisions.....2 Input into some decisions .....3 Input into most decisions .....4 Input into all decisions.....5 No decision made6		

MODULE 3: ACCESS TO PRODUCTIVE CAPITAL

Productive Capital		Does anyone in your household currently have any [ITEM]? Yes 1 No..... 2 >> next item	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]?	Who would you say can decide whether to sell [ITEM] most of the time?	Who would you say can decide whether to give away [ITEM] most of the time?	Who would you say can decide to mortgage or rent out [ITEM] most of the time?	Who contributes most to decisions regarding a new purchase of [ITEM]?
Productive Capital		3.01a	3.01b	3.02	3.03	3.04	3.05	3.06
A	Agricultural land (pieces/plots)							
B	Large livestock (oxen, cattle)							
C	Small livestock (goats, pigs, sheep)							
D	Chickens, Ducks, Turkeys, Pigeons							
E	Fish pond or fishing equipment							
F	Farm equipment (non-mechanized)							
G	Farm equipment (mechanized)							
H	Nonfarm business equipment							
I	House (and other structures)							
J	Large consumer durables (fridge, TV, sofa)							
K	Small consumer durables (radio, cookware)							
L	Cell phone							
M	Other land not used for agricultural purposes (pieces, residential or commercial land)							
N	Means of transportation (bicycle, motorcycle, car)							
				3.02-3.06: Decision-making and control over productive capital				
				Self..... 1	Self and other household member(s).....5	Self and other outside people.....8		
				Partner/Spouse..... 2	Partner/Spouse and other household member(s).....6	Partner/Spouse and other outside people.....9		
				Self and partner/spouse jointly 3	Someone (or group of people) outside the household.....7	Self, partner/spouse and other outside people.....10		
				Other household member 4				

MODULE 3 continued: ACCESS TO CREDIT

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]?	Who makes the decision about what to do with the money/ item borrow from [SOURCE]?
Lending source names		3.07	3.08	3.09
A	Non-governmental organization (NGO)			
B	Informal lender			
C	Formal lender (bank/financial institution)			
D	Friends or relatives			
E	Group based micro-finance or lending including VSLAs / SACCOs/ merry-go-rounds			
		G3.07 Taken loans Yes, cash 1 Yes, in-kind 2 Yes, cash and in-kind 3 No 4 >> next source Don't know 5 >> next source	3.08/3.09: Decision-making and control over credit Self 1 Partner/Spouse 2 Self and partner/spouse jointly 3 Other household member 4 Self and other household member(s) 5 Partner/Spouse and other household member(s) 6 Someone (or group of people) outside the household 7 Self and other outside people 8 Partner/Spouse and other outside people 9 Self, partner/spouse and other outside people 10	

MODULE 4: INDIVIDUAL LEADERSHIP AND INFLUENCE IN THE COMMUNITY

QNo.	Question	Response	Response codes
4.01	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 a great deal of difficulty 2
4.02	Do you feel comfortable speaking up in public to ensure proper payment of wages for public works or other similar programs?		Yes, but with a little difficulty 3 Yes, fairly comfortable..... 4
4.03	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?		Yes, very comfortable 5

MODULE 4 continued: GROUP MEMBERSHIP AND INFLUENCE IN THE GROUP

Group membership		Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
		Yes 1 No 2 >> next group	Yes.. 1 No ... 2
	Group Categories	4.04	4.05
A	Agricultural / livestock/ fisheries producer's group (including marketing groups)		
B	Water users' group		
C	Forest users' group		
D	Credit or microfinance group (including SACCOs/merry-go-rounds/ VSLAs)		
E	Mutual help or insurance group (including burial societies)		
F	Trade and business association		
G	Civic groups (improving community) or charitable group (helping others)		
H	Local government		
I	Religious group		
J	Other women's group (only if it does not fit into one of the other categories)		
K	Other (specify)		

MODULE 5: DECISION MAKING

<p><i>ENUMERATOR: Ask G5.01 for all categories of activities before asking G5.02. Do <u>not</u> ask G5.02 if G5.01 response is 1 and respondent is male OR G5.01 response is 2 and respondent is female.</i></p> <p><i>If household does not engage in that particular activity, enter 98 and proceed to next activity.</i></p>		<p>When decisions are made regarding the following aspects of household life, who is it that normally takes the decision?</p>	<p>To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to?</p> <p>Ask only if G5.01 is 1 and respondent is female, G5.01 is 2 and respondent is male, or G5.01 is 3-7.</p>
		5.01	5.02
A	Getting inputs for agricultural production		
B	The types of crops to grow for agricultural production		
C	Taking crops to the market (or not)		
D	Livestock raising		
E	Your own (singular) wage or salary employment		
F	Major household expenditures (such as a large appliance for the house like refrigerator)		
G	Minor household expenditures (such as food for daily consumption or other household needs)		
		<p>5.01: Who makes decision</p> <p>Main male or husband.....1</p> <p>Main female or wife.....2</p> <p>Husband and wife jointly .....3</p> <p>Someone else in the household .....4</p> <p>Jointly with someone else inside the household... ..5</p> <p>Jointly with someone else outside the household .....6</p> <p>Someone outside the household/other .....7</p> <p>Household does not engage in activity/Decision not made.....98</p>	<p>5.02: Extent of participation in decision making</p> <p>Not at all .....1</p> <p>Small extent.....2</p> <p>Medium extent.....3</p> <p>To a high extent.....4</p>

MODULE 5 continued: MOTIVATION FOR DECISION MAKING

<p><i>ENUMERATOR:</i> This set of questions is very important. I am going to give you some reasons why you act as you do in the aspects of household life I just mentioned. You might have several reasons for doing what you do and there is no right or wrong answer. Please tell me how true it would be to say: <i>[If household does not engage in that particular activity, enter 98 and proceed to next activity.]</i></p>		<p>My actions in [ASPECT] are partly because I will get in trouble with someone if I act differently.</p> <p>[READ OPTIONS: Always True, Somewhat True, Not Very True, or Never True]</p>	<p>Regarding [ASPECT] I do what I do so others don't think poorly of me.</p> <p>[READ OPTIONS: Always True, Somewhat True, Not Very True, or Never True]</p>	<p>Regarding [ASPECT] I do what I do because I personally think it is the right thing to do.</p> <p>[READ OPTIONS: Always True, Somewhat True, Not Very True, or Never True]</p>
		5.03	5.04	5.05
A	Getting inputs for agricultural production			
B	The types of crops to grow for agricultural production			
C	Taking crops to the market (or not)			
D	Livestock raising			
		<p>5.03/5.04/5.05: Motivation for activity</p> <p>Never true .....1 Not very true .....2 Somewhat true.....3 Always true .....4 Household does not engage in activity/Decision not made.....98</p>		

MODULE 6: TIME ALLOCATION

Enumerator: **6.01:** 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 P for the primary activity and S for the secondary activity written next to the lines. Please administer using the protocol in the enumeration manual.

[illegible]

MODULE 6 continued: TIME ALLOCATION

[illegible]

MODULE 6 continued: SATISFACTION WITH TIME ALLOCATION

QNo.	Question	Response
6.02	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?	READ: 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 or dissatisfied this would be in the middle or 5 on the scale.