

HOUSEHOLD INTERVIEW

1. To be completed by Enumerator

Please complete before the Interview

Household skipped before the enumeration			
0.1 -	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <i>Name enumerator</i>		
0.2 -	<div> <div></div> <div></div> <div></div> </div> <i>Interviewer ID</i>		
0.3 -	Date: <div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> </div> / 2006 <div>Day</div> <div>Month</div>		
0.4 -	<div> <div></div> <div></div> </div> <div>Province</div>	0.5 -	<div> <div></div> <div></div> <div></div> </div> <div>District</div>
0.6 -	<div> <div></div> <div></div> <div></div> </div> <div>Sector</div>	0.7	<div> <div></div> <div></div> <div></div> </div> <div>Cellule</div>
0.8	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>Enumeration Zone</div>		
0.9	<div> <div></div> <div></div> <div></div> </div> <div>Household Number</div>		
0.10	Household skipped before reaching this respondent and reason for skipping: <u>coding :</u> 1 = HH Refused 2 = House was empty: 3 = No one older than 15 home		HH 1: ____ HH2: ____ HH3: ____

Please read the following consent form: "My name is [your name]. We are collecting information here in [Village]. I would like to ask you to participate in a one-to one interview on food security and nutrition. The discussion will take about one hour and half and will be followed by weighting and measurements at a nearby location. Please answer all the questions truthfully. You will not be judged on your responses and we ask you to be sincere in your responses.

There is no direct benefit, money or compensation to you in participating in this study. Your participation is voluntary. You may refuse to answer any question and you may choose to stop the discussion at any time. Refusing to participate will not affect you or your family in any way. However, we hope that the research will benefit Rwanda by helping us understand what people need in order to help the country move forward.

The researchers will keep your responses confidential and only researchers involved in this study will review the discussion notes. Do you have any questions for me? You may ask questions about this study at any time."

Signature of interviewer:

2. To be completed by Supervisor:

[illegible]

3. To be completed by Data Entry Operator

0.14 - Date: |__|__| / |__|__| / **2005**
Day Month

0.15- |__|__|__|
Code of data entry operator

0.16-Remarks:

Unless specified otherwise, do not read the answer and circle only one answer per questions. Where writing is required, write clearly using capital letters.


SECTION 1 – DEMOGRAPHICS: READ - "I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ON THE COMPOSITION OF YOUR HOUSEHOLD"

1.1 -	HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD?	_ _ PEOPLE									
1.2 -	WHAT IS THE GENDER (SEX) OF THE HOUSEHOLD HEAD?	1	MALE	2	FEMALE						
1.3 -	WHAT IS THE AGE OF THE HOUSEHOLD HEAD (IN YEARS)?	_ _ YEARS OLD									
1.4 -	CAN THE HOUSEHOLD HEAD READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0	No	1	Yes						
1.5 -	WHAT IS THE LEVEL OF EDUCATION OF THE HOUSEHOLD HEAD? (USE EDUCATION CODE BELOW)	_ _ (LEVEL OF EDUCATION)									
1.6 -	WHAT IS THE MARITAL STATUS OF THE HOUSEHOLD HEAD?	<table border="1"> <tr> <td>1. MARRIED</td> <td>2. PARTNER</td> <td>3. DIVORCED → 1.11</td> <td>4. LIVING APART NOT DIVORCED → 1.11</td> <td>5. WIDOW OR WIDOWER → 1.11</td> <td>6. NEVER MARRIED → 1.11</td> </tr> </table>				1. MARRIED	2. PARTNER	3. DIVORCED → 1.11	4. LIVING APART NOT DIVORCED → 1.11	5. WIDOW OR WIDOWER → 1.11	6. NEVER MARRIED → 1.11
1. MARRIED	2. PARTNER	3. DIVORCED → 1.11	4. LIVING APART NOT DIVORCED → 1.11	5. WIDOW OR WIDOWER → 1.11	6. NEVER MARRIED → 1.11						
1.7 -	HOW MANY SPOUSES OR PARTNERS DOES THE HEAD OF HOUSEHOLD HAVE?	_ _									
1.8 -	WHAT IS THE AGE OF THE HOUSEHOLD HEAD SPOUSE OR PARTNER?	SPOUSE 1 _ _									
1.9 -	CAN THE HOUSEHOLD HEAD SPOUSE OR PARTNER READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0	No	1	Yes						
1.10 -	WHAT IS THE LEVEL OF EDUCATION OF THE HOUSEHOLD HEAD SPOUSE OR PARTNER? (USE EDUCATION CODE BELOW)	SPOUSE 1 _ _									

EDUCATION CODE:

01 = No School	06 = Completed Secondary	07 = Completed Advance level or "A" level	10 = Other (Specify)
02 = Some Primary (Std 1-Std6 but not Std 7)	04 = Vocational School	08 = Some / Completed Tertiary	
03 = Completed Primary-Std6	05 = Some Secondary School (Form1-Form3, not Form4)	09 = Some / Completed University or College	

1.11 -	PLEASE, COMPLETE THIS HOUSEHOLD'S DEMOGRAPHICS TABLE ON THE RIGHT. THIS IS TO RECORD THE NUMBER OF INDIVIDUALS IN EACH AGE CATEGORY. MAKE SURE TO DIFFERENTIATE BETWEEN MALES AND FEMALES.				
		A - 0 - <6 MONTHS	B - 6 MONTHS TO 6 YRS	E - 7 - 14 YEARS	F - 15 - 59 YEARS
	MALE	_ _	_ _	_ _	_ _
	FEMALE	_ _	_ _	_ _	_ _
1.12 -	HAS ANY MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 6 MONTHS?	0	No → 1.14	1	Yes
1.13 -	FOR THOSE WHO HAVE DIED PLEASE COMPLETE THE FOLLOWING (DO NOT READ OUT, BUT PROBE) 1 OLD AGE 3 ACCIDENT 5 HIV 7. OTHER	SEX (1 MALE/2 FEMALE)		AGE	CAUSE OF DEATH
		_	_ _	_	_
		_	_ _	_	_
		_	_ _	_	_
1.14 -	AMONG THE ADULTS AGED 15 TO 59 YEARS OLD LIVING IN THIS HOUSEHOLD, IS THERE ANYONE WITH A CONDITION, DISEASE OR DISABILITY THAT PREVENTS THEM FROM BEING FULLY FUNCTIONAL FOR AT LEAST 3 MONTHS OVER THE LAST 12 MONTHS? .	0	No → 1.18	1	Yes
1.15 -	FOR THOSE WITH SUCH A CONDITION, PLEASE COMPLETE THE FOLLOWING 1 = DISABILITY 2 = SHORT ILLNESS (DIARRHEA, MALARIA) 3 = CHRONIC ILLNESS (TB, HIV, CANCER, ETC) 4 = OTHER	SEX (1 MALE/2 FEMALE)		AGE	CONDITION
		_	_ _	_	_
		_	_ _	_	_
		_	_ _	_	_
1.16 -	HOW MANY DAYS OF THE LAST MONTH HAS ANY OF THE CHRONICALLY ILL ADULT LISTED ABOVE NOT BEEN ABLE TO WORK BECAUSE OF ILLNESS?	HH HEAD: _ _		OTHER ADULT _ _	
1.17 -	IF NUMBER OF DAYS OF WORK IS THE SAME, IS HE/SHE WORKING THE SAME NUMBER OF HOURS PER DAY AS BEFORE? 1 = LESS THAN NORMAL 2 = SAME	HH HEAD: _ _		OTHER ADULT _ _	OTHER ADULT _ _
1.18 -	WHAT IS THE NUMBER OF CHILDREN 7 TO 14 YEARS OLD CURRENTLY ATTENDING PRIMARY SCHOOL? (SPECIFY BY GENDER - CHECK 1.11)	MALE _ _		FEMALE _ _	
1.19 -	DID ANYONE MISS SCHOOL FOR ONE WEEK OR MORE IN THE LAST 6 MONTHS?	0	No → 1.21	1	Yes
1.20 -	IF YES, WHY? RANK ALL THAT APPLY				
		SICKNESS	WORK FOR MONEY OR FOOD	DOMESTIC WORK (GARDENING, FETCHING WATER)	TAKE CARE OF SIBLINGS
	MALE	_ _	_ _	_ _	_ _
	FEMALE	_ _	_ _	_ _	_ _



1.21-	DOES THIS HOUSEHOLD CARE FOR ANY ORPHANS?	0	No → 1.24	1	Yes
1.22	HOW MANY ORPHANS DOES THE HOUSEHOLD CARE FOR	_ _			
1.23-	PLEASE GIVE THE AGE, SEX AND STATUS OF THE ORPHANS 1 = FATHER ALIVE 2 = MOTHER ALIVE 3 = DOUBLE ORPHAN (BOTH PARENTS)	SEX (1 MALE/2 FEMALE)		AGE	STATUS
		_		_ _	_
		_		_ _	_
		_		_ _	_
1.24-	HOW MANY ARE ATTENDING SCHOOL	_ _			
1.25-	IS THERE ANY MEMBER OF YOUR HOUSEHOLD WHO SERVES IN A LEADERSHIP CAPACITY?	1	YES	0	No (→2.1)
		If YES, WHO?		1	HOUSEHOLD HEAD
		TICK ALL THAT APPLY		2	SPOUSE
				3	OTHER
1.26	Est-ce que un des membres de votre ménage ont été déplacés/ quitté votre domicile au cours des derniers 3 mois ?	0	No (GOTO 1.29)	1	Yes
1.27	Si «Oui », quelle est la principale raison?	1	Insécurité		
		2	Travail/autres opportunités économiques		
		3	Soins médicaux		
		4	Étude/Scolarisation		
		5	Problèmes fonciers		
		6	Autres (spécifier) _____		
1.28	Où sont-ils allés	1	A L'INTÉRIEUR DE LA COMMUNE		
		2	A L'EXTÉRIEUR DE LA COMMUNE, EN ZONES RURALES DU PAYS		
		3	A L'EXTÉRIEUR DE LA COMMUNE, DANS UNE VILLE		
		4	A L'EXTÉRIEUR DU PAYS (PAYS VOISINS), DANS UN CAMP DE RÉFUGIÉS		
		5	A L'EXTÉRIEUR DU PAYS (PAYS VOISINS) MAIS PAS DANS UN CAMP DES RÉFUGIÉS		
		6	A L'ÉTRANGER HORS DE LA SOUS RÉGION		
1.29	Est-ce que des membres de votre ménage se sont réinstallés/retournés au cours des derniers 3 mois ?	0	No	1	Yes
1.30	Depuis combien de temps sont-ils de retour ?	_ _ Mois			
1.31	Hébergez-vous des personnes dans votre ménage (personnes résidant temporairement chez vous (3 mois ou plus)) ?	0	No	1	Yes

SECTION 2 – HOUSING AND FACILITIES

2.1 -	PLEASE INDICATE WHAT THE MAJOR MATERIAL OF THE ROOF AND FLOOR ARE IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION									
		CONCRETE	MUD	STRAW	WOOD	PLASTIC	GALVANIZED IRON	TILES	OTHER, SPECIFY	
	A- ROOF	1		3	4	5	6	7	8	
	B- FLOOR	1	2	3	4				6	
2.2 -	HOW MANY SLEEPING ROOMS/STRUCTURES DO YOU HAVE?	ROOMS/STRUCTURES _ _								
2.3 -	HOW MANY PEOPLE USUALLY SLEEP IN THIS DWELLING/COMPOUND?	PEOPLE _ _								
2.4 -	WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	1	FLUSH LATRINE							
		2	TRADITIONAL PIT LATRINE							
		3	VENTILATED IMPROVED PIT (VIP) LATRINE							
		4	OPEN PIT (NO WALLS)							
		5	NONE / BUSH, STREAM ETC							
2.5 -	IS THE TOILET FACILITY LOCATED WITHIN THE COMPOUND OF YOUR HOUSEHOLD?	0	No	1	Yes					
2.6 -	WHAT IS THE MAIN SOURCE OF LIGHTING FOR THIS HOUSE?	1	ELECTRICITY							
		2	KEROSENE, OIL OR GAS LAMP							
		3	CANDLES							
		4	BATTERY FLASHLIGHTS							
		5	NO LIGHTING							
2.7 -	WHAT FUEL DO YOU USE MOST OFTEN FOR COOKING?	1	GAS							
		2	ELECTRICITY							
		3	WOOD, CHARCOAL							
		4	KEROSENE							
		5	OTHER, SPECIFY _____							



2.8	WHAT IS THE CURRENT MAIN SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?										1	PUBLIC TAP/ PIPED WATER		
											2	POND, LAKE, RIVER OR STREAM		
											3	BOREHOLE WITH PUMP		
											4	RAIN WATER		
											5	PROTECTED DUG WELL OR SPRING		
											6	UNPROTECTED WELL OR SPRING		
											7	VENDOR		
2.9	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS CURRENT MAIN DRINKING WATER SOURCE?													
	J	F	M	A	M	J	J	A	S	O	N	D	ALL	
2.10	DO YOU PAY FOR WATER FROM THIS CURRENT MAIN SOURCE?								0	No → 2.12		1	YES	
2.11	HOW MUCH PER MONTH DO YOU PAY FOR WATER								_ _ _ _ RWAf					
2.12	IS THERE A TIME IN THE YEAR WHEN YOUR HOUSEHOLD USES AN ALTERNATE WATER SOURCE?								1	No, MAIN SOURCE IS USED SOLELY ALL YEAR (→ 2.17).				
									2	YES, USED IN CONJUNCTION WITH MAIN SOURCE				
									3	YES, USED WHEN MAIN SOURCE IS NOT USABLE.				
2.13	WHAT IS THE MAIN ALTERNATIVE SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?										1	PUBLIC TAP/ PIPED WATER		
											2	POND, LAKE, RIVER OR STREAM		
											3	BOREHOLE WITH PUMP		
											4	RAIN WATER		
											5	PROTECTED DUG WELL OR SPRING		
											6	UNPROTECTED WELL OR SPRING		
											7	VENDOR		
2.14-	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS ALTERNATE WATER SOURCE?													
	J	F	M	A	M	J	J	A	S	O	N	D	ALL	
2.15-	DOES YOUR HOUSEHOLD PAY FOR THIS ALTERNATE WATER?								0 = No (→ 2.17)		1 = YES			
2.16-	HOW MUCH PER MONTH DO YOU PAY FOR WATER?								_ _ _ _ RWAf					
2.17-	HOW FAR IS THE SOURCE OF WATER FOR YOUR HOUSEHOLD? RECORD BOTH TIME IN MINUTES AND DISTANCE IN KM TO ACCESS SOURCE WRITE 99 OR 99.999 IF DON'T KNOW, WRITE 00 OR 00.000 IF WATER ON PREMISE								MAIN SOURCE _ _ _ _ MINUTES			ALTERNATE SOURCE _ _ _ _ MINUTES		
									_ _ _ _ .KM			_ _ _ _ .KM		

SECTION 3 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

3.1-	DOES YOUR HOUSEHOLD FARM LAND?	0	No → 3.8	1	YES
	<i>CROPPING SEASON</i>	SEASON A 2006	SEASON B 2005 (IF NOT APPLICABLE ENTER 99.9)	SEASON C 2005 (IF NOT APPLICABLE ENTER 99.9)	
3.2-	TOTAL LAND YOU FARM 1= 0.1Ha - 0.5 HA 2= 1.5HA -0.75 HA 3= 0.75 HA – 1 HA 4=1 HA AND MORE	_	_	_	
3.3-	PERCENTAGE OF THE TOTA LAND YOU FARM THAT YOU LEGALLY OWN (WITH TITLE)?	_ _ _ %	_ _ _ %	_ _ _ %	
3.4-	MONTH OF THE ONSET OF THE HARVEST FROM THIS SEASON (1=JAN; 12=DEC)	_	_	_	
3.5-	HOW LONG DID THE TOTAL PRODUCE FROM THIS SEASON LAST ?	_ _ MONTHS	_ _ MONTHS	_ _ MONTHS	
3.6-	DID YOU USE CHEMICAL FERTILIZER DURING THIS CROPPING PERIOD?	0	No	1	YES
3.7-	DID YOU USE NATURAL (FROM ANIMAL/PLANT ETC) FERTILIZER DURING CROPPING PERIOD?	0	No	1	YES
3.8 -	DOES YOUR HOUSEHOLD OWN ANY OF FOLLOWING ITEMS? CIRCLE ALL THAT APPLY	1	HOE	10	TREADLE PUMP
		2	AXE	11	CHAIRS/SOFA
		3	SICKLE/MACHETE	12	OX/DONKEY CART
		4	PLOUGH/OX PLOUGH	13	TRACTOR
		5	RADIO (ONLY)	14	GRINDING MILL
		6	TAPE/CD PLAYER	15	OIL PRESS
		7	BICYCLE	16	MOBILE PHONE / LANDLINE
		8	FISHING BOAT / CANOE	17	MOTORIZED VEHICLE OF ANY KIND
		9	FISHING NET		



3.9	DOES YOUR HOUSEHOLD OWN ANY FRUIT, NUT OR SPICE TREES?	0	No (→ 3.11)	1	YES
3.10	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.11	DOES YOUR HOUSEHOLD OWN ANY COOKING BANANA TREES ?	0	No (→ 3.13)	1	YES
3.12	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.13	DOES YOUR HOUSEHOLD OWN ANY COOKING BANANA TREES ?	0	No (→ 3.15)	1	YES
3.14	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.15	DO YOU HAVE A HOUSEHOLD VEGETABLE PLOT /GARDEN?	0	No	1	YES
3.16	DOES YOUR HOUSEHOLD OWN OR HAVE ACCESS TO ANY FARM-ANIMAL?	0	No (→ 4.1)	1	YES
3.17-	IF YES, PLEASE HOW MANY OF EACH OF THE FOLLOWING ANIMALS DO YOU OWN? (WRITE 00 IF NONE)				
		TOTAL MANAGED	TOTAL OWNED		TOTAL MANAGED
A	CHICKEN	_ _	_ _	F	BULLS
B	DUCKS	_ _	_ _	G	COWS
C	GOATS	_ _	_ _	H	OXEN
D	SHEEP	_ _	_ _	I	DONKEY
E	PIGS	_ _	_ _		
3.18	HAVE YOU EVER HEARD OF IODIZED SALT?"	0	No (GOTO 4.1)	1	YES
3.19 WHERE HAD YOU HEARD ABOUT IODIZED SALT? (<i>SELECT UP TO THREE</i>) (DO NOT READ RESPONSES)	1.	RADIO			
	2.	TELEVISION			
	3.	NEWSPAPER			
	4.	HEALTH WORKER (DOCTOR, NURSE, ETC.)			
	5.	SCHOOL			
	6.	RELATIVE (MOTHER, FATHER, AUNT, ETC)			
	7.	NEIGHBOUR			
	8.	MULLAH			
	9.	TEACHER			
	10.	POSTERS/BILLBOARDS			
	11.	INFORMATION LEAFLETS			
	12.	SALT TRADER			
	13.	OTHER			
3.20 WHY IS IODIZED SALT IMPORTANT? (DO NOT READ RESPONSES)	1.	DON'T KNOW			
	2.	IT IS TASTIER THAN PLAIN SALT			
	3.	IT IS CLEANER			
	4.	IT PREVENTS GOITER			
	5.	IT PREVENTS CREPINISM			
	6.	IT MAKES YOU SMARTER			
	7.	IT PREVENTS MENTAL RETARDATION			
	8.	IT PREVENTS STILLBIRTH			
	9.	IT PREVENTS ABORTION			
	10.	IT PREVENTS PREGNANCY			



SECTION 4– INPUTS TO LIVELIHOOD

A. - WHAT ARE YOUR HOUSEHOLD'S MAIN LIVELIHOOD ACTIVITIES THROUGHOUT THE YEAR? (USE ACTIVITY CODE, UP TO FOUR ACTIVITIES)			B. -IN WHICH MONTHS DO YOU DO THESE ACTIVITIES?												C. - WHO PARTICIPATES IN THIS ACTIVITY? (USE MEMBER CODE)	D. - WHO IS IN CHARGE OF MANAGING THE RESOURCES FROM THIS ACTIVITY? (USE MEMBER CODE)	E. - WHAT PROPORTION OF THIS ACTIVITY DO YOU DIRECTLY CONSUME (FOOD) ? NOT APPLICABLE = 888 DON'T KNOW =999	F. - WHAT PROPORTION OF THE INCOME FROM THIS ACTIVITY DO YOU USE TO PURCHASE FOOD? NOT APPLICABLE = 888 DON'T KNOW=999	G. - ESTIMATE THE TOTAL CASH VALUE EARNED FROM THIS ACTIVITY OVER THE LAST YEAR USE THE CASH CODE BELOW	I How many days a month do your household members totally spend on this activity	H. USING PROPORTIONAL PILING OR 'DIVIDE THE PIE' METHODS, PLEASE ESTIMATE THE RELATIVE CONTRIBUTION TO THE HH LIVELIHOOD OF EACH ACTIVITY?		
			J	F	M	A	M	J	J	A	S	O	N	D	All								
4.1	MAIN	_ _														_	_	_ _ _ %	_ _ _ _ %	_	_ _	_ _ _ %	
4.2	SECOND	_ _														_	_	_ _ _ %	_ _ _ _ %	_	_ _	_ _ _ %	
4.3	THIRD	_ _														_	_	_ _ _ %	_ _ _ _ %	_	_ _	_ _ _ %	
4.4	FOURTH	_ _														_	_	_ _ _ %	_ _ _ _ %	_	_ _	_ _ _ %	

4.5 For the main source of income (the highest number in 4.1I) please record with daily wage rate, monthly and/or annual payment(s)

Daily wage	Monthly income	Annual income

4.6 HOUSEHOLD'S USE OF CHICKENS

POULTRY	_ _														_	_	_ _ _ %	_ _ _ _ %	_	_ _ _ %

Activity Code

1= PRODUCTION AGRICOLE	8=COMMERCE DE PRODUITS AGRICOLES	15=TRAVAIL JOURNALIER	22=COMMERCE/ENTREPRENEUR
2= ÉLEVAGE	9=VENTE DE PRODUITS MARAÎCHERS	16=ARTISANAT/PETITS MÉTIERS	23=TRANSFERT D'ARGENT DES MIGRANTS
3=PÊCHE	10= COMMERCE DE PRODUITS D'ÉLEVAGE	17=TRANSPORT	24=AIDE, DON, MENDICITÉ (NON-VIVRES)
4=CHASSE	11= COMMERCE DES PRODUITS DE LA PÊCHE	18=FONCTIONNAIRE (Y COMPRIS PENSION DE RETRAITE)	25=CRÉDIT, EMPRUNT
5=CUEILLETTE	12= COMMERCE DES PRODUITS DE LA CHASSE/CUEILLETTE	19=SALARIÉ DU PRIVÉ	26=AUTRES (À PRÉCISER)
6=TRAVAIL JOURNALIER AVEC PAIEMENT EN NATURE	13=VENTE DE BÉTAIL	20=CONTRAT (ONG, NU...)	
7=AIDE, DON, MENDICITÉ (EN NATURE/VIVRES)	14=PETIT COMMERCE	21=PENSION D'INVALIDITÉ	0= PAS D'AUTRE ACTIVITÉ 88=NA 99= PAS DE RÉPONSE

Household Member Code

1 = Head of the Household only	4 = Women only	7 = Women & children
2 = Spouse of the head of the Household only	5 = Adults only	8 = Men & children
3 = Men only	6 = Children only	9 = Everybody
		10 = Head of HH and Spouse

Cash Code

1 = 0 - 5,000 RWFA	4= 75,000 - 100,000 RWFA
2= 5,000 - 50,000 RWFA	5= 100,000 - 200,000 RWFA
3= 50,000-75,000 RWFA	6= 200,000 + RWFA


SECTION 5 – Migration & Remittances

5.1	DO YOU HAVE ANY HOUSEHOLD OR EXTENDED FAMILY MEMBERS ('KUPAGASA') WHO WORK AWAY FROM THE HOUSEHOLD?	0 = No (→ 5.1)		1 = Yes								
5.2	If YES, WHERE? CIRCLE ALL THAT APPLY	1	TOWN									
		2	IN THE PROVINCE									
		3	ANOTHER PROVINCE									
		4	KIGALI									
		5	GREAT LAKES REGION									
		6	INTERNATIONAL									
		7	OTHER (_____)									
5.3	How MANY HOUSEHOLD/FAMILY MEMBERS ARE WORKING AWAY FROM HOME?	SEASONAL MIGRANTS		PROLONGED PERIOD AWAY								
		_ _		_ _								
5.4	If SEASONAL, WHEN ARE THEY AWAY?											
	J	F	M	A	M	J	J	A	S	O	N	D
5.5	DO THEY SEND BACK MONEY TO THE HOUSEHOLDS?	SEASONAL MIGRANTS		PROLONGED PERIOD AWAY								
		0 = No 1 = Yes		0 = No 1 = Yes								
5.6	If YES, HOW OFTEN DO THEY SEND MONEY?	1	ONCE A YEAR		1	ONCE A YEAR						
		2	2-4 TIMES IN A YEAR		2	2-4 TIMES IN A YEAR						
		3	4 TIMES OR MORE IN A YEAR		3	4 TIMES OR MORE IN A YEAR						
5.7	How MUCH DID THIS HOUSEHOLD RECEIVE FROM REMITTANCES IN THE LAST YEAR?	1	0 - 10,000 RWFS		1	0 - 10,000 RWFS						
		2	10,000 - 20,000 RWFS		2	10,000 - 20,000 RWFS						
		3	20,000 – 50,000 RWFS		3	20,000 – 50,000 RWFS						
		4	>50,000 RWFS		4	>50,000 RWFS						

SECTION 6 – SOURCES OF CREDIT

6.1	DOES YOUR HOUSEHOLD HAVE ACCESS TO MONEY FROM CREDIT/LOAN FACILITIES?	0 = No (→ 7.1)		1 = Yes			
6.2-	If YOUR HOUSEHOLD HAD TO BORROW MONEY, PLEASE RANK, IN ORDER OF IMPORTANCE, THE SOURCES YOU WOULD BORROW FROM?	1.	FAMILY / FRIENDS IN RWANDA		2.	FAMILY / FRIENDS OUTSIDE RWANDA	
		3.	SHOPKEEPER /TRADERS		4.	LOCAL LAND OWNER	
		5.	MONEY LENDER		6.	MICRO-FINANCE INSTITUTION (CREDIT D'EPARGNE/NGO)	
		7.	BANK		8.	TRADER	
		9.	MORTGAGING LAND/HOUSE		10.	OTHER	
6.3	HAVE YOU OR ANY HOUSEHOLD MEMBER TAKEN A LOAN IN THE LAST YEAR?	0 = No (→ 7.1)		1=Yes			
6.4	WHAT WAS THE MAIN USE OF THE LARGEST LOAN TAKEN IN THE LAST YEAR?	1.	AGRICULTURAL INPUTS		2.	FOOD PURCHASES	
		3.	CONSTRUCTION OTHER THAN HOUSE		4.	HEALTH EMERGENCY	
		5.	BUSINESS INVESTMENT		6.	BRIDE PRICE / WEDDING	
		7.	LAND PURCHASE		8.	FUNERAL	
		9.	HOUSE PURCHASE OR CONSTRUCTION		10.	MEDICINES FOR CHRONICALLY ILL FAMILY MEMBER	
		11.	HOME IMPROVEMENT		12.	OTHER	
6.50	WHAT WAS THE SOURCE OF THE LARGEST LOAN?	1.	FAMILY / FRIENDS IN RWANDA		2.	MICRO-FINANCE INSTITUTION (CREDIT D'EPARGNE/NGO)	
		3.	FAMILY / FRIENDS OUTSIDE RWANDA		4.	BANK	
		5.	SHOPKEEPER /TRADERS		6.	TRADER	
		7.	LOCAL LAND OWNER		8.	MORTGAGING LAND/HOUSE	
		9.	MONEY LENDER		10.	OTHER	
6.6	WHAT IS THE TOTAL AMOUNT OF MONEY THE HOUSEHOLD HAS BORROWED IN FRANCS EQUIVALENT IN THE LAST 12 MONTHS?	_ _ _ _ _ _ _ _ _ FRANCS					
6.7	WHAT IS THE LENGTH OF PERIOD FOR REPAYMENTS (MONTHS)	_ _ _ _ MONTHS (If NO SET TIME PERIOD, RECORD 999)					
6.8	HOW MUCH OF THE LOAN DO YOU EXPECT TO BE ABLE TO REPAY THIS YEAR?	1	NO REPAYMENT POSSIBLE				
		2	LESS THAN ½ REPAYMENT POSSIBLE				
		3	MORE THAN ½ REPAYMENT POSSIBLE				
		4	FULLY WITHIN THE REPAYMENT PERIOD				



SECTION 7- AGRICULTURAL PRODUCTION

A – BY ORDER OF IMPORTANCE, WHAT ARE THE MAIN CROPS CULTIVATED BY YOUR HOUSEHOLD?

PLEASE ENTER CODE FOR UP TO 8 MAIN CROPS FROM LIST BELOW. IF RESPONDENTS LIST LESS THAN 8 CROPS, WRITE 00 IN EMPTY SPACES.

B. WHAT % OF YOUR LAND DO YOU GENERALLY USE FOR THIS CROP?

C. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU DIRECTLY CONSUME

D. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU SELL

E – HOW DO YOU NORMALLY ACQUIRE [MAJOR CROP] SEEDS/PLANTING MATERIAL?

- 1 = PURCHASE
- 2 = EXCHANGE WITH FARMERS
- 3 = GIFT FROM RELATIVES/FAMILY
- 4 = RESERVED FROM PREVIOUS HARVEST
- 5 = RECEIVED FROM NGOS, GOVT,...
- 6 = OTHER, SPECIFY: _____

F – OF THIS [MAJOR CROP] APPROXIMATELY WHAT PERCENTAGE IS LOST/BECAME SPOILED, AS TO HAVE NO VALUE, AFTER HARVESTING?

(% - WRITE 000 IF NONE)

7.1	__ __	__ __ __ %	__ __ __ %	__ __ __ %	__	__ __ __ %
7.2	__ __	__ __ __ %	__ __ __ %	__ __ __ %	__	__ __ __ %
7.3	__ __	__ __ __ %	__ __ __ %	__ __ __ %	__	__ __ __ %
7.4	__ __	__ __ __ %	__ __ __ %	__ __ __ %	__	__ __ __ %
7.5	__ __	Crop Codes CEREALS 01 = MAIZE 03 = SORGHUM 04 = RICE 05 = OTHER CEREALS STARCHY VEG/TUBERS 07 = SWEET POTATO 08 = CASSAVA 09 = OTHER ROOTS/TUBER				
7.6	__ __	LEGUMES 11 = KIDNEY BEANS 12 = COW PEAS 14 = SOY BEANS 15 = GROUND NUTS 16 = GARDEN/FIELD PEAS 17 = OTHER LEGUMES VEGETABLES 18 = LETTUCE/CABBAGE 19 = TOMATOES 20 = OTHER VEGETABLE				
7.7	__ __	FRUITS 20 = BEER BANANA 21 = PINEAPPLE 22 = BANANA A CUIRE CASH CROPS 23 = TEA 24 = COFFEE 25 = TOBACCO 26 = PASSION FRUITS 27 = SUGARCANE 28 = OTHER CASH CROP				
7.8	__ __					

SECTION 8 – EXPENDITURE

Did you spend money on [item] **last 30 days** for domestic consumption?

If none, write 0 if don't know, write 9999 and go to next item

a.- Est. Expenditure in Cash during the last 30 days Rwf

b.-Est. Expenditure in Credit during the last 30 days Rwf

c.- Est. Expenditure in Barter /Exchange during the last 30 days Rwf

a. – Est. Expenditure in Cash during the last 30 days Rwf

b. –Est. Expenditure in Credit during the last 30 days Rwf

c.- Est. Expenditure in Barter /Exchange during the last 30 days Rwf

8.1	Maize/ Maize meal/flour				8.12	Oil, fat, butter			
8.2	Rice				8.13	Sugar/Salt			
8.3	Other cereals - Millet, Sorghum				8.14	Milk			
8.4	Cassava				8.15	Alcohol & Tobacco			
8.5	Other Roots & tubers (potatoes)				8.16	Soap			
8.6	Bread				8.17	Transport			
8.7	Banana a Cuire				8.18	Firewood/ Charcoal			
8.8	Beans and peas				8.19	Paraffin			
8.9	Other vegetables				8.20	Rent (house / land)			
8.10	Groundnuts				8.221	Milling			
8.11	Fresh fruits				8.22	Fish/Meat/ Eggs			



In the past **6 Months** how much money have you spent on each of the following items or service?
Use the following table, write 0 if no expenditure.

		d. –When (the last 12 months)	a.- Est. Expenditure in Cash	b.-Est. Expenditure in Credit	c.- Est. Expenditure in Barter /Exchange
8.23	Medical expenses, health care	J F M A M J J A S O N D All			
8.24	Clothing, shoes				
8.25	Equipment, tools, seeds, animals	J F M A M J J A S O N D All			
8.26	Fines, taxes	J F M A M J J A S O N D All			
8.27	Construction, house repair	J F M A M J J A S O N D All			
8.28	Hiring labour	J F M A M J J A S O N D All			
8.29	Debts	J F M A M J J A S O N D All			
8.30	Education, school fees, uniform, etc	J F M A M J J A S O N D All			
8.31	Celebrations, social events	J F M A M J J A S O N D All			
8.32	Funerals				

SECTION 9 – FOOD SOURCES AND CONSUMPTION

READ : I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT FOOD CONSUMPTION IN YOUR HOUSEHOLD

9.1	YESTERDAY, HOW MANY TIMES DID THE <u>ADULTS</u> IN THIS HOUSEHOLD EAT?	<input type="text"/> TIMES	9.2 YESTERDAY, HOW MANY TIMES DID THE <u>CHILDREN</u> IN THIS HOUSEHOLD EAT?			<input type="text"/> TIMES
9.3	IS THIS UNUSUAL AT THIS TIME OF YEAR?	1	YES	2	No	

COULD YOU PLEASE TELL ME HOW MANY DAYS IN THE **PAST ONE WEEK** YOUR HOUSEHOLD HAS EATEN THE FOLLOWING FOODS AND WHAT THE SOURCE WAS
(USE CODES BELOW, WRITE 0 FOR ITEMS NOT EATEN OVER THE LAST 7 DAYS AND IF SEVERAL SOURCES, WRITE UP TO TWO)

FOR FOOD RECALL IN LAST 7 DAYS (CHECK BOX IF CONSUMED)							FOOD ITEM	1. # OF DAYS EATEN LAST 7 DAYS(TOTAL OF BOXES ON LEFT)	2. FOOD SOURCE (WRITE ALL)	
1	2	3	4	5	6	7			PRIMARY	SECONDARY
							9.4A-	MAIZE (E.G. UGALI, POSHO)		,
							9.4B	RICE		,
							9.4C	OTHER CEREALS (SORGHUM ...)		,
							9.4D	CASSAVA		,
							9.4E	SWEET POTATO		,
							9.4F	OTHER ROOTS AND TUBERS (POTATOES...)		,
							9.4G	MANDAZI / CHAPATTI / BREAD		,
							9.4H	BANANA A CUIRE		,
							9.4I -	BEANS AND PEAS		,
							9.4J	OTHER VEGETABLES		,
							9.4K	CASSAVA LEAVES		,
							9.4L	GROUND NUTS		,
							9.4M -	SUNFLOWERS		,
							9.4N	FRESH FRUITS		,
							9.4O -	FISH		,
							9.4P	MEAT (DOMESTIC OR WILD)		,
							9.4Q	POULTRY (CHICKEN, DUCKS, GUINEA FOWL)		,
							9.4R	EGGS		,
							9.4S	OIL, FAT, BUTTER, GHEE		,
							9.4T	SUGAR		,
							9.4U	MILK		,

**FOOD SOURCE
CODES**

1 = OWN PRODUCTION (CROPS, ANIMALS)

3 = EXCHANGE LABOUR/ITEMS FOR FOOD

6 = GIFT (FOOD) FROM FAMILY/RELATIVES

5 = PURCHASES

2 = HUNTING, FISHING, GATHERING

4 = BORROWED

7 = FOOD AID/SUBSIDIZED FOOD (NGOs, GOVT)



SECTION 10 – SHOCKS AND FOOD SECURITY

DID YOU EXPERIENCE ANY UNUSUAL SITUATION DURING THE LAST YEAR THAT AFFECTED YOUR HOUSEHOLD'S ABILITY TO PROVIDE FOR ITSELF, EAT IN THE MANNER YOU ARE ACCUSTOMED TO OR AFFECTED WHAT YOUR HOUSEHOLD OWNED?		0	No → SECTION 11	1	YES		
IF YES, BY ORDER OF IMPORTANCE, WHAT PROBLEMS AFFECTED YOUR HOUSEHOLD THIS YEAR? DO NOT READ OPTIONS, WRITE NUMBER IN FRONT OF THE IDENTIFIED CAUSE BY ORDER OF IMPORTANCE (1=HIGHEST) – PROBE : « DID YOU EXPERIENCE ANY OTHER PROBLEM ? »							
___	A. DROUGHT/IRREGULAR RAINS, PROLONGED DRY SPELL	___	B. FLOODS	___	C. LANDSLIDES, EROSION	___	D. UNUSUALLY HIGH LEVEL OF CROP PESTS & DISEASE
___	E. UNUSUALLY HIGH LEVEL OF LIVESTOCK DISEASES	___	F. UNUSUALLY HIGH LEVEL OF HUMAN DISEASE	___	G. UNUSUALLY HIGH PRICES FOR FOOD	___	H. UNUSUALLY HIGH COST OF AGRIC. INPUTS (SEED, FERTILIZER, ETC.)
___	I. LOSS OR REDUCED EMPLOYMENT FOR A HOUSEHOLD MEMBER	___	J. REDUCED INCOME OF A HOUSEHOLD MEMBER	___	K. SERIOUS ILLNESS OR ACCIDENT OF HOUSEHOLD MEMBER	___	L. DEATH OF THE HEAD OF THE HOUSEHOLD
___	M. DEATH A WORKING HOUSEHOLD MEMBER	___	N. DEATH OF OTHER HOUSEHOLD MEMBER	___	O. THEFT OF PRODUCTIVE RESOURCES	___	P. INSECURITY/VIOLENCE
___	Q. HAILSTONES (GRÈLE)	___	R. OTHER _____				

FOR THE FOUR FIRST MAIN SHOCKS ABOVE, PLEASE COMPLETE THE FOLLOWING TABLE USING THE CODES. PLEASE BE CONSISTENT IN THE RANKING. COMPLETE ONE LINE AT THE TIME., STARTING WITH THE LETTER LISTED ABOVE FOR THE RANK 1 TO 4

PROBLEM (RANKED AS ABOVE)	WHAT MONTHS DID [PROBLEM] AFFECT YOU OVER THE LAST YEAR												10.3- DID [PROBLEM] CREATE A DECREASE OR LOSS OF INCOME IN CASH OR IN-KIND? (1. =YES 2=NO)	10.4- DID [PROBLEM] CREATE A DECREASE OR LOSS OF ASSETS OR BELONGINGS? (1. =YES 2=NO)	10.5 – DID [PROBLEM] CREATE AN UNUSUAL DECREASE IN YOUR HOUSEHOLD'S ABILITY TO HAVE ENOUGH FOOD TO EAT (1. =YES 2=NO)	10.6- WHAT DID THE HOUSEHOLD DO TO COMPENSATE FOR THOSE LOSSES? USE CODES BELOW	10.7 – HAS THE HOUSEHOLD RECOVERED FROM THOSE LOSSES? 0 = No 1.=YES 2.=PARTIALLY
	J	F	M	A	M	J	J	A	S	O	N	D					
1. ___													___	___	___	___	___
2. ___													___	___	___	___	___
3. ___													___	___	___	___	___
4. ___													___	___	___	___	___

01 = Rely on less preferred, less expensive food

02 = Borrowed food, helped by relatives

03 = Purchased food on credit

04 = Consumed more wild foods or hunted

05 = Consumed seed stock held for next season

06 = Reduced the proportions of the meals for all

07 = Adults ate less so that children could eat

08 = Reduced number of meals per day

09 = Skipped days without eating

10 = Some HH members migrated temporarily (< 6 months)

11 = Some HH members migrated permanently (> 6 months)

12 = Reduced expenditures on health and education

13 = Spent savings

14 = Borrowed money

15 = Sold HH articles (utensils, blankets) or jewelry

16 = Sold agricultural tools, seeds,...

17 = Sold building materials

18 = Sold HH furniture

19 = Sold HH poultry, birds, ducks

20 = Sold small animals – goats, sheep, pigs

21 = Sold big animals – oxen, cow, bulls

22 = Rented out land

23 = Sold land

24 = Worked for food only

25 = Extended working hours

26 = Children taken out of school

27 = Moved house



If K, L, M or N WAS SELECTED, PLEASE ASK THE FOLLOWING ELSE → SECTION 11:

10.8. DUE TO THE DEATH OR ILLNESS OF THE HOUSEHOLD MEMBER, DID YOU SELL ANY HOUSEHOLD ASSETS IN THE PAST 6 MONTHS TO PAY FOR MEDICINES FOR THEIR ILLNESS OR FUNERAL?	0	No → 10.11	1	Yes
10.9. IF YES WHAT WAS THE TYPE OF ASSETS? (CIRCLE ONE ONLY)	1. PRODUCTIVE	2. NON-PRODUCTIVE	3. BOTH TYPES	
10.10 HAVE YOU HAD TO BORROW MORE MONEY IN THE LAST YEAR BECAUSE OF THE ILLNESS OR FUNERAL	0	No	1	Yes

SECTION 11 - PROGRAMME PARTICIPATION

11.1	HAS ANY MEMBER OF YOUR HOUSEHOLD PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMMES OR INCOME GENERATING PROGRAMME/PROJECTS IN THE LAST 3 MONTHS?	0	No → GO TO 11.7	1	Yes
WHO IMPLEMENTED THE PROGRAMME / PROJECT?	11.3 WHO PARTICIPATED?	11.4 WHO SELECTED THE HH MEMBER?			
	1. MEN ONLY 3. CHILDREN ONLY 5. MEN & CHILDREN 7. EVERYBODY	2. WOMEN ONLY 4. ADULTS ONLY 6. WOMEN & CHILDREN	1. VOLUNTEERED 3. PROJECT MANAGER OUTSIDE COMMUNITY 5. ASSOCIATION MEMBERSHIP LIST OTHER (SPECIFY)		
11.2a GOVERNMENT	__		__		
11.2b NGO	__		__		
11.2c OTHER (SPECIFY)	__		__		
11.5 HOW DID THE PROGRAMME BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?		11.6 HOW DID THE INFRASTRUCTURE CREATED BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?		11.7 IF NONE OF YOUR HOUSEHOLD MEMBERS PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMME IN THE LAST 3 MONTHS WAS THIS BECAUSE	
1	NO BENEFIT	1	NO BENEFIT	1	NO PROGRAMME IN AREA
2	BOUGHT MORE FOOD	2	IMPROVED ACCESS TO HEALTH FACILITIES	2	DIDN'T KNOW THERE WAS A PROGRAMME IN THE AREA
3	PAID FOR EDUCATION	3	IMPROVED ACCESS TO EDUCATION	3	NO ABLE-BODIED PERSON TO PARTICIPATE
4	PAID MEDICAL EXPENSES	4	IMPROVED ACCESS TO MARKETS	4	DID NOT WANT TO PARTICIPATE.
5	PAID HOUSE RENT	5	IMPROVED ACCESS TO ELECTRICITY	5	NOT SELECTED BY PROJECT MANAGER OUTSIDE COMMUNITY
6	PAID OFF DEBTS	6	IMPROVED ACCESS TO EMPLOYMENT OPPORTUNITIES	6	NOT SELECTED BY COMMUNITY
7	INVESTED IN PRODUCTIVE ASSETS	7	IMPROVED ACCESS TO SAFE DRINKING WATER	7	NOT ON GOVERNMENT / RECIPIENT LIST
8	IMPROVED LITERACY/EDUCATION	8	IMPROVED ACCESS TO IRRIGATION WATER	8	NOT ON ASSOCIATION MEMBERSHIP LIST
9	INCOME GENERATING SKILLS ACQUIRED	9	INCREASED AGRICULTURAL / HORTICULTURAL PRODUCTION	9	OTHER (SPECIFY)
10	OTHER	10	OTHER ENVIRONMENTAL IMPROVEMENTS		
11.8	HAS ANY MEMBER OF YOUR HOUSEHOLD PARTICIPATED IN ANY FOOD BASED PROGRAMMES IN THE LAST 3 MONTHS?	0	NO → SECTION 12	1	YES
WHICH PROGRAMMES?	11.10 WHO PARTICIPATED?	11.11 WHO SELECTED THE HH MEMBER?			
	1. MEN ONLY 3. CHILDREN ONLY 5. MEN & CHILDREN 7. EVERYBODY	2. WOMEN ONLY 4. ADULTS ONLY 6. WOMEN & CHILDREN	1. VOLUNTEERED 3. PROJECT MANAGER OUTSIDE COMMUNITY 5. ASSOCIATION MEMBERSHIP LIST OTHER (SPECIFY)		
11.9a SCHOOL FEEDING	__		__		
11.9b FREE FOOD DISTRIBUTION	__		__		
11.9c FOOD FOR WORK	__		__		
11.2c OTHER (SPECIFY)	__		__		
11.12 HOW DID THE PROGRAMME BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?		11.13 HOW DID THE INFRASTRUCTURE CREATED BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?		11.14 IF NONE OF YOUR HOUSEHOLD MEMBERS PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMME IN THE LAST 3 MONTHS WAS THIS BECAUSE	
1	NO BENEFIT	1	NO BENEFIT	1	NO PROGRAMME IN AREA
2	BOUGHT MORE FOOD	2	IMPROVED ACCESS TO HEALTH FACILITIES	2	DIDN'T KNOW THERE WAS A PROGRAMME IN THE AREA
3	PAID FOR EDUCATION	3	IMPROVED ACCESS TO EDUCATION	3	NO ABLE-BODIED PERSON TO PARTICIPATE
4	PAID MEDICAL EXPENSES	4	IMPROVED ACCESS TO MARKETS	4	DID NOT WANT TO PARTICIPATE.
5	PAID HOUSE RENT	5	IMPROVED ACCESS TO ELECTRICITY	5	NOT SELECTED BY PROJECT MANAGER OUTSIDE COMMUNITY
6	PAID OFF DEBTS	6	IMPROVED ACCESS TO EMPLOYMENT OPPORTUNITIES	6	NOT SELECTED BY COMMUNITY
7	INVESTED IN PRODUCTIVE ASSETS	7	IMPROVED ACCESS TO SAFE DRINKING WATER	7	NOT ON GOVERNMENT / RECIPIENT LIST
8	IMPROVED LITERACY/EDUCATION	8	IMPROVED ACCESS TO IRRIGATION WATER	8	NOT ON ASSOCIATION MEMBERSHIP LIST
9	INCOME GENERATING SKILLS ACQUIRED	9	INCREASED AGRICULTURAL / HORTICULTURAL PRODUCTION	9	OTHER (SPECIFY)
10	OTHER	10	OTHER ENVIRONMENTAL IMPROVEMENTS		

SECTION 12 – MATERNAL HEALTH AND NUTRITION

Read: Now I would like to ask you some questions about the women and children in this household.

Please get an overview of how many children aged < 59 months live in the household and their respective mother/care taker.

12.1- Are there women between 15 and 49 years old in this household?		0	No → Section 13	1	Yes			
12.2 - First name of woman aged 15-49yrs	12.3 - Age in Years	12.4 - Can you read and write simple messages? 1 = Yes 2 = No	12.5- What is your level of education? 1 = No School 2 = Some Primary (Std1-Std6 but not Std7) 3 = Vocational School 4 = Some Secondary School (Form1-Form3, not Form4) 5 = Completed Secondary or "O" level 6 = Completed Advanced level or "A" level 7 = Some / Completed Tertiary 8 = Some / Completed University	12.6 - Are you currently pregnant or breastfeeding? ENTER ONLY ONE 1 = Pregnant 2 = Breastfeeding → 12.9 3 = Neither → 12.9 4 = Both 5 = Don't know → 12.9 6 = Never Pregnant → 12.11	12.7 - When you were pregnant, did you see anyone for antenatal care? 1 = Yes 2 = No → 12.10	12.8- When you were pregnant, did you receive iron-folate tablets (small red tablets)? 1 = Yes 2 = No	12.9 - Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)? 1 = Yes 2 = No	12.10-Do you boil (and then cool down) the water before consumption for your children < 59 months? If no children <59months then → 12.11 1 = Yes 2 = No 3 = Sometimes
1	__ __	__	__	__	__	__	__	__
2	__ __	__	__	__	__	__	__	__
3	__ __	__	__	__	__	__	__	__
12.11- In the past 2 weeks have you been ill at all? 1 = Yes 2 = No	12.12- Last night, did you sleep under a mosquito net? 1 = Yes 2 = No	12.13- When do you wash your hands? DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED		12.14- After visiting the toilet, what do you use to wash your hands? 1 = Water only 2 = Home made soap/ash & water 3 = Washing soap & water 4 = Nothing 5 = Other	12.15 – Is the woman pregnant? 1 = Yes → Next Woman or Section 13 if woman no. 13 2 = No	12.16 Mother's height (in centimeters)		12.17 Mother's weight (in kilograms to one decimal place)
__	__	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never		__		__ __ __ . __ cm		__ __ __ . __ kg
__	__	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never		__		__ __ __ . __ cm		__ __ __ . __ kg
__	__	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never		__		__ __ __ . __ cm		__ __ __ . __ kg

HOUSEHOLD INTERVIEW

SECTION 13 – CHILD HEALTH AND NUTRITION

ASK TO THE SELECTED RESPONDENT ONLY IF THERE ARE CHILDREN < 59 MONTHS IN THE HOUSEHOLD. IF NO CHILDREN, TERMINATE QUESTIONNAIRE

Read: Now I would like to ask you some questions about your children (*Continue the interview with the same woman*)

Starting with the youngest child, please enter the children's first names and ask the following question for one child at the time:

13.1a	13.1b	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	13.10	13.11
First name (NOTE number equals mothers code)	Mothers ID no. (see previous section i.e. 1,2 or 3). 8=missing at interview 9 = dead	If available Date of Birth from the Medical Card if NOT → 13.3 if YES ENTER DETAILS THEN→ 13.6 Use format dd/mm/yy	Birth month (Jan =1 Dec = 12)	Birth year	Child's age in months	Child gender? 1 = Male 2 = Female	Are you the mother of [Name] 1 = Yes 2 = No → 13.15	When you were pregnant with [NAME], did you get antenatal care? (if yes, whom) 1 = Doctor 4 = Relative or Friend 2 = Nurse 5 = Other 3 = Midwives 6 = No one	Anti-Tetanus Shot when you where pregnant with [NAME]? (an injection at the top of the arm or shoulder). 1 = Yes 2 = No 3 = Don't know	Did you ever breastfeed [NAME]? (if no, → 13.13) 1 = Yes 2 = No	Is [NAME] still being breastfed? 1 = Yes 2 = No
1	_	_ _ / _ _ / _ _	_ _	_ _ _ _	_ _	_	_	_	_	_	_
2	_	_ _ / _ _ / _ _	_ _	_ _ _ _	_ _	_	_	_	_	_	_
3	_	_ _ / _ _ / _ _	_ _	_ _ _ _	_ _	_	_	_	_	_	_
4	_	_ _ / _ _ / _ _	_ _	_ _ _ _	_ _	_	_	_	_	_	_
5	_	_ _ / _ _ / _ _	_ _	_ _ _ _	_ _	_	_	_	_	_	_

[illegible]



Read to the selected woman: Would you please join me to a nearby location to continue this interview. We would like you to come with your three youngest children aged 6 to 59 months. We would like to measure and weight them as part of our assessment. Again, no name will be recorded and the results will remain confidential.

It is very important that children are measured so please be persuasive. Please assist women in transportation if need be.

	13.24 Child height/length (<i>in centimetres, with 1 decimal place</i>)	13.25 Child measurement made lying or standing? (<i>If < 85cm, must be measured lying down</i>) 01 = Lying 02 = Standing	13.26 Does the child have bilateral pitting oedema? (<i>Check both feet for oedema</i>) 1 = Yes 2 = No	13.27 Child weight – <i>Enter weight in kilograms, with one decimal place.</i>
First name				
1	_ _ _ . _ cm	_ _	_	_ _ . _ kg
2	_ _ _ . _ cm	_ _	_	_ _ . _ kg
3	_ _ _ . _ cm	_ _	_	_ _ . _ kg
4	_ _ _ . _ cm	_ _	_	_ _ . _ kg
5	_ _ _ . _ cm	_ _	_	_ _ . _ kg