



2. To be completed by Supervisor:

Please complete before the Interview

0.1 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Name enumerator			
0.2 -	_ _ _ Interviewer ID			
0.3 -	Date: _ _ _ / _ _ _ / 2006 Day Month			
0.4 -	_ _ Province	0.5 -	_ _ _ District	
0.6 -	_ _ _ Sector	0.7 -	_ _ _ Cellule	
0.8 -	_ _ _ _ Enumeration Zone			
0.9 -	_ _ _ Household Number			
0.10	DO YOU AGREE TO BE INTERVIEWED	0	No	1 YES → 1.1
0.11	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:

[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:

Signature of data entry:



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	READ ONLY	2	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
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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 - <6MONTHS	B - 6 MONTHS TO 5 YRS	C - 6 - 14 YEARS	D - 15 - 59 YEARS	E - 60+ 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)	<table border="1"> <tr> <td>SEX (1 MALE/2 FEMALE)</td> <td>AGE</td> <td>CAUSE OF DEATH</td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> </table>					SEX (1 MALE/2 FEMALE)	AGE	CAUSE OF DEATH	_	_ _	_	_	_ _	_	_	_ _	_
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	<table border="1"> <tr> <td>SEX (1 MALE/2 FEMALE)</td> <td>AGE</td> <td>CONDITION</td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> <tr> <td> _ </td> <td> _ _ </td> <td> _ </td> </tr> </table>					SEX (1 MALE/2 FEMALE)	AGE	CONDITION	_	_ _	_	_	_ _	_	_	_ _	_
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_	_ _	_																
_	_ _	_																
_	_ _	_																
1.16 -	WHAT IS THE NUMBER OF CHILDREN 6 TO 14 YEARS OLD CURRENTLY ATTENDING PRIMARY SCHOOL? (SPECIFY BY GENDER - CHECK 1.11)	MALE _ _		FEMALE _ _														
1.17 -	DID ANYONE MISS SCHOOL FOR ONE WEEK OR MORE IN THE LAST 6 MONTHS?	0	No → 1.21	1	YES													
1.18 -	IF YES, WHY? TICK ONE MAIN REASON ONLY FOR EACH ABSENTEE (NO. OF TICKS SHOULD NOT EXCEED THE NO. OF MALE/FEMALE ABSENTEES)																	
		SICKNESS	WORK FOR MONEY OR FOOD	DOMESTIC WORK (GARDENING, FETCHING WATER)	TAKE CARE OF SIBLINGS	LONG DISTANCE TO SCHOOL	SCHOOL EXPENSES	REFUSED TO GO	OTHER (SPECIFY)									
	MALE	_	_	_	_	_	_	_	_									
	FEMALE	_	_	_	_	_	_	_	_									



1.19-	DOES THIS HOUSEHOLD CARE FOR ANY ORPHANS WHO ARE <18?	0	No → 1.24	1	Yes
1.20	HOW MANY ORPHANS DOES THE HOUSEHOLD CARE FOR	_ _			
1.21-	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
		_		_ _	_
		_		_ _	_
		_		_ _	_
1.22-	HOW MANY ARE ATTENDING SCHOOL	_ _			
1.23	IS THERE ANY MEMBER OF YOUR HOUSEHOLD THAT WAS DISPLACED / LEFT YOUR HOUSEHOLD IN THE PAST 3 MONTHS?	0	No (Go to 1.29)	1	Yes
1.24	IF YES, WHAT WAS THE MAIN REASON?	1	INSECURITY		
		2	WORK/OTHER ECONOMIC OPPORTUNITIES		
		3	MEDICAL TREATMENT		
		4	EDUCATION		
		5	LAND WRANGLES		
		6	OTHER (SPECIFY) _____		
1.25	WHERE DID HE/SHE/THEY GO?	1	A L'INTERIEUR DE LA COMMUNE		
		2	A L'EXTERIEUR DE LA COMMUNE, EN ZONES RURALES DU PAYS		
		3	A L'EXTERIEUR DE LA COMMUNE, DANS UNE VILLE		
		4	A L'EXTERIEUR DU PAYS (PAYS VOISINS), DANS UN CAMP DE REFUGIES		
		5	A L'EXTERIEUR DU PAYS (PAYS VOISINS) MAIS PAS DANS UN CAMP DES REFUGIES		
		6	A L'ETRANGER HORS DE LA SOUS REGION		
1.26	ARE THERE ANY RETURNEE MEMBERS THAT HAVE COME BACK TO LIVE IN YOUR HOUSEHOLD IN THE PAST 3 MONTHS?	0	No	1	Yes
1.27	WHEN DID THEY COME BACK?	_ _ MONTHS AGO			
1.28	ARE YOU HOSTING ANY PERSON THAT IS TEMPORALY RESIDENT IN YOUR HOUSEHOLD (AT LEAST 3 MONTHS OR MORE)?	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				8	
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 -	IS THE TOILET FACILITY LOCATED WITHIN THE COMPOUND OF YOUR HOUSEHOLD?	0	No	1	Yes					
2.5 -	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							
2.6	IS THE TOILET CLEAN ENOUGH? (GO TO SEE)	0	NO	1	YES					
2.7	WHAT KIND OF HYGENIC ITEMS DO YOU USE IN THE TOILET (GO TO SEE)	1	WATER							
		2	TREE LEAVES/GRASS							
		3	TOILET PAPER							
		4	ORDINARY PAPERS							
		5	NONE							
2.8 -	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							
2.9 -	WHAT FUEL DO YOU USE MOST OFTEN FOR COOKING?	1	GAS							
		2	ELECTRICITY							
		3	WOOD, CHARCOAL							



		4	KEROSENE																										
		5	OTHER, SPECIFY _____																										
2.10	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																										
2.11	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS CURRENT MAIN DRINKING WATER SOURCE?	<table border="1"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td><td>ALL</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D	ALL													
J	F	M	A	M	J	J	A	S	O	N	D	ALL																	
2.12	DO YOU PAY FOR WATER FROM THIS CURRENT MAIN SOURCE?	0	No → 2.12																										
		1	YES																										
2.13	HOW MUCH PER MONTH DO YOU PAY FOR WATER	_ _ _ _ RWAF																											
2.14	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.																										
2.15	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																										
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J	F	M	A	M	J	J	A	S	O	N	D	ALL																	
2.17-	DOES YOUR HOUSEHOLD PAY FOR THIS ALTERNATE WATER?	0 = No (→ 2.17) 1 = YES																											
2.18-	HOW MUCH PER MONTH DO YOU PAY FOR WATER?	_ _ _ _ RWAF																											
2.19-	HOW FAR IS THE SOURCE OF WATER FOR YOUR HOUSEHOLD USED IN THIS PERIOD OF THE YEAR? RECORD BOTH TIME IN MINUTES AND DISTANCE IN KM TO ACCESS SOURCE WRITE 999 OR 99.9 IF DON'T KNOW, WRITE 000 OR 00.0 IF WATER ON PREMISE	MAIN SOURCE _ _ _ MINUTES _ _ . _ KM	ALTERNATE SOURCE _ _ _ MINUTES _ _ . _ KM																										
2.20-	HOW MANY JERRY CANS OF WATER DO YOU UTILIZE PER DAY ON AVERAGE IN YOUR HOUSEHOLD? (JERRY CAN REFERS TO THE 20 LITRE STANDARD JERRY CAN USED IN RWANDA) WRITE THE NUMBER OF JERRY CANS, INCLUDE HALF OR 0.5 IF REPORTED	_ _ _ . _ JERRY CANS																											
2.21-	WHAT DOES YOUR HOUSEHOLD NORMALLY DO TO ITS WATER TO MAKE IT SAFER FOR DRINKING?	<table border="1"> <tr> <td>1</td> <td>BOIL AND FILTER</td> </tr> <tr> <td>2</td> <td>BOIL ONLY</td> </tr> <tr> <td>3</td> <td>FILTER ONLY</td> </tr> <tr> <td>4</td> <td>PURIFYING TABLETS</td> </tr> <tr> <td>5</td> <td>NOTHING IS DONE</td> </tr> </table>		1	BOIL AND FILTER	2	BOIL ONLY	3	FILTER ONLY	4	PURIFYING TABLETS	5	NOTHING IS DONE																
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2	BOIL ONLY																												
3	FILTER ONLY																												
4	PURIFYING TABLETS																												
5	NOTHING IS DONE																												

SECTION 3 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

3.1-	DOES YOUR HOUSEHOLD FARM LAND?	0	No → 3.8	1	YES
	CROPPING SEASON	SEASON A 2009	SEASON B 2008 (IF NOT APPLICABLE ENTER 99.9)	SEASON C 2008 (IF NOT APPLICABLE ENTER 99.9)	
3.2-	TOTAL LAND YOU FARM 1 = < 0.1Ha 2 = 0.1Ha - 0.19 Ha 3 = 0.2 Ha - 0.49 Ha 4 = 0.5 Ha - 0.99 Ha 5 = 1 Ha - 1.99 Ha 6 = 2 Ha - 5 Ha 7 = MORE THAN 5 Ha	_	_	_	
3.3-	PERCENTAGE OF THE TOTAL 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 BANANA TREES USED FOR BEER?	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			
A	CHICKEN	_ _	_ _	F	BULLS	_ _	_ _
B	DUCKS	_ _	_ _	G	COWS	_ _	_ _
C	GOATS	_ _	_ _	H	OXEN	_ _	_ _
D	SHEEP	_ _	_ _	I	RABBITS	_ _	_ _
E	PIGS	_ _	_ _	J	OTHER (SPECIFY)	_ _	_ _

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? <table border="1"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td><td>All</td> </tr> </table>												J	F	M	A	M	J	J	A	S	O	N	D	All	C. - WHO PARTICIPATES IN THIS ACTIVITY? (USE MEMBER CODE)	D. - WHAT PROPORTION OF THIS ACTIVITY DO YOU DIRECTLY CONSUME (FOOD)? NOT APPLICABLE = 888 DON'T KNOW = 999	E. - ESTIMATE THE TOTAL CASH VALUE EARNED FROM THIS ACTIVITY OVER THE LAST YEAR USE THE CASH CODE BELOW	F. 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	_ _												_ _	_ _ _ %	_ _	_ _ _ %														

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, DONS, 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	19=SALARIÉ DU PRIVÉ	26=AUTRES (À PRÉCISER)



CHASSE/CUEILLETTE				
6=TRAVAIL JOURNALIER AVEC PAIEMENT EN NATURE	13=VENTE DE BÉTAIL	20=CONTRAT (ONG, NU...)		
7=AIDE, DONS, MENDICITÉ (EN NATURE/VIVRES)	14=PETIT COMMERCE	21=PENSION D'INVALIDITÉ	0= PAS D'AUTRE ACTIVITÉ DE RÉPONSE	88=NA 99= PAS

Household Member Code

1 = HEAD OF THE HOUSEHOLD ONLY	6 = CHILDREN ONLY
2 = SPOUSE OF THE HEAD OF THE HOUSEHOLD ONLY	7 = WOMEN & CHILDREN
3 = MEN ONLY	8 = MEN & CHILDREN
4 = WOMEN ONLY	9 = EVERYBODY
5 = ADULTS ONLY	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 1/2 REPAYMENT POSSIBLE				
		3	MORE THAN 1/2 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																																					
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7.7	_ _																																						
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 ADULTS IN THIS HOUSEHOLD EAT?	_ TIMES	9.2	YESTERDAY, HOW MANY TIMES DID THE CHILDREN (<15 YEAR OLD) IN THIS HOUSEHOLD EAT?	_ 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	_	_
							9.4V	CONDIMENTS (SPICES, FISH POWDER, OR OTHER ITEMS USED TO GIVE FLAVOUR TO THE FOOD)	_	_

**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)

9.5	IN THE PAST 7 DAYS, IF THERE HAVE BEEN TIMES WHEN YOUR HOUSEHOLD DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD, HOW OFTEN HAS YOUR HOUSEHOLD HAD TO:	
	A. RELY ON LESS PREFERRED AND LESS EXPENSIVE FOODS?	_ DAYS
	B. BORROW FOOD, OR RELY ON HELP FROM A FRIEND OR RELATIVE?	_ DAYS
	C. LIMIT PORTION SIZE AT MEALTIMES?	_ DAYS
	D. RESTRICT CONSUMPTION BY ADULTS IN ORDER FOR SMALL CHILDREN TO EAT?	_ DAYS
	E. REDUCE NUMBER OF MEALS EATEN IN A DAY?	_ DAYS
	F. OTHER.....(SPECIFY)	_ DAYS

**SECTION 10 – SHOCKS AND FOOD SECURITY**

10.0	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
10.1	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 TWO 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

10.2 - 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						ALL
1. ___														___	___	___	___	___
2. ___														___	___	___	___	___

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



SECTION 11 – EXTERNAL ASSISTANCE / PROGRAMME PARTICIPATION			
11.1	DID YOUR HOUSEHOLD OR ONE (OR MORE) OF ITS MEMBERS BENEFIT FROM ANY FOOD ASSISTANCE IN THE LAST 12 MONTHS (INCLUDING SCHOOL FEEDING)? CIRCLE ONE.		1 YES
			2 No → SKIP TO 9.2
11.2	A. WHAT TYPE OF FOOD ASSISTANCE WAS PROVIDED? CIRCLE ALL THAT APPLY.	B. WHO PROVIDES THE FOOD ASSISTANCE? CHOOSE CODES ON RIGHT.	CODES FOR ASSISTANCE PROVIDER/SOURCE: 1 = GOVERNMENT 2 = UN AGENCY 3 = NGO 4 = CHURCH/MOSQUE 5 = COMMUNITY 6 = RELATIVE(S)/FRIEND(S) 7 = OTHER
	1 FOOD FOR SCHOOL CHILDREN (EATEN AT SCHOOL OR TAKE-HOME)	_	
	2 FOOD FOR PREGNANT AND BREASTFEEDING WOMEN AND SMALL CHILDREN (MCHN)	_	
	3 FOOD FOR WORK	_	
	4 FOOD FOR TRAINING	_	
	5 FREE FOOD DISTRIBUTIONS	_	
	6 OTHER FOOD ASSISTANCE PROGRAMS, SPECIFY _____	_	
11.3	DID YOUR HOUSEHOLD OR ONE (OR MORE) OF ITS MEMBERS BENEFIT FROM ANY NON-FOOD ASSISTANCE IN THE LAST 12 MONTHS (INCLUDING SCHOOL FEEDING)? CIRCLE ONE.		1 YES
			2 No → SKIP TO SECTION 10
11.4	A. WHAT TYPE OF NON-FOOD ASSISTANCE WAS PROVIDED? CIRCLE ALL THAT APPLY.	B. WHO PROVIDES THE NON-FOOD ASSISTANCE? CHOOSE CODES ON RIGHT.	CODES FOR ASSISTANCE PROVIDER/SOURCE: 1 = GOVERNMENT 2 = UN AGENCY 3 = NGO 4 = CHURCH/MOSQUE 5 = COMMUNITY 6 = RELATIVE(S)/FRIEND(S) 7 = OTHER
	1 MONEY ALLOWANCES/LOANS (INCLUDING MICRO-CREDIT)	_	
	2 FOR EDUCATION (E.G. SCHOOL MATERIALS)	_	
	3 FOR MEDICAL SERVICES	_	
	INCOME GENERATING ACTIVITIES		
	4 CONSTRUCTION/BUILDING MATERIALS	_	
	5 WATER AND/OR SANITATION	_	
	6 AGRICULTURAL ASSISTANCE (TOOLS, SEEDS, FERTILIZER, ETC.)	_	
	7 VETERINARY SERVICES	_	
8 OTHER, SPECIFY _____	_		

**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 3 = Neither 4 = Both 5 = Don't know 6 = Never Pregnant → 12.10	12.7 - Have you ever attended antenatal consultation during this/last pregnancy? 1 = Yes 2 = No → 12.10	12.8 - Have you ever received Iron-Folate tablets (small red tablets) during pregnancy? 1 = Yes 2 = No	12.9 - In the first 2 months after your last delivery, did you receive a vitamin A capsule (red color capsule)? 1 = Yes 2 = No 9 = N/A (pregnant but not delivered yet)	12.10 - In the past 2 weeks have you been ill at all? 1 = Yes 2 = No	12.11 - Last night, did you sleep under a mosquito net? 1 = Yes 2 = No
1	_ _	_	_	_	_	_	_	_	_
2	_ _	_	_	_	_	_	_	_	_
3	_ _	_	_	_	_	_	_	_	_
4	_ _	_	_	_	_	_	_	_	_
5	_ _	_	_	_	_	_	_	_	_
Woman code (same order as in 12.2)	12.12 - When do you wash your hands? DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED			12.13 - 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	12.14 - Woman's MUAC (in centimeters)	12.15 - Is the woman pregnant? 1 = Yes → Next Woman or Section 13 2 = No → 12.16	12.16 Woman's height (in centimeters to one decimal place)	12.17 Woman's weight (in kilograms to one decimal place)	
1	<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	_	_ _ _ . _ cm	_ _ _ . _ kg	



2	<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	_	_ _ _ . _ cm	_ _ _ . _ kg
3	<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	_	_ _ _ . _ cm	_ _ _ . _ kg

**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 of the child	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 → 13.14	Did you ever breastfeed [NAME]? (if no, → 13.14) 1 = Yes 2 = No	How long after birth did you first put [NAME] to the breast? <i>If less than 1 hour, write 00. If less than 24 hours, record hours. Otherwise, record days. Write 99 if don't know</i>	Hours	Days	In the first six months after delivery, was [NAME] given anything to drink or other food other than breast milk? 1 = Yes 2 = No	Is [NAME] still being breastfed? 1 = Yes 2 = No
1	__	__/__/__	__	____	__	__	__	__	__	__	__	__	__
2	__	__/__/__	__	____	__	__	__	__	__	__	__	__	__
3	__	__/__/__	__	____	__	__	__	__	__	__	__	__	__
4	__	__/__/__	__	____	__	__	__	__	__	__	__	__	__
5	__	__/__/__	__	____	__	__	__	__	__	__	__	__	__

	13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20	13.21	13.22	13.23
Child code (same order as in 13.1a)	How many times did you breastfeed [NAME] last night between sunset and sunrise?	How many times did you breastfeed [NAME] yesterday during daylight hours?	Did [NAME] drink anything from a bottle with a nipple yesterday or last night? 1 = Yes 2 = No 9 = Don't know	When [NAME] was born, was he/she (use code) 1 = Very large 2 = Larger than normal 3 = Normal 4 = Smaller than normal 5 = very small	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule</i> 1 = Yes 2 = No 3 = Don't know	Has [NAME] been ill in the last 2 weeks? 1 = Yes 2 = No → 13.22 3 = Don't know → 13.22	Has [NAME] been ill with a fever at any time in the past 2 weeks? 1 = Yes 2 = No 3 = Don't know	Has [NAME] been ill with a cough at any time in the past 2 weeks? 1 = Yes 2 = No 3 = Don't know	Has [NAME] been ill with diarrhea at any time in the past 2 weeks? (<i>Diarrhea: perceived by mother as 3 or more loose stools per day for 3 days or one large watery stool or blood in stool</i>) 1 = Yes 2 = No 3 = Don't know	If the child was sick in the previous 2 weeks, was [NAME] seen at a health facility during the illness? 1 = Yes 2 = No 3 = Don't know	If 9 months or older; Has [NAME] ever received a measles vaccination – an injection in the arm? (<i>check yellow card if available</i>) 1 = Yes 2 = No 3 = Don't know	Has [NAME] received deworming tablets in the last 6 months? 1 = Yes 2 = No 3 = Don't know
1	__	__	__	__	__	__	__	__	__	__	__	__
2	__	__	__	__	__	__	__	__	__	__	__	__
3	__	__	__	__	__	__	__	__	__	__	__	__



4	_ _	_ _	_	_	_	_	_	_	_	_	_	_
5	_ _	_ _	_	_	_	_	_	_	_	_	_	_

Read to the selected woman: We would like to measure and weight your child/children aged 6 to 59 months (up to 3, select the 3 youngest) as part of our assessment.

Again, no name will be recorded and the results will remain confidential.

This is NOT a screening measurement for admission to any type of treatment, but it is done to know the general situation of child nutrition in this area.

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

	13.24	13.25	13.26	13.27	13.28	13.29	13.30	13.31
First name of the child (same order than in 13.1a)	Child weight (enter weight in kilograms, with one decimal place)	Child measurement made lying or standing ? (If < 85cm < 24 months, must be measured lying down) 1 = Lying 2 = Standing	Child height/length (in centimeters, with one decimal place)	Child MUAC (in centimeters)	Child head circumference (in centimeters)	Does the child have bilateral pitting oedema ? (Check both feet for oedema) 1 = Yes 2 = No	Is the child presently enrolled in a selective feeding program? 1 = Yes → 13.29 2 = No → END of the interview	IF yes, which one? 1 = Therapeutic feeding program 2 = Supplementary feeding program
1	_ _ . _ kg	_	_ _ _ . _ cm	_ _ _ . _ cm	_ _ _ . _ cm	_	_	_
2	_ _ . _ kg	_	_ _ _ . _ cm	_ _ _ . _ cm	_ _ _ . _ cm	_	_	_
3	_ _ . _ kg	_	_ _ _ . _ cm	_ _ _ . _ cm	_ _ _ . _ cm	_	_	_
4	_ _ . _ kg	_	_ _ _ . _ cm	_ _ _ . _ cm	_ _ _ . _ cm	_	_	_
5	_ _ . _ kg	_	_ _ _ . _ cm	_ _ _ . _ cm	_ _ _ . _ cm	_	_	_