



### 1. To be completed by Enumerator

*Please complete before the Interview*

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 Tanzania 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:

**0.10- Questionnaire Number:**

|\_|\_|-|\_|\_|-|\_|\_|-|\_|\_|-|\_|\_|  
**Region District Ward Village HH no.**

**0.11 - Date:** |\_\_|\_\_| / |\_\_|\_\_| / 2009  
Day Month

**0.12 -** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Name of supervisor

**0.13 – Remarks:**

**Signature of supervisor:**

### 3. To be completed by Data Entry Operator

**0.14 - Date:** |\_\_|\_\_| / |\_\_|\_\_| / 2009  
Day Month

**0.15- |\_\_|\_\_|\_\_|**  
*Code of data entry operator*

**0.16-Remarks:**

**Signature of data entry Clerk:**



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"**

<b>1.1 -</b>	HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD?	_ _  PEOPLE			
<b>1.2 -</b>	WHAT IS THE GENDER (SEX) OF THE HOUSEHOLD HEAD?	1	MALE	2	FEMALE
<b>1.3 -</b>	WHAT IS THE AGE OF THE HOUSEHOLD HEAD ( <i>IN YEARS</i> )? IF 97 OR MORE YEARS, WRITE 97.	_ _  YEARS OLD			
<b>1.4 -</b>	CAN THE HOUSEHOLD HEAD READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0	No	1	Yes
<b>1.5 -</b>	WHAT IS THE LEVEL OF EDUCATION OF THE HOUSEHOLD HEAD? ( <i>USE EDUCATION CODE BELOW</i> )	_ _  (LEVEL OF EDUCATION)			
<b>1.6 -</b>	WHAT IS THE MARITAL STATUS OF THE HOUSEHOLD HEAD?				
		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
<b>1.7 -</b>	HOW MANY SPOUSES OR PARTNERS DOES THE HEAD OF HOUSEHOLD HAVE?	_ _			
<b>1.8 -</b>	WHAT IS THE AGE OF THE HOUSEHOLD HEAD SPOUSE OR PARTNER?	SPOUSE 1  _ _			
<b>1.9 -</b>	CAN THE HOUSEHOLD HEAD SPOUSE OR PARTNER READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0	No	1	Yes
<b>1.10 -</b>	WHAT IS THE LEVEL OF EDUCATION OF THE SPOUSE OR PARTNER? ( <i>USE EDUCATION CODE BELOW</i> )	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-but not Std 7)	04 = Vocational School	08 = Some / Completed Tertiary	
03 = Completed Primary-Std6	05 = Some Secondary School (Form1-3, not Form4)	09 = Some / Completed University or College	

<b>1.11 -</b>	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.								
		<b>A –</b> ≤2 YRS	<b>B –</b> 3 TO 5 YRS	<b>C –</b> 6 – 14 YEARS	<b>D –</b> 15 – 59 YEARS	<b>E –</b> 60+ YEARS			
	<b>MALE</b>	_ _	_ _	_ _	_ _	_ _			
	<b>FEMALE</b>	_ _	_ _	_ _	_ _	_ _			
<b>1.12 -</b>	HAS ANY MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 6 MONTHS?	0	No → 1.14	1	Yes				
<b>1.13 -</b>	FOR THOSE WHO HAVE DIED PLEASE COMPLETE THE FOLLOWING ( <b>DO NOT READ OUT, BUT PROBE</b> ) 1 OLD AGE 2 SHORT ILLNESS 3 ACCIDENT 4 CHRONIC ILLNESS 5 HIV 6 TB 7. OTHER	SEX (1 MALE/2 FEMALE)		AGE	CAUSE OF DEATH				
		(A)	_ _	_ _	_ _				
		(B)	_ _	_ _	_ _				
		(C)	_ _	_ _	_ _				
<b>1.14 -</b>	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 → 1.16	1	Yes				
<b>1.15 -</b>	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				
		(A)	_ _	_ _	_ _				
		(B)	_ _	_ _	_ _				
		(C)	_ _	_ _	_ _				
<b>1.16 -</b>	WHAT IS THE NUMBER OF CHILDREN 7 TO 14 YEARS OLD CURRENTLY ATTENDING PRIMARY SCHOOL? ( <i>SPECIFY BY GENDER – CHECK 1.11c</i> )	MALE  _ _		FEMALE  _ _					
<b>1.17 -</b>	DID ANYONE MISS SCHOOL FOR ONE WEEK OR MORE IN THE LAST 6 MONTHS?	0	No → 1.19	1	Yes				
<b>1.18 -</b>	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)
	<b>MALE</b>	_	_	_	_	_	_	_	_
	<b>FEMALE</b>	_	_	_	_	_	_	_	_
<b>1.19 -</b>	DOES THIS HOUSEHOLD CARE FOR ANY ORPHANS?	0	No → 1.23	1	Yes				
<b>1.20</b>	HOW MANY ORPHANS DOES THE HOUSEHOLD CARE FOR?	_ _							



1.21-	PLEASE GIVE THE AGE, SEX AND STATUS OF THE ORPHANS (START WITH THE YOUNGEST ORPHANED CHILD) 1 = FATHER ALIVE 2 = MOTHER ALIVE 3 = DOUBLE ORPHAN (BOTH PARENTS)	SEX (1 MALE/2 FEMALE)		AGE		STATUS		
		_ _		_ _		_		
		_ _		_ _		_		
		_ _		_ _		_		
1.22-	HOW MANY ORPHANS 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 1.26)				1 Yes	
1.24	IF YES, WHAT WAS THE MAIN REASON? (CIRCLE ONLY ONE)	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	OUTSIDE THE DISTRICT					
		2	OUTSIDE THE DISTRICT, IN RURAL AREA OF THE COUNTRY					
		3	OUTSIDE THE DISTRICT, IN URBAN AREA OF THE COUNTRY					
		4	OUTSIDE THE COUNTRY					
1.26	ARE THERE ANY RETURNEE MEMBERS THAT HAVE COME BACK TO LIVE IN YOUR HOUSEHOLD IN THE PAST 3 MONTHS?	0	No (GO TO 1.28)				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 <b>IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION (CIRCLE ONLY ONE OPTION PER CATEGORY)</b>	CONCRETE	MUD	STRAW	WOOD	PLASTIC	GALVANIZED IRON	TILES	OTHER, SPECIFY	
		A- ROOF	1	2	3	4	5	6	7	8
		B- FLOOR	1	2	3	4			7	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 -	WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	1	FLUSH TOILET							
		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 <b>CURRENT</b> MAIN SOURCE OF <b>DRINKING WATER</b> 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							



<b>2.9</b>	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS CURRENT MAIN DRINKING WATER SOURCE? <b>(TICK ALL THAT APPLY)</b>												
	J	F	M	A	M	J	J	A	S	O	N	D	ALL
<b>2.10</b>	DO YOU PAY FOR WATER FROM THIS <b>CURRENT</b> MAIN SOURCE?								0	No → <b>2.12</b>		1	YES
<b>2.11</b>	HOW MUCH PER MONTH DO YOU PAY FOR WATER								_ _ _ _ _  TSHS				
<b>2.12</b>	IS THERE A TIME IN THE YEAR WHEN YOUR HOUSEHOLD USES AN ALTERNATE WATER SOURCE?								1	No, MAIN SOURCE IS USED SOLELY ALL YEAR (→ <b>2.17</b> ).			
									2	YES, USED IN CONJUNCTION WITH MAIN SOURCE			
									3	YES, USED WHEN MAIN SOURCE IS NOT USABLE.			
<b>2.13</b>	WHAT IS THE MAIN <b>ALTERNATIVE</b> SOURCE OF <b>DRINKING</b> 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			
<b>2.14-</b>	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS <b>ALTERNATE</b> WATER SOURCE?												
	J	F	M	A	M	J	J	A	S	O	N	D	ALL
<b>2.15-</b>	DOES YOUR HOUSEHOLD PAY FOR THIS ALTERNATE WATER?								0 = No (→ <b>2.17</b> )		1 = YES		
<b>2.16-</b>	HOW MUCH PER MONTH DO YOU PAY FOR WATER?								_ _ _ _ _  TSHS				
<b>2.17-</b>	HOW FAR FROM THE HOUSEHOLD IS THE SOURCE OF WATER? RECORD BOTH TIME IN MINUTES AND DISTANCE IN KM TO ACCESS SOURCE <b>WRITE 999 OR 99.9 IF DON'T KNOW, WRITE 000 OR 00.0 IF WATER ON PREMISE</b>								<b>MAIN SOURCE</b>  _ _ _  MINUTES		<b>ALTERNATE SOURCE</b>  _ _ _  MINUTES		
									_ _ . _  KM		_ _ . _  KM		
<b>2.18-</b>	HOW MANY JERRYCANS OF WATER DO YOU UTILIZE PER DAY ON AVERAGE IN YOUR HOUSEHOLD? (JERRY CAN REFERS TO THE 20 LITRE STANDARD JERRYCAN USED IN TANZANIA) <b>WRITE THE NUMBER OF JERRYCANS, INCLUDE HALF OR 0.5 IF REPORTED</b>								_ _ _ . _  JERRY CANS				
<b>2.19-</b>	WHAT DOES YOUR HOUSEHOLD NORMALLY DO TO ITS WATER TO MAKE IT SAFER FOR DRINKING?  (CIRCLE ALL THAT APPLY)								1	BOIL AND FILTER			
									2	BOIL ONLY			
									3	FILTER ONLY			
									4	PURIFYING TABLETS			
									5	NOTHING IS DONE			

**SECTION 3 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS**

<b>3.1-</b>	DOES YOUR HOUSEHOLD FARM LAND?	0	No → <b>3.8</b>	1	YES
	<i>CROPPING SEASON</i>	SEASON A - MASIKA 2009	SEASON B- MUSIMU 2008/09	SEASON C -VULI 2008	
	(1 HA = 2.47 ACRES)	_	_	_	
<b>3.2-</b>	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			
<b>3.3-</b>	PERCENTAGE OF THE TOTAL LAND YOU FARM THAT YOU LEGALLY OWN (WITH TITLE)?	_ _ _  %	_ _ _  %	_ _ _  %	
<b>3.4-</b>	MONTH OF THE ONSET OF THE HARVEST FROM THIS SEASON (1=JAN; 12=DEC)	_ _	_ _	_ _	
<b>3.5-</b>	HOW LONG DID/WILL THE TOTAL PRODUCE FROM THIS SEASON LAST?	_ _  MONTHS	_ _  MONTHS	_ _  MONTHS	
<b>3.6-</b>	DID YOU USE CHEMICAL FERTILIZER IN THE PAST SEASON?	0	No	1	YES
<b>3.7-</b>	DID YOU USE NATURAL (FROM ANIMAL/PLANT ETC) FERTILIZER DURING THIS CROPPING PERIOD?	0	No	1	YES
<b>3.8 -</b>	DOES YOUR HOUSEHOLD <b>OWN</b> ANY OF THE FOLLOWING ITEMS?  (CIRCLE ALL THAT APPLY)	1	HOE	11	CHAIRS/SOFA
		2	AXE	12	OX/DONKEY CART
		3	SICKLE/MACHETE	13	TRACTOR
		4	PLOUGH/OX PLOUGH	14	GRINDING MILL
		5	RADIO (ONLY)	15	OIL PRESS
		6	TAPE/CD PLAYER	16	MOBILE PHONE / LANDLINE



		7	BICYCLE	17	MOTORIZED VEHICLE OF ANY KIND
		8	FISHING BOAT / CANOE	18	MATTRESS
		9	FISHING NET	19	LANTERN
		10	TREADLE PUMP	20	CHARCOAL STOVE
				21	HAND TRACTOR
<b>3.9</b>	DOES YOUR HOUSEHOLD OWN ANY FRUIT, NUT OR SPICE TREES?	0	No (→ 3.11)	1	YES
<b>3.10</b>	IN TOTAL HOW MANY OF THESE DO YOU HAVE? (IF >997 WRITE 997)	_ _ _			
<b>3.11</b>	DO YOU HAVE A HOUSEHOLD VEGETABLE PLOT /GARDEN?	0	No	1	YES
<b>3.12</b>	DOES YOUR HOUSEHOLD OWN OR HAVE ACCESS TO ANY LIVESTOCK?	0	No (→ 4.1)	1	YES
<b>3.13-</b>	IF YES, PLEASE HOW MANY OF EACH OF THE FOLLOWING ANIMALS DO YOU OWN? (WRITE 00 IF NONE)				
		TOTAL MANAGED		TOTAL OWNED	
<b>A</b>	CHICKEN	_ _ _		_ _ _	
<b>B</b>	DUCKS	_ _ _		_ _ _	
<b>C</b>	GOATS	_ _ _		_ _ _	
<b>D</b>	SHEEP	_ _ _		_ _ _	
<b>E</b>	PIGS	_ _ _		_ _ _	
<b>F</b>	BULLS	_ _ _		_ _ _	
<b>G</b>	COWS	_ _ _		_ _ _	
<b>H</b>	OXEN	_ _ _		_ _ _	
<b>I</b>	DONKEY	_ _ _		_ _ _	

#### SECTION 4– INPUTS TO LIVELIHOOD

<b>A. - WHAT ARE YOUR HOUSEHOLD'S MAIN LIVELIHOOD ACTIVITIES THROUGHOUT THE YEAR?</b>  (USE ACTIVITY CODE, UP TO FOUR ACTIVITIES)			<b>B. -IN WHICH MONTHS DO YOU DO THESE ACTIVITIES?</b> (TICK APPROPRIATELY IN THE MONTHS BELOW)													<b>C. - WHO PARTICIPATES IN THIS ACTIVITY?</b>  (USE MEMBER CODE)	<b>D. - WHAT PROPORTION OF THIS ACTIVITY DO YOU DIRECTLY CONSUME (FOOD)?</b>  NOT APPLICABLE = 888 DON'T KNOW =999	<b>E. - ESTIMATE THE TOTAL CASH VALUE EARNED FROM THIS ACTIVITY OVER THE LAST YEAR</b>  USE THE CASH CODE BELOW	<b>F. USING PROPORTIONAL PILING OR 'DIVIDE THE PIE' METHODS, PLEASE ESTIMATE THE RELATIVE CONTRIBUTION TO THE HH LIVELIHOOD OF EACH ACTIVITY?</b>
			J	F	M	A	M	J	J	A	S	O	N	D	All				
<b>4.1</b>	<b>MAIN</b>	_ _														_	_ _ _  %	_	_ _ _  %
<b>4.2</b>	<b>SECOND</b>	_ _														_	_ _ _  %	_	_ _ _  %
<b>4.3</b>	<b>THIRD</b>	_ _														_	_ _ _  %	_	_ _ _  %
<b>4.4</b>	<b>FOURTH</b>	_ _														_	_ _ _  %	_	_ _ _  %

#### ACTIVITY CODES

1= AGRICULTURAL PRODUCTION	8=SALE OF AGRICULTURAL PRODUCE	15=DAILY WORK	22=BUSINESS/ENTREPRENEUR
2= LIVESTOCK PRODUCTION	9= SALE OF GARDEN PRODUCE	16=ARTISINAL WORK	23=REMITTANCES FOR MIGRANTS
3= FISHING	10= SALE OF LIVESTOCK PRODUCE	17=TRANSPORT	24=AID, GIFTS (NON-FOOD)
4=HUNTING	11= SALE OF FISH PRODUCTS	18=CIVIL SERVANT	25=CREDIT, LOAN
5= GATHERING	12= SALE PRODUCTS FROM HUNTING AND GATHERING	19=OTHER SALARY EARNERS	26= OTHERS (SPECIF)
6= DAY WORKER PAID INKIND	13= SALE OF CATTLE	20=CONTRACT (NGOs, UN...)	0 = NO OTHER ACTIVITIES
7=AID, GIFT,(INKIND/FOOD)	14=SMALL BUSINESS	21=PENSION FOR DISABLED	88=NOT APPLICABLE
			99= NON RESPONSE

#### Household Member Codes

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 Codes (TSHS)

1 = 1 - 5,000	4= 75,001 - 100,000
2= 5,001 - 50,000	5= 100,001 - 200,000
3= 50,001-75,000	6= >200,000


**SECTION 5 – MIGRATION & REMITTANCES**

<b>5.1</b>	DO YOU HAVE ANY HOUSEHOLD OR EXTENDED FAMILY MEMBERS WHO WORK AWAY FROM THE HOUSEHOLD?	0 = No (→ 6.1)		1 = YES																									
<b>5.2</b>	IF YES, WHERE?  <b>CIRCLE ALL THAT APPLY</b>	1	TOWN																										
		2	IN THE REGION																										
		3	ANOTHER REGION																										
		4	DAR ES SALAAM																										
		5	GREAT HORN REGION																										
		6	ABROAD																										
		7	OTHER (_____)																										
<b>5.3</b>	HOW MANY HOUSEHOLD/FAMILY MEMBERS ARE WORKING AWAY FROM HOME?	SEASONAL MIGRANTS (< 6 MONTHS)		PROLONGED PERIOD AWAY (> 6 MONTHS)																									
		_ _		_ _																									
<b>5.4</b>	IF SEASONAL, WHEN ARE THEY AWAY?																												
	<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> </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> </tr> </table>					J	F	M	A	M	J	J	A	S	O	N	D												
J	F	M	A	M	J	J	A	S	O	N	D																		
<b>5.5</b>	DO THEY SEND BACK ANY MONEY TO THE HOUSEHOLD? (IF NO FOR BOTH → 6.1)	SEASONAL MIGRANTS		PROLONGED PERIOD AWAY																									
		0 = No      1 = YES		0 = No      1 = YES																									
<b>5.6</b>	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																							
<b>5.7</b>	HOW MUCH DID THIS HOUSEHOLD RECEIVE FROM REMITTANCES IN THE LAST 12 MONTHS?	1	1 - 50,000 TSHS		1	1 - 50,000 TSHS																							
		2	50,001 - 100,000 TSHS		2	50,001 - 100,000 TSHS																							
		3	100,001 - 200,000 TSHS		3	100,001 - 200,000 TSHS																							
		4	>200,000 TSHS		4	>200,000 TSHS																							

**SECTION 6 – SOURCES OF CREDIT**

<b>6.1</b>	DOES YOUR HOUSEHOLD HAVE ACCESS TO MONEY FROM CREDIT/LOAN FACILITIES?	0 = No (→ 7.0)		1 = YES		
<b>6.2-</b>	IF YOUR HOUSEHOLD HAD TO BORROW MONEY, PLEASE RANK, IN ORDER OF IMPORTANCE, THE TOP 3 SOURCES YOU WOULD BORROW FROM?  1.    _ _  2.    _ _  3.    _ _	1.	FAMILY / FRIENDS IN TANZANIA		2.	FAMILY / FRIENDS OUTSIDE TANZANIA
		3.	SHOPKEEPER /TRADERS		4.	LOCAL LAND OWNER
		5.	MONEY LENDER		6.	MICRO-FINANCE INSTITUTION (NGO)
		7.	BANK		8.	TRADER
		9.	MORTGAGING LAND/HOUSE		10.	OTHER
<b>6.3</b>	HAVE YOU OR ANY HOUSEHOLD MEMBER TAKEN A LOAN IN THE LAST YEAR?	0 = No (→ 7.0)		1=Yes		
<b>6.4</b>	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
		<b>6.50</b>	WHAT WAS THE SOURCE OF THE LARGEST LOAN?	1.	FAMILY / FRIENDS IN TANZANIA	
3.	FAMILY / FRIENDS OUTSIDE TANZANIA			4.	BANK	
5.	SHOPKEEPER /TRADERS			6.	TRADER	
7.	LOCAL LAND OWNER			8.	MORTGAGING LAND/HOUSE	
9.	MONEY LENDER			10.	OTHER	
<b>6.6</b>	WHAT IS THE TOTAL AMOUNT OF MONEY THE HOUSEHOLD HAS BORROWED IN TSHS EQUIVALENT IN THE LAST 12 MONTHS?	_ _ _ _ _ _ _  TSHS				
<b>6.7</b>	WHAT IS THE LENGTH OF PERIOD FOR REPAYMENTS (MONTHS)	_ _ _  MONTHS (If NO SET TIME PERIOD, RECORD 999)				
<b>6.8</b>	HOW MUCH OF THE LOAN DO YOU EXPECT TO BE ABLE TO REPAY BY THE END OF 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**WHAT ARE THE MAIN CROPS CULTIVATED BY YOUR HOUSEHOLD? (**CIRCLE ALL THAT APPLY**)**CEREALS**

- 01 = MAIZE  
03 = SORGHUM  
04 = RICE  
05 = OTHER CEREALS

**STARCHY VEG/TUBERS**

- 07 = SWEET POTATO  
08 = CASSAVA  
09 = ROUND POTATOES  
10 = OTHER ROOTS/TUBER

**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

**FRUITS**

- 21 = SWEET BANANA  
22 = PINEAPPLE  
23 = ORANGES  
24 = MANGOES

**CASH CROPS**

- 25 = TEA  
26 = COFFEE  
27 = TOBACCO  
28 = PASSION FRUITS  
29 = SUGARCANE  
30 = OTHER CASH CROP

A. OF THE CROPS MENTIONED ABOVE, RANK THE <b>FOUR MAIN</b> CROPS BY ORDER OF IMPORTANCE, FILLING IN THE REST OF THE TABLE		B. WHAT % OF YOUR LAND DO YOU GENERALLY USE FOR THIS CROP?	C. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU CONSUME	D. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU SELL	E – HOW DO YOU NORMALLY ACQUIRE <b>[MAJOR CROP]</b> 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 <b>[MAJOR CROP]</b> 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	___	___ %	___ %	___ %	___	___ %

**SECTION 8 – EXPENDITURE**

DID YOU SPEND MONEY ON [ITEM] IN THE LAST 30 DAYS FOR DOMESTIC CONSUMPTION? <b>IF NONE, WRITE 0; IF DON'T KNOW, WRITE 9999 AND GO TO NEXT ITEM</b>		A.- EST. EXPENDITURE IN CASH DURING THE LAST 30 DAYS TSHS	B.-EST. EXPENDITURE IN CREDIT DURING THE LAST 30 DAYS TSHS			A. – EST. EXPENDITURE IN CASH DURING THE LAST 30 DAYS TSHS	B. –EST. EXPENDITURE IN CREDIT DURING THE LAST 30 DAYS TSHS
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 PLANTAINS			8.18	FIREWOOD/ CHARCOAL		
8.8	BEANS AND PEAS			8.19	PARAFFIN		
8.9	OTHER VEGETABLES			8.20	RENT (HOUSE / LAND)		
8.10	GROUNDNUTS			8.21	MILLING		
8.11	FRESH FRUITS			8.22	FISH/MEAT/ EGGS		

	WHAT WOULD BE THE VALUE OF HOME PRODUCED FOOD/PRODUCTS CONSUMED BY THE HOUSEHOLD OVER THE LAST 30 DAYS?	
8.23	(IF RESPONDENT DOES NOT KNOW, PROBE AND DERIVE BY FIRST ESTIMATING THE QUANTITY PRODUCED AND EATEN AND THEN ESTIMATING THE MARKET VALUE)	
		_   _ _ _ _ _ _ _ _ _ _ _ _  TSHS

IN THE PAST 6 MONTHS HOW MUCH MONEY HAVE YOU SPENT ON EACH OF THE FOLLOWING ITEMS OR SERVICES?  
USE THE FOLLOWING TABLE, WRITE 0 IF NO EXPENDITURE.

		A. EST. EXPENDITURE IN CASH (TSHS)	B. EST. EXPENDITURE IN CREDIT (TSHS)	C. –WHEN (THE LAST 12 MONTHS)												
<b>8.24</b>	MEDICAL EXPENSES, HEALTH CARE			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.25</b>	CLOTHING, SHOES			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.26</b>	EQUIPMENT, TOOLS, SEEDS, ANIMALS			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.27</b>	FINES, TAXES			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.28</b>	CONSTRUCTION, HOUSE REPAIR			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.29</b>	HIRING LABOUR			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.30</b>	DEBTS			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.31</b>	EDUCATION, SCHOOL FEES, UNIFORM, ETC			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.32</b>	CELEBRATIONS, SOCIAL EVENTS			J	F	M	A	M	J	J	A	S	O	N	D	All
<b>8.33</b>	FUNERALS			J	F	M	A	M	J	J	A	S	O	N	D	All

8.34	HOW MANY DAYS IN THE PAST THIRTY DAYS HAVE YOU GONE TO MARKETS AND SHOPS TO BUY FOOD?		_  days		If 0 → <b>Go to 8.35</b> If > 0 → <b>Go to 8.36</b>									
8.35	WHAT IS THE <b>MAIN</b> REASON WHY YOU HAVE NOT GONE TO MARKETS/SHOPS TO BUY FOOD?  (PLEASE USE CODES ON THE RIGHT)		<table border="1"> <tr><td>1 = TOO FAR</td></tr> <tr><td>2 = LACK OF MONEY</td></tr> <tr><td>3 = LACK OF GOODS AT MARKETS/SHOPS</td></tr> <tr><td>4 = PRICES ARE TOO HIGH</td></tr> <tr><td>5 = INSECURITY</td></tr> <tr><td>6 = OWN PRODUCTION WAS SUFFICIENT</td></tr> <tr><td>7 = ENOUGH FOOD FROM WFP/NGO</td></tr> <tr><td>8 = POOR/NO TRANSPORTATION</td></tr> <tr><td>9 = OTHER, SPECIFY _____</td></tr> </table>			1 = TOO FAR	2 = LACK OF MONEY	3 = LACK OF GOODS AT MARKETS/SHOPS	4 = PRICES ARE TOO HIGH	5 = INSECURITY	6 = OWN PRODUCTION WAS SUFFICIENT	7 = ENOUGH FOOD FROM WFP/NGO	8 = POOR/NO TRANSPORTATION	9 = OTHER, SPECIFY _____
1 = TOO FAR														
2 = LACK OF MONEY														
3 = LACK OF GOODS AT MARKETS/SHOPS														
4 = PRICES ARE TOO HIGH														
5 = INSECURITY														
6 = OWN PRODUCTION WAS SUFFICIENT														
7 = ENOUGH FOOD FROM WFP/NGO														
8 = POOR/NO TRANSPORTATION														
9 = OTHER, SPECIFY _____														
8.36	IF PRICES AT MARKETS AND SHOPS BECOME TOO HIGH, WOULD YOU GO TO MARKETS ELSEWHERE TO BUY FOOD?	1	YES	0	No → <b>GO TO SECTION 9</b>									
8.37	HOW FAR ARE THESE MARKETS ELSEWHERE? (IF LESS THAN 1KM, WRITE 000)  _ _ _ KM													
8.38	HOW MUCH DOES IT COST TO TRAVEL TO AND FROM THESE MARKETS?  _ _ _ _ _ TSHS.													





## SECTION 9 – FOOD SOURCES AND CONSUMPTION

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

<b>9.1</b>	YESTERDAY, HOW MANY TIMES DID THE ADULTS IN THIS HOUSEHOLD EAT?	_  TIMES	<b>9.2</b>	YESTERDAY, HOW MANY TIMES DID THE CHILDREN (<15 YEAR OLD) IN THIS HOUSEHOLD EAT? (IF NO CHILD, WRITE 9)	_  TIMES
<b>9.3</b>	IS THIS USUAL <u>AT THIS TIME OF YEAR?</u>	1	Yes	0	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	
1	2	3	4	5	6	7	PRIMARY			SECONDARY	
							<b>9.4A</b>	MAIZE (E.G. UGALI, POSHO)	_	_	_
							<b>9.4B</b>	RICE	_	_	_
							<b>9.4C</b>	OTHER CEREALS (SORGHUM ...)	_	_	_
							<b>9.4D</b>	CASSAVA	_	_	_
							<b>9.4E</b>	SWEET POTATO	_	_	_
							<b>9.4F</b>	OTHER ROOTS AND TUBERS (POTATOES...)	_	_	_
							<b>9.4G</b>	MANDAZI / CHAPATTI / BREAD	_	_	_
							<b>9.4H</b>	BANANA/PLANTAIN	_	_	_
							<b>9.4I</b>	BEANS AND PEAS	_	_	_
							<b>9.4J</b>	VEGETABLES	_	_	_
							<b>9.4K</b>	GROUND NUTS	_	_	_
							<b>9.4L</b>	SUNFLOWERS	_	_	_
							<b>9.4M</b>	FRESH FRUITS	_	_	_
							<b>9.4N</b>	FISH	_	_	_
							<b>9.4O</b>	MEAT (DOMESTIC OR WILD)	_	_	_
							<b>9.4P</b>	POULTRY (CHICKEN, DUCKS, GUINEA FOWL)	_	_	_
							<b>9.4Q</b>	EGGS	_	_	_
							<b>9.4R</b>	OIL, FAT, BUTTER, GHEE	_	_	_
							<b>9.4S</b>	SUGAR	_	_	_
							<b>9.4T</b>	MILK	_	_	_
							<b>9.4U</b>	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	5 = GIFT (FOOD) FROM FAMILY/RELATIVES	7 = PURCHASES
2 = HUNTING, FISHING, GATHERING	4 = BORROWED	6 = FOOD AID/SUBSIDIZED FOOD (NGOS, GOVT)	

**9.5** In the past 7 days, has there been days when the household did not have enough food to eat.

1 = NDIYO 0 = HAPANA → **10.0**

<b>9.6</b>	IF SO, HOW OFTEN HAS YOUR HOUSEHOLD HAD TO:										
RECALL IN LAST 7 DAYS (CHECK BOX IF CONSUMED)									# OF DAYS (TOTAL OF BOXES ON LEFT)		
1	2	3	4	5	6	7					
							A. RELY ON LESS PREFERRED AND LESS EXPENSIVE FOODS?	_			
							B. BORROW FOOD, OR RELY ON HELP FROM A FRIEND OR RELATIVE?	_			
							C. LIMIT PORTION SIZE AT MEAL TIMES?	_			
							D. RESTRICT CONSUMPTION BY ADULTS IN ORDER FOR SMALL CHILDREN TO EAT?	_			
							E. REDUCE NUMBER OF MEALS EATEN IN A DAY?	_			



## SECTION 10 – SHOCKS AND FOOD SECURITY

10.0	HOW DO YOU COMPARE THE OVERALL ECONOMIC SITUATION OF THE HOUSEHOLD WITH 1 YEAR AGO AT THE SAME PERIOD?	1 = MUCH BETTER    2 = BETTER    3 = NO CHANGE    4 = WORSE    5 = MUCH WORSE														1
If 0 or 9, GO TO NEXT ITEM		HOW OFTEN DID YOU EXPERIENCE THIS DIFFICULTY OVER THE PAST 5 YEARS? 0 = NEVER 1 = ONE YEAR 2 = TWO YEARS 3 = THREE YEARS 4 = FOUR YEARS 5 = EVERY YEAR 9 = NOT APPLICABLE	DID YOU EXPERIENCE THIS DIFFICULTY OVER THE PAST 12 MONTHS?  0 = No 1 = Yes	If YES, WHICH MONTHS OF THE PAST YEAR WERE AFFECTED?  0 = No / 1 = Yes												Is this seasonal pattern typical compared to a normal year?  1 = Typical 2 = Slightly different 3 = Very different 9 = Don't know
				NOV-08	DEC-08	JAN-09	FEB-09	MAR-09	APR-09	MAY-09	JUN-09	JUL-09	AUG-09	SEP-09	OCT-09	
10.01	LACK OF RAINFALL/LATE RAINFALL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.02	LACK OF WATER FOR IRRIGATION	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.03	LOCUST	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.04	OTHER ANIMAL PEST	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.05	PLANT DISEASE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.06	LACK OF DRINKING WATER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.07	POOR QUALITY OF DRINKING WATER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.08	FLOODING	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.09	HIGH FOOD PRICES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.10	HIGH FUEL/TRANSPORTATION PRICES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.12	HIGH COSTS FOR INPUTS (BUSINESS/AGRICULTURE)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.13	ELECTRICITY/GAS CUTS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.14	INSECURITY/VIOLENCE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.15	INCREASED LEVEL OF DIARRHOEA OF CHILDREN<5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.16	INCREASED LEVEL OF MALARIA OF CHILDREN<5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.17	INCREASED LEVEL OF OTHER DISEASES OF CHILDREN<5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.18	SICKNESS/HIGH HEALTH EXPENDITURES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.19	DEATH OF HH MEMBERS/FUNERALS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.20	LOSS OF EMPLOYMENT/REDUCED SALARY	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.21	REDUCED REMITTANCES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.22	REDUCED SUPPORT FROM FRIENDS/RELATIVES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.23	LACK OF DEMAND OF CUSTOMERS/CLIENTS/LOW PRICES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.24	LIMITED ACCESS TO CREDIT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.25	LOST SAVINGS/ASSETS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10.26	OTHER SHOCK, IF YES, SPECIFY:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



FOR THE LISTED SHOCKS ABOVE, PLEASE RANK UP TO **FOUR** MAIN SHOCKS STARTING WITH THE ONE THAT WAS MOST SERIOUS. THEN COMPLETE QUESTIONS 10.28 -10.32 FOR THE FIRST TWO SHOCKS REPORTED.

10.27 - PROBLEM (RANKED AS ABOVE)			10.28- DID [PROBLEM] CAUSE A DECREASE OR LOSS OF INCOME IN CASH OR IN-KIND? (1. =YES 0=NO)	10.29- DID [PROBLEM] CAUSE A DECREASE OR LOSS OF ASSETS? (1. =YES 0=NO)	10.30 – DID [PROBLEM] CAUSE AN UNUSUAL DECREASE IN YOUR HOUSEHOLD’S ABILITY TO HAVE ENOUGH FOOD TO EAT? (1. =YES 0=NO)	10.31- WHAT DID THE HOUSEHOLD DO TO COMPENSATE FOR THOSE LOSSES?  USE CODES BELOW	10.32 – HAS THE HOUSEHOLD RECOVERED FROM THOSE LOSSES?  0 = No 1.=YES 2.=PARTIALLY
1.	<b>MAIN</b>	<b>10.</b>  __   __	__	__	__	__   __	__
2.	<b>SECOND</b>	<b>10.</b>  __   __	__	__	__	__   __	__
3.	<b>THIRD</b>	<b>10.</b>  __   __					
4.	<b>FOURTH</b>	<b>10.</b>  __   __					

### CODES FOR QN 10.31

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				
11.0	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.		<div>1 YES</div> <div>0 No → SKIP TO 9.2</div>	
11.1	A. WHAT TYPE OF FOOD ASSISTANCE WAS PROVIDED? CIRCLE ALL THAT APPLY.		B. WHO PROVIDES THE FOOD ASSISTANCE? CHOSE CODES ON RIGHT.  CODES FOR ASSISTANCE PROVIDER/SOURCE:  1 = GOVERNMENT 2 = UN AGENCY 3 = NGO 4 = FAITH ORGANISATION 5 = COMMUNITY 6 = RELATIVE (s)/FRIEND (s)	
	1	FOOD FOR SCHOOL CHILDREN (EATEN AT SCHOOL OR TAKE-HOME)		_
	2	FOOD FOR PREGNANT AND BREASTFEEDING WOMEN AND SMALL CHILDREN (MCH)		_
	3	FOOD FOR WORK		_
	4	FOOD FOR TRAINING		_
	5	FREE FOOD DISTRIBUTIONS		_
	6	OTHER FOOD ASSISTANCE PROGRAMS, SPECIFY _____		_
11.2	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.		<div>1 YES</div> <div>0 No → SKIP TO SECTION 10</div>	
11.3	A. WHAT TYPE OF NON-FOOD ASSISTANCE WAS PROVIDED? CIRCLE ALL THAT APPLY.		B. WHO PROVIDES THE NON-FOOD ASSISTANCE? CHOSE CODES ON RIGHT.  CODES FOR ASSISTANCE PROVIDER/SOURCE:  1 = GOVERNMENT 2 = UN AGENCY 3 = NGO 4 = FAITH ORGANISATION 5 = COMMUNITY 6 = RELATIVE(s)/FRIEND(s)	
	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

<b>12.2</b> - First name of woman aged 15-49yrs	<b>12.3</b> - Age in Years	<b>12.4</b> - Can you read and write simple messages?	<b>12.5</b> - What is your level of education?	<b>12.6</b> - Are you currently pregnant or breastfeeding? <b>ENTER ONLY ONE</b>	<b>12.7</b> - Have you ever attended antenatal consultation during this/last pregnancy?	<b>12.8</b> - Have you ever received Iron-Folate tablets (small red tablets) during pregnancy?	<b>12.9</b> - In the first 2 months after your last delivery, did you receive a vitamin A capsule (red color capsule)?	<b>12.10</b> - In the past 2 weeks have you been ill at all?	<b>12.11</b> - Last night, did you sleep under a mosquito net?
		1 = Yes 0 = No	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	1 = Pregnant 2 = Breastfeeding 3 = Neither 4 = Both 5 = Don't know 6 = Never Pregnant → <b>12.10</b>	1 = Yes 0 = No → <b>12.10</b>	1 = Yes 0 = No	1 = Yes 0 = No 9 = N/A (pregnant but not delivered yet)	1 = Yes 0 = No	1 = Yes 0 = No
1	_ _	_	_	_	_	_	_	_	_
2	_ _	_	_	_	_	_	_	_	_
3	_ _	_	_	_	_	_	_	_	_

Woman code (same order as in 12.2)	<b>12.12</b> - When do you wash your hands? <b>DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED</b>	<b>12.13</b> - After using the toilet, what do you use to wash your hands?	<b>12.14</b> - Woman's MUAC (in centimeters)	<b>12.15</b> - Is the woman pregnant? 1 = Yes → <b>Next Woman or Section 13</b> 2 = No → <b>12.16</b>	<b>12.16</b> Woman's height (in centimeters to one decimal place)	<b>12.17</b> Woman's weight (in kilograms to one decimal place)
1	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> Before eating <input type="checkbox"/> After going to the toilet <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> When they are dirty <input type="checkbox"/> Never	1 = Water only 2 = Home made soap/ash & water 3 = Washing soap & water 4 = Nothing 5 = Other	_	_ _ .  _  cm	_	_ _ _ .  _  cm  _ _ _ .  _  kg
2	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> Before eating <input type="checkbox"/> After going to the toilet <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> When they are dirty <input type="checkbox"/> Never		_	_ _ .  _  cm	_	_ _ _ .  _  cm  _ _ _ .  _  kg
3	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> Before eating <input type="checkbox"/> After going to the toilet <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> When they are dirty <input type="checkbox"/> Never		_	_ _ .  _  cm	_	_ _ _ .  _  cm  _ _ _ .  _  kg

**SECTION 13 – CHILD HEALTH AND NUTRITION****ASK 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 a 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). 7=absent during interview 8 = not part of HH 9 = dead	If available Date of Birth from the Medical Card <b>if NOT → 13.3 if YES ENTER DETAILS, THEN→ 13.6</b>  <b>Use format dd/mm/yy</b>	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 0 = No → 13.14	Did you ever breastfeed [NAME]? (if no, → 13.14)  1 = Yes 0 = 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	Is [NAME] still being breastfed?  1 = Yes 0 = No	Was [NAME] exclusively breastfed yesterday?  1 = Yes 0 = 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 yesterday (during day & night?)	Was [NAME] given any solid, semi solid or soft food to eat yesterday?  1 = Yes 0 = No 2 = Don't know	How many times did you feed [NAME] on solid, semi solid or soft food yesterday?	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? Show capsule  1 = Yes 0 = No 2 = Don't know	Has [NAME] been ill in the last 2 weeks?  1 = Yes 0 = No → 13.22 2 = Don't know → 13.22	Has [NAME] been ill with a fever at any time in the past 2 weeks?  1 = Yes 2 = No 2 = Don't know	Has [NAME] been ill with a cough at any time in the past 2 weeks?  1 = Yes 0 = No 2 = Don't know	Has [NAME] been ill with diarrhea at any time in the past 2 weeks? (Diarrhea: perceived by mother as 3 or more loose stools per day for 3 days or one large watery stool or blood in stool)  1 = Yes 0 = No 2 = Don't know	If sick in the previous 2 weeks, was [NAME] seen at a health facility during the illness?  1 = Yes 0 = No 2 = Don't know	If 9 months or older; Has [NAME] ever received a measles vaccination – an injection in the arm? (check yellow card if available)  1 = Yes 0 = No 2 = Don't know	Has [NAME] received deworming tablets in the last 6 months?  1 = Yes 0 = No 2 = 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.*

	<b>13.24</b> <b>Child weight</b> (enter weight in kilograms, with one decimal place)	<b>13.25</b> Child measurement made <b>lying</b> or <b>standing</b> ? (If < 85cm < 24 months, must be measured lying down)  1 = Lying 2 = Standing	<b>13.26</b> <b>Child height/length</b> (in centimeters, with one decimal place)	<b>13.27</b> Does the child have bilateral pitting <b>oedema</b> ? (Check both feet for oedema)  1 = Yes 0 = No	<b>13.28</b> Is the child presently enrolled in a selective feeding program?  1 = Yes → <b>13.29</b> 0 = No → <b>END of the interview</b>	<b>13.29</b> If yes, which one?  1 = Therapeutic feeding program 2 = Supplementary feeding program
First name of the child (same order than in 13.1a)						
1.	_ _ . _  kg	_	_ _ _ . _  cm	_	_	_
2.	_ _ . _  kg	_	_ _ _ . _  cm	_	_	_
3.	_ _ . _  kg	_	_ _ _ . _  cm	_	_	_
4.	_ _ . _  kg	_	_ _ _ . _  cm	_	_	_
5.	_ _ . _  kg	_	_ _ _ . _  cm	_	_	_