



Please complete before the Interview

Please read the following consent form:

The researchers will keep your responses confidential. You do not need to use your real name in the interview. Your full name will not be written down anywhere and there will be no way to identify you. Only researchers involved in this study will view the discussion notes. There is no direct benefit to you in participating to this study.

However, we hope that the research will benefit Timor Leste by helping us understand what people need in order to help the country move forward. You will not receive money if you join 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. Do you have any questions for us? You may ask questions about this study at any time.

May I begin the interview now?" ☐ Yes ☐ No

Signature of Interviewer:

0.0- Questionnaire Number:

0.9- Team Leader Code | | | | |

Remarks:

Signature of Team Leader:

10- Field Supervisor Code | | | |

Remarks:

Signature of Field Supervisor:

0.15- |_|_|_|_|_|_|_|_|_|_|
Name of data entry operator

Remarks:

Signature of data entry:



SECTION A1 – DEMOGRAPHICS:

Read - "I would now like to ask you a few questions on the composition of your household"

1.1 - What is the number of persons living in your household? _____ please list below by first name starting with the head of the HH and complete table for each member
A household is defined as a group of people **currently** living and eating together "under the same roof" (or in same compound if the HH has 2 structures)

	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
	First name	Gender	Relationship to Head	Age (Years)	Marital Status	Current level of Education	Schooling status of Children 6-14	If attending School	
Household Member code	Do not record full name, but only an identifying first name to refer to the household member (Start with person interviewed)	1 = Male 2 =Female	1 = Head 2 = Spouse 3 = Child 4 = Parent 5 = Sibling 6 = Grandchild 7 = Grandparent 8 = Orphan taken care of 9 = Other relative 10 = No relation	children < 12 months, write 0 Write 999 if do not know	1 = Married 2 = Divorced 3 = Living apart not divorced 4 = Widow or widower 5 = Not married	1 = No Schooling 2 = Some Primary 3 = Completed Primary 4= some pre-secondary 5=completed pre-Secondary 6 = Some Secondary 7 = Completed Secondary 8 = Vocational 9 = Some University 10 = Completed University Write 999 if do not know	1 = Attend Primary 2=Attend pre-secondary 2 = Attend Secondary 3 = Not attending school (Skip to Section 1.11)	Did [name] miss School for at least 1 week in the last month	What was the reason for missing
								1 = Yes 2 = No	1 = Sickness 2 = Work 3 = Household Work 4 = Take care of Siblings 5 = Long Distance to School 6 = School fee not paid 7 = Insecurity 8 = Refuse to go 9=Rain 10=No uniform
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

1.11 Any members of your household chronically ill or disabled? (In need of assistance or medications for more than 2 months)
1 = Yes 2 = No (**Go To Section → 2**)

1.11a If yes, how many? |__|__| Members



SECTION A2 – HOUSING AND FACILITIES			
2.1 -	Do you or your household own or rent this dwelling? Circle one	1	Own → 2.3
		2	Don't own but live for free → 2.3
		3	Pay Rent
2.2	If you pay rent, how much money do you pay per month	_ _ _ _ _ _ _ US \$	
2.3 -	How many units/ rooms does your household occupy?	Units/Rooms _ _ _	
2.4 -	How many people usually sleep in this dwelling?	_ _ _ persons	
2.5 -	What is the major construction material of the outside walls? Observe and record. Do not ask question! Circle one	1	Cement bonded bricks / stones
		2	Mud bonded bricks / stones
		3	Wood . Bamboo
		4	Concrete
		5	Other, specify _____
2.6 -	What is the major material of the roof? Observe and record. Do not ask question! Circle one	1	Straw / thatch
		2	Earth / mud
		3	Concrete
		4	Tiles
		5	CGI sheet
		6	Other, specify _____
2.7-	What is the major material of the floor? Observe and record. Do not ask question! Circle one	c	Earth
		2	Wood,
		3	Cement / Stone / Brick
		4	Other, specify _____
2.8 -	What is the main type of household facility your household uses? Do not read answers. Circle one.	1	Flush latrine
		2	Traditional pit latrine
		3	Open pit (no walls)
		4	Communal Latrine
		5	None/bush
2.9	What is the main source of lighting for this house? Do not read answers. Circle one.	1	Electricity
		2	Kerosene
		3	Oil or Gas Lamp
		4	Candles
		5	Fluorescent Lights
		6	Other, specify _____
2.10	How much money do you spend for lighting per month?	_ _ _ _ _ _ _ US \$	
2.11 -	What is your main source of cooking fuel? Do not read answers. Circle one.	1	Cylinder Gas
		3	Electricity
		4	Wood
		6	Kerosene
		7	Other, specify _____
2.12	How much money do you spend on cooking fuel per month?	_ _ _ _ _ _ _ US \$	



2.13 -	What is the main source of water for your household? Circle one	1	Public tap	6	Pond, lake, river or stream
		2	Tubewell/borehole with pump	7	Tanker
		3	Protected dug well or spring	8	vendor
		4	Unprotected well or spring	9	Other, specify
		5	Rain water		
2.14 -	How far is the main source of water for your household? Record time back and forth to access source Write 888 if water on premises ,Write 999 if don't know	_____ Minutes			

SECTION A3 – HOUSEHOLD ASSETS, PRODUCTIVE ASSETS AND ACCESS TO CREDIT

3.1 -	Does your household own any of the following assets? Circle all that apply	1	Bed/Hadak	7	Refrigerator
		2	Table	8	Bicycle
		3	Stove (gas/fuel)	9	Motorcycle
		4	Radio/Tape	10	Automobile
		5	Television	11	cart
		6	Sewing machine	12	generator
3.2	Do you have access to a place to borrow money? Circle all that apply	1	YES – relatives / friends		
		2	YES – charities / NGOs		
		3	YES – local lender		
		4	YES - bank		
		5	YES – Co-operatives		
		6	No access to credit		
3.3	Do you often purchase food on credit or borrow money to purchase food?	1 YES		2 NO → 3.4	
3.3b	If yes, in the last 3 months how often did you use credit or borrow money to purchase food? Circle one	1 = On one occasion 2 = On two occasions 3 = On three occasions 4 = On more than three occasions			
3.4	Does your household own any farm-animals?	1 YES		2 NO → section 4	
3.4b	If yes, then how many of each of the following animals do you own? (Please circle the animals applicable and note the number beside it)	1. Cows / Bullocks : _____			
		2. Buffaloes : _____			
		3. Goats : _____			
		4. Sheep : _____			
		5. Chickens/Ducks/gooses _____			
		6. Pigeons: _____			
		7. Horses : _____			
		8. Pig _____			
		9. Other: _____			



Section A4 – Agriculture	
4.1a: Do you have access to agricultural land?	1 = YES 2 = NO → 4.8a
4.1b: How did you or members of your household acquire this land? (<i>Circle one</i>) 1 = Inherited 2 = Rent 3 = Share-cropping 4 = Bought from private person 5 = Community Land 6 = Opened new land 7 = Other (specify) _____	
4.1c: What is the main source of water for your land? (<i>Circle one</i>) 1 = rain fed 2 = irrigated–Canals/dam 3 = irrigated–Pump 4 = irrigated–river 5 = other (specify) _____	
4.2: With respect to field crop farming, what is the main crop you cultivate on your land? (<i>Circle one</i>) 1 = rice 2 = maize 3 = beans 4 = Cassava 5 = potatoes 6 = vegetables 7 = fruits 8 = Tobacco 9 = Coconut 10 = Pumpkin 11 = other (specify) _____	
4.3: What do you use to work your land? (<i>Circle one</i>) 1 = hand tools 2 = horse/ox/buffalo plough 3 = hand tractor 4 = big tractor	
4.4a: Where do you store your Maize harvest? (<i>Circle one</i>) 1=In a sack 2=In a silo 3=In a drum 4=In the house (kitchen) 5=In a storage basket 6=Hung in a tree 7=Hung in the roof of traditional house 8=Other (Specify)..... 9 = N/A	
4.4b: Where do you store your rice harvest? (<i>Circle one</i>) 1=In a sack 2=In a silo 3=In a drum 4=In the house (kitchen) 5=In a storage basket 6=Other (Specify)..... 7 = N/A	
4.4c: How many months does your harvest of Maize normally last your family? _____	
4.5: For your field crop farming, what is the main source of seeds? (<i>Circle one</i>) 1 = purchase 2 = own stock 3 = Government 4 = purchase and own stock 5 = NGOs/INGOs 6 = Borrow/exchange	
4.6a: For your field crop farming, what type of fertilizers do you use? (<i>Circle one</i>) 1 = Chemical Fertilizers 2 = Natural Fertilizers → 4.7a 3 = Both Chemical and Natural Fertilizers 4 = None → 4.7a	
4.6b: For your field crop farming, what is the main source of chemical fertilizer? (<i>Circle one</i>) 1 = purchase 2 = own stock 3 = Government 4 = purchase and own stock 5 = NGOs/INGOs 6 = Borrow/exchange	
4.7a Do you use chemical pesticides/herbicides? (<i>Circle one</i>) 1 = Yes 2 = No → 4.8a	
4.7b What are the main sources of chemical pesticides/herbicides (<i>Circle one</i>) 1 = purchase 2 = own stock 3 = Government 4 = purchase and own stock 5 = NGOs/INGOs 6 = Borrow/exchange	
4.8a: Do you have a Kitchen garden: (<i>Circle one</i>) 1 = YES 2 = NO → Section 5	
4.6b: What do you produce on this Kitchen garden? (<i>Circle one</i>) 1 = rice 2 = maize 3 = Beans 4 = Cassava 5 = potatoes 6 = vegetables 7 = fruits 8 = Tobacco 9 = Coconut 10 =Beetle Nut 11 = Pumpkin 12other_____	



SECTION A5 – INCOME

A – Identify 4 main activities for the past **YEAR**, circling the activity codes below.
 B - Using proportional piling method, estimate contribution to total income of each activity. (tot.100%)
 C – Use participants code for each activity
 D/E/F – For each activity use proportional piling to estimate % directly consumed by household (D) or sold/spent to buy food items (E) and non-food items (F).

Activities	A. What are your household's main activities throughout the last year? Rank up to 4 income activities (use activity code)	B Percentage of contribution of each activity towards total household income/revenue	C. Who participates in this activity? (use participant code)	D. Percentage of results/goods from this activity, directly consumed by your household?	E. Percentage of results from this activity not directly consumed but sold to purchase food-items?	F Percentage of results from this activity not directly consumed but used/sold to purchase Non-food items?
				(Total D+E+F= 100%)		
5.1 Main	_ _ _	_ _ _ _ %	_	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %
5.2 Second	_ _ _	_ _ _ _ %	_	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %
5.3 Third	_ _ _	_ _ _ _ %	_	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %
5.4 Fourth	_ _ _	_ _ _ _ %	_	_ _ _ _ %	_ _ _ _ %	_ _ _ _ %

Total (B)|1|0|0| %

Income activity codes

1 = Agricultural production
 2 = Livestock rearing
 3 = Sale of Crops
 4 = Sale of livestock
 5 = market gardening
 6 = Sale of cash crops
 7 = Brewing
 8 = Fishing
 9 = Unskilled Wage Labour
 10 = Skilled Labour
 11 = Handicrafts /Artisan
 12 = Use of natural. resources
 (Firewood, charcoal, bricks, grass, wild foods, honey...)
 13 = Petty trading
 14 = Seller, commercial activity
 15 = Remittances
 16 = Salaries, Wages (employees)
 17. Porter
 18 = Begging, assistance from Church.
 19 = Government allowance (pension, disability benefit)
 20 = Others, specify _____

Participant codes

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



SECTION A6 – EXPENDITURE

Read In the Past <u>MONTH</u>, how much money have you spent on each of the following items or service? If goods have been exchanged please give a value in dollar from local market list.		a. - Spent on previous month 1 = Yes 3 = No (if no, go to next item)	b. – Estimated Expenditure in Cash during the last month (USD\$.) write 0 if no expenditure.	c. – Estimated expenditure in Credit during the last month (USD\$) write 0 if no expenditure.
6.1 -	Rice	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.2 -	Maize	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.3 -	Wheat	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.4 -	Sorghum/other grains	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.5 -	Pumpkin	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.6 -	Cassava	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.7 -	Other roots and tubers (potatoes, yam)	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.8 -	Pulses / Lentils	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.9 -	Vegetables	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.10 -	Milk / Milk products	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.11 -	Fresh fruits / Nuts	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.12 -	Fish	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.13 -	Chickens/Ducks/Goose	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.14 -	Pigeons	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.15 -	Pork	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.16 -	goat/sheep	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.17 -	Beef/Buffalo	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.18	Eggs	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.19	Oil	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.20 -	Butter	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.21 -	Sugar / Salt	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.22 -	Alcohol / Palm wine	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.23 -	Tobacco/ beetle nut/ beetle leaves	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.24 -	Soap	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.25 -	Transport	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.26 -	Firewood / charcoal	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$
6.27-	Kerosene	___	_ _ _ . _ _ US \$	_ _ _ . _ _ US \$

In the Past **6 MONTHS** (semester), how much money have you spent to acquire each of the following items or service?
Use the following table, write 0 if no expenditure.

		US \$			US \$
6.28-	Equipment, tools, seeds	_ _ _ . _ _	6.33 -	Celebrations, social events, funerals, weddings	_ _ _ . _ _
6.29 -	Hiring labour	_ _ _ . _ _	6.34 -	Fines / Taxes/Tarabanda	_ _ _ . _ _
6.30 -	Medical expenses, health care	_ _ _ . _ _	6.35 -	Debts	_ _ _ . _ _
6.31-	Education, (school fees/uniforms)	_ _ _ . _ _	6.36 -	Construction, house repair	_ _ _ . _ _
6.32-	Clothing, shoes	_ _ _ . _ _	6.37 -	Other Long term expenditure, specify	_ _ _ . _ _
6.33-	Veterinary expenses	_ _ _ . _ _			



SECTION A7 – FOOD SOURCES AND CONSUMPTION

Could you please tell me how many **days** in the past week your household has eaten the following foods and what the source was (use codes on the right, write 0 for items not eaten over the last 7 days and if several sources, write all)

	Food Item	# of days eaten last 7 days	Food Source (write all)	Food Source codes	
7.1a-	Rice/Paddy	_	_ _ , _ _ , _ _	1 = Own production (crops, animals)	
7.1b-	Maize	_	_ _ , _ _ , _ _	2 = hunting, fishing	
7.1c-	Pumpkin	_	_ _ , _ _ , _ _	3 = gathering	
7.1d-	Wheat	_	_ _ , _ _ , _ _	4 = borrowed	
7.1e-	Other grains (sorghum)	_	_ _ , _ _ , _ _	5 = purchase	
7.1f-	Cassava	_	_ _ , _ _ , _ _	6 = exchange labor for food	
7.1g-	Other roots and tubers (potatoes, yam)	_	_ _ , _ _ , _ _	7 = exchange items for food	
7.1h-	Fish	_	_ _ , _ _ , _ _	8 = gift (food) from family relatives	
7.1i-	White meat - poultry	_	_ _ , _ _ , _ _	9 = food aid (NGOs etc.)	
7.1j-	Pork	_	_ _ , _ _ , _ _	10 = Other specify:	
7.1k-	Red meat - goat, sheep	_	_ _ , _ _ , _ _		
7.1l-	Red meat -Beef, Buffalo	_	_ _ , _ _ , _ _		
7.1m-	Eggs	_	_ _ , _ _ , _ _		
7.1n-	Pulses / Lentils	_	_ _ , _ _ , _ _		
7.1o-	Vegetables	_	_ _ , _ _ , _ _		
7.1p-	Oil/Butter	_	_ _ , _ _ , _ _		
7.1q-	Fresh fruits	_	_ _ , _ _ , _ _		
7.1r-	Sugar / Salt	_	_ _ , _ _ , _ _		
7.1s-	Milk / Curd	_	_ _ , _ _ , _ _		
7.2a -	Has any member of your household received food aid in the last 6 months?	1	yes	2	No → 7.3a
7.2b -	If yes, please specify the type of program and the number of beneficiary in your household? circle all that apply and specify number of beneficiaries in the last column	1	School feeding	_ _	
		2	Food for work/for assets	_ _	
		3	Supplementary feeding / Food aid	_ _	
		4	Other, specify _____	_ _	
7.3a-	Has any member of your household received any other type of external assistance beside food aid in the last 6 months?	1	Yes	2	No → Section 8
7.3b-	If yes, from whom? Circle all that apply	1	UN agency		
		2	Government		
		3	Church		
		4	International NGOs		
		5	National NGOs		
		6	Other, specify _____		
7.3c-	What type of assistance? Circle all that apply	1	Money allowances / loans		
		2	Education (fees, books, uniforms)		
		3	Medical services		
		4	Construction material, building		
		5	Agricultural assistance (tools / seeds)		
		6	Other, specify _____		



SECTION A8 – SHOCKS AND FOOD SECURITY				
8.1a -	Rea: Has your household suffered from any problems or shocks in the last 12 months?	1	yes	2
				No → section 9
8.1b Read: What were the main problems or shocks your household faced in the last 12 months? Do not read the options! Once all shocks have been identified ask respondent to rank the most important ones and write them down in column 8.2.				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. = Drought/irregular rains / Hailstorms B. =Floods C. =Landslides, erosion D. =Unusually high level of crop pests & disease E. =Unusually high level of livestock diseases F. =Lack of employment G. =Unusually high level of human disease H. =Unavailability of food I. =High costs of agric. inputs (seed, fertilizer, etc.) </div> <div style="width: 50%;"> J. =Loss of employment for a household member K. =Reduced income of a household member L. =Serious illness or accident of household member M. =Death of a working household member N. =Death of other household member O. =Theft of Money/valuables P. =Theft of Animals Q. =Conflict R. =Other, specify _____ </div> </div>				
<p>For the four main shocks above, please complete the following table using the codes below. Please be consistent in the ranking. Complete one line at the time.</p>				
8.2a Rank & Cause <i>(copy code from above the four main causes)</i>	8.2b- Did [cause] create a decrease or loss for your household of: 1 = Income & in-kind receipts 2 = Assets (e.g. livestock, cash savings) 3 = Both income and assets 4 = No change <i>(Write number)</i>	8.2c- Did [cause] create a decrease in your household's ability to produce or purchase enough food to eat for a period of time (not including the annual 'lean season')? 1 = Yes 2 = No 3 = Don't know	8.2d- What did the household do to compensate or resolve these decreases or losses of income and/or assets caused by shocks <i>(Use codes below, record up to 4 used)</i>	8.2e - Has the household recovered from the decrease in income or assets or both from the shocks? 1 = Not recovered at all 2 = Partially recovered 3 = Completely recovered
First _____	_	_	1. _ _ , 2. _ _ , 3. _ _ , 4. _ _ ,	_
Second _____	_	_	1. _ _ , 2. _ _ , 3. _ _ , 4. _ _ ,	_
Third _____	_	_	1. _ _ , 2. _ _ , 3. _ _ , 4. _ _ ,	_
Fourth _____	_	_	1. _ _ , 2. _ _ , 3. _ _ , 4. _ _ ,	_
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 01 = Rely on less preferred, less expensive food <i>(Sago, wild plants/fruits, wild animals)</i> 02 = Borrowed food, helped by relatives 03 = Purchased food on credit 04 = Consumed seed stock held for next season 05 = Reduced the proportions of the meals 06 = Reduced number of meals per day 07 = Skipped days without eating 08 = Some HH members migrated temporarily (< 6 months) 09 = Some HH members migrated (> 6 months) 10 = Sent children to live with relatives 11 = Reduced expenditures on health and education 12 = Spent savings 13 = Borrowed money </div> <div style="width: 50%;"> 14 = Sold HH articles (utensils, blankets) or jewelry 15 = Sold agricultural tools, seeds,... 16 = Sold building materials 17 = Sold HH furniture 18 = Sold HH poultry, 19 = Sold small animals – goats, sheep 20 = Sold big animals – oxen, cow, bulls 21 = killed goat/sheep for consumption 22 = killed oxen, cow, bulls for consumption 23 = Rented out land 24 = Sold land 25 = Worked for food only 26 = Other, specify _____ </div> </div>				



0.0- Questionnaire Number:

Suco-code + Household-code

SECTION B9 – MATERNAL HEALTH AND NUTRITION

For this section, ask questions **ONLY** to women aged 15 – 49 found in the household with children aged 0-59 months.

Read: Now I would like to ask you some questions about the women's' health in this household.

9.1- DO NOT ASK THIS QUESTION: Note if any Woman skipped before reaching this section and mark reason for skipping.

Code : 1 = No woman skipped
2 = Woman refused
3 = Woman not at home
4 = No woman in Household

First Name (ONLY) of selected woman: _____ Ask [NAME of WOMAN] the following questions:

9.2a -	What is your age?	_ _			
9.2b-	Have you ever been pregnant?	1	Yes	2	No → 9.10
9.3 -	Are you currently pregnant or breastfeeding? (Circle one)	1	pregnant		
		2	Breastfeeding → 9.5		
		3	Neither → 9.5		
		4	both		
		5	don't know → 9.5		
9.4a-	If pregnant, how many months pregnant?	_ _ months			
9.4b-	If pregnant, did you receive iron-folate tablets (small red/brown tablets)?	1	Yes	2	No → 9.5
9.4c-	If so, how many tablets have you taken in the past 7 days?	_ _ tablets			
9.5-	How many times have you been pregnant <i>(Including a current pregnancy)</i> ?	_ _ pregnancies			
9.6-	How many times have you suffered a miscarriage or stillbirth?	_ _ miscarriages or stillbirths			
9.7-	How many living children have you given birth to?	_ _ children			
9.8-	How old were you with your first delivery?	_ _ years			
9.9- -	Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)?	1	Yes	2	No
9.10-	In the past 2 weeks have you been ill with Diarrhea? <i>(more than 3 loose stools a day)</i>	1	Yes	2	No
9.11-	In the past 2 weeks have you been ill with Fever?	1	Yes	2	No
9.12-	Last night, did you sleep under a mosquito net?	1	Yes	2	No
9.13-	Do you boil or filter the water before consumption for your family?	1	Yes, always		
		2	Yes, sometimes		
		3	No		
9.14-	When do you wash your hands? Do not read answers. Circle all applicable answers.	1	before preparing meals		
		2	before eating		
		3	after going to the toilet		
		4	after changing the diapers/cloths		
		5	when they are dirty		
		6	never		
7	Other				



9.15-	After visiting the toilet, what do you use to wash your hands? Do not read answers. Circle all applicable answers.	1	water only
		2	washing soap & water
		3	Nothing
		4	Other (specify) _____

SECTION B10 – CHILD HEALTH AND NUTRITION

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

Continue the interview with the same woman if the children are her own or if a different mother or care-giver is present, try to answer the questions and Weigh and measure all children 6 - 59 months belonging to the household.

10.1a-	Are there any children less than 5 years old in this household?	1	Yes Read: how many? _ (write number)	2	No → section 11		
10.1b-	Are you the mother of these children	1 Yes		2 No Relation to Child _____ If no, do not ask questions 10.6, 10.7 and 10.8a,b,c, and ONLY measure all children 6-59 months			
Starting with the youngest child, ask the following question for each child:		Last born child (1)		Second last born child (2)			
	First name	_____		_____			
10.2-	Birth month	_ _		_ _			
10.3-	Birth year	_ _ _ _		_ _ _ _			
10.4-	Child's age in months	_ _ months		_ _ months			
10.5a-	Child gender? 1 = Male 2 = Female	_		_			
10.5b-	Is child present?	1 Yes	2 No	1 Yes	2 No		
10.6-	Read: When you were pregnant with [NAME], did you see anyone for antenatal care for this pregnancy? Care giver code 1 = Doctor 4 = Relative/Friend 2 = Nurse 5 = Other 3 = Midwives 6 = No one	_		_			
10.7-	When you were pregnant with [NAME] were you given an injection in the arm to prevent the baby from getting convulsions after birth? (anti-tetanus shot – an injection at the top of the arm or shoulder).	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.8a	Did you ever breastfeed [NAME]? (if no, → 10.9)	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
10.8b	Is [NAME] still being breastfed?	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
10.8c	How long after birth did you first put [NAME] to the breast? If less than 1 hour, write 0. If less than 24 hours, record hours. Otherwise, record days.	_ _ hours _ _ days		_ _ hours _ _ days		_ _ hours _ _ days	
10.9-	For children < 24 months only - Since this time yesterday, did [NAME] receive any of the following? (write all that apply)	_ , _ ,		ASK ONLY FOR YOUNGEST CHILD			



Item Code 1 = Vitamin supplements or medicine 2 = Plain water 3 = Sweetened water or juice 4 = Tinned, powdered or fresh milk 5 = Oral Rehydration Solution (ORS) 6 = Any other liquids 7 = Solid or semi-solid (mushy) food		__ ,								
10.10a-	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule or dispenser</i>	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.10b-	How many months ago did [NAME] take the last dose? <i>(write 99 if don't know)</i>	__ __ months			__ __ months			__ __ months		
10.11a-	Has [NAME] been ill with a fever at any time in the past 2 weeks? (If no → 11.12a)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.11b-	If yes, Was [NAME] seen at a health facility during this illness?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.11c-	If yes, Was [NAME] prescribed an anti-malaria drug?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.12a-	Has [NAME] been ill with a cough at any time in the past 2 weeks? (if no, → 11.13a)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.12b-	If yes, when [NAME] had the cough, did he/she breathe faster than usual with short, rapid breaths?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.13a-	Has [NAME] been ill with diarrhea at any time in the past 2 weeks? <i>(Diarrhea: perceived as 3 or more loose stools per day or one large watery stool or blood in stool)</i> (if no → 11.4)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.13b	If yes, was [NAME] seen at a health facility during this illness?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.14-	Has [NAME] ever received a measles vaccination – an injection in the arm at the age of 9 months or older? <i>(check yellow card if available)</i>	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
10.15-	Has [NAME] received deworming tablets in the last 6 months	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
Measurements- children 6-59 months		(1)			(2)			(3)		
10.16-	Child height/length <i>(in centimeters with 1 decimal place)</i>	__ __ __ . __ cm			__ __ __ . __ cm			__ __ __ . __ cm		
10.17-	65- 84.5 cm or unable to stand up measure length lying down 85-110 cm measure height standing up	1 Lying		2 Standing	1 Lying		2 Standing	1 Lying		2 Standing
10.18-	Child weight – Enter weight in kilograms, with one decimal place.	__ __ . __ kg			__ __ . __ kg			__ __ . __ kg		
For referral purposes: Mark presence of oedema and weight for height as a % of the median. Refer to a local health post if <80%		Yes	No	%	Yes	No	%	Yes	No	%
Place of referral										



SECTION B11 – HIV AIDS

(Continue the interview with the same respondent)

11.1-	Have you ever heard of an illness called AIDS?	1	Yes	2	No → End Interview
11.2-	What can a person do to avoid getting HIV or the virus that causes AIDS? CIRCLE ALL WAYS MENTIONED, DO NOT READ RESPONSES	1	Abstain from sex		
		2	Use condoms		
		3	Limit sex to one partner/stay faithful to one partner		
		4	Avoid sex with prostitutes		
		5	Avoid sex with persons who have many partners		
		6	Avoid sex with persons who inject drugs intravenously		
		7	Avoid blood transfusions		
		8	Avoid injections		
		9	Avoid sharing razors/blades		
		10	Avoid kissing		
		11	Avoid mosquito bites		
		12	Seek protection from traditional practitioner		
		13	Do not know		
		14	Other, specify _____		
11.3a	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	1 Yes	2 No	3 Don't know	
11.3b	Can a person get the AIDS virus from mosquito bites?	1 Yes	2 No	3 Don't know	
11.3c	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	1 Yes	2 No	3 Don't know	
11.3d	Can people get the AIDS virus by sharing food with a person who has AIDS?	1 Yes	2 No	3 Don't know	
11.3e	Is it possible for a healthy-looking person to have the AIDS virus?	1 Yes	2 No	3 Don't know	
11.3f	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	1 Yes	2 No	3 Don't know	
11.3g	Can the AIDS virus be transmitted from a mother to a child?	1 Yes	2 No	3 Don't know	
11.3h	Can the AIDS virus be transmitted from a mother to her child during pregnancy?	1 Yes	2 No	3 Don't know	
11.3i	Can the AIDS virus be transmitted from a mother to her child during delivery?	1 Yes	2 No	3 Don't know	
11.3j	Can the AIDS virus be transmitted from a mother to a child by breastfeeding?	1 Yes	2 No	3 Don't know	