

I – Demography and education

1.1	Is the head of household male or female?	1 = Male / 2 = Female		<input type="checkbox"/>				
1.2	What is the marital status of the head?	1 = Single 2 = Married (one spouse) 3 = Married (several spouses) 4 = Divorced/separated 5 = Widowed		<input type="checkbox"/>				
1.3	How old is the head of household?			<input type="text"/> yrs				
1.4	What is the highest educational level completed by household head and spouse ?	1 = Illiterate 2 = no formal schooling or incomplete but can read and write 3 = Primary completed 4 = Secondary completed 5 = higher completed	a) Household head	<input type="checkbox"/>				
			b) Spouse 9 = No spouse	<input type="checkbox"/>				
1.5	What is the status of the household?	1 = Permanent resident (skip to Q 1.8) 2 = Emigrant (Refugee or from Another Country) 3 = IDP 4 = Other, specify: _____		<input type="checkbox"/>				
1.6	If refugee or IDP, what was the main reason to leave your place of origin?	1 = Conflict/insecurity 2 = Economic reasons 3 = Water shortage 4 = Other, specify: _____ 9 = Non-refugee/IDP HHs (skip to Q 1.8)		<input type="checkbox"/>				
1.7	Since which year does your household live in this village, town or city?			<input type="text"/>				
How many persons belong to your household? Include HH head and provide the sex and age breakdown of household members								
	<i>0=none</i>	a. 0 – 4 yrs	b. 5–14 yrs	c. 15–49 yrs	d. 50–59 yrs	e. 60 yrs +	Total	Total HH
1.8	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
1.9	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
1.10	How many of these were present for more than two weeks during the past one month ?						<input type="text"/> persons	
1.11	Have any of working adults in your household been very sick for at least 3 months continuously during the past 12 months that they were too sick to work or do normal activities?				0 = No / 1 = Yes		<input type="checkbox"/>	
	Access to schools of household members.			a. No. of males part of HH	c. Of those, no. of males enrolled	b. No. of females part of HH	d. Of those, no. of females enrolled	
1.12	Between 7 – 12 years old			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Between 13 – 15 years old			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.14	Between 16 – 18 years old			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II – Housing

2.1	Observe and note the type of dwelling	1 = House 2 = Apartment 3 = Hut	4 = Corrugated house 5 = Tent/plastic sheets 9 = Other	<input type="checkbox"/>	
2.2	Observe and note the quality of the materials of the walls of the building	1 = Mostly in durable material (bricks, cement, stones) 2 = Mostly in non-durable material (wood, mud, corrugated materials, plastic sheets)		<input type="checkbox"/>	
2.3	Observe and note the quality of the materials of the roof of the building			<input type="checkbox"/>	
2.4	Do you own or rent this dwelling?	1 = Own free	2 = Rent	3 = Staying for free	<input type="checkbox"/>
2.5	Where do you obtain your water for drinking (main source)?	01 = Piped water (Gov) 02 = Public tap 03 = Unprotected well 04 = Protected well	07 = Bottled water 08 = River, creek, lake, canal 09 = Unprotected spring water	<input type="text"/>	

		05 = Protected spring 06 = Rain water (dam, reservoir, cistern...)	10 = Water tanker/drum on carts	
2.6	Which type of sanitation do you use?	1 = Flush toilet 2 = Ventilated improved pit latrine (VIP) 3 = Pit latrine	4 = Community latrines 5 = Bush/open field	<input type="checkbox"/>
2.7	What is your main source of fuel for cooking ?	1 = LPG 2 = Kerosene 3 = Charcoal	4 = Wood 5 = Animal dung 6 = Agriculture crop residue	<input type="checkbox"/>
2.8	What is your main source for lighting ?	1 = Public electricity 2 = LPG 3 = Kerosene	4 = Candle 5 = Private generators 6 = Shared generators 7 = Solar cells	<input type="checkbox"/>

III – Access to Assets

Does your household own any of the following? (only if functional)		0 = No 1 = Yes		
3.01	Radio	<input type="checkbox"/>	3.14 Boat/Canoe	<input type="checkbox"/>
3.02	Television	<input type="checkbox"/>	3.15 Motorcycle/Scooter	<input type="checkbox"/>
3.03	Mobile phone	<input type="checkbox"/>	3.16 Car/truck	<input type="checkbox"/>
3.04	Phone (landline)	<input type="checkbox"/>	3.17 Tractor	<input type="checkbox"/>
3.05	Refrigerator/Freezer	<input type="checkbox"/>	3.18 Clock/Watch	<input type="checkbox"/>
3.06	Satellite dish	<input type="checkbox"/>	3.19 Sewing machine	<input type="checkbox"/>
3.07	Electric generator	<input type="checkbox"/>	3.20 Water pump	<input type="checkbox"/>
3.08	Fan	<input type="checkbox"/>	3.21 Fishing equipment	<input type="checkbox"/>
3.09	Air conditioner	<input type="checkbox"/>	3.22 Bank account	<input type="checkbox"/>
3.10	Heater / Water heater	<input type="checkbox"/>	3.23 Stove	<input type="checkbox"/>
3.11	Bicycle	<input type="checkbox"/>	3.24 Table	<input type="checkbox"/>
3.12	Animal-drawn cart	<input type="checkbox"/>	3.25 Washing machine	<input type="checkbox"/>
3.13	Motor Boat	<input type="checkbox"/>		

IV – Agriculture, fishing and livestock

4.1	Do you have any agricultural land for cultivation? 0= No 1 = Yes			<input type="checkbox"/>	→ if none, skip to Q.4.19
4.2	How do you access this land? Circle all that apply	1 = Private ownership 2 = Rented from government (Wakaf) 3 = Rented from others	4 = Crop-shared 5 = Leased to others		
4.3	What is the size of the agricultural land? ('0000.0', if none)	Unit _____	Number of units _ _ _ _ . _	In Hectar (Do Not Fill In) _ _ _ _ . _ _	
4.4	How much of that agricultural land has been cultivated in 2009? Use proportional piling (000 = None cultivated, 999 = not applicable)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
4.4a	Has the land size cultivated changed compared to last year?	1 = Increased 2 = Decreased	3 = Remained about the same 9 = Not applicable	<input type="checkbox"/>	
4.5	What is the main way of watering your cultivated land in 2009 ?	1 = Rain-fed 2 = Irrigated (groundwater: wells, springs) 3 = Irrigated (spate/flood)	4 = Irrigated (cistern, pit, reservoir, dam) 9 = Not applicable	<input type="checkbox"/>	
4.5a	If you do not use irrigation, why not?	1 = System not available 3 = Lack of groundwater	2 = Can't afford 9 = Not applicable	<input type="checkbox"/>	
4.5b	How much of the cultivated land has been irrigated this year? Use proportional piling (999 = Not applicable)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

	<p>Has your household cultivated the following crops in 2009. <i>Ask for each listed crop, one by one.</i></p> <p>0 = No 1 = Yes</p>	<p>a. Has the quantity harvested this year changed compared to the previous year (2008)?</p> <p>1 = Increased 2 = Decreased 3 = Remained about the same 9 = Not applicable</p>	<p>b. What is/has been the main use of the 2009 harvest?</p> <p>1 = More for HH consumption 2 = More for fodder (own livestock) 3 = More for market 4 = No use/damaged 9 = Not applicable</p>	
4.06	Wheat	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.07	Sorghum	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.08	Maize	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.09	Millet	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.10	Barley	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.11	Legumes (beans, lentils, cowpeas...)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.12	Potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.13	Vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.14	Fruits (grapes/dates/mangoes...)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.15	Coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.16	Qat	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.17	Tobacco	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.18	Cotton	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.19	<p>Does the HH have any livestock/ poultry? (0 = No, 1 = Yes) If no, skip to Q 4.27</p>			<input type="text"/>
	<p>How many pieces of livestock and/or poultry does your household currently own?</p> <p><i>Ask for each listed crop, one by one. Insert '000' if none.</i></p>	<p>a. Has the number of livestock or quantity fished changed compared to the previous year (2008)?</p> <p>1 = Increased 2 = Decreased 3 = Remained about the same 9 = Not applicable</p>	<p>b. What is/has been the main use of your livestock/poultry breeding?</p> <p>1= More for own consumption 2 = More for sale of animals 3 = More for sale of animal products 4 = Work animal 9 = Not applicable</p>	
4.20	Cattle (cows, bulls, calves)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.21	Camels	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.22	Donkey	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.23	Sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.24	Goat	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.25	Poultry	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.26	Beehives	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.27	<p>Does your household practice any fishing / fish farming?</p> <p>0 = No 1 = Yes</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.28	<p>What are the three main constraints your HH has experienced this year in agricultural production, livestock breeding and/or fishing?</p> <p><i>Provide up to three constraints and rank in order of negative impact on livelihoods – start with the constraint with the largest negative impact</i></p>	<p><u>Monetary</u></p> <p>01 = Low demand/low prices 02 = Limited access to credit 03 = Lack of cash/capital 04 = High costs for agric inputs 05 = High costs for labour 06 = Decreased subsidies</p> <p><u>Water</u></p> <p>07 = Lack of rain/late rainfall 08 = Lack of water 09 = Problems with irrigation</p> <p><u>Diseases</u></p> <p>10 = Animal pest/disease 11 = Plant diseases</p>	<p><u>Resources</u></p> <p>12 = Poor storage facilities 13 = Lack of fodder 14 = Lack of grazing area 15 = Lack of labour 16 = Lack of agric inputs</p> <p><u>Institutions</u></p> <p>17 = Lack of animal health staff 18 = Lack of agric extension workers 19 = Lack of animal vaccines/drugs</p>	<p><u>Environment</u></p> <p>20 = Pollution (of water, soil...) 21 = Erosion; poor soils 22 = Desertification 23 = Changing weather patterns</p> <p>Fishing:</p> <p>24= Access of Large Ships 25 = Usage of iron nets 26 = Change of wind season 27 = Ocean pollution 28 = Piracy</p> <p>99 = No constraints</p>
		1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

V – Employment and income sources

5.0	How many MALE household members are/were contributing to the HH's overall income? (Children included) <i>Please compare the current situation with one year ago</i>	a. One year ago (Oct/Nov 08)	b. Current (Oct/Nov 09)
		□□□	□□□
5.0	How many FEMALE household members are/were contributing to the HH's overall income? (Children included) <i>Please compare the current situation with one year ago</i>	□□□	□□□

Have the following income activities contributed to your HH's overall Income source over the past 12 months?					
Ask one by one.		0 = No	1 = Yes		
5.01	Production of food crops	□□	5.16	Collection and sale of firewood	□□
5.02	Sale of food crops	□□	5.17	Non-agricultural wage labour	□□
5.03	Production of Qat	□□	5.18	Regular salary from government	□□
5.04	Sale of Qat	□□	5.19	Regular salary from private employer/NGO	□□
5.05	Production of vegetables or fruits	□□	5.20	Trade/commerce/shop keeper	□□
5.06	Sale of vegetables or fruits	□□	5.21	Self-employed (service provider)	□□
5.07	Production of other cash crops	□□	5.22	Petty trade	□□
5.08	Sale of other cash crops	□□	5.23	Renting out land//agric machinery/houses	□□
5.09	Production of livestock/ animal products	□□	5.24	Remittances from abroad	□□
5.10	Sale of livestock/ animal products	□□	5.25	Remittances from inside Yemen	□□
5.11	Fishing / Fishfarming	□□	5.26	Support from family/friends	□□
5.12	Sale of fish/seafood	□□	5.27	Pensions	□□
5.13	Sale of handicrafts	□□	5.28	Social benefit	□□
5.14	Real-estate (Broker)	□□	5.29	Driver (Bus/ Taxi)	□□
5.15	Agricultural wage labour	□□	5.30	Begging	□□

5.31	What have been the two main, most important activities that sustain your household in 2009?	a. Roughly estimate the cash value (YER) this activity contributes to your household's total income during the last 12 months. Include household's own consumed food production, converted into cash (YER).													
	Take code from above and rank in order of importance. (99 = Not applicable)	Insert estimated amount or tick "98" if "not known".													
	1. 5 .□□□□	□□ □□ □□, □□ □□ □□, □□ □□ □□ YER	98 = Not known												
	2. 5 .□□□□	□□ □□ □□, □□ □□ □□, □□ □□ □□ YER	98 =Not known												
5.32	Insert the code from Q 5.31	a. Who participates in this activity?	b. During which time of the year is this income activity NORMALLY carried out? Tick all that apply.												
		1 = Men only 2 = Women only 3 = Children (Below 12) 4 = Men & Women only 5 = Men, women & Children 9 = Not applicable	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All
		1. 5.□□□□	□□												
	2. 5.□□□□	□□													

VI – Labour migration and remittances

Please compare the current situation with one year ago		a. 2008	b. 2009
6.1	How many persons in your household work/worked outside this community inside Yemen? <i>(If none, insert "00")</i>	.□□□	.□□□
6.2	How many persons in your household work/worked abroad (outside Yemen)? <i>(If none, insert "00")</i>	.□□□	.□□□
If no HH member left the household to work outside of the community, skip to VII			

6.3	At what time of the year , did HH members mainly work outside of the community over past 12 months ?														
	<i>Indicate timing of migration for the HH member whose contribution to the overall HH's income is most important. Tick all that apply.</i>														
	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	All
6.4	Overall, have labour opportunities for your household members outside the community increased, decreased or remained the same if you compare this year (2009) with last year (2008)?							1 = Increased 2 = Decreased 3 = Remained the same 9 = Nobody migrated 2008/2009							<input type="checkbox"/>
6.5	If labour migration has decreased , what are the two main reasons ?							1 = No work/job 2 = Wages too low/high competition 3 = No/delayed payments 4 = Increased legal problems 5 = Increased discrimination 6 = Personal reasons (family, health, etc.) 9 = Not applicable							1. <input type="checkbox"/> 2. <input type="checkbox"/>
6.6	Please indicate if you have received remittances from the following sources over the past two years (Oct 09 – Oct 07)							1 = Migrant household member (seasonal <1 year) 2 = Migrant household member (long-term >1year)			3 = Other source (non-HH-member) 9 = None of the above → skip to section VII				
6.7	If you have received remittances, please indicate if the amount has changed or remained the same over those two years 2008 and 2009 .							1 = Increased 2 = Decreased 3 = Remained about the same → skip to section VII							<input type="checkbox"/>
6.8	What is the main reason for this change?		<u>If increased</u> 1 = More members migrating 2 = More employment opportunities 3 = Higher wages/salaries 4 = Fewer members migrating				<u>If decreased</u> 5 = Fewer employment opportunities 6 = Loss of jobs 7 = Lower wages/salaries 9 = Other				<input type="checkbox"/>				

VII – Access to food market

7.1	Where does your household mainly buy food for own consumption?	1 = Daily market 2 = Weekly market 3 = Supermarket/shop 4 = Street vendor		<input type="checkbox"/>
7.2	How often do you or another member of your HH visit this market?	1 = Everyday 2 = Several times per week 3 = Once a week	4 = Every other week 5 = Once a month	<input type="checkbox"/>
7.3	Which main activities are you/other HH members involved in when visiting the market?	1 = Buying food 2 = Buying non food-items 3 = Selling food 4 = Selling non-food items 5 = Exchanging of goods/barter 6 = Other, specify: _____		
Circle all that apply				

VIII – Expenditure and debt

How much did your household spend (CASH/CREDIT) on the following items in the past TWO WEEKS ?				How much did your household spend (CASH/CREDIT) on the following items during the PAST 6 MONTHS (i.e. May – Oct 2009)?				
"0" if no expenditure.				"0" if no expenditure				
		a. Cash (YER)	b. Credit (YER)	c. Value of consumption from own production (YER)			a. Cash (YER)	b. Credit (YER)
8.1	Bread/flour/cereals/grains				8.17	Clothing		
8.2	Fresh vegetables				8.18	Education (school uniforms, fees, books..)		
8.3	Fruits				8.19	Health, medication		
8.4	Pulses (beans, lentils, cowpeas...)				8.20	Veterinary expenses for farm animals		
8.5	Milk /dairy products/butter/ghee				8.21	Rent		
8.6	Meat				8.22	House construction, repair		
8.7	Fish				8.23	Hiring labour		
8.8	Poultry				8.24	Business inputs/development		
8.9	Qat				8.25	Farming equipment, seeds		
8.10	Meals, snacks consumed outside home				8.26	Celebrations, social events		
8.11	Tobacco/Cigarettes, sheesha				8.27	Utilities (electricity, water, gas)		
8.12	Soap, cosmetics, personal hygiene				8.28	Repayment of debts		
8.13	Drinking water				8.29	Remittances/gifts to help out relatives/friends		
8.14	Transport (incl. fuel)							
8.15	Communication							
8.16	Cooking fuel/firewood							

8.30	Does your household have access to the following credit sources? List them and circle all that apply.	1 = Relatives/friends 3 = Banks 9 = No access to credit	2 = Shopkeepers/money lenders 4 = Credit organization
8.31	Does your household have any loan/debt to pay back at the moment? 0 = No 1 = Yes If no, skip to Q 8.33	<input type="checkbox"/>	
8.32	When do you expect to pay this loan/debt back ? Only provide answer for either a., or b., or c. or circle d. if “not known”.	a. Weeks: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. Months: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		c. Years: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	d. Don't know (9)
8.33	How did your household's access to credit change in 2009 compared to last year (2008)?	1 = Easier 2 = More difficult	3 = No change 9 = No access to credit
			<input type="checkbox"/>

IX – Food consumption

	Could you please tell me how many days in the past week your household has eaten the following food items, prepared and/or consumed at home and what their source was.	a. Number of days eaten in previous 7 days:		b. What was the <u>main</u> source of this food in the last 7 days?	
		0 = Not eaten (if “0” days, do not answer column b.) 1 = 1 day 2 = 2 days	3 = 3 days 4 = 4 days 5 = 5 days 6 = 6 days 7 = 7 days	1 = Own production 2 = Hunting/gathering/fishing 3 = Bought using cash 4 = Bought on credit 5 = Borrowed/gifts (friends/relatives) 6 = Begging 7 = Received as payment 8 = Food assistance (governm.; WFP; charity)	
	Wheat flour, bread, “assed”	9.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.1b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other cereals (maize, sorghum, millet, barley...)	9.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.2b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Potatoes	9.3a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.3b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Rice	9.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.4b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Vegetables (green leafy, tomatoes, pepper...)	9.5a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.5b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Fruits (mango, grapes, ...)	9.6a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.6b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Beans, lentils, cowpeas, nuts	9.7a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.7b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Eggs	9.8a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.8b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Dairy products (milk, cheese, yoghurt, lassi)	9.9a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.9b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Meat (goat, beef...)	9.10a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.10b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Poultry	9.11a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.11b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Fish	9.12a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.12b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Oil/fats (ghee, butter, veg oil...)	9.13a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.13b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Sugar, Honey, dried fruits (dates ...)	9.14a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.14b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Condiments	9.15a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day(s)	9.15b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.16	In the past 7 days, were there times when you did not have enough food or money to buy food?	0 = No → skip to Q 9.23 1 = Yes			<input type="checkbox"/>
9.17	If yes, how often did your HHs have to:	0 = Not applied 1 = 1 days 2 = 2 days		3 = 3 day 4 = 4 days 5 = 5 days	6 = 6 days 7 = 7 days
9.18	Rely on less preferred and less expensive food ?	<input type="checkbox"/> day(s)			
9.19	Borrow food or rely on help from a relative or friend?	<input type="checkbox"/> day(s)			
9.20	Limit portion size of meals at meal times?	<input type="checkbox"/> day(s)			
9.21	Restrict consumption by adults in order for small children to eat?	<input type="checkbox"/> day(s)			
9.22	Reduce number of meals eaten in a day?	<input type="checkbox"/> day(s)			
	Over the past 12 months,				0 = No 1 = Yes
9.23	Did it happen that your family could not afford to eat what you normally eat?				<input type="checkbox"/>
9.24	Was there a time when you feared that you would not have enough food for your family for the next month?				<input type="checkbox"/>

9.25	Did you not get all the food needed or only part of it?														<input type="checkbox"/>
9.26	Did it happen that you and any other adult household member did not have a meal during a particular day because there was not sufficient food ?														<input type="checkbox"/>
9.27	Did it happen that any of your children did not have a meal during a particular day because there was not sufficient food ?														<input type="checkbox"/>
9.28	Did it happen that you and any other adult household member did not eat for a whole day because there was not sufficient food ?														<input type="checkbox"/>
9.29	Did it happen that any of your children did not eat for whole day because there was not sufficient food ?														<input type="checkbox"/>
9.30	During which months did your household have difficulties getting enough food to eat during the past 12 months ? Tick all that apply.														
	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.31	Has amount of food purchases on credit changed compared to the same period last year?							1= Increased 2= Decreased 3 = No change 9= Not applicable							<input type="checkbox"/>

X – Exposure to risks and shocks

10.0	How do you compare the current 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	<input type="checkbox"/>
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Has your household been confronted with the following difficulties in the past 3 years (between Oct/Nov 06 - Oct/Nov 09)? If yes, in how many years (max, 3 yrs) was your household confronted with them? Please ask one by one. Do not leave blank. 0 = Never (if "0", skip to next row) 1 = One year 2 = Two years 3 = Three yrs → if "3", skip to b.		a. Did your household experience this difficulty over the past 12 months? 0 = No 1 = Yes	b. If yes, during which months over the past year was your household affected by this difficulty? Tick all that apply. (If respondent does not know, insert 9 in "All" box)														c. Is/Was this seasonal pattern typical compared to a normal year? 1 = Typical 2 = Slightly different. 3 = Very different. 9 = Don't know	
			OCT 08	NOV 08	DEC 08	JAN 09	FEB -09	MAR -09	APR -09	MAY -09	JUN -09	JUL -09	AUG -09	SEP -09	OCT 09	NOV 09		ALL
<u>Water-related</u>																		
10.1	Lack of rainfall/late rainfall	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.2	Lack of water for irrigation	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.3	Lack of drinking water/Poor quality of drinking water	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
<u>Environment-related</u>																		
10.4	Locust	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.5	Plant disease	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.6	Livestock diseases	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.7	Flooding	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
<u>Monetary/Income/Assets related</u>																		
10.8	High food prices	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.9	High fuel/transportation prices	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.10	High costs for inputs (business/agriculture)	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.11	Loss of employment/reduced salary	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.12	Reduced remittances	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.13	Reduced support from friends/relatives	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.14	Lack of demand of customers/clients/low prices	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.15	Limited access to credit	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.16	Lost savings/assets	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
<u>Disease-related</u>																		
10.17	Increased level of diarrhea in children<5	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.18	Increased level of malaria in children<5	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.19	Increased level of respiratory diseases in children<5	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.20	Death of HH members/funerals	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.21	High health expenditures	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
<u>Other</u>																		
10.22	Insecurity/violence	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>
10.23	Other shock, if yes, specify: _____	<input type="checkbox"/> YRS	<input type="checkbox"/>															<input type="checkbox"/>

XI – Nutritional Health

Continue the interview with women of the household between 15-49 years of age. If refused to take measurement insert 00

11.0 ID	11.1 Name of woman	11.2 Age in Years	11.3 How many years did you attend school? <i>'00' if none</i>	11.4 Are you currently pregnant? 0 = Not pregnant 1 = Pregnant 9 = Don't know	11.5 Woman's Mid Upper Arm Circumference (in centimetres)	11.6 Woman's height (in centimetres) Don't measure if pregnant (if 11.4 = 1)			11.7 Woman's weight (in kilograms to one decimal place) Don't measure if pregnant (if 11.4 = 1)
1		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg
2		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg
3		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg
4		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg
5		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg
6		____ ____ yrs	____ ____	____	____ ____ . ____ cm	____ ____ . ____ cm			____ ____ . ____ kg

Now refer to the mothers'/caretakers' children between 6-59 months old.

11.8 ID	11.9 Name of child	11.10 ID of mother (see table above) "9" if not present	11.11 Age of mother when [Name] was born?	11.12 Date of birth of [Name] <i>If supported by a document</i> <i>– If no document or not known, skip to 11.13</i>	11.13 Age of child in months <i>To estimate with care-taker if date of birth is uncertain or unknown (use calendar)</i>	11.14 Sex of child 1 = Male 2 = Female	11.15 Has [NAME] been ill with diarrhoea, fever or cough at any time in the past 2 weeks? 0 = No; 1= Yes; 9= Do not know			11.16 Child's Mid Upper Arm Circumference (in centimetres)	11.17 Bilateral oedema 0 = No 1 = Yes
							Diarrhoea	Fever	Cough		
1		____	____ ____ yrs	____ /____ /____ <i>day month year</i>	____ ____ months	____	____	____	____ ____ . ____ cm	____	
2		____	____ ____ yrs	____ /____ /____ <i>day month year</i>	____ ____ months	____	____	____	____ ____ . ____ cm	____	
3		____	____ ____ yrs	____ /____ /____ <i>day month year</i>	____ ____ months	____	____	____	____ ____ . ____ cm	____	
4		____	____ ____ yrs	____ /____ /____ <i>day month year</i>	____ ____ months	____	____	____	____ ____ . ____ cm	____	
5		____	____ ____ yrs	____ /____ /____ <i>day month year</i>	____ ____ months	____	____	____	____ ____ . ____ cm	____	