

HOUSEHOLD INTERVIEW

1. To be completed by Enumerator

Please complete before the Interview

0.1 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Name enumerator	
0.2 -	_ _ _ Interviewer ID	
0.3 -	Date: _ _ _ / _ _ _ / 2005 Day Month	
0.4 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Region	
0.5 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ District	
0.6 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Ward	
0.7 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Village	
0.8 -	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Name of Household Head	
0.9 -	Household skipped before reaching this respondent and reason for skipping: <u>coding :</u> 1 = HH Refused 2 = House was empty: 3 = No one older than 15 home	HH 1: ____ HH2: ____ HH3: ____
Signature of interviewer:		

2. To be completed by Supervisor:

0.0- Questionnaire Number:

_ _ _ _	/ _ _ _ _	/ _ _ _ _
<i>Reg. code</i>	<i>Village code</i>	<i>Quest. code</i>

0.12 - Date: |_|_|_| / |_|_|_| / **2005**

Day Month

0.13- |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Name of supervisor

Remarks:

Signature of supervisor:

3. To be completed by Data Entry Operator

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

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

Remarks:

Signature of data entry:

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



SECTION 1 – DEMOGRAPHICS: Read - "I would now like to ask you a few questions on the composition of your household"																																							
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)																																							
1.1 -	How many people are currently living in your household?	_ _																																					
1.2a -	What is the gender (sex) of the household head?	1 Male	2 Female → 1.3																																				
1.2b -	How many wives does he have?	_ _																																					
1.3 -	What is the age of the household head (in years)?	_ _																																					
1.4 -	What is the marital status of the household head?	1 Married 2 Partner 3 Divorced → 1.6 4 Living apart not divorced → 1.6 5 Widow or widower → 1.6 6 Never married → 1.6																																					
1.5 -	What is the age of the household head SPOUSE?	Spouse 1 _ _	Spouse 2 _ _																																				
		Spouse 3 _ _	Spouse 4 _ _																																				
1.6 -	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.	Male	Female																																				
	a - 0 - <6months	_ _	_ _																																				
	b - 6 - <24months	_ _	_ _																																				
	c - 24 - 59months	_ _	_ _																																				
	d - 5 - 6 years	_ _	_ _																																				
	e - 7 - 14 years	_ _	_ _																																				
	f - 15 - 19 years	_ _	_ _																																				
	g - 20 - 49 years	_ _	_ _																																				
	h - 50 - 64 years	_ _	_ _																																				
	i - 64 + years	_ _	_ _																																				
1.7 -	Can the Household Head / Spouse read and write a simple message in any language?	Household Head	Spouse (if any)																																				
		1 Yes 2 No	1 Yes 2 No																																				
1.8 -	What is the level of education of the household head / spouse (use codes below)	Household Head	Spouse (if any)																																				
	01 = No School 02 = Some Primary (Std 1-Std6 but not Std 7) 03 = Completed Primary-Std7 04 = Vocational School 05 = Some Secondary School (Form1-Form3, not Form4) 06 = Completed Secondary 07 = Completed Advance level or "A" level 08 = Some / Completed Tertiary 09 = Some / Completed University or College 10 = Other (Specify)	_ _	_ _																																				
		Male	Female																																				
1.9b -	Number of children attending primary school (7-14years)?	_ _	_ _																																				
1.10-	Did anyone miss school for at least 1 week in the last 1 year	1 Yes	2 No → 1.12																																				
1.11-	If yes, why?	<table border="1"> <thead> <tr> <th colspan="2">Male Children</th> <th colspan="2">Female Children</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Sickness</td> <td>1</td> <td>Sickness</td> </tr> <tr> <td>2</td> <td>Work for money or food</td> <td>2</td> <td>Work for money or food</td> </tr> <tr> <td>3</td> <td>Domestic work (gardening, fetching water)</td> <td>3</td> <td>Domestic work (gardening, fetching water)</td> </tr> <tr> <td>4</td> <td>Take care of siblings</td> <td>4</td> <td>Take care of siblings</td> </tr> <tr> <td>5</td> <td>Long distance to school</td> <td>5</td> <td>Long distance to school</td> </tr> <tr> <td>6</td> <td>No money for school fee</td> <td>6</td> <td>No money for school fee</td> </tr> <tr> <td>7</td> <td>Refused to go</td> <td>7</td> <td>Refused to go</td> </tr> <tr> <td>8</td> <td>Other (specify)</td> <td>8</td> <td>Other (specify)</td> </tr> </tbody> </table>		Male Children		Female Children		1	Sickness	1	Sickness	2	Work for money or food	2	Work for money or food	3	Domestic work (gardening, fetching water)	3	Domestic work (gardening, fetching water)	4	Take care of siblings	4	Take care of siblings	5	Long distance to school	5	Long distance to school	6	No money for school fee	6	No money for school fee	7	Refused to go	7	Refused to go	8	Other (specify)	8	Other (specify)
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8	Other (specify)	8	Other (specify)																																				
	CIRCLE ALL THAT APPLY																																						



1.12-	Is anyone in your household chronically ill or disabled?		1	Yes		2	No → 1.14	
1.13-	Please complete table on the right for each chronically ill member Chronic disease / Disability Codes 01 = HIV/AIDS Diagnosed 5 = Mental Disability 02 = Tuberculosis 6 = Physical Disability 03 = Diabetes 10 = Unsure 04 = Cancer 11 = Don't know 12 = Other, Specify: _____	<i>Enter 99 if not ill or disabled in all sections</i>	Age	Gender				Disease/Disability (see code table)
Household Head		_ _	1	Male	2	Female	_ _	
1		_ _	1	Male	2	Female	_ _	
2		_ _	1	Male	2	Female	_ _	
3		_ _	1	Male	2	Female	_ _	
4		_ _	1	Male	2	Female	_ _	
1.14-	In the past 1 year , has any member of your household died? (request for the exact date of death or for a significant event to date the death and make sure it was within the last 1 year)		1	Yes		2	No → Section 2	
1.15-	Please complete table on the right for each deceased member (NB if child less than 5yrs indicate age in months in appropriate column, leave blank if not applicable)	Age in Years if ≥5yrs	Age in Months if <5yrs	Gender				
1		_ _	_ _	1	Male	2	Female	
2		_ _	_ _	1	Male	2	Female	
3		_ _	_ _	1	Male	2	Female	
4		_ _	_ _	1	Male	2	Female	

SECTION 2 – HOUSING AND FACILITIES

2.1 -	What is the major material of the roof? IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION	1	Concrete
		2	Tiles
		3	Straw (grass, papyrus, banana fibres)
		4	Wood
		5	Plastic shelter
		6	Galvanized iron
		7	Mud
		8	Other, specify _____
2.2 -	What is the major material of the floor? IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION	1	Concrete
		2	Mud
		3	Straw
		4	Wood
		5	Plastic sheeting
		6	Tiles
		7	Other, specify _____
2.3 -	How many sleeping rooms/structures do you have?	Rooms/Structures	_ _
2.4 -	How many people usually sleep in this dwelling/compound?	People	_ _
2.5 -	What kind of toilet facility does your household use?	1	Flush latrine
		2	Traditional pit latrine
		3	Ventilated Improved Pit (VIP) Latrine
		4	Open pit (no walls)
		5	None / bush, stream etc
2.6 -	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 _____



For each of the following question, please distinguish between rainy and dry season, use the codes in the grey areas.		Dry Season	Rainy Season
2.8 -	What is the main source of water for your household? <div> <div>1 = Public tap/ piped water</div> <div>5 = Pond, lake, river or stream</div> <div>2 = Tubewell/borehole with pump</div> <div>6 = Rain water</div> <div>3 = Protected dug well or spring</div> <div>7 = Mobile tanker → fill response 2.9b</div> <div>4 = Unprotected well or spring</div> <div>8 = Vendor → fill response 2.9b</div> </div>	<div> <div> <div> <div></div> <div></div> </div> </div> </div>	<div> <div> <div> <div></div> <div></div> </div> </div> </div>
2.9a	How far is the main source of water for your household? Record both time in minutes and distance in km to access source Write 99 or 99.999 if don't know, Write 00 or 00.000 if water on premise	<div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Minutes</div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Km</div> <div> <div> <div></div> <div></div> </div> </div> <div>meters</div> </div>	<div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Minutes</div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Km</div> <div> <div> <div></div> <div></div> </div> </div> <div>meters</div> </div>
2.9b	How far do you travel to meet the vendor or mobile tanker? Record both time in minutes and distance in km to access source Write 99 or 99.999 if don't know, Write 00 or 00.000 if water on premise	<div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Minutes</div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Km</div> </div>	<div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Minutes</div> <div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>Km</div> </div>

SECTION 3 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

3.1-	Does your household have access to agriculture / farming land?	1	yes	2	No → 3.15
	Cropping season	1 st Agriculture Season		2 nd Agriculture Season (if not applicable enter 99.9)	
3.2-	Total land you have access to	<div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>acres</div>		<div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>acres</div>	
3.3-	Total land under cultivation	<div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>acres</div>		<div> <div> <div></div> <div></div> </div> </div> <div> <div> <div></div> <div></div> </div> </div> <div>acres</div>	
3.4-	Month of the onset of the harvest from this season (1=Jan; 12=Dec)	<div> <div> <div></div> <div></div> </div> </div>		<div> <div> <div></div> <div></div> </div> </div>	
3.5-	How long did the total produce from this season last from the end of the harvest?	<div> <div> <div></div> <div></div> </div> </div> <div>months</div>		<div> <div> <div></div> <div></div> </div> </div> <div>months</div>	
3.6-	Did you use chemical fertilizer during this Cropping Period?	1	Yes	2	No
3.7-	Did you use natural (from animal/plant etc) fertilizer during Cropping Period?	1	Yes	2	No
3.8-	How many adults (>15yrs) in your household usually participate in farming work?	Male		Female	
		<div> <div> <div></div> <div></div> </div> </div>		<div> <div> <div></div> <div></div> </div> </div>	
3.9-	How many children (<15yrs) in your household usually participate in farming work?	Male		Female	
		<div> <div> <div></div> <div></div> </div> </div>		<div> <div> <div></div> <div></div> </div> </div>	
3.10 -	In the <u>last year</u> , did you pay people (cash or in-kind) to help you in any agricultural activities? (e.g. Land preparation, weeding, harvesting)	1	Yes	2	No
3.11 -	Does your household own any of following items?	Asset	Quantity	Asset	Quantity
	Please do not leave any cell blank! If none write 00	Hoe	<div> <div> <div></div> <div></div> </div> </div>	Treadle pump	<div> <div> <div></div> <div></div> </div> </div>
		Axe	<div> <div> <div></div> <div></div> </div> </div>	Chairs/sofa	<div> <div> <div></div> <div></div> </div> </div>
		Sickle/Machete	<div> <div> <div></div> <div></div> </div> </div>	Ox/donkey cart	<div> <div> <div></div> <div></div> </div> </div>
		Plough/Ox Plough	<div> <div> <div></div> <div></div> </div> </div>	Roofing (any kind)	<div> <div> <div></div> <div></div> </div> </div>
		Radio (only)	<div> <div> <div></div> <div></div> </div> </div>	Tractor	<div> <div> <div></div> <div></div> </div> </div>
		Tape/CD player	<div> <div> <div></div> <div></div> </div> </div>	Grinding Mill	<div> <div> <div></div> <div></div> </div> </div>
		Bicycle	<div> <div> <div></div> <div></div> </div> </div>	Oil press	<div> <div> <div></div> <div></div> </div> </div>
		Fishing boat / canoe	<div> <div> <div></div> <div></div> </div> </div>	Cell phone	<div> <div> <div></div> <div></div> </div> </div>
		Fishing net	<div> <div> <div></div> <div></div> </div> </div>	Motorized Vehicle of any kind	<div> <div> <div></div> <div></div> </div> </div>
3.12 -	Does your household own any fruit, nut or spice trees?	1	Yes	2	No → 3.14
3.13 -	In total how many of these do you have?	<div> <div> <div></div> <div></div> </div> </div>			
3.14 -	Do you have a household vegetable plot /garden?	1	Yes	2	No
3.15 -	Does your household own or have access to any farm-animal?	1	Yes	2	No → Section 4



3.16	If yes, please how many of each of the following animals do you own? (write 00 if none)							
		Owned	Borrowed/Rented			Owned	Borrowed/Rented	
a	Chicken	<input type="text"/>	<input type="text"/>	g	Pig	<input type="text"/>	<input type="text"/>	
b	Duck	<input type="text"/>	<input type="text"/>	h	Bull	<input type="text"/>	<input type="text"/>	
c	Other Birds	<input type="text"/>	<input type="text"/>	k	Cow	<input type="text"/>	<input type="text"/>	
d	Rabbit	<input type="text"/>	<input type="text"/>	l	Oxen	<input type="text"/>	<input type="text"/>	
e	Goat	<input type="text"/>	<input type="text"/>	m	Donkey	<input type="text"/>	<input type="text"/>	
f	Sheep	<input type="text"/>	<input type="text"/>	n	Camel	<input type="text"/>	<input type="text"/>	

SECTION 4 – INPUTS TO LIVELIHOOD

a. - What are your household's main livelihood activities throughout the year? (use activity code, up to four activities)		b. - What proportion of this activity do you directly use for your consumption? Not applicable = 888 Don't know =999	c. - Estimate the total cash value earned from this activity over the last year Use the Cash Code below	d. - What is proportion of the activity (that is not directly consumed) do you use to purchase food? Not applicable = 888 Don't know =999	e. - Who participates in this activity? (use member code)	f. - Who is in charge of managing the resources from this activity? (use member code)	g. Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to the HH livelihood of each activity. %
4.1	Main	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.2	Second	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.3	Third	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.4	Fourth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Livelihoods activity codes

- | | |
|---|---|
| 01 = Food Crop production (e.g. cereals, tubers) | 13 = Skilled labour (artisan) |
| 02 = Gathering | 14 = Handicrafts |
| 03 = Livestock production (e.g. animal husbandry) | 15 = Brewing |
| 04 = Animal products (e.g. herders with milk, cheese, butter) | 16 = Sale of nat. resources (firewood, charcoal, bricks, grass) |
| 05 = Fishing | 17 = Remittance / kinship |
| 06 = Hunting | 18 = Salaries, wages (employees) |
| 07 = Growing Non-Food crops (e.g. coffee growers) | 19 = Rental of property (parcels, building) |
| 08 = Trading in Food Crop or Non-Food Crops, Animals or their products (e.g. middlemen) | 20 = Government allowance (pension, disability benefit) |
| 09 = Seller, commercial activity | 21 = Savings, credit |
| 10 = Petty trading | 22 = Begging, assistance |
| 11 = Unskilled wage labour | 23 = Rental of Agricultural Equipment |
| 12 = Agricultural labour | 24 = Others, specify _____ |

Member code

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

Cash Income Code

- | | |
|---------------------------|------------------------------|
| 1 = <10,000TSh | 5 = 500,000 to 1millionTSh |
| 2 = 10,000 to 50,000TSh | 6 = 1million to 5million TSh |
| 3 = 50,000 to 100,000TSh | 7 = >5million TSh |
| 4 = 100,000 to 500,000Tsh | |

4.6 -	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 – loan account		
		4	Yes – SACCOS/SACA		
		5	Yes – Other (Specify) _____		
		6	No → 4.9		
4.7-	Are you currently in debt?	1	Yes	2	No → 4.9
4.8-	How much do you owe...	_____ TSh.			



Please complete the following table one crop at the time, use the codes outlined for each question. If household is not involved in agricultural activities then enter complete each entry with a 9 (i.e. 9, 99 or 999 as appropriate) and continue to **Section 5**

	Crop Grouping	a – Of the overall crop production what proportion does this CROP GROUP contribute? (e.g. if HH only produces maize & rice then Cereals = 100%)	b – What is the MAJOR CROP cultivated in the corresponding crop type? <i>Use the Crop Codes below</i>	c – How do you normally acquire [MAJOR CROP] seeds/planting material? <i>1 = Purchase 2 = Exchange with farmers 3 = Gift from relatives/family 4 = Reserved from previous harvest 5 = received from NGOs, govt,... 6 = Other, specify: _____</i>	d – Of this [MAJOR CROP] approximately what percentage is lost/became spoiled, as to have no value, after harvesting? (% - write 000 if none)
4.9	Cereals	_ _ _ %	_ _	_	_ _ _ %
4.10	Starchy Vegetables/Tubers	_ _ _ %	_ _	_	_ _ _ %
4.11	Legumes	_ _ _ %	_ _	_	_ _ _ %
4.12	Vegetables	_ _ _ %	_ _	_	_ _ _ %
4.13	Fruit	_ _ _ %	_ _	_	_ _ _ %
4.14	Cash Crops	_ _ _ %	_ _	_	_ _ _ %

Crop Codes

Cereals

01 = Maize
02 = Millet (any variety)
03 = Sorghum
04 = Rice
05 = Other cereals Specify _____

Starchy Veg/Tubers

06 = Irish Potato
07 = Sweet Potato
08 = Cassava
09 = Other roots/tuber Specify _____
10 = Plantain

Legumes

11 = Beans
12 = Cow peas
13 = Pigeon peas
14 = Soya beans
15 = Ground nuts
16 = Garden/field peas
17 = Other Legumes Specify _____

Vegetables

18 = Greens
19 = Tomatoes
20 = Other Vegetable Specify _____

Fruits

20 = Ripe Banana
21 = Pineapple
22 = Other Fruits

Cash Crops

23 = Tea
24 = Coffee
25 = Tobacco
26 = Cashew Nut
27 = Cloves
28 = Sugarcane
29 = Coconuts
30 = Other cash crop Specify _____


SECTION 5 – EXPENDITURE

Did you spend money on [item] last month for domestic consumption? <i>If none, write 0 if don't know, write 9999 and go to next item</i>		a.- Est. Expenditure in Cash during the last month TSh.	b.-Est. Expenditure in Credit during the last month TSh.	c.- Est. Expenditure in Barter / Exchange during the last month TSh.			a. – Est. Expenditure in Cash during the last month TSh.	b. –Est. Expenditure in Credit during the last month TSh.	c.- Est. Expenditure in Barter / Exchange during the last month TSh.
5.1	Maize				5.16	Oil, fat, butter			
5.2	Maize meal/flour				5.17	Sugar			
5.3	Rice				5.18	Salt			
5.4	Other cereals - Millet, Sorghum				5.19	Milk			
5.5	Roots & tubers (potatoes, cassava)				5.20	Water			
5.6	Cassava meal/flour				5.21	Alcohol			
5.7	Bread				5.22	Tobacco			
5.8	Banana				5.23	Soap			
5.9	Beans and peas				5.24	Transport			
5.10	Other vegetables				5.25	Firewood			
5.11	Groundnuts, sim sim				5.26	Charcoal			
5.12	Fresh fruits				5.27	Paraffin			
5.13	Fish				5.28	Rent (house / land)			
5.14	Meat				5.29	Grinding			
5.15	Eggs				5.30	Dagaa (small fish)			

In the past **1 YEAR** how much money have you spent on each of the following items or service?
Use the following table, write 0 if no expenditure.

		a.- Est. Expenditure in Cash during the last YEAR TSh.	b.-Est. Expenditure in Credit during the last YEAR TSh.	c.- Est. Expenditure in Barter / Exchange during the last YEAR TSh.			a.- Est. Expenditure in Cash during the last YEAR TSh.	b.-Est. Expenditure in Credit during the last YEAR TSh.	c.- Est. Expenditure in Barter / Exchange during the last YEAR TSh.
5.30	Equipment, tools, seeds, animals				5.35	Celebrations, social events			
5.31	Hiring labour				5.36	Fines, taxes			
5.32	Medical expenses, health care				5.37	Debts			
5.33	Education, school fee, uniform, equipment & related expenses				5.38	Construction, house repair			
5.34	Clothing, shoes								


SECTION 6 – FOOD SOURCES AND CONSUMPTION

Read : I would now like to ask you a few questions about food consumption in your household

6.1 Yesterday, how many times did the adults in this household eat? | | times

6.2 Yesterday, how many times did the children in this household eat? | | times

6.3 Is this unusual **at this time of year?** 1 Yes 2 No

Could you please tell me how many days in the **past ONE WEEK** your household has eaten the following foods and what the source was

(use codes below, write 0 for items not eaten over the last 7 days and if several sources, write up to two)

For Food Recall in last 7 days (check box if consumed)								Food Item	1. # of days eaten last 7 days (total of boxes on left)	2. Food Source (write all)	
1	2	3	4	5	6	7				Primary	Secondary
							6.4-	Maize (e.g. Ugali, Kande)			,
							6.5-	Rice			,
							6.6-	Other cereals (Sorghum, millet, ...)			,
							6.7-	Roots and tubers (potatoes, cassava, ...)			,
							6.8-	Mandazi / Chapatti / Bread			,
							6.9-	Banana			,
							6.10-	Beans and Peas			,
							6.11-	Other vegetables			,
							6.12-	Ground nuts			,
							6.13-	Fresh fruits			,
							6.14-	Fish			,
							6.15-	Meat (domestic or wild)			,
							6.16-	Eggs			,
							6.17-	Oil, fat, butter			,
							6.18-	Sugar			,
							6.19-	Milk			,

Food Source codes

1 = Own production (crops, animals)
2 = hunting, fishing, gathering
3 = exchange labour/items for food
4 = borrowed

5 = purchases
6 = gift (food) from family/relatives
7 = food aid/subsidized food (NGOs, government...)


SECTION 7 – SHOCKS AND FOOD SECURITY

7.1-	Did you experience any situation during the last year that affected your household to provide for itself, eat in the manner you are accustomed or affected what your family owned?				1	Yes	2	No → Section 8
7.2-	By order of importance, what were the main causes for the problems you faced this year? <i>Do not read options, write number in front of the identified cause by order of importance (1=highest)</i>							
	__	A. Drought/irregular rains, prolonged dry spell	__	G. Unusually high prices for food	__	M. Death of other household member		
	__	B. Floods	__	H. Unusually high cost of agric. inputs (seed, fertilizer, etc.)	__	N. Theft of productive resources		
	__	C. Landslides, erosion	__	I. Loss or reduced employment for a household member	__	O. Insecurity/violence		
	__	D. Unusually high level of crop pests & disease	__	J. Reduced income of a household member	__	P. Other_____		
	__	E. Unusually high level of livestock diseases	__	K. Serious illness or accident of household member	__	Q. Other_____		
	__	F. Unusually high level of human disease	__	L. Death a working household member				

For the four first main shocks above, please complete the following table using the codes. Please be consistent in the ranking. Complete one line at the time. (i.e. Letter attributed to cause listed above identified with HH heads rank 1-4)

Rank & Cause <i>(copy code from above the four main causes)</i>	7.3- 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	7.4- What did the household do to compensate or resolve these problems caused by the shock <i>Use codes below, record all used</i>	7.5 – Did [cause] create a decrease in your household's ability to have enough food to eat for a period of time (not including the annual 'lean season')? 1 = Yes → 7.6 2 = No → Section 8 3 = Don't know → Section 8	7.6 – Has the household recovered from the inability to have enough food? 1 = Not recovered at all 2 = Partially recovered 3 = Completely recovered
1. _____	__	1. __ __ , 2. __ __	__	__
2. _____	__	1. __ __ , 2. __ __	__	__
3. _____	__	1. __ __ , 2. __ __	__	__
4. _____	__	1. __ __ , 2. __ __	__	__

- | | |
|--|---|
| 01 = Rely on less preferred, less expensive food | 14 = Borrowed money |
| 02 = Borrowed food, helped by relatives | 15 = Sold HH articles (utensils, blankets) or jewelry |
| 03 = Purchased food on credit | 16 = Sold agricultural tools, seeds,... |
| 04 = Consumed more wild foods or hunted | 17 = Sold building materials |
| 05 = Consumed seed stock held for next season | 18 = Sold HH furniture |
| 06 = Reduced the proportions of the meals for all | 19 = Sold HH poultry, birds, ducks |
| 07 = Adults ate less so that children could eat | 20 = Sold small animals – goats, sheep, pigs |
| 08 = Reduced number of meals per day | 21 = Sold big animals – oxen, cow, bulls |
| 09 = Skipped days without eating | 22 = Rented out land |
| 10 = Some HH members migrated temporarily (< 6 months) | 23 = Sold land |
| 11 = Some HH members migrated permanently (> 6 months) | 24 = Worked for food only |
| 12 = Reduced expenditures on health and education | 25 = Extended working hours |
| 13 = Spent savings | 26 = Children taken out of school |


SECTION 8 – 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.

8.1-	Are there women between 15 and 49 years old in this household?	1	Yes	2	No → Section 9																
8.2	First name of woman aged 15-49yrs	8.3	Age in Years	8.4	Can you read and write simple messages? 1 = Yes 2 = No	8.5	What is your level of education? 1 = No School 2 = Some Primary (Std1-Std6 but not Std7) 3 = Vocational School 4 = Some Secondary School (Form1-Form3, not Form4) 5 = Completed Secondary or "O" level 6 = Completed Advanced level or "A" level 7 = Some / Completed Tertiary 8 = Some / Completed University	8.6	Are you currently pregnant or breastfeeding? ENTER ONLY ONE 1 = Pregnant 2 = Breastfeeding → 8.9 3 = Neither → 8.9 4 = Both 5 = Don't know → 8.9 6 = Never Pregnant → 8.11	8.7	When you were pregnant, did you see anyone for antenatal care? 1 = Yes 2 = No → 8.10	8.8	When you were pregnant, did you receive iron-folate tablets (small red tablets)? 1 = Yes 2 = No	8.9	Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)? 1 = Yes 2 = No	8.10	In the past 2 weeks have you been ill at all? 1 = Yes 2 = No	8.11	Last night, did you sleep under a mosquito net? 1 = Yes 2 = No		
1																					
2																					
3																					
8.12		8.13		8.14		8.15		8.16		8.17											
Do you boil (and then cool down) the water before consumption for your children < 59 months? If no children < 59 months then 1 = Yes 2 = No 3 = Sometimes		When do you wash your hands? DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED		After visiting the toilet, what do you use to wash your hands? 1 = Water only 2 = Home made soap/ash & water 3 = Washing soap & water 4 = Nothing 5 = Other		Is the woman pregnant? 1 = Yes → Next Woman or Section 9 if woman no. 3 2 = No		Mother's height (in centimeters)		Mother's weight (in kilograms to one decimal place)											
		<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																	
		<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																	
		<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																	


SECTION 9 – CHILD HEALTH AND NUTRITION

ASK TO THE SELECTED RESPONDENT ONLY IF THERE ARE CHILDREN < 59 MONTHS IN THE HOUSEHOLD, ELSE, TERMINATE

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

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

9.1a	9.1b	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11
First name (NOTE number equals mothers code)	Mothers ID no. (see previous section i.e. 1,2 or 3). 8=missing at interview 9 = dead	If available Date of Birth from the Medical Card if NOT → 9.3 if YES ENTER DETAILS THEN→ 9.6 Use format dd/mm/yy	Birth month (Jan =1 Dec = 12)	Birth year	Child's age in months	Child gender? 1 = Male 2 = Female	Are you the mother of [Name] 1 = Yes 2 = No No → 9.14	When you were pregnant with [NAME], did you get antenatal care? (if yes, whom) 1 = Doctor 4 = Relative or Friend 2 = Nurse 5 = Other 3 = Midwives 6 = No one	Anti-Tetanus Shot when you were pregnant with [NAME]? (an injection at the top of the arm or shoulder). 1 = Yes 2 = No 3 = Don't know	Did you ever breastfeed [NAME]? (if no, → 9.13) 1 = Yes 2 = No	Is [NAME] still being breastfed? 1 = Yes 2 = No
1											
2											
3											
4											
5											

9.12	9.13-	9.14	9.15-	9.16-	9.17-	9.18	9.19-	9.20-
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>	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule</i> 1 = Yes 2 = No 3 = Don't know	Has [Name] been ill in the last 2weeks? 1 = Yes 2 = No → 9.19 3 = Don't know → 9.19	Has [NAME] been ill with a fever at any time in the past 2 weeks? 1 = Yes 2 = No 3 = Don't know	Has [NAME] been ill with a cough at any time in the past 2 weeks? 1 = Yes 2 = No 3 = Don't know	Has [NAME] been ill with diarrhea at any time in the past 2 weeks? (<i>Diarrhea: perceived by mother as 3 or more loose stools per day for 3days or one large watery stool or blood in stool</i>) 1 = Yes 2 = No 3 = Don't know	If the child was sick in the previous 2weeks, was [NAME] seen at a health facility during the illness? 1 = Yes 2 = No 3 = Don't know	If 9months or older; Has [NAME] ever received a measles vaccination – an injection in the arm? (<i>check yellow card if available</i>) 1 = Yes 2 = No 3 = Don't know	Has [NAME] received deworming tablets in the last 6 months? 1 = Yes 2 = No 3 = Don't know
Hours	Days							
1								
2								
3								
4								
5								



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

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

	9.24	9.25	9.26	9.27
First name	Child height/length (in centimetres, with 1 decimal place)	Child measurement made lying or standing? (If < 85cm, must be measured lying down) 01 = Lying 02 = Standing	Does the child have bilateral pitting oedema? (Check both feet for oedema) 1 = Yes 2 = No	Child weight – Enter weight in kilograms, with one decimal place.
1	_ _ _ . _ cm	_ _	_	_ _ . _ kg
2	_ _ _ . _ cm	_ _	_	_ _ . _ kg
3	_ _ _ . _ cm	_ _	_	_ _ . _ kg
4	_ _ _ . _ cm	_ _	_	_ _ . _ kg
5	_ _ _ . _ cm	_ _	_	_ _ . _ kg