



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?	_ _													
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?	_ _													
1.6 -	Please, complete this household's demographics table on the right. Make sure to differentiate between males and females.		Male		Female										
		a - 0 - 5 years	_ _		_ _										
		b - 6 - 12 years	_ _		_ _										
		c - 13 - 15 years	_ _		_ _										
		d - 16 - 18 years	_ _		_ _										
		e - 19 - 49 years	_ _		_ _										
		f - 50 - 60 years	_ _		_ _										
		g - 61 + years	_ _		_ _										
1.7 -	Can the Household Head / Spouse read and write a simple message?	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) <table border="0" style="width: 100%;"> <tr> <td>1 = No School</td> <td>6 = Completed Secondary</td> </tr> <tr> <td>2 = Some Primary (P1-P6 but not P7)</td> <td>7 = Completed Advance level or "A" level</td> </tr> <tr> <td>3 = Completed Primary-P7</td> <td>8 = Some / Completed Tertiary</td> </tr> <tr> <td>4 = Vocational School</td> <td>9 = Some / Completed University</td> </tr> <tr> <td>5 = Some Secondary School (S1-S3, not S4)</td> <td></td> </tr> </table>	1 = No School	6 = Completed Secondary	2 = Some Primary (P1-P6 but not P7)	7 = Completed Advance level or "A" level	3 = Completed Primary-P7	8 = Some / Completed Tertiary	4 = Vocational School	9 = Some / Completed University	5 = Some Secondary School (S1-S3, not S4)		Household Head		Spouse (if any)	
		1 = No School	6 = Completed Secondary												
		2 = Some Primary (P1-P6 but not P7)	7 = Completed Advance level or "A" level												
3 = Completed Primary-P7	8 = Some / Completed Tertiary														
4 = Vocational School	9 = Some / Completed University														
5 = Some Secondary School (S1-S3, not S4)															
	_		_												
1.9 -	Is anyone in your household attending primary school?	1	Yes, How many? _ _	2	No										
1.10 -	Is anyone in your household attending secondary school?	1	Yes, How many? _ _	2	No										
1.11 -	Is anyone in your household attending university?	1	Yes, How many? _ _	2	No										
1.12 -	Did anyone miss school for at least <u>1 week</u> in the last <u>6 months</u>	1	Yes	2	No → 1.14										
1.13 -	If yes, why? CIRCLE ALL THAT APPLY	1	Sickness												
		2	Work for money or food												
		3	Domestic work (gardening, fetching water)												
		4	Take care of siblings												
		5	Long distance to school												
		6	No money for school fee												
		7	Insecurity												
		8	Refused to go												



1.14 -	Is anyone in your household chronically ill or disabled?	1	Yes	2	No → 1.17																									
1.15 -	Is the head of the household chronically ill or disabled?	1	Yes	2	No																									
1.16 -	Please complete table on the right for each chronically ill member		Age	Gender		Disease	Disability																							
	<table border="0"> <tr> <td>Chronic disease</td> <td>Disability</td> </tr> <tr> <td>01 = HIV/AIDS</td> <td>05 = Amputee</td> </tr> <tr> <td>02 = cardio-vascular</td> <td>06 = Deaf</td> </tr> <tr> <td>03 = Diabetes</td> <td>07 = Blindness</td> </tr> <tr> <td>04 = Cancer</td> <td>08 = Lame-polio</td> </tr> <tr> <td></td> <td>09 = Mentally Retarded</td> </tr> <tr> <td></td> <td>10 = Lame - injury</td> </tr> <tr> <td>0 = None</td> <td>11 = Mad</td> </tr> <tr> <td>12 = Unsure</td> <td></td> </tr> <tr> <td>13 = Don't know</td> <td></td> </tr> <tr> <td>14 = Other, Specify: _____</td> <td></td> </tr> </table>	Chronic disease	Disability	01 = HIV/AIDS	05 = Amputee	02 = cardio-vascular	06 = Deaf	03 = Diabetes	07 = Blindness	04 = Cancer	08 = Lame-polio		09 = Mentally Retarded		10 = Lame - injury	0 = None	11 = Mad	12 = Unsure		13 = Don't know		14 = Other, Specify: _____		1	1	Male	2	Female	1	1
Chronic disease	Disability																													
01 = HIV/AIDS	05 = Amputee																													
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14 = Other, Specify: _____																														
		2	1	Male	2	Female	1	1																						
		3	1	Male	2	Female	1	1																						
		4	1	Male	2	Female	1	1																						
1.17 -	In the past <u>6 months</u> , has any member of your household died? <i>(request for the exact date of death or for a significant event to date the death and make sure it was within the last 6 months)</i>	1	Yes	2	No → Section 2																									
1.18 -	Please complete table on the right for each deceased member		Age	Gender		Disease	Disability																							
	Use code 1.16	1	1	Male	2	Female	1	1																						
		2	1	Male	2	Female	1	1																						
		3	1	Male	2	Female	1	1																						
		4	1	Male	2	Female	1	1																						

SECTION 2 – CONTEXTUAL INFORMATION

2.1 -	Has your household ever been displaced from your normal place of living?	1	Yes	2	No → 2.7
2.2 -	Why did you or members of your households move? CIRCLE ALL THAT APPLY	1	Was forced by the government		
		2	Because of insecurity		
		3	Property was destroyed		
		4	Because of poverty / economic reason		
		5	Family / Clan / neighbors moved		
		6	Because of drought / bad weather		
		7	Other, specify _____		
2.3 -	Are you or members of your household currently resettled in your normal place of living?	1	Yes → 2.7	2	No
2.4 -	If not, what problems have prevented you from returning to your normal place of living? CIRCLE ALL THAT APPLY	1	Government policy		
		2	Insecurity		
		3	No landholding in place of origin		
		4	Property was destroyed		
		5	Property is occupied by others		
		6	No resources to go back		
		7	Poverty in normal place of living		
		8	Other, specify _____		
2.5 -	Are you or your household in contact with community members of your original place of residence?	1	Yes	2	No
2.6 -	What did you or members of your households rely on to sustain your life before you were displaced? CIRCLE ALL THAT APPLY	1	Agriculture		
		2	Unskilled wage labour		
		3	Trader (Self-Employed, Commercial)		
		4	Teacher		
		5	Medical Worker		
		6	Other government worker		
		7	Artisan Skilled labor		
		8	External aid, assistance		
		9	Work for international organization		
		10	Other, specify _____		



2.7 - What do you or members of your households currently rely on to sustain your life? CIRCLE ALL THAT APPLY	1	Agriculture			
	2	Unskilled wage labour			
	3	Trader (Self-Employed, Commercial)			
	4	Teacher			
	5	Medical Worker			
	6	Other government worker			
	7	Artisan Skilled labor			
	8	External aid, assistance			
	9	Work for international organization			
	10	Other, specify _____			
2.8 -	Over the last one year did your household experience any of the following ...				
2.8a -	Have your house damaged	1	Yes	2	No
2.8b -	Have productive resources looted or stolen	1	Yes	2	No
2.8c -	Have a household member killed	1	Yes	2	No → 2.8e
2.8d -	Have the head of the household killed?	1	Yes	2	No
2.8e -	Have a household member abducted or threatened to death	1	Yes	2	No
2.8f -	Have a household member physically maimed or injured	1	Yes	2	No

SECTION 3 – HOUSING AND FACILITIES

3.1 -	When did your household move to this current settlement? <i>If don't know, write 9999</i>	Year	_ _ _ _		
3.2 -	Do you or your household own or rent this dwelling?	1	Own → 3.4		
		2	Don't own but live for free → 3.4		
		3	Rent,		
3.3 -	How much do you pay per month (in Ug. Sh.) <i>If payment in kind, write 9999 and specify</i>	_____ Ug. Sh.			
3.4 -	Which of the following best describes the dwelling? IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION	1	Single family house- concrete/burned bricks		
		2	Separate apartment- concrete/burned bricks		
		3	Mudhouse		
		4	Mudhouse with multiple units		
		5	Shelter		
		6	Other, specify _____		
3.5 -	What is the major construction material of the outside walls? IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION	1	Concrete / burned bricks		
		2	Mud blocks		
		3	Mud and straw		
		4	Wood		
		5	Plastic shelter		
		6	Other, specify _____		
3.6 -	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	Other, specify _____		
3.7 -	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 _____		



3.8 -	How many sleeping rooms do you have?	Rooms	_ _
3.9 -	How many people usually sleep in this dwelling?	People	_ _
3.10 -	What kind of toilet facility does your household use?	1	Flush latrine
		2	Traditional pit latrine
		3	Open pit (no walls)
		4	Mobilets – Mobile toilets
		5	None / bush, stream
3.11 -	What is the main source of lighting for this house?	1	Electricity
		2	Kerosene, oil or gas lamp
		3	Candles or battery flashlights
		4	No lighting
3.12 -	What fuel do you use most often for cooking?	1	Gas
		2	Electricity
		3	Wood, Charcoal
		4	Kerosene
		5	Other, specify _____
3.13 -	What is the nearest road to your household?	1	Trunk road (tarmac)
		2	Trunk road (murrum)
		3	Feeder road
		4	Community road
3.14 -	How far is the nearest road from your household? <i>Record both time in minutes and distance in km to access road.</i> Write 99 if don't know, Write 00 if on premise	_ _ Minutes _ _ . _ Km	
3.15 -	What is the major constraint you find when using the road?	1	None
		2	Poor road maintenance
		3	Insecurity
		4	No transportation
		5	Other, specify _____
3.16 -	What mode of transportation do you usually use?	1	By foot
		2	Donkey
		3	Bicycle
		4	Motorbike
		5	Bus / car
		6	Don't know
3.17 -	Over the LAST MONTH, how often did you go to the market to buy food	1	Never → 3.21
		2	Once a month
		3	Two to three times a month
		4	Four to ten times a month
		5	More than 11 times a month
3.18 -	What type of market did you most often go to?	1	Small daily market in the village
		2	Weekly village market
		3	Large "auction market"
		4	Shops, commercial center
3.19 -	How far is that market from your household? <i>Record both time in minutes and distance in km to access road</i> Write 99 if don't know, Write 00 if on premise	_ _ Minutes _ _ . _ Km	
3.20 -	How far is the nearest health centre from your household? <i>Record both time in minutes and distance in km to access road</i> Write 99 if don't know, Write 00 if on premise	_ _ Minutes _ _ . _ Km	
For each of the following question, please distinguish between rainy and dry season, use the codes in the grey areas.		Dry Season	Rainy Season
3.21 -	What is the main source of water for your household? <i>1 = Public tap/ piped water 5 = Pond, lake, river or stream</i> <i>2 = Tubewell/borehole with pump 6 = Rain water</i> <i>3 = Protected dug well or spring 7 = Mobile tanker</i> <i>4 = Unprotected well or spring 8 = Vendor</i>	_	_
3.22 -	How far is the main source of water for your household? <i>Record both time in minutes and distance in km to access source</i> Write 99 if don't know, Write 00 if water on premise	_ _ Minutes _ _ . _ Km	_ _ Minutes _ _ . _ Km



SECTION 4 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

4.2a-	Does your household have access to agriculture / farming land?	1	yes	2	No → 4.17
4.2b-	Total land owned	_ _	parcels	_ _ .	_ _ acres
4.2c-	Total land rented in, sharecropped <u>in</u> or borrowed	_ _	parcels	_ _ .	_ _ acres
4.2d-	Total land rented out, sharecropped <u>out</u> or lent <u>out</u>	_ _	parcels	_ _ .	_ _ acres
4.2e-	Total land under cultivation <u>last year</u>	_ _	parcels	_ _ .	_ _ acres
4.3	How many adults men (>18) in your household usually participate in farming work?	_ _	men household members		
4.4	How many adults women (>18) in your household usually participate in farming work?	_ _	women household members		
4.5	How many children in your household usually participate in farming work?	_ _	children household members		

In the last year, did you pay people (cash or in-kind) to help you with the following agricultural activities?

4.6 -	Land preparation	1	Yes	2	No
4.7 -	Weeding	1	Yes	2	No
4.8 -	Harvesting	1	Yes	2	No

Please complete the following table one crop at the time, use the codes outlined for each question

	a - What are the main crops cultivated by your household? <i>Please enter code for up to 8 main crops from list below. If respondents list less than 8 crops, write 00 in empty spaces.</i>	b - What is your normal annual production of [crop] in kg? <i>Please provide estimate if answer is in other unit</i>	c - Does your production of [crop] usually last till next harvest? 1 = Yes 2 = No	d - What proportion of your production of [crop] do you sell? (% - write 000 if none sold, write 100 if cash crop)	e - How do you usually acquire [crop] seeds 1 = Purchase 2 = Exchange with farmers 3 = Gift from relatives/family 4 = Reserved from previous harvest 5 = received from NGOs, govt,... 6 = Other, specify: _____
4.9 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.10 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.11 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.12 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.13 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.14 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.15 -	_ _	_ _ _ _ .	_	_ _ _ %	_
4.16 -	_ _	_ _ _ _ .	_	_ _ _ %	_
	01 = Maize	06 = Irish Potato	11 = Kidney beans	16 = Garden/field peas	21 = Tobacco
	02 = Millet	07 = Sweet Potato	12 = Cow peas	17 = Ground nuts	22 = Sugarcane
	03 = Sorghum	08 = Cassava	13 = Pigeon peas	18 = Simsim	23 = Other cash crop
	04 = Rice	09 = Other roots/tuber	14 = Soy beans	19 = Tea	
	05 = Other cereals	10 = Matooke	15 = Other vegetables	20 = Coffee	

(Use this space for calculation or comments on production, if needed)



HOUSEHOLD INTERVIEW

4.17 -	Does your household own any fruit or nut trees?	1	Yes	2	No
4.18 -	Do you have a household vegetable plot /garden?	1	Yes	2	No
4.19 -	How do you usually store your cereals?	1	Sacks		
		2	Granary / Crib		
		3	Pots/Gourds		
		4	Store house		
		5	No storage		
		6	Other, specify _____		
4.20 -	Does your household own any farm-animal?	1	yes	2	No → Section 5
4.21 -	If yes, please how many of each of the following animals do you own? (write 00 if none)				
	a - Chicken		___	g - Pigs	___
	b - Ducks		___	h - Bulls	___
	c - Other birds		___	k - Cows	___
	d - Rabbits		___	l - Oxen	___
	e - Goats		___	m - Donkey	___
	f - Sheep		___	n - Camels	___

SECTION 5 – INCOME

Please complete the table one activity at the time, using the codes below, for the YEAR		a. - What are your household's main income activities throughout the year? <i>(use activity code, up to four activities)</i>	b. Who participates in this activity? <i>(use member code)</i>	c. Who is in charge of managing the income? <i>(use member code)</i>	<i>Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each activity.</i>	
					d. %	e. Ug. Sh.
5.1	Main	___	___	___	___	___
5.2	Second	___	___	___	___	___
5.3	Third	___	___	___	___	___
5.4	Fourth	___	___	___	___	___
5.5	Other activities (don't specify)	___	___	___	___	___

Income activity codes	Member code
01 = Crop sales	1 = Head of the Household only
02 = Animal sales / animal product sales	2 = Spouse of the head of the Household only
03 = Fishing	3 = Men only
04 = Brewing	4 = Women only
05 = Unskilled wage labour	5 = Adults only
06 = Skilled labour (artisan)	6 = Children only
07 = Handicrafts	7 = Women & children
08 = Use of nat. resources (firewood, charcoal, bricks, grass, wild foods)	8 = Men & children
09 = Petty trading	9 = Everybody
10 = Seller, commercial activity	
11 = Remittance / kinship	
12 = Salaries, wages (employees)	
13 = Rental of property (parcels, building)	
14 = Savings, credit	
15 = Begging, assistance	
16 = Government allowance (pension, disability benefit)	
17 = Others, specify _____	

5.6 -	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	No → Section 6		
5.7-	Did you purchase food on credit or borrow money to purchase food in the <u>last 6 months</u> ?	1	Yes	2	No → Section 6
5.8-	Are you currently in debt because of credit for food?	1	Yes	2	No → Section 6
5.9-	How much do you owe...	_____ Ug. Sh.			



SECTION 6 – EXPENDITURE

Did you spend money on [item] last month for domestic consumption? <i>If no, write 0 if don't know, write 999 and go to next item</i>		a. – Estimated total expense Ug. Sh.	Probe : If useful use the following to estimate expenses		a. – Estimated total expense Ug. Sh.	Probe : If useful use the following to estimate expenses	
			b. - Estimated amount (quantity)	c. - Unit cost Ug. Sh.		b. - Estimated amount (quantity)	c. - Unit cost Ug. Sh.
6.1 -	Maize				6.14 -	Meat	
6.2 -	Maize meal/flour				6.15 -	Eggs	
6.3 -	Rice				6.16 -	Oil, fat, butter	
6.4 -	Other cereals - Millet, Sorghum				6.17 -	Sugar	
6.5 -	Roots and tubers (potatoes, cassava)				6.18 -	Salt	
6.6 -	Cassava meal/flour				6.19 -	Milk	
6.7 -	Bread				6.20 -	Water	
6.8 -	Matooke				6.21 -	Alcohol and tobacco	
6.9 -	Beans and peas				6.22 -	Soap	
6.10 -	Other vegetables				6.23 -	Transport	
6.11 -	Groundnuts, sim sim				6.24 -	Firewood, charcoal	
6.12 -	Fresh fruits				6.25 -	Paraffin	
6.13 -	Fish				6.26 -	Rent (house / land)	

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

		Ug. Sh.		Ug. Sh.
6.27 -	Equipment, tools, seeds, animals		6.32 -	Celebrations, social events
6.28 -	Hiring labour		6.33 -	Fines, taxes
6.29 -	Medical expenses, health care		6.34 -	Debts
6.30 -	Education, school fee		6.35 -	Construction, house repair
6.31 -	Clothing, shoes			



SECTION 7 – FOOD SOURCES AND CONSUMPTION

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

7.1	Yesterday, how many times did the <u>adults</u> in this household eat?	__ times
7.2	Yesterday, how many times did the <u>children</u> in this household eat?	__ times

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 on the right, write 0 for items not eaten over the last 7 days and if several sources, write up to two)

	Food Item	# of days eaten last 7 days	Food Source (write all)	Food Source codes
7.3a-	Maize	__	__ , __	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 (NGos,...)
7.3b-	Rice	__	__ , __	
7.3c-	Other cereals (Sorghum, millet, ...)	__	__ , __	
7.3d-	Roots and tubers (potatoes, cassava, ...)	__	__ , __	
7.3e-	Bread	__	__ , __	
7.3f-	Matooke	__	__ , __	
7.3g-	Beans and Peas	__	__ , __	
7.3h-	Other vegetables	__	__ , __	
7.3i-	Ground nuts, Sim sim	__	__ , __	
7.3j-	Fresh fruits	__	__ , __	
7.3k-	Fish	__	__ , __	
7.3l-	Meat	__	__ , __	
7.3m-	Eggs	__	__ , __	
7.3n-	Oil, fat, butter	__	__ , __	
7.3p-	Sugar	__	__ , __	
7.3q-	Milk	__	__ , __	

In one year, what is the contribution of [source] to your annual food consumption? Use proportional piling or 'divide the pie' methods; please estimate the relative contribution of each of the following food source to total food consumption.

7.4a -	Own production (crops, animals)	__ __ %
7.4b -	Hunting, fishing, gathering	__ __ %
7.4c -	Purchases	__ __ %
7.4d -	Gift, borrowing	__ __ %
7.4e -	Food aid	__ __ %
		100 %

7.5 -	Did you or your household give food to others in need in the <u>last 6 months</u> ?	1	yes	2	No
7.6 -	Has any member of your household received food aid or food gift in the <u>last 6 months</u> ?	1	yes	2	No → 7.13
7.7 -	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	Type of Program		# Benef.	
		1	Gift from family/relatives	__	__
		2	General food ration	__	__
		3	School feeding	__	__
		4	Supplementary feeding	__	__
		5	Therapeutic feeding	__	__
		6	Food for work/for assets	__	__
7	Other, specify _____	__	__		
7.8 -	Did your household sell or exchange food <u>aid</u> in the last <u>6 months</u> ?	1	yes	2	No → 7.10
7.9 -	Why did you sell/exchange food aid?	1	to get non food items		
		2	to get other types of food		
		3	to pay medical/education expenses		
		4	to get cash for other expenses		
		5	other, specify _____		



HOUSEHOLD INTERVIEW

7.10 -	Did your household give food aid outside of your family/household in the <u>last 6 months</u> ?	1	yes	2	No
7.11 -	Did your household have problem to receive food aid in the <u>last 6 months</u> ?	1	yes	2	No → 7.13
7.12 -	What was the problem?	1	Registration		
		2	Food not available		
		3	Irregular distribution		
		4	Insecurity		
		5	Other, specify		
7.13 -	Has any member of your household received any other type of external assistance <u>beside food aid</u> in the <u>last 6 months</u> ?	1	yes	2	No → Section 8
7.14 -	If yes, from whom? Circle all that apply	1	Friends, relatives		
		2	World Food Programme		
		3	Save the Children		
		4	UNICEF		
		5	Oxfam		
		6	Red Crescent & Red Cross		
		7	Faith based organizations (Caritas, CRS, WorldVision, islamic)		
		8	The government (O.P.M.)		
		9	Other, specify _____		
7.15 -	If yes, what type of assistance? Circle all that apply	1	Food products		
		2	Money allowances		
		3	For education (fee, books, uniforms)		
		4	For medical services		
		5	Construction material, building		
		6	Seeds and tools		
		7	Other, specify _____		



SECTION 8 – SHOCKS AND FOOD SECURITY

Read: For each of the following statements, please tell me if it was true or false over the last year

8.1a-	Were you concerned that your food would run out before you got enough money to buy more."	1	True	2	False
8.1b-	Were you concerned that your food would run out before you could produce more ourselves."	1	True	2	False
8.1c-	You did not eat foods of the quality or variety you preferred because you didn't produce enough or have enough money to purchase them."	1	True	2	False

If the respondent replied no for the three questions, → to section 9, else, continue with the following questions

8.2-	By order of importance, what were the main causes for the problems you just mentioned? Do not read options, write number in front of the identified cause by order of importance					
	<input type="checkbox"/>	A. Drought/irregular rains, prolonged dry spell	<input type="checkbox"/>	G. Unusually high level of human disease	<input type="checkbox"/>	L. Serious illness or accident of household member
	<input type="checkbox"/>	B. Floods	<input type="checkbox"/>	H. High prices for food	<input type="checkbox"/>	M. Death of a working household member
	<input type="checkbox"/>	C. Landslides, erosion	<input type="checkbox"/>	I. High costs of agric. inputs (seed, fertilizer, etc.)	<input type="checkbox"/>	N. Death of other household member
	<input type="checkbox"/>	D. Unusually high level of crop pests & disease	<input type="checkbox"/>	J. Loss of employment for a household member	<input type="checkbox"/>	P. Theft of productive resources
	<input type="checkbox"/>	E. Unusually high level of livestock diseases	<input type="checkbox"/>	K. Reduced income of a household member	<input type="checkbox"/>	Q. Insecurity/violence
	<input type="checkbox"/>	F. Lack of employment				

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.

Rank & Cause <i>(copy code from above the four main causes)</i>	8.3- 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	8.4- 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 2 = No 3 = Don't know	8.5- What did the household do to compensate or resolve these problems caused by the shock Use codes below, record all used	8.6 - Has the household recovered from the inability to have enough food? 1 = Not recovered at all 2 = Partially recovered 3 = Completely recovered
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	1. __ __ , 2. __ __	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	1. __ __ , 2. __ __	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	1. __ __ , 2. __ __	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	1. __ __ , 2. __ __	<input type="checkbox"/>

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



SECTION 9 – HIV AIDS

9.1-	Have you ever heard of an illness called AIDS?	1	Yes	2	No → Section 10
9.2-	Is there anything a person can do to avoid getting HIV or the virus that causes AIDS?	1	Yes		
		2	No → 9.4 e		
		3	Don't know → 9.4 e		
9.3-	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 healers		
		13	Avoid touching a person with AIDS		
		14	Avoid sharing food		
		15	Other, specify _____		
9.4a	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	2	3	
9.4b	Can a person get the AIDS virus from mosquito bites?	1	2	3	
9.4c	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	1	2	3	
9.4d	Can people get the AIDS virus by sharing food with a person who has AIDS?	1	2	3	
9.4e	Is it possible for a healthy-looking person to have the AIDS virus?	1	2	3	
9.4f	Do you personally know someone who has the virus that causes AIDS or someone who died from AIDS?	1	2	3	
9.4g	Can the AIDS virus be transmitted from a mother to a child?	1	2	3	
9.4h	Can the AIDS virus be transmitted from a mother to her child during pregnancy?	1	2	3	
9.4i	Can the AIDS virus be transmitted from a mother to her child during delivery?	1	2	3	
9.4j	Can the AIDS virus be transmitted from a mother to a child by breastfeeding?	1	2	3	



SECTION 10 – 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.					
10.1a-	Are there children 6 - 59 months in this household?	1	Yes → 10.2	2	No
10.1b-	Are there children < 6 months in this household?	1	Yes → 10.2	2	No
10.1c-	Are there women between 15 and 49 years old in this household?	1	Yes	2	No → END
10.2-	List first names of mothers or care takers (if mothers are absent) of the children in the category age that apply. If no children, list the first names of the women aged 15 – 49 years. If more than one and select alphabetically. Circle the number of the one selected.	1	_____		
		2	_____		
		3	_____		
To the selected mother/care taker/woman:					
10.3a-	What is your age?	_ _			
10.3b-	Can you read and write simple messages?	1	Yes	2	No
10.3c-	What is your level of education?	1	No School		
		2	Some Primary (P1-P6 but not P7)		
		3	Completed Primary-P7		
		4	Vocational School		
		5	Some Secondary School (S1-S3, not S4)		
		6	Completed Secondary or "O" level		
		7	Completed Advanced level or "A" level		
		8	Some / Completed Tertiary		
		9	Some / Completed University		
10.4 -	Are you currently pregnant or breastfeeding? CIRCLE ONLY ONE	1	pregnant		
		2	Breastfeeding → 10.6		
		3	Neither → 10.6		
		4	both		
		5	don't know → 10.6		
10.5 -	If pregnant, how many months pregnant?	_ months			
10.6 -	How many times have you been pregnant (including a current pregnancy, write 00 if never)?	_ _ pregnancies if 00 → 10.15			
10.7 -	When you were pregnant, did you see anyone for antenatal care?	1	Yes	2	No → 10.9
10.8-	When you were pregnant, did you receive iron-folate tablets (small red tablets)?	1	Yes	2	No
10.9-	How many times have you suffered a miscarriage?	_ _ miscarriages			
10.10-	How many times have you suffered a stillbirth?	_ _ stillbirths			
10.11-	How many living children have you given birth to?	_ _ children			
10.12-	How many of those children have died?	_ _ children			
10.13-	How old were you at your first delivery?	_ _ years			
10.14-	Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)?	1	Yes	2	No
10.15-	In the past 2 weeks have you been ill with Diarrhoea?	1	Yes	2	No
10.16-	In the past 2 weeks have you been ill with Fever?	1	Yes	2	No
10.17-	Last night, did you sleep under a mosquito net?	1	Yes	2	No
10.18-	Do you boil (and then cool down) the water before consumption for your children < 5 years?	1	Yes, always		
		2	Yes, sometimes		
		3	No		



10.19-	When do you wash your hands? DO NOT READ, CIRCLE THE ANSWERS THAT ARE MENTIONED	1	before preparing meals
		2	before eating
		3	after going to the toilet
		4	after cleaning a child when they go to the toilet
		5	when they are dirty
		6	never
10.20-	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

SECTION 11 – 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*)

<i>Starting with the youngest child, please enter the names of the three youngest children and ask the following question for one child at the time:</i>		Last born child		Second last born child		Third last born child			
11.1	(child number) First name	(1) _____		(2) _____		(3) _____			
11.2-	Birth month	_ _		_ _		_ _			
11.3-	Birth year	_ _ _ _		_ _ _ _		_ _ _ _			
11.4-	Child's age in months	_ _ months		_ _ months		_ _ months			
11.5-	Child gender?	1	Male	2	Female	1	Male	2	Female
11.6-	Are you the mother of [Name]	1	Yes	2	No → 11.12a	1	Yes	2	No → 11.12a
11.7-	When you were pregnant with [NAME], did you get antenatal care? (if yes, whom)	1	Doctor	1	Doctor	1	Doctor		
		2	Nurse	2	Nurse	2	Nurse		
		3	Midwives	3	Midwives	3	Midwives		
		4	Relative. Friend	4	Relative. Friend	4	Relative. Friend		
		5	Other	5	Other	5	Other		
		6	No one	6	No one	6	No one		
11.8-	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		
		1	Yes	2	No	3	Don't know		
11.9-	When [NAME] was born, was he/she [read options]?	1	Very large	1	Very large	1	Very large		
		2	Larger than normal	2	Larger than normal	2	Larger than normal		
		3	Normal	3	Normal	3	Normal		
		4	Smaller than normal	4	Smaller than normal	4	Smaller than normal		
		5	very small	5	very small	5	very small		
11.10a	Did you ever breastfeed [NAME]? (if no, → 11.11)	1	Yes	2	No	1	Yes	2	No
11.10b	Is [NAME] still being breastfed?	1	Yes	2	No	1	Yes	2	No
11.10c	How long after birth did you first put [NAME] to the breast? <i>If less than 1 hour, write 0. If less than 24 hours, record hours. Otherwise, record days.</i>	_ _ hours		_ _ hours		_ _ hours			
		_ _ days		_ _ days		_ _ days			



	(child number) First name	(1) _____			(2) _____			(3) _____		
11.11-	Only for youngest child, and if child < 24 months – Since this time yesterday, did [NAME] receive any of the following? CIRCLE ALL THAT APPLY	1	Tinned, powdered or fresh milk		DO NOT ASK - ONLY FOR YOUNGEST CHILD	DO NOT ASK - ONLY FOR YOUNGEST CHILD	DO NOT ASK - ONLY FOR YOUNGEST CHILD	DO NOT ASK - ONLY FOR YOUNGEST CHILD	DO NOT ASK - ONLY FOR YOUNGEST CHILD	DO NOT ASK - ONLY FOR YOUNGEST CHILD
		2	Plain water							
		3	Sugar/glucose water or juice							
		4	Salt and Sugar/ Oral Rehydration Solution-ORS							
		5	Traditional medicine							
		6	Tea, infusions							
		7	Any other liquids							
		8	Solid or semi-solid (mushy) food							
11.12a-	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule</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
11.12b-	If yes, how many months ago did [NAME] take the last dose? (<i>write 99 if don't know</i>)	_ _ months			_ _ months			_ _ months		
11.13a-	Has [NAME] been ill with a fever at any time in the past 2 weeks?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.13b-	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
11.13c-	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
11.14a-	Has [NAME] been ill with a cough at any time in the past 2 weeks?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.14b-	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
11.15a-	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 or one large watery stool or blood in stool</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
11.15b	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
11.16-	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
11.17-	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)
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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.

11.18-	Child height/length (<i>in centimetres, with 1 decimal place</i>)	_ _ _ . _ cm		_ _ _ . _ cm		_ _ _ . _ cm			
11.19-	Child measurement made lying or standing? (<i>If < 24 months, must be measured lying down</i>)	1 Lying		2 Standing		1 Lying		2 Standing	
11.20-	Does the child have bilateral pitting oedema? (<i>Check both feet for oedema</i>)	1	Yes	2	No	1	Yes	2	No
11.21-	Child weight – Enter weight in kilograms, with one decimal place.	_ _ . _ kg		_ _ . _ kg		_ _ . _ kg			

Measurements- mother :

11.22-	Mother's height (in centimetres)	_ _ _ _ . _ cm	
11.23-	Mother's weight (in kilograms)	_ _ _ _ . _ kg only for non-pregnant mother!	