# MODULE A. HOUSEHOLD IDENTIFICATION COVER SHEET

| HOUSEHOLD IDENTIFICATION | CODE |
|---|---|
| **A01**. HOUSEHOLD IDENTIFICATION | |
| **A02**. CLUSTER NUMBER | |
| **A03**. VILLAGE | |
| **A04**. COUNTY | |
| **A05**. DISTRICT | |
| **A06**. REGION | |
| **A07**. GPS COORDINATES OF HOUSEHOLD | ° ′ ″ |
| **A08.** HOUSEHOLD PHONE NUMBER: | |

NOTE:

THE **PRIMARY MALE AND PRIMARY FEMALE DECISIONMAKERS** ARE THOSE WHO ARE AGE 18 OR OLDER, AND WHO SELF-IDENTIFY AS THE PRIMARY MALE AND/OR PRIMARY FEMALE MEMBERS RESPONSIBLE FOR THE DECISION MAKING, BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD.

IN HOUSEHOLDS WITH BOTH MALE AND FEMALE DECISIONMAKERS, THE PRIMARY MALE AND PRIMARY FEMALE DECISIONMAKERS ARE USUALLY HUSBAND AND WIFE; HOWEVER THEY CAN ALSO BE OTHER HOUSEHOLD MEMBERS, AS LONG AS THEY ARE AGED 18 AND OVER.

**A09. INTERVIEWER VISITS**

| | 1 | 2 | 3 | FINAL VISIT |
|---|---|---|---|---|
| DATE | | | | DAY / MONTH / YEAR |
| INTERVIEWER'S NAME | | | | INT. NUMBER |
| RESULT* | | | | RESULT |
| NEXT VISIT DATE | | | | TOTAL NUMBER OF VISITS |
| TIME | | | | |

*RESULT CODES:
1 COMPLETED
2 NOT HOME
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED/UNAVAILABLE
5 REFUSED
6 DWELLING VACANT
7 NOT A DWELLING
8 DWELLING DESTROYED
9 DWELLING NOT FOUND
10 TOO ILL TO RESPOND/COGNITIVELY IMPAIRED
11 OTHER (SPECIFY) _____
12 PARTIAL COMPLETE

A10. TOTAL PERSONS IN HOUSEHOLD

A11. TOTAL NUMBER OF WOMEN 15-49

A12. TOTAL NUMBER OF CHILDREN AGE 0-5

A13. LINE NO. OF RESPONDENT TO MODULE C

| A14. SENIOR SUPERVISOR | A15. QC INTERVIEWER | A16. INTERVIEWER CODE |
|---|---|---|
| NAME _____ | NAME _____ | |

A17.LANGUAGE OF QUESTIONNAIRE**

A18. LANGUAGE OF INTERVIEW**

A19. NATIVE LANGUAGE OF RESPONDENT**

A20. WAS A TRANSLATOR USED? (YES=1, NO=2)

** LANGUAGE CODES: 1 DEFINE1 2 DEFINE2 3 DEFINE3 4 DEFINE4 5 DEFINE5 6 DEFINE6 7 OTHER (SPECIFY)

## MODULE B(1). INFORMED CONSENT

INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF A RESPONSIBLE ADULT IN THE HOUSEHOLD TO PARTICIPATE IN MODULE C & D OF THE QUESTIONNAIRE.

AT THE BEGINNING OF EACH SUBSEQUENT MODULE, YOU WILL BE PROMPTED TO OBTAIN INFORMED CONSENT FROM EACH ELIGIBLE RESPONDENT PRIOR TO INTERVIEWING HIM OR HER.

ASK TO SPEAK WITH A RESPONSIBLE ADULT IN THE HOUSEHOLD:

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for members of your household, the interview in total will take approximately 2-3 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED....1 ↓

CONTINUE WITH HOUSEHOLD ROSTER:

"First, I'd like to ask you about the members of your household."

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 → END. "Thank you very much for your time."

**Comment [FB1]:**

**DESIGN NOTE:**

DIFFERENT COUNTRIES WILL HAVE DIFFERENT AGES BY WHICH INDIVIDUALS CAN GIVE INFORMED CONSENT.

IN SOME COUNTRIES, AN ADOLESCENT UNDER 18 YEARS OLD IS NOT ABLE TO GIVE INFORMED CONSENT ALONE; CONSENT OF HER CAREGIVER MAY ALSO BE REQUIRED.

IN SOME COUNTRIES, A MINOR IS CONSIDERED "EMANCIPATED" (ABLE TO GIVE HER OWN CONSENTS) IF SHE IS MARRIED.

THE AGE AT WHICH CAREGIVER CONSENT IS NO LONGER NECESSARY AND ANY RULES ABOUT EMANCIPATION SHOULD BE IDENTIFIED AS PART OF THE ETHICAL REVIEW/INSTITUTIONAL REVIEW BOARD (IRB) PROCESS AND DOCUMENTED IN THE PROTOCOL.

## MODULE B(2). INFORMED CONSENT AND CONTACT INFORMATION TO LEAVE WITH THE HOUSEHOLD

Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for members of your household, the interview in total will take approximately 2-3 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

If in the future you have any questions regarding the survey or the interview, or concerns or complaints, we welcome you to contact <your organization>, by calling [########].This form is for you so that you will have a record of your participation in the study, and the contact information for the survey organization.

NAME OF SURVEY IMPLEMENTING ORGANIZATION: _____

NAME OF SURVEY DIRECTOR:_____

PHONE NUMBER:_____

MAILING ADDRESS: _____

_____

_____

EMAIL ADDRESS: _____

## MODULE C. HOUSEHOLD ROSTER AND DEMOGRAPHICS

Household identification (*in data file, each module must be matched with the HH ID*) | | | | | | |

**C01a.** Who would you say is the primary male decisionmaker in this household? This person should be 18 years old or older.

YES, PRIMARY MALE DECISIONMAKER EXISTS IN HOUSEHOLD ..... 1
NO PRIMARY MALE DECISIONMAKER IN HOUSEHOLD ..... 2

IF THERE IS A PRIMARY MALE DECISIONMAKER, ENTER HIS NAME ON LINE 01 OF THE ROSTER. C02 AND C03 ARE PRE-FILLED FOR THIS LINE NUMBER.

**C01b.** Who would you say is the primary female decisionmaker in this household? This person should be 18 years old or older.

YES, PRIMARY FEMALE DECISIONMAKER EXISTS IN HOUSEHOLD ..... 1
NO PRIMARY FEMALE DECISIONMAKER IN HOUSEHOLD ..... 2

IF THERE IS A PRIMARY FEMALE DECISIONMAKER, ENTER HER NAME ON LINE 02 OF THE ROSTER. SEX (CO2) IS PRE-FILLED FOR THIS LINE NUMBER. ENTER THE RELATIONSHIP (CO3) OF THE FEMALE DECISIONMAKER TO THE PERSON LISTED ON LINE 01; IF NO ONE IS LISTED ON LINE 01, ENTER CODE '01' FOR CO3.

| LINE NUMBER | C01: Now, please tell me the names of all of the other people who usually live here.<br><br>LIST ALL HOUSEHOLD MEMBERS, THEIR SEX (C02), AND THEIR RELATIONSHIP TO THE PRIMARY DECISIONMAKER NAMED IN LINE 01 (C03), OR NAMED IN LINE 02 IF NO HH MEMBER LISTED ON LINE 01.<br><br>IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03.<br><br>THEN ASK: Are there any other people who live here, even if they are not at home now? These may include children in school or household members at work.<br><br>Any other people like small children or infants that we have not listed?<br><br>Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?<br><br>IF YES, COMPLETE LISTING FOR QUESTIONS C02-C03. THEN, ASK QUESTIONS STARTING WITH C04 FOR EACH PERSON ONE AT A TIME. | C02: What is [NAME's] sex?<br><br>M = 1<br>F = 2 | C03: What is [NAME's] relation-ship to the primary male decision-maker?<br><br>IF NO PRIMARY MALE DECISION-MAKER:<br>What is [NAME's] relation-ship to the primary female decision-maker?<br><br>SEE CODES BELOW<br><br>IF NO ADULT DECISION-MAKER: ENTER CODE 16 | C04: What is [NAME's] age?<br><br>IN YEARS<br><br>IF 95 OR OLDER, ENTER '95' | C05: Did [NAME] stay here last night?<br><br>YES=1<br>NO=2 | C06: How long has it been since [NAME] has spent the night in this household?<br><br>SEE CODES BELOW | C07: CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | C08: CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 | IF AGE 3 OR OLDER<br>C09: Has [NAME] ever attended school?<br><br>YES=1<br>NO=2 | C10: Is [NAME] currently attending school?<br><br>YES=1<br>NO=2 | C11: What is the highest grade of education completed by [NAME]?<br><br>SEE CODES BELOW | C12: Can [NAME] read and write?<br><br>SEE CODES BELOW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | C02 | C03 | C04 | C05 | C06 | C07 | C08 | C09 | C10 | C11 | C12 |
| 01 | | 1 | 0 1 | | 1→C07<br>2 | 1 2 3 | 01 | 01 | 1<br>2→C12 | 1 2 | | |
| 02 | | 2 | | | 1→C07<br>2 | 1 2 3 | 02 | 02 | 1<br>2→C12 | 1 2 | | |
| 03 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 03 | 03 | 1<br>2→C12 | 1 2 | | |
| 04 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 04 | 04 | 1<br>2→C12 | 1 2 | | |
| 05 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 05 | 05 | 1<br>2→C12 | 1 2 | | |
| 06 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 06 | 06 | 1<br>2→C12 | 1 2 | | |

**C03 RESULT CODES: RELATIONSHIP TO PRIMARY MALE (OR FEMALE, IF NO MALE) DECISIONMAKER:**

SELF ..... 01
SPOUSE/PARTNER ..... 02
SON/DAUGHTER ..... 03
SON/DAUGHTER-IN-LAW ..... 04
GRANDSON/ GRANDDAUGHTER ..... 05
MOTHER/FATHER ..... 06
BROTHER/SISTER ..... 07
NEPHEW/NIECE ..... 08
NEPHEW/NIECE OF SPOUSE 09
COUSIN ..... 10
BROTHER/SISTER-IN-LAW ..... 11
MOTHER/FATHER-IN-LAW ..... 12
OTHER RELATIVE ..... 13
SERVANT/MAID ..... 14
LABORER ..... 15
NO DECISIONMAKER OVER AGE 18 IN HOUSEHOLD ..... 16
OTHER RELATIONSHIP ..... 96

**C06 RESULT CODES: TIME SINCE SPENT THE NIGHT**

CIRCLE 1 IF DAYS; ENTER # OF DAYS IN BOX (1-6)

CIRCLE 2 IF WEEKS; ENTER # OF WEEKS IN BOX (1-5)

CIRCLE 3 IF MONTHS; ENTER # OF MONTHS IN BOX MEMBER HAS BEEN AWAY.

**C11 RESULT CODES: EDUCATION**

LESS THAN P1 (OR NO SCHOOL) ..... 01
PRIMARY LEVEL 1-3 ..... 02
PRIMARY LEVEL 4-6 ..... 03
SECONDARY 1-4 ..... 04
SECONDARY 5-6 ..... 05
UNIVERSITY OR ABOVE ..... 06
TECHNICAL OR VOCATIONAL ..... 07
ADULT LITERACY ONLY (NO FORMAL EDUCATION) ..... 08
KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) ..... 09
DON'T KNOW/NOT APPLICABLE ..... 91

**C12 RESULT CODES: LITERACY**

CANNOT READ & WRITE ..... 1
CAN SIGN (WRITE) ONLY ..... 2
CAN READ ONLY ..... 3
CAN READ & WRITE ..... 4

Household identification (*in data file, each module must be matched with the HH ID*) | | | | | | |

| LINE NUMBER | Now, please tell me the names of all of the other people who usually live here.<br><br>LIST ALL HOUSEHOLD MEMBERS, THEIR SEX (C02), AND THEIR RELATIONSHIP TO THE PRIMARY DECISIONMAKER NAMED IN LINE 01 (C03), OR NAMED IN LINE 02 IF NO HH MEMBER LISTED ON LINE 01.<br><br>IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03.<br><br>THEN ASK: Are there any other people who live here, even if they are not at home now? These may include children in school or household members at work.<br><br>Any other people like small children or infants that we have not listed?<br><br>Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?<br><br>IF YES, COMPLETE LISTING FOR QUESTIONS C02-C03. THEN, ASK QUESTIONS STARTING WITH C04 FOR EACH PERSON, ONE AT A TIME. | What is [NAME's] sex?<br><br>M = 1<br>F = 2 | What is [NAME's] relation-ship to the primary male decision-maker?<br><br>IF NO PRIMARY MALE DECISION-MAKER:<br>What is [NAME's] relation-ship to the primary female decision-maker?<br><br>SEE CODES BELOW<br><br>IF NO ADULT DECISION-MAKER: ENTER CODE 16 | What is [NAME's] age?<br><br>IN YEARS<br><br>IF 95 OR OLDER, ENTER '95' | Did [NAME] stay here last night?<br><br>YES=1<br>NO=2 | How long has it been since [NAME] has spent the night in this household?<br><br>SEE CODES BELOW | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 | Has [NAME] ever attended school?<br><br>YES=1<br>NO=2 | Is [NAME] currently attending school?<br><br>YES=1<br>NO=2 | What is the highest grade of education completed by [NAME]?<br><br>SEE CODES BELOW | Can [NAME] read and write?<br><br>SEE CODES BELOW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | IF AGE 3 OR OLDER | | | | |
| | **C01** | **C02** | **C03** | **C04** | **C05** | **C06** | **C07** | **C08** | **C09** | **C10** | **C11** | **C12** |
| 07 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 07 | 07 | 1<br>2→C12 | 1 2 | | |
| 08 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 08 | 08 | 1<br>2→C12 | 1 2 | | |
| 09 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 09 | 09 | 1<br>2→C12 | 1 2 | | |
| 10 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 10 | 10 | 1<br>2→C12 | 1 2 | | |
| 11 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 11 | 11 | 1<br>2→C12 | 1 2 | | |
| 12 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 12 | 12 | 1<br>2→C12 | 1 2 | | |
| 13 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 13 | 13 | 1<br>2→C12 | 1 2 | | |
| 14 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 14 | 14 | 1<br>2→C12 | 1 2 | | |
| 15 | | 1 2 | | | 1→C07<br>2 | 1 2 3 | 15 | 15 | 1<br>2→C12 | 1 2 | | |

**C03 RESULT CODES: RELATIONSHIP TO PRIMARY MALE (OR FEMALE, IF NO MALE) DECISIONMAKER:**

| | | | |
|---|---|---|---|
| SELF | 01 | COUSIN | 10 |
| SPOUSE/PARTNER | 02 | BROTHER/SISTER-IN-LAW | 11 |
| SON/DAUGHTER | 03 | MOTHER/FATHER-IN-LAW | 12 |
| SON/DAUGHTER-IN-LAW | 04 | OTHER RELATIVE | 13 |
| GRANDSON/ GRANDDAUGHTER | 05 | SERVANT/MAID | 14 |
| MOTHER/FATHER | 06 | LABORER | 15 |
| BROTHER/SISTER | 07 | NO DECISIONMAKER OVER AGE 18 IN HOUSEHOLD | 16 |
| NEPHEW/NIECE | 08 | OTHER RELATIONSHIP | 96 |
| NEPHEW/NIECE OF SPOUSE | 09 | | |

**C06 RESULT CODES: TIME SINCE HOME**

CIRCLE 1 IF DAYS; ENTER # OF DAYS IN BOX (1-6)

CIRCLE 2 IF WEEKS; ENTER # OF WEEKS IN BOX (1-5)

CIRCLE 3 IF MONTHS; ENTER # OF MONTHS IN BOX MEMBER HAS BEEN AWAY

**C11 RESULT CODES: EDUCATION**

| | |
|---|---|
| LESS THAN P1 (OR NO SCHOOL) | 01 |
| PRIMARY LEVEL 1-3 | 02 |
| PRIMARY LEVEL 4-6 | 03 |
| SECONDARY 1-4 | 04 |
| SECONDARY 5-6 | 05 |
| UNIVERSITY OR ABOVE | 06 |
| TECHNICAL OR VOCATIONAL | 07 |
| ADULT LITERACY ONLY (NO FORMAL EDUCATION) | 08 |
| KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) | 09 |
| DON'T KNOW/NOT APPLICABLE | 91 |

**C12 RESULT CODES: LITERACY**

| | |
|---|---|
| CANNOT READ & WRITE | 1 |
| CAN SIGN (WRITE) ONLY | 2 |
| CAN READ ONLY | 3 |
| CAN READ & WRITE | 4 |

## MODULE D. DWELLING CHARACTERISTICS

Household identification (*in data file, each module must be matched with the HH ID*) | | | | | | |

CONTINUE INTERVIEWING THE SAME RESPONDENT FROM MODULE C.
"Now I'd like to ask you a few questions about your home."

| QNO. | QUESTIONS | RESPONSE CODES |
|---|---|---|
| **D01.** | **OBSERVE (DO NOT ASK)** ROOF TOP MATERIAL (OUTER COVERING): | **D01:TYPE OF ROOF**<br>NATURAL ROOFING<br>NO ROOF ..... 11<br>THATCH/PALM LEAF ..... 12<br>SOD ..... 13<br>RUDIMENTARY ROOFING<br>RUSTIC MAT ..... 21<br>PALM/BAMBOO ..... 22<br>WOOD PLANKS ..... 23<br>CARDBOARD ..... 24<br>FINISHED ROOFING<br>METAL ..... 31<br>WOOD ..... 32<br>CALAMINE/CEMENT FIBER ..... 33<br>CERAMIC TILES ..... 34<br>CEMENT ..... 35<br>ROOFING SHINGLES ..... 36<br>OTHER ..... 96 |
| **D02.** | **OBSERVE (DO NOT ASK)** FLOOR MATERIAL: | **D02:TYPE OF FLOOR**<br>NATURAL FLOOR<br>EARTH/SAND ..... 11<br>DUNG ..... 12<br>RUDIMENTARY FLOOR<br>WOOD PLANKS ..... 21<br>PALM/BAMBOO ..... 22<br>FINISHED FLOOR<br>PARQUET/POLISHED WOOD ..... 31<br>VINYL OR ASPHALT STRIPS ..... 32<br>CERAMIC TILES ..... 33<br>CEMENT ..... 34<br>CARPET ..... 35<br>OTHER ..... 96 |
| **D03.** | **OBSERVE (DO NOT ASK)** EXTERIOR WALLS: | **D03:TYPE OF WALLS**<br>NATURAL WALLS<br>NO WALLS ..... 11<br>CANE/PALM/TRUNKS ..... 12<br>DIRT ..... 13<br>RUDIMENTARY WALLS<br>BAMBOO WITH MUD ..... 21<br>STONE WITH MUD ..... 22<br>UNCOVERED ADOBE ..... 23<br>PLYWOOD ..... 24<br>CARDBOARD ..... 25<br>REUSED WOOD ..... 26<br>METAL SHEETING ..... 27<br>FINISHED WALLS<br>CEMENT ..... 31<br>STONE WITH LIME/CEMENT ..... 32<br>BRICKS ..... 33<br>CEMENT BLOCKS ..... 34<br>COVERED ADOBE ..... 35<br>WOOD PLANKS/SHINGLES ..... 36<br>OTHER ..... 96 |
| **D04.** | How many rooms in this dwelling are used for sleeping? | **D04. NUMBER OF ROOMS USED FOR SLEEPING:** | | |

| | | |
|---|---|---|
| **D05.** | What is the main type of toilet your household uses? | **D05: TYPE OF TOILET**<br>FLUSH OR POUR FLUSH TOILET<br>FLUSH TO PIPED SEWER SYSTEM ..... 11<br>FLUSH TO SEPTIC TANK ..... 12<br>FLUSH TO PIT LATRINE ..... 13<br>FLUSH TO SOMEWHERE ELSE ..... 14<br>FLUSH, DON'T KNOW WHERE ..... 15<br>PIT LATRINE<br>VENTILATED IMPROVED PIT LATRINE (VIP) ..... 21<br>PIT LATRINE WITH SLAB ..... 22<br>PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23<br>COMPOSTING TOILET ..... 31<br>BUCKET TOILET ..... 41<br>HANGING TOILET/HANGING LATRINE ..... 51<br>NO FACILITY/BUSH/FIELD ..... 61 → SKIP TO D08<br>OTHER ..... 96 |
| **D06.** | Do you share this toilet with other households? | **D06: IF TOILET IS SHARED**<br>YES ..... 1<br>NO ..... 2 → SKIP TO D08 |
| **D07.** | How many households use this toilet? | **D07: NUMBER OF HOUSEHOLDS WITH WHOM TOILET IS SHARED**<br>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) ..... 0 [ ]<br>10 OR MORE HOUSEHOLDS ..... 95<br>DON'T KNOW ..... 98 |
| **D08.** | What is the main source of drinking water for your household? | **D08: MAIN DRINKING WATER SOURCE**<br>PIPED WATER<br>PIPED INTO DWELLING ..... 11<br>PIPED TO YARD/PLOT ..... 12<br>PUBLIC TAP/STANDPIPE ..... 13<br>TUBE WELL OR BOREHOLE ..... 21<br>DUG WELL<br>PROTECTED WELL ..... 31<br>UNPROTECTED WELL ..... 32<br>WATER FROM SPRING<br>PROTECTED SPRING ..... 41<br>UNPROTECTED SPRING ..... 42<br>RAINWATER ..... 51<br>TANKER TRUCK ..... 61<br>CART WITH SMALL TANK ..... 71<br>SURFACE WATER (RIVER/DAM/LAKE/ POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81<br>BOTTLED WATER ..... 91<br>OTHER ..... 96 |
| **D09.** | Does this household have electricity? | **D09: ELECTRICITY**<br>YES ..... 1<br>NO ..... 2 |

| | | | |
|---|---|---|---|
| **D10.** | What is the main source of cooking fuel for your household? | **D10: COOKING FUEL**<br>ELECTRICITY .....01<br>LIQUID PROPANE GAS.....02<br>NATURAL GAS .....03<br>BIOGAS.....04<br>KEROSENE.....05<br>COAL, LIGNITE.....06<br>CHARCOAL.....07 | WOOD .....08<br>STRAW/SHRUBS/GRASS.....09<br>AGRICULTURAL CROP RESIDUE.....10<br>ANIMAL DUNG .....11<br>NO FOOD COOKED IN HOUSEHOLD ...95<br>OTHER .....96 |

## MODULE E. HOUSEHOLD CONSUMPTION EXPENDITURE

Household identification (*in data file, each module must be matched with the HH ID*) | | | | | | |

**ASK THESE QUESTIONS ABOUT ALL HOUSEHOLD MEMBERS.** FOR MODULE E1, ASK WHOEVER IS MOST KNOWLEDGEABLE ABOUT THE FOOD THE HOUSEHOLD MEMBERS HAVE EATEN IN THE PAST WEEK. FOR MODULES E2 THROUGH E7, ASK THE PERSON WHO IS MOST KNOWLEDGEABLE ABOUT OTHER HOUSEHOLD EXPENDITURES, INCLUDING NON-FOOD ITEMS THAT HOUSEHOLD MEMBERS HAVE BOUGHT.

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE E HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE E INFORMED CONSENT PROCEDURE (ANNEX 3) TO THE RESPONDENT.

"Now I would like to ask you about the kinds of foods that you and other members of your household have eaten over the past week. I'd also like to ask you about items that you or members of your household may have bought in the past week. Please include foods in meals that are shared with other members of the household, as well as foods that individual members of the household may have consumed independently of other family members. First we will ask about foods that were eaten at your home, or at the home of friends or other family. Later we will ask about foods that were purchased already prepared from a restaurant or a vendor."

### MODULE E1. FOOD CONSUMPTION OVER PAST 7 DAYS

| FOOD ITEM | ITEM CODE | Over the past one week (7 days), did you or others in your household eat any [FOOD ITEM]? | How much in total did your household eat in the past week? | | How much of what you ate came from purchases? | | How much did you spend on what was eaten last week? If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. | How much of what you ate came from your household's own production? | | CHECK E1.06A. IF E1.06A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." | How much of what you ate came from gifts or other sources? | | CHECK E1.07A. IF E1.07A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **E1.01** | | **E1.02** | **E1.03A QUANTITY** | **E1.03B UNIT** | **E1.04A QUANTITY** | **E1.04B UNIT** | **E1.05 LOCAL$** | **E1.06A QUANTITY** | **E1.06B UNIT** | **E1.06C ESTIMATE LOCAL$** | **E1.07A QUANTITY** | **E1.07B UNIT** | **E1.07C ESTIMATE LOCAL$** |
| **Cereals, Grains and Cereal Products** | **01-20** | | | | | | | | | | | | |
| Maize *ufamgaiwa* (normal flour) | 01 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Maize *ufa* refined (fine flour) | 02 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Maize *ufamadeya* (bran flour) | 03 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Maize grain (not as *ufa*) | 04 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

**Comment [FB2]: DESIGN NOTE:**

Module E to be replaced with each country's version of the LSMS

If a country does not have its own version of the LSMS, this core version of Module E (which is based on Malawi's LSMS) should be used; however, the foods and other items asked about must be revised and adapted to the local context.

**Comment [FB3]: INSTRUCTION:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

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| Green maize | 05 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Rice | 06 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Finger millet (*mawere*) | 07 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Sorghum (*mapira*) | 08 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Pearl millet (*mchewere*) | 09 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Wheat flour | 10 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Bread | 11 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Buns, scones | 12 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Biscuits | 13 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Spaghetti, macaroni, pasta | 14 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Breakfast cereal | 15 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Infant feeding cereals | 16 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other cereals (specify) | 17-20 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| **Roots, Tubers, and Plantains** | 21-35 | | | | | | | | | | | | |
| Cassava tubers | 21 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cassava flour | 22 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| White sweet potato | 23 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Orange sweet potato | 24 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Irish potato | 25 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Potato crisps | 26 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Plantain, cooking banana | 27 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cocoyam (*masimbi*) | 28 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other roots, tubers, or plantains (specify) | 29-35 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Nuts and Pulses** | 36-50 | | | | | | | | | | | | |
| Bean, white | 36 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Bean, brown | 37 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| Pigeonpea (*nandolo*) | 38 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Groundnut | 39 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Groundnut flour | 40 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Soyabean flour | 41 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Ground bean (*nzama)* | 42 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cowpea (*khobwe*) | 43 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Macademia nuts | 44 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other nuts or pulses (specify) | 45-50 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Vegetables** | 51-70 | | | | | | | | | | | | |
| Onion, fresh or processed | 51 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cabbage, fresh or processed | 52 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| *Tanaposi*/Rape, fresh or processed | 53 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| *Nkhwani*, fresh or processed | 54 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| Chinese cabbage, fresh or processed | 55 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other cultivated green leafy vegetables, fresh or processed | 56 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Gathered wild green leaves | 57 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Tomato, fresh or processed | 58 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cucumber, fresh or processed | 59 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Pumpkin, fresh or processed | 60 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Okra / *Therere*, fresh or processed | 61 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Mushroom, fresh or processed | 62 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other vegetables, fresh or processed (specify) | 63-70 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Meat, Fish and Animal products** | 71-90 | | | | | | | | | | | | |
| Eggs | 71 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Dried fish | 72 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| Fresh fish | 73 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Beef | 74 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Goat | 75 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Pork | 76 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Mutton | 77 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Chicken | 78 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other poultry - guinea fowl, doves, etc. | 79 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Small animal – rabbit, mice, etc. | 80 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Termites, other insects, for example Ngumbi (caterpillar) | 81 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Tinned meat or fish | 82 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Smoked fish | 83 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Fish Soup/Sauce | 84 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other meat (specify) | 85-90 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| **Fruits** | 91-110 | | | | | | | | | | | | |
| Mango | 91 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Banana | 92 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Citrus – naartje, orange, etc. | 93 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Pineapple | 94 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Papaya | 95 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Guava | 96 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Avocado | 97 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Wild fruit (masau, malambe, etc.) | 98 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Apple | 99 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other fruits (specify) | 100-110 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Milk and Milk Products** | 111-125 | | | | | | | | | | | | |
| Fresh milk | 111 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Powdered milk | 112 | YES.....1 | | | | | | | | | | | |

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| | | NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Margarine - Blue band | 113 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Butter | 114 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Chambiko - soured milk | 115 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Yoghurt | 116 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cheese | 117 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Infant feeding formula (for bottle) | 118 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other milk (specify) | 119-125 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Sugar, Fats, and Oil** | 126-135 | | | | | | | | | | | | |
| Sugar | 126 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Sugar Cane | 127 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cooking oil | 128 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other sugars, fats, or oils (specify) | 129-135 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Beverages** | 136-155 | | | | | | | | | | | | |

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| Tea | 136 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Coffee | 137 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cocoa, Milo | 138 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Squash (Sobo drink concentrate) | 139 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Fruit juice | 140 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Freezes (flavoured ice) | 141 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Soft drinks (Coca-cola, Fanta, Sprite, etc.) | 142 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Chibuku (commercial traditional-style beer) | 143 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Bottled water | 144 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Maheu | 145 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Bottled / canned beer (Carlsberg, etc.) | 146 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Thobwa | 147 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Traditional beer (masese) | 148 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

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| Wine or commercial liquor | 149 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Locally brewed liquor (kachasu) | 150 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other beverages (specify) | 151-155 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| **Spices & Miscellaneous** | 156-170 | | | | | | | | | | | | |
| Salt | 156 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Spices | 157 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Yeast, baking powder, bicarbonate of soda | 158 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Tomato sauce (bottle) | 159 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Hot sauce (Nali, etc.) | 160 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Jam, jelly | 161 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Sweets, candy, chocolates | 162 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Honey | 163 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other spices, condiments, etc. (specify) | 164-170 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |

**Comment [FB3]: INSTRUCTION:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

| FOOD ITEM | ITEM CODE | Over the past one week (7 days), did you or others in your household eat any [FOOD ITEM]? | How much in total did your household eat in the past week? | | How much of what you ate came from purchases? | | How much did you spend on what was eaten last week?<br><br>If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. | How much of what you ate came from your household's own production? | | CHECK E1.06A.<br><br>IF E1.06A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." | How much of what you ate came from gifts or other sources? | | CHECK E1.07A.<br><br>IF E1.07A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **E1.01** | | **E1.02** | **E1.03A QUANTITY** | **E1.03B UNIT** | **E1.04A QUANTITY** | **E1.04B UNIT** | **E1.05 LOCAL$** | **E1.06A QUANTITY** | **E1.06B UNIT** | **E1.06C ESTIMATE LOCAL$** | **E1.07A QUANTITY** | **E1.07B UNIT** | **E1.07C ESTIMATE LOCAL$** |
| **Cooked Foods from Vendors** | 171-190 | | | | | | | | | | | | |
| Maize - boiled or roasted (vendor) | 171 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Chips (vendor) | 172 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Cassava - boiled (vendor) | 173 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Eggs - boiled (vendor) | 174 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Chicken (vendor) | 175 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Meat (vendor) | 176 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Fish (vendor) | 177 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Mandazi, doughnut (vendor) | 178 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Samosa (vendor) | 179 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Meal eaten at restaurant | 180 | YES.....1<br>NO.....2→ NEXT ITEM | | | | | | | | | | | |
| Other cooked foods from vendors (specify) | 181-190 | YES.....1<br>NO.....2→ SKIP TO E1.0 | | | | | | | | | | | |

**Comment [FB3]: INSTRUCTION:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

| FOOD ITEM | ITEM CODE | Over the past one week (7 days), did you or others in your household eat any [FOOD ITEM]? | How much in total did your household eat in the past week? | | How much of what you ate came from purchases? | | How much did you spend on what was eaten last week?<br><br>If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. | How much of what you ate came from your household's own production? | | CHECK E1.06A.<br><br>IF E1.06A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." | How much of what you ate came from gifts or other sources? | | CHECK E1.07A.<br><br>IF E1.07A IS > 0, ASK: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today." |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **E1.01** | | **E1.02** | **E1.03A QUANTITY** | **E1.03B UNIT** | **E1.04A QUANTITY** | **E1.04B UNIT** | **E1.05 LOCAL$** | **E1.06A QUANTITY** | **E1.06B UNIT** | **E1.06C ESTIMATE LOCAL$** | **E1.07A QUANTITY** | **E1.07B UNIT** | **E1.07C ESTIMATE LOCAL$** |
| | **RESPONSE CATEGORIES FOR E1.03b/1.04b/1.06b/1.07b – UNITS**<br><br>KILOGRAMME ..... 01<br>50 KG. BAG ..... 02<br>90 KG. BAG ..... 03<br>PAIL (SMALL) ..... 04<br>PAIL (LARGE) ..... 05<br>NO. 10 PLATE ..... 06<br>NO. 12 PLATE ..... 07<br>BUNCH ..... 08<br>PIECE ..... 09<br>HEAP ..... 10<br>BALE ..... 11<br>BASKET (*DENGU*) (SHELLED) ..... 12<br>BASKET (*DENGU*) (UNSHELLED) ..... 13<br>OX-CART (UNSHELLED) ..... 14<br>LITRE ..... 15<br>CUP ..... 16<br>TIN ..... 17<br>GRAM ..... 18<br>MILLILITRE ..... 19<br>TEASPOON ..... 20<br>BASIN ..... 21<br>SACHET/TUBE ..... 22<br>TOTAL ..... 23<br>OTHER (SPECIFY) _____ 96<br><br>NOTE: ANY UNIT LISTED MUST BE ABLE TO BE CONVERTED TO A STANDARDIZED UNIT. THIS CONVERSION WILL HAPPEN DURING DATA ANALYSIS; IT SHOULD NOT BE DONE IN THE FIELD BY THE INTERVIEWER. | | | | | | | | | | | | |

| QNO. | QUESTION | RESPONSE CATEGORIES |
|---|---|---|
| E1.08 | Over the past one week (7 days), did any people who are not members of your household eat any meals in your household? | YES ..... 1<br>NO ..... 2→ SKIP TO E1.12 |
| E1.09 | Over the past one week (7 days), how many people who are not members of your household ate meals in your household? | **E1.09. NUMBER OF PEOPLE** ☐☐ |
| E1.10 | Over the past one week (7 days), what was the total number of days in which any meal was shared with people who are not members of your household? | **E1.10. NUMBER OF DAYS** ☐☐ |

**Comment [FB3]: INSTRUCTION:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

**Comment [FB4]: INSTRUCTION for Items E1.08 through E1.13:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

| | | |
|---|---|---|
| E1.11 | Over the past one week (7 days), what was the total number of meals that were shared with people who are not members of your household? | **E1.11. NUMBER OF MEALS** ☐☐ |
| E1.12 | Over the past one week (7 days), did your household purchase pet food for family pets like a cat or a dog? | YES .....1<br>NO.....2→ GO TO E1.14 |
| E1.13 | How much did you spend on pet food last week? | ENTER AMOUNT IN LOCAL$:<br>_____ |
| E1.14 | Over the past one week (7 days), were there any other expenditures on pets? | YES .....1<br>NO.....2→ GO TO MODULE E2 |
| E1.15 | How much did you spend on other purchases for pets last week? | ENTER AMOUNT IN LOCAL$:<br>_____ |

## MODULE E2. NON-FOOD EXPENDITURES OVER PAST 7 DAYS

"Now I would like to ask you about items that you or members of your household may have bought in the past week."

| **ONE WEEK RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one week (7 days), did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E2.01** | **191-210** | **E2.02** | **E2.03**<br>**Local$** |
| Charcoal | 191 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Paraffin or kerosene | 192 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Cigarettes or other tobacco | 193 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Candles | 194 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Matches | 195 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Newspapers or magazines | 196 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Public transport - Bicycle Taxi (include any used for school under education costs; include any used for obtaining health care under health expenditures) | 197 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Public transport - Bus/Minibus (include any used for school under education costs; include any used for obtaining health care under health expenditures) | 198 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Public transport - Other (truck, oxcart, etc.) (include any used for school under education costs; include any used for obtaining health care under health expenditures) | 199 | YES.....1<br>NO .....2→ NEXT ITEM | |
| Other (specify) | 200-210 | YES.....1<br>NO .....2→ NEXT ITEM | |

**Comment [FB5]: INSTRUCTION:**
Determine in collaboration with in-country data collection organization which is preferable (one week or 7 days) and delete the other.

## MODULE E3. NON-FOOD EXPENDITURES OVER PAST ONE MONTH

"Next I would like to ask you about items that you or members of your household may have bought over the past month."

| **ONE MONTH RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one month, did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E3.01** | **211-240** | **E3.02** | **E3.03**<br>**Local$** |
| Milling fees for grains (not including cost of grain itself), grain | 211 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Bar soap (body soap or clothes soap) | 212 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Clothes soap (powder, paste) | 213 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Toothpaste, toothbrush | 214 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Toilet paper | 215 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Glycerine, Vaseline, skin creams | 216 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Other personal products (shampoo, razor blades, cosmetics, hair products, etc.) | 217 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Light bulbs | 218 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Postage stamps or other postal fees | 219 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Donation - to church, charity, beggar, etc. | 220 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Petrol or diesel | 221 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Motor vehicle service, repair, or parts | 222 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Bicycle service, repair, or parts | 223 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Wages paid to servants | 224 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Repairs to household and personal items (radios, watches, etc., excluding battery purchases) | 225 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **ONE MONTH RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one month, did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E3.01** | **211-240** | **E3.02** | **E3.03**<br>**Local$** |
| Utilities: Natural gas | 226 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Utilities: Electricity | 227 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Utilities: Water | 228 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Batteries | 229 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Recharging of batteries, cell phones, etc. | 230 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Air time for cell phones | 231 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| HEALTH EXPENDITURES (include estimated value of any in-kind payments, or borrowed amounts) | | | |
| Anything related to illnesses and injuries, including for medicine, tests, consultation, & in-patient fees | 232 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc. | 233 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Non-prescription medicines, for example, Panadol, Fansidar, cough syrup, etc. | 234 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Transportation used to access health-related services or care that did not require an overnight stay in a health facility or at a traditional healer's dwelling | 235 | YES .....1<br>NO .....2→ NEXT ITEM | |
| Other health expenditures: Specify_____ | 236-240 | YES .....1<br>NO .....2→ MODULE E4 | |

## MODULE E4. NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

"Next I would like to ask you about items that you or members of your household may have bought over the past three months."

| **THREE MONTH RECALL**<br><br>**ITEM** | ITEM CODE | Over the past three months, did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E4.01** | 241-290 | **E4.02** | **E4.03**<br>**Local$** |
| Infant clothing | 241 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Baby nappies/diapers | 242 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boy's trousers (FOR ALL CLOTHING, EXCLUDE UNIFORMS/SCHOOL CLOTHING) | 243 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boy's shirts | 244 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boy's jackets | 245 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boy's undergarments | 246 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boy's other clothing | 247 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's trousers | 248 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's shirts | 249 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's jackets | 250 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's undergarments | 251 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's other clothing | 252 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Girl's blouse/shirt | 253 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Girl's dress/skirt | 254 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Girl's undergarments | 255 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Girl's other clothing | 256 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **THREE MONTH RECALL**<br><br>**ITEM** | ITEM CODE | Over the past three months, did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E4.01** | 241-290 | **E4.02** | **E4.03**<br>**Local$** |
| Women's blouse/shirt | 257 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| *Chitenje* cloth | 258 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Women's dress/skirt | 259 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Women's undergarments | 260 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Women's other clothing | 261 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boys shoes | 262 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Men's shoes | 263 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Girl's shoes | 264 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Women's shoes | 265 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Cloth, thread, other sewing material | 266 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Laundry, dry cleaning, tailoring fees | 267 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Bowls, glassware, plates, silverware, etc. | 268 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Cooking utensils (cookpots, stirring spoons and whisks, etc.) | 269 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Cleaning utensils (brooms, brushes, etc.) | 270 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Torch / flashlight | 271 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Umbrella | 272 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Paraffin lamp (hurricane or pressure) | 273 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **THREE MONTH RECALL**<br><br>**ITEM** | ITEM CODE | Over the past three months, did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E4.01** | 241-290 | **E4.02** | **E4.03**<br>**Local$** |
| Stationery items (excluding school related) | 274 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Books (excluding school related) | 275 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Music or video cassette or CD/DVD | 276 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Tickets for sports / entertainment events | 277 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| House decorations | 278 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Night's lodging in rest house or hotel (excluding school or health related) | 279 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Other: Specify_____ | 280-290 | YES .....1<br>NO .....2→ MODULE E5 | |

## MODULE E5. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

"Now I would like to ask you about items that you or members of your household may have bought over the past one year."

| **ONE YEAR (12 MONTH) RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one year (twelve months), did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E5.01** | 291-330 | **E5.02** | **E5.03 Local$** |
| Carpet, rugs, drapes, curtains | 291 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Linen - towels, sheets, blankets | 292 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Mat - sleeping or for drying maize flour | 293 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Mosquito net | 294 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Mattress | 295 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Sports & hobby equipment, musical instruments, toys | 296 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Film, film processing, camera | 297 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Cement | 298 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Bricks | 299 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Construction timber | 300 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Council rates | 301 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Insurance - health (MASM, etc.), auto, home, life | 302 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Fines or legal fees | 303 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| *Lobola* (bridewealth) costs | 304 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Marriage ceremony costs | 305 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Funeral costs, household members | 306 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **ONE YEAR (12 MONTH) RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one year (twelve months), did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E5.01** | 291-330 | **E5.02** | **E5.03 Local$** |
| Funeral costs, non-household members (relatives, neighbors/friends) | 307 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| **HEALTH EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)** | | | |
| Hospitalizations or overnight stay in any hospital – total cost for treatment | 308 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Travel to and from the medical facility for any overnight stay(s) or hospitalization | 309 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Food costs during overnight stay(s) at the medical facility or hospitalization (if not already included above) | 310 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Over-night(s) stay at a traditional healer's or faith healer's dwelling – total costs for treatment | 311 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Travel costs to the traditional healer's or faith healer's dwelling for overnight stay(s) | 312 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Food costs during overnight stay(s) at the traditional healer's or faith healer's dwelling | 313 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| **EDUCATION EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)** | | | |
| Tuition, including extra tuition fees | 314 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Expenditures on after school programs and tutoring | 315 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| School books and stationery | 316 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| School uniform | 317 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Boarding fees | 318 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Contribution to school building maintenance | 319 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Transport to and from school | 320 | YES .....1<br>NO ..... 2→ NEXT ITEM | |
| Parent/Teacher Association and other related fees | 321 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **ONE YEAR (12 MONTH) RECALL**<br><br>**ITEM** | ITEM CODE | Over the past one year (twelve months), did your household purchase or pay for any [ITEM]? | How much did you pay (how much did they cost) in total? |
|---|---|---|---|
| **E5.01** | 291-330 | **E5.02** | **E5.03 Local$** |
| Other: Specify_____ | 322 | YES .....1<br>NO ..... 2→ NEXT ITEM | |

| **NON-FOOD ITEMS THAT MAY OR MAY NOT HAVE BEEN PURCHASED** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ONE YEAR (12 MONTH) RECALL**<br><br>**ITEM** | Item Code | Over the past one year (12 months) did your household gather, purchase or pay for any [ITEM]?<br><br>(NOTE THAT THE VALUE OF THESE ITEMS SHOULD BE ENTERED ONLY IF THEY WERE PURCHASED OR USED FOR HOUSEHOLD USE, NOT FOR INVESTMENT PURPOSES) | What was the estimated total quantity of [ITEM] used? | | Did your household gather the [ITEM], or did your household purchase or pay for the [ITEM]? | FOR ITEMS THAT WERE GATHERED:<br><br>What was the total estimated value of [ITEM] that you used ? | FOR ITEMS THAT WERE BOUGHT:<br><br>How much did you spend in total on [ITEM]? |
| E5.04 | 323-325 | E5.05 | E5.06a Quantity | E5.06b Unit | E5.06c FILTER | E5.07 (Local$) | E5.08 (Local $) |
| Woodpoles, bamboo | 323 | YES .....1<br>NO ..... 2→ NEXT ITEM | | | GATHERED.....1 → E5.07<br>PURCHASED/PAID.. 2→ E5.08 | → SKIP TO NEXT ITEM | |
| Grass for thatching roof or other use | 324 | YES .....1<br>NO ..... 2→ NEXT ITEM | | | GATHERED.....1 → E5.07<br>PURCHASED/PAID.. 2→ E5.08 | → SKIP TO NEXT ITEM | |
| Other: Specify_____ | 325 | YES .....1<br>NO ..... 2→ NEXT ITEM | | | GATHERED.....1 → E5.07<br>PURCHASED/PAID.. 2→ E5.08 | → SKIP TO MODULE E6 | |

## MODULE E6. HOUSING EXPENDITURES

"Now I'd like to ask you some questions about your home."

| QNO. | QUESTION | RESPONSE CATEGORIES |
|---|---|---|
| **E6.01** | Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house? | OWN..... 1<br>BEING PURCHASED ..... 2<br>EMPLOYER PROVIDES..... 3<br>FREE.....4 → E6.04<br>RENTED..... 5 → E6.05<br>DON'T KNOW/NON-RESPONSE/NA ....91 |
| **E6.02** | If you sold this dwelling today, how much would you receive for it? | ☐☐☐☐☐☐<br>DON'T KNOW/NON-RESPONSE/NA.....999991 |
| **E6.03** | How old is this house, in years? | ☐☐☐<br>DON'T KNOW/<br>NON-RESPONSE/NA.....991 → SKIP TO E6.06 |
| **E6.04** | If you rented this dwelling out today, how much rent would you receive? | **E6.04A LOCAL$**: ☐☐☐☐☐<br>DON'T KNOW/NON-RESPONSE<br>/NA.....99991 → SKIP TO E6.09<br>**E6.04B UNIT**: DAY ..... 1<br>WEEK..... 2<br>MONTH..... 3<br>YEAR..... 4<br>DON'T KNOW/<br>NON-RESPONSE<br>/NA.....99991 → SKIP TO E6.09 |

| | | |
|---|---|---|
| **E6.05** | How much do you pay to rent this dwelling? | **E6.05A LOCAL$**<br>☐☐☐☐☐<br>DON'T KNOW/NON-RESPONSE /NA…….99991 → SKIP TO E6.09<br><br>**E6.05B UNIT**<br>DAY .....1<br>WEEK.....2<br>MONTH.....3<br>YEAR.....4<br>DON'T KNOW/ NON-RESPONSE /NA…….99991 → SKIP TO E6.09 |
| **E6.06** | Do you pay a mortgage on this house, that is, a regular payment towards purchasing the house? | YES .....1<br>NO .....2→ SKIP TO E6.09 |
| **E6.07** | How often do you make mortgage payments? | ONCE A MONTH.....1<br>ONCE EVERY 3 MONTHS.....2<br>ONCE EVERY 6 MONTHS.....3<br>ONCE A YEAR.....4<br>OTHER (SPECIFY).....6 |
| **E6.08** | How much do you pay each time you make a payment on your mortgage? | ☐☐☐☐☐<br>AMOUNT IS VARIABLE……99996<br>DON'T KNOW/ NON-RESPONSE……99991 |
| **E6.09** | In the past one month, how much did you spend on repairs & maintenance to this house? | ☐☐☐☐☐<br>DON'T KNOW/ NON-RESPONSE……99991 |

## MODULE E7. DURABLE GOODS EXPENDITURES

"Now I'd like to ask you some questions about items that may be owned by your household."

| ITEM | Item Code | Does your household own a [ITEM]? | How many [ITEM]s do you own? | What is the age of these [ITEM]s?<br><br>IF MORE THAN ONE ITEM, AVERAGE AGE. | If you wanted to sell one of these [ITEM]s today, how much would you receive?<br><br>IF MORE THAN ONE, AVERAGE VALUE. | Did you purchase or pay for any of these [ITEM]s in the last 12 months? | How much did you pay for all these [ITEM]s all together (total) in the last 12 months? |
|---|---|---|---|---|---|---|---|
| **E7.01** | 341-370 | **E7.02** | **E7.03 NUMBER** | **E7.04 YEAR** | **E7.05 LOCAL$** | **E7.06** | **E7.07 LOCAL$** |
| Bed//table/chair | 341 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Fan | 342 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Air conditioner | 343 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Radio | 344 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Tape or CD/DVD player/VCR | 345 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Television | 346 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Sewing machine | 347 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Kerosene/paraffin stove | 348 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Electric stove;  hot plate | 349 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Gas stove | 350 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Refrigerator | 351 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Washing machine | 352 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Bicycle | 353 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Boat | 354 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Motorcycle/scooter | 355 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |

| ITEM | Item Code | Does your household own a [ITEM]? | How many [ITEM]s do you own? | What is the age of these [ITEM]s?<br><br>IF MORE THAN ONE ITEM, AVERAGE AGE. | If you wanted to sell one of these [ITEM]s today, how much would you receive?<br><br>IF MORE THAN ONE, AVERAGE VALUE. | Did you purchase or pay for any of these [ITEM]s in the last 12 months? | How much did you pay for all these [ITEM]s all together (total) in the last 12 months? |
|---|---|---|---|---|---|---|---|
| **E7.01** | 341-370 | **E7.02** | **E7.03 NUMBER** | **E7.04 YEAR** | **E7.05 LOCAL$** | **E7.06** | **E7.07 LOCAL$** |
| Car | 356 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Mini-bus | 357 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Lorry | 358 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Beer-brewing drum | 359 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Upholstered chair, sofa set | 360 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Coffee table (for sitting room) | 361 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Cupboard, drawers, bureau | 362 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Lantern (paraffin) | 363 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Desk | 364 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Clock | 365 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Iron (for pressing clothes) | 366 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Computer equipment & accessories | 367 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Satellite dish | 368 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Solar panel | 369 | YES.....1<br>NO .....2→ NEXT ITEM | | | | YES .....1<br>NO.....2→ NEXT ITEM | |
| Generator | 370 | YES.....1<br>NO .....2→ MODULE F | | | | YES .....1<br>NO.....2→ MODULE F | |

## MODULE F. HOUSEHOLD HUNGER SCALE

Household identification (*in data file, each module must be matched with the HH ID*) | | | | | | |

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT TO MODULE F HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE F INFORMED CONSENT PROCEDURE (ANNEX 4) TO THE RESPONDENT.

ASK THESE QUESTIONS OF THE PERSON RESPONSIBLE FOR HOUSEHOLD FOOD PREPARATION.

**"Moving on to another topic, I'd like to ask you a few questions about the availability of food in your home."**

| QNO. | QUESTION | RESPONSE |
|---|---|---|
| **F01** | In the past [4 weeks/30 days] was there ever no food to eat of any kind in your house because of lack of resources to get food? | YES ..... 1<br>NO ..... 2 → GO TO F03 |
| **F02** | How often did this happen in the past [4 weeks/30 days]? | RARELY (1-2 TIMES) ..... 1<br>SOMETIMES (3-10 TIMES) ..... 2<br>OFTEN (MORE THAN 10 TIMES)..... 3<br>REFUSED..... 9 |
| **F03** | In the past [4 weeks/30 days] did you or any household member go to sleep at night hungry because there was not enough food? | YES ..... 1<br>NO ..... 2 → GO TO F05 |
| **F04** | How often did this happen in the past [4 weeks/30 days]? | RARELY (1-2 TIMES) ..... 1<br>SOMETIMES (3-10 TIMES) ..... 2<br>OFTEN (MORE THAN 10 TIMES)..... 3<br>REFUSED..... 9 |
| **F05** | In the past [4 weeks/30 days] did you or any household member go a whole day and night without eating anything at all because there was not enough food? | YES ..... 1<br>NO ..... 2 → END MODULE |
| **F06** | How often did this happen in the past [4 weeks/30 days]? | RARELY (1-2 TIMES) ..... 1<br>SOMETIMES (3-10 TIMES) ..... 2<br>OFTEN (MORE THAN 10 TIMES)..... 3 |

**Comment [FB6]: INSTRUCTION for item F01 through F06:**
Determine in collaboration with in-country data collection organization which is preferable (4 weeks or 30 days) and delete the other.

## MODULE G. WOMEN'S EMPOWERMENT IN AGRICULTURE INDEX

THIS QUESTIONNAIRE SHOULD BE ADMINISTERED TO THE PRIMARY FEMALE DECISIONMAKER (AGE 18 OR OLDER) IDENTIFIED ON LINE 02 OF THE HOUSEHOLD ROSTER (SECTION C) OF THE HOUSEHOLD LEVEL QUESTIONNAIRE.

YOU SHOULD COMPLETE THIS COVERSHEET FOR EACH ELIGIBLE RESPONDENT EVEN IF THE INDIVIDUAL IS NOT AVAILABLE TO BE INTERVIEWED.

PLEASE DOUBLE CHECK TO ENSURE:

- YOU HAVE COMPLETED THE ROSTER SECTION OF THE HOUSEHOLD QUESTIONNAIRE TO IDENTIFY THE CORRECT PRIMARY FEMALE DECISIONMAKER;
- RESPONDENTS TO THIS MODULE ARE AGE 18 OR OLDER;
- YOU HAVE NOTED THE HOUSEHOLD ID AND INDIVIDUAL ID CORRECTLY FOR THE PERSON YOU ARE ABOUT TO INTERVIEW;
- YOU HAVE SOUGHT TO INTERVIEW THE INDIVIDUAL IN PRIVATE OR WHERE OTHER MEMBERS OF THE HOUSEHOLD CANNOT OVERHEAR OR CONTRIBUTE ANSWERS;
- YOU HAVE CHECKED THE INFORMED CONSENT REGISTER AND ENSURED THAT THE RESPONDENT(S) TO MODULE G HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE G INFORMED CONSENT PROCEDURE (ANNEX 5) TO THE RESPONDENT(S).

### SUB-MODULE G1. INDIVIDUAL IDENTIFICATION

| | Code | | Code |
|---|---|---|---|
| **G1.01**. HOUSEHOLD IDENTIFICATION:..... | ☐☐☐☐☐☐ | **G1.03.** OUTCOME OF INTERVIEW | COMPLETED ..... 1<br>HOUSEHOLD MEMBER TOO ILL TO RESPOND/COGNITIVELY IMPAIRED ..... 2<br>RESPONDENT NOT AT HOME/TEMPORARILY UNAVAILABLE ..... 3<br>RESPONDENT NOT AT HOME/EXTENDED ABSENCE ..... 4<br>REFUSED ..... 5<br>COULD NOT LOCATE ..... 6 |
| **G1.02.** NAME OF RESPONDENT CURRENTLY BEING INTERVIEWED (LINE NUMBER FROM ROSTER IN SECTION C HOUSEHOLD ROSTER):<br><br>**SURNAME, FIRST NAME:**_____ | ☐☐ | **G1.04.** ABILITY TO BE INTERVIEWED ALONE: (SELECT ALL THAT APPLY) | ALONE ..... A<br>ADULT FEMALES PRESENT..... B<br>ADULT MALES PRESENT ..... C<br>CHILDREN PRESENT..... D |

**Comment [FB7]:**

**DESIGN NOTE:**

THE INFORMATION IN MODULE G1 CAN BE CAPTURED IN DIFFERENT WAYS; HOWEVER THERE MUST BE A WAY TO:

A) IDENTIFY THE PROPER INDIVIDUAL WITHIN THE HOUSEHOLD TO BE ASKED THE SURVEY,

B) LINK THIS INDIVIDUAL FROM THE MODULE TO THE HOUSEHOLD ROSTER,

C) CODE THE OUTCOME OF THE INTERVIEW, ESPECIALLY IF THE INDIVIDUAL IS NOT AVAILABLE, TO DISTINGUISH THIS FROM MISSING DATA, AND

D) RECORD WHO ELSE IN THE HOUSEHOLD WAS PRESENT DURING THE INTERVIEW.

| NO. | QUESTION | RESPONSE |
|---|---|---|
| **G1.05** | In what month and year were you born? | ☐☐<br>MONTH<br>DK MONTH….98<br><br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 |
| **G1.06** | Please tell me how old you are. What was your age at your last birthday?<br><br>RECORD AGE IN COMPLETED YEARS | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER/HIS AGE, SKIP TO G1.08<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE/HE IS, ENTER '98' AND ASK QUESTION G1.07. |
| **G1.07** | Are you 18 years old or older? | YES.....1<br><br>NO.....2<br>DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEAI) AND PROCEED TO MODULE H IF RESPONDENT IS ELIGIBLE FOR MODULE H. |
| **G1.08** | CHECK G1.05, G1.06 AND G1.07 (IF APPLICABLE): IS THE RESPONDENT 18 YEARS OLD OR OLDER?<br><br>IF THE INFORMATION IN G1.05, G1.06 AND G1.07 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL. | YES.....1<br><br>NO.....2<br>DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEAI) AND PROCEED TO MODULE H IF RESPONDENT IS ELIGIBLE FOR MODULE H. |
| **G1.09** | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED .....1<br>YES, LIVING WITH A MAN .....2 → GO TO SUB-MODULE G2<br>NO, NOT IN UNION.....3 |
| **G1.10** | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED .....1<br>YES, LIVED WITH A MAN.....2<br>NO.....3 → GO TO SUB-MODULE G2 |
| **G1.11** | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED .....1<br>DIVORCED .....2<br>SEPARATED.....3 |

## SUB-MODULE G2: ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME GENERATION

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH SUB-MODULE (G2-G6) MUST BE LINKED WITH HH AND RESPONDENT ID) | | | | | | |

RESPONDENT ID CODE | | |

**"Now I'd like to ask you some questions about your participation in certain types of work activities."**

| ACTIVITY | | Did you yourself participate in [ACTIVITY] in the past 12 months (that is, during the last [one/two] cropping seasons)? | How much input did you have in making decisions about [ACTIVITY]? | How much input did you have in decisions on the use of income generated from [ACTIVITY] |
|---|---|---|---|---|
| **ACTIVITY CODE** | **ACTIVITY DESCRIPTION** | **G2.01** | **G2.02** | **G2.03** |
| **A** | **Food crop farming:** These are crops that are grown primarily for household food consumption | YES .....1<br>NO .....2 → SKIP TO NEXT ACTIVITY | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |
| **B** | **Cash crop farming:** These are crops that are grown primarily for sale in the market | YES .....1<br>NO .....2 → SKIP TO NEXT ACTIVITY | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |
| **C** | **Livestock raising** | YES .....1<br>NO .....2 → SKIP TO NEXT ACTIVITY | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |
| **D** | **Non-farm economic activities:** This would include things like running a small business, self-employment, buy-and-sell | YES .....1<br>NO .....2 → SKIP TO NEXT ACTIVITY | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |
| **E** | **Wage and salary employment:** This could be work that is paid for in cash or in-kind, including both agriculture and other wage work | YES .....1<br>NO .....2 → SKIP TO NEXT ACTIVITY | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |
| **F** | **Fishing or fishpond culture** | YES .....1<br>NO .....2 → SKIP TO MODULE G3 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS .....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 | NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01<br>INPUT INTO SOME DECISIONS.....02<br>INPUT INTO MOST OR ALL DECISIONS..03<br>NO DECISION MADE .....93 |

**Comment [FB8]:**

**INTERVIEWER GUIDANCE:**

THE REFERENCE TIME FRAME FOR THIS QUESTION IS ALWAYS 12 MONTHS.

THE REFERENCED 12-MONTH PERIOD MAY INCLUDE ONE OR TWO CROPPING SEASONS, DEPENDING ON THE CLIMATE, CROP, AND PRACTICE.

WHETHER IT IS ONE OR TWO SEASONS NEEDS TO BE DETERMINED FOR EACH COUNTRY/ZONE/CROP.

## SUB-MODULE G3(A): ACCESS TO PRODUCTIVE CAPITAL

"Now I'd like to ask you about your household's ownership of a number of items that could be used to generate income."

| PRODUCTIVE CAPITAL | | Does anyone in your household currently have any [ITEM]? | How many of [ITEM] does your household currently have? | Who would you say owns most of the [ITEM]? **CIRCLE ALL APPLICABLE** | Who would you say can decide whether to sell [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who would you say can decide whether to give away [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who would you say can decide to mortgage or rent out [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who contributes most to decisions regarding a new purchase of [ITEM]? **CIRCLE ALL APPLICABLE** |
|---|---|---|---|---|---|---|---|---|
| **PRODUCTIVE CAPITAL** | | **G3.01a** | **G3.01b** | **G3.02** | **G3.03** | **G3.04** | **G3.05** | **G3.06** |
| **A** | Agricultural land (pieces/plots) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **B** | Large livestock (oxen, cattle) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **C** | Small livestock (goats, pigs, sheep) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **D** | Chickens, ducks, turkeys, and pigeons | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **E** | Fish pond or fishing equipment | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **F** | Farm equipment (non-mechanized: hand tools, animal-drawn ploughs) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **G** | Farm equipment (mechanized: tractor-drawn plough, power tiller, treadle pump) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER . D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z |
| **H** | Nonfarm business equipment (solar panels used for recharging, sewing machine, brewing equipment, fryers) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |

**Comment [FB9]:**

**DESIGN NOTE:**

Examples given within productive capital categories are not exhaustive and should be adapted to local context by either adding to or replacing the examples provided in parentheses.

| PRODUCTIVE CAPITAL | | Does anyone in your household currently have any [ITEM]? | How many of [ITEM] does your household currently have? | Who would you say owns most of the [ITEM]? **CIRCLE ALL APPLICABLE** | Who would you say can decide whether to sell [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who would you say can decide whether to give away [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who would you say can decide to mortgage or rent out [ITEM] most of the time? **CIRCLE ALL APPLICABLE** | Who contributes most to decisions regarding a new purchase of [ITEM]? **CIRCLE ALL APPLICABLE** |
|---|---|---|---|---|---|---|---|---|
| **PRODUCTIVE CAPITAL** | | **G3.01a** | **G3.01b** | **G3.02** | **G3.03** | **G3.04** | **G3.05** | **G3.06** |
| **I** | House or other structures | YES..1<br>NO…2→ SKIP TO NEXT ITEM | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |
| **J** | Large consumer durables (refrigerator, TV, sofa) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |
| **K** | Small consumer durables (radio, cookware) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |
| **L** | Cell phone | YES..1<br>NO…2→ SKIP TO NEXT ITEM | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |
| **M** | Other land not used for agricultural purposes (pieces/plots, residential or commercial land) | YES..1<br>NO…2→ SKIP TO NEXT ITEM | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |
| **N** | Means of transportation (bicycle, motorcycle, car) | YES..1<br>NO…2→ SKIP TO MODULE G3(B) | ☐☐☐ | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER..... C<br>OTHER NON-HH MEMBER.. D<br>NOT APPLICABLE ..... Z | | | | |

**Comment [FB9]:**

**DESIGN NOTE:**

Examples given within productive capital categories are not exhaustive and should be adapted to local context by either adding to or replacing the examples provided in parentheses.

## SUB-MODULE G3(B): ACCESS TO CREDIT

**"Next I'd like to ask about your household's experience with borrowing money or other items in the past 12 months."**

| | LENDING SOURCES | Has anyone in your household taken any loans or borrowed cash/in-kind from [SOURCE] in the past 12 months? | Who made the decision to borrow from [SOURCE]? **CIRCLE ALL APPLICABLE** | Who makes the decision about what to do with the money/ item borrowed from [SOURCE]? **CIRCLE ALL APPLICABLE** |
|---|---|---|---|---|
| | **LENDING SOURCE NAMES** | **G3.07** | **G3.08** | **G3.09** |
| **A** | Non-governmental organization (NGO) | YES, CASH ..... 1<br>YES, IN-KIND ..... 2<br>YES, CASH AND IN-KIND ..... 3<br>NO ..... 4 → GO TO NEXT SOURCE<br>DON'T KNOW ..... 8 | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z |
| **B** | Informal lender | YES, CASH ..... 1<br>YES, IN-KIND ..... 2<br>YES, CASH AND IN-KIND ..... 3<br>NO ..... 4 → GO TO NEXT SOURCE<br>DON'T KNOW ..... 8 | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z |
| **C** | Formal lender (bank/financial institution) | YES, CASH ..... 1<br>YES, IN-KIND ..... 2<br>YES, CASH AND IN-KIND ..... 3<br>NO ..... 4 → GO TO NEXT SOURCE<br>DON'T KNOW ..... 8 | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z |
| **D** | Friends or relatives | YES, CASH ..... 1<br>YES, IN-KIND ..... 2<br>YES, CASH AND IN-KIND ..... 3<br>NO ..... 4 → GO TO NEXT SOURCE<br>DON'T KNOW ..... 8 | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z |
| **E** | Group based micro-finance or lending including VSLAs / SACCOs/ merry-go-rounds | YES, CASH ..... 1<br>YES, IN-KIND ..... 2<br>YES, CASH AND IN-KIND ..... 3<br>NO ..... 4 → GO TO MODULE G4<br>DON'T KNOW ..... 8 | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z | SELF ..... A<br>PARTNER/SPOUSE ..... B<br>OTHER HH MEMBER ..... C<br>OTHER NON-HH MEMBER ..... D<br>NOT APPLICABLE ..... Z |

**Comment [FB10]:**

**DESIGN NOTE:**

To adapt to country context, locally relevant examples may be given within lending source categories.

## SUB-MODULE G4(A): INDIVIDUAL LEADERSHIP AND INFLUENCE IN THE COMMUNITY

**"Now I have a few questions about how comfortable you feel speaking up in public when the community needs to make important decisions."**

| QNO. | QUESTION | RESPONSE |
|---|---|---|
| **G4.01** | Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community? | NO, NOT AT ALL COMFORTABLE ..... 1<br>YES, BUT WITH DIFFICULTY ..... 2<br>YES, COMFORTABLY ..... 3<br>NOT APPLICABLE ..... 5 |
| **G4.02** | Do you feel comfortable speaking up in public to ensure proper payment of wages for public works or other similar programs? | NO, NOT AT ALL COMFORTABLE ..... 1<br>YES, BUT WITH DIFFICULTY ..... 2<br>YES, COMFORTABLY ..... 3<br>NOT APPLICABLE ..... 5 |
| **G4.03** | Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials? | NO, NOT AT ALL COMFORTABLE ..... 1<br>YES, BUT WITH DIFFICULTY ..... 2<br>YES, COMFORTABLY ..... 3<br>NOT APPLICABLE ..... 5 |

## SUB-MODULE G4(B): GROUP MEMBERSHIP

**"The next few questions are about different groups or organizations that may exist in your community."**

| GROUP MEMBERSHIP | | Is there a [GROUP] in your community? | Are you an active member of this [GROUP]? |
|---|---|---|---|
| **GROUP CATEGORIES** | | **G4.04** | **G4.05** |
| **A** | Agricultural/livestock/fisheries producer's group (including marketing groups) | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **B** | Water users' group | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **C** | Forest users' group | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **D** | Credit or microfinance group (including SACCOs/merry-go-rounds/ VSLAs) | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **E** | Mutual help or insurance group (including burial societies) | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **F** | Trade and business association | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **G** | Civic groups (improving community) or charitable group (helping others) | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **H** | Local government | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |

| **GROUP MEMBERSHIP** | | Is there a [GROUP] in your community? | Are you an active member of this [GROUP]? |
|---|---|---|---|
| **GROUP CATEGORIES** | | **G4.04** | **G4.05** |
| **I** | Religious group | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **J** | Other women's group<br><br>ONLY INCLUDE A GROUP HERE IF IT DOES NOT FIT INTO ONE OF THE OTHER CATEGORIES | YES..... 1<br>NO ..... 2 → SKIP TO NEXT GROUP<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |
| **K** | Any other group or organization (SPECIFY)_____ | YES..... 1<br>NO ..... 2 → SKIP TO MODULE G5A<br>DON'T KNOW..... 8 | YES.....1<br>NO .....2 |

## SUB-MODULE G5(A): DECISION MAKING

"Now I have some questions about making decisions about various aspects of household life."

| ACTIVITY | | When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? CIRCLE ALL APPLICABLE | FILTER: CHECK G5.01 | To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to? |
|---|---|---|---|---|
| | **ACTIVITY** | **G5.01** | **G5.01A** | **G5.02** |
| **A** | Getting inputs for agricultural production | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT ..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |
| **B** | The types of crops to grow | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT ..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |
| **C** | Taking crops to the market (or not) | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT ..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |
| **D** | Livestock raising | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT ..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |

| ACTIVITY | | When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? **CIRCLE ALL APPLICABLE** | **FILTER: CHECK G5.01** | To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to? |
|---|---|---|---|---|
| | **ACTIVITY** | **G5.01** | **G5.01A** | **G5.02** |
| **E** | Your own (singular) wage or salary employment | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |
| **F** | Major household expenditures (such as a large appliance for the house like refrigerator) | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT ACTIVITY<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |
| **G** | Minor household expenditures (such as food for daily consumption or other household needs) | SELF.....A<br>SPOUSE/PARTNER.....B<br>OTHER HH MEMBER.....C<br>OTHER NON-HH MEMBER.....D<br>NOT APPLICABLE.....Z → SKIP TO NEXT ACTIVITY | CHECK G5.01:<br><br>"SELF" ("A") IS THE ONLY RESPONSE ..... 1 → GO TO NEXT MODULE<br><br>"SELF" ("A") IS **NOT** THE ONLY RESPONSE.... 2 → GO TO G5.02 | NOT AT ALL ..... 1<br>SMALL EXTENT..... 2<br>MEDIUM EXTENT ..... 3<br>TO A HIGH EXTENT ..... 4 |

## SUB-MODULE G6(A): TIME ALLOCATION

**G6.01:** PLEASE RECORD A LOG OF THE ACTIVITIES FOR THE INDIVIDUAL IN THE LAST COMPLETE 24 HOURS (STARTING YESTERDAY MORNING AT 4 AM, FINISHING 3:59 AM OF THE CURRENT DAY). THE TIME INTERVALS ARE MARKED IN 15 MIN INTERVALS AND ONE TO TWO ACTIVITIES CAN BE MARKED FOR EACH TIME PERIOD BY DRAWING A LINE THROUGH THAT ACTIVITY. IF TWO ACTIVITIES ARE MARKED, THEY SHOULD BE DISTINGUISHED WITH A 1 FOR THE PRIMARY ACTIVITY AND A 2 FOR THE SECONDARY ACTIVITY WRITTEN NEXT TO THE LINES. PLEASE ADMINISTER USING THE PROTOCOL IN THE INTERVIEWER MANUAL.

**"Now I'd like to ask you about how you spent your time during the past 24 hours. This will be a detailed accounting. We'll begin from yesterday morning at 4am, and continue through to 4am of this morning."**

| ACTIVITY CODE | ACTIVITY | NIGHT 4 | | | | 5 | | | | MORNING 6 | | | | 7 | | | | DAY 8 | | | | 9 | | | | 10 | | | | 11 | | | | 12 | | | | 13 | | | | 14 | | | | 15 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | Sleeping and resting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Eating and drinking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Personal care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | School (including homework) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Work as employed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Own business work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Farming/livestock/fishing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Shopping/getting service (including health services) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Weaving, sewing, textile care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Cooking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | Domestic work (including fetching wood and water) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | Care for children/adults/elderly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Travel and commuting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Watching TV/listening to radio/reading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Exercising | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | Social activities and hobbies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q | Religious activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | _____Other (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**SUB-MODULE G6(A) continued: TIME ALLOCATION**

| ACTIVITY CODE | ACTIVITY | DAY / EVENING / NIGHT 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | Sleeping and resting | | | | | | | | | | | | |
| B | Eating and drinking | | | | | | | | | | | | |
| C | Personal care | | | | | | | | | | | | |
| D | School (including homework) | | | | | | | | | | | | |
| E | Work as employed | | | | | | | | | | | | |
| F | Own business work | | | | | | | | | | | | |
| G | Farming/livestock/fishing | | | | | | | | | | | | |
| H | Shopping/getting service (including health services) | | | | | | | | | | | | |
| I | Weaving, sewing, textile care | | | | | | | | | | | | |
| J | Cooking | | | | | | | | | | | | |
| K | Domestic work (including fetching wood and water) | | | | | | | | | | | | |
| L | Care for children/adults/elderly | | | | | | | | | | | | |
| M | Travel and commuting | | | | | | | | | | | | |
| N | Watching TV/listening to radio/reading | | | | | | | | | | | | |
| O | Exercising | | | | | | | | | | | | |
| P | Social activities and hobbies | | | | | | | | | | | | |
| Q | Religious activities | | | | | | | | | | | | |
| X | _____Other (SPECIFY) | | | | | | | | | | | | |

## SUB-MODULE G6(B): SATISFACTION WITH TIME ALLOCATION

| QNO. | QUESTION | RESPONSE OPTIONS/INSTRUCTIONS |
|---|---|---|
| **G6.01B** | In the past 24 hours, did you work, either at home or outside the home, more than usual, about the same amount as usual, or less than usual? | MORE THAN USUAL……1<br>ABOUT THE SAME AS USUAL……2<br>LESS THAN USUAL……3 |
| **G6.02** | Next, I am going to ask you a question about how satisfied you are with the time you have to yourself to do things you enjoy. Please give your opinion on a scale of 1 to 10. 1 means you are not satisfied and 10 means you are very satisfied. If you are neither satisfied nor dissatisfied, this would be in the middle, or 5, on the scale.<br><br>How satisfied are you with your available time for leisure activities like visiting neighbors, watching TV, listening to the radio, seeing movies or doing sports? | SATISFACTION RATING: ☐☐ |

## MODULE H: WOMEN'S ANTHROPOMETRY AND DIETARY DIVERSITY

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH RESPONDENT MUST BE MATCHED WITH THE HH ID) | | | | | | |

ASK THESE QUESTIONS OF EACH WOMAN AGE 15-49 YEARS IN THE HOUSEHOLD.

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE H HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE H INFORMED CONSENT PROCEDURE (ANNEX 6) TO THE RESPONDENT(S).

CARRY DUPLICATE COPIES OF THIS MODULE IN CASE THERE ARE MORE THAN 5 WOMEN OF AGE 15-49 IN THE HOUSEHOLD.

ENSURE THAT THE ENTIRETY OF MODULE H, INCLUDING DIETARY DIVERSITY, IS COMPLETED FOR WOMAN 1 BEFORE MOVING ON TO WOMAN 2.

"In order to learn more about peoples' nutrition in our country, we would like to take measures of your growth – your height and your weight – and we'd also like to learn more about what kinds of foods you eat."

| NO. | QUESTION | WOMAN 1 | WOMAN 2 | WOMAN 3 | WOMAN 4 | WOMAN 5 |
|---|---|---|---|---|---|---|
| **H01** | WOMAN'S ID CODE AND NAME FROM THE HOUSEHOLD ROSTER | ☐☐<br>NAME:_____ | ☐☐<br>NAME:_____ | ☐☐<br>NAME:_____ | ☐☐<br>NAME:_____ | ☐☐<br>NAME:_____ |
| **H02** | In what month and year were you born? | ☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 |
| **H03** | Please tell me how old you are. What was your age at your last birthday?<br><br>RECORD AGE IN COMPLETED YEARS | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER AGE, SKIP TO H05<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04. | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER AGE, SKIP TO H05<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04. | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER AGE, SKIP TO H05<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04. | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER AGE, SKIP TO H05<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04. | ☐☐<br>YEARS<br><br>IF RESPONDENT KNOWS HER AGE, SKIP TO H05<br><br>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04. |

| NO. | QUESTION | WOMAN 1 | WOMAN 2 | WOMAN 3 | WOMAN 4 | WOMAN 5 |
|---|---|---|---|---|---|---|
| **H04** | Are you between the ages of 15 and 49 years old? | YES ..... 1<br>NO ..... 2<br>DK..... 8 | YES .....1<br>NO .....2<br>DK .....8 | YES .....1<br>NO .....2<br>DK .....8 | YES ..... 1<br>NO ..... 2<br>DK..... 8 | YES .....1<br>NO .....2<br>DK .....8 |
| **H05** | CHECK H02, H03 AND H04 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS?<br><br>IF THE INFORMATION IN H02, H03, AND H04 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL. | YES ..... 1<br><br>NO ..... 2 ┐ CHECK<br>DK..... 8 → FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I | YES .....1<br><br>NO .....2 ┐ CHECK<br>DK .....8 → FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I | YES .....1<br><br>NO .....2 ┐ CHECK<br>DK .....8 → FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I | YES ..... 1<br><br>NO ..... 2 ┐ CHECK<br>DK..... 8 → FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I | YES .....1<br><br>NO .....2 ┐ CHECK<br>DK .....8 → FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I |
| | **WOMEN'S NUTRITIONAL STATUS** | | | | | |
| **H06** | Are you currently pregnant? | YES .....1 → SKIP TO DIETARY DIVERSITY<br><br>NO ..... 2<br>DK..... 8 | YES .....1 → SKIP TO DIETARY DIVERSITY<br><br>NO ..... 2<br>DK ..... 8 | YES .....1 → SKIP TO DIETARY DIVERSITY<br><br>NO .....2<br>DK .....8 | YES .....1 → SKIP TO DIETARY DIVERSITY<br><br>NO ..... 2<br>DK..... 8 | YES .....1 → SKIP TO DIETARY DIVERSITY<br><br>NO .....2<br>DK .....8 |
| **H07** | WEIGHT IN KILOGRAMS:<br><br>WEIGH THE WOMAN | KG ☐☐☐.☐<br><br>NOT PRESENT ..... 9994<br>OTHER ..... 9996<br>REFUSED..... 9999 | KG ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 | KG ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 | KG ☐☐☐.☐<br><br>NOT PRESENT ..... 9994<br>OTHER ..... 9996<br>REFUSED..... 9999 | KG ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 |
| **H08** | HEIGHT IN CENTIMETERS:<br><br>MEASURE THE WOMAN | CM ☐☐☐.☐<br><br>NOT PRESENT ..... 9994<br>OTHER ..... 9996<br>REFUSED..... 9999 | CM ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 | CM ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 | CM ☐☐☐.☐<br><br>NOT PRESENT ..... 9994<br>OTHER ..... 9996<br>REFUSED..... 9999 | CM ☐☐☐.☐<br><br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 |

## WOMEN'S DIETARY DIVERSITY

Now I'd like to ask you to describe everything that you ate yesterday during the day or night, whether you ate it while you were at home, or while you were somewhere else.

**A)** Think about when you first woke up yesterday. Did you eat anything at that time?
IF YES: Please tell me everything you ate at that time. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE," THEN CONTINUE TO PART B.
IF NO: CONTINUE TO PART B.

**B)** What did you do after that? Did you eat anything at that time?
IF YES: Please tell me everything you ate at that time. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE."

REPEAT QUESTION B ABOVE UNTIL RESPONDENT SAYS SHE WENT TO SLEEP UNTIL THE NEXT DAY.

IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE, OR STEW, PROBE:
**C)** What ingredients were in that [mixed dish]? PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS "NOTHING ELSE."

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '2' IF NO, AND '8' IF DON'T KNOW.

Yesterday during the day or night, did you drink/eat any [food group items]?

| NO. | QUESTION | WOMAN 1 | WOMAN 2 | WOMAN 3 | WOMAN 4 | WOMAN 5 |
|---|---|---|---|---|---|---|
| | OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS THAT RESPONDENT MENTIONED, BUT ARE NOT IN THE LIST BELOW, IN THE SPACE TO THE RIGHT OF THIS BOX. THIS WILL ALLOW THE SURVEY SUPERVISOR OR OTHER KNOWLEDGEABLE INDIVIDUAL TO CLASSIFY THE FOOD LATER. | WRITE FOODS EATEN HERE: | WRITE FOODS EATEN HERE: | WRITE FOODS EATEN HERE: | WRITE FOODS EATEN HERE: | WRITE FOODS EATEN HERE: |
| **H14** | Food made from grains, such as bread, rice, noodles, porridge, or **[other local grain food]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **H15** | Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside or **[other local yellow/orange foods]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |

**Comment [FB11]:**

**DESIGN NOTE:**

Ensure country-specific food items are added to the existing food groups, as indicated by the yellow highlighted text. Seek input from a nutrition specialist as needed in order to properly allocate country-specific food items to their respective food groups.

Nutrition-sensitive agriculture indicator items need to be disaggregated and asked about in a new question that is independent from, but adjacent to, the food group it would otherwise belong to.
For example:

QEx1: Foods made from soy or soy products?

QEx2: Foods made from other kinds of beans, peas, lentils, nuts, or seeds [add any local names]?

| NO. | QUESTION | WOMAN 1 | WOMAN 2 | WOMAN 3 | WOMAN 4 | WOMAN 5 |
|---|---|---|---|---|---|---|
| H16 | White potatoes, white yams, manioc, cassava, **[other local root crops]** or any other foods made from roots? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H17 | Any dark green leafy vegetables such as **[local dark green leafy vegetables]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H17 A | Any other vegetables? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H18 | Ripe mangoes, ripe papayas or **[other local vitamin A-rich fruits]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H18 A | Any other fruits? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H19 | Any liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, or duck? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H19 A | Any meat from domesticated animals, such as beef, pork, lamb, goat, chicken, or duck? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H20 | Any liver, kidney, heart, or other organ meats from wild animals such as **[names of local commonly-consumed wildlife]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H20 A | Any flesh from wild animals, such as **[names of local commonly-consumed wildlife]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H22 | Eggs? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H23 | Fresh or dried fish, shellfish, or seafood? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H24 A | Any foods made from beans, peas, or lentils, such as **[add any local legume names]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| H24 B | Any foods made from nuts or seeds such as **[add any local nut/seed names]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |

| NO. | QUESTION | WOMAN 1 | WOMAN 2 | WOMAN 3 | WOMAN 4 | WOMAN 5 |
|---|---|---|---|---|---|---|
| **H25** | Milk, cheese, yogurt, or other milk products? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| **H26** | Any oil, fats, or butter, or foods made with any of these? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| **H27** | Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| **H28** | Condiments for flavor, such as chilies, spices, herbs, fish powder or **[add any local condiment names]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| **H29** | Grubs, snails or insects such as **[add any local insect names]**? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |
| **H30** | Foods made with red palm oil, red palm nut, or red palm nut pulp sauce? | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 |

## MODULE I. CHILD ANTHROPOMETRY AND INFANT AND YOUNG CHILD FEEDING

HOUSEHOLD IDENTIFICATION (IN DATA FILE, EACH RESPONDENT MUST BE MATCHED WITH THE HH ID) | | | | | | |

IDENTIFY THE PRIMARY CAREGIVER OF EACH CHILD AGE 0-59 MONTHS IN THE HOUSEHOLD. ASK THESE QUESTIONS OF THE PRIMARY CAREGIVER OF EACH CHILD AGED 0–59 MONTHS IN THE HOUSEHOLD. CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE I HAVE PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE I INFORMED CONSENT PROCEDURE (ANNEX 7) TO THE RESPONDENT(S) (THE PRIMARY CAREGIVER OF EACH CHILD AGED 0–59 MONTHS IN THE HOUSEHOLD).

YOU SHOULD CARRY DUPLICATE COPIES OF THIS MODULE IN CASE THERE ARE MORE THAN 5 CHILDREN 0-59 MONTHS OLD IN THE HOUSEHOLD.

**"In order to learn more about child nutrition in our country, we would like to measure your child(ren)'s growth – their height and their weight – and we'd also like to learn more about what kinds of foods they eat."**

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| I01 | CAREGIVER'S ID CODE FROM THE HOUSEHOLD ROSTER | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |
| I02 | CHILD'S ID CODE AND FIRST NAME FROM THE HOUSEHOLD ROSTER | ☐☐<br>_____<br>CHILD'S NAME | ☐☐<br>_____<br>CHILD'S NAME | ☐☐<br>_____<br>CHILD'S NAME | ☐☐<br>_____<br>CHILD'S NAME | ☐☐<br>_____<br>CHILD'S NAME |
| I03 | What is [CHILD'S NAME]'s sex? | MALE ..... 1<br>FEMALE ..... 2 | MALE ..... 1<br>FEMALE……..2 | MALE ..... 1<br>FEMALE……..2 | MALE ..... 1<br>FEMALE……..2 | MALE ..... 1<br>FEMALE……..2 |
| I04 | I would like to ask you some question about [CHILD'S NAME]. What is [his/her] birthday?<br>In what month and year was [CHILD'S NAME] born? | ☐☐<br>DAY<br>DK DAY….98<br>☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>DAY<br>DK DAY….98<br>☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>DAY<br>DK DAY….98<br>☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>DAY<br>DK DAY….98<br>☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 | ☐☐<br>DAY<br>DK DAY….98<br>☐☐<br>MONTH<br>DK MONTH….98<br>☐☐☐☐<br>YEAR<br>DK YEAR….9998 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **I04A** | CHECK I04: IS THE INFORMATION ON THE CHILD'S DAY, MONTH, AND YEAR OF BIRTH COMPLETE? | YES..... 1 → SKIP TO I05<br>NO .....2 | YES .....1 → SKIP TO I05<br>NO .....2 | YES .....1 → SKIP TO I05<br>NO.....2 | YES..... 1 → SKIP TO I05<br>NO.....2 | YES..... 1 → SKIP TO I05<br>NO .....2 |
| **I04B** | Does [CHILD'S NAME] have a health or vaccination card with the birth date recorded? | YES..... 1<br>NO ..... 2 → SKIP TO I05<br>DK..... 8 → SKIP TO I05 | YES ..... 1<br>NO ..... 2 → SKIP TO I05<br>DK ..... 8 → SKIP TO I05 | YES ..... 1<br>NO.....2 → SKIP TO I05<br>DK.....8 → SKIP TO I05 | YES..... 1<br>NO.....2 → SKIP TO I05<br>DK.....8 → SKIP TO I05 | YES..... 1<br>NO ..... 2 → SKIP TO I05<br>DK..... 8 → SKIP TO I05 |
| **I04C** | May I please see the card? | YES..... 1<br>NO ..... 2<br>CARD NOT AVAILABLE . 8 → SKIP TO I05 | YES ..... 1<br>NO .....2<br>CARD NOT AVAILABLE ..8 → SKIP TO I05 | YES ..... 1<br>NO .....2<br>CARD NOT AVAILABLE..8 → SKIP TO I05 | YES..... 1<br>NO.....2<br>CARD NOT AVAILABLE..8 → SKIP TO I05 | YES..... 1<br>NO ..... 2<br>CARD NOT AVAILABLE . 8 → SKIP TO I05 |
| **I04D** | CONFIRM WITH THE RESPONDENT THAT THE INFORMATION ON THE CARD IS CORRECT.<br><br>IF THE HEALTH/VACCINATION CARD IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD. | ☐☐ DAY<br>DK DAY….98<br>☐☐ MONTH<br>DK MONTH….98<br>☐☐☐☐ YEAR<br>DK YEAR….9998 | ☐☐ DAY<br>DK DAY….98<br>☐☐ MONTH<br>DK MONTH….98<br>☐☐☐☐ YEAR<br>DK YEAR….9998 | ☐☐ DAY<br>DK DAY….98<br>☐☐ MONTH<br>DK MONTH….98<br>☐☐☐☐ YEAR<br>DK YEAR….9998 | ☐☐ DAY<br>DK DAY….98<br>☐☐ MONTH<br>DK MONTH….98<br>☐☐☐☐ YEAR<br>DK YEAR….9998 | ☐☐ DAY<br>DK DAY….98<br>☐☐ MONTH<br>DK MONTH….98<br>☐☐☐☐ YEAR<br>DK YEAR….9998 |
| **I05** | How old was [CHILD'S NAME] at [his/her] last birthday? RECORD AGE IN COMPLETED YEARS | ☐ YEARS | ☐ YEARS | ☐ YEARS | ☐ YEARS | ☐ YEARS |
| **I06** | How many months old is [CHILD'S NAME]? RECORD AGE IN COMPLETED MONTHS | ☐☐ MONTHS | ☐☐ MONTHS | ☐☐ MONTHS | ☐☐ MONTHS | ☐☐ MONTHS |

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| **I07** | CHECK I04, I04D, I05, AND I06 TO VERIFY CONSISTENCY | | | | | |
| **I07A** | CHECK: IS THE YEAR RECORDED IN I04 OR I04D CONSISTENT WITH THE AGE IN YEARS RECORDED IN I05? | YES .....1<br>NO .....2 | YES .....1<br>NO .....2 | YES .....1<br>NO .....2 | YES.....1<br>NO .....2 | YES.....1<br>NO.....2 |
| **107B** | ARE YEAR AND MONTH OF BIRTH RECORDED IN I04 OR I04D CONSISTENT WITH AGE IN MONTHS RECORDED IN I06? | YES .....1<br>NO .....2 | YES .....1<br>NO .....2 | YES .....1<br>NO .....2 | YES.....1<br>NO .....2 | YES.....1<br>NO.....2 |
| **107C** | CHECK 107A AND 107B: IF THE ANSWER TO A OR B IS 'NO,' RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED ON A HEALTH CARD, THIS MAY BE USED AS THE CORRECT DATA SOURCE. | | | | | |
| **I08** | CHECK I06. IS THE CHILD UNDER 60 MONTHS? | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE | YES.....1<br>NO .....2<br>DON'T KNOW .....8<br>PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE |
| | **"Now I would like to assess your child for a condition called "edema," which occurs when too much fluid is retained by the body. It can be related to nutrition. To perform the test, I need to gently press my thumbs on [NAME]'s feet."** | | | | | |
| **I09** | DOES CHILD HAVE EDEMA? | YES .....1<br>NO .....2<br>NOT PRESENT.....4<br>OTHER .....6<br>REFUSED .....9 | YES .....1<br>NO .....2<br>NOT PRESENT.....4<br>OTHER .....6<br>REFUSED .....9 | YES .....1<br>NO .....2<br>NOT PRESENT.....4<br>OTHER .....6<br>REFUSED .....9 | YES.....1<br>NO .....2<br>NOT PRESENT.....4<br>OTHER .....6<br>REFUSED.....9 | YES.....1<br>NO.....2<br>NOT PRESENT .....4<br>OTHER .....6<br>REFUSED.....9 |
| **I10** | WEIGHT IN KILOGRAMS:<br>WEIGH THE CHILD | KG ☐☐☐.☐<br>NOT PRESENT.....9994<br>OTHER .....9996<br>REFUSED .....9999 | KG ☐☐☐.☐<br>NOT PRESENT.....9994<br>OTHER .....9996<br>REFUSED .....9999 | KG ☐☐☐.☐<br>NOT PRESENT.....9994<br>OTHER .....9996<br>REFUSED .....9999 | KG ☐☐☐.☐<br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED.....9999 | KG ☐☐☐.☐<br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED.....9999 |

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| I11 | CHILDREN UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN; CHILDREN 24 MONTHS OR OLDER SHOULD BE MEASURED STANDING UP.<br><br>HEIGHT IN CENTIMETERS:<br>MEASURE THE CHILD | CM ☐☐☐.☐<br>NOT PRESENT..... 9994<br>OTHER..... 9996<br>REFUSED ..... 9999 | CM ☐☐☐.☐<br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED.....9999 | CM ☐☐☐.☐<br>NOT PRESENT..... 9994<br>OTHER..... 9996<br>REFUSED ..... 9999 | CM ☐☐☐.☐<br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED .....9999 | CM ☐☐☐.☐<br>NOT PRESENT .....9994<br>OTHER .....9996<br>REFUSED.....9999 |
| I11A | WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? | LYING DOWN .....1<br>STANDING UP.....2<br>NOT MEASURED ...6 | LYING DOWN .....1<br>STANDING UP .....2<br>NOT MEASURED....6 | LYING DOWN .....1<br>STANDING UP.....2<br>NOT MEASURED ...6 | LYING DOWN .....1<br>STANDING UP.....2<br>NOT MEASURED ...6 | LYING DOWN..... 1<br>STANDING UP ..... 2<br>NOT MEASURED... 6 |
| | EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET | | | | | |
| I15 | CHECK QUESTION I05. IS THE CHILD UNDER 2 YEARS OF AGE? | YES ..... 1<br>NO ..... 2 → PROCEED TO NEXT CHILD OR END MODULE | YES.....1<br>NO .....2 → PROCEED TO NEXT CHILD OR END MODULE | YES ..... 1<br>NO ..... 2 → PROCEED TO NEXT CHILD OR END MODULE | YES ..... 1<br>NO ..... 2 → PROCEED TO NEXT CHILD OR END MODULE | YES.....1<br>NO .....2 → PROCEED TO NEXT CHILD OR END MODULE |

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| I16 | Has [CHILD'S NAME] ever been breastfed? | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I18 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I18 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I18 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I18 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I18 |
| I17 | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | YES.....1 → SKIP TO I19<br>NO.....2<br>DON'T KNOW.....8 | YES .....1 → SKIP TO I19<br>NO .....2<br>DON'T KNOW .....8 | YES .....1 → SKIP TO I19<br>NO .....2<br>DON'T KNOW .....8 | YES .....1 → SKIP TO I19<br>NO.....2<br>DON'T KNOW.....8 | YES.....1 → SKIP TO I19<br>NO.....2<br>DON'T KNOW.....8 |
| I18 | Sometimes babies are fed breast milk in different ways, for example by spoon, cup, or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby.<br><br>Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I19 | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.<br><br>Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I20 | Was [CHILD'S NAME] given **[local name for oral rehydration solution]** yesterday during the day or at night? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| | READ THE QUESTIONS BELOW. READ THE LIST OF LIQUIDS ONE BY ONE AND MARK YES OR NO, ACCORDINGLY.<br><br>Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night.<br>Did [CHILD'S NAME] have any [ITEM FROM LIST]?: | | | | | |
| I21 | Plain water? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I22 | Infant formula such as **[insert local examples]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I24 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I24 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I24 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I24 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I24 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **I23** | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW .... 98 |
| **I24** | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk? | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I26 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I26 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I26 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I26 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I26 |
| **I25** | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW .... 98 |
| **I26** | Did [CHILD'S NAME] have any juice or juice drinks? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **I27** | Clear broth? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **I28** | Yogurt? | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I30 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I30 | YES .....1<br>NO .....2<br>DON'T KNOW .....8<br>SKIP TO I30 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I30 | YES.....1<br>NO.....2<br>DON'T KNOW.....8<br>SKIP TO I30 |
| **I29** | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW .... 98 |
| **I30** | Did [CHILD'S NAME] have any thin porridge? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **I31** | Any other liquids such as **[list other water-based liquids available in the local setting]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **I32** | Any other liquids? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |

Now I'd like to ask you to describe everything that [CHILD'S NAME] ate yesterday during the day or night, whether [he/she] ate it while at home, or while somewhere else.

A) Think about when [CHILD'S NAME] first woke up yesterday. Did [CHILD'S NAME] eat anything at that time?
IF YES: Please tell me everything [child's name] ate at that time. PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE." THEN CONTINUE TO PART B).
IF NO, CONTINUE TO PART B).

B) What did [CHILD'S NAME] do after that? Did [CHILD'S NAME] eat anything at that time?
IF YES: Please tell me everything [CHILD'S NAME] ate at that time. PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE."
REPEAT QUESTION B) UNTIL THE RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.

IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE, OR STEW, PROBE:
C) What ingredients were in that [MIXED DISH]? PROBE: Anything else? CONTINUE TO PROBE UNTIL RESPONDENT SAYS "NOTHING ELSE."

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER '1' IN THE RESPONSE BOX NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED IN THE RESPONSE BOX, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '0' IF NO, AND '8' IF DON'T KNOW:
Yesterday, during the day or night, did [CHILD'S NAME] drink/eat any [FOOD GROUP ITEMS]?

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| | OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS (TO THE RIGHT OF THIS BOX) THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW. THIS WILL ALLOW THE SURVEY SUPERVISOR OR OTHER KNOWLEDGEABLE INDIVIDUAL TO CLASSIFY THE FOOD LATER. | WRITE FOODS MENTIONED HERE: | WRITE FOODS MENTIONED HERE: | WRITE FOODS MENTIONED HERE: | WRITE FOODS MENTIONED HERE: | WRITE FOODS MENTIONED HERE: |
| I33 | Food made from grains, such as bread, rice, noodles, porridge, or **[other local grain food]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I34 | Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside or **[other local yellow/orange foods]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I35 | White potatoes, white yams, manioc, cassava, **[other local root crops]** or any other foods made from roots? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I36 | Any dark green leafy vegetables such as **[local dark green leafy vegetables]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I36A | Any other vegetables? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |

**Comment [FB12]:**

**DESIGN NOTE:**

Ensure country-specific food items are added to the existing food groups, as indicated by the yellow highlighted text. Seek input from a nutrition specialist as needed in order to properly allocate country-specific food items to their respective food groups.

Nutrition-sensitive agriculture indicator items need to be disaggregated and asked about in a new question that is independent from, but adjacent to, the food group it would otherwise belong to.
For example:

QEx1: Foods made from soy or soy products?

QEx2: Foods made from other kinds of beans, peas, lentils, nuts, or seeds [add any local names]?

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| I37 | Ripe mangoes, ripe papayas or **[other local vitamin A-rich fruits]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I37A | Any other fruits? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I38 | Any liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, or duck? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I38A | Any meat from domesticated animals, such as beef, pork, lamb, goat, chicken, or duck? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I39 | Any liver, kidney, heart, or other organ meats from wild animals such as **[names of local commonly-consumed wildlife]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I39A | Any flesh from wild animals, such as **[names of local commonly-consumed wildlife]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I41 | Eggs? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I42 | Fresh or dried fish, shellfish, or seafood? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I43A | Any foods made from beans, peas, or lentils, such as **[add any local legume names]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I43B | Any foods made from nuts or seeds such as **[add any local nut/seed names]?** | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I44 | Cheese, yogurt, or other milk products? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I45 | Any oil, fats, or butter, or foods made with any of these? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I46 | Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| I47 | Condiments for flavor, such as chilies, spices, herbs, fish powder or **[add any local condiment names]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **I48** | Grubs, snails or insects such as **[add any local insect names]**? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |
| **I49** | Foods made with red palm oil, red palm nut, or red palm nut pulp sauce? | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES .....1<br>NO .....2<br>DON'T KNOW .....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 | YES.....1<br>NO.....2<br>DON'T KNOW.....8 |

| NO. | QUESTION | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 | CHILD 5 |
|---|---|---|---|---|---|---|
| | CHECK CATEGORIES 33-49<br><br>IF ALL 'NO,' GO TO I50<br>IF AT LEAST ONE 'YES' OR ALL 'DON'T KNOW,' GO TO I51 | | | | | |
| **I50** | Did [CHILD'S NAME] eat any solid, semi-solid, or soft foods yesterday during the day or at night?<br><br>IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did [CHILD'S NAME] eat? | YES.....1 → GO BACK TO I33–I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51.<br>NO.....2<br>DON'T KNOW.....8<br>→ PROCEED TO NEXT CHILD OR END MODULE | YES.....1 → GO BACK TO I33–I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51.<br>NO.....2<br>DON'T KNOW.....8<br>→ PROCEED TO NEXT CHILD OR END MODULE | YES.....1 → GO BACK TO I33–I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51.<br>NO.....2<br>DON'T KNOW.....8<br>→ PROCEED TO NEXT CHILD OR END MODULE | YES.....1 → GO BACK TO I33–I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51.<br>NO.....2<br>DON'T KNOW.....8<br>→ PROCEED TO NEXT CHILD OR END MODULE | YES.....1 → GO BACK TO I33–I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51.<br>NO.....2<br>DON'T KNOW.....8<br>→ PROCEED TO NEXT CHILD OR END MODULE |
| **I51** | How many times did [child's name] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW .... 98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ TIMES<br>DON'T KNOW.....98 | ☐☐ DON'T KNOW .... 98 |

CONCLUDE THE INTERVIEW:

"Thank you very much for your time in responding to this survey. Your contributions are greatly appreciated."

## Annex 1. Template for Country-Specific Event Calendar

The purpose of this event calendar template is to assist in ascertaining dates of birth (month and year) for children identified as age 6 or under in the household roster. The local events calendar should be developed in conjunction with local key informants who have a good knowledge of past events in the areas to be surveyed; the events should be specific to the survey area and population at the [province/district] level. The final calendars should be tested by interviewers during the pilot to ensure that the calendar is appropriate for the local population.

**SAMPLE LOCAL EVENTS CALENDAR (INDIA)**

Drawn from: World Health Organization. Training Course on Child Growth Assessment. Geneva, WHO, 2008.

| Month | Events/Festivals | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|
| Margasira | Bhogi | 13 Jan | 13 Jan | 14 Jan | 13 Jan | 13 Jan | 14 Jan |
| | Sankranti | 14 Jan | 14 Jan | 15 Jan | 14 Jan | 14 Jan | 15 Jan |
| | Kanuma | 15 Jan | 15 Jan | 16 Jan | 15 Jan | 15 Jan | 16 Jan |
| Pushya | Republic Day | 26 Jan | 26 Jan | 26 Jan | 26 Jan | 26 Jan | 26 Jan |
| | Gandhi Vardhanti | 30 Jan | 30 Jan | 30 Jan | 30 Jan | 30 Jan | 30 Jan |
| Magha | Maha Sivaratri | 12 Mar | 01 Mar | 18 Feb | 8 Mar | 26 Feb | 16 Feb |
| | Holi | 29 Mar | 19 Mar | 6 Mar | 25 Mar | 14 Mar | 3 Mar |
| Palgun | Ugadi | 13 Apr | 2 Apr | 21 Mar | 9 Apr | 30 Mar | 20 Mar |
| | Sri Rama Navami | 21 Apr | 11 Apr | 30 Mar | 18 Apr | 6 Apr | 27 Mar |
| | Good Friday | 29 Mar | 18 Apr | 9 Apr | 25 Mar | 14 Apr | 6 Apr |
| | Ambedkar Jayanti | 14 Apr | 14 Apr | 14 Apr | 14 Apr | 14 Apr | 14 Apr |
| | May Day | 1 May | 1 May | 1 May | 1 May | 1 May | 1 May |
| Chaitra | Buddha Purnima | 26 May | 16 May | 4 May | 23 May | 13 May | 2 May |
| | Mrigasira Karthe | 8 June | 8 June | 7 June | 8 June | 8 June | 9 June |
| Jeshta | Ramzan | 6 Dec | 26 Nov | 15 Nov | 4 Nov | 25 Oct | 14 Oct |
| | Bakrid | 23 Feb | 12 Feb | 2 Feb | 21 Jan | 11 Jan | 1 Jan |
| Ashad | Raksha Bandhan | 22 Aug | 12 Aug | 30 Aug | 19 Aug | 09 Aug | 28 Aug |
| | Varalaxmi Vrathm | 16 Aug | 8 Aug | 27 Aug | 12 Aug | 04 Aug | 24 Aug |
| | Krishnastami | 31 Aug | 20 Aug | 7 Sep | 26 Aug | 16 Aug | 4 Sept |
| Sravan | Vinayaka Chavithi | 10 Sept | 31 Aug | 18 Sep | 7 Sep | 27 Aug | 15 Sept |
| | Moharam | 25 Mar | 14 Mar | 2 Mar | 20 Feb | 9 Feb | 30 Jan |
| Badra | Gandhi Jayanthi | 2 Oct | 2 Oct | 2 Oct | 2 Oct | 2 Oct | 2 Oct |
| | Durgastami | 13 Oct | 3 Oct | 21 Oct | 11 Oct | 30 Sept | 19 Oct |
| | Maharnavami | 14 Oct | 4 Oct | 22 Oct | 12 Oct | 1 Oct | 20 Oct |
| | Vijayadasami | 15 Oct | 4 Oct | 22 Oct | 12 Oct | 2 Oct | 21 Oct |
| Ashiyuja | Naraka Chaturdhi | 3 Nov | 24 Oct | 11 Nov | 30 Oct | 20 Oct | 8 Nov |
| | Deepavali | 4 Nov | 24 Oct | 12 Nov | 31 Oct | 21 Oct | 9 Nov |
| | Naga Chaviti | 8 Nov | 28 Oct | 16 Nov | 5 Nov | 26 Oct | 14 Nov |
| Kartika | Nehru Birthday | 14 Nov | 14 Nov | 14 Nov | 14 Nov | 14 Nov | 14 Nov |
| | Christmas | 25 Dec | 25 Dec | 25 Dec | 25 Dec | 25 Dec | 25 Dec |
| | Tsunami | | | | 26 Dec | | |

*In this sample the months are identified by their local names, feasts and celebrations with fixed dates as well as those with changing dates are updated annually while chance events, like the tsunami, typhoons, floods, etc, have to be entered as they occur.*

**Comment [FB13]:**

**DESIGN NOTE:**

Replace this sample local events calendar with an appropriate events calendar for the country in which the survey is being implemented.

**Annex 2. Age/Birth Date Consistency Chart for Survey in 2014**

The purpose of this chart is to check the consistency of reported ages and dates, and to help resolve any apparent inconsistencies. Please refer to the Interviewer's Manual for instructions on how to use the chart.

AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2014

| Current Age | Year of birth | | | Current Age | Year of birth | | |
|---|---|---|---|---|---|---|---|
| | Has not had birthday in 2014 | Has already had birthday in 2014 | | | Has not had birthday in 2014 | Has already had birthday in 2014 | |
| | Don't know | | | | Don't know | | |
| 0 | 2014 | -- | | 30 | 1984 | 1985 | |
| 1 | 2013 | 2014 | | 31 | 1983 | 1984 | |
| 2 | 2012 | 2013 | | 32 | 1982 | 1983 | |
| 3 | 2011 | 2012 | | 33 | 1981 | 1982 | |
| 4 | 2010 | 2011 | | 34 | 1980 | 1981 | |
| | | | | | | | |
| 5 | 2009 | 2010 | | 35 | 1979 | 1980 | |
| 6 | 2008 | 2009 | | 36 | 1978 | 1979 | |
| 7 | 2007 | 2008 | | 37 | 1977 | 1978 | |
| 8 | 2006 | 2007 | | 38 | 1976 | 1977 | |
| 9 | 2005 | 2006 | | 39 | 1975 | 1976 | |
| | | | | | | | |
| 10 | 2004 | 2005 | | 40 | 1974 | 1975 | |
| 11 | 2003 | 2004 | | 41 | 1973 | 1974 | |
| 12 | 2002 | 2003 | | 42 | 1972 | 1973 | |
| 13 | 2001 | 2002 | | 43 | 1971 | 1972 | |
| 14 | 2000 | 2001 | | 44 | 1970 | 1971 | |
| | | | | | | | |
| 15 | 1999 | 2000 | | 45 | 1969 | 1970 | |
| 16 | 1998 | 1999 | | 46 | 1968 | 1969 | |
| 17 | 1997 | 1998 | | 47 | 1967 | 1968 | |
| 18 | 1996 | 1997 | | 48 | 1966 | 1967 | |
| 19 | 1995 | 1996 | | 49 | 1965 | 1966 | |
| | | | | | | | |
| 20 | 1994 | 1995 | | 50 | 1964 | 1965 | |
| 21 | 1993 | 1994 | | 51 | 1963 | 1964 | |
| 22 | 1992 | 1993 | | 52 | 1962 | 1963 | |
| 23 | 1991 | 1992 | | 53 | 1961 | 1962 | |
| 24 | 1990 | 1991 | | 54 | 1960 | 1961 | |
| | | | | | | | |
| 25 | 1989 | 1990 | | 55 | 1959 | 1960 | |
| 26 | 1988 | 1989 | | 56 | 1958 | 1959 | |
| 27 | 1987 | 1988 | | 57 | 1957 | 1958 | |
| 28 | 1986 | 1987 | | 58 | 1956 | 1957 | |
| 29 | 1985 | 1986 | | 59 | 1955 | 1956 | |

**Comment [FB14]:**

**DESIGN NOTE:**

Replace this sample age/birth date consistency chart with an appropriate chart for the year in which the survey is being implemented.

**Annex 3. Informed Consent Form for Respondents Answering Module E Who Were Not Consented for the Household Questionnaire**

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the purchase of food and other items for the household. The questions for this part of the survey will take about 45 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED….1 ⟶ CONTINUE WITH MODULE E:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED…….2 ⟶ END. "Thank you very much for your time."

**Annex 4. Informed Consent Form for Respondents Answering Module F Who Were Not Consented for Prior Modules**

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions about availability of food in the household. The questions for this part of the survey will take about 5 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED….1 ⟶ CONTINUE WITH MODULE F:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED…….2 ⟶ END. "Thank you very much for your time."

**Annex 5. Informed Consent Form for Respondents Answering Module G Who Were Not Consented for Prior Modules**

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on how you make decisions about the work you do, and how you spend your time during the day. The questions for this part of the survey will take about 30 minutes to complete. If additional questions are relevant for you to answer, the interview in total will take approximately 1-2 hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED….1 ⟶ CONTINUE WITH MODULE G:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED…….2 ⟶ END. "Thank you very much for your time."

**Annex 6. Informed Consent Form for Respondents Answering Module H (Women 15-49) Who Were Not Consented for Prior Modules**

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the kinds of foods you eat, and your nutritional status, including measurement of your weight and height. The questions for this part of the survey will take about 20 minutes to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED….1 ⟶ CONTINUE WITH MODULE H:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED…….2 ⟶ END. "Thank you very much for your time."

**Annex 7. Informed Consent Form for Parents or Primary Caregivers of Children Eligible for Module I (Children 0-59 Months)**

STATEMENT TO BE READ TO THE RESPONDENT:
Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets, food consumption and nutrition of women and children. This part of the survey includes questions on the kinds of foods your child eats, and [his/her/their] nutritional status, including measurement of [his/her/their] weight and height. The questions for this part of the survey will take about 20 minutes to complete per child. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone. After entering the questionnaire into a data base, we will destroy all information such as your name that could link these responses to you.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints we welcome you to contact <your organization>, by calling [########].We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

**Do you have any questions?**
**May I begin the interview now?**

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED….1 ⟶ CONTINUE WITH MODULE I:

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED…….2 ⟶ END. "Thank you very much for your time."

**Annex 8. Informed Consent Register**

INTERVIEWER INSTRUCTIONS: KEEP THIS SHEET IN A SECURE PLACE SO YOU CAN EASILY AND QUICKLY IDENTIFY ELIGIBLE RESPONDENTS FOR DIFFERENT PARTS OF THE SURVEY AND CONFIRM THAT RESPONDENTS HAVE PROVIDED INFORMED CONSENT. USE THE COLUMN FOR INTERVIEWER NOTES TO ADD COMMENTS, REMINDERS, QUESTIONS, OR CONCERNS.

**INFORMED CONSENT REGISTER – <Country>**

| Line Number | First and Last Name | Age | Sex | Interviewer Notes |
|---|---|---|---|---|
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