



Feed the Future Uganda Zone of Influence Interim Survey Questionnaire

Disclaimer: The Feed the Future Uganda Zone of Influence Interim Survey Questionnaire is available on the Development Experience Clearinghouse and Development Data Library in the English language only. Should you require the translated version(s) of this questionnaire in Luganda, Lugisu, Luo, Lusoga, Runyankore, and/or Runyoro language, please contact the United States Agency for International Development, Bureau for Food Security via email at bfs.mel@usaid.gov.

MODULE A. HOUSEHOLD IDENTIFICATION COVER SHEET

HOUSEHOLD IDENTIFICATION	A09. INTERVIEWER VISITS			FINAL VISIT
CODE	1	2	3	DAY
A01. HOUSEHOLD IDENTIFICATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A02. ENUMERATION AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A03. PARISH/LC2 NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A04. SUB-COUNTY NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A05. COUNTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A06. DISTRICT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>				
INTERVIEWER'S NAME: <input type="text"/>				
RESULT*: <input type="text"/>				
NEXT VISIT DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>				
TIME: <input type="text"/>				
TOTAL NUMBER OF VISITS: <input type="text"/>				
*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: <input type="text"/>				
A11. TOTAL NUMBER OF WOMEN 15-49: <input type="text"/>				
A12. TOTAL NUMBER OF CHILDREN AGE 0-5: <input type="text"/>				
A13. LINE NO. OF RESPONDENT TO MODULE C: <input type="text"/>				
A14. SENIOR SUPERVISOR: <input type="text"/>				
A15. QC INTERVIEWER: <input type="text"/>				
A16. INTERVIEWER CODE: <input type="text"/>				
NAME: <input type="text"/>				
A17. LANGUAGE OF QUESTIONNAIRE**: <input type="text"/>				
A18. LANGUAGE OF INTERVIEW**: <input type="text"/>				
A19. NATIVE LANGUAGE OF RESPONDENT**: <input type="text"/>				
A20. WAS A TRANSLATOR USED? (YES=1, NO=2): <input type="text"/>				
** LANGUAGE CODES: 1 LUGANDA 2 LUO 3 RUNYANKOLE-RUKIGA 4 LUSOGA 5 LUGISU 6 RUNYORO-RUTORO 7 ENGLISH 9 OTHER (SPECIFY)				
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 DECISIONMAKING, 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.				

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 MODULES C AND 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 Service for Generations International. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 Service for Generations International by calling 0-312-517-670. 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.

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 INTERVIEWED2 → END. "Thank you very much for your time."

**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 Service for Generations International. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 Service for Generations International by calling 0-312-517-670. 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: Service for Generations International

NAME OF SURVEY DIRECTOR: Dr. Daniel Kibuuka Musoke

PHONE NUMBER: 0-312-517-670

MAILING ADDRESS: P.O. Box 75838,
Plot 2D, Nakasero Hill Road
Block A, First Floor, Room 16
Kampala, Uganda.

EMAIL ADDRESS: sfginfo@sfg-group.com

MODULE C. HOUSEHOLD ROSTER AND DEMOGRAPHICS

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

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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 (C02) IS PRE-FILLED FOR THIS LINE NUMBER. ENTER THE RELATIONSHIP (C03) OF THE FEMALE DECISIONMAKER TO THE PERSON LISTED ON LINE 01; IF NO ONE IS LISTED ON LINE 01, ENTER CODE '01' FOR C03.

LINE NUMBER	Now, please tell me the names of all of the other people who usually live here. 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. IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03. THEN ASK: Are there any other people who live here, even if they are not home now? These may include children in school or household members at work. Any other people like small children or infants that we have not listed? Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? 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? M = 1 F = 2	What is [NAME's] relationship to the primary male decision-maker? IF NO PRIMARY MALE DECISIONMAKER: What is [NAME's] relationship to the primary female decision-maker? SEE CODES BELOW	What is [NAME's] age? IN YEARS	Did [NAME] stay here last night? YES=1 NO=2	How long has it been since [NAME] has spent the night in this household? SEE CODES BELOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO SPENT THE NIGHT IN THE HOUSEHOLD WITHIN THE PAST 5 MONTHS	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 WHO SPENT THE NIGHT IN THE HOUSEHOLD WITHIN THE PAST 5 MONTHS	Has [NAME] ever attended school? YES=1 NO=2	Is [NAME] currently attending school? YES=1 NO=2	What is the highest grade of education completed by [NAME]? SEE CODES BELOW	Can [NAME] read and write? SEE CODES BELOW	
	C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12
01	1	0 1		1→C07 2	1 2 3		01	01	1 2→C12	1 2		
02	2			1→C07 2	1 2 3		02	02	1 2→C12	1 2		
03	1 2			1→C07 2	1 2 3		03	03	1 2→C12	1 2		
04	1 2			1→C07 2	1 2 3		04	04	1 2→C12	1 2		
05	1 2			1→C07 2	1 2 3		05	05	1 2→C12	1 2		
06	1 2			1→C07 2	1 2 3		06	06	1 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/SERVANT/MAID.....14 GRANDDAUGHTER.....05 LABORER.....15 MOTHER/FATHER.....06 NO DECISIONMAKER AGE BROTHER/SISTER.....07 18 IN HOUSEHOLD.....16 NEPHEW/NIECE.....08 OTHER RELATIONSHIP.....96 NEPHEW/NIECE OF SPOUSE.09			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 NO FORMAL EDUCATION.....01 LESS THAN PRIMARY.....02 COMPLETED PRIMARY.....03 COMPLETED O-LEVEL.....04 COMPLETED A-LEVEL.....05 TERTIARY EDUCATION.....09 COMPLETED UNIVERSITY.....06 ADULT LITERACY ONLY (NO FORMAL EDUCATION).....08 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 C. HOUSEHOLD ROSTER AND DEMOGRAPHICS (cont.)

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

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L I N E N U M B E R	Now, please tell me the names of all of the other people who usually live here. 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. IF THERE IS NO PRIMARY MALE OR FEMALE DECISIONMAKER IN THE HOUSEHOLD, START THE HOUSEHOLD LISTING ON LINE 03. 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. Any other people like small children or infants that we have not listed? Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? 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] relationship to the primary male decision-maker?	IF NO PRIMARY MALE DECISION-MAKER: What is [NAME's] relationship to the primary female decision-maker?	SEE CODES BELOW	What is [NAME's] age?	IN YEARS	Did [NAME] stay here last night?	How long has it been since [NAME] has spent the night in this household?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO SPENT THE NIGHT IN THE HOUSEHOLD WITHIN THE PAST 5 MONTHS	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 WHO SPENT THE NIGHT IN THE HOUSEHOLD WITHIN THE PAST 5 MONTHS	Has [NAME] ever attended school?	Is [NAME] currently attending school?	What is the highest grade of education completed by [NAME]?	Can [NAME] read and write?
		What is [NAME's] sex?	IF NO ADULT DECISION-MAKER: ENTER CODE 16	IF 95 OR OLDER, ENTER '95'	YES=1 NO=2	SEE CODES BELOW	IF AGE 3 OR OLDER	YES=1 NO=2	YES=1 NO=2	SEE CODES BELOW	SEE CODES BELOW			
C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12			
07	1 2			1→C07 2	1 2 3		07	07	1 2→C12	1 2				
08	1 2			1→C07 2	1 2 3		08	08	1 2→C12	1 2				
09	1 2			1→C07 2	1 2 3		09	09	1 2→C12	1 2				
10	1 2			1→C07 2	1 2 3		10	10	1 2→C12	1 2				
11	1 2			1→C07 2	1 2 3		11	11	1 2→C12	1 2				
12	1 2			1→C07 2	1 2 3		12	12	1 2→C12	1 2				
13	1 2			1→C07 2	1 2 3		13	13	1 2→C12	1 2				
14	1 2			1→C07 2	1 2 3		14	14	1 2→C12	1 2				
C03 RESULT CODES: RELATIONSHIP TO PRIMARY MALE (OR FEMALE, IF NO MALE) DECISIONMAKER: SELF.....01 COUSIN10 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/ SERVANT/MAID.....14 GRANDDAUGHTER.....05 LABORER.....15 MOTHER/FATHER.....06 NO DECISIONMAKER AGE BROTHER/SISTER.....07 18 IN HOUSEHOLD.....16 NEPHEW/NIECE.....08 OTHER RELATIONSHIP.....96 NEPHEW/NIECE OF SPOUSE09		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 NO FORMAL EDUCATION.....01 LESS THAN PRIMARY.....02 COMPLETED PRIMARY.....03 COMPLETED O-LEVEL.....04 COMPLETED A-LEVEL.....05 TERTIARY EDUCATION.....09 COMPLETED UNIVERSITY.....06 ADULT LITERACY ONLY (NO FORMAL EDUCATION).....08 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)

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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):	<p>D01:TYPE OF ROOF</p> <p>NATURAL ROOFING</p> <p>NO ROOF11</p> <p>THATCH/PALM LEAF.....12</p> <p>MUD13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT.....21</p> <p>PALM/BAMBOO22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>PLASTIC SHEETING.....25</p> <p>FINISHED ROOFING</p> <p>METAL.....31</p> <p>WOOD32</p> <p>CALAMINE/CEMENT FIBER.....33</p> <p>TILES.....34</p> <p>CEMENT.....35</p> <p>ROOFING SHINGLES.....36</p> <p>IRON SHEETS.....37</p> <p>ASBESTOS SHEETS.....38</p> <p>OTHER96</p>
D02.	OBSERVE (DO NOT ASK) FLOOR MATERIAL:	<p>D02:TYPE OF FLOOR</p> <p>NATURAL FLOOR</p> <p>EARTH/SAND.....11</p> <p>EARTH AND DUNG.....12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21</p> <p>PALM/BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET/POLISHED WOOD.....31</p> <p>VINYL OR ASPHALT STRIPS.....32</p> <p>CERAMIC TILES33</p> <p>CEMENT.....34</p> <p>CARPET35</p> <p>BRICKS.....36</p> <p>STONES.....37</p> <p>OTHER96</p>
D03.	OBSERVE (DO NOT ASK) EXTERIOR WALLS:	<p>D03:TYPE OF WALLS</p> <p>NATURAL WALLS</p> <p>THATCHED/STRAW14</p> <p>RUDIMENTARY WALLS</p> <p>MUD AND POLES21</p> <p>UNBURN'T BRICKS22</p> <p>UNBURN'T BRICKS WITH PLASTER .23</p> <p>BURN'T BRICKS WITH MUD.....24</p> <p>CARDBOARD25</p> <p>PLYWOOD/REUSED WOOD.....26</p> <p>METAL SHEETING.....27</p> <p>FINISHED WALLS</p> <p>CEMENT.....31</p> <p>STONE WITH LIME/CEMENT.....32</p> <p>BURN'T BRICKS WITH CEMENT...33</p> <p>CEMENT BLOCKS34</p> <p>COVERED ADOBE35</p> <p>WOOD PLANKS/SHINGLES.....36</p> <p>OTHER96</p>

QNO.	QUESTIONS	RESPONSE CODES
D04.	How many rooms in this dwelling are used for sleeping?	<p>D04. NUMBER OF ROOMS USED FOR SLEEPING: <input type="text"/></p>
D05.	What is the main type of toilet your household uses?	<p>D05. TYPE OF TOILET</p> <p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE (VIP) 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT 23</p> <p>ECOSAN/COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET/HANGING LATRINE 51</p> <p>NO FACILITY/BUSH/FIELD 61 → SKIP TO D08</p> <p>OTHER 96</p>
D06.	Do you share this toilet with other households?	<p>D06. IF TOILET IS SHARED</p> <p>YES 1</p> <p>NO 2 → SKIP TO D08</p>
D07.	How many households use this toilet?	<p>D07. NUMBER OF HOUSEHOLDS WITH WHOM TOILET IS SHARED</p> <p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <input type="text" value="0"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>
D08.	What is the main source of drinking water for your household?	<p>D08. MAIN DRINKING WATER SOURCE</p> <p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p>

QNO.	QUESTIONS	RESPONSE CODES
D09.	Does this household have electricity?	D09: ELECTRICITY YES1 NO2
D10.	What is the main source of cooking fuel for your household?	D10: COOKING FUEL ELECTRICITY01 WOOD08 LIQUID PROPANE GAS02 STRAW/SHRUBS/GRASS09 NATURAL GAS03 AGRICULTURAL CROP RESIDUE10 BIOGAS04 ANIMAL DUNG11 KEROSENE05 NO FOOD COOKED IN HOUSEHOLD ...95 COAL, LIGNITE06 OTHER96 CHARCOAL07
D11.	Did you or anyone in your household cultivate any crops in the past 1 year?	D11: CROPS YES1 NO2 → SKIP TO MODULE F
D12A.	Did anyone in your household cultivate maize in the past 1 year?	D12A: MAIZE YES1 NO2 → SKIP TO D13A
D12B.	Who is the person in your household who made most of the decisions about cultivating maize in the past 1 year?	D12B: LINE NUMBER OF PERSON WHO MADE MOST OF THE DECISIONS ABOUT CULTIVATING MAIZE: <input type="text"/> <input type="text"/>
D13A.	Did anyone in your household cultivate beans in the past 1 year?	D13A: BEANS YES1 NO2 → SKIP TO D14A
D13B.	Who is the person in your household who made most of the decisions about cultivating beans in the past 1 year?	D13B: LINE NUMBER OF PERSON WHO MADE MOST OF THE DECISIONS ABOUT CULTIVATING BEANS: <input type="text"/> <input type="text"/>
D14A.	Did anyone in your household cultivate coffee in the past 1 year?	D14A: COFFEE YES1 NO2 → SKIP TO MODULE F
D14B.	Who is the person in your household who made most of the decisions about cultivating coffee in the past 1 year?	D14B: LINE NUMBER OF PERSON WHO MADE MOST OF THE DECISIONS ABOUT CULTIVATING COFFEE: <input type="text"/> <input type="text"/>

MODULE F. HOUSEHOLD HUNGER SCALE

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

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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 couple of questions about the availability of food in your home.”

QNO.	QUESTION	RESPONSE
F01	In the past 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 NO.....2 → GO TO F03 REFUSED.....9 → GO TO F03
F02	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3 REFUSED.....9
F03	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	YES.....1 NO.....2 → GO TO F05 REFUSED.....9 → GO TO F05
F04	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3 REFUSED.....9
F05	In the past 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 NO.....2 → END MODULE REFUSED.....9 → END MODULE
F06	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3 REFUSED.....9

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; AND
- 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:	<table border="1" style="width: 100px; height: 30px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							G1.03. OUTCOME OF INTERVIEW	COMPLETED 1 HOUSEHOLD MEMBER TOO ILL TO RESPOND/COGNITIVELY IMPAIRED 2 RESPONDENT NOT AT HOME/TEMPORARILY UNAVAILABLE 3 RESPONDENT NOT AT HOME/EXTENDED ABSENCE 4 REFUSED 5 COULD NOT LOCATE 6
G1.02. NAME OF RESPONDENT CURRENTLY BEING INTERVIEWED (LINE NUMBER FROM ROSTER IN SECTION C HOUSEHOLD ROSTER): SURNAME, FIRST NAME: _____	<table border="1" style="width: 60px; height: 30px;"> <tr> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> </tr> </table>			G1.04. ABILITY TO BE INTERVIEWED ALONE: (SELECT ALL THAT APPLY)	ALONEA ADULT FEMALES PRESENTB ADULT MALES PRESENTC CHILDREN PRESENTD				

NO.	QUESTION	RESPONSE
G1.05	In what month and year were you born?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> MONTH DK MONTH.....98 </div> <div style="text-align: center;"> <input type="text"/> YEAR DK YEAR.....9998 </div> </div>
G1.06	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS	<input type="text"/> YEARS IF RESPONDENT KNOWS HER/HIS AGE, SKIP TO G1.08 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 NO.....2 DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEA) AND PROCEED TO MODULE H.
G1.08	CHECK G1.05, G1.06, AND G1.07 (IF APPLICABLE); IS THE RESPONDENT 18 YEARS OLD OR OLDER? IF THE INFORMATION IN G1.07, G1.08, AND G1.09 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL.	YES.....1 NO.....2 DK.....8 → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; END MODULE G (WEA) AND PROCEED TO MODULE H.
G1.09	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A MAN2 → GO TO SUB-MODULE G2 NO, NOT IN UNION.....3 REFUSED9
G1.10	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED1 YES, LIVED WITH A MAN.....2 NO.....3 → GO TO SUB-MODULE G2 REFUSED9
G1.11	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED3

SUB-MODULE G2. ROLE IN HOUSEHOLD DECISIONMAKING 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	ACTIVITY DESCRIPTION	Did you yourself participate in [ACTIVITY] in the past 12 months?	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 NO 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99
B	Cash crop farming: These are crops that are grown primarily for sale in the market	YES 1 NO 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99
C	Livestock raising	YES 1 NO 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99
D	Non-farm economic activities: This would include things like running a small business, self-employment, buy-and-sell	YES 1 NO 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99
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 NO 2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99
F	Fishing or fishpond culture	YES 1 NO 2 → SKIP TO MODULE G3	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99	NO INPUT OR INPUT INTO VERY FEW DECISIONS.....01 INPUT INTO SOME DECISIONS.....02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE.....93 REFUSED.....99

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."

	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]?	Who would you say can decide whether to give away [ITEM] most of the time?	Who would you say can decide to mortgage or rent out [ITEM] most of the time?	Who contributes most to decisions regarding a new purchase of [ITEM]?
	G3.01a	G3.01b	G3.02	G3.04	G3.05	G3.06
PRODUCTIVE CAPITAL	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE
A						
B	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE
C	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE
D	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE
E	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE
F	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/>	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE

	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]?	Who would you say can decide whether to sell [ITEM] most of the time?	Who would you say can decide whether to give away [ITEM] most of the time?	Who would you say can decide to mortgage or rent out [ITEM] most of the time?	Who contributes most to decisions regarding a new purchase of [ITEM]?
	G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
	YES.....1 NO.....2→ SKIP TO NEXT ITEM REFUSED ..9→	<input type="text"/> <input type="text"/>	CIRCLE ALL APPLICABLE SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	CIRCLE ALL APPLICABLE SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
PRODUCTIVE CAPITAL							
G	Farm equipment (mechanized: tractor-drawn plough, power tiller, treadle pump, spraying pumps)	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
H	Nonfarm business equipment (solar panels used for recharging, sewing machine, brewing equipment, fryers)	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
I	House or other structures	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
J	Large consumer durables (refrigerator, TV, sofa)	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
K	Small consumer durables (radio, cookware)	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
L	Cell phone	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9
M	Other land not used for agricultural purposes (plots, residential or commercial land)	<input type="text"/> <input type="text"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9

	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]?	Who would you say can decide whether to sell [ITEM] most of the time?	Who would you say can decide whether to give away [ITEM] most of the time?	Who would you say can decide to mortgage or rent out [ITEM] most of the time?	Who contributes most to decisions regarding a new purchase of [ITEM]?
PRODUCTIVE CAPITAL	G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
N Means of transportation (bicycle, motorcycle, car)	YES.....1 NO.....2 → SKIP TO MODULE G3(B) REFUSED ..9 →	<input type="checkbox"/> <input type="checkbox"/>	SELFA PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D NOT APPLICABLE.....Z REFUSED.....9				

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
A	<p>G3.07</p> <p>YES, CASH 1</p> <p>YES, IN-KIND 2</p> <p>YES, CASH AND IN-KIND 3</p> <p>NO 4 → GO TO NEXT SOURCE</p> <p>DON'T KNOW 8 → GO TO NEXT SOURCE</p> <p>REFUSED 9 → GO TO NEXT SOURCE</p>	<p>G3.08</p> <p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>	<p>G3.09</p> <p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>
B	<p>YES, CASH 1</p> <p>YES, IN-KIND 2</p> <p>YES, CASH AND IN-KIND 3</p> <p>NO 4 → GO TO NEXT SOURCE</p> <p>DON'T KNOW 8 → GO TO NEXT SOURCE</p> <p>REFUSED 9 → GO TO NEXT SOURCE</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>
C	<p>YES, CASH 1</p> <p>YES, IN-KIND 2</p> <p>YES, CASH AND IN-KIND 3</p> <p>NO 4 → GO TO NEXT SOURCE</p> <p>DON'T KNOW 8 → GO TO NEXT SOURCE</p> <p>REFUSED 9 → GO TO NEXT SOURCE</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>
D	<p>YES, CASH 1</p> <p>YES, IN-KIND 2</p> <p>YES, CASH AND IN-KIND 3</p> <p>NO 4 → GO TO NEXT SOURCE</p> <p>DON'T KNOW 8 → GO TO NEXT SOURCE</p> <p>REFUSED 9 → GO TO NEXT SOURCE</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>
E	<p>YES, CASH 1</p> <p>YES, IN-KIND 2</p> <p>YES, CASH AND IN-KIND 3</p> <p>NO 4 → GO TO NEXT SOURCE</p> <p>DON'T KNOW 8 → GO TO NEXT SOURCE</p> <p>REFUSED 9 → GO TO NEXT SOURCE</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>	<p>SELF A</p> <p>PARTNER/SPOUSE B</p> <p>OTHER HH MEMBER C</p> <p>OTHER NON-HH MEMBER D</p> <p>NOT APPLICABLE Z</p> <p>REFUSED 9</p>

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 YES, BUT WITH DIFFICULTY 2 YES, COMFORTABLY 3 NOT APPLICABLE 5 REFUSED 9
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 YES, BUT WITH DIFFICULTY 2 YES, COMFORTABLY 3 NOT APPLICABLE 5 REFUSED 9
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 YES, BUT WITH DIFFICULTY 2 YES, COMFORTABLY 3 NOT APPLICABLE 5 REFUSED 9

SUB-MODULE G4(B). GROUP MEMBERSHIP

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

GROUP MEMBERSHIP GROUP CATEGORIES	Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
	G4.04	G4.05
A Agricultural / livestock/ fisheries producer's group (including marketing groups) such as National Farmer's Association (NFA) and committees	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
B Water users' group such as Beach Management Units (BMUs)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
C Forest users' group such as National Forest Association (NFA) and committees	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
D Credit or microfinance group including SACCOs/merry-go-rounds/ VSLAs, Finca, Pride and Building Resources Across Communities (BRAC).	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
E Mutual help or insurance group (including burial societies and Nigima)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
F Trade and business association such as Kampala City Traders Association (KACITA)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
G Civic groups (improving community) or charitable group (helping others)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
H Local government (including Uganda local government association)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9

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 including Catholic Charismatic Renewal (CCR), Mother's union, Father's union, Christian Women Fellowship (CWF), Christian Men Fellowship (CMF)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
J Other women's group (only if it does not fit into one of the other categories)	YES.....1 NO.....2 → SKIP TO NEXT GROUP DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9
K Any other group or organization (SPECIFY) _____	YES.....1 NO.....2 → SKIP TO MODULE G5A DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....9

SUB-MODULE G5(A). DECISIONMAKING

"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 wanted to?
ACTIVITY	G5.01 CIRCLE ALL APPLICABLE	G5.01A	G5.02
A Getting inputs for agricultural production	SELFA SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE..... 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE..... 2 → GO TO G5.02	NOT AT ALL..... 1 SMALL EXTENT..... 2 MEDIUM EXTENT..... 3 TO A HIGH EXTENT..... 4 REFUSED 9
B The types of crops to grow	SELFA SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE..... 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE..... 2 → GO TO G5.02	NOT AT ALL..... 1 SMALL EXTENT..... 2 MEDIUM EXTENT..... 3 TO A HIGH EXTENT..... 4 REFUSED 9
C Taking crops to the market (or not)	SELFA SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE..... 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE..... 2 → GO TO G5.02	NOT AT ALL..... 1 SMALL EXTENT..... 2 MEDIUM EXTENT..... 3 TO A HIGH EXTENT..... 4 REFUSED 9
D Livestock raising	SELFA SPOUSE/PARTNER.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER.....D NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE..... 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE..... 2 → GO TO G5.02	NOT AT ALL..... 1 SMALL EXTENT..... 2 MEDIUM EXTENT..... 3 TO A HIGH EXTENT..... 4 REFUSED 9

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	SELFA SPOUSE/PARTNERB OTHER HH MEMBERC OTHER NON-HH MEMBERD NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
F Major household expenditures (such as a large appliance for the house like refrigerator)	SELFA SPOUSE/PARTNERB OTHER HH MEMBERC OTHER NON-HH MEMBERD NOT APPLICABLEZ → SKIP TO NEXT ACTIVITY REFUSED9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
G Minor household expenditures (such as food for daily consumption or other household needs)	SELFA SPOUSE/PARTNERB OTHER HH MEMBERC OTHER NON-HH MEMBERD NOT APPLICABLEZ → SKIP TO NEXT MODULE REFUSED9 → SKIP TO NEXT MODULE	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9

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 MINUTE-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			MORNING							DAY							
		4	5	6	7	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). TIME ALLOCATION (cont.)

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 ABOUT THE SAME AS USUAL.....2 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. 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: <input type="text"/> <input type="text"/>

MODULE H: WOMEN'S ANTHROPOMETRY AND DIETARY DIVERSITY

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

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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	<input type="text"/> NAME: _____	<input type="text"/> NAME: _____	<input type="text"/> NAME: _____	<input type="text"/> NAME: _____	<input type="text"/> NAME: _____
H02	In what month and year were you born?	<input type="text"/> MONTH DK MONTH....98 <input type="text"/> YEAR DK YEAR....9998	<input type="text"/> MONTH DK MONTH....98 <input type="text"/> YEAR DK YEAR....9998	<input type="text"/> MONTH DK MONTH....98 <input type="text"/> YEAR DK YEAR....9998	<input type="text"/> MONTH DK MONTH....98 <input type="text"/> YEAR DK YEAR....9998	<input type="text"/> MONTH DK MONTH....98 <input type="text"/> YEAR DK YEAR....9998
H03	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS	<input type="text"/> YEARS IF RESPONDENT KNOWS HER AGE, SKIP TO H05. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<input type="text"/> YEARS IF RESPONDENT KNOWS HER AGE, SKIP TO H05. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<input type="text"/> YEARS IF RESPONDENT KNOWS HER AGE, SKIP TO H05. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<input type="text"/> YEARS IF RESPONDENT KNOWS HER AGE, SKIP TO H05. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, ENTER '98' AND ASK QUESTION H04.	<input type="text"/> YEARS IF RESPONDENT KNOWS HER AGE, SKIP TO H05. 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?	YES1 NO2 DK8	YES1 NO2 DK8	YES1 NO2 DK8	YES1 NO2 DK8	YES1 NO2 DK8
H05	CHECK H02, H03, AND H04 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS? 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.	YES1 NO2 DK8 CHECK FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES1 NO2 DK8 CHECK FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES1 NO2 DK8 CHECK FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES1 NO2 DK8 CHECK FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I	YES1 NO2 DK8 CHECK FOR OTHER WOMEN AGE 15-49 IN THE HOUSEHOLD; IF NONE, SKIP TO MODULE I
WOMEN'S NUTRITIONAL STATUS						
H06	Are you currently pregnant?	YES1 → SKIP TO DIETARY DIVERSITY NO2 DK8 REFUSED9	YES1 → SKIP TO DIETARY DIVERSITY NO2 DK8 REFUSED9	YES1 → SKIP TO DIETARY DIVERSITY NO2 DK8 REFUSED9	YES1 → SKIP TO DIETARY DIVERSITY NO2 DK8 REFUSED9	YES1 → SKIP TO DIETARY DIVERSITY NO2 DK8 REFUSED9
H07	Weight in kilograms: WEIGH THE WOMAN	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999
H08	Height in centimeters: MEASURE THE WOMAN	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 OTHER9996 REFUSED9999

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
	WOMEN'S DIETARY DIVERSITY					
	<p>"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."</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>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 CONDIMENT'S FOOD GROUP.</p> <p>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.</p> <p>Yesterday during the day or night, did you drink/eat any [food group items]?</p>					
H14	<p>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.</p> <p>Food made from rice; maize; millet; sorghum; arrowroot; or other grains such as bread, noodles, porridge, chapatti, doughnut, pancakes, rice cereal, weetabix, cornflakes etc.?</p>	<p>WRITE FOODS EATEN HERE:</p> <p>YES1 NO2 DON'T KNOW8</p>	<p>WRITE FOODS EATEN HERE:</p> <p>YES1 NO2 DON'T KNOW8</p>	<p>WRITE FOODS EATEN HERE:</p> <p>YES1 NO2 DON'T KNOW8</p>	<p>WRITE FOODS EATEN HERE:</p> <p>YES1 NO2 DON'T KNOW8</p>	<p>WRITE FOODS EATEN HERE:</p> <p>YES1 NO2 DON'T KNOW8</p>

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H15	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H16	Cassava, yams, white sweet potatoes, Irish potatoes, or any other foods made from roots?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H17	Any dark green leafy vegetables such as spinach, amaranth leaves, cassava leaves, pumpkin leaves, cowpea leaves, kale, or bean leaves?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H17 A	Any other vegetables such as cabbage or eggplant?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H18	Ripe mangoes or pawpaw?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H18 A	Any other fruits like banana including dishes made from it such as Matoke, guava, passionfruit, jack fruit, watermelon, or orange?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H19	Any liver; kidney; heart; or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, rabbit, or duck?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H19 A	Any meat from domesticated animals such as beef, pork, lamb, goat, chicken, rabbit, or duck? These meats can be in forms such as kebabs, sausage, chicken, beef stew, etc.	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H20	Any liver; kidney; heart; or other organ meats from wild animals such as hippopotamus, buffalo, Ugandan kob, warthog, cane rat; or others?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H20 A	Any flesh from wild animals such as hippopotamus, buffalo, Ugandan kob, warthog, cane rat; or others?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H22	Eggs, for example from chicken, quail, or duck?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H23	Fresh or dried fish, shellfish, or seafood?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8

NO.	QUESTION	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4	WOMAN 5
H24 A	Any foods made from any type of beans, including cowpeas or pigeon peas? The beans can be served in stew, bean soup, bean paste, bean sauce, etc.	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H24 B	Any foods made from other legumes such as lentils or groundnuts?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H24 C	Any foods made from nuts or seeds, like cashews or almonds, pistachio nuts, or like pumpkin or sesame seeds?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H25	Milk, cheese, yogurt, sour milk, or other milk products?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H26	Any oil, fats, or butter, or foods made with any of these?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H27	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H28	Condiments for flavor, such as chilies, spices, herbs, curry powder, or fish powder?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H29	Insects, like grasshoppers, white ants, or termites?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H30	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT 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)

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 (ANNEX 7) INFORMED CONSENT PROCEDURE 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
101	CAREGIVER'S ID CODE FROM THE HOUSEHOLD ROSTER	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
102	CHILD'S ID CODE AND FIRST NAME FROM THE HOUSEHOLD ROSTER	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
103	What is [CHILD'S NAME]'s sex?	CHILD'S NAME _____ MALE 1 FEMALE 2	CHILD'S NAME _____ MALE 1 FEMALE 2	CHILD'S NAME _____ MALE 1 FEMALE 2	CHILD'S NAME _____ MALE 1 FEMALE 2	CHILD'S NAME _____ MALE 1 FEMALE 2
104	I would like to ask you some question about [CHILD'S NAME]. What is [his/her] birthday? In what month and year was [CHILD'S NAME] born?	<input style="width: 20px; height: 20px;" type="text"/> DAY DK DAY....98 <input style="width: 20px; height: 20px;" type="text"/> MONTH DK MONTH....98 <input style="width: 20px; height: 20px;" type="text"/> YEAR DK YEAR....9998	<input style="width: 20px; height: 20px;" type="text"/> DAY DK DAY....98 <input style="width: 20px; height: 20px;" type="text"/> MONTH DK MONTH....98 <input style="width: 20px; height: 20px;" type="text"/> YEAR DK YEAR....9998	<input style="width: 20px; height: 20px;" type="text"/> DAY DK DAY....98 <input style="width: 20px; height: 20px;" type="text"/> MONTH DK MONTH....98 <input style="width: 20px; height: 20px;" type="text"/> YEAR DK YEAR....9998	<input style="width: 20px; height: 20px;" type="text"/> DAY DK DAY....98 <input style="width: 20px; height: 20px;" type="text"/> MONTH DK MONTH....98 <input style="width: 20px; height: 20px;" type="text"/> YEAR DK YEAR....9998	<input style="width: 20px; height: 20px;" type="text"/> DAY DK DAY....98 <input style="width: 20px; height: 20px;" type="text"/> MONTH DK MONTH....98 <input style="width: 20px; height: 20px;" type="text"/> YEAR DK YEAR....9998

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I04A	CHECK I04: IS THE INFORMATION ON THE CHILD'S DAY, MONTH, AND YEAR OF BIRTH COMPLETE?	YES.....1 → SKIP TO I05 NO2	YES.....1 → SKIP TO I05 NO2	YES.....1 → SKIP TO I05 NO2	YES.....1 → SKIP TO I05 NO2	YES.....1 → SKIP TO I05 NO2
I04B	Does [CHILD'S NAME] have a health or vaccination card with the birth date recorded?	YES.....1 NO2 } SKIP TO I05 DK.....8 } →	YES.....1 NO2 } SKIP TO I05 DK.....8 } →	YES.....1 NO2 } SKIP TO I05 DK.....8 } →	YES.....1 NO2 } SKIP TO I05 DK.....8 } →	YES.....1 NO2 } SKIP TO I05 DK.....8 } →
I04C	May I please see the card?	YES.....1 NO2 } SKIP TO I05 CARD NOT AVAILABLE..8 } →	YES.....1 NO2 } SKIP TO I05 CARD NOT AVAILABLE..8 } →	YES.....1 NO2 } SKIP TO I05 CARD NOT AVAILABLE..8 } →	YES.....1 NO2 } SKIP TO I05 CARD NOT AVAILABLE..8 } →	YES.....1 NO2 } SKIP TO I05 CARD NOT AVAILABLE..8 } →
I04D	CONFIRM WITH THE RESPONDENT THAT THE INFORMATION ON THE CARD IS CORRECT. 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.	<input type="text"/> DAY DK DAY.....98 <input type="text"/> MONTH DK MONTH.....98 <input type="text"/> YEAR DK YEAR.....9998	<input type="text"/> DAY DK DAY.....98 <input type="text"/> MONTH DK MONTH.....98 <input type="text"/> YEAR DK YEAR.....9998	<input type="text"/> DAY DK DAY.....98 <input type="text"/> MONTH DK MONTH.....98 <input type="text"/> YEAR DK YEAR.....9998	<input type="text"/> DAY DK DAY.....98 <input type="text"/> MONTH DK MONTH.....98 <input type="text"/> YEAR DK YEAR.....9998	<input type="text"/> DAY DK DAY.....98 <input type="text"/> MONTH DK MONTH.....98 <input type="text"/> YEAR DK YEAR.....9998
I05	How old was [CHILD'S NAME] at [his/her] last birthday? RECORD AGE IN COMPLETED YEARS	<input type="text"/> YEARS	<input type="text"/> YEARS	<input type="text"/> YEARS	<input type="text"/> YEARS	<input type="text"/> YEARS
I06	How many months old is [CHILD'S NAME]? RECORD AGE IN COMPLETED MONTHS	<input type="text"/> MONTHS	<input type="text"/> MONTHS	<input type="text"/> MONTHS	<input type="text"/> MONTHS	<input type="text"/> MONTHS

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
107	CHECK 104, 104D, 105, AND 106 TO VERIFY CONSISTENCY					
107A	CHECK: IS THE YEAR RECORDED IN 104 OR 104D CONSISTENT WITH THE AGE IN YEARS RECORDED IN 105?	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2
107B	ARE YEAR AND MONTH OF BIRTH RECORDED IN 104 OR 104D CONSISTENT WITH AGE IN MONTHS RECORDED IN 106?	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2
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.					
108	CHECK 106. IS THE CHILD UNDER 60 MONTHS?	YES1 NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES1 NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES1 NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES1 NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR, IF THERE ARE NO OTHER CHILDREN, END MODULE	YES1 NO2 DON'T KNOW8 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."					
109	DOES CHILD HAVE EDEMA?	YES1 NO2 NOT PRESENT4 OTHER6 REFUSED9	YES1 NO2 NOT PRESENT4 OTHER6 REFUSED9	YES1 NO2 NOT PRESENT4 OTHER6 REFUSED9	YES1 NO2 NOT PRESENT4 OTHER6 REFUSED9	YES1 NO2 NOT PRESENT4 OTHER6 REFUSED9

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
110	WEIGHT IN KILOGRAMS: WEIGH THE CHILD	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999
111	CHILDREN UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN; CHILDREN 24 MONTHS OR OLDER SHOULD BE MEASURED STANDING UP. HEIGHT IN CENTIMETERS: MEASURE THE CHILD	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 OTHER 9996 REFUSED 9999
111A	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 6	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 6	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 6	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 6	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 6
EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET						
115	CHECK QUESTION 105. IS THE CHILD UNDER 3 YEARS OF AGE?	YES 1 NO 2 PROCEED TO NEXT CHILD OR END MODULE	YES 1 NO 2 PROCEED TO NEXT CHILD OR END MODULE	YES 1 NO 2 PROCEED TO NEXT CHILD OR END MODULE	YES 1 NO 2 PROCEED TO NEXT CHILD OR END MODULE	YES 1 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 NO.....2 DON'T KNOW.....8 REFUSED.....9 SKIP TO I18 ←	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9 SKIP TO I18 ←	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9 SKIP TO I18 ←	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9 SKIP TO I18 ←	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9 SKIP TO I18 ←
I17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES.....1 → TO I19 NO.....2 DON'T KNOW.....8 SKIP	YES.....1 → TO I19 NO.....2 DON'T KNOW.....8 SKIP	YES.....1 → TO I19 NO.....2 DON'T KNOW.....8 SKIP	YES.....1 → TO I19 NO.....2 DON'T KNOW.....8 SKIP	YES.....1 → TO I19 NO.....2 DON'T KNOW.....8 SKIP
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. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9
I19	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9
I20	Was [CHILD'S NAME] Oral Rehydration Solution (ORS) yesterday during the day or at night?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9
	READ THE QUESTIONS BELOW. READ THE LIST OF LIQUIDS ONE BY ONE AND MARK YES OR NO, ACCORDINGLY.					
	"Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night." Did [CHILD'S NAME] have any [ITEM FROM LISIT]?:					
I21	Plain water?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
122	Infant formula?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I24
123	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98
124	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I26	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I26	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I26	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I26	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I26
125	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98
126	Did [CHILD'S NAME] have any juice or juice drinks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
127	Clear broth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
128	Yogurt?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I30	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I30	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I30	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I30	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO I30
129	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98	<input type="text"/> TIMES DON'T KNOW98
130	Did [CHILD'S NAME] have any thin porridge?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I31	Any other liquids such as black tea, rice water, glucose water?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I32	Any other liquids?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	<p>"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."</p> <p>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).</p> <p>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.</p> <p>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."</p> <p>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.</p> <p>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]?</p>					
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 rice, maize; millet; sorghum; arrowroot; or other grains such as bread, noodles, porridge, chapatti, doughnut, pancakes, rice cereal, weatabix, cornflakes etc.?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
I34	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I35	Cassava, yams, white sweet potatoes, Irish potatoes or any other foods made from roots?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I36	Any dark green leafy vegetables such as such as spinach, amaranth leaves, cassava leaves, pumpkin leaves, cowpea leaves, kale, or bean leaves?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I36A	Any other vegetables, such as cabbage or eggplant?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I37	Ripe mangoes or pawpaw?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I37A	Any other fruits like banana including dishes made from it such as Matoke, guava, passionfruit, jack fruit, watermelon, or orange?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT 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 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I38A	Any meat from domesticated animals such as beef, pork, lamb, goat, chicken, or duck? These meats can be in forms such as kebabs, sausage, chicken, beef stew, etc.	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I39	Any liver kidney; heart; or other organ meats from wild animals such as hippopotamus, buffalo, Ugandan kob, warthog, cane rat, or others	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I39A	Any flesh from wild animals such as hippopotamus, buffalo, Ugandan kob, warthog, cane rat, or others?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I41	Eggs, for example from chicken quail or duck?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I42	Fresh or dried fish, shellfish, or seafood?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I43A	Any foods made from any type of beans, including cowpeas or pigeon peas? The beans can be served in stew, bean soup, bean paste, bean sauce, etc.	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I43B	Any foods made from other legumes such as lentils or groundnuts?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
I43C	Any foods made from nuts or seeds, like cashews, almonds, pistachio nuts, or like pumpkin or sesame seeds?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8

NO.	QUESTION	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
I44	Cheese, yogurt, sour milk, or other milk products?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
I45	Any oil, fats, or butter, or foods made with any of these?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
I46	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
I47	Condiments for flavor, such as chilies, spices, herbs, curry powder, or fish powder?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
I48	Insects, like grasshoppers, white ants, or termites?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
I49	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
	CHECK CATEGORIES 33-49 IF ALL 'NO,' GO TO I50 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? IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did [CHILD'S NAME] eat?	YES1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR END MODULE	YES1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR END MODULE	YES1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR END MODULE	YES1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO2 DON'T KNOW8 PROCEED TO NEXT CHILD OR END MODULE	YES1 GO BACK TO I33-I49 AND RECORD FOODS EATEN. THEN CONTINUE WITH I51. NO2 DON'T KNOW8 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?	<input type="text"/> <input type="text"/> TIMES DON'T KNOW98	<input type="text"/> <input type="text"/> TIMES DON'T KNOW98	<input type="text"/> <input type="text"/> TIMES DON'T KNOW98	<input type="text"/> <input type="text"/> TIMES DON'T KNOW98	<input type="text"/> <input type="text"/> TIMES DON'T KNOW98

MODULE J. AGRICULTURAL TECHNOLOGIES

HOUSEHOLD IDENTIFICATION

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

CHECK QUESTIONNAIRE ITEMS D12B, D13B, AND D14B TO DETERMINE IF THERE ARE ANY HOUSEHOLD MEMBERS ELIGIBLE TO RESPOND TO MODULE J.

- IF THE HOUSEHOLD **DID NOT PLANT MAIZE, BEANS, OR COFFEE** IN THE PAST YEAR AND THERE IS NO HOUSEHOLD MEMBER ELIGIBLE TO RESPOND TO MODULE J, THANK THE RESPONDENT FOR THEIR TIME AND END THE INTERVIEW.
- IF THE HOUSEHOLD **DID PLANT MAIZE, BEANS, OR COFFEE** LAST YEAR AND YOU HAVE IDENTIFIED THE MEMBER OF THE HOUSEHOLD WHO IS ELIGIBLE TO RESPOND TO MODULE J, CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE J INFORMED CONSENT PROCEDURE (ANNEX 8) TO THE RESPONDENT.

“Next I would like to ask you about some of the crops you planted in the past 1 year.”

NO.	QUESTION	RESPONSE
J1.01	CHECK D12B: DID RESPONDENT CULTIVATE MAIZE IN THE PAST 1 YEAR?	YES 1 NO 2 → SKIP TO J2.01
J1.02	What kind of land preparation did you use for the maize you planted in the past year? SELECT ALL THAT APPLY	NONE A → J1.07 ZERO TILLAGE B PLOUGHING C OTHER (SPECIFY) Z
J1.03	CHECK J1.02: DID RESPONDENT USE ZERO TILLAGE TO PREPARE THE LAND?	YES 1 NO 2 → J1.05
J1.04	What kind of zero tillage system did you use for the maize? SELECT ALL THAT APPLY	SLASH AND PLANT A BURN AND PLANT B HERBICIDE AND PLANT C OTHER (SPECIFY) Z
J1.05	CHECK J1.02: DID RESPONDENT USE PLOUGHING TO PREPARE THE LAND?	YES 1 NO 2 → J1.07
J1.06	What did you use for ploughing for the maize? SELECT ALL THAT APPLY	HAND TILLAGE (HOE) A ANIMAL TRACTION B TRACTOR C OTHER (SPECIFY) Z
J1.07	What was your main source of maize seed?	HOME- SAVED (SELF/FRIEND/RELATIVE) 1 PURCHASED FROM FRIEND/RELATIVE 2 PURCHASED FROM AG DEALER 3 PURCHASED IN MARKET (NON-AG DEALER) 4 AID DISTRIBUTION 5 OTHER (SPECIFY) 6

NO.	QUESTION	RESPONSE
J1.08	CHECK J1.07: DID RESPONDENT PURCHASE MAIZE SEED FROM AN AGRICULTURAL OR NON-AGRICULTURAL DEALER (3 OR 4)?	YES 1 NO 2 → J1.10
J1.09	Please tell me the name of the dealer from which you purchased the maize seed.	NAME OF MAIZE SEED DEALER (SPECIFY) 1 DON'T KNOW 8
J1.10	CHECK J1.07: DID RESPONDENT PURCHASE MAIZE SEED FROM A FRIEND OR RELATIVE (2)?	YES 1 NO 2 → J1.12
J1.11	Why did you purchase maize seed from a friend or relative?	LESS EXPENSIVE 1 MORE ACCESSIBLE THAN MARKET/DEALER 2 QUALITY OF MAIZE YIELD IS GOOD 3 OTHER (SPECIFY) 6
J1.12	What type of maize seed did you plant in the past year? SELECT ALL THAT APPLY	OPEN POLLINATED VARIETIES (OPVs) A HYBRID B DON'T KNOW X
J1.13	Was the maize crop grown to provide food for the household, or was it grown to be sold or traded in the market?	GROWN FOR FOOD ONLY 1 GROWN FOR MARKET ONLY 2 GROWN FOR BOTH FOOD & MARKET 3 OTHER (SPECIFY) 6
J1.14	Some farmers plant maize seeds in rows or randomly broadcast or plant with other crops growing in the plot. How did you plant the maize seeds? SELECT ALL THAT APPLY	IN ROWS A RANDOMLY BROADCAST B PLANTED WITH OTHER CROPS GROWING IN THE PLOT C
J1.15	Over the past two planting seasons, did you rotate maize with other crop(s) in the same plot area?	YES 1 NO 2 OTHER (SPECIFY) 6 DON'T KNOW 8
J1.16	Did you apply fertilizer to the maize in the past year?	YES 1 NO 2 → J1.19
J1.17	At which times did you apply fertilizer to the maize? SELECT ALL THAT APPLY	PLANTING A MID-CROP B OTHER (SPECIFY) Z

NO.	QUESTION	RESPONSE		
J1.18	What type of fertilizer did you use? SELECT ALL THAT APPLY	ORGANICA INORGANIC.....B FOLIAR FEEDSC OTHER (SPECIFY).....Z		
J1.19	Inorganic fertilizer is a man-made fertilizer that you can buy in a bag at the shop. Have you been trained in how to use and apply inorganic fertilizer for maize?	YES.....1 NO.....2		
J1.20	Did you have any insect, rodent, or disease attacks on your maize in the past year?	YES.....1 NO.....2		
J1.21	Did you use chemicals to control insect, rodent, or disease attacks on the maize?	YES.....1 NO.....2 → J1.23		
J1.22	Was the use of chemicals preventive, or was it in response to an insect, rodent, or disease attack?	PREVENTIVE/ROUTINE1 RESPONSE TO ATTACK.....2		
J1.23	Have you been trained in when to use and how to apply pesticides for maize?	YES.....1 NO.....2		
J1.24	How many times did you control weeds among your maize crops in the past year?	NUMBER OF TIMES: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NONE.....95 → J1.26		
J1.25	How did you control the weeds among your maize crops? SELECT ALL THAT APPLY	HOEA HERBICIDE.....B MULCHINGC INTERCROPPINGD SLASHINGE PULL BY HANDF		
J1.26	Have you been trained in when to use and how to apply herbicides for maize?	YES.....1 NO.....2		
J1.27	In the past year, did you use any of the following techniques to manage soil and water for your maize crop? SELECT ALL THAT APPLY Terracing? Mulching? Soil bands or trenches? Intercropping? Crop rotation? Some other technique? IF YES: What was the technique?	TERRACINGA MULCHINGB SOIL BANDS/TRENCHES.....C INTERCROPPINGD CROP ROTATIONE NONEX OTHER (SPECIFY).....Z		

NO.	QUESTION	RESPONSE
J1.28	Besides rainfall, did you use any additional irrigation methods for the maize?	YES 1 NO 2 → J1.30
J1.29	What type of irrigation did you use? SELECT ALL THAT APPLY	BY HAND (WATERING CAN, HOSE, ETC.) A CANALS B PERMANENT HOSE C PUMPS D OTHER (SPECIFY) Z
J1.30	How did you harvest the maize?	BY HAND ONLY 1 WITH A MACHINE ONLY 2 SOME BY HAND, SOME WITH A MACHINE 3 NOT YET HARVESTED 4
J1.31	Did you dry any of your maize harvest before sale or use?	YES 1 NO 2 → J1.33
J1.32	What did you dry the maize on? SELECT ALL THAT APPLY	BARE GROUND A GROUND PLASTERED WITH COW DUNG B GROUND COVERED WITH STRAW C LEFT TO DRY ON PLANT IN FIELD D TARPAULINS E DRYING YARD F DRYING RACKS G SOLAR DRYERS H MECHANIZED DRYERS I OTHER (SPECIFY) Z
J1.33	How did you shell the maize? SELECT ALL THAT APPLY	BY HAND ONLY A BY STICKS B WITH A SHELLING MACHINE C DID NOT SHELL D OTHER (SPECIFY) Z
J1.34	Did you put the maize in bags after harvest for storage or transport?	YES 1 NO 2 → J1.36
J1.35	What type of storage bag did you use for the maize?	WOVEN BAG, SINGLE LAYER 1 TWO- OR THREE-LAYERED WOVEN BAGS 2 HERMETIC BAG 3

NO.	QUESTION	RESPONSE
J1.36	<p>Did you use any of the following storage locations to store the maize?</p> <p>SELECT ALL THAT APPLY</p> <p>Residential house? Cribs? Granaries? Other constructed stores? Warehouses? Storage silos?</p> <p>Some other type of location? IF YES: What was the storage location you used?</p>	<p>RESIDENTIAL HOUSE.....A CRIBSB GRANARIES.....C OTHER CONSTRUCTED STORES.....D WAREHOUSESE STORAGE SILOSF</p> <p>NONE/DID NOT STORE ANY MAIZEX→ SKIP TO J2.01</p> <p>OTHER (SPECIFY)..... Z</p>
J1.37	Was your maize attacked by insects, rodents, or disease while in storage?	<p>YES1 NO2</p>
J2.01	CHECK D13B: DID RESPONDENT CULTIVATE BEANS IN THE PAST 1 YEAR?	<p>YES1 NO2 → SKIP TO J3.01</p>
J2.01A	How many varieties of beans did you cultivate?	<p>NUMBER OF VARIETIES CULTIVATED: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>
J2.02	<p>What kind of land preparation did you use for the beans you planted in the past year?</p> <p>SELECT ALL THAT APPLY</p>	<p>NONEA → J2.07 ZERO TILLAGEB PLOUGHING.....C OTHER (SPECIFY).....Z</p>
J2.03	CHECK J2.02: DID RESPONDENT USE ZERO TILLAGE TO PREPARE THE LAND?	<p>YES1 NO2 → J2.05</p>
J2.04	<p>What kind of zero tillage system did you use for the beans?</p> <p>SELECT ALL THAT APPLY</p>	<p>SLASH AND PLANTA BURN AND PLANT.....B HERBICIDE AND PLANTC OTHER (SPECIFY).....Z</p>
J2.05	CHECK J2.02: DID RESPONDENT USE PLOUGHING TO PREPARE THE LAND?	<p>YES1 NO2 → J2.07</p>
J2.06	<p>What did you use for ploughing for the beans?</p> <p>SELECT ALL THAT APPLY</p>	<p>HAND TILLAGE (HOE).....A ANIMAL TRACTIONB TRACTOR.....C OTHER (SPECIFY).....Z</p>

NO.	QUESTION	RESPONSE
J2.07	What was your main source of bean seed?	HOME- SAVED (SELF/FRIEND/RELATIVE)..... 1 PURCHASED FROM FRIEND/RELATIVE2 PURCHASED FROM AG DEALER3 PURCHASED IN MARKET (NON-AG DEALER)4 AID DISTRIBUTION.....5 OTHER (SPECIFY).....6
J2.08	CHECK J2.07: DID RESPONDENT PURCHASE BEAN SEED FROM AN AGRICULTURAL OR NON-AGRICULTURAL DEALER (3 OR 4)?	YES 1 NO 2 → J2.10
J2.09	Please tell me the name of the dealer from which you purchased the bean seed.	NAME OF BEAN SEED DEALER (SPECIFY)..... 1 DON'T KNOW8
J2.10	CHECK J2.07: DID RESPONDENT PURCHASE BEAN SEED FROM A FRIEND OR RELATIVE (2)?	YES 1 NO 2 → J2.12
J2.11	Why did you purchase bean seed from a friend or relative?	LESS EXPENSIVE.....1 MORE ACCESSIBLE THAN MARKET/DEALER2 QUALITY OF BEAN YIELD IS GOOD3 OTHER (SPECIFY).....6
J2.12	What type of bean seed did you plant in the past year? SELECT ALL THAT APPLY	OPEN POLLINATED VARIETIES (OPVs).....A HYBRID.....B DON'T KNOWX
J2.13	Was the bean crop grown to provide food for the household, or was it grown to be sold or traded in the market?	GROWN FOR FOOD ONLY1 GROWN FOR MARKET ONLY2 GROWN FOR BOTH FOOD & MARKET3 OTHER (SPECIFY).....6
J2.14	Some farmers plant bean seeds in rows, or randomly broadcast, or plant with other crops growing in the plot. How did you plant the bean seeds? SELECT ALL THAT APPLY	IN ROWSA RANDOMLY BROADCASTB PLANTED WITHIN OTHER CROPS GROWING IN THE PLOT.....C
J2.15	Over the past two planting seasons did you rotate beans with other crop(s) in the same plot area?	YES1 NO2 OTHER (SPECIFY).....6 DON'T KNOW8

NO.	QUESTION	RESPONSE
J2.16	Did you apply fertilizer to the beans in the past year?	YES 1 NO 2 → J2.19
J2.17	At which times did you apply fertilizer to the beans? SELECT ALL THAT APPLY	PLANTING A MID-CROP B OTHER (SPECIFY) Z
J2.18	What type of fertilizer did you use? SELECT ALL THAT APPLY	ORGANIC A INORGANIC B FOLIAR FEEDS C OTHER (SPECIFY) Z
J2.19	Inorganic fertilizer is a man-made fertilizer that you can buy in a bag at the shop. Have you been trained in how to use and apply inorganic fertilizer for beans?	YES 1 NO 2
J2.20	Did you have any insect, rodent, or disease attacks on your beans in the past year?	YES 1 NO 2
J2.21	Did you use chemicals to control insect, rodent, or disease attacks on the beans?	YES 1 NO 2 → J2.23
J2.22	Was the use of chemicals preventive, or was it in response to an insect, rodent, or disease attack?	PREVENTIVE/ROUTINE 1 RESPONSE TO ATTACK 2
J2.23	Have you been trained in when to use and how to apply pesticides for beans?	YES 1 NO 2
J2.24	How many times did you control weeds among your bean crops in the past year?	NUMBER OF TIMES: <input type="text"/> <input type="text"/> NONE 95 → J2.26
J2.25	How did you control the weeds among your bean crops? SELECT ALL THAT APPLY	HOE A HERBICIDE B MULCHING C INTERCROPPING D SLASHING D PULL BY HAND E
J2.26	Have you been trained in when to use and how to apply herbicides for beans?	YES 1 NO 2

NO.	QUESTION	RESPONSE
J2.27	<p>In the past year, did you use any of the following techniques to manage soil and water for your bean crop?</p> <p>SELECT ALL THAT APPLY</p> <p>Terracing? Mulching? Soil bands or trenches? Intercropping? Crop rotation? Row planting?</p> <p>Some other technique? IF YES: What was the technique?</p>	<p>TERRACING A MULCHING B SOIL BANDS/TRENCHES C INTERCROPPING D CROP ROTATION E ROW PLANTING F</p> <p>NONE X</p> <p>OTHER (SPECIFY) Z</p>
J2.28	<p>Besides rainfall, did you use any irrigation for the beans?</p>	<p>YES 1 NO 2 → J2.30</p>
J2.29	<p>What type of irrigation did you use?</p> <p>SELECT ALL THAT APPLY</p>	<p>BY HAND (WATERING CAN, HOSE, ETC.) A CANALS B PERMANENT HOSE C PUMPS D</p> <p>OTHER (SPECIFY) Z</p>
J2.30	<p>How did you harvest the beans?</p>	<p>BY HAND ONLY 1 WITH A MACHINE ONLY 2 SOME BY HAND, SOME WITH A MACHINE 3 NOT YET HARVESTED 4</p>
J2.31	<p>Did you dry any of your bean harvest before sale or use?</p>	<p>YES 1 NO 2 → J2.33</p>
J2.32	<p>What did you dry the beans on?</p> <p>SELECT ALL THAT APPLY</p>	<p>BARE GROUND A GROUND PLASTERED WITH COW DUNG B LEFT TO DRY ON PLANT IN FIELD C TARPULINS D DRYING YARD E DRYING RACKS F SOLAR DRYERS G MECHANIZED DRYERS H</p> <p>OTHER (SPECIFY) Z</p>
J2.33	<p>How did you shell the beans?</p> <p>SELECT ALL THAT APPLY</p>	<p>BY HAND ONLY A BY STICKS B WITH A SHELLING MACHINE C DID NOT SHELL D</p> <p>OTHER (SPECIFY) Z</p>
J2.34	<p>Did you put the beans in bags after harvest for storage or transport?</p>	<p>YES 1 NO 2 → J2.36</p>

NO.	QUESTION	RESPONSE
J2.35	What type of storage bag did you use for the beans?	WOVEN BAG, SINGLE LAYER.....1 TWO- OR THREE-LAYERED WOVEN BAGS2 HERMETIC BAG.....3
J2.36	Did you use any of the following storage locations to store the beans? SELECT ALL THAT APPLY Residential house? Cribs? Granaries? Other constructed stores? Warehouses? Some other type of location? IF YES: What was the storage location you used?	RESIDENTIAL HOUSE.....A CRIBSB GRANARIESC OTHER CONSTRUCTED STORESD WAREHOUSESE NONE/DID NOT STORE ANY BEANSX → SKIP TO J3.01 OTHER (SPECIFY) Z
J2.37	Were your beans attacked by insects, rodents, or disease while in storage?	YES.....1 NO.....2

NO.	QUESTION	RESPONSE
J3.01	CHECK D14B: DID RESPONDENT CULTIVATE COFFEE IN THE PAST 1 YEAR?	YES.....1 NO.....2 → SKIP TO END
J3.02	What was your main source of coffee seedlings?	LOCAL NURSERY.....1 OWN NURSERY.....2 FROM FRIEND/RELATIVE.....3 OTHER (SPECIFY).....6 DON'T KNOW.....8
J3.03A	CHECK J3.02: DID RESPONDENT PURCHASE COFFEE FROM A LOCAL NURSERY (1)?	YES.....1 NO.....2 → J3.04A
J3.03B	Was the nursery where you purchased the coffee seedlings a registered or certified nursery?	YES.....1 NO.....2 DON'T KNOW.....8
J3.04A	CHECK J3.02: DID RESPONDENT PURCHASE COFFEE SEEDLINGS FROM A FRIEND OR RELATIVE (3)?	YES.....1 NO.....2 → J3.05
J3.04B	Why did you purchase coffee seedlings from a friend or relative?	LESS EXPENSIVE.....1 MORE ACCESSIBLE THAN MARKET/DEALER.....2 QUALITY OF COFFEE BEAN YIELD IS GOOD.....3 OTHER (SPECIFY).....6
J3.05	Was the coffee grown for household consumption, or was it grown to be sold or traded in the market?	GROWN FOR HH CONSUMPTION ONLY.....1 GROWN FOR MARKET ONLY.....2 GROWN FOR BOTH HH CONSUMPTION & MARKET.....3 OTHER (SPECIFY).....6
J3.06	Did you apply fertilizer to the coffee?	YES.....1 NO.....2 → J3.09
J3.07	At which times did you apply fertilizer to the coffee trees?	(SPECIFY).....Z
J3.08	What type of fertilizer did you use? SELECT ALL THAT APPLY	ORGANIC.....A INORGANIC.....B FOLIAR SPRAY.....C OTHER (SPECIFY).....Z
J3.09	Have you been trained in how to use and apply fertilizer for coffee trees?	YES.....1 NO.....2

NO.	QUESTION	RESPONSE		
J3.10	Did you have any insect, rodent, or disease attacks on your coffee trees in the past year?	YES1 NO2		
J3.11	Did you use chemicals to control insect, rodent, or disease attacks on your coffee trees?	YES 1 NO 2 → J3.13		
J3.12	Was the use of chemicals preventive, or was it in response to an insect, rodent, or disease attack?	PREVENTIVE/ROUTINE1 RESPONSE TO ATTACK2		
J3.13	Have you been trained in when to use and how to apply pesticides for coffee trees?	YES1 NO2		
J3.14	How many times did you control weeds among your coffee trees in the past year?	NUMBER OF TIMES: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NONE95 → J3.16		
J3.15	How did you control the weeds among your coffee trees? SELECT ALL THAT APPLY	HOEA HERBICIDEB MULCHINGC INTERCROPPINGD SLASHINGE PULL BY HANDF		
J3.16	Have you been trained in when to use and how to apply herbicides for coffee trees?	YES1 NO2		
J3.17	Are your coffee trees planted using any of the following techniques to take account of soil and moisture conservation? SELECT ALL THAT APPLY Contouring? Mulching? Intercropping? Some other way? IF YES: What way?	CONTOURING A MULCHING B INTERCROPPING C NONE X OTHER (SPECIFY) Z		
J3.18	Did you dry your coffee harvest before sale or use?	YES 1 NO 2 → J3.20		
J3.19	How did you dry the coffee? SELECT ALL THAT APPLY	BARE GROUND A GROUND PLASTERED WITH COW DUNG B LEFT TO DRY ON PLANT IN FIELD C TARPAULINS D DRYING YARD E DRYING RACKS F SOLAR DRYERS G MECHANIZED DRYERS H OTHER (SPECIFY) Z		

NO.	QUESTION	RESPONSE
J3.20	Did you put the coffee in bags after harvest for storage?	YES 1 NO 2 → J3.22
J3.21	What type of storage bag did you use for the coffee?	WOVEN BAG, SINGLE LAYER 1 TWO- OR THREE-LAYERED WOVEN BAGS 2 HERMETIC BAG 3
J3.22	<p>Did you use any of the following storage locations to store the coffee?</p> <p>SELECT ALL THAT APPLY</p> <p>Residential house? A storage unit in your home lot? Other constructed stores? Warehouses? Storage silos?</p> <p>Some other type of location? IF YES: What was the storage location you used?</p>	<p>RESIDENTIAL HOUSE A STORAGE UNIT IN HOME LOT B OTHER CONSTRUCTED STORES C WAREHOUSES D STORAGE SILOS E</p> <p>NONE/DID NOT STORE ANY COFFEE X → END MODULE</p> <p>OTHER (SPECIFY) Z</p>
J3.23	Was your coffee attacked by insects, rodents or disease while in storage?	YES 1 NO 2

CONCLUDE THE INTERVIEW:

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

Annex 1. Events 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.

LOCAL EVENTS CALENDAR (UGANDA)								
Month	Events/Festivals	2008	2009	2010	2011	2012	2013	2014
January	New Year's Day	1 Jan	1 Jan	1 Jan	1 Jan	1 Jan	1 Jan	1 Jan
	Liberation Day	26 Jan	26 Jan	26 Jan	26 Jan	26 Jan	26 Jan	26 Jan
March	International Women's Day	8 Mar	8 Mar	8 Mar	8 Mar	8 Mar	8 Mar	8 Mar
March or April	Good Friday	21 Mar	10 Apr	2 Apr	22 Apr	6 Apr	29 Mar	18 Apr
March or April	Easter Sunday	23 Mar	12 Apr	4 Apr	24 Apr	8 Apr	31 Mar	20 Apr
March or April	Easter Monday	24 Mar	13 Apr	5 Apr	25 Apr	9 Apr	1 Apr	21 April
May	Labor Day	1 May	1 May	1 May	1 May	1 May	1 May	1 May
June	Martyr's Day	3 Jun	3 Jun	3 Jun	3 Jun	3 Jun	3 Jun	3 Jun
	National Heroes Day	9 Jun	9 Jun	9 Jun	9 Jun	9 Jun	9 Jun	9 Jun
Month varies	End of Ramadan (Eid ul-Fitr)	1 Oct	21 Sep	10 Sep	31 Aug	19 Aug	8 Aug	28 Jul
Month varies	Feast of Sacrifice (Eid al-Adha)	8 Dec	27 Nov	16 Nov	6 Nov	26 Oct	15 Oct	4 Oct
October	Independence Day	9 Oct	9 Oct	9 Oct	9 Oct	9 Oct	9 Oct	9 Oct
December	Christmas Day	25 Dec	25 Dec	25 Dec	25 Dec	25 Dec	25 Dec	25 Dec
	Boxing Day	26 Dec	26 Dec	26 Dec	26 Dec	26 Dec	26 Dec	26 Dec

Annex 2. Age/Birth Date Consistency Chart for Survey in 2015

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.

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in	Has already had birthday in		Has not had birthday in	Has already had birthday in
	2015	2015		2015	2015
	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

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 SERVICE FOR GENERATIONS INTERNATIONAL. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 SERVICE FOR GENERATIONS INTERNATIONAL by calling 0-312-517-670. 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 SERVICE FOR GENERATIONS INTERNATIONAL. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 SERVICE FOR GENERATIONS INTERNATIONAL by calling 0-312-517-670. 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 SERVICE FOR GENERATIONS INTERNATIONAL. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 SERVICE FOR GENERATIONS INTERNATIONAL by calling 0-312-517-670. 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 Guardians 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 SERVICE FOR GENERATIONS INTERNATIONAL. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, 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 database, 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 SERVICE FOR GENERATIONS INTERNATIONAL by calling 0-312-517-670. 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 Form for the Person Eligible for Module J (Household Member Who Made the Most Decisions About Planting Crops in the Past Year)

STATEMENT TO BE READ TO THE RESPONDENT:

Thank you for the opportunity to speak with you. We are a research team from SERVICE FOR GENERATIONS INTERNATIONAL. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being 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, agricultural technologies, food consumption, and nutrition of women and children. This part of the survey includes questions on growing certain kinds of crops. The questions for this part of the survey will take about 30 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 SERVICE FOR GENERATIONS INTERNATIONAL by calling 0-312-517-670. 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 J.

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

Annex 9. 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 – UGANDA				
Line Number	First and Last Name	Age	Gender	Interviewer Notes