

# **MOZAMBIQUE CHILD WELLBEING BASELINE SURVEY**

*HOUSEHOLD INSTRUMENT*

2019

**Final draft for Fieldwork**

- Order of modules is illustrative and can be programmed in CAPI in different sequence

SECTION 0A. INFORMED CONSENT (CAREGIVER & HOUSEHOLD) .....	5
SECTION 0B. INFORMED ASSENT (CAREGIVER & HOUSEHOLD, LEGAL MINORS) .....	6
SECTION 1: HOUSEHOLD ROSTER .....	7
SECTION 2: EDUCATION OF ALL HOUSEHOLD MEMBERS AGED 3 YEARS OR OLDER .....	9
SECTION 3A: HEALTH OF ALL HOUSEHOLD MEMBERS .....	10
SECTION 3B: FERTILITY & REPRODUCTIVE HEALTH OF WOMEN 10 – 49 YEARS OLD .....	11
SECTION 4: HOUSING CONDITIONS .....	12
SECTION 5: FOOD SECURITY (FAO Global Food Insecurity Experience Scale, FIES) .....	15
SECTION 6: ECONOMIC ACTIVITIES AND TIME USE (AGES 5 AND ABOVE) .....	16
SECTION 7A: HOUSEHOLD PRODUCTIVE AND DURABLE ASSETS .....	18
SECTION 7B: LIVESTOCK OWNERSHIP .....	19
SECTION 7C: DEBTS, CREDITS AND TRANSFERS .....	20
SECTION 7D: AGRICULTURAL OUTPUTS AND INPUTS .....	21
SECTION 7E: NON-FARM ENTERPRISES .....	22
SECTION 8A: CONSUMPTION & FREQUENTLY PURCHASED ITEMS (WEEKLY) .....	23
SECTION 8B: CONSUMPTION & FREQUENTLY PURCHASED ITEMS (MONTHLY) .....	25
SECTION 9A: SHOCKS AND COPING MECHANISMS .....	27
SECTION 9B: EXPERIENCE WITH OTHER PROGRAMS .....	28
SECTION 10A: MATERNAL AND NEWBORN HEALTH .....	29
SECTION 10B: IMMUNIZATIONS & MEDICATION .....	32
SECTION 10C: CHILD DEVELOPMENT .....	33
SECTION 10D: CHILD STATUS INDEX .....	34
SECTION 11: CHILD DISCIPLINE .....	35
SECTION 12: WOMEN’S EMPOWERMENT, EMOTIONAL WELLBEING, PREFERENCES, AND SOCIAL CAPITAL .....	36
SECTION 13: NUTRITION & FEEDING KNOWLEDGE .....	39
SECTION 14: INTRA-HH CONFLICT MODULE .....	40
SECTION 15: ANTHROPOMETRICS .....	43

**SECTION 0. COVERSHEET MOZAMBIQUE CHILD WELLBEING HOUSEHOLD BASELINE SURVEY**

<b>0. METADATA</b>			
1	Date of interview	_ _  -  _ _  -  _ _	Household ID
2	Time start (MM:HH)	_ _  :  _ _  24-hour clock	3
3			Time end interview
4	District	_ _ _	10
5	Health Center	_ _ _	Enumerator name and code
6	Community	_ _ _ _	11
7	Name of mother/caregiver and PID	_ _ _ _	Supervisor name and code
8	Language used by respondent	_ _  Makhuwa.....1 Portuguese .....2 Other.....3	12a
9	Interpreter used?	_ _  Yes..... 1 No..... 2	GPS coordinates
10			Latitude
11			Longitude
12			13
13			Contact number 1
14			14
15			Contact number 2
<b>LAST ITEMS AFTER INTERVIEW (programmed at end of the CAPI)</b>			
X.	Response status	_ _  Complete interview .....1 Partially complete (reason: _____).2 Non-contact .....3 Refusal.....4 Child not in qualifying age range .....5 Child temporary resident in household .....6 Other (specify: _____).....7	Xa. Overall Comments/Observations (If refused, give reasons for refusal)

**SECTION 0: FUTURE CONTACT INFORMATION**

Enumerator: please ask household, in the event that we may wish to contact them in the future, we are going to ask them for two people who can be contacted in the future should the family move from the village. If you left this place, who would be the most likely people to know where you are?

	<b>Contact 1</b>	<b>Contact 2</b>
1. Name of contact people		
2. Relationship to you		
3. In what community do these people currently live?		
4. Phone numbers of these people		
5. How best would we be able to contact these people? (Please feel free to give as many options as necessary, e.g. Contact address, landmarks, street numbers, nicknames)		

## SECTION 0A. INFORMED CONSENT (CAREGIVER & HOUSEHOLD)

The informed consent is administered to all main respondents (primary female caregivers of the index child age 0-24 months). In the case the primary female respondent is a legal minor (<18 years), the informed consent is administered to her legal guardian and she is administered the assent form. In the case no female caregiver is available, or another member of the household is expected to be the primary respondent for household-level modules, the informed consent is also administered to this member.

### [ENUMERATOR: READ SCRIPT BELOW]

Hello. My name is \_\_\_\_\_ from \_\_\_\_\_, based in Maputo. In collaboration with the American Institutes for Research, we are conducting a study to understand the living conditions of vulnerable families with young children in this area. Because you have a young child under the age of 2, you have qualified for this survey and we would like you, the primary caregiver of [name of the index child] to answer questions about your health, education, economic situation of your household and questions specifically about your children, including [name of the index child]. We would also like to measure the height and weight of [name of the index child].

The answers provided will help the District health, gender and social services and the Government of Mozambique to understand the living conditions and needs of families like your own. The information will be used to improve services in your district. Approximately 2,100 families are participating in this study in Nampula.

I want to be clear that there is no direct benefit to your household for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your household or any of its members receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask you. Please know that you do not have to answer any question you do not want to answer. Simply tell me when you do not want to answer a specific question and I will move to the next. We will not share your answers with anyone in your household or your community. Only the researchers leading this study will have access to the personal details of participants. Your name will be kept separately from your answers in a private, secure location.

The questions may take up to 1.5 hours of your time. We will leave a card with information about the study and with telephone numbers in case you would like to know more or you have questions even after our visit. Also, after the interview we may offer you information or a direct referral to services, for example health or other social action services, which could help you in the future. In the case we believe you, or any of the children in your household, are in immediate harm or danger, we are mandated by law to directly refer you to these services.

Do you agree to participate, including weighing and measuring your child 0-2 years old?

Signature of Enumerator \_\_\_\_\_ Date \_\_\_\_\_

Enumerator: Sign above to witness the verbal consent of the participant. Keep one copy for the PIs records and leave the second copy with the participant.

### Who is sponsoring this study?

This research is funded by UNICEF Mozambique (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact \_\_\_\_\_ . If you have questions about your rights you may reach out to the Comite Nacional de Bioethica Para a Saude ( \_\_\_\_\_ ) or the American Institutes for Research Institutional Review Board ( \_\_\_\_\_ ).

## SECTION 0B. INFORMED ASSENT (CAREGIVER & HOUSEHOLD, LEGAL MINORS)

The assent is administered to all female caregivers who are legal minors (<18 years), while the informed consent is administered to her legal guardian.

### [ENUMERATOR: READ SCRIPT BELOW]

Hello. My name is \_\_\_\_\_ from \_\_\_\_\_, based in Maputo. In collaboration with the American Institutes for Research, we are conducting a study to understand the living conditions of vulnerable families with young children in this area. Because you have a young child under the age of 2, you have qualified for this survey and we would like you, the primary caregiver of [name of the index child] to answer questions about your health, education, economic situation of your household and questions specifically about your children, including [name of the index child]. We would also like to measure the height and weight of [name of the index child].

The answers provided will help the Serviços Distritais de Health Mulher e Acção Social and the Government of Mozambique to understand the living conditions and needs of families like your own. The information will be used to improve services in your district. Approximately 2,100 families are participating in this study in Nampula.

I want to be clear that there is no direct benefit to your household for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your household or any of its members receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask you. Please know that you do not have to answer any question you do not want to answer. Simply tell me when you do not want to answer a specific question and I will move to the next. We will not share your answers with anyone in your household or your community. Only the researchers leading this study will have access to the personal details of participants. Your name will be kept separately from your answers in a private, secure location.

The questions may take up to 1.5 hours of your time. We will leave a card with information about the study and with telephone numbers in case you would like to know more or you have questions even after our visit. Also, after the interview we may offer you information or a direct referral to services, for example health or other social action services, which could help you in the future. In the case we believe you, or any of the children in your household, are in immediate harm or danger, we are mandated by law to directly refer you to these services.

Signature of Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Interviewer: Sign above to witness you have read the assent to the participant. Keep one copy for the PIs records and leave the second copy with the participant.

**Who is sponsoring this study?:** This research is funded by UNICEF Mozambique (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact \_\_\_\_\_ . If you have questions about your rights you may reach out to the Comte Nacional de Bioethica Para a Saude ( \_\_\_\_\_ ) or the American Institutes for Research Institutional Review Board ( \_\_\_\_\_ ).

**SECTION 1: HOUSEHOLD ROSTER**

**Instruction:** Please give me the names of all persons who usually live with this household and eat from the same pot or share economic resources. Start with the head of the household and include visitors who have lived with the household for six months or more. Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc but who may not be here at this moment.

1	2	3	4	5	6	7	8	9	10	
							<b>ONLY FOR MEMBERS AGE 10 AND OLDER</b>			
ID	Name of the member	Sex 1 = Male 2 = Female	What is [NAME'S] relationship with the head?  1 = Head 2 = Spouse 3 = Child 4 = Grandchild 5 = Parent/Parent-in-law 6 = Son/Daughter-in-law 7 = Other relative 8 = Adopted/ Foster/Stepchild 9 = House help 10 = Non-relative	How old is [NAME] now?  Record exact age in completed years for all members. For those under 36 months, also record the number of months since the last birthday (use child health book or birth certificate if available.)		Where was [NAME] born?  1 = This village/nearby (<10 km) 2 = This district but village further away 3 = This province but different district 4 = Somewhere else in Mozambique 5 = Different country 6 = DK	What is the religion of [NAME]?  1 = Catholic 2 = Muslim 3 = Christian 4 = Protestant 5 = No religion 6 = Other, specify	What is [NAME'S] present marital status?  1 = Married or living together, monogamous 2 = Married or cohabiting, polygamous 3 = Divorced or separated (>> Q11) 4 = Widowed (>> Q11) 5 = Never married or cohabited (>> Q11)	Does (NAME'S) spouse or partner live in this household?  1 = Yes 2 = No (>> Q11)	COPY THE I.D. CODE OF THE SPOUSE  (IF MORE THAN ONE SPOUSE, THE FIRST ONE)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

**SECTION 1: HOUSEHOLD ROSTER (Continued)**

	11	12	13	14	15	16	17	18	19	20	21	
	ONLY FOR MEMBERS AGE 0 – 17 YEARS							ONLY FOR MEMBERS AGE 0-5				
ID	Is the biological mother of [NAME] alive?  WRITE ID =YES, MOTHER LIVES IN HOUSEHOLD  88=YES, BUT MOTHER NOT IN HOUSEHOLD  99=NO, MOTHER IS DEAD  77=DON'T KNOW	Does [NAME] have biological siblings from the same mother (living in or out of the household)?  1=Yes 2=No (>> Q14) 9=DON'T KNOW	How many biological siblings are younger than [NAME]?  [Enter number, if none = 0]	Is the biological father of [NAME] alive?  WRITE ID =YES, FATHER LIVES IN HOUSEHOLD  88=YES, BUT FATHER NOT IN HOUSEHOLD  99=NO, FATHER IS DEAD  77=DON'T KNOW	Does [NAME] have a pair of shoes or sandals?  1=YES 2=NO 9=DON'T KNOW	Does [NAME] have at least 2 sets of clothes?  1=YES 2=NO 9=DON'T KNOW	Does [NAME] have a blanket?  1=YES 2=NO 9=DON'T KNOW	Does (NAME) have a birth certificate?  If yes, may I see it?  1=Yes, seen 2=Yes, not seen 3=No	Has (NAME)'s birth been registered?  1=YES 2=NO (>>Q21) 9=Don't know	When was (NAME)'s birth registered?  1=Within 90 days from birth 2=Between 3 months and 1 year since birth 3=After 1 year since birth  (>>NEXT SECTION)	What is the main reason why (NAME)'s birth is not registered?  1=Costs too much 2=Must travel too far 3=Did not know it should be registered 4=Did not find it important 5=Do not know where to register 6=Other (specify) 9=Don't know	
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												



**SECTION 2: EDUCATION OF ALL HOUSEHOLD MEMBERS AGED 3 YEARS OR OLDER**

	1	2	3	4	5	6	7	8	9a	9b	9c	9d
<b>ID</b>	Can [NAME] read and write in any language? 1=Portuguese 2=Makhuwa 3=Other 4=None	Has [NAME] ever attended school? 1=Yes >>Q4 2=None	What was the main reason [NAME] never attended school? [SEE CODES BELOW] >>NEXT PERSON	What is the highest grade [NAME] completed? [SEE CODES BELOW]	Is [NAME] currently attending school? 1=Yes >> Q7 2=None	Why is [NAME] not currently in school? [SEE CODES BELOW] >> Q9a	Which grade is [NAME] attending? [SEE CODES BELOW]	In the last full week of school, how many days did [NAME] attend the full day? [0-5 days exclude weeks with no school]	In the last 12 months, how much have you spent for [NAME] on the following items: Enrollment fees (In MT)   School books and other school supplies (In MT)   School uniform or sports clothes (In MT)   School transportation (In MT)			
<b>Codes for Q4 &amp; Q7:</b> Pre-school ..... 01 Primario EP1 (G1) ..... 02 Primario EP1 (G2) ..... 03 Primario EP1 (G3) ..... 04 Primario EP1 (G4) ..... 05 Primario EP1 (G5) ..... 06 Primario EP2 (G6) ..... 07 Primario EP2 (G7) ..... 08 Secundario ESG1 (G8) . 09 Secundario ESG1 (G9) . 10 Secundario ESG1 (G10) 11			Secundario ESG2 (G11) 12 Secundario ESG2 (G12) 13 Technico Elementar..... 14 Technico Basico ..... 15 Technico Medio..... 16 For. De Profesores ..... 17 Superior ..... 18 Nao Sabe ..... 98			<b>Codes for Q3 &amp; Q6:</b> Too young ..... 1 Already attained the level they wanted.. 2 Required for work or care activities including on farm or household..... 3 Not interested in school..... 4 Too expensive to go to school ..... 5 School too distant ..... 6 Not appropriate for female children to go to school (culture)..... 7			Schooling believed not to increase income 8 Could learn everything useful at home ..... 9 Too sickly to attend..... 10 No places available in local school ..... 11 No school of appropriate religion available ..... 12 Not safe ..... 13 Got pregnant or married..... 14 Other reason (specify)..... 15			

**SECTION 3A: HEALTH OF ALL HOUSEHOLD MEMBERS**

	1	2	3	4	5	6	7	8	9	10	11			12
<b>ID</b>	Has [NAME] been sick or injured during the <b>last 2 weeks?</b>  1=Yes, sick/injured 2=No>>Q8 9=Don't know>>Q8	During the last 2 weeks, did [NAME] have to stop the usual activities because of this condition?  0=No  IF YES: PUT NUMBER OF DAYS (1 – 14)	During the last 2 weeks has [NAME] consulted a health practitioner, visited a health facility or consulted a traditional healer for this injury/illness?  1=YES (>>Q6) 2=NO	If no, what was the main reason not to?  1=Lack of money/ too expensive 2=Too far 3=Do not believe in medicine 4=Lack of health professionals 5=Poor quality/services 6=Did not require medical assistance/not severe enough 7=Other, specify  >>Q8	On the most recent visit whom did [NAME] consult?  01=Doctor 02=Dentist 03=Nurse 04=Medical assistant 05=Midwife 06=Pharmacist 07=Drug/chemical seller 08=Community Health Worker (APE) 09=Traditional Healer 10=Trained TBA 11=Untrained TBA 12=Spiritualist 13=Other (specify) 98=DK [Mark all that apply]	Where did the consultation take place?  1=Public facility 2=Private Facility 3=Pharmacy 4=APE house 5=Traditional Healer 6=Drug store 7=Drug seller 8= Other (Specify) 9=DK  [Mark all that apply]	How much in total was spent on [NAME]'s medication and consultation <b>in the last 2 weeks?</b>  [INCLUDE BOTH CASH AND IN KIND]  [GIVE AMOUNT IN MT]  [ENTER '00' IF NONE]	During the last 2 weeks did [NAME] buy any medicine or medical supplies?  [OTHER THAN ALREADY INCLUDED IN Q7!]  1=YES 2=NO (>>Q10)	How much in total was spent on [NAME]'s medicine or medical supplies <b>in the last 2 weeks?</b>  [GIVE AMOUNT IN MT]	Does [NAME] have any disability that limits his/her full participation in life activities: such as seeing, hearing, walking, remembering, self-care or communicating?  1=YES 2=NO (>>Q12)	What type of disability does [NAME] have?  1=Blind 2=Deaf/Mute 3=Mental Deficiency 4=Paralyzed 5=Stunted or amputated arm 6=Stunted or amputated leg 7=Other, specify  [Record up to 3 disabilities]			Did [NAME] sleep under a mosquito net last night?  1= Yes, untreated 2= Yes, treated 3= No 9= DK
											1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	

**SECTION 3B: FERTILITY & REPRODUCTIVE HEALTH OF WOMEN 10 – 49 YEARS OLD**

1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14	
<b>ASK ONLY FOR 10-18 YEARS</b>			<b>ASK FOR ALL BETWEEN 10-49 YEARS</b>												
<b>I</b>	Has [NAME] undergone initiation rights?	If so, at what age?	If not, when is this planned?  0=Will not happen; 1=This year (2019); 2=Next year (2020); 3=Year after (2021) 9=DK	Is [NAME] pregnant now?  1=YES 2=NO (>>Q10) 9=DK (>>Q10)	Did [NAME] see anyone for antenatal care during this pregnancy?  1=YES (>>Q7) 2=NO	What is the main reason (NAME) didn't go for antenatal care?  (>>Q10)  [SEE CODES BELOW]	Whom did (NAME) see?  [SEE CODES BELOW: MARK ALL THAT APPLY]	How many months pregnant was (NAME) when she first received antenatal care for this pregnancy?  [Months]  98= DK	How many times did (NAME) receive antenatal care during this pregnancy?  [number]  98= DK	Has [NAME] ever given birth?  1=YES 2=NO >> <b>NEXT WOMAN</b>	How many offspring [NAME] has given birth to are alive but do not live in this household?  [number]  If 0 >> <b>Q14</b>	How many of these offspring are children (under 18 years old)?  [number]  If 0 >> <b>Q14</b>	Where are these offspring now (mark for each)?  [SEE CODES BELOW]	What is the primary reason the offspring is not living with you (mark for each)?  [SEE CODES BELOW]	Has [NAME] ever given birth to a child who was born alive but later died?  [IF NO, PROBE: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?]  [Enter total number, 0 if none]
<b>Codes for Q6</b> Economic reasons ..... 01 No health care available ..... 02 Health care too far ..... 03 Not necessary ..... 04 Health personnel not friendly 05 Long waits at facilities ..... 06 Prefers community midwives 07 Other, specify ..... 08				<b>Codes for Q7</b> Doctor..... 01 Nurse ..... 02 Auxiliary midwife ..... 03 Traditional birth attendant.... 04 Community health worker.... 05 Midwife..... 06 Other, specify ..... 07			<b>Codes for Q12</b> Extended family ..... 01 Host Centre..... 02 Host Family ..... 03 Guardian ..... 04 Lives independently alone or with own family ..... 05 Lives independently on street or outside ..... 06 Other, specify ..... 07 DK.....09				<b>Codes for Q13</b> Economic reasons..... 01 Education reasons..... 02 Health reasons ..... 03 Conflict/violence ..... 04 They have own family ..... 05 Other, specify ..... 06				

**SECTION 4: HOUSING CONDITIONS**

*This section taken directly from the IOF 2015 with additions from MICS 6.*

	Question	Answers	Skip																								
1	What is the main source of drinking water used by members of this household?	Water piped inside the house..... 1 Water piped to the yard ..... 2 Water piped to neighbour’s house ..... 3 Fountain water..... 4 Water hole ..... 5 Well water with manual pump ..... 6 Protected well water without pump ..... 7 Water from protected spring..... 8 Water from unprotected spring..... 9 Water from the cistern (or mobile tank or truck)10 Unprotected water from hollow..... 11 River, lagoon, or lake water ..... 12 Rainwater ..... 13 Bottled water ..... 14 Other (specify)..... 15	>>Q3 >>Q3 >>Q4																								
2	How far is it from your home to the source where you draw water to drink and how long does it take to walk there to draw water and come back?	On the property..... 9 Meters <table border="1" data-bbox="1177 712 1359 766"> <tr><td></td><td></td><td></td><td></td></tr> </table> Minutes <table border="1" data-bbox="1222 766 1359 801"> <tr><td></td><td></td><td></td><td></td></tr> </table>																									
3	Treats water in any way to make it safe to drink?	1= Yes 2= No 9= Don’t know	If 2-9 >> Q5																								
4	What do you usually do to make the water safe to drink [Mark all that apply]	Boiling..... 1 Add Lizivia/Chlorine..... 2 Add “certeza” ..... 3 Filter with a cloth ..... 4 Use water filter (ceramic, sand, compost) ..... 5 Solar disinfection..... 6 Let it stand and settle..... 7 Other (specify)..... 8																									
5	We would like to learn about where members of this household wash their hands. Can you please show me where members of your household <u>most often</u> wash their hands? [Record result and observation]	<b>OBSERVED</b> Fixed facility observed (sink/tap) in dwelling.....1 Fixed facility observed (sink/tap) in yard/plot.....2 Mobile object observed (bucket/jug/kettle) ..... 3 <b>NOT OBSERVED</b> No handwashing place in dwelling/yard/plot ..... 4 No permission to see ..... 5 Other, specify ..... 6	If 4-6 >>Q7																								
6	[Enumerator: Observe presence of water at the place for handwashing, verify by checking the tap/pump, or basin, bucket water container or similar objects for presence of water]	Water is available ..... 1 Water is not available ..... 2																									
7	Is there soap or detergent, or ash/mud/sand present at the place for handwashing or in the house? [Mark all that apply]	Bar or liquid soap ..... 1 Detergent (powder/liquid/paste) ..... 2 Ash/Mud/Sand..... 3 None ..... 4																									
8	How much time, in minutes, does it take you to walk from your house to ... If the respondent answers options "1" or "2", enter "000" in the category. If the respondent answered option "14", enter "000" in category the category. If the respondent answered " On the property" enter "000" in the category	A. Drinking water source B. Market/food store C. Transportation stop D. Primary school E. Health unit F. Police station	<table border="1" data-bbox="1212 1715 1350 1966"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																								

9	Where do members of your family take care of their needs?  If the response is "Latrine", ask to see it.	Toilet connected to septic tank ..... 1 Improved latrine ..... 2 Improved traditional latrine ..... 3 Not improved latrine ..... 4 There is no latrine ..... 5										
10	What is the main source of energy or fuel that the family uses to cook?	Electricity ..... 1 Gas ..... 2 Oil/Paraffin/Kerosene ..... 3 Charcoal ..... 4 Mineral coal ..... 5 Firewood ..... 6 Animal faeces ..... 7 Other (specify) ..... 8										
11	What is the main source of energy or fuel that the household uses for lighting?	Electricity ..... 1 Generator ..... 2 Solar panel ..... 3 Gas ..... 4 Oil/Paraffin ..... 5 Kerosene ..... 6 Candle ..... 7 Batteries ..... 8 Batteries ..... 9 Firewood ..... 10 Other (specify) ..... 11										
12	Who owns the house where the household lives?	The family ..... 1 Rented ..... 2 Assigned ..... 3	>>Q14  >>Q15									
13	If it is rented, what is the monthly rent?	Value MT	>>Q16									
14	If it is your own, what is the monthly value that you would charge for rent ?	Value MT										
15	If it is assigned, what is the monthly amount that you would pay in rent?	Value MT	>>Q16									
16	How many rooms does this house have (including the living room)?											
17	Of these rooms, how many do you use for sleeping?											
18	What is the primary material used in the roof?	Concrete slab ..... 1 Roof tile ..... 2 Lusalite sheets ..... 3 Zinc sheets ..... 4 Grass/stem/palm trees ..... 5 Other (specify) ..... 6										
19	What is the primary material used for the walls?	Adobe/adobe blocks ..... 1 Cement blocks ..... 2 Brick blocks ..... 3 Old sticks ..... 4 Wood/zinc ..... 5 Bamboo/cane/palm trees ..... 6 Other (specify) ..... 7										
20	What is the primary material used in the construction of the floor?	Clay ..... 1 Wooden flooring (rudimentary) ..... 2 Adobe ..... 3 Wooden tiles/pieces (parquet) ..... 4 Wooden flooring (sealed) ..... 5 Brick, marble or stones ..... 6 Cement ..... 7 Other (specify) ..... 8										
21	In the last 12 months, have members of this household used a computer or the internet (regardless of where they used it) or mobile money (Mpesa)?  [enter IDs of members who use each service]	A. Computer B. Internet C. Mobile money	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>									

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**SECTION 5: FOOD SECURITY (FAO Global Food Insecurity Experience Scale, FIES)**

	<b>Question</b>	<b>Answers</b>	<b>Skip</b>
<b>1</b>	How many meals excluding snacks do you normally have in a day?	One ..... 1 Two..... 2 Three..... 3 More than three..... 4	
<b>2</b>	In the <b>past four weeks</b> , did you or others in your household worry about not having enough food to eat because of a lack of money or other resources?	Yes..... 1 No ..... 2	
<b>3</b>	In the past <b>four</b> weeks, were you or any household member not able to eat healthy and nutritious food because of lack of money or other resources?	Yes..... 1 No ..... 2	
<b>4</b>	In the past <b>four</b> weeks, did you or any household member have only a few kinds of foods because of a lack of money or other resources?	Yes..... 1 No ..... 2	
<b>5</b>	In the past <b>four</b> weeks, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	Yes..... 1 No ..... 2	
<b>6</b>	In the past <b>four</b> weeks, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	Yes..... 1 No ..... 2	
<b>7</b>	In the past <b>four</b> weeks, was there a time when your household ran out of food because of a lack of money or other resources?	Yes..... 1 No ..... 2	
<b>8</b>	In the past <b>four</b> weeks was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	Yes..... 1 No ..... 2	
<b>9</b>	In the past <b>four</b> weeks, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	Yes..... 1 No ..... 2	
<b>10</b>	In the past <b>four</b> weeks, was there a time when your family was not able to access preferred markets (with higher quality foods or to make bulk purchases) because of distance or travel funds?	Yes..... 1 No ..... 2	







**SECTION 7A: HOUSEHOLD PRODUCTIVE AND DURABLE ASSETS**

Item code	Item <i>Ask for each good</i>	1. Does your household own [ITEM]?  1= Yes 2= No >> next item	2. Amount?	3. In the last 12 months did the family buy this good?  1= Yes 2= No >> next item	4. How much did you spend on these purchases?  [MT]
01	Axe				
02	Sickle				
03	Machete				
04	Hoe				
05	Pestle				
06	Stove				
07	Harrow for farming				
08	Wagon				
09	Car				
10	Plow				
11	Sewing machine				
12	Mill				
13	Fishing net, fishing pole				
14	Boat, Canoe				
15	Tractor				
16	Motorcycle				
17	Bicycle				
18	Hunting weapon				
19	Solar panel				
20	Chairs				
21	Tables				
22	Beds				
23	Radio				
24	Refrigerator				
25	Television				
26	Gas stove				
27	Electric stove				
28	Land parcels				

**SECTION 7B: LIVESTOCK OWNERSHIP**

1	Has this household owned any livestock, farm animals or poultry in the <b>last 12 months</b> ?		1=YES 2=NO >> <b>Next section</b>			
		2	3a	3b	4a	4b
Live-stock code	Name	Number owned	Did you buy any ..[..].. during the last 12 months?		Did you sell any ..[..].. during the last 12 months?	
			# bought (if none, write 0 >> 4a)	Total purchase value of all bought [MT]	# sold (if none, write 0 >> next animal)	Total sales value of all sold [MT]
01	Draught animals e.g. donkey, horse, bullock					
02	Cattle, including calves					
03	Sheep					
04	Goats					
05	Pigs					
06	Rabbits					
07	Chicken					
08	Guinea fowl					
09	Duck					
10	Other poultry					
11	Fish					
12	Other animals					

**SECTION 7C: DEBTS, CREDITS AND TRANSFERS**

	Question		Answers				Skip
1	Does your household have any outstanding debts to other households or institutions obtained in last 12 months (including purchases on credit)?		Yes ..... 1 No..... 2				→ Q7
	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
	Loan ID	How old is the loan (in months)?	What is the main source of the loan?  <b>SEE CODES BELOW</b>	What is the primary purpose of the loan?  <b>SEE CODES BELOW</b>	What is the total amount borrowed?  <b>In MT</b>	What is the current outstanding amount?  <b>In MT</b>	
	01						
	02						
	03						
	<b>CODES FOR Q3</b>		<b>CODES FOR Q4</b>				
	Relative ..... 1 Friend/Neighbors ..... 2 Grocery/local merchant..... 3 Money lender ..... 4 Employer..... 5 Religious institution ..... 6 Microfinance institutions ..... 7 Bank (commercial)..... 8 NGO..... 9 Other (specify.....)10		<b>a) Family</b> For meeting day-to-day expenses ..... 01 For emergency (funeral, medical, etc) ..... 02 To pay off debts ..... 03 To pay off someone else's debts ..... 04 For social reasons such as wedding, travel or bride price ..... 05 For education of self, children, siblings or others ..... 06 For renting your family's apartment ..... 07 <b>b) Assets</b> For purchasing or building a house..... 08 Improving your house ..... 09 To acquire household assets or property other than car or motorcycle 10 For purchasing a car, motorcycle/bicycle ..... 11 For purchasing land ..... 12 <b>c) Agriculture and fishing</b> For purchasing of livestock e.g. fish, cattle etc ..... 13 For agricultural improvements e.g. Irrigation, a dam, fencing, preparing land ..... 14 For agricultural implements e.g. plough, hoe etc..... 15 For agricultural inputs e.g. seeds, fertilizer ..... 16 For fishing equipment e.g. net, outboard motor etc. .... 17 <b>d) Business</b> For expanding your business/buy business stock..... 18 For starting a business..... 19 For investing in someone else's business ..... 20 <b>e) Other (specify).....</b> 21				
7	Could your household obtain a loan or purchase on credit if you asked?		Yes ..... 1 No..... 2				
8	Has the household <b>sent</b> /given any money, goods or gifts (including food) to anyone outside the household in the last 12 months?		Yes ..... 1 No..... 2				→ Q10
9	What is the overall value of all the money, goods or gifts sent by the household to individuals outside the household in the past 12 months? <b>In MT</b>		AMOUNT: _____				
10	Has the household <b>received</b> any money, goods or gifts (including food) from individuals who were not member of the household in the past 12 months?		Yes ..... 1 No..... 2				→ NEXT SECTION
11	What is the overall value of all the money, goods or gifts received by the household by individuals who were not members of the household in the past 12 months? <b>In MT</b>		AMOUNT: _____				

## SECTION 7D: AGRICULTURAL OUTPUTS AND INPUTS

1. Did any member of this household <b>or anybody on their behalf grow any crops</b> or try to grow crops in the last completed agricultural season, that is, <b>between October 2017 and June 2018</b> ?						1=YES 2=NO>> <b>NEXT SECTION</b>
2	3	4	5	6	7	
Which crops did you plant?  [RECORD AN ANSWER FOR EACH TYPE OF CROP - STARTING WITH TOTAL LAND AREA DEVOTED TO EACH CROP. RECORD LARGEST THREE CROPS FIRST - BEFORE COLLECTING DATA ON EACH.]	What was the area planted under this crop?  [HECTARES]	How many kilograms of [CROP] did you harvest during this season?  [FOR ALL APPLICABLE CROPS, REPORT THE WEIGHT OF UNTHRESHED, RAW, OR UNSHELLED AS APPROPRIATE]	How many kilograms of the harvested [CROP] were sold in total?  [FOR ALL APPLICABLE CROPS, MAKE SURE THE AMOUNT SOLD IS UNTHRESHED, RAW OR UNSHELLED AS APPROPRIATE.]  <b>IF 0&gt;&gt;Q7</b>	What was the total value of [CROP] sales?  [ESTIMATE THE VALUE OF IN-KIND PAYMENTS]	How much of the harvested [CROP] during the agricultural season did your household consume?  [FOR ALL APPLICABLE CROPS, MAKE SURE THE AMOUNT SOLD IS UNTHRESHED, RAW OR UNSHELLED AS APPROPRIATE.]	
<b>Name</b>	<b>Crop Code</b>	<b>Area</b>	<b>KGS</b>	<b>KGS</b>	<b>MT</b>	<b>KGS</b>

	Question	Answers			
	<i>ENUMERATOR: We would like to ask you some questions about expenses related to inputs into crop agriculture during the last completed agricultural season (2017-18, last October through June). For permanent crops, if there is only one harvest, give the total expenditure of each item for the last harvest.</i>				
8	During the LAST (completed) AGRICULTURAL SEASON, has the household incurred any expenses related to inputs for crop agriculture, including for the hiring of labour?	A. 1=YES 2=NO> > Next item	B. What quantity did you buy?  Unit codes: 1=LITER 2=KG 3=DAYS 4=HECTARS	C. How much did you spend on [COST] during the <b>LAST (completed) AGRICULTURAL SEASON</b> ?  [SUM CASH AND ESTIMATED VALUE OF IN-KIND PAYMENTS] [MT]	
			QTY	Unit	
	A. Fertiliser				
	B. Pesticides (incl. fungicides and herbicides)				
	C. Seeds and young plants				
	D. Labour for crop production				
	E. Transport related to crop production and crop sale				
	F. Rent for oxen				
	G. Tractor or harvester				
	H. Other, (specify)				
<b>Crop codes</b>	10=Irish potato 11=Pigeon pea 12=Bananas 13=Coconut 14=Cotton 15=Sesame 16=Mango 17=Cashew 18=Sugarcane 19=Tobacco 20=Tea	21=Avocado 22=Cocoa 23=Sisal 24=Cloves 25=Coffee 26=Sunflower 27=Tomatoes 28=Onion 29=Other, specify			

**SECTION 7E: NON-FARM ENTERPRISES**

	Question	Answers	Skip
	Over the past 12 months has anyone in this household...	<i>NOTE: Include household business ventures that have been shut down permanently or temporarily during the past 12 months.</i>	
<b>1a</b>	...owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?	Yes ..... 1 No..... 2	
<b>1b</b>	...processed and sold any agricultural by-products, including flour, local beer, seed, etc., but excluding livestock by-products, fresh/processed fish?	Yes ..... 1 No..... 2	
<b>1c</b>	...owned a trading business on a street or in a market?	Yes ..... 1 No..... 2	
<b>1d</b>	...offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, construction timber, , traditional medicine, mats, bricks, furniture, weave baskets, thatch grass etc.?	Yes ..... 1 No..... 2	
<b>1e</b>	...driven a household-owned taxi or pick-up truck to provide transportation or moving services?	Yes ..... 1 No..... 2	
<b>1f</b>	...owned a bar or restaurant?	Yes ..... 1 No..... 2	
<b>1g</b>	...owned any other non-agricultural business, even if it is a small business run from home or on a street?	Yes ..... 1 No..... 2	
<b>1h</b>	...owned a fishing or fish farming business?	Yes ..... 1 No..... 2	
	ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS 1a THROUGH 1h?	1=Yes → CONTINUE BELOW 2=No → NEXT SECTION	

	2			3	4
BUSINESS ID	What non-farm enterprises did the household operate <b>in the last 12 months?</b>  [RECORD UP TO THREE IN ORDER OF IMPORTANCE]			Who in your household has the main responsibility for this enterprise?  [ENTER PID OF HOUSEHOLD MEMBER]	Since this time last year, how many months was the business in operation?  [WRITE NUMBER OF MONTHS]  [WRITE 01 IF LESS THAN ONE MONTH]
	Description of activities	Primary code	Secondary code		
01					
02					
03					

**Q2: Code for business activities**

Petty trade, small shop selling retail, clothing etc..... 01	Fishmonger..... 12
Grocer, bottle shop, take-away, restaurant, butchery ..... 02	Agricultural inputs, rentals... 13
Selling airtime, mobile money ..... 03	Seamstress ..... 14
Milling or food processing ..... 04	Other, specify ..... 15
Selling charcoal or firewood ..... 05	
Mechanic, electronic repair, bicycle repair ..... 06	
Traditional healer or health related ..... 07	
Taxi, transportation ..... 08	
Hairdresser, barber ..... 09	
Carpenter, brickmaker ..... 10	
Crafts, basket, mat weaver ..... 11	

**SECTION 8A: CONSUMPTION & FREQUENTLY PURCHASED ITEMS (WEEKLY)**

Order		Has the household consumed [product] in the last week? Yes ... 1 No ... 2 >> Next produce	Quantity [using the unity of measurement in (2b)]	Default unit of measurement	Value of the [product] that you purchased (MT)	Value of the [product] you produced yourself (MT)	Value of the [product] you received in kind (as gifts) (MT)
		1	2a	2b	3	4	5
<b>A</b>	<b>Bakery products, pastry, cereals, and other cereal products</b>						
101	Rice without shell			kg			
102	Rice in shell			kg			
103	Corn (Grain)			kg			
104	Sorghum in grain			kg			
105	Millet in grain			kg			
106	Cornflour			kg			
107	Wheat flour			kg			
108	Sorghum flour			kg			
109	Millet flour			kg			
110	Cassava flour			kg			
111	Cerelac			kg			
112	Nestum			kg			
113	Flakes			kg			
114	Bread			unit			
115	Cookies			kg			
116	Cakes, cakes and pasties of cream			unit			
117	Macaroni pasta			kg			
118	Spaghetti pasta			kg			
<b>B</b>	<b>Meat and meat derivatives (Fresh, refrigerated, or frozen) and animals purchased for consumption</b>						
201	Beef			kg			
202	Bovine offal (cow's hand, liver, heart, kidney, tongue, gut)			kg			
203	Pork			kg			
204	Young goat meat			kg			
205	Sheep meat			kg			
206	Dead chicken			kg			
207	Dead duck			kg			
208	Dead turkey			kg			
209	Poultry offal (legs, gizzards, liver, head, etc)			kg			
210	Game meat			kg			
211	Live chicken			unit			
<b>C</b>	<b>Fish, molluscs, crustaceans and derived foods</b>						
301	Fish, fresh, chilled or frozen			kg			
302	Mackerel, fresh or chilled			kg			
303	Shrimp, fresh, chilled, or frozen			kg			
304	Dried fish			kg			
305	Dried shrimp			kg			
306	Preserved canned fish (tuna, sardines, etc)			kg			
<b>D</b>	<b>Milk and its derivatives and eggs</b>						
401	Fresh milk			l			
402	Condensed milk			kg			
403	Powdered milk			kg			
404	Powdered milk for infants			kg			
405	Yogurt			l			
406	Cheese			kg			
407	Fresh chicken eggs			unit			
<b>E</b>	<b>Oils and fats</b>						

501	Butter and Margarine			kg			
502	Cooking oil			l			
<b>F</b>	<b>Fruits</b>						
601	Orange			kg			
602	Lemon			kg			
603	Tangerine			kg			
604	Bananas			kg			
605	Mango			kg			
606	Papaya			kg			
607	Pineapple			kg			
608	Apples			kg			
609	Peanut (peel and kernels)			kg			
610	Coconut (whole and grated)			unity/kg			
<b>G</b>	<b>Vegetables, including potatoes and other tubers</b>						
701	Lettuce			kg			
702	Pumpkin leaves			kg			
703	Cassava leaves			kg			
704	Sweet potato leaves			kg			
705	Nhemba bean leaves			kg			
706	Cacana			kg			
707	Cabbage			kg			
708	Cabbage			kg			
709	Tomato			kg			
710	Pepper			kg			
711	Okra			kg			
712	Pumpkin and zucchini			kg			
713	Garlic			kg			
714	Onion			kg			
715	Carrots			kg			
716	Butter beans			kg			
717	Nhemba beans			kg			
718	Juice beans			kg			
719	Boer beans			kg			
720	Peas			kg			
721	Fresh Reno potato			kg			
722	Sweet potato			kg			
723	Fresh cassava			kg			
724	Dried cassava			kg			
725	Tapioca			kg			
<b>H</b>	<b>Sugar, fruit candies, confectionery products, honey, chocolate and other sugar-based products (ND)</b>						
801	White sugar			kg			
802	Brown sugar			kg			
<b>I</b>	<b>Food products, NE (NE)</b>						
901	Fine or coarse salt			kg			
902	Broth			kg			
<b>J</b>	<b>DRINKS AND BEVERAGES</b>						
1001	Tea (tea leaves)			kg			
1101	Mineral water			l			
1102	Chilled sodas			l			
1103	Fruit juices			l			
1201	Liquor (Nipa, Cachasso, etc)			l			
1202	Moonshine, Boss, Knock Out, etc			l			
1301	White			l			
1302	Traditional alcoholic beverages (cabanga, Chilalassana, etc)			l			
1401	Beer with alcohol			l			
1501	Water consumption			m3			
<b>P</b>	<b>Electricity (ND)</b>						
1601	Electricity consumption			kwh			



<b>Q</b>	<b>Liquid fuels (ND)</b>						
<b>1701</b>	Petroleum			1			
<b>R</b>	<b>Solid fuels (ND)</b>						
<b>1801</b>	Firewood			Sack			
<b>1802</b>	Charcoal			Sack			
<b>Y</b>	<b>Non-electric appliances and other products for personal care (ND)</b>						
<b>1901</b>	Disposable diapers			unit			

## SECTION 8B: CONSUMPTION & FREQUENTLY PURCHASED ITEMS (MONTHLY)

ID		Has the household bough [product] in the last 30 days? Yes...1 No ... 2 >>Next product	Value of the [product] you purchased (MT)
<b>Clothing and footwear</b>			
301	Fabric for clothing		
302	Articles for men: Pants, shorts, shirts, t-shirts, coats, complete suits, men's briefs (new and used)		
303	Articles of clothing for women: Pants, shorts, shirts, coats, complete suits, skirts, dresses, underpants and bras (new and used)		
304	Articles for children (3 to 13 years): Pants, shorts, shirts and blouses, skirts, dresses, underwear and boxers, swimwear, t-shirts for children (new and used)		
305	Articles for babies (0 to 2 years ): Pants, shorts, shirts, t-shirts, dresses, knitted or crocheted boots, knitted or crocheted jackets, and diapers for babies (new and used)		
306	Work uniform		
307	Men's clothing accessories: hats, caps, belts, suspenders, ties and handkerchiefs (new and used)		
308	Women's clothing accessories: head scarves, neck scarves, hats, boots, belts, denim scarves, shawls ad the like (new and used)		
309	Men's footwear: Shoes, slippers, bedroom slippers, sandals, sneakers (tennis), boots (new and used)		
310	Women's' footwear: shoes, slippers, bedroom slippers, sandals, sneakers (tennis), boots (new and used)		
311	Footwear for children (3 to 13 years): children's shoes, slippers, sandals, and children's sneakers (new and used)		
312	Footwear for infants (0 to 2 years ): Shoes, slippers, sandals, sneakers (tennis) (new and used)		
313	Repair, cleaning, and rental of footwear : Repair of footwear and clothing		
<b>Housing, water, electricity, gas, and other fuels</b>			
401	Inks, cement, turners, pipes, valves, joints, curves, tiles, mosaics, and other materials for coating, windows, wood, articles of wood, metal and metal articles		
402	Plumber services, electrician, painter, carpenters, locksmiths, bricklayers and the like		
403	Consumption of gas in bottles		
<b>Furniture, decoration, household and room manufacturing equipment</b>			
501	Furniture, lighting and decoration: Furniture cabinets, wardrobes, chests of drawers, shelves, sofas, cots, mirrors, candlesticks and candles		
502	Bed and bedding articles: Sheets, pillowcases, blankets, duvets, bedspreads, blankets, cushions, pillows, mosquito nets and mattresses (except pneumatic tires)		

503	Clothing: Tablecloths, napkins, dishwashers, bathroom toilets, bath towels, bathrobes, and curtains		
504	Stoves, ovens, microwave, and similar items: Oil stoves, other stoves or other fuel, electric ovens, ndzilo cooker		
505	Small household electronics : Electric mixers, coffee makers and electric kettles, fruit blenders, electric grills, electric toasters, or electric coffee grinders		
506	Household articles for decorative use: spoons and forks		
507	Other articles for household decoration: Tableware and kitchenware, of plastic and other materials (pots, pans, and the like)		
508	Cleaning and household maintenance products: Waxes, liquid detergents (liquid soap, glass cleaners etc), detergents in powder, soap, disinfectants, insecticides and environmental deodorants, bleach		
509	Other non-durable household goods: Napkins, rolls, paper crockery, aluminium foil and wadding, household brushes and brooms, floor and dust mopping cloths, mop and steel wool, matches, nails, screws and the like, lighting candles – other than decorative		
510	Domestic employee services		
<b>Health</b>			
601	Medication, antibiotics (clotrimazol, cloraquine, other tablets, aspirine, paracetamol, etc)		
602	Clinical care, and other medical services not mentioned in the health section (radiography, surgery, etc)		
<b>Transportation</b>			
701	Batteries, parts, tires, lubricants, vehicle hire, oil etc		
<b>Communication</b>			
801	Monthly fixed-line telephone, internet or data transmission services		
802	Mobile network communications (post paid = per contract)		
<b>Leisure, recreation and culture</b>			
901	Games, bicycles, and toys		
902	Sport services, recreation, musicals, cinemas, concerts, and other services		
903	Rental equipment and accessories for sports and recreation		
904	Entrance to swimming pools, football stadiums, pavilions, fairs, and amusement parks		
905	Lottery, totoloto, totobola etc (ticket purchase, matrix, etc)		
<b>10 Restaurants, hotels, cafes, and similar</b>			
1001	Nights in hotels, residences, pensions and the like		
<b>11 Diverse goods and services</b>			
1101	Hair salons and other care establishments: hair cutting, hair products, painting, disguising, washing, winding, braiding and other hairdressing services for women, skin care, make-up, manicure, pedicure, hair removal and other similar services		
1102	Perfumes, colognes and deodorants: lipsticks and varnishes, shampoo, creams, oils, hair and body gels and foams for perfumes, colognes and deodorants, shaving creams, sunscreen and suntan lotions or toothpaste		
1103	Other personal care products: soap, napkins, paper towels, tissue paper, toilet spongers, sanitary towels and tampons, sanitary napkins		
1104	Articles of jewellery and similar clothing articles: Jewellery and timepieces or watchmaking		
1105	Bags for personal use and repair: Wallets, purses, and their repair, bags, briefcases, travel bags and their repair		
1106	Personal use items for smokers and their repairs: Mouthpieces, pipes, cigarette cases, tobacco pouches, lighters, ashtrays		
1107	Daycare and nanny services: private and public kindergartens and day care centres (includes preschool)		
1108	Other services, NE: documents (identity cards, certificates, passports and the like), press advertisements (newspapers and radio)		
1109	Other services, NE: funeral services, coffins, courts, (property registers, notary, attorney fees and similar fees), photocopies		
1110	Other services, NE: Justice services (property registration, notary, attorney fees and similar) photocopies		

**SECTION 9A: SHOCKS AND COPING MECHANISMS**

SHOCK ID		1	2	2A
		During the last 12 months, was your household affected negatively by any of the following [SHOCK]? Yes=1 No=2 (>>NEXT SHOCK)	What did your household do in response to [SHOCK] to try to regain your former welfare level?	
			NOTE THE TWO MOST IMPORTANT COPING STRATEGIES FOR THE SHOCK. IF SHOCK HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. IF ONLY ONE STRATEGY, MARK '00' FOR SECOND.  Use coping strategy codes	
		<b>Most important coping strategy</b>	<b>Second most important coping strategy</b>	
101	Drought/irregular rains			
102	Floods/Landslides			
103	Winds/Cyclones			
104	Unusually high level of crop/livestock pests or disease			
105	Crop/harvest destroyed (ex. Fire)			
106	Livestock died			
107	Unusually low prices for agricultural output			
108	Unusually high costs of food or agricultural inputs			
109	End of regular assistance/aid remittances from outside household			
110	Serious illness or accident of household member(s)			
111	Birth in the household			
112	Death of household income earner			
113	Break-up of household (divorce/separation/death/migration)			
114	Payment of labolo (brideprice)			
115	Theft of money/valuables/assets/agricultural output			
116	High education costs			
117	House destroyed (for example, burning, flood, winds)			
118	Conflict in the community			
<b>COPING STRATEGY ID:</b>				
Relied on own savings .....			Obtained credit/took loan..... 11	
Received unconditional help from relatives/friends..... 1			Sold agricultural or durable assets, land/building, crop stock, livestock or others .... 12	
Received unconditional help from government .....			Intensified (more days, longer hours) fishing/farming .....	
Received unconditional help from NGO/religious institution .....			Sent children to live elsewhere .....	
Changed eating patterns (relied on less expensive or less preferred food options, reduced the proportion or number of meals per day, or household members skipped days of eating, increased consumption of wild foods, members eating away from home, etc.)..... 5			Engaged in spiritual efforts – prayer, sacrifices, diviner consultation .....	
Reduced adult consumption for children to eat..... 6			PSSB payment or other benefit from other social protection program .....	
Household members took on more employment..... 7			Planted trees or built conservation structures .....	
Adult household members who were previously not working had to find work .....			Children sent to paid work .....	
Household members migrated .....			Children worked more at home or family farm/enterprise (unpaid) .....	
Reduced expenditures on health and/or education .....			Girl child married off (received labola) .....	
			Other (specify) .....	
			None .....	
			..... 99	

**SECTION 9B: EXPERIENCE WITH OTHER PROGRAMS**

		1	2	3
	Name of Program or Service	<p><b>In the last 12 months</b>, has any member of your household received money or goods, including food, clothing, livestock or medicines, or benefited from any of the following types of programs?</p> <p>1=YES 2=NO&gt;&gt; <b>NEXT PROGRAM/ Q4</b></p>	<p>Who was providing this support or offering this service?</p> <p>1 = Government program 2 = NGO or church program 9 = DK</p>	<p>What is the total value of assistance received from this program in the last 12 months?</p> <p><b>[CONVERT IN-KIND ASSISTANCE TO MT]</b></p> <p><b>&gt;&gt;NEXT PROGRAM</b></p>
01	Cash transfer program			
02	Food assistance program (in-kind)			
03	Public works programs			
04	Farmer or agricultural support program (including livestock or input subsidy)			
05	Other programs/services for income generation including entrepreneurship or micro-credit, small business training			
06	Community health campaign or health program			
07	Water or sanitation program			
08	Social Welfare or psychosocial support program			
09	Education or school support program, including literacy programs			
10	Youth services or activities			
11	Any other program, specify			
4	<p><b>In the last 12 months</b> , has any member of your household received money or goods, including food, clothing, livestock or medicines from individual people (friends, family, others) who are not part of your household?</p>		<p>1=YES 2-NO &gt;&gt; <b>NEXT SECTION</b></p>	
5	<p>What is the total value of assistance received from all these non-household members <b>in the last 12 months</b> ?</p>		<p><b>[CONVERT IN-KIND ASSISTANCE TO MT]</b></p>	

**SECTION 10A: MATERNAL AND NEWBORN HEALTH**

*These questions need to be asked to the mother or main caregiver for the index child (0-24 months)*

	1	2	3	4	5	6	7	8	9 [vulnerability prioritization]			
ID of child	Does [NAME] have a child health card?  1=YES (seen) 2=YES (not seen) 3=NO 9=DK	Did you see anyone for antenatal care during your pregnancy with [NAME]?  1=YES (>>Q4) 2=NO 9=DK (>>Q7)	What was the main reason you did not go for antenatal care for [NAME]?  (>>Q7)  [SEE CODES BELOW]	Whom did you see?  [SEE CODES BELOW, CHECK ALL THAT APPLY]	How many months pregnant were you when you first received antenatal care for pregnancy with [NAME]?  [MONTHS]  98= DON'T KNOW	How many times did you receive antenatal care during the pregnancy with [NAME]?  [NUMBER]  98= DON'T KNOW	Who assisted with the delivery of [NAME]?  [IF RESPONDENT SAYS NO ONE, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.]  [SEE CODES BELOW, RECORD ALL PERSONS MENTIONED]	Where did you give birth to [NAME]?  [SEE CODES BELOW]	a. Did you ever think at some time during your last pregnancy that you did not want to be pregnant?  1=YES 2=NO 9=DK	b. Did you ever think at some time during your last pregnancy that you wanted to interrupt or end it?  1=YES 2=NO 9=DK	c. Did you feel that you could count on your partner/ husband or your family for all the help you needed during your last pregnancy?  1=YES 2=NO 9=DK	d. During your pregnancy at any time, did you consume any substances including smoking cigarettes or herbs, or drinking alcohol?  1=YES 2=NO 9=DK
<b>Codes for Q3</b> Economic reasons .....01 No health care available.....02 Health care too far.....03 Not necessary.....04 Health personnel not friendly05 Long waits at facilities .....06 Prefers community matronas 07 Other, specify .....08				<b>Codes for Q4 &amp; Q7</b> Doctor ..... 01 Nurse ..... 02 Auxiliary midwife..... 03 Traditional birth attendant.... 04 Community health worker.... 05 Midwife..... 06 Relative or friend ..... 07 No one..... 08 Other, specify ..... 09			<b>Codes for Q8</b> Home ..... 01 Someone else's home ..... 02 Government hospital ..... 03 Health facility ..... 04 Private hospital ..... 05 Private clinic ..... 06 Outside ..... 07 Other, specify ..... 08 DK ..... 98					



**SECTION 10A: MATERNAL AND NEWBORN HEALTH (CONTINUED)**

<b>25</b>														<b>26</b>			
Has [Name] been breastfeed yesterday during the day or the night?  <i>[Indicate as "Yes" any child who is breastfed by a woman other than the mother, or who are given breastmilk by another woman from a spoon, a cup, a bottle ...]</i>														How many times yesterday during the day or night [Child's name] consumed ...  [Times]			
1=Yes 2= No 9= Don't know														a.	b.	c.	d.
														...Infant formula	...canned milk powder or fresh milk?	...yogurt?	...cookies?
<b>27</b>														<b>28</b>			
Please, can you say all that [Name] ate yesterday, during the day or at night, whether at home or away from home? <i>[Each time the respondent remembers and says the food consumed by the child, write the corresponding number in the corresponding food groups (lines below)]</i> 1=Yes 2= No 9= Don't know														How many times has [Name] been fed solid, semi-liquid or soft food yesterday?  [Times]			
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.			
Potatoes, cornmeal porridge, bread, rice, spaghetti, biscuits, or other food made from cereals?	Pumpkin, carrot, or sweet potato, yellow or orange?	White potatoes, white yams, cassava, or any other tubers or potatoes?	Any leafy greens (beans, cassava, leaves, kale, sweet potato leaves, Nhewe?	Ripe mango, ripe papaya, guava with red pulp or other food rich in vitamin A?	Any other fruit or vegetable (banana, apple, tomato, lemon, orange, tangerine, grapes, cabbage)?	Liver, kidney, heart, or other organs?	Any other meat such as beef, pork, sheep, goat, or duck, or other game meat?	Eggs?	Fresh or dried fish or seafood?	Any food made with beans, peas, lentils, almonds, or seeds?	Cheese, yogurt, or other products made from milk?	Foods made with oil, peanuts, sesame or butter/margarine?	ATPU, CSB?	Powdered micronutrients			

Now lets see if we've forgotten any food. Did you eat any of these foods during the day yesterday? 1= Yes; 2= No																		
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.	q.	r.	s.
Rice, corn, sorghum, millet, bread, pasta, potatoes, yams, green banana?	Potato, sweet potato, cassava?	Beans, peas, lentils, soybeans?	Peanuts, almonds, sesame seeds, pumpkin seeds, cashew nuts?	Milk, cheese, yogurt or other dairy products, sour cream?	Liver, kidneys, gizzards, heart?	Beef, pork, goat, rabbit, chicken, duck, bird, mouse, rat, wild game meat?	Fresh or dried fish, shellfish or seafood (lobster, squid, octopus, oysters, crab)	Eggs of poultry or any other bird like duck or quail?	Tsec (amaranth), watercress, sweet potato leaves, pumpkin leaf, cassava or bean leaves, okra, spinach?	Pumpkin, carrot, red chili, orange squash, sweet potato?	Mango, papaya, passion fruit, peach?	Cabbage, tomatoes, lettuce, eggplant, cucumber, green peppers, beets?	Orange, apple, pear, grape, pineapple, wile berries, tangerine, watermelon?	Have you used oil, fat, or butter to cook?	Sugary foods such as chocolates, sweets, cookies and biscuits, cakes, sweets or ice cream?	Did you take tea leaves (black) or coffee without sugar just before or after food?	Have you used ingredients even if in small amounts to give flavour such as peppers, spices, herbs, fish powder, tomato paste, flavour bouillon, or seeds?	Did you drink sugary juices, fruit juices, soft drinks, chocolate drinks, yogurt, or sugared tea or coffee?

## SECTION 10B: IMMUNIZATIONS & MEDICATION

These questions need to be asked to the mother or main caregiver for the index child (0-24 months).

	1	2										3	4	5			
ID of child	Do you have a card where (name)'s vaccinations are written down?  (IF YES) may I see it please?  1=Yes, seen 2=Yes, not seen 3=No	Check health card for vaccination history. If health card not available inquire from respondent. For PEN, OPV and Pneumococcal and Rotavirus vaccinations record number of times vaccination received. 1=YES; 2=NO; 9 = DK										Has (NAME) received a Vitamin A dose within the last 6 months?  1=YES 2=NO 9=DK	Has [NAME] received deworming medication in the last 6 months?  1=YES 2=NO 9=DK	Has [NAME] had diarrhea in the last 2 weeks?  1=YES 2=NO 9=DK			
		<b>BCG</b> Vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar	<b>POLIO</b> Vaccination drops in the mouth to protect him/her from getting polio				<b>PENTA</b> An injection in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough, or diphtheria			<b>PNEUMOCOCCAL</b> An injection usually given on the right upper thigh to prevent pneumonia?			<b>ROTA-VIRUS</b> Liquid in the mouth to prevent diarrhea?		<b>MEASLES</b> A shot in the arm at the age of 9 months or older to prevent him/her from getting measles		
			OPV0	OPV1	OPV2	OPV3	PEN1	PEN2	PEN3	1	2	3	1	2			



**SECTION 10C: CHILD DEVELOPMENT**

*These questions need to be asked to the mother or main caregiver for the index child (0-24 months); Taken from PATH tool (MICS components)*

1							2	3	4	5		
ID of child	In the <b>past 3 days</b> , did you or any household member over 15 years of age engage in any of the following activities with [NAME]?  <b>[RECORD ALL MENTIONED]</b>  A=MOTHER (female primary caregiver) B=FATHER (male primary caregiver) X=OTHER Y=NO ONE Z=DON'T KNOW						When during the day do you normally play with [NAME] [ENUMERATOR, read these out one at a time and ask for a response]:  Do you play with [NAME]. . . ?  A = When bathing the child? B = When feeding the child? C = When changing the child? D = When doing chores? E = During work in the field? F = During free time?  [Mark all that apply]	At what age can a child see?  [Months]	At what age can a child hear?  [Months]	On how many days in the past week was [NAME]:  A. Left alone for more than one hour? B. Left in the care of another child, that is, someone less than 10 years old for more than one hour?		
	a. Read books to or looked at pictures with [NAME]?	b. Told stories to [NAME]?	c. Sang songs to [NAME] or with NAME including lullabies?	d. Took [NAME] for a walk outside the home, compound, yard or enclosure?	e. Played with [NAME]? (ex. Peek-a-boo, clapping, hide and go-seek?)	f. Named, counted or drew things with [NAME]? (ex. "It's a dog")	A B C D E F					
	A B X Y Z	A B X Y Z	A B X Y Z	A B X Y Z	A B X Y Z	A B X Y Z						
6		7		8								
ID of child	How often do you have trouble soothing or calming [NAME] when he/she is crying or upset?  1=Almost never 2=Less than 1/2 the time 3=1/2 the time 4=More than 1/2 the time 5=Almost always		During the average day, how often does your infant get fussy and irritable?  1=Almost never 2=Once or twice a day 3=Couple times in the morning and afternoon/evening 4=Several times a day 5=Almost every hour		In general, compared to most babies, how often does your infant cry and fuss?  1=Almost never 2=Less than average 3=About average 4=More than average 5=Almost always							

## SECTION 10D: CHILD STATUS INDEX

Respondent for this section should be the primary caregiver (woman) of the selected child index child aged 0-24 months

Question: Child Status Index		Answers	Domain
1	Has [NAME] completed the vaccination schedule?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Health]
2	Does [NAME] always drink treated water?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Health]
3	The last three times that [NAME] fell sick, did you take [NAME] to a health facility?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Health]
4	Does [NAME] have access to a clean latrine or bathroom and access to water to wash his/her hands?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Health]
5	Does [NAME] eat at least two meals a day?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Food and Nutrition]
6	Did [NAME] eat a variety of foods in the last 2 days?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Food and Nutrition]
7	Is [NAME] treated equal to the other children in the family?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Protection and Legal Support]
8	Has [NAME] been or is [NAME] a victim of violence (psychological/ physical / negligence)?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Protection and Legal Support]
9	Does [NAME] play with other children?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Psycho-Social Support]
10	Can you give an example of a game you play with [NAME]?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	Only for 0-5 [Psycho-Social Support]
11	[ENUMERATOR, observe]: Is the house adequate, safe, dry and ventilated, with strong walls and ceiling?	Yes.....1 More or less.....2 No.....3 Not applicable..... 9	[Housing]

**SECTION 11: CHILD DISCIPLINE**

The respondent for this section should be the primary caregiver (woman) of the selected child index child aged 0-24 months; Ask for each child 1 year – 14 years (inclusive) [MICS module]

2										
Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <b>(name)</b> in the <u>past four weeks</u> .										
1=YES 2=NO										
ID of child	A. Took away privileges, forbade something [NAME] liked or did not allow (him/her) to leave the house	B. Explained why [NAME]'s behaviour was wrong	C. Shook (him/her)	D. Shouted, yelled at or screamed at (him/her)	E. Gave (him/her) something else to do	F. Spanked, hit or slapped (him/her) on the bottom with bare hand	G. Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object	H. Called (him/her) dumb, lazy or another name like that	I. Hit or slapped (him/her) on the face, head or ears	J. Hit or slapped (him/her) on the hand, arm, or leg

After completing the questions for each child separately, ask the question below (only **once** per household!):

3	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	Yes .....	1
		No .....	2
		Don't know / No opinion .....	8

**SECTION 12: WOMEN’S EMPOWERMENT, EMOTIONAL WELLBEING, PREFERENCES, AND SOCIAL CAPITAL**

*Respondent for this section should be the primary caregiver (woman) of the eligible child 0-24 months in the household.*

	Question	Answers	Skip
1	Some people try to save some money to buy something special in the future, or for security in case of an emergency. Are you personally currently saving (in cash)?	Yes ..... 1 No.....2	→ Q4
2a	How much have you saved in cash in the last 30 days?	MT: _____	
2b	How much have you saved currently total in cash?	MT: _____	
3	What are up to 3 most important things for which you are saving money?  <b>[LIST UP TO 3 RESPONSES DO NOT READ, ALLOW RESPONDENT TO STATE]</b>	To purchase bulk or other food items..... A To purchase household consumables (lighting, fuel, washing powder) ..... B School fees/schooling expenses ..... C To buy new clothing/shoes..... D Medical expenses/health care ..... E To repay debts ..... F To purchases household durable assets (furniture, pots/pans, radio etc.) ..... G To purchase livestock..... H To purchase agricultural inputs or tools ..... I To purchases assets to start a new small business/income generating activity ..... J To make home improvements (new roof, latrine) .... K To purchase new land or house ..... L To spend on services (hair, beauty, sporting, buy into associations, religious functions etc.)..... M Ceremonies..... N Emergency funds ..... O Other, specify ..... X	
4	Now I would like to ask you about a hypothetical situation. Please think about what you would do if this situation were to occur. Suppose someone you trust gives you some money. You can choose to receive MT 1000 now or an amount at a later date. What would you choose? This is not a real situation and there is no real money.  <b>CIRCLE ‘1’ (FIRST OPTION) OR ‘2’ (SECOND OPTION)</b>	A. MT 1000 now or MT 1000 in one month.... 1 2 B. MT 1000 now or MT 3000 in one month .... 1 2 C. MT 1000 now or MT 750 in one month ..... 1 2 D. MT 1000 now or MT 2000 in one month.... 1 2 E. MT 1000 now or MT 1500 in one month .... 1 2 F. MT 1000 now or MT 2500 in one month .... 1 2	
5	[modified <b>Medical Outcomes Study Social Support Survey</b> ]  People sometimes look for companionship, assistance or other types of support. If you needed it, how often is someone available...	<b>Answer categories:</b> None of the time.....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5	
a	to help you if you were to sick to get out of bed?	1 2 3 4 5	
b	to take you to the doctor if you need it?	1 2 3 4 5	
c	to prepare your meals if you are unable to do it yourself?	1 2 3 4 5	
d	to help with daily chores if you were sick?	1 2 3 4 5	
e	to have a good time with?	1 2 3 4 5	
f	to turn to for suggestions about how to deal with a personal problem?	1 2 3 4 5	
g	who understands your problems?	1 2 3 4 5	
h	to love and make you feel wanted?	1 2 3 4 5	

	Question	Answers	Skip
6	[Cohen stress scale] [Reference period is last 4 weeks]  The following questions ask about your thoughts and feelings during the last month. Please indicate how often you felt or thought a certain way.	<b>Answer categories:</b> Never ..... 1 Almost Never (1 day per week) ..... 2 Sometimes (2-3 days per week) ..... 3 Fairly Often (4-5 days per week) ..... 4 Very Often/Always (6-7 days per week) ..... 5	
a	In the last 4 weeks, how often have you been upset because of something that happened unexpectedly?	1 2 3 4 5	
b	In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?	1 2 3 4 5	
c	In the last 4 weeks, how often have you felt nervous and/or "stressed"?	1 2 3 4 5	
d	In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	1 2 3 4 5	
e	In the last 4 weeks, how often have you felt that things were going your way?	1 2 3 4 5	
f	In the last 4 weeks, how often have you found that you could not cope with all the things that you had to do?	1 2 3 4 5	
g	In the last 4 weeks, how often have you been able to control irritations in your life?	1 2 3 4 5	
h	In the last 4 weeks, how often have you felt that you were on top of things?	1 2 3 4 5	
i	In the last 4 weeks, how often have you been angered because of things that were outside of your control?	1 2 3 4 5	
j	In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?	1 2 3 4 5	
7	[Locus of control]  In the last 12 months, how often did you feel that ...	<b>Answer categories:</b> None of the time ..... 1 A little of the time ..... 2 Some of the time ..... 3 Most of the time ..... 4 All of the time ..... 5	
a	Your life is determined by your own actions	1 2 3 4 5	
b	You have the power to make important decisions that change the course of your own life	1 2 3 4 5	
c	You have the power to make important decisions that change the wellbeing of your children	1 2 3 4 5	
d	You have the power to make important decisions that change the wellbeing of your household	1 2 3 4 5	
e	You are capable of protecting your own interests within your household	1 2 3 4 5	
f	You are capable of protecting your own interests outside of your household (e.g. in the community, in groups in which you participate)	1 2 3 4 5	
g	You are satisfied with your life	1 2 3 4 5	
	Question	Answers	Skip
8	<b>WOMEN EMPOWERMENT (vignettes)</b>		
a	Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Imagine a ladder where on the bottom step, the first step, are people who feel they have no free choice and no control over their lives, and on the highest step, the tenth step, are people who feel they have completely free choice and total control over their lives. On which step of the ladder do you feel you personally stand today? [Show ladder]	1 2 3 4 5 6 7 8 9 10	
b	To what extent do you feel able to make decisions in your household, for example, decisions about what to spend money on, decisions about your child's education or health or decisions on if you should work or not? Imagine a ladder where on the bottom step, the first step, are people who feel they have no decision making power, and on the highest	1 2 3 4 5 6 7 8 9 10	

	step, the tenth step, are people who feel they are able to make all decisions they wish. On which step of the ladder do you feel you personally stand today? [ <i>Show ladder</i> ]								
c	Now I want you to think about happiness. Imagine a ladder with steps numbered from one at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder do you feel you personally stand today? [ <i>Show ladder</i> ]	1 2 3 4 5 6 7 8 9 10							
d	Now I want you to think about the economic situation of your household. Imagine a ladder with steps numbered from one at the bottom to ten at the top. Suppose we say that the top of the ladder represents those that are the best off (richest) in your community and the bottom of the ladder represents those who are the worst off (poorest) in your community. On which step of the ladder do you feel your household is today? [ <i>Show ladder</i> ]	1 2 3 4 5 6 7 8 9 10							
9	<b>Vulnerability Prioritization:</b> In the last 4 weeks, have you felt sad, depressed or pessimistic nearly every day?	Yes.....1 No.....2							
10	<b>Vulnerability Prioritization:</b> In the last 4 weeks, have you ever gotten so angry that you lost control or could not think straight?	Yes.....1 No.....2							
11	<b>Mental Health (CES-D 10 short form)</b> Next, I would like to ask you how often you have certain feelings. Tell me how many days in the last 7 days you have felt this way? In the last seven days:								
A	Did you sleep well?	1 = Rarely (<1 day) 2 = Some or a little of the time (1-2 days) 3 = Occasionally or a moderate amount of time (3-4 days) 4 = Most or all of the time (5-7 days)							
B	Were you happy?								
C	Did you have trouble concentrating?								
D	Did you feel hopeful about the future?								
E	Did you feel that everything you did was an effort?								
F	Did you feel lonely?								
G	Did you feel depressed?								
H	Did you feel like you could not 'get going'?								
I	Were you bothered by things that don't usually bother you?								
J	Did you feel fearful?								
<b>GROUP MEMBERSHIP [from the WEAI social capital module]</b>									
Now I would like to ask you about groups in the community. These can be either formal or informal and customary groups.									
	a	b	c	d	e	f	g	h	i
	Agricultural/livestock / fishery producer's group (including marketing)	Credit or microfinance group (including SACCOs/VSLA, Xitique)	Mutual help or insurance group (including burial societies)	Trade or business groups	Civic groups (improving community) or charitable group (helping others)	Religious group (including church prayer groups)	Other women's or men's (boys/girls) group (only not already counted)	Local government group	Other (specify)
12	Is there a [GROUP] in your community (where you live)?								
13	Are you/any household member an active member of this group? 1=Yes, respondent 2= Yes, other household member 3: Yes,								

respondent and other household member 4=No									
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### SECTION 13: NUTRITION & FEEDING KNOWLEDGE

Respondent for this section should be primary caregiver of the index child (0-24 months). DO NOT PROMPT OR PROVIDE ANSWERS, ALLOW RESPONDENT TO ANSWER AND THEN MARK ALL THAT APPLY

	Question	Answers	Skip
1	How long after birth should a baby be first put to the breast?	Immediately/ within one hour..... 1 Within one day..... 2 After one day ..... 3 After more than one day ..... 4 Baby should not be breastfed..... 5 Don't know ..... 9	
2	Until what age should a baby be exclusively breastfed (only breastmilk, not even water?)	Age in months:..... _ _  Don't know ..... 99	
3	Why should a baby under 6 months be exclusively breastfed?  <b>[DO NOT READ RESPONSES; RECORD ALL MENTIONED]</b>	Protects baby from illness/disease ..... A Breast milk contains everything a baby needs for the first 6 months .....B Helps baby grow better .....C Mother less likely to get pregnant..... D Delays return of mother's monthly bleeding .....E Breastmilk is clean, safe and convenient ..... F Breastmilk is free/affordable..... G Reduces health care cost ..... H Other ..... X Don't know ..... Z	
4	At what age should a baby first start to receive liquids (including water) other than breast milk?	Age in months:..... _ _  Don't know ..... 99	
5	At what age should a baby first start to receive foods (such as porridge) in addition to breast milk?	Age in months:..... _ _  Don't know ..... 99	
6	What can happen to children if they do not get enough iron (either in their diet or via iron supplements)?  <b>[DO NOT READ RESPONSES; RECORD ALL MENTIONED]</b>	Impaired learning..... A Impaired development .....B Slow growth/lower height.....C Low immunity ..... D Feel tired .....E Become anaemic ..... F Other ..... X Don't know ..... Z	
7	Can you tell me some foods that are a good source of iron?  <b>[DO NOT READ RESPONSES; RECORD ALL MENTIONED]</b>	Meat (beef, goat, etc.), chicken, fish..... A Green leafy vegetables.....B Eggs .....C Breast milk..... D Beans/peas .....E Commercially fortified foods..... F Other ..... X Don't know ..... Z	
8	What seasoning is often fortified with iodine (a nutrient important for brain development)?	Salt ..... 1 Other ..... 2 Don't know ..... 9	
9	How many times a day should a 12-24 month old infant that is still breastfeeding eat? (meals and snacks)	Number ..... _ _  Don't know ..... 99	

10	What should you do when your child older than 6 months old has diarrhea?  <b>[DO NOT READ RESPONSES; RECORD ALL MENTIONED]</b>	Give ORS..... A Give less food than usual.....B Give same quantity of food as usual .....C Give more food than usual..... D Give less liquids than usual .....E Give the same amount of liquid as usual .....F Give more liquid than usual..... G Keep breastfeeding ..... H Increase breastfeeding..... I Give syrup .....J Give traditional medication ..... K Give treated water .....L Other .....X Don't know .....Z	
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**SECTION 14: INTRA-HH CONFLICT MODULE**

*Respondent for this section should be the primary caregiver (woman) of the eligible child 0-24 months in the household.*

	Question	Answers	Skip
1	<b>CHECK HOUSEHOLD ROSTER:</b> <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A MAN → CONTINUE <input type="checkbox"/> FORMERLY MARRIED OR LIVED WITH A MAN (last 12 months) → CONTINUE (read questions in past tense) <input type="checkbox"/> NEVER MARRIED OR LIVED WITH A MAN → NEXT SECTION		
2	<b>CHECK FOR PRESENCE OF OTHERS:</b> <b>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED – If privacy interrupted during the interview, skip → Q14</b> <input type="checkbox"/> Privacy obtained → Continue <input type="checkbox"/> Privacy not possible → Q14		
3a	At what age did you get married or first began living with your partner/spouse?	Age in years	
3b	At what age did you first become pregnant (the first time, even if it did not result in a live birth)?	Age in years	
4a	In the last 12 months, have you been afraid of your husband/partner?	Often.....1 Sometimes.....2 Never.....3	
4b	In the last 12 months, how often does (did) your (last) husband/partner drank alcohol?	EVERY DAY OR NEARLY EVERY DAY .....1 ONCE OR TWICE A WEEK .....2 1-3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	If 5 → Q5
4c	In the last 12 months, how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS .....1 WEEKLY .....2 ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	
5	Sometimes husbands get annoyed with their wives. In your opinion, is it justified for the husband to beat his wife in the following situations?	a. If she leaves without saying goodbye? b. If she treats the children poorly? c. If she argues with him? d. If she refuses to have sex with him? e. If she burns food?	Yes..... 1 No .....2 DK/Refuse .....8
6	<b>CHECK AGE:</b> <input type="checkbox"/> <18 YEARS → Q14 <input type="checkbox"/> ≥18 YEARS → CONTINUE		



**READ TO THE RESPONDENT [IMASIDA 2015 (Mozambique) DHS] :** Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Mozambique. Let me assure you that your answers are completely confidential and will not be shared with anyone, no one else will know that you were asked these questions, and no one else in this household is being asked these questions.

7.	The next questions are about things that happen to many women, and that your (last) husband/partner may have done to you. Has your (last) husband/partner ever....	A. Ever?	B. How often did this happen during the last 12 months: often, only sometimes, rarely, or not at all?					
			Often	Some-times	Rarely	Not at all		
			a. Gotten angry if you speak (spoke) with another man?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			b. Become suspicious that you are (were) unfaithful?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			c. Tried to keep you from seeing your friends?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			d. Tried to restrict contact with your family of birth?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			e. Insisted on knowing where you are (were) at all times?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			f. Does not trust you to spend money?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			g. Belittled or humiliated you in front of other people?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			h. Threatened to hurt you or someone you care about?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
8	Does (did) your (last) husband/partner ever do any of the following things to you:	A. Ever?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?					
			Often	Some-times	A few times	Not at all		
			a. push you, shake you, or throw something at you?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			b. slap you?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			c. twist your arm or pull your hair?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			d. punch you with his fist or with an object that could hurt you?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			e. kick you, drag you or beat you up?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			f. try to choke you or burn you on purpose?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
			g. threaten or attack you with a knife, gun, or any other weapon?	Yes .....1 → No.....2 DK/Refuse.....8	1	2	3	4
9	In the last 12 months, has anyone else in your household hit you, slapped you, kicked you, or done anything else to hurt you physically?  RECORD ALL MENTIONED	Mother/stepmother ..... A Father/Step-father..... B Sister/brother ..... C Daughter/son ..... D Other relative.....E Other non-relative ..... F No one/not harmed..... G						

	<b>CHECK:</b> Q8a-g or Q9: at least one 'YES' → Q10 Q8a-g and Q9: all 'NO' → Q14				
10	Thinking about what you experienced among the different things we have been talking about, in the last 12 months, were your children or children living in the household watching during any of the times you were physically being hurt?	Yes .....1 No.....2			
11	Thinking about what you experienced among the different things we have been talking about, in the last 12 months, have you ever told anyone about this, or sought help from any services to stop it from happening?	Yes .....1 No.....2			→Q13
12a	Who did you tell?  RECORD ALL MENTIONED  PROBE: Anyone else?	Friends..... A Parents..... B Brother or sister..... C Uncle or aunt..... D Husband/partner's family.....E Children..... F Neighbours..... G			
12b	Who did you seek help from?  RECORD ALL MENTIONED  PROBE: Anyone else?	Police..... H Doctor/health worker ..... I Priest/religious leader..... J Counsellor..... K NGO/Women's organization .....L Local leader..... M Other (specify) ..... X			
13	When you were last pregnant, did your partner ever physically hurt you or threaten to hurt you in any way that I just mentioned?	Yes .....1 No.....2			
14	Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. Offer her an anonymous referral card, regardless of disclosure of violence. If questions were interrupted, move to next module and give referral card after all activities are completed.				
	Did you have to interrupt the interview module on conflict because some adult was trying to listen, or came into the room, or interfered in any other way?		Once	More than once	No
		Husband/partner	1	2	3
		Other male adult	1	2	3
		Female adult	1	2	3
15	Interviewer's comments / explanation for not completing the domestic violence module: _____				

**SECTION 15: ANTHROPOMETRICS**

MEASURE INDEX CHILD 0-24 MONTHS.

Record weight and length/height with the child lying down, with minimal clothing, taking care to record the measurements on the correct line for each child. Check the individual's name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.

**[INSTRUCTIONS: Two measurements of height and weight will be taken for each individual and if the difference is > 0.5 cm or 0.5 kg a third measurement should be taken to verify the first two measurements.]**

	1	2	3	4	5	6	7	8
<b>MEMBER ID</b>	What is (NAME'S) day, month and year of birth?  (DD / MM / YY)	What is the source of information on the individual's birth date?  1=Birth certificate 2=Baptismal record 3=Clinic card 4=Home record 5=Determined using local calendar of events 6=Mother/caregiver recall 7=Recollection by other persons 8=Other (specify)	Was (NAME) measured?  1=YES (>>Q5) 2=NO	Why not? 1=Not home during survey period, 2=Too ill, 3=Handicapped or deformed, 4=Not willing, 5=Other (specify) (>> END)	Weight in kilograms  [USE ONE DECIMAL PLACE]	Was (NAME) undressed to the minimum?  1=Yes 2=No, child could not be undressed fully	Height in centimeters  [USE ONE DECIMAL PLACE]	Check for oedema (children only)  1=Oedema present 2=Oedema not present 3=Unsure 9=Not checked (specify reason)
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