

ILSSI/IFPRI Study on Irrigation, Gender and Nutrition: Ethiopia Household Questionnaire

Introductory Statement and Informed Consent (to be read to the respondent):

"We are coming from the International Food Policy Research Institute (IFPRI) in association with the Feed the Future Innovation Lab for Small-Scale Irrigation to talk to you about agricultural practices, household food consumption, and other livelihood activities. We will be asking questions about agricultural activities, livestock activities, and diet over the last 12 months of the farming year, that is, the last full Meher/Kiremt and the last full Belg/Bega. We will also ask questions about your household's diet, asset purchases, and health practices, and take basic height and weight measurements of the mother and children under 5. The survey is expected to take approximately 4-6 hours to complete. If you agree to participate, the information you provide will be used for research purposes only. Your answers will not affect any benefits or subsidies you may receive now or in the future. Your responses to these questions will be anonymous and remain strictly confidential. Your name will not appear in any data that is made publicly available. However, we would like to write down your contact information in case some issues in the questionnaire are unclear and we need to follow up with you for more information or clarification. Do you consent to provide information for this study? You may withdraw from the study at any time and if there are questions that you would prefer not to answer then we respect your right not to answer them.

Has consent been given for PRIMARY FEMALE? (01=Yes, 00=No) [____]

Has consent been given for PRIMARY MALE? (01=Yes, 00=No) [____]

UNIVERSAL SURVEY CODES	-99 = Not applicable
	-88 = Don't know
	-77 = Refuse to answer

A1: REGION		A2: ZONE		A3: WOREDA		A4: KEBELE		A5: HOUSEHOLD NUMBER	
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REGION CODE: 1 Amhara 2 Oromia 3 SNNPR	ZONE CODE 1 2 3 4 5	WOREDA CODE	KEBELE CODE
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GPS coordinates			Degree	Minute	Second
A6	GPS Latitude	N			
A7	GPS Longitude	E			
A8	Elevation (in meters)				

ENUMERATOR NAME:				Code			
DATE OF INTERVIEW (FIRST VISIT): <i>USE EUROPEAN CALENDAR</i>				DATE OF INTERVIEW (SECOND VISIT): <i>USE EUROPEAN CALENDAR</i>			
	DD	MM	YY		DD	MM	YY
INTERVIEW STARTING TIME (FIRST VISIT)				INTERVIEW STARTING TIME (SECOND VISIT):			
	HOUR		MIN		HOUR		MIN

Supervisor code		Inspection date by supervisor			Verifier code		Verification date		
		DD	MM	YY			DD	MM	YY

<u>Household information</u>		
A9	Name of head of household	
A10	Name of respondent (if not head)	
A11	Respondent relationship to head (if not head)	
A12	Was translator used? 1. Yes 2. No	
A13	Phone numbers (if available)	
A14	Religion of the head 1 Christian 2 Muslim Other (specify)	
A15	Ethnicity of the head 1 Amhara 2 Gurage 3 Oromo 4 Tigray 5 Hadia Other (specify)	

Codes for the Household Module

Code (1) Relationship to head

- 1 Head
- 2 Wife/husband
- 3 Child
- 4 Adopted child
- 5 Grandchild
- 6 Niece/nephew
- 7 Father/mother
- 8 Sister/brother
- 9 Uncle/aunt
- 10 Son/daughter-in-law
- 11 Brother/sister-in law
- 12 Grandfather/mother
- 13 Father/mother-in-law
- 14 Other relative
- 15 Servant (farm worker, herder, maid, etc) or servant's relative
- 16 Other unrelated person

Code (2): Marital Status

- 1 Currently married, one spouse
- 2 Never married
- 3 Divorced
- 4 Separated
- 5 Widow or widower
- 6 Married, more than one spouse

Code (3): Residence Status

- 1 Present at home most of the time
- 2 Traveling
- 3 Working within the country
- 4 Working outside the country
- 5 Studying/training outside the village

- 6 Other, specify

Code (4) Labor Capacity

- 1 young child (too young to work)
- 2 working child (herding livestock; domestic chores; childcare; hired)
- 3 adult (able to do full adult workload)
- 4 working elderly / partially disabled (able to do light work only)
- 5 permanently unable to work (disabled, or non working elderly)
- 6 chronically ill (unable to work in the production seasons)

Code (5) Occupation

- 1 Farmer or family farm worker
- 2 Domestic Work (incl. housewife)
- 3 Manual worker
- 4 Tailor
- 5 Weaver/thatcher
- 6 Craftworker/Potter
- 7 Blacksmith/mason
- 8 Foodseller
- 9 Driver/Mechanic
- 10 Skilled factory worker
- 11 Teacher
- 12 Health worker
- 13 Part Official/Administrator/Clerical
- 14 Soldier
- 15 Trader
- 16 Unable to work (or not in labor force)
- 17 Student

- 18 Unemployed/Looking for work
- 19 Other (specify)

Code (6): Schooling

- 0 Did not complete any schooling
- 1 1st grade
- 2 2nd grade
- 3 3rd grade
- 4 4th grade
- 5 5th grade
- 6 6th grade
- 7 7th grade
- 8 8th grade
- 9 9th grade
- 10 10th grade
- 11 11th grade, vocational (TVT)
- 12 11th grade, preparatory
- 12 12th grade, vocational (TVT)
- 14 12th grade, preparatory
- 15 Incomplete university education
- 16 Completed university education
- 17 Adult literacy program participation
- 18 Other literacy program
- 19 Some Church/Mosque School

Section A: Household Roster: *Household members=Persons who live together and eat together from the same pot (share food) for at least half of the past 12 months, including hired labour, students and spouse living and working in another location but excluding visitors)*

PID of Respondent _____

PID NUMBER	1 List names of household members	2 Sex 1 Male 2 Female	3 How old is [NAME]? Years if 5 years or older Years and months if less than 5 years		4 Relations-hip to head	5 What is the present marital status of [NAME]? Write -99 if age <10	6 Current status of member?	7 Is [NAME] able to work or currently working? If child too young to work, fill in code=1 and >>next line	8 Main Occupation	9 Was there a time where you were unable to find work for more than one week in the last year? 1=yes 2=no Write -99 if the person is unable to work during the year or permanently disabled.	10 Can he/she read and write? 1=yes 2=no	11 Highest grade of schooling obtained
	NAME	CODE	Years	Months	CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	CODE	CODE	CODE 6
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

CODE (1): Use of land

- 1 Cultivated field with seasonal crops
- 2 Kitchen garden
- 3 Cultivated with perennial crops
- 4 Grazing/pasture land
- 5 Rented out
- 6 Sharecropped out
- 7 temporarily given out to others
- 8 Left fallow
- 9 Not a Meher/Belg field
- 10 Not rented this season
- 11 Other purpose, specify

CODE (2): Soil fertility

- 1 Lem (fertile)
- 2 lem-teuf (medium fertile)
- 3 teuf (less fertile)

CODE (3): Slope

- 1 meda (flat)
- 2 dagetama (steep)
- 3 gedel (steeper)

CODE (4): Land acquisition

- 1 Allocated
- 2 Purchased
- 3 Inherited/parents' gift
- 4 Rented-in
- 5 Sharecropped in
- 6 Borrowed free
- Other, specify

CODE (5): Who makes decisions?

- 1 Head
- 2 Spouse
- 3 Head and spouse jointly
- 4 Adult children
- 5 Head and adult children
- 6 Spouse and adult children
- 7 Whole family
- 8 Head and parent
- 9 Head and brothers
- 10 PA (peasant association)
- 11 Original landholder
- 12 Head and tenant

	Code (1) for Crops	Code (1) for Crops (cont.)		Code (1) for Crops (cont.)		Code (2) Current yield compared to normal year	
	GRAINS/GRASSES		LEGUMES	ROOTS/TUBERS/VEGETABLES		1	Much higher
1	MAIZE	19	HORSE BEANS/FABA BEANS	37	SWEET POTATOES	2	Little higher
2	WHITE TEFF	20	FIELD PEAS	38	CARROT	3	Roughly the same
3	BLACK TEFF	21	PIGEON PEA	39	CABBAGE	4	Little lower
4	MIXED TEFF	22	HARICOT BEAN	40	PUMPKIN	5	Much lower
5	WHEAT	23	LINSEED	41	PAWPAW	-88	Don't know
6	BARLEY	24	VETCH	42	POTATOES	Code (3) Adverse production conditions	
7	MILLET	25	ROUGH PEA	43	GARLIC	1	Late rains
8	SORGHUM	26	GROUNDNUT	44	ONIONS	2	Insufficient rains during growing season
9	RICE	27	BLACK PEPPER	45	TOMATO	3	Too much rain during growing season
10	OATS	28	LENTILS	46	LETTUCE	4	Rains during harvest time
11	NAPIER GRASS	29	CHICK PEA	47	SASULA	5	Plant disease during season
12	EMMA WHEAT	30	COW PEA (Ater)	48	PEPPERS	6	Weed damage
	FODDER LEGUMES	OIL CROPS			PERRENIAL CROPS	7	Insect damage
13	LABLAB	31	NIGERSEED (NUG)	50	CHAT	8	Wind/storm
14	CLOVER	32	SUNFLOWER	51	SUGARCANE	9	Flooding
15	ALFALFA	33	SESAME	52	COFFEE	10	Low temperatures
16	SESBANIA	34	LINSEED	53	TOBACCO	11	Animal/bird damage (eating or trampling crops)
17	GRAZING LAND	35	RAPESEED (GOMENZER)	54	ENSET	12	Post-harvest spoilage
18	FALLOW	36	LUPIN	55	BANANA	13	Other, specify
				56	PINEAPPLE		
				57	AVOCADO		
				58	ORANGE		
				59	MANGO		
				60	EUCALYPTUS		
				61	OTHER CROP, SPECIFY		

SECTION C. CROP PRODUCTION										
ENUMERATOR: FIRST ASK WHICH CROPS WERE GROWN BY THE HOUSEHOLD ON EACH PARCEL, EACH PLOT, AND EACH SEASON (columns 1 to 3 for each season). THEN ASK columns 4 to 8. NOTE THAT THE INFORMATION TO BE COLLECTED IN THIS MODULE IS AT THE PLOT-SEASON LEVEL. Copy parcel id number from module "land", repeat parcel number if there are multiple plots on the parcel. For Plot number, repeat plot number if there are multiple crops on the plot. Complete Meher season details on this page, and Belg on the next.										
		1	2	3	4	5	6	7	8	
Season		Parcel Number [Copy parcel id # from module "Land", repeat parcel # if there are multiple plots on the parcel]	Plot Number [Repeat plot number if there are multiple crops on the plot]	What crop was planted on this plot during [SEASON]?	What was the area planted with [CROP] on this plot during [SEASON]?	How much [CROP] was harvested from this [PLOT] during the "..." <u>season</u> ?	How was the yield of your harvest in 2014 compared with harvest your household collects in a normal year??	Was the production of [CROP] affected by adverse weather and other production conditions during the "..." season? 1 Yes 2 No >> If No, skip to the next parcel	If yes to question (7), what are the two most severe adverse conditions?	
				CODE 1	# HECTARES	# KGS	CODE 2	CODE	CODE 3	CODE 3
Meher	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
	1									
1										

		1	2	3	4	5	6	7	8	
		Parcel Number [Copy parcel id # from module "Land", repeat parcel # if there are multiple plots on the parcel]	Plot Number [Repeat plot number if there are multiple crops on the plot]	What crop was planted on this plot during [SEASON]?	What was the area planted with [CROP] on this plot during [SEASON]?	How much [CROP] was harvested from this [PLOT] during the " <u>...</u> " <u>season</u> ?	How was the yield of your harvest in 2014 compared with harvest your household collects in a normal year??	Was the production of [CROP] affected by adverse weather and other production conditions during the "..." season? 1 Yes 2 No >> If No, skip to the next parcel	If yes to question (7), what are the two most severe adverse conditions?	
				CODE 1	# HECTARES	# KGS	CODE 2	CODE	CODE 3	CODE 3
Belg	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									
	2									

Codes for Crop Inputs

Code (1) Years before last seed purchase

Code	Year
1	Last year
2	two years ago
3	three years ago
4	four years ago
5	five years ago
6	six years ago
7	seven years ago
8	eight years ago
9	nine years ago
etc	
88	Never

SECTION D: CROP INPUTS																
Enumerator: Copy parcel number, plot numbers, and crop codes from module “Crop Production”. Complete the chart for all crops cultivated in the last Meher on this page, and the last Belg on the following page. Ask farmers to estimate how many of local units are in a KG to estimate quantities. Make sure farmers are referring to the inputs used for the crop HARVESTED in January 2014, not used in the most recent harvest.																
Crop Season	Parcel number	Plot number	Crop codes	For the [CROP] grown in this [PLOT], how much [INPUT TYPE] did this household use during [SEASON] IN KGs?				Years since you last purchased seed for [CROP]	Total cost of pesticides and herbicides [Write 0 if none, and -7 if value is not known]	Total cost of other non-labor expenses (e.g. crop residues, off-farm manure, animal or equipment rental cost)	Which two types of fertilizers did you use? 1. Urea 2. DAP 3. No fertilizer used Other, specify					
				Seed saved from the previous harvest [Write -7 if value is not known]	Seed obtained for free or in barter/exchange [0 if no free/barter seed, -7 if value not known]	Traditional seed that was purchased [0 if no traditional seed purchased]	Improved seed that was purchased [Write 0 if no improved seed purchased]				1st Type	QTY	Total cost spent on this type of fertilizer	2nd	QTY	Total cost spent on this type of fertilizer
			CODE	# KGs	# KGs	# KGs	# KGs				CODE 1	Birr	Birr	CODE	# KGs	Birr
Meher	1															
	1															
	1															
	1															
	1															
	1															
	1															
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	1															
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	1															

Crop Season		Parcel number	Plot number	Crop codes	For the [CROP] grown in this [PLOT], how much [INPUT TYPE] did this household use during [SEASON] IN KGs?				Years since you last purchased seed for [CROP]	Total cost of pesticides and herbicides [Write 0 if none, and -7 if value is not known]	Total cost of other non-labor expenses (e.g. crop residues, off-farm manure, animal or equipment rental cost)	Which two types of fertilizers did you use? 1. Urea 2. DAP 3. No fertilizer used Other, specify					
					Seed saved from the previous harvest [Write -7 if value is not known]	Seed obtained for free or in barter/exchange [0 if no free/barter seed, -7 if value not known]	Traditional seed that was purchased [0 if no traditional seed purchased]	Improved seed that was purchased [Write 0 if no improved seed purchased]				1st Type	QTY	Total cost spent on this type of fertilizer	2nd	QTY	Total cost spent on this type of fertilizer
					CODE	# KGs	# KGs	# KGs				# KGs	CODE 1	Birr	Birr	CODE	# KGs
Belg	2																
	2																
	2																
	2																
	2																
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	2																

Section E: Irrigation: Enumerator: Copy parcel number, plot numbers, and crop codes from module "Land". Complete the chart for all crops cultivated in the last Meher on this page, and the last Belg on the following page.																
			1	2	3	4	5	6	7		8	9		10	11	
Season		Parcel number [COPY FROM MODULE "LAND"]	Plot number [COPY FROM MODULE "LAND"]	Is the plot irrigated? 1 Yes 2 No (If "No," >> Next Plot)	If plot is irrigated, source of water for irrigation? 1 River 2 Lake 3 Dam 4 Pond 5 Ground-water 6 Harvested water 7 Other (specify -88 Don't know)	If plot is irrigated using groundwater was well drilled or hand-dug? (If not ground-water, SKIP to>>5) 1 Drilled 2 Hand-dug -88 Don't know	If plot is irrigated using groundwater what is the depth of the water? (If not ground-water, SKIP to>>5) 1 < 7 meters 2 8- 50 meters 3 >50 meters -88 Don't know	Type of irrigation method 1 Surface/Flooding 2 Sprinkler 3 Drip 4 Furrow 5 Level basin 6 Bay/border strip 7 Bucket/hose/watering can 8 Other (specify)	What is the method of obtaining water? 1 Gravity 2 Hand/foot pump 3 Hand Bucket/hose 4 Diesel pump 5 Electric pump 6 Tractor pump 7 Other (specify)	How often do you irrigate? (# of times per CODE) 1 Day 2 Week 3 Two weeks 3 Month 4 Season 5 Year 6 Planting 7 Other, specify -88 Don't know		How well is this plot irrigated? Water is available: 1 Always when needed 2 Usually 3 Sometimes 4 Rarely 5 Never		What is the average length of time for which you irrigate? 1 Minutes 2 Hours 3 Other, specify -88 Don't know	Does the plot have waterlogging problems? 1 Yes 2 No	If the source of irrigation is river/lake/dam/pond, where is the plot located on the watercourse? 0 Canal water not used >> Next Plot 1 Head 2 Middle 3 Tail
				CODE	CODE	CODE	CODE	CODE	CODE	#	CODE	CODE	#	CODE	CODE	CODE
Meher	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
	1															
1																

Season		Parcel number [COPY FROM MODULE "LAND"]	Plot number [COPY FROM MODULE "LAND"]	1 Is the plot irrigated? 1 Yes 2 No (If "No," >> Next Plot)	2 If plot is irrigated, source of water for irrigation? 1 River 2 Lake 3 Dam 4 Pond 5 Ground-water 6 Harvested water 7 Other (specify -88 Don't know)	3 If plot is irrigated using groundwater was well drilled or hand-dug? (If not ground-water, SKIP to>>5) 1 Drilled 2 Hand-dug -88 Don't know	4 If plot is irrigated using groundwater what is the depth of the water? (If not ground-water, SKIP to>>5) 1 < 7 meters 2 8- 50 meters 3 >50 meters -88 Don't know	5 Type of irrigation method 1 Surface/Flooding 2 Sprinkler 3 Drip 4 Furrow 5 Level basin 6 Bay/border strip 7 Bucket/hose/watering can 8 Other (specify)	6 What is the method of obtaining water? 1 Gravity 2 Hand/foot pump 3 Hand Bucket/hose 4 Diesel pump 5 Electric pump 6 Tractor pump 7 Other (specify)	7 How often do you irrigate? (# of times per CODE) 1 Day 2 Week 3 Two weeks 3 Month 4 Season 5 Year 6 Planting 7 Other, specify -88 Don't know		8 How well is this plot irrigated? Water is available: 1 Always when needed 2 Usually 3 Sometimes 4 Rarely 5 Never	9 What is the average length of time for which you irrigate? 1 Minutes 2 Hours 3 Other, specify -88 Don't know		10 Does the plot have waterlogg-ing problems ? 1 Yes 2 No	11 If the source of irrigation is river/lake/dam/pond, where is the plot located on the watercourse? 0 Canal water not used >> Next Plot 1 Head 2 Middle 3 Tail
				CODE	CODE	CODE	CODE	CODE	CODE	#	CODE	CODE	#	CODE	CODE	CODE
Belg	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															
	2															

Section F: Irrigation Pumps: Skip to next module if answer is “No” for first question. If farmers do not know the cost of fuel/electricity, ask them the average monthly cost and multiply by the number of seasons it is used. Write -7 if respondents don’t know and -99 if not-applicable.

1. Do you use a pump for irrigation purposes? [FILL IN CODE] _____
- 1 Yes
- 2 No >> skip to the crop production module.

	1	2	3	4	5	6		7		8		9	10	
Pump	Type 1 Hand/foot pump 2 Diesel pump 3 Electric pump 4 Solar pump 5 Kerosene pump 6 Tractor pump 7 Other (specify)	What plot is this pump used on? [COPY PLOT NUMBER from Section C; IF MULTIPLE, SEPARATE WITH COMMAS]	Who owns the pump? 1 Household has ownership 2 Jointly owned with other households/farm entities 3 Farmer association 4 Water user association 5 Private company 6 Other farmer 7 Other (specify) IF RESPONSE WAS 3-6, >> 6	Year pump was purchased (if you own it) (Ethiopian Calendar)	What was the price of the pump when purchased?	Cost of fuel or electricity per production season paid by farmer		Repair cost per production season paid by farmer		Flow rate or horse power of the pump [ENTER EITHER FLOW RATE OR HORSE POWER, IF KNOWN]		Do you pay to use the pump? 2 No>> next pump	If yes for question (9), how much per production season?	
						(ETB)		(ETB)					(ETB)	
		CODE	PLOT NUMBER	CODE	YEAR	(ETB)	Last Meher season	Last Belg season	Last Meher season	Last Belg season	Liter/ Second	Horse power	CODE	Last Meher season
Pump 1														
Pump 2														

SECTION G: CROP SALES: ENUMERATOR: This chart is at the crop level, not plot level, for each season.													
Crop Season			1	2	3	4	5	6	7	8	9	10	11
		Crops grown during 2014? [Copy crop codes from module "Crop Production"]	How much was <u>saved for seed</u> ? [0 IF SEED NOT SAVED]	How much was used <u>for gifts and exchange</u> (except own consumption and sales)?	How much of the harvest was used for <u>own consumption</u> ? [0 IF NO OWN CONSUMPTION]	What was the total share of crop residue <u>removed</u> from the field for [CROP], (by animals, humans, etc)?	How much of this harvest was sold? [IF NO SALE, WRITE 0 AND >>10]	How much of this harvest was used for other purposes*? [0 IF NO OTHER USES]	What was the main place where it was sold? 1 On farm/at home 2 Village market 3 District market 4 Regulated market 5 Roadside 6 Cooperative 7 Processor 8 Other, specify	Distance to the place where crop was sold [0 IF ANSWERED 1 TO G9]	Unit price when selling this crop?	Who was the <u>main</u> buyer of [CROP]? 1 Farmer/ consumer 2 Trader 3 Processor 4 Cooperative 5 Government 6 Other, specify	Who makes sales-related decisions on this crop? 1 Head 2 Spouse of head 3 Both head and spouse 4 Whole households 5 Other, specify
		Code	# KGs	# KGs	# KGs	Percent	# KGs	# KGs	CODE	[Minutes one way, usual transport]	Birr/Kg	CODE	CODE
Meher	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
*Amount of harvest for other purposes include burned as crop residue, mulching, building material, cooking purposes, etc.													

Crop Season		Crops grown during 2014? [Copy crop codes from module "Crop Production"]	1 How much was <u>saved for seed</u> ? [0 IF SEED NOT SAVED]	2 How much was used <u>for gifts and exchange</u> (except own consumption and sales)?	3 How much of the harvest was used for <u>own consumption</u> ? [0 IF NO OWN CONSUMPTION]	4 How much of this harvest was sold? [IF NO SALE, WRITE 0 AND >>10]	5 How much of this harvest was used for other purposes?*[0 IF NO OTHER USES]	6 What was the main place where it was sold? 1 On farm/at home 2 Village market 3 District market 4 Regulated market 5 Roadside 6 Cooperative 7 Processor 8 Other, specify	7 Distance to the place where crop was sold [0 IF ANSWERED 1 TO G9]	8 Unit price when selling this crop?	9 Who was the <u>main</u> buyer of [CROP]? 1 Farmer/ consumer 2 Trader 3 Processor 4 Cooperative 5 Government 6 Other, specify	10 Who makes sales-related decisions on this crop? 1 Head 2 Spouse of head 3 Both head and spouse 4 Whole households 5 Other, specify
		Code	# KGs	# KGs	# KGs	# KGs	# KGs	CODE	[Minutes one way, usual transport]	Birr/Kg	CODE	CODE
Belg	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
	2											
*Amount of harvest for other purposes include burned as crop residue, mulching, building material, cooking purposes, etc.												

1. How many hours do you consider to be in a full workday? _____ hours

SECTION H. Family LABOR																															
ENUMERATOR: COMPLETE G3_5a TO G3_10 FOR EACH CULTIVATED CROP IN EACH PLOT IN EACH PARCEL. . Categorize all persons under 15 as “child” workdays. Base person-days off of the definition of a workday defined above. WRITE 0 IF NO LABOR IS USED FOR [ACTIVITY] FOR [CROP]. This section is only for family members. So, please do not include hired and exchange labor, which will be filled in the next module. Make sure you multiply the number of persons from the specific labor type (adult male, female, child) by the number of days they work to arrive at the person days for the activity. “DAYS” Refers to person says spent on each activity per season.																															
Crop season		Parcel numbe [COPY FROM MODULE "LAND"]	Plot number [COPY FROM MODULE "LAND"]	Crop codes [COPY FROM MODULE "LAND"]	2	3			4			5			6			7			8			9							
					For the [CROP] grown in [SEASON], how many person-days of FAMILY LABOR were used on [ACTIVITY]																										
					Activity																										
					land preparation (including harrowing & ridging)			planting			fertilizing			weeding			Irrigating			harvesting			post-harvest activities			marketing					
					mal e day s	female days	Child days	male days	female days	Child days	male days	female days	Child days	male days	fema le days	Child days	male days	female days	Child days	male days	female days	Child days	male days	female days	Child days	male days	female days	Child days			
Meher	1																														
	1																														
	1																														
	1																														
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Crop season		Parcel numbe [COPY FROM MODULE "LAND"]	Plot number [COPY FROM MODULE "LAND"]	Crop codes [COPY FROM MODULE "LAND"]	2	3			4			5			6			7			8			9							
					For the [CROP] grown in [SEASON], how many person-days of FAMILY LABOR were used on [ACTIVITY]																										
					Activity																										
					land preparation (including harrowing & ridging)			planting			fertilizing			weeding			Irrigating			harvesting			post-harvest activities			marketing					
					mal e day s	female days	Child days	male days	female days	Child days	male days	female days	Child days	male days	fema le days	Child days	male days	female days	Child days	male days	female days	Child days	male days	female days	Child days	male days	female days	Child days			
Meher	1																														
	1																														
	1																														
	1																														
	1																														
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SECTION I. Hired and Exchange Labor: Complete the questions below, and if applicable, proceed to the chart. For hired and exchange labor, you don't need to differentiate between male, female, or child. WRITE 0 IF NO LABOR IS USED FOR [ACTIVITY] FOR [CROP].

1. Have you used hired labor in either Meher or Belg of 2014 for any agriculture related activity such as land preparation, planting, weeding, irrigating, or harvesting?_____ 1 Yes 2 No
2. Have you used exchange labor such as 'debo' or 'wonfel' in either Meher or Belg of 2014 for any agriculture related activity such as land preparation, planting, weeding, irrigating, or harvesting? _____ 1 Yes 2 No
3. Have you or other household members offered your labor to work on another farm in either Meher or Belg of 2014? _____ 1 Yes 2 No>>Q5
4. If any household members have reciprocated labor exchange, which members?_____ PID1_____PID2

>> ***If the respondent said NO to BOTH questions (1) and (2), please skip to the next (Livestock) module. Otherwise, please fill in the following table.***

Crop season		Parcel number	Plot number	Crop codes	5	6		7		8		9		10		11		12	13			
					For the [CROP] grown in [SEASON], how many person-days of HIRED AND EXCHANGE LABOR were used on [ACTIVITY]																Average daily wage paid to the hired laborers? WRITE ESTIMATED VALUE IF IN-KIND	What is the most common type of labor sharing? 1. Debo* 2. Wonfel* Code
					Activity																	
					land preparation (including harrowing & ridging)		planting		fertilizing		weeding		Irrigating		harvesting		post-harvest activities					
					Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange				
		person days		person days		person days		person days		person days		person days		person days		person days		Birr per day per worker				
Meher	1																					
	1																					
	1																					
	1																					
	1																					
	1																					
	1																					
	1																					
	1																					
	1																					
	1																					

*Wonfel refers to labor sharing group that works in rotation for each group member and reciprocity is within the same season while debo refers to a labor sharing group in which reciprocity to members is upon demand either within the same season or in the future. Please use this definition if the name of the labor sharing is different from debo/wonfel in the study site.

Base person days off of the definition of an “X”-hour workday as defined in the family labor module above.																					
Crop season		Parcel number	Plot number	Crop codes	5	6		7		8		9		10		11		12	13		
					For the [CROP] grown in [SEASON], how many person-days of HIRED AND EXCHANGE LABOR were used on [ACTIVITY]															Average daily wage paid to the hired laborers? WRITE ESTIMATED VALUE IF IN-KIND	What is the most common type of labor sharing? 1. Debo* 2. Wonfel* 3. No labor sharing in this context
					Activity																
					land preparation (including harrowing & ridging)		planting		fertilizing		weeding		Irrigating		harvesting		post-harvest activities				
					Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange	Hired	Exchange			
					person days	person days	person days	person days	person days	person days	person days	person days	person days	person days	person days	person days	person days	Birr per day per worker	Code		
Beig	2																				
	2																				
	2																				
	2																				
	2																				
	2																				
	2																				
	2																				
	2																				
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	2																				
*Wonfel refers to labor sharing group that works in rotation for each group member and reciprocity is within the same season while debo refers to a labor sharing group in which reciprocity to members is upon demand either within the same season or in the future. Please use this definition if the name of the labor sharing is different from debo/wonfel in the study site.																					

SECTION J. LIVESTOCK OWNERSHIP														
ASK THE HOUSEHOLD HEAD OR OTHER KNOWLEDGEABLE MEMBER														
Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Animal type	In the past 12 months, have members of your household raised or produced [ANIMAL TYPE]? 1. Yes 2. No ► NEXT LINE	Which household member/s owns [ANIMAL TYPE]? 1 Head 2 Spouse 3 Both head and spouse 4 Children 5 Whole family 6 Other household member 7 Non household member	Which household member/s PRIMARILY takes care of [ANIMAL TYPE]? 1 Head 2 Spouse 3 Both head and spouse 4 Children 5 Other household member 6 Non household member	Which household member/s makes the decision to sell [ANIMAL TYPE] and/or by-products? 1 Head 2 Spouse 3 Both head and spouse 4 Children 5 Whole family 6 Other household member 7 Non household member	How many [ANIMAL TYPE] does your household currently own?	What is the <u>estimated total value</u> of [ANIMAL TYPE] your household <u>currently own</u> ?	Over the past 12 months, how many of your [ANIMAL TYPE] have been purchased ?	Over the past 12 months, how many of your [ANIMAL TYPE] have been born?	Over the past 12 months, how many of your [ANIMAL TYPE] have been <u>slaughtered</u> to be consumed In the household?	Over the past 12 months, how many of your [ANIMAL TYPE] were <u>lost</u> (e.g. died, stolen)?	Over the past 12 months, how many of your [ANIMAL TYPE] have been <u>given out as gift</u> ?	Over the past 12 months, how many of your [ANIMAL TYPE] have you <u>sold</u> ? [WRITE 0 IF NONE and >> NEXT LINE]	On average, how much was the <u>unit price</u> of each of [ANIMAL TYPE] (or carcasses) sold?
ID	ANIMAL TYPE	CODE	CODE	CODE	CODE	Number	Birr Total	Number	Number	Number	Number	Number	Number	Birr per animal
100	Draught cattle													
101	Bulls -local-													
102	Bulls -improved-													
103	Fattening cattle -local-													
104	Fattening cattle - improved-													
105	Cows -local-													
106	Cows -improved-													
107	Heifers -local-													
108	Heifers -improved-													
109	Calves -local-													
110	Calves -improved-													
111	Horse													
112	Donkey													
113	Mule													
114	Goats -local-													
115	Goats -improved-													
116	Sheep													
117	Pigs													
118	Chickens-local													
119	Chickens-improved													
120	Other livestock													
121	Honey bees- traditional*					*	*	*					*	*
122	Honey bees - modern*					*	*	*					*	*
		* Note: For honey bees, record number of occupied hives (not bees) in 7, 9, 13; total value of hives in 8; and value per hive in 14.												

Module K: Livestock Feed and Products **ASK THE HOUSEHOLD HEAD OR OTHER KNOWLEDGEABLE MEMBER**

												PID of Respondent			
Code	Animal type	DO NOT READ. Copy the response from the Livestock ownership module and ask the questions to only those animal types that the household reported to ow/raise 1. Yes 2. No ►NEXT LINE	How do you feed [ANIMAL TYPE]? 1. Grazing only 2. Mainly grazing with some stall feeding 3. Stall feeding only 4. Mainly stall feeding with some grazing 5. Other (specify)	...which of the following feed for [ANIMAL Type] have you used? [LIST UP TO THREE SOURCES] READ: 1. Green forages (legumes, grasses, and fodder trees/shrubs) 2. Pastures (grazing) 3. Crop residue (legumes and cereals) 4. Irrigated fodder (legumes and grasses) 5. Purchased fodder 6. Concentrate feeds 7. Other (specify)			How much did you pay for feed for [ANIMAL Type] over the past 12 months? [WRITE 0 IF THERE WAS NO PURCHASE OF FEED]	What is the main source of drinking water for [ANIMAL Type] 1 Piped into dwelling 2 Piped into plot/yard 3 Public tap / standpipe 4 Tubewell/borehole 5 Protected dug well 6 Unprotected dug well 7 Protected spring 8 Unprotected spring 9 Rainwater collection 10 River/ponds/stream 11 Tanker-truck/vendor 12 Irrigation channel 13 Bottled water 14 Other (specify)		Distance to watering point from home (one way in walking minutes)		How frequently did your household face shortage of drinking water for [ANIMAL TYPE]? 1. Always 2. Often 3. Sometimes 4. Rarely 5. Never	Over the past 12 months, how much have you spent in total on costs for [ANIMAL TYPE] such as veterinary supplies/service s (e.g., spraying, dipping, AI) and hired labor?	Over the past 12 months, did [ANIMAL TYPE] receive supplemental feeds? 1 Yes 2 No	Over the past 12 months, how much did you spend on supplemental feeds for [ANIMAL TYPE]? INCLUDE ESTIMATED VALUE IF SUPPLEMENTAL FEED WAS OBTAINED FOR FREE/EXCHANGE D
				ID		1	2	1st	2nd	3rd	Birr				
				3a	3b	3c	4	5a	5b	6a	6b	7	8	9	10
100	Large ruminants (cattle; <i>100-110 on previous page</i>)														
101	Equines (e.g. horses, donkeys, and mules; <i>111-113 on previous page</i>)														
102	Small ruminants (sheep, goats; <i>114-116 on previous page</i>)														
103	Monogastrics (e.g. chickens, porks, poultry; <i>117-119 on previous page</i>)														

ID	Over the past 12 months, how much have you earned in total from the following activities...?								
	<u>ANIMAL TYPE</u>	<i>COPY RESPONSES FROM QUESTION K1 ABOVE.: IF NOT OWNED, >>NEXT LINE</i>	Rental/cart from [ANIMAL Type]?	Hides/skin/wool from [ANIMAL Type]?	Meat products from [ANIMAL Type]?	Dairy products from [ANIMAL Type]?	Manure sales from [ANIMAL Type]?	Egg sales from [ANIMAL Type]?	Honey sales from [ANIMAL Type]?
		CODE	Birr	Birr	Birr	Birr	Birr	Birr	Birr
		11	12	13	14	15	16	17	18
104	Large ruminants (cattle)								
105	Equines (e.g. horses, donkeys, and mules)								
106	Small ruminants (sheep, goats)								
107	Monogastrics (e.g. chickens, porks, poultry)								
108	Honey bees								

SECTION L: SOIL CONSERVATION

ENUMERATOR: ENTER PLOT-LEVEL RESPONSE FOR EACH PARCEL

1 Parcel number [COPY PARCEL NUMBER FROM the "Land" MODULE. REPEAT PARCEL NUMBER IF THERE ARE MULTIPLE PLOTS ON THE PARCEL]	2 Plot number [COPY PARCEL NUMBER FROM the "Land" MODULE]	3 Do you usually practice crop rotation on this [PLOT]? 1 Yes 2 No	4 Do you usually practice fallowing on this [PLOT]? 1 Yes 2 No	5 How was this plot ploughed during the last Meher season? 1 Hand hoe 2 Ox-plough 3 Tractor, mouldboard plough 4 Tractor, disc plough 5 Ridge tillage 6 Tied Ridge tillage 7 Zero tillage 8 Minimum tillage 9 Strip/zonal tillage 10 Deep tillage 11 Broad bed maker 12 Mixed method 13 Other, specify	6 What type of organic inputs do you apply on [PLOT]? 1 Household waste 2 Mulch 3 Compost 4 Crop residue 5 Manure 6 Green manure 7 None 8 Other, specify [Record up to 2 organic inputs per plot]		7 Did you practice soil and water conservation on [PLOT]? 1 Yes 2 No >>Q9	8 Which soil and water practices are used on [PLOT]? 1 Contour ploughing/pit planting 2 Tree/bush/shrub plant rows 3 Terraces or bunds 4 Trenches 5 Cover cropping 6 Strip Cropping 7 Other (specify) [Record up to 3 practices per plot]		
PARCEL	PLOT	CODE	CODE	CODE	INPUT 1 CODE	INPUT 2 CODE	CODE	CODE	CODE	CODE

Section M: Income from Employment: DO NOT include self-employment and family businesses, which are included in the next module. Repeat PID if more than 2 jobs per season.

PID of employed family member	Time spent and income generated from farm and non-farm employment															
	Season 1: Meher (Sanni 1, 2005 to Tarr 30, 2006)								Season 2: Belg (Yekatit 1, 2006 to Genbot 30, 2006)							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Job 1	Time spent	Number of weeks	Income from job 1	Job 2	Time spent	Number of weeks	Income from job 2	Job 1	Time spent	Number of weeks	Income from job 1	Job 2	Time spent	Number of weeks	Income from job 2
	Code 1	Days/week	Weeks	Birr/day	Code 1	Days/week	Weeks	Birr/day	Code 1	Days/week	Weeks	Birr/day	Code 1	Days/week	Weeks	Birr/day

CODE 1: Job types

- | | |
|---|-----------------------------|
| 1. Agricultural laborer | 9. Health worker |
| 2. Livestock laborer | 10. Trader |
| 3. Mixed agricultural and livestock laborer | 11. Artisan |
| 4. Agriculture (farm) laborer | 12. Driver/Mechanic |
| 5. Livestock Herder | 13. Skilled Factory Worker |
| 6. Office worker | 14. House help |
| 7. Civil Servant | 15. Business/store employee |
| 8. Teacher | 16. Contract/piece work |
| | 17. Other (specify _____) |

Section N: Other Income

1 What is the total GROSS household income in a normal year? _____ ETB

Source No.	2 Source	3 Did your household receive any amount (cash and cash equivalency of in-kinds) during the last year from [source]? 1 Yes 2 No >> Next source	4 What was the frequency of receipts? 1 Monthly 2 Yearly >>Q8.4.5	5 For how many months, did your household receive any amount during the last year from [source]?	6 Total Amount
		CODE	CODE	NUMBER	Birr
1	Family business/self-employment				
2	Building rent				
3	Land rent				
4	Gifts/ assistance from family or friend				
5	Rent from equipment/tools/vehicle				
6	Rent from animals leased out				
7	Pension				
8	Remittances from a household member who migrated				
9	Sale of farm assets				
10	Sale of non-farm assets				
11	Other (specify): _____				

Section O: Social Protection and Development Programs

1 Has your household received food or other aid or participated in any government or NGO programs in the past 3 years? _____ 1 Yes, 2 No

IF "NO", >>NEXT MODULE

2	3	4	5	6	
Type of aid/program	Did you participate in this program in the last 3 years? 1 Yes 2 No	Did you participate in this program in the last 12 months? 1 Yes 2 No	Which agency or organization implemented the program? 1 Federal government 2 Regional government 3 NGO 4 Private company 5 Research organization 6 Other, specify	How much income or in-kind payment did you receive in the last 12 months from the program?	
				Cash	Value of in-kind
CODE	CODE	CODE	CODE	Birr	Birr
Cash for work					
Food for work					
Emergency relief					
Income generating scheme					
Direct transfer program					
Farm support program					
Nutrition program					
Health program					
Feed the Future					
Africa Rising					
LIVES					
Other (specify) _____					

Section P: Expenditures: If payment was in kind, have the respondent give an estimate of the value.

Frequent Expenditures

	Item name	1	2	3
		In the last 30 days did your household spend money on [item]? 1 Yes 2 No	Amount spent on [item] in the last 30 days ?	Average monthly expenditure on [item] for the last 12 months ?
		CODE	Birr	Birr
1	Food (grocery or prepared)			
2	Fuel (firewood, charcoal, kerosene, gas)			
3	Expenses on travel (using own or available transport, within or outside village)			
4	Communication (cell phone, calling cards, phone, postage, internet, faxes)			
5	Expenses on utilities and maintenance (electricity, water, maintenance of house, furniture, vehicle)			
6	Wages to permanent non-agricultural labor			
7	House Rent (imputed rent if own house)			
8	Cigarettes/tobacco/chat			
9	Alcoholic beverages (local or commercial)			
10	Personal care products (soap, shampoo, toothpaste etc.)			
11	Household cleaning products (dish soap, toilet cleansers, etc.)			
12	Lotteries and raffles			
13	Other frequent expenditure, specify			

Less Frequent Expenditures

Item ID	Item name	4	5
		In the last 12 months, did your household spend money on [item]? 1 Yes 2 No	What was your household's total expenditure on [item] over the last 12 months?
		CODE	Birr
200	Clothes, shoes, and fabric		
201	Wages to permanent agricultural labor		
202	Kitchen equipment (cooking pots, etc.)		
203	Linens (sheets, towels, blankets)		
204	Carpet, rugs, drapes, curtains		
205	Furniture/mattress		
206	Lamp/torch		
207	Transport		
208	Building materials (cement, bricks, timber, iron sheets, tools)		
209	Housing improvement or repair (latrine, new roof, new room, kitchen, etc)		
210	Wedding		
211	Contributions to IDDIR		
212	Funeral cost (other than IDDIR fees)		
213	Donations to the church/mosque		
214	Tezkar		
215	Religious ceremonies/holidays		
216	Modern medical treatment and medicines		
217	Traditional medicine and healers		
218	Education (school fees, school supplies, books, school uniform)		
219	Taxes and contributions		
220	Uniform		
221	Purchase or repair of vehicles, bicycles		
222	Repair of household and personal items (radios, appliances, watches, etc)		
223	Fines or legal fees		
224	Other less frequent expenditure, specify		

Section Q: Shocks: If the respondent does not indicate that there have been any shocks in the past 5 years, probe them by mentioning some of the items under Code 1. Only count more regular shocks, like crop disease and insect damage, if they were significant enough to incur major losses for the household.

1. In the past five years, have you experienced any significant shocks that impacted your livelihood or the health of your household. List one shock per line	2. What was the result of the shock?	3. What, if anything, did you or your household do to cope with the shock? [LIST UP TO THREE, SEPARATE WITH COMMAS]	4. If assets were sold, which ones? [ONLY ASK IF RESPONSE #4 WAS LISTED UNDER Q3]	5. Estimated cost of shock to household
Code 1	Code 2	Code 3	Code 4	Birr

Code 1

- 1 Drought
- 2 Flood
- 3 Storm
- 4 Food shortage in market
- 5 Fire
- 6 Death of family member
- 7 Family member/personal illness
- 8 Political instability/conflict
- 9 Theft
- 10 Injury
- 11 Crop disease
- 12 Insect damage
- 13 Other (specify)

Code 2

- 1 Loss of some crops
- 2 Loss of all crops
- 3 Some livestock died
- 4 All livestock died
- 5 Medical/Funeral expenses
- 6 Went hungry
- 7 Family/self unable to work
- 8 Damage to house/property
- 9 Unable to get to market
- 10 No food in market
- 11 Other (specify)

Code 3

- 1 Sought off farm employment
- 2 Reduced meal size
- 3 Reduced meal frequency
- 4 Sold off assets
- 5 Migrated
- 6 Took children out of school
- 7 Borrowed money from a friend
- 8 Replanted crops
- 9 Took out a loan
- 10 Used/consumed stored seed
- 11 Bought water
- 12 Spent more time looking for water
- 13 Nothing
- 14 Other (specify)

Code 4

- 1 Agricultural land
- 2 Large livestock
- 3 Small livestock
- 4 Poultry
- 5 Fish pond/equipment
- 6 Irrigation pond/water storage
- 7 Farm equipment (non-mechanized)
- 8 Farm equipment (mechanized)
- 9 Irrigation pump/irrigation equipment
- 10 Nonfarm business equipment
- 11 House
- 12 Large consumer durables (tv/fridge/sofa)
- 13 Small consumer durables (radio/cookware)
- 14 Cell phone
- 15 Other land not used for agricultural purposes
- 16 Means of transportation (bicycle/motorcycle/car)
- 17 Other (specify)

Section R: DIETARY DIVERSITY AND ANTHROPOMETRY: Enumerator: Ask these questions of the most knowledgeable member of the household, ideally the main person doing food preparation and purchases.

HOUSEHOLD DIETARY DIVERSITY

1	PID code from the household roster		
	<p>Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink of the morning.</p> <p><i>Write down all foods and drinks mentioned. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned. Place a "1" in the box if anyone in the household ate the food in question. Please a "0" in the box if no one in the household ate the food. Include foods eaten by any member of the household, prepared in the home and consumed in the home or outside the home, or purchased/gathered outside and consumed in the home. EXCLUDE foods purchased AND eaten outside the home.</i></p> <p>a) Think about when you first woke up yesterday. Did any household members eat anything at that time? IF YES: Please tell me everything eaten at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO PART b)</p> <p>b) What did you do after that? Did you or anyone in the household eat anything at that time? IF YES: Please tell me everything household members ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS ALL HOUSEHOLD MEMBERS WENT TO SLEEP UNTIL THE NEXT DAY. IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE:</p> <p>c) What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER 1 IN THE RESPONSE BOX IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS'. IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.</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 '-88' IF DON'T KNOW:</p>		1=Yes 2=No 99=Don't know
	FOOD /	Description/መግለጫ	During the last day and night/ባለፉት 24 ሰዓት ውስጥ (0=NO ; 1=YES ; -88=DON'T KNOW)
2	CEREALS/የአገዳ ለህሎች	Teff, corn/maize, rice, barley, oats, wheat, sorghum, finger millet or any other grains or foods made from these (e.g.	

		Ambasha, injera, bread, biscuits, noodles, “Qitta”, porridge, “Atimit” or other grain products)	
3	VITAMIN A RICH VEGETABLES AND TUBERS /በቫይታሚን ኤ የበለፀጉ አትክልቶችና ሥራሥሮች	Pumpkin, carrots, squash, or yellow/orange flesh sweet potatoes or <i>other locally available vitamin-A rich vegetables (e.g. red sweet pepper)</i>	
4	WHITE TUBERS AND ROOTS/ ነጣ ያሉ ሥራሥሮች	White potatoes, white yams, white cassava, or other foods made from roots	
5	DARK GREEN LEAFY VEGETABLES/ ጠቆር ያለ አረንጉዴ ቅጠል ያላቸው አትክልቶች	Dark green/leafy vegetables, including wild ones + <i>locally available vitamin-A rich leaves such as amaranth, Cassava leaves, Kale, Spinach etc.</i>	
6	OTHER VEGETABLES ሌሎች አትክልቶች	other vegetables (e.g. tomato, onion, eggplant) , including wild vegetables	
7	VITAMIN A RICH FRUITS /በቫይታሚን ኤ የበለፀጉ ፍራፍሬዎች	Ripe mangoes, cantaloupe, apricots (fresh or dried), Ripe papaya, dried peaches + <i>other locally available vitamin A-rich fruits</i>	
8	OTHER FRUITS ሌሎች ፍራፍሬዎች	other fruits, including wild fruits (e.g., Qulqual),	
9	ORGAN MEAT /(IRON RICH)/ በብረት ማዕድን በለፀጉ የሆድ ዕቃዎች	Liver, Kidney, Heart or other organ meats or blood-based foods (e.g., “Dulet”)	
10	FLESH MEATS /ሥጋ	beef, pork, lamb, goat, wild game, chicken, “koke, zhigra”, or other birds	
11	EGGS/ዕንቁላል	chicken, duck, guinea hen or any other egg	
12	FISH/አሣ	fresh or dried fish or shellfish	
13	LEGUMES, NUTS AND SEEDS/ ጥራጥሬዎች	beans, peas, lentils, nuts, seeds or foods made from these (“Shiro”)	

14	MILK AND MILK PRODUCTS/ወተትና የወተት ውጤቶች	Milk, cheese, yogurt or other milk products	
15	OILS AND FATS ዘይትና ቅባት ያላቸው ምግቦች	oil, fats or butter added to food or used for cooking, oil seeds and foods made from oil seeds e.g “suf fitfit” –traditional food from safflower /sun flower	
16	RED PALM PRODUCTS ከቀይ ተምር የተዘጋጁ ምግቦች	red palm oil, palm nut or palm nut pulp sauce	
17	SWEETS/ ጣፋጮች	sugar, honey, sweetened soda or sugary foods such as chocolates, candies, cookies and cakes	
18	SPICES, CONDIMENTS, BEVERAGES/ ቅመማቅመም፣ቡናና ሻይ	spices(black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea,	
19	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST		
20	Did you or anyone in your household eat anything (meal or snack) OUTSIDE the home yesterday?	0 Yes 1 No	

Women's Dietary Diversity Score

1	PID code from the household roster		
<p>Now I would like to ask you about the types of foods that YOU household ate yesterday during the day and at night. Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink of the morning. <i>Write down all foods and drinks mentioned. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned. Place a "1" in the box if anyone in the household ate the food in question. Please a "0" in the box if no one in the household ate the food. UNLIKE THE HOUSEHOLD DIETARY DIVERSITY SCORE, you INCLUDE all foods consumed inside or outside the home, irrespective of where they were prepared.</i></p> <p>a) Think about when you first woke up yesterday. Did you eat anything at that time? IF YES: Please tell me everything eaten at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. 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? UNTIL RESPONDENT SAYS NOTHING ELSE. REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS SHE WENT TO SLEEP UNTIL THE NEXT DAY. IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE:</p> <p>c) What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND ENTER 1 IN THE RESPONSE BOX IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED 'OTHER FOODS'. IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP. ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED IN THE RESPONSE BOX, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '0' IF NO AND '-88' IF DON'T KNOW:</p>			
	FOOD /	Description/መግለጫ	During the last day and night/ባለፉት 24 ሰዓት ውስጥ (0=NO or 1=YES, -88 if don't know)
2	CEREALS/የአገዳ አህሎች	Teff, corn/maize, rice, barley, oats, wheat, sorghum, finger millet or any other grains or foods made from these (e.g. Ambasha, injera, bread, biscuits, noodles, "Qitta", porridge, "Atimit" or other grain products)	
3	VITAMIN A RICH VEGETABLES AND TUBERS /በቫይታሚን ኤ የበለፀጉ አትክልቶችና ሥራሥሮች	Pumpkin, carrots, squash, or yellow/orange flesh sweet potatoes or other locally available vitamin-A rich vegetables (e.g. red sweet pepper)	
4	WHITE TUBERS AND	White potatoes, white yams, white cassava, or other foods made from roots	

	ROOTS/ ነጣ ያሉ ሥራሥሮች		
5	DARK GREEN LEAFY VEGETABLES/ ጠቆር ያለ አረንጉዴ ቅጠል ያላቸው አትክልቶች	Dark green/leafy vegetables, including wild ones + <i>locally available vitamin-A rich leaves such as amaranth, Cassava leaves, Kale, Spinach etc.</i>	
6	OTHER VEGETABLES ሌሎች አትክልቶች	other vegetables (e.g. tomato, onion, eggplant) , including wild vegetables	
7	VITAMIN A RICH FRUITS /በቫይታሚን ኤ የበለፀጉ ፍራፍሬዎች	Ripe mangoes, cantaloupe, apricots (fresh or dried), Ripe papaya, dried peaches + <i>other locally available vitamin A-rich fruits</i>	
8	OTHER FRUITS ሌሎች ፍራፍሬዎች	other fruits, including wild fruits (e.g., Qulqual),	
9	ORGAN MEAT /(IRON RICH)/ በብረት ማዕድን በለፀጉ የሆድ ዕቃዎች	Liver, Kidney, Heart or other organ meats or blood-based foods (e.g., “Dulet”)	
10	FLESH MEATS /ሥጋ	beef, pork, lamb, goat, wild game, chicken, “koke, zhigra”, or other birds	
11	EGGS/ዕንቁላል	chicken, duck, guinea hen or any other egg	
12	FISH/አሣ	fresh or dried fish or shellfish	
13	LEGUMES, NUTS AND SEEDS/ ጥራጥሬዎች	beans, peas, lentils, nuts, seeds or foods made from these (“Shiro”)	
14	MILK AND MILK PRODUCTS/ወተትና የወተት ውጤቶች	Milk, cheese, yogurt or other milk products	
15	OILS AND FATS ዘይትና ቅባት ያላቸው ምግቦች	oil, fats or butter added to food or used for cooking, oil seeds and foods made from oil seeds e.g “suf fitfit” –traditional food from safflower /sun flower	
16	RED PALM PRODUCTS ከቀይ ተምር የተዘጋጁ ምግቦች	red palm oil, palm nut or palm nut pulp sauce	
17	SWEETS/ ጣፋጮች	sugar, honey, sweetened soda or sugary foods such as chocolates, candies, cookies and cakes	

18	SPICES, CONDIMENTS, BEVERAGES/ ቅመማቅመም፣ቡናና ሻይ	spices(black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea,	
19	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST		

Women's Anthropometry

Take measurements for only the main female respondent in the household (main female decision-maker over 18 years old). There are women who wear heavy clothes/head cover and unwilling to remove. In such case, it's better to include the first three questions below. If a woman has BMI less than 16, she has to be referred for treatment to the nearby health facility. Therefore, it's important to calculate the BMI of a woman onsite. It's also very important measuring height and weight repeatedly to minimize error.

WOMEN ANTHROPOMETRY MODULE	
_	Clothing worn (0=none,1=very light,2=light, 3=med., 4=heavy)If not sure, specify:_____
_	Head cover or other item unwilling to remove (Yes=1;No=0)
_ _ _ . _ cm or gm	cm/g Approximate height/weight of item Circle cm or gm
_	Physiological status of the mother (0= neither, 1=pregnant, 2= lactating, 3=both)
_ _ _ . _	kg- Weight 1
_ _ _ . _	kg- Weight 2
_ _ _ . _	cm- Height 1
_ _ _ . _	cm- Height 2
_	Body mass index (BMI) <16?) Yes=1; No=0 If “yes”, refer BMI Formula: weight (kg) / [height (m)]²

Section S: Child Anthropometry

ENUMERATOR: ASK PERMISSION OF PARENTS/CAREGIVERS OF CHILDREN BETWEEN THE AGES OF 0-59 MONTHS TO TAKE MEASUREMENTS OF ALL CHILDREN <59 MONTHS.

NOTE: MEASURE ALL CHILDREN < 24 MONTHS LYING DOWN & MEASURE ALL CHILDREN > 24 MONTHS STANDING.

- If child's MUAC<12 cm, refer to local health worker or to next EOS/ CHD/ or the local NGO or CHW.
- If bilateral pitting edema, refer to the nearby health post

PID	1. Gender	2. HEIGHT (Measure 1)	3. HEIGHT (Measure 2)	4. How was height measured? 1= Standing 2= Lying	5. WEIGHT (Measure 1)	6. WEIGHT (Measure 2)	7. MUAC (Measure 1)	8. MUAC (Measure 2)	9. Head Circumference (Measure 1)	10. Head Circumference (Measure 2)	11. Clothes worn by child during weighing	12. Bilateral pitting edema? 1 Yes 2 No	13. MUAC < 12 cm? 1 Yes 2 No
	1: Male 2: Female	cm	cm	Code	KG	KG	cm	cm	Cm	cm	Code 2	Code	Code

Code 1: Source of information	Code 2: Clothes
1 Birth certificate	1 No clothes
2 Baptismal record	2 Light clothing
3 clinic/health card	3 Mid-weight clothing
4 Home record	4 Heavy clothing
5 Determined using calendar events	
6 Mother/caregiver recall	
7 Recollection by other persons	
8 Other, specify_____	

Section T: Food Security

ENUMERATOR: ASK THE PERSON RESPONSIBLE FOR HOUSEHOLD FOOD PREPARATION

HOUSEHOLD FOOD INSECURITY ACCESS SCALE (HFIAS)

PART A: FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE CONSIDER WHAT HAS HAPPENED IN THE PAST 30 DAYS

1. During the last 30 days, did you worry that your household would not have enough food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
3. Did you or any household member eat just a few kinds of food day after day due to a lack of resources? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
6. Did you or any other household member eat fewer meals in a day because there was not enough food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
7. Was there ever no food at all in your household because there were no resources to get more? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
8. Did you or any household member go to sleep at night hungry because there was not enough food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	
9. Did you or any household member go a whole day without eating anything because there was not enough food? 0 = Never 2 = Sometimes (3 to 10 times)	1 = Rarely (one or two times) 3 = Often (more than 10 times)	

How many meals, including breakfast are taken per day? NUMBER			Do all household members eat roughly the same diet? 1 YES ► 16 2 NO	Who and how many in the household usually eat a more diverse variety of foods, a less diverse variety of foods, (including food consumed outside the house)? 1 MORE DIVERSE 2 LESS DIVERSE 0 NOT APPLICABLE			
...in the household?	...among children (6-24 months)? LEAVE BLANK IF NO CHILDREN	...among children (25-59 months)? LEAVE BLANK IF NO CHILDREN		Men	Women	Children 6-24 months	Children 25-59 months
10	11	12	13	14	15	16	17

18	19	20												21		
How long does your food store usually last after the Belg harvest?	How long does your food store usually last after the Meher harvest?	Did you experience shortage of food in [MONTH] of 2014? 1 Yes 2 No												What were the main causes of food shortages? [LIST UP TO 3 IN OR DER OF IMPORTANCE]		
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	1st	2nd	3rd
Code 1	Code 1													Code 2	Code 2	Code 2

CODE 1

- 1 Less than two months
- 2 Two to four months
- 3 Five to eight months
- 4 Nine to twelve months
- 5 Do not partake in this harvest

CODE 2

- 1 Inadequate household stocks due to drought/poor rains
- 2 Inadequate household food stocks due to crop pest damage
- 3 Inadequate household food stocks due to small land size
- 4 Inadequate household food stocks due to lack of farm inputs
- 5 Food in the market was very expensive
- 6 Not able to reach the market due to high transportation costs
- 7 No food in the market

- 8 Floods/water logging/hailstorm
- 9 No money
- 10 Poor health conditions
- 11 Theft
- 12 Fire
- 13 Other, specify

Section U: Water Supply, Sanitation and Hygiene: ENUMERATOR: Ask the primary or secondary respondent, whoever is most knowledgeable

1. How would you describe the availability of water for domestic use in the rainy season? _____ 1: abundant, 2: sufficient, 3: inadequate

2. How would you describe the availability of water for domestic use in the dry season? _____ 1: abundant, 2: sufficient, 3: inadequate

Domestic Water Use

Season	Source	3	4	5	6	7	8	9	10	11	12
		Source of domestic water	Is this the same source of water mainly used for irrigation? 1. Yes 2. No	How long does it take to go there, get water, and come back?	Number of trips per week (all household members)	Main person fetching water	Other person fetching water	What are the main uses of water?	Treatment before drinking (multi)	Has anyone ever talked to you about how to treat your water to make it safe to drink?	Do you pay for access to water from [SOURCE]?
		Code 1		Minutes	Number	Code 2	Code 2	Code 3	Code 4	Code: 1: yes. 2: no	Code: 1:yes, 2: no
Rainy	Source 1										
	Source 2										
	Source 3										
Dry	Source 1										
	Source 2										
	Source 3										

Code 1: Source of water

- 1 Piped into dwelling
- 2 Piped into plot/yard
- 3 Public tap / standpipe
- 4 Tubewell/borehole
- 5 Protected dug well
- 7 Protected spring

Code 2: Person

- 1 Adult woman
- 2 Adult male
- 3 Child girl
- 4 Child boy
- 5 Other (specify)

Code 3: uses of water

- 1 Drinking
- 2 Cooking
- 3 Drinking & cooking
- 4 Bathing
- 5 Washing dishes
- 6 All domestic uses (if one source)
- 7 Washing clothes
- 8 Other (specify)

Code 4: treatment

- 1 No treatment
- 2 Boil
- 3 Water filter (ceramic, sand, composite, etc.)
- 4 Add bleach/chlorine/ waha agar
- 5 Let it stand and settle
- 6 Solar disinfectant
- 7 Strain it through a cloth
- 8 Other, specify

Sanitation			Health and hygiene											
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
What kind of toilet facility do members of your household usually use?	Do you share this toilet facility with other households? 1 Yes 2 No	How many households use this toilet facility?	Is there standing water near to the household dwelling (<200m)? (e.g. ponds, water harvesting schemes, flooded fields, etc.) 1 Yes 2 No	How many months of the year is there standing water near (200m) to the household?	Please show me where members of your household most often wash their hands. Observation only: presence of hand-washing station	<u>Observation only:</u> observe presence of water at the place for handwashing	<u>Observation only:</u> Observe presence of soap, detergent or other cleansing agent	When do you usually wash your hands? (Write all that apply)	<u>Observation only:</u> Observe the presence of small livestock around the property.	What is the main destination for household waste in this household?	How many mosquito bednets does the household own? If 0, >>Next Module	How many of these bednets are insecticide-treated?	Which household members slept under a mosquito bednet last night? 0 None 1 Some 2 All	IF answered "1" to Q25, list PIDS of those who slept under a bednet last night?
Code 1	Code	No. of hhs	Code	Number	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Number	Number	CODE	PID

Code 1: Toilet type

- 1 Flush or pour flush toilet
- 2 Flush to piped sewer system
- 3 Flush to septic tank
- 4 Flush to pit latrine
- 5 Flush to somewhere else
- 6 Flush, don't know where
- 7 Pit latrine
- 8 Ventilated improved pit latrine
- 9 Pit latrine with slab
- 10 Pit latrine without slab / open pit
- 11 Composting toilet
- 12 Bucket toilet
- 13 Hanging toilet / hanging latrine
- 14 No facility / bush/ field

Code 2: Where wash hands

- 1 Observed
- 2 Not observed, not in dwelling/ yard/ plot
- 3 Not observed, no permission to see

4 Not observed, other reason

Code 3: Presence of water

- 1 Water is available
- 2 Water is not available

Code 4: Presence of cleansing agent

- 1 Soap or detergent (bar, liquid, powder, paste)
- 2 Ash, mud, sand
- 3 None

Code 5: When wash hands

- 1 Before preparing/handling food
- 2 After preparing/handling food
- 3 Before eating
- 4 After eating
- 5 Before using toilet
- 6 After using toilet

7 Before caring for/feeding child

- 8 After caring for/cleaning child
- 9 After working with animals
- 10 After working in fields

Code 6: Observation of livestock

- 0 No small livestock in house/within 100 m of house
- 1 Small livestock within 100 meters, outside only
- 2 Small livestock inside house only
- 3 Small livestock both inside house & within 100 meters outside house
- 4 Other, specify

Code 7: Waste destination

- 1 Buried
- 2 Collected by private establishment
- 3 Dumped in street / open space
- 4 Disposed in the compound

- 5 Dumped in river
- 6 Burned
- 7 Other (specify)

Section V: Household Diseases: Do not include the common cold under “flu”. Prompt the respondent with specific diseases from the list.

Has any family member older than 5 years of age suffered from a disease during the last year? (e.g. diarrhea, flu, malaria, etc.) _____ 1 Yes, 2 No

[illegible]

Code 1

Govt. hospital.....	1
Govt. health centre.....	2
Govt. health post.....	3
Village health worker.....	4
Mobile/outreach clinic.....	5
Other public (<i>specify</i>).....	6
Private hospital/clinic.....	7
Private physician.....	8
Private pharmacy	9
Other private medical (<i>specify</i>).....	10
Other source relative or friend.....	11
Shop	12
Traditional practitioner	13
Other (<i>specify</i>).....	14

Code 2

Child used toilet/latrine.....	1
Put/rinsed into toilet or latrine.....	2
Put/rinsed into drain or ditch.....	3
Thrown into garbage (solid waste).....	4
Buried.....	5
Left in the open.....	6
Other (<i>specify</i>).....	7
Not sure.....	-88

Section W: Infant and Young Child Feeding and Care

Enumerator: Ask of Caregivers of each child aged 0-59 months old (under 5 years) in the household. Enter -88 if the respondent does not know or cannot remember. If there are multiple children under 5, be careful to indicate all PID's in question 1. Go through the module for each child one at a time, completing all questions for one child before proceeding to the next child.

UNDER FIVE CHILD CARE OF ILLNESS MODULE							
1.	Child's PID code from the household roster						
2.	Mother's (Caregiver) ID code from the household roster		CODE	CODE	CODE	CODE	CODE
3.	Has (<i>name</i>) had diarrhea in the last two weeks, that is, since (<i>day of the week</i>) of the week before last? Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool. (If NO, SKIP>>9)	Yes....1 No...2					
4.	During this last episode of diarrhea, did (<i>name</i>) drink any of the following: Read each item aloud and record response before proceeding to the next item. A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS LOCALLY KNOWN AS „HIWOT ADHIN NITRE MEDHANIT“?	A. Fluid from ORS packet Y N 12					
	B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID? („ATIMIT“?)	B. Recommended homemade fluid. Y N 1 2					
5.	During (<i>name's</i>) illness, did he/she drink much less, about the same, or more than usual?	Much less or none.....1 About the same (or somewhat less)....2 More.....3					
6.	Did you seek advice or treatment for the illness outside the home? (If NO, SKIP>>8)	Yes....1 No.....2					
7.	From where did you seek care? Code 1						
8.	Was the child (<i>name</i>) given zinc treatment during diarrheal episode?	Yes.....1; No.....2					
9.	The last time (<i>name</i>) passed stools, what was done to dispose of the stools? Code 2						
10.	Does this child have a health card [or vaccination record]?	Yes.....1; No.....2					
11.	Has the child been vaccinated?	Yes.....1; No.....2					
12.	In the last six months, has this child received a Vitamin A supplement?	Yes.....1; No.....2					
13.	In the last six month, has this child been given a drug for intestinal worms?	Yes.....1; No.....2					
14.	In the last 6 months, has the child had malaria? <i>If no, >> 16</i>	Yes.....1; No.....2					

15.	Was the child treated with any modern drugs or medications for malaria?	Yes.....1; No.....2					
16.	In the last 7 days, has this child received an iron supplement?	Yes.....1; No.....2					
17.	In the last 2 weeks, has the child had a fever?	Yes.....1; No.....2					
18.	What was the relative size of the child at birth?	1 Very small 2 Smaller than average 3 Average 4 Bigger than average 5 Much bigger than average -88 Don't know					

UNDER FIVE INFANT AND YOUNG CHILD FEEDING MODULE: Complete for all children <59 months (under 5 years old). If there are multiple children under 5, be careful to indicate all PID's in question 1. Go through the module for each child one at a time, completing all questions for one child before proceeding to the next child.

COPY PID FROM MODULE ABOVE		PID					
19.	Has (child's NAME) ever been breastfed? If YES, SKIP>>21	Yes = 1 No = 2					
20.	If NO to 19, why wasn't (name) breastfed? Then, SKIP>>25	Mother ill/weak -----1 Child ill/weak -----2 Child died-----3 Nipple/breast problem -----4 Insufficient milk -----5 Mother working-----6 Child refused-----7 Other (specify)					
21.	What did you do with the first milk (colostrum)?	Gave it to child-----1 Threw it away-----2					
22.	How long after birth did you first put (NAME) to the breast? If respondent reports she put the infant to the breast immediately after birth, circle '000' For 'Immediately'. If less than 1 hour, circle '1' for hours AND RECORD '00' hours. If less than 24 hours, circle '1' and record number of completed hours, from 01 to 23. Otherwise, circle '2' and record number of completed days	Immediately=000 Hours= 1 _____ Days=2 _____					
23.	How many months did you exclusively breastfeed your child? (Feeding the child on only human breast milk and nothing else, not even water)	months					
24.	At what age (in months) were solids or liquids besides breastmilk introduced into the child's diet?	Months Enter -99 if the number of months is not applicable					
25.	Did you attend any prenatal visits during your pregnancy for (NAME), either at home or at a health center? (If NO, SKIP to 27)	No-----1 Yes-----2					
26.	How many prenatal visits did you attend for (NAME)?	Number of visits					
27.	What was the relative size of the child at birth? (READ OPTIONS)	1. Very small 2. Smaller than average 3. Average or larger -88 Don't know					
<p><i>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 LIST)? Read the list of liquids starting with 'breastmilk'</i></p>							
28.	Breastmilk? (Ask if answered YES to 18)	Yes = 1 No = 2					
29.	Plain water?	Yes = 1 No = 2					
30.	Infant formula such as [insert local examples]?	Yes = 1 No = 2					

31.	Milk?	Yes = 1 No = 2					
32.	Juice or juice drinks?	Yes = 1 No = 2					
33.	Clear broth?	Yes = 1 No = 2					
34.	Yogurt?	Yes = 1 No = 2					
35.	Porridge	Yes = 1 No = 2					
36.	Any other liquids such as [list other water-based liquids available in the local setting] ?	Yes = 1 No = 2					
37.	Any other liquids?	Yes = 1 No = 2					

Enumerator Instructions: Complete for all children <59 months (under 5 years old). If there are multiple children under 5, be careful to indicate all PID's in question 1. Go through the module for each child one at a time, completing all questions for one child before proceeding to the next child. . Please describe everything that (CHILD'S NAME) ate yesterday during the day or night, whether at home or outside the home.

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? UNTIL RESPONDENT SAYS NOTHING ELSE.

IF NO, CONTINUE TO PART b)

b) What did (CHILD'S NAME) do after that? Did (CHILD'S NAME) eat anything at that time?

IF YES: Please tell me everything (CHILD'S NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.

REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.

IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE:

c) What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE

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

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT ENTERED IN THE RESPONSE BOX, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '0' IF NO AND '-88' IF DON'T KNOW. **If the respondent indicates the child is exclusively breastfed and consumed no foods, write "-99" and skip the module.**

COPY PID FROM MODULE ABOVE		PID					
38.	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW	Yes = 1 No = 2					
39.	Porridge, bread, rice, noodles, or other foods made from grains	Yes = 1 No = 2					
40.	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	Yes = 1 No = 2					
41.	White potatoes, white yams, manioc, cassava, or any other foods made from roots	Yes = 1 No = 2					
42.	Any dark green leafy vegetables	Yes = 1 No = 2					
43.	Ripe mangoes, ripe papayas or (INSERT OTHER LOCAL VITAMIN-A RICH FRUITS)	Yes = 1 No = 2					
44.	Any other fruits or vegetables	Yes = 1 No = 2					
45.	Liver, kidney, heart or other organ meats	Yes = 1 No = 2					
46.	Any meat, such as beef, lamb, goat, chicken, or duck	Yes = 1 No = 2					
47.	Eggs	Yes = 1 No = 2					
48.	Fresh or dried fish, shellfish, or seafood	Yes = 1 No = 2					
49.	Any foods made from beans, peas, lentils, nuts, or seeds	Yes = 1 No = 2					
50.	Cheese, yogurt, or other milk products	Yes = 1 No = 2					
51.	Any oil, fats, or butter, or foods made with any of these	Yes = 1 No = 2					
52.	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	Yes = 1 No = 2					
53.	Condiments for flavor, such as chilies, spices, herbs or fish powder	Yes = 1 No = 2					
54.	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	Yes = 1 No = 2					