

Tanzania Africa RISING Baseline Evaluation Survey - 2014

CONSENT FORM

My name is ____ and I work for Economic Development Initiatives (EDI). EDI has been contracted to conduct this survey by a research program, called Africa Research in Sustainable Intensification for the Next Generation -Africa RISING-, which aims to alleviate hunger and poverty by increasing agricultural productivity. Your household is one of the over 900 households in Babati, Kongowa, and Kiteto districts in Tanzania selected to be interviewed now and at the end of the program (after three years). Data collected from study households like yours will be used to determine and understand major constraints and opportunities for improving livelihood. Analysis of baseline and follow-up data will allow the research team to assess the effect of the Program on the livelihood of beneficiary farmers and help identify successful agricultural technologies and practices.

Data to be collected from you will be coded and will be kept strictly confidential. All household identifying information will be held in strict confidence and used only for research purposes. No identifying information (e.g., respondent name) will appear in data report. Participation in this interview is voluntary and you may refuse to participate, discontinue the interview at any time, or skip any question you do not want to answer with no penalty or loss of benefits to which you are otherwise entitled. You are allowed to ask questions concerning the research, both before agreeing to participate in the interview, during, and after the interview.

As head of the household or spouse of the head, I would like to ask you questions mainly about agricultural activities and consumption. I will need to ask also other household members about health status and labor, as well as measure weight and height of all women of reproductive age and children under 5 years old. Answering these questions is expected to take around 3-4 hours. You may find some of the questions (for example about household asset ownership and consumption of food and non-food items) sensitive and you can refuse to answer any sensitive question without any consequence whatsoever.

Please contact Ainsley Charles at +255-789-150-558 if you have questions about the research and your right as a research participant and Carlo Azzarri at c.azzarri@cgjar.org if you face injury as a result of your participation in this survey.

Please contact Erick Boy, the chair of the International Food Policy Research Institute Institutional Review Board at +1 202 862-8141 or e.boy@cgjar.org if you need more information or have questions about this study.

Before I start, do you have any questions or is there anything I have said on which you would like further clarification? May I proceed with interviewing you and other household members?

Subject Name _____ Subject Signature _____

Consent form approved by IFPRI IRB on _____

Household location

A1	A2	A3	A4	A5
Region	District	Ward	Village	Household
See codes	See codes	See codes	See codes	Enter 3-digit household code from the list of sampled households**

GPS coordinates

		Degree	Minute	Second
A6	GPS Latitude	S		
A7	GPS Longitude	E		
A8	Elevation (in meters)			

Survey Staff Details

A9 ENUMERATOR NAME: _____

A10a DATE OF INTERVIEW (FIRST VISIT): _____ / _____ / _____
MM DD YYYY

DATE OF INTERVIEW (SECOND VISIT): _____ / _____ / _____
MM DD YYYY A10b

A10a INTERVIEW STARTING TIME (FIRST VISIT): _____ / _____
HOUR MIN

INTERVIEW STARTING TIME (SECOND VISIT): _____ / _____
HOUR MIN A10b

A12 NAME OF SUPERVISOR: _____

A13 DATE AND TIME OF QUESTIONNAIRE INSPECTIONS BY SUPERVISOR:
 Date: _____ / _____ / _____
MM DD YYYY
 Time: _____ / _____
HOUR MIN

Household information

A14	Name of head of household	
A15	Name of respondent (if not head)	
A17	Was translator used? 1. Yes 2. No	
A18	Phone numbers (if available)	
A19	Religion of the head 1 Christian 2 Muslim 3 Other	

SECTION B. HOUSEHOLD* MEMBERS

I N D I V I D U A L I D	ASK ALL HOUSEHOLD MEMBERS. RESPONDENTS 12 OR OLDER SHOULD RESPOND TO RELEVANT QUESTIONS FOR THEMSELVES					ASK THESE QUESTIONS ONLY FOR MEMBERS 7 YEARS OR OLDER				ASK MEMBERS 14 YEARS OR OLDER		
	Please tell me the names of all members of the household starting with the head of household:	What is the relationship of [NAME] to the head of household?	Is [NAME] male or female?	How old is [NAME]? IF 7 YEARS OR OVER, GIVE YEARS ONLY. IF LESS THAN 7 YEARS, GIVE YEARS AND MONTHS.		How many months of the past 12 months has [NAME] lived with the household?	What is the highest grade completed by [NAME]?	Can [NAME] read and write?	What is the primary activity of [NAME]?	What is the second most important activity of [NAME]?	What is [NAME]'s marital status?	
	LIST ONLY NAMES OF HOUSEHOLD MEMBERS	1 Head 2 Spouse 3 Son/daughter 4 Son/daughter in law 5 Grandchild 6 Parent or parent in law 7 Other relative (male or female) 8 Other (not related)	1 Male 2 Female	Years	Months		1 Pre-Primary 2 Adult / Vocational training 3 Standard I 4 Standard II 5 Standard III 6 Standard IV 7 Standard V 8 Standard VI 9 Standard VII 10 Standard VIII 11 Primary + Course 12 Form I 13 Form II 14 Form III 15 Form IV 16 Form IV Course 17 Form V 18 Form VI 19 Form VI+ Course 20 Ordinary Diploma 21 University I 22 University II, 23 University III 24 University IV 25 University V -95 None -99 Do not know	1 Kiswahili 2 English 3 Kiswahili and English -96 Any other language -95 No	1 Crop production 2 Livestock 3 Non-farm employee 4 Farm employee 5 Self employed 6 Student 7 Unpaid housework 8 Looking for work -96 Other -95 None	1 Crop production 2 Livestock 3 Non-farm employee 4 Farm employee 5 Self employed 6 Student 7 Unpaid housework 8 Looking for work 96 Other -95 None	1 Monogamous married 2 Polygamous married 3 Living together 4 Separated 5 Divorced 6 Never married 7 Widow(er)	
ID				B1	B2							B3
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

* The household is defined as a group of people who share expenses and live and eat together most of the time.

ISCO OCCUPATION CODE

- 1 Manager
- 2 Professional
- 3 Technician and associate professional
- 4 Clerical support worker
- 5 Service and sales worker
- 6 Skilled agricultural, forestry, and fishery workers
- 7 Craft and related trades worker
- 8 Plant and machine operator, and assembler
- 9 Elementary occupation
- 10 Armed forces
- 96 Other

ISIC BUSINESS SECTOR CODE

- 1 Agriculture, forestry and fishing
- 2 Mining and quarrying
- 3 Manufacturing
- 4 Electricity, gas, steam and air conditioning supply
- 5 Water supply; sewerage, waste management and remediation activities
- 6 Construction
- 7 Wholesale and retail trade; repair of motor vehicles and motorcycles
- 8 Transportation and storage
- 9 Accommodation and food service activities
- 10 Information and communication
- 11 Financial and insurance activities
- 12 Real estate activities
- 13 Professional, scientific and technical activities
- 14 Administrative and support service activities
- 15 Public administration and defence; compulsory social security
- 16 Education
- 17 Human health and social work activities
- 18 Arts, entertainment and recreation
- 96 Other

C Labor Roster flap

I N D I V I D U A L I D	NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS WHO ARE 7 YEARS OR OLDER, NO OTHERS	SEX 1 Male 2 Female	AGE (in years)	SEC 'Module C1 Labor'		
				YES TO C4a? 1 Yes 2 No	YES TO C4b? 1 Yes 2 No	YES TO C4c? 1 Yes 2 No
ID	Cr1	Cr2	Cr3	Cr4_a	Cr4_b	Cr4_c
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

SECTION E. AGRICULTURAL LAND

NOTE: Plots of land rented out should be considered as separate parcels.

INTERVIEWER: ASK ABOUT PARCELS OF LAND USED BY THE HOUSEHOLD DURING OCT 2012 - SEP 2013, WHETHER OWNED BY THE HOUSEHOLD OR NOT

INTERVIEWER: ASK ABOUT PARCELS OF LAND USED BY THE HOUSEHOLD DURING OCT 2012 - SEP 2013, WHETHER OWNED BY THE HOUSEHOLD OR NOT

P a r c e l I d n u m b e r	How large is the land area of [PARCEL] that you use? NOTE: Plots of land rented out should be considered as separate parcels.		Does this parcel belong to your household?	How did your household obtain this parcel?	Did your household farm this parcel during Oct 2012 - Sep 2013?	IF RENTED IN OR OUT How much did your household receive/pay in rent for this parcel? [IF RENTED OUT GO TO MODULE LIVESTOCK J1]	IF SHARECROPPED IN OR OUT What percentage of the harvest was paid (in cash or in-kind)? [IF SHARECROPPED OUT GO TO MODULE LIVESTOCK J1]	How did your household use this land during Oct 2012 - Sep 2013?	What is the main source of water for this parcel during Oct 2012 - Sep 2013?	What kind of irrigation do you use?	What is the main means of irrigating this parcel?	What is the type of the soil on this parcel?	What proportion of the [PARCEL] has crusted soils?	What is the color of the soil of this parcel?	What is the slope of this parcel?	When was the last time you experienced waterlogging problems on this [PARCEL]? [WRITE 0 IF NEVER EXPERIENCED]	How long does it take to get to [PARCEL] from your house by the usual mode of transport (<u>one way in minutes</u>)	
	Area	Unit				Value in TSH If in-kind, estimate value	Time unit						Percent					
ID	E2a	E2b	E3	E4	E5	E6a	E6b	E7	E8	E9	E10	E11	E12	E13	E14	E15	E16	E17
1								%					%					
2								%					%					
3								%					%					
4								%					%					
5								%					%					
6								%					%					
7								%					%					
8								%					%					
9								%					%					
10								%					%					

SECTION F. CROP INPUTS (SOIL CONSERVATION)

INTERVIEWER: ENTER PLOT-LEVEL RESPONSE FOR EACH PARCEL

ADD A NEW ROW FOR EACH PLOT, WITHIN EACH PARCEL.

Parcel number	How many plots does your household have in each parcel?	Plot number	Plot name	Did you in the past 5 years practice crop rotation in (PLOT)?	Did you in the past 5 years practice fallowing in (PLOT)?	What year did the fallow period begin, the last time (PLOT) was left fallow?	For how many years has (PLOT) been left fallow, the last time it was left fallow?	What was the main method of plowing (PLOT) during Oct 2012 - Sep 2013?	In what year did the first year to practice minimum tillage on (PLOT)?	What are the main reasons you are not practicing minimum tillage practices on this (PLOT) during Oct 2012 - Sep 2013?	Did you practice contour plowing or strip planting on (PLOT)?	How much manure did you apply to (PLOT) in Spring Oct 2012 - Sep 2013?	What was the source of the manure for (PLOT)?	How often do you apply manure to (PLOT)?	What type of other organic inputs do you apply on (PLOT) during Oct 2012 - Sep 2013?	How much other organic inputs do you apply on (PLOT) during Oct 2012 - Sep 2013?	Are there any herbaceous, woody or native plants on (PLOT)?	How many of these are legumes?	Which type of leguminous trees does your household have?	How many of these are true trees?	How many trees have you planted on (PLOT) since 2007?	How many trees did you remove from (PLOT) since 2007?	What is your main reason for not having trees, bushes or shrubs in (PLOT)?	Do you have a session on (PLOT)?	Do you use any type of cover crop?	What types of measures are you using to control erosion?	Last year, how many labor days more spent on construction and maintenance of these measures on (PLOT)?	What are the main reasons why you do not have soil and water conservation structures on (PLOT)?	Did the (PLOT) have more than one planting session in the year Oct 2012 - Sep 2013?	How many sessions did this (PLOT) have?							
F2a	F2b	Plot ID	Plot name	F4	F5a	F5b	F5c	F6a	F6b	F7a	F7b	F8	F9a	F9b	F10	F11	F12a	F12b	F12c	F13	F14a	F14b_1	F14b_2	F14c	F14d	F15	F16	F17a	F17b	F17c	F18a	F18b	F18c	F19a	F19b	seasonYn	seasonTotal
[COPY PARCEL NUMBER FROM AGRICULTURAL MODULE REPEAT PARCEL NUMBER IF THERE ARE MULTIPLE PLOTS ON THE PARCEL]	[FOR EACH PARCEL, WRITE THE NUMBER OF PLOTS]	[WRITE PLOT NUMBER]		1 Yes 2 No	1 Yes 2 No	F5a	YEAR [FOUR DIGITS] NUMBER OF YEARS	1 Hand tool 2 Animal, mouldboard plough 3 Animal, disc plough 4 Tractor, mouldboard plough 5 Tractor, disc plough 6 Ridge tillage 7 Seed ridge tillage 8 Planting pits 9 Zero-till/minim tillage 10 Strip/zero tillage 11 Ripping 12 Mixed method 98 Other 99 Did not plough	1 It seems too risky 2 Animal, mouldboard plough 3 It requires more labor for seeding and/or weeding 4 It requires special implement to seed 5 Too expensive 6 Never heard of it 7 Multiple reasons 98 Other	1 Yes 2 No	[PUT 0 IF NO MANURE IS USED AND #F12a]	Unit [SEE CODE PAGE]	1 Generated on farm 2 Obtained off farm 98 Other 99 Other	1 Every year 2 Most years 3 Some years 4 Rarely 5 Just once	1 Household waste 2 Manure/compost 3 Crop residue from this farm 4 Crop residue from other farms 5 A combination of organic inputs 98 Other 99 None	Quantity [SEE CODE PAGE]	1 Indigenous 2 Exotic 3 Both indigenous and exotic 98 None	1 Calliandra calothyrsus 2 Leucaena leucocephala 3 Morus alba 4 Sesbania sesban 5 Cassipouira equisetifolia 6 Forthelia abita 7 Grevillea robusta 8 Acacia 99 Other	[0 = NONE 99 = DO NOT KNOW]	[0 = NONE 99 = DO NOT KNOW]	[0 = NONE 99 = DO NOT KNOW]	[0 = NONE 99 = DO NOT KNOW]	[0 = NONE 99 = DO NOT KNOW]	[0 = NONE 99 = DO NOT KNOW]	1 Yes 2 No	1 Yes 2 No	1 Takes too much land 2 Too difficult to obtain seedlings 3 Too expensive 4 Too difficult to protect seedlings 5 Too risky/unstable 6 Multiple reasons 7 No decision power on plot 98 Other 99 None	1 Yes 2 No	1 Stone terraces 2 Fanya juu/lines 3 Other terrace 4 Class strip/banks (e.g. vetiver grass) 5 Drainage/ditches 6 Trash lines 7 Planting trees 8 Riprap 9 Contour bands 10 Marker ridges 11 Ditch/basins 12 Rock ridges 98 Other 99 None	[COMPUTE THE PERSON-DAYS AS SHOWN ON "2" (BACK OF PAGE)]	1 Requires too much labor 2 Materials not available 3 Materials too costly 4 No soil or water retention problems 5 Too risky/benefits unclear 98 Other 99 N/A	1 Yes 2 No	2				

Cereals	
11	Maize
12	Wheat
13	Pearl millet
14	Sorghum
15	Finger millet
16	Rice
17	Barley
19	Other grains
Pulses and nuts	
21	Bean
22	Soyabean
23	Pigeonpea
24	Chick-peas
25	Cow-peas
26	Peas
27	Groundnut
28	Bambara nuts
29	Other pulses, nuts
Vegetables	
31	Cabbage
32	Tomatoes
33	Okra
34	Amaranthus
35	Red pepper
36	Eggplant
37	Green pepper
38	Pumpkin
39	Other vegetables

Crops

Root and tuber crops	
41	Onion
42	Irish potato
43	Sweet potato
44	Garlic
45	Cassava
46	Yam
49	Other roots, tubers
Perennial crops	
50	Watermelon
51	Avocado
52	Banana
53	Mango
54	Orange
55	Pawpaw/Papaya
56	Coconut
57	Oil-palm
58	Sugar cane
59	Other perennial
Other crops	
61	Cotton
62	Coffee
63	Tobacco
64	Tea
65	Sesame
66	Sunflower
69	Other crops
Other land use	
71	Fallow
72	Pasture/grazing
73	Planted fodder
74	Planted trees
75	Natural trees
79	Other uses

Crops Varieties

Maize variety	
110	Kanyani
111	Mkango
112	Njobvu
113	DK 8033
114	MH 18
115	Chamakolo
116	Panner 53
117	Panner 44G19
118	Dk C9089
119	Kanjerenjere
1101	Masika
1111	Other maize variety
Rice variety	
160	Kilombero
161	Amanda
162	Kidine
163	Pusa
164	Tayi Chuni
165	Tayitu 10 (Title)
166	Blue Bonnet
167	Ussa
1616	Other rice variety
Bean variety	
210	Kaulesi
211	Nanyati
212	Kayela
213	Butter Beans
214	Chabinda
215	Chimbamba
216	Sugar Bean
217	Napilira
218	Selenje
219	Kholophethe
2101	Kalima
2102	Phalombe
2121	Other bean variety
Soyabean variety	
220	Nasoko
221	Tikolole

Pigeonpeas varieties	
230	Mwayi wathu alimi/Mwayi wathu
231	Lokolo
232	Nthawa June
2323	Other pigeon pea variety
Cow-peas variety	
250	Sudan 1
251	IT 216
2525	Other cow-peas variety
Groundnut variety	
270	Chalimbana
271	Man pinta
272	Malimba
273	CG7
274	RE1
275	Ukulugulu
276	Kapilinginya
277	Zambia
278	Nsinjiro
2727	Other groundnut variety
Cabbage variety	
310	Malakanta
311	Drumhead
312	Sugarloaf
3131	Other cabbage variety
Tomato variety	
320	Moneymaker
321	Roma
322	Rodade
3232	Other tomato variety
Red Pepper variety	
350	Kapiripiri
351	Kambuzi
3535	Other red pepper variety

SECTION J1. LIVESTOCK OWNERSHIP

ASK THE HOUSEHOLD HEAD OR OTHER KNOWLEDGEABLE MEMBER

Code	Animal type	In the past 12 months, have members of your household raised or produced [ANIMAL TYPE]?	What type of management system does the household use for [ANIMAL TYPE]?	Which family member had main responsibility for taking care of the [ANIMAL TYPE]?	How many [ANIMAL TYPE] does your household currently own? For chickens, exclude chicks.	What is the estimated total value of [ANIMAL TYPE] your household currently own?	Over the past 12 months, how many of your [ANIMAL TYPE] were lost/due to diseases?	Over the past 12 months, how many of your [ANIMAL TYPE] have been given out as gift?	Over the past 12 months, how many of your [ANIMAL TYPE] have you sold?	On average, how much was the unit price of each of [ANIMAL TYPE] (or carcasses) sold?	Over the past 12 months, how much manure have the [ANIMAL TYPE]s produced that the household was able to collect?		Which was the main use of this manure coming from [ANIMAL TYPE]?	Over the past 12 months, how much have you earned in total from manure sales by [ANIMAL TYPE]?	Over the past 12 months, how much have you spent in total on costs for [ANIMAL TYPE] such as veterinary supplies, taxes, and hired labor?	Over the past 12 months, did [ANIMAL TYPE] receive supplemental feeds?	Over the past 12 months, how much have you earned in total from the following activities...?	
											PUT 0 IF NO MANURE WAS COLLECTED ► J1_15]	1 Recycled in the field 2 Sold 3 Source of energy 4 Plastering 5 Multiple uses -96 Other 7 None					PUT 0 IF NO SALE OF MANURE	1 Yes 2 No
J1_1	J1_2	J1_3	J1_4	J1_5	J1_6	J1_7	J1_8	J1_9	J1_10	J1_11	J1_12a	J1_12b	J1_13	J1_14	J1_15	J1_16	J1_17a	J1_17b
100	Draught cattle																Rental/Hides	
101	Bulls -local-																Rental/Hides	
102	Bulls -improved-																Rental/Hides	
103	Fattening cattle -local-																Meat products	
104	Fattening cattle -improved-																Meat products	
105	Cows -local-																Dairy products	
106	Cows -improved-																Dairy products	
107	Heifers -local-																	
108	Heifers -improved-																	
109	Calves -local-																	
110	Calves -improved-																	
111	Horse/donkey/mule																Rental	
112	Goats -local-																Goat milk	
113	Goats -improved-																Goat milk	
114	Sheep																Wool/skins	
115	Pigs -local-																	
116	Pigs -improved-																	
117	Chickens																Egg sales	
118	Fish																	
119	Other livestock																	
120	Honey bees*				*	*	*	*	*	*							Honey sales	

* Note: For honey bees, record number of occupied hives (not bees) in J1_6, J1_8, J1_9, J1_10; total value of hives in J1_7; and value per hive in J1_11.

ENUMERATOR: PLEASE THANK THE RESPONDENT AND SET UP DATE AND TIME FOR NEXT VISIT
DO NOT CONTINUE WITH THE INTERVIEW IN ONE SITTING UNLESS ABSOLUTELY NECESSARY.

A21a	END TIME	
	:	
	HOUR	MIN

K. AGRICULTURE-RELATED PROBLEMS AND COPING STRATEGIES

INTERVIEWER: ASK HEAD OF THE HOUSEHOLD. READ ALOUD EACH ACTIVITY AND CHECK IF APPLICABLE

Activity ID	Activity	Did you face any problem in relation with [ACTIVITY] during the last completed cropping season? 1 YES NO ►NEXT LINE 98 NOT APPLICABLE ►NEXT LINE	What are the <u>major problems</u> your household faces with regard to [ACTIVITY]? SELECT UPTO <u>TWO</u> [SEE PROBLEM CODES TO THE RIGHT]		What are the <u>major strategies</u> <u>your household uses to</u> tackle problems you face with regard to [ACTIVITY]? SELECT UPTO <u>TWO</u> [SEE STRATEGY CODES TO THE RIGHT]	
			1st	2nd	1st	2nd
ID	K1	K2	K3a	K3b	K4a	K4b
1	Crop production					
2	Crop storage					
3	Crop sale					
4	Livestock husbandry, sale of animals and animal products (e.g., dairy products)					

Problem Codes

- Crop Production**
 10 Shortage of agricultural inputs (e.g., labor, improved seeds), farm equipment)
 11 High price of agricultural inputs
 12 Long distance to agricultural input markets
 13 Low soil fertility
 14 Limited access to farming land/small land size
 15 Land tenure insecurity
 16 Poor quality of seeds
 17 Crop pests and diseases
 18 Drought
 19 Unfavorable weather condition (e.g., excessive rain, untimely rain, excessive cold, excessive heat)
- Crop Storage**
 20 Pests/insects
 21 Poor storage condition
 22 Too small
 23 Too far
- Crop Sale**
 30 Long distance to output market
 31 Fluctuating output price
- Livestock husbandry and Sale**
 40 Limited access to grazing land
 41 Poor forage quality
 42 Limited access to drinking water
 43 Low-yield animal variety
 44 Poor animal housing
 45 Disease
 46 Limited access to veterinary service and medications
 47 Animal death
 48 Conflict over land, water, and other resources
- Cross-cutting problems**
 50 Lack of information /limited knowledge
 51 Limited access to credit
 52 Lack of transportation
 53 Poor road quality
 54 Theft
 55 Lack of money to buy veterinary services
 56 Destruction of crop by animals

-96 Other problems

Coping Strategies Codes

- Crop Production**
 100 Increase household's labor share
 101 Participate in labor exchanges
 102 Adjust input use (e.g., seeds and fertilizer) to conditions
 103 Rent/hire/share /purchase agricultural and
 104 Borrow/rent/hire farm equipment
 105 Use irrigation
 106 Build soil conservation structures
 107 Use pesticides
 108 Dig bore holes/wells/dams/reservoirs/streambeds
 109 Migration
- Crop Storage**
 200 Use silo /nkhokwe/pit granary
 201 Store crops in home
 202 Rent/hire storage space from others
 203 Build storage unit
 204 Use pesticides
- Crop Sale**
 300 Postpone sale of produce
 301 Sale produce in piecemeal
 302 Sale produce in neighboring countries
 303 Hire transport (alone or as a group)
- Livestock husbandry**
 400 Rent/hire grazing land
 401 Purchase/trade forage
 402 Diversify breeds/breeding habits
 403 Migrate for grazing and/or water
 404 Purchase high yield breeds
 405 Sell/slaughter animals
 406 Market in an association /delay marketing
- Solutions to cross-cutting problems**
 500 Join farmers' association
 501 Borrow money from family/friends /banks
 502 Rely on government support/charity
 503 Ask advice from family/friends /extension agents
 504 Reduce household expenditures
 505 Share transport
 506 Rent/hire transport

-96 Other interventions
 -95 Took no action

SECTION L. AGRICULTURAL EXTENSION AGENTS AND AFRICA RISING

ASK HEAD OF THE HOUSEHOLD. READ ALOUD EACH ACTIVITY AND CHECK IF APPLICABLE.

S o u r c e I D	Source Name	Have you received advice/information on vegetable gardens, crops, livestock, or soil and natural resource management from [SOURCE] in the last 12 months?	Is [SOURCE] among the three most important sources you would prefer to ask/seek advice/information on?	How often did [SOURCE] visit your farm during the last cropping season to give you advice on farming/raising livestock?	How often did you visit [SOURCE] during the last cropping season to get advice on farming/raising livestock?
		1 Yes 2 No ► NEXT LINE		1 At least once every week 2 Not weekly but at least once every month 3 Not every month but at least once during the cropping season 4 Just once 5 Never -96 Other	1 At least once every week 2 Not weekly but at least once every month 3 Not every month but at least once every six months 4 Once per year 5 Never -96 Other
ID	L1	L2	L3	L4	L5
1	Friend/neighbor				
2	Model farmer				
3	Other farmer				
4	Farmer's group				
5	Agricultural development/ extension agent				
-96	Other				

L6	How far is your local Farmer Training Center (one way and in minutes) using the usual mode of transport? [WRITE -99 IF DO NOT KNOW] <input type="text"/> min	L15	Are you/your household satisfied with quantity, quality and timeliness of extension and input supply services? 1 Yes <input type="text"/> 2 No <input type="text"/>
L7	Have you ever participated in the activities of your Farmer Training Center? 1 Yes <input type="text"/> 2 No <input type="text"/>	L16	Have you heard of Africa RISING program? 1 Yes <input type="text"/> 2 No ► GO TO OTHER INCOME MODULE M
L8	Think of the agricultural extension/development agent you interact with the most. How long have you known that agent? [WRITE YEAR] <input type="text"/> years [WRITE -99 IF YOU DON'T KNOW ANY AGENT. WRITE 1 IF YOU HAVE KNOWN THE AGENT FOR LESS THAN 1 YEAR]	L17	Have you ever participated in any activity as part of/organized by Africa RISING program? 1 Yes <input type="text"/> 2 No ► L17
L9	Have you tried any new agricultural technologies/management practices during the last farming season? 1 Yes <input type="text"/> 2 No ► L11		Which Africa RISING-related activity did you get involved in? [LIST UP TO THREE]
L10	Have these been new activities your agent has demonstrated to you? 1 Yes <input type="text"/> 2 No <input type="text"/>	L18a	1 Community meetings 1st <input type="text"/>
L11	Are you a member of your community's farmer research group? 1 Yes <input type="text"/> 2 No ► L13 -98 Not Applicable	L18b	2 Trainings 2nd <input type="text"/>
L12	Have you ever used a new technology that you have seen at your research group activity or field day? 1 Yes <input type="text"/> 2 No <input type="text"/> -98 Not Applicable	L18c	3 On-farm experimentation of new or improved agricultural technology 3rd <input type="text"/>
L13	Do you/your household participate in any group that focuses on the conservation of natural resources, such as local protected area organization, forest users' group, or other environmental group?	L19	4 Demonstration field days -96 Other
		L20	Are you/your household satisfied with quantity and quality and timeliness of Africa-RISING-related activities you have been involved with? 1 Yes <input type="text"/> 2 No <input type="text"/>
			Do you plan to continue participating in Africa RISING activities in the next planting season? 1 Yes ► GO TO OTHER INCOME MODULE <input type="text"/> 2 No <input type="text"/>
			What are your reasons for not participating in Africa RISING activities ? [LIST UP TO THREE]
		L21a	1 Not relevant to my activities 1st <input type="text"/>
		L21b	2 Technology not appropriate 2nd <input type="text"/>
		L21c	3 Too expensive 3rd <input type="text"/>
			4 Too risky
			5 Prefer to be on my own

SECTION M. OTHER INCOME

ASK THE HEAD OF THE HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER

Other Income Activity Code	Other income activity name	In the past 12 months, have members of your household received any income from [ACTIVITY]?	Who in the household is mainly responsible for [ACTIVITY]?	How many months out of the past 12 months did members of this household receive income from [ACTIVITY]?	For each of these months that your household earned income from [ACTIVITY], how much MONTHLY INCOME , on average, did your household make?	How important is [ACTIVITY] to meeting household expenses?
		1 Yes 2 No ► NEXT LINE	1. Head 2. Spouse of head 3. Both head and spouse -96. Other	Months	TSH per month	1. Very important 2. Important 3. Sometimes important 4. Not very important
ID	M1	M2	M3	M4	M5	M6
100	Family/Household non-farm enterprise income					
101	Firewood & other forest products					
102	Sale of charcoal					
103	Sale of wild foods/bushmeat					
104	Grain milling					
105	Local beer brewing & malting					
106	Other agricultural processing business* (e.g., packaging)					
107	Pension					
108	Remittances from family members or friends					
109	Other assistance					
110	Property non-farm rental incomes (e.g., houses, tractors)					

* Agricultural processing includes processing of crops grown on farm and processed for sale.

SECTION N. CREDIT

INTERVIEWER: ASK THE HEAD OF THE HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER

N1	During the last 12 months , did anyone in this household apply for credit or ask for a loan of at least 10,000 TZS?	1. Yes 2. No ► N3	
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N2	During the last 12 months , did anyone in this household receive a loan?	1. Yes 2. No	
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N3	During the last 12 months , did you receive any crop inputs or agricultural equipment on credit?	1. Yes 2. No ► HOUSING MODULE O	
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Interviewer: For each crop input or equipment received on credit, fill in one line.

		Did you obtain [INPUT TYPE] on credit during the last 12 months?	Who offered you these goods on credit?	What was the value of these inputs?	What crop or livestock was the input used on?	How much time is the credit for?	Were you able to repay the credit?
Input type code	Input type name	1 Yes 2 No ► NEXT LINE	1 Input supplier 2 Trader 3 Processor 4 Cooperative 5 Farmer 6 Min of Agric. 7 NGO 8 Multiple sources -96 Other	TSH	[LIST UP TO THREE] [FOR CROP CODES USE CODE PAGE; FOR LIVESTOCK CODES SEE "J1 LIVESTOCK" MODULE]	Months	1 Yes, all 2 Only part 3 None of it 4 Not yet due
					1st 2nd 3rd		
ID	N4	N5	N6	N7	N8a N8b N8c	N9	N10
1	Seed						
2	Fertilizer						
3	Pesticides*						
4	Farm machinery						
5	Animals						
6	Other input						

* It includes insecticides, herbicides, fungicides, etc.

SECTION O. HOUSING AND ASSETS

**INTERVIEWER: ASK THE HEAD OF THE HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER
IF THE HOUSEHOLD OCCUPIES MULTIPLE BUILDINGS, REFER TO THE MAIN BUILDING FOR 01-05 BELOW.**

What is the main material used for the outer walls of the house?	<input type="text"/> O1	What is the main type of toilet used by your household?	<input type="text"/> O8
1 Mud/mud brick/clay 2 Wood/bamboo 3 Stone/burned bricks 4 Cement/sandcrete bloc 5 Thatch/cardboard 6 Corrugated metal -96 Other		1 Private KVIP 2 Shared KVIP 3 Private latrine 4 Shared latrine 5 Bush or field -96 Other	
What is the main material used for the floor in your house?	<input type="text"/> O2	What is the main type of lighting used by your household?	<input type="text"/> O9
1 Earth/mud/mud brick 2 Wood 3 Stone 4 Cement/concrete 5 Ceramic/tiles -96 Other		1 Electric lights 2 Torch 3 Candles 4 Oil or kerosene lamp 5 Solar panel -95 None -96 Other	
What is the main material used for the roof on your house?	<input type="text"/> O3	What is the main type of cooking fuel used by your household?	<input type="text"/> O10
1 Leaves/raffia/thatch 2 Wood 3 Corrugated metal 4 Cement/concrete 5 Asbestos/slate/tiles 6 Mud/earth roof (tembe) 7 Plastic sheeting 8 A combination -96 Other		1. Wood 2. Charcoal 3. Gas/LPG 4. Electricity 5 Kerosene/paraffine -96. Other	
How many distinct rooms does the household occupy? (number) (exclude toilet, kitchen, & bath rooms)	<input type="text"/> O4	How many loads of firewood do family members collect per day? [PUT 0 IF NO FIREWOOD HAS BEEN COLLECTED]	<input type="text"/> O11
How many external windows and doors does the housing unit have? (number)	<input type="text"/> O5	In the last year, do you have to walk farther to gather enough firewood? 1. Yes 2. No	<input type="text"/> O12
How much monthly rent are you paying IF RENTING IN or how much monthly rent would you receive if you were to rent out this house? [ENTER -99 IF RESPONDENT DOES NOT KNOW] (TSH/month)	<input type="text"/> O6		
What is the <u>main</u> source of drinking water for your household?	<input type="text"/> O7		
1 Piped into dwelling 2 Public tap 3 Borehole, well & pump 4 Well without pump 5 Spring 6 Pond/Lake/Dam 7 River 8 Rainwater 9 Sachet or bottled water -96 Other			

SECTION O. HOUSING AND ASSETS

INTERVIEWER: ASK THE HEAD OF THE HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER. READ ALOUD EACH ASSET TYPE.

How many of the following goods does your household own?			
Asset code	Asset type	How many units of [ASSET TYPE] does your household currently own?	When did your household acquire [ASSET TYPE]?
		[PUT 0 IF NONE ▶ NEXT LINE]	WRITE FOUR DIGIT YEAR AND -99 IF DO NOT REMEMBER. IF MULTIPLE PIECES OF AN ASSET ARE ACQUIRED AT DIFFERENT TIMES, WRITE YEAR OF THE MOST RECENT PURCHASE.
ID	assetid	O14	O15
100	Improved charcoal/wood stove		
101	Kerosene stove		
102	Gas stove		
103	Wooden bed - modern		
104	Metal bed - modern		
105	Sofa chair		
106	Modern chair		
107	Modern table		
108	Radio		
109	Television		
110	Electric fan		
111	Refrigerator		
112	Land-line phone		
113	Mobile phone		
114	Bicycle		
115	Motorbike		
116	Car or truck		
117	Satellite dish		
118	Solar panel		
119	Wooden cabinets		
120	CD/DVD Player		
200	Cutlass		
201	Axe/pick-axe		
202	Sprayer		
203	Sickle		
204	Ox-plough		
205	Yoke		
206	Harrow		
207	Shovel		
208	Hoe		
209	Winnower		
210	Animal cart		
211	Power tiller		
212	Tractor		
213	Disc Plough		
214	Ox-ridger		
215	Ripper		

Service code	Service type	How long does it take to get to [SERVICE TYPE], from your house, using the usual forms of transport? [One way in minutes]
		ENTER -98 IF NOT APPLICABLE
ID	serviceid	O18
300	the nearest motorable road?	
301	the nearest all-season road?	
302	the nearest asphalt road?	
303	the nearest weekly market place?	
304	the nearest daily market place?	
305	the district capital?	
306	the nearest place with daily bus?	
307	the nearest health care facility?	
308	the nearest primary school?	
309	the nearest secondary school?	

SECTION P. SUBJECTIVE WELFARE AND FOOD SECURITY

ASK THE WOMAN IN THE HOUSEHOLD.

NOTE: IF THE HOUSEHOLD HAS FASTED IN THE PAST 7 DAYS THEN ASK THE RESPONDENT TO REFER TO A TYPICAL WEEK WHEN ANSWERING THESE QUESTIONS.

In the past 7 days, did you worry that your household would not have enough food? 1 YES 2 NO	In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.								How many meals, including breakfast are taken per day...		What did your children below 5 years old (0-4 years) have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "0"	What did your children between 5 to 13 years old have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN 5-13, RECORD "0"
	Rely on less preferred foods? DAYS	Limit the variety of foods eaten? DAYS	Limit portion size at meal-times? DAYS	Reduce number of meals eaten in a day? DAYS	Restrict consumption by adults for small children to eat? DAYS	Borrow food, or rely on help from a friend or relative? DAYS	Have no food of any kind in your household? DAYS	a whole day and night without eating anything? DAYS	...in the household? NUMBER	...among children (6-59 months)? NUMBER LEAVE BLANK IF NO CHILDREN		
P1	P2a	P2b	P2c	P2d	P2e	P2f	P2g	P2h	P3a	P3b	P4	P5

Do all household members eat roughly the same diet? 1 YES ►P8 2 NO	Who in the household usually eats a more diverse variety of foods or a less diverse variety of foods (including food consumed outside the house)? 1 MORE DIVERSE 2 LESS DIVERSE 3 NOT APPLICABLE			In the last 12 months, have you been faced with a situation when you did not have enough quantity of food to feed the household? 1 YES 2 NO ► NEXT MODULE	Did you experience shortage of food in [MONTH], [YEAR]? 1 YES 2 NO												What was the cause of this situation? [LIST UP TO 3 IN ORDER OF IMPORTANCE] USE CODES AT THE BOTTOM																																																																																																								
	Men	Women	Children (6-59 months)		<table border="1"> <tr> <th colspan="13">2013</th> </tr> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td></td> </tr> <tr> <td>P9a</td><td>P9b</td><td>P9c</td><td>P9d</td><td>P9e</td><td>P9f</td><td>P9g</td><td>P9h</td><td>P9i</td><td>P9j</td><td>P9k</td><td>P9l</td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th colspan="13">2014</th> </tr> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>P10a</td><td>P10b</td><td>P10c</td><td>P10d</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															2013													Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		P9a	P9b	P9c	P9d	P9e	P9f	P9g	P9h	P9i	P9j	P9k	P9l															2014													Jan	Feb	Mar	Apr										P10a	P10b	P10c	P10d																				
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P6	P7a	P7b	P7c	P8	P10a	P10b	P10c	P10d							P11a	P11b	P11c																																																																																																								

CODES FOR P4, P5

1

TEA/DRINK WITH SUGAR
 2 MILK/MILK TEA WITH SUGAR
 3 SOLID FOOD ONLY (UGALI, CASSAVA, SWEET POTATO, BANANA, RICE)
 4 TEA/DRINK WITH SOLID FOOD
 5 PORRIDGE WITH GROUNDNUT FLOUR
 6 PORRIDGE WITH SOLID FOOD
 7 PORRIDGE WITH SUGAR
 8 PORRIDGE WITH MILK
 9 PORRIDGE WITHOUT SUGAR
 10 BREASTMILK
 11 WILD FOODS
 12 NOTHING
 -96 OTHER

CODES FOR P11A, P11B, & P11C

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 THEFT
 11 FIRE
 -96 OTHER

SECTION R1: NON-FOOD EXPENDITURES – PAST ONE WEEK & ONE MONTH

INTERVIEWER: ASK THE HOUSEHOLD HEAD AND THE SPOUSE (TOGETHER AND AS APPROPRIATE).

ONE WEEK RECALL

Item code	ITEM NAME	Over the past 7 days, did you purchase any [ITEM]?	How much did you pay in total for [ITEM]?
ID	R1_1	R1_2	R1_3
101	Cigarettes or tobacco		
102	Matches, lighter		
103	Public transport		

ONE MONTH RECALL

Item code	ITEM NAME	Over the past 30 days, did you purchase or pay for any [ITEM]?	How much did you pay in total?
ID	R1_1	R1_4	R1_5
201	Kerosene		
202	Electricity, including electricity vouchers		
203	Gas (for lighting/cooking)		
204	Water		
205	Petrol or diesel		
206	Cell phone voucher		

ONE MONTH RECALL

Item code	ITEM NAME	Over the past 30 days, did you purchase or pay for any [ITEM]?	How much did you pay in total for [ITEM]?
ID	R1_1	R1_4	R1_5
207	Charcoal		
208	Firewood		
209	Milling fees, grain		
210	Bar soap (for body or cloths)		
211	Clothes soap (powder)		
212	Toothpaste, toothbrush		
213	Toilet paper		
214	Glycerine, Vaseline, skin creams		
215	Personal care products for women (shampoo, cosmetics, hair products, etc.)		
216	Personal care products for men (shampoo, razor blades, hair products, etc.)		
217	Household cleaning products (dish soap, toilet cleansers, etc.)		
218	Light bulbs/candles/touch batteries		
219	Phone, internet, postage stamps or other postal fees		
220	Donation - to church, mosque, charity, beggar, etc.		
221	Motor vehicle service, repair, or parts		
222	Bicycle service, repair, or parts		
223	Wages paid to servants		
224	Mortgage - regular payment to purchase house		
225	Repairs to household and personal items (radios, watches, etc.)		
226	Lotteries and raffles		

SECTION R2: NON-FOOD EXPENDITURES – PAST TWELVE MONTHS

INTERVIEWER: ASK THE HOUSEHOLD HEAD AND THE SPOUSE (TOGETHER AND AS APPROPRIATE).

ITEM CODE	ITEM NAME	Over the past 12 months, did you purchase or pay for any [ITEM]?	What was the cost of (ITEM) that you purchased? TSH
ID	R2_1	R2_2	R2_3
301	Carpet, rugs, drapes, curtains		
302	Linen - towels, sheets, blankets		
303	Mat - sleeping or for drying maize flour		
304	Mosquito net		
305	Mattress		
306	Sports & hobby equipment, musical instruments, toys		
307	Film, film processing, camera		
308	Building items - cement, bricks, timber, iron sheets, tools, etc.		
309	Insurance - health (MASM, etc.), auto, home, life		
310	Losses to theft (value of items or cash lost)		
311	Fines or legal fees		
312	Bride price /Marriage costs		
313	Funeral costs		
314	Repairs to consumer durables		
315	Taxes for income, property, etc.		
316	Repairs & maintenance to dwelling		
317	Garments for men		
318	Garments for women		
319	Garments for children and babies		
320	Footwear for men		
321	Footwear for women		
322	Footwear for children and babies		
323	Membership fees (e.g., christian mothers association, funeral associations)		
324	School fees		
325	Motor bike		
326	Cooking utensils /jerry cans		
327	Medical expense		
328	Other costs not stated elsewhere		

ITEM CODE	ITEM NAME	Over the past 12 months did you gather, purchase, or pay for any [ITEM]?	What was the cost of [ITEM] that you purchased? TSH	What was the estimated total value of [ITEM] which you obtained without paying? PUT 0 IF NO GATHERING TSH
ID	R2_1	R2_2	R2_3	R2_4
400	Wood poles, bamboo			
401	Grass for thatching roof or other use			
402	Mud bricks			
403	River sand			
404	Stones			

SECTION S: SHOCKS

ENUMERATOR: ASK THE HOUSEHOLD HEAD OR THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER. GO THROUGH ENTIRE LIST BEFORE PROCEEDING.

S H O C K I D	Over the past five years, was your household's welfare status severely affected negatively by any of the following events?	Rank the three most significant shocks you experienced 1 MOST SEVERE 2 SECOND MOST SEVERE 3 THIRD MOST SEVERE	Did [SHOCK] cause a reduction in household income and/or assets? 1 INCOME LOSS 2 ASSET LOSS 3 LOSS OF BOTH 4 NEITHER	How dispersed was this shock? It affected... 1 ONLY THIS HOUSEHOLD 2 SOME OTHER HOUSEHOLDS 3 MOST HOUSEHOLDS IN THIS COMMUNITY 4 ALL HOUSEHOLDS IN THIS COMMUNITY -99 DO NOT KNOW	In which year and month did this [SHOCK] occur/start?		How long did the last episode of [SHOCK] last?		What did your household do in response to this [SHOCK] to try to regain your former welfare level?			
					YEAR	MONTH	DURATION	UNIT	USE CODES ON RIGHT LIST UP TO 3 IN ORDER OF MOST RECENT INCIDENT 1ST 2ND 3RD			
ID	S1	S2	S3	S4	S5	S6a	S6b	S7a	S7b	S8a	S8b	S8c
101	Drought or floods											
102	Strong winds/storms											
103	Crop pests											
104	Livestock disease, died or stolen											
105	Household business failure, non-agricultural											
106	Loss of salaried employment or non-payment of salary											
107	Large fall in sale prices for crops											
108	Large rise in price of food											
109	Large rise in agricultural input prices											
110	Severe water shortage											
111	Loss of land											
112	Chronic/severe illness or accident of household member											
113	Death of a member of household											
114	Death of other family member											
115	Break-up of the household											
116	Jailed											
117	Fire											
118	Hijacking/robbery/burglary/assault											
119	Dwelling damaged, destroyed											
120	Immediate needs of money and selling crop at lowest price											
121	Political, tribal, and farmers' livestock conflict											
-96	Other											

THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN QUESTION S3.

LEAVE ALL OTHER ROWS BLANK.

- 1 RELIED ON OWN-SAVINGS
- 2 RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS
- 3 RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT
- 4 RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION
- 5 CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.)
- 6 EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT
- 7 ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK
- 8 HOUSEHOLD MEMBERS MIGRATED
- 9 REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION
- 10 OBTAINED CREDIT
- 11 SOLD AGRICULTURAL ASSETS
- 12 SOLD DURABLE ASSETS
- 13 SOLD LAND/BUILDING
- 14 SOLD CROP STOCK
- 15 SOLD LIVESTOCK
- 16 INTENSIFY FISHING
- 17 SENT CHILDREN TO LIVE ELSEWHERE
- 18 ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS
- 19 SMOKING AND DRINKING
- 20 BEGGING
- 21 DID NOT DO ANYTHING
- 96 OTHER

SECTION U: CHILD ANTHROPOMETRY

ENUMERATOR: ASK PARENTS/CAREGIVERS OF CHILDREN BETWEEN THE AGES OF 0-59 MONTHS.* A THIRD MEASURE SHOULD BE TAKEN IF THE DIFFERENCE BETWEEN THE FIRST AND SECOND MEASURE DIFFERS BY MORE THAN 0.5CM (FOR HEIGHT), BY MORE THAN 0.1KG (FOR WEIGHT), AND BY MORE THAN 5MM (FOR UAC)

*** For children below 6 months, attempt to take measurements. If it is not possible to weigh the child, ask the respondent for the child's most recent clinic card and copy weight as recorded on the card.**

TAKE MEASUREMENTS OF [NAME] FOR A SECOND TIME

TAKE MEASUREMENTS OF [NAME] FOR A THIRD TIME

	IS [NAME] 0-59 MONTHS?	WAS [NAME] MEASURED?	WHY WAS [NAME] NOT MEASURED?	COULD [NAME]'S WEIGHT BE OBTAINED FROM CLINIC CARD?	WEIGHT IN KGS	HEIGHT IN CMS	WAS HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	UPPER ARM CIRCUMFERENCE IN MM	WEIGHT IN KGS	HEIGHT IN CMS	WAS HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	UPPER ARM CIRCUMFERENCE IN MM	WEIGHT IN KGS	HEIGHT IN CMS	WAS HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	UPPER ARM CIRCUMFERENCE IN MM	Date measurements was taken
	1 YES 2 NO ► NEXT LINE	1 YES ► U4 2 NO	1 CURRENTLY NOT HOME 2 TOO ILL 3 UNWILLING -96 OTHER	1 YES 2 NO ► NEXT LINE	KG	CM	1 Standing 2 Lying down	MM	KG	CM	1 Standing 2 Lying down	MM	KG	CM	1 Standing 2 Lying down	MM	dateanthro
ID	U1	U2	U3	U3_clinic	U4a	U5a	U6a	U7a	U4b	U5b	U6b	U7b	U4c	U5c	U6c	U7c	
1					•	•		•	•	•		•	•	•		•	
2					•	•		•	•	•		•	•	•		•	
3					•	•		•	•	•		•	•	•		•	
4					•	•		•	•	•		•	•	•		•	
5					•	•		•	•	•		•	•	•		•	
6					•	•		•	•	•		•	•	•		•	
7					•	•		•	•	•		•	•	•		•	
8					•	•		•	•	•		•	•	•		•	
9					•	•		•	•	•		•	•	•		•	
10					•	•		•	•	•		•	•	•		•	
11					•	•		•	•	•		•	•	•		•	
12					•	•		•	•	•		•	•	•		•	

W. HOUSEHOLD RECONTACT

W1	Reference person within the community	
W2	Relationship to the reference person within the community	
W3	Reference person outside the community	
W4	Relationship to the reference person outside the community	

A21b	END TIME	
	:	:
	HOUR	MIN

Thank you very much for participating in this survey and for your time!

W5 DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY PERMANENT CONTACTS, PHONE NUMBER (IF ANY). SKETCH MAP OF DWELLING LOCATION IN SPACE AT PAGE BOTTOM.

PLEASE GIVE THE INCENTIVE TO THE HOUSEHOLD HEAD

CONVERSION FROM YEAR OF BIRTH TO AGE (FOR QUESTION T1A)

YEAR OF BIRTH	AGE	YEAR OF BIRTH	AGE	YEAR OF BIRTH	AGE	YEAR OF BIRTH	AGE
1905	108	1932	81	1959	54	1986	27
1906	107	1933	80	1960	53	1987	26
1907	106	1934	79	1961	52	1988	25
1908	105	1935	78	1962	51	1989	24
1909	104	1936	77	1963	50	1990	23
1910	103	1937	76	1964	49	1991	22
1911	102	1938	75	1965	48	1992	21
1912	101	1939	74	1966	47	1993	20
1913	100	1940	73	1967	46	1994	19
1914	99	1941	72	1968	45	1995	18
1915	98	1942	71	1969	44	1996	17
1916	97	1943	70	1970	43	1997	16
1917	96	1944	69	1971	42	1998	15
1918	95	1945	68	1972	41	1999	14
1919	94	1946	67	1973	40	2000	13
1920	93	1947	66	1974	39	2001	12
1921	92	1948	65	1975	38	2002	11
1922	91	1949	64	1976	37	2003	10
1923	90	1950	63	1977	36	2004	9
1924	89	1951	62	1978	35	2005	8
1925	88	1952	61	1979	34	2006	7
1926	87	1953	60	1980	33	2007	6
1927	86	1954	59	1981	32	2008	5
1928	85	1955	58	1982	31	2009	4
1929	84	1956	57	1983	30	2010	3
1930	83	1957	56	1984	29	2011	2
1931	82	1958	55	1985	28	2012	1