

Strengthen PSNP4 Institutions and Resilience (SPIR)
Development Food Security Activity (DFSA)
BASELINE SURVEY: Female Questionnaire – February 7, 2018

DRAFT: For Research Purpose only

Module A: Housing, Water, Sanitation and Hygiene

- Part 1: Housing and water
- Part 2: Sanitation and hygiene

Module B: Assets Owned by the Woman

- Part 1: Consumer durables owned by the woman

Module C: Livestock Owned by the Woman

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- Part 2: Cost of livestock production
- Part 3: Income from livestock and specified agricultural products
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Module D: Own business activities

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Module F: Access to credit and financial services

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Module H: Food consumption and expenditure

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- Part 4: Child health history
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- Part 6: Child care activities
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Module L: Aspirations & Wellbeing

- Part 1: Aspirations

Module K: Participation in VESA groups and SPIR activities

Module L: Aspirations & Wellbeing

- Part 2: Poverty perceptions and wellbeing
- Part 3: Experience with depression and emotional wellbeing

Universal Codes (Include with all CAPI options):

97=Refuse to respond	98=Don't know	99= Not applicable
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CONSENT OF RESPONDENT

Please tick mark on the right box
depending on the respondent's consent
Consent given:

Yes

No

Signature of the Enumerator: _____

Date: / **DD** / **MM** / **YY** /
/ _____ / _____ / _____ /

Module A, Part 1: Housing and Water

[Enumerator: The respondent for this part of the questionnaire is the primary female respondent whose name is [NAME]. If [NAME] is not available to be interviewed please do not complete this survey right now.]

A_ID	Respondent ID			ID
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Code (a)	Code (b)	Code (c)	Code (d), Water container
1 Gas	1 Piped into dwelling	1 Boil	1 Clay container
2 Electricity	2 Piped into compound/yard	2 Add bleach/chlorine/woha agar	2 Aluminum/metal/steel container
3 Kerosene	3 Public tap outside compound	3 Strain it through a cloth	3 Plastic container
4 Firewood	4 Protected/covered well	4 Use water filter (ceramic, sand, composite etc)	4 Container with a plastic handle and a lid that can be used to close the top
5 Charcoal	5 Protected spring	5 Solar disinfection	5 Glass bottle
6 Dried cow dung	6 Open/unprotected spring	6 Let it stand and settle	6 Other
7 Dry stalks (maize, wheat etc)	7 River/lake/pond/stream/dam	7 Water purifying product	
8 Dried leaves	8 Rainwater	8 Other	
9 Other			

Code (e), Type of Roof	Code (f), Type of Floor	Code (g), Condition of dwelling	Code (h), Source of electricity
1. Thatched roof	1. Earth	1 Very good condition, no damage	1 Yes, mains
2. Corrugated metal roof	2. Cow dung or cow dung mixed with soil	2 Good condition, slightly damaged	2 Yes, generator
3. Mud/sand/stone, etc	3. Concrete/stone/cement	3 Moderate, little bit damaged	3 Yes, solar panel
4. Plastic sheeting	4. Tile/bricks	4 Bad shape, major damage or starting to fall down	4 Yes, other
		5 Very poor state	5 No

A1_01	What is your main source of <u>cooking fuel</u> ?		Code (a)
A1_01a	Does your household have an improved cooking stove?		1. Yes 2. No
A1_02	What is your <u>main</u> source of drinking water in the rainy season?		Code (b)
A1_03	What is your <u>main</u> source of drinking water in the dry season?		Code (b)
A1_04a	How long does it take to go to the water source, get water, and come back? (time to go fetch water <u>and</u> return.)	Hours	Minutes
A1_04b	Who usually gets the water from the source?		1. Self 2. Other adult female member 3. Other female child member 4. Adult male member 5. Male child member
A1_05	Do you treat your water in any way to make it good to drink? (Do <u>not</u> include washing the water container.)		1. Yes 2. No >> skip to A1_07
A1_06	What do you usually do to the water to make it good to drink? (Allow multiple responses)		Code (c)

A1_07	Do you use the same source of drinking water for all other purposes such as cooking, bathing, and washing clothes and household items?		1. Yes 2. No
A1_08	Can you please show me the container that you use to store water?		Code (d)
A1_09	<u>OBSERVE:</u> Is there a lid for the container?		1. Yes 2. No
A1_10	What materials have been used to construct the roof of the main house?		(Code e)
A1_11	What materials have been used to construct the floor of the main house?		Code (f)
A1_12	<u>OBSERVE:</u> What type of dwelling does the household live in?		(Code g)
A1_13	How many rooms does your house have?		
A1_14	How many rooms are used for sleeping?		
A1_15	<u>OBSERVE:</u> What is the total floor area of the dwelling in square metres?		
A1_16	In the last two years, did you spend anything on building a new house or improving your house and other buildings?		1. Yes 2. No
A1_17	Does this household have access to electricity from any source?		Code (h)

Module A, Part 2: Hygiene and Sanitation

Code (a), Type of toilet	Code (b), Disposal of stools	Code (c), Material used to wash hands
1 Pit latrine/traditional pit toilet	1 Drop in the toilet/garbage can	1 Soil
2 Ventilated improved pit latrine (VIP)	2 Rinse/wash away in open area	2 Ash
3 Flush toilet	3 Rinse/wash away in drainage system	3 Beauty/ bar soap
4 Communal (shared w other hh) latrine	4 Use for compost	4 Soap used to wash clothes
5 No facility/bush/field	5 Throw in the yard/compound	5 Soap powder
6 Other	6 Bury it	6 Liquid soap
	7 Nothing	7 Soapy water
		8 Only water/nothing else
		9 Other

A2_01	What kind of toilet facility do members of your household usually use?		Code (a)
A2_02	What do you usually do to dispose of a young child's (<5 years) stools?		Code (b)
A2_03a	Do you share this toilet facility with other households?		1. Yes 2. No
A2_03b	Was this toilet facility constructed as part of PSNP Public Works?		1. Yes 2. No
A2_04	Did you wash your hands yesterday, anytime during the day or night?		1. Yes 2. No
A2_05	What was used to wash your hands? <i>(Multiple responses possible)</i>		
	HYGIENE SPOT-CHECK/OBSERVATIONS		
A2_06	Did it rain either today or yesterday?		1. Yes 2. No

Code (a)	Code (b)	Code (c),	
1 Carried	1 Clean	1 Clean	
2 Crawling	2 Dirty	2 Dirty	
3 Walking	3 Dusty		
4 Sitting on the floor		99 Cannot observe	
5 Sitting on a chair or bed			
6 Child is sleeping			

	OBSERVATIONS OF YOUNG CHILDREN:		
A2_07	<u>OBSERVE</u> : Is there a young child (a child < 5 years) present or near the mother (within 10 metres). If there is more than one, these questions pertain to the youngest child present.		1. Yes 2. No >> skip to A2_11
A2_08	<u>OBSERVE</u> : Is the child walking, crawling or being carried by his/her mother or father or another person during this observation?		Code (a)
A2_09	<u>OBSERVE</u> : Is the child naked at the time of this observation?		1. Yes 2. No
A2_10	<u>OBSERVE</u> : What is the general appearance of the child's hands, hair, body/clothes, and face?		Code (b)
	OBSERVATIONS OF ENVIRONMENT (AROUND HOUSE/COMPOUND):		
A2_11	<u>OBSERVE</u> : What is the general appearance of the compound?		Code (c)
A2_12	<u>OBSERVE</u> : Does the area immediately around the house need to be swept or cleaned?		1. Yes 2. No 3. Cannot observe
A2_13	<u>OBSERVE</u> : is there human feces around the house/in the compound?		1. Yes 2. No 3. Cannot observe
A2_14	<u>OBSERVE</u> : is there animal feces (chickens, dogs, sheep, goats, cattle) around the house/in the compound?		1. Yes 2. No 3. Cannot observe
A2_15	<u>OBSERVE</u> : is there garbage (open garbage, garbage on the ground) around the house/in the compound?		1. Yes 2. No 3. Cannot observe

Code (a), Appearance	Code (b), Location	Code (c), Washing arrangements	
1 Clean	1 Inside the house	1 Water in bucket or other container	
2 Dirty	2 On the veranda/outside the house	2 Tap	
99 Cannot observe	3 Other	3 Soap	
	4 Food is not mashed for youngest child	4 Soap material (washing powder/soda)	
		5 Soapy water	

OBSERVATIONS INSIDE THE HOUSE:			
A2_23	<u>OBSERVE</u> : What is the general appearance of the interior of the house?		Code (a)
A2_24	<u>OBSERVE</u> : Does the floor inside the house need to be swept or cleaned?		1. Yes 2. No 99. Cannot observe
A2_25	<u>OBSERVE</u> : Are there piles of dirty clothes inside the house?		1. Yes 2. No 99. Cannot observe
A2_26	<u>OBSERVE</u> : Is the drinking water container covered?		1. Yes 2. No 99. Cannot observe
A2_27	Where do you usually <u>prepare</u> food for the youngest child in this household? (Preparing food means taking the child's food into a plate or bowl and mashing it. This does not mean cooking the food.)		Code (b)
A2_28	Where do you usually feed the child? Code (b)		Code (b)
A2_29	<u>OBSERVE</u> : Is there any hand washing station (water and soap/soap material/soapy water) maintained at the place of food preparation or child feeding area?		1. Yes 2. No >> skip to B1 99. Cannot observe >> skip to B1
A2_30	<u>OBSERVE</u> : What hand washing arrangements are available near the food preparation or child feeding area? (Multiple responses possible)		Code (c)

Module B, Part 1: Consumer Durables Owned by the Woman

(Section refers to items owned – not borrowed or rented – solely or jointly by the primary female respondent)

DURABLE	CODE	Number owned solely or jointly by you at present
	B1_ID	B1_01
Radio	311	
Mobile phone	312	
Gold or gold jewelry	314	(grams)
Silver or silver jewelry	315	(grams)
Wristwatches	320	

Module C, Part 1: Income from Livestock and Specified Animal Products

(Section refers to income from animals owned SOLELY or JOINTLY by the primary female respondent)

C_ID	Respondent ID			ID
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Agricultural product	During the last 12 months, did you produce [PRODUCT] for sale or for home consumption? 1 YES 2 NO >> if no, skip to next product	In the last 12 month, how much [PRODUCT] did you produce? 1 Kilograms 2 Liters 3 Tassa 4 Kubaya/Kelesa 5 Number 6 Sini 7 Birchiko 8 Kunna			Did you consume any of this [PRODUCT] at home? 1 YES 2 NO	After accounting for all costs, approximately how much did you earn from selling [PRODUCT] during this period?
	Code↑	Qty	Unit	Period 1. Daily 2. Weekly 3. Every two weeks 4. Monthly 5. Quarterly 6. Yearly	Code↑	Birr
Product	C1_01	C1_02a	C1_02b	C1_02c	C1_03	C1_04
Eggs						
Milk/cream/cheese						
Butter						
Hides						
Honey						

Module C, Part 2: Cost of livestock production

(Section refers to income from animals owned SOLELY or JOINTLY by the primary female respondent)

C2_01	In the last 30 days, what is the amount you have spent on feed for all your livestock?		Birr
C2_02	In the last 30 days, what is the amount you have spent on healthcare for all your livestock?		Birr
C2_03	In the last 30 days, what is the amount you have spent on paid labour for all your livestock?		Birr
C2_04	In the last 30 days, what is the amount you have spent on other paid costs for all your livestock?		Birr
C2_05	In the last 30 days, how many total hours have been spent caring for all your livestock by you?		Hours
C2_06	What was the largest source of feed for your livestock?		<ol style="list-style-type: none"> 1. Another farmer 2. Farmer cooperative/union 3. Private supplier 4. Agriculture officer 5. NGO 6. Self-production 7. Other
C2_07	Where did you receive veterinary and health service inputs for your livestock?		<ol style="list-style-type: none"> 1. Another farmer 2. Farmer cooperative/union 3. Private supplier 4. Agriculture officer 5. NGO 6. Self-production 7. Other

Module C, Part 3: Agricultural Extension Relating to Livestock and Livestock Products

(Section refers to assistance SOLELY to the primary female respondent)

Code (a)	Who provided advice?			
1	Development Agent	4	Farmers' group	7. Microfinance Institution
2	Staff at Farmer Training Center	5	Cooperative	8. Other
3	Model farmer	6	Neighbour or relative	

C3_01	Have <u>YOU</u> had contact with a local Development Agent in the last 12 months to discuss livestock production or marketing, dairy, poultry or beekeeping?		1 YES 2 NO >> skip to D1
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We would like to understand what kind of support you received from Development Agents and others knowledgeable about livestock production or marketing, dairy, poultry or beekeeping. Did these individuals:	In the last 12 months did a DA or other knowledgeable individual give you any advice on [activity]?	Who provided this advice?
	1 YES 2 NO >> skip to next activity	
Activity	Code↑	Code (a)
C3_ID	C3_02	C3_03
a. Starting or expanding poultry production		
b. Starting or expanding small-stock (goats, sheep) production		
c. Starting or expanding large-stock (cattle) production?		
d. Starting or expanding dairy production?		
e. Starting or expanding honey production?		
f. How to deal with diseases affecting your animals, poultry, or bees?		
g. Obtaining credit for livestock production?		
h. Obtaining inputs, materials, or animals needed for poultry, animal, dairy, or honey production?		
i. How to market and sell animals?		
j. How to market and sell poultry, animal, dairy, or honey products?		

C3_04	In the last two years, with help from a Development Agent, did you develop a business plan for livestock or livestock products that was seen and approved by a Development Agent?		1. YES 2. NO
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Module D, Part 1: Own-Business Activities

(This section refers to activities undertaken/led by the primary female respondent)

1 Weaving/spinning	8 Transport (by pack animal)	15. Selling Tea
2 Milling	9 Collecting, selling firewood or dungcakes	16. Stone Quarry (rock mining)
3 Handicraft, incl. pottery	10 TELLA	17. Other activities? Specify
4 Trade in grain/general trade (incl. banana, pepper, honey, etc.)	11 ARAQI	
5 Trade in livestock/livestock prod.	12 INJERA	
6 Retail trade in non-agricultural goods	13 DABBO	
7 Traditional healer/religious teacher	14. Salt trade	

Code (b): Location

1 My home	4 Large city
2 Kebele centre	5 Addis Ababa
3 Local market town	6 Other

Code (c): Who provided this credit?

1 MONEYLENDER	5 COOPERATIVE, INCLUDING RURAL SAVINGS AND CREDIT COOPERATIVE (RUSACCO)	9 MICROCREDIT INSTITUTION OR PROGRAM
2 RELATIVE	6 LOCAL ORGANISATION INCLUDING VILLAGE SAVINGS AND LENDING ASSOCIATION	10 NGO
3 FRIEND/NEIGHBOUR	7 BANK	11 OTHER
4 FROM EQUB	8 DEVELOPMENT AGENT	

Code (d): Who provided this support?

1 MONEYLENDER	5 COOPERATIVE, INCLUDING RURAL SAVINGS AND CREDIT COOPERATIVE (RUSACCO)	9 MICROCREDIT INSTITUTION OR PROGRAM
2 RELATIVE	6 LOCAL ORGANISATION INCLUDING VILLAGE SAVINGS AND LENDING ASSOCIATION	10 NGO
3 FRIEND/NEIGHBOUR	7 BANK	11 OTHER
4 FROM EQUB	8 DEVELOPMENT AGENT	

D_ID	Respondent ID		ID
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D1_01	In the last 12 (13 Ethiopian) months, have you carried out or managed an earning activity, such as trading, transport, handicrafts, food processing, or other such activities apart from farming and wage work?		1. Yes 2. No >> skip to next Module E
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“We will now ask you about the two off-farm activities that you consider most important in the last 12 (13 Ethiopian) months.”

		Business 1	Business 2		
D1_02a	What was the main activity of [BUSINESS]?			Code a	
D1_02b	What was the location of sales of [BUSINESS]			Code b	
D1_03a	Is this business a partnership with someone out of your household?			1. Yes 2. No >> skip to D1_04	
D1_03b	What share of the business' profits does your partner receive?			Percent	
D1_04	In the last 12 months, did you receive any technical assistance or support with starting or operating [BUSINESS]?			1. Yes 2. No >> skip to D1_06	
D1_05	Who provided this support for [BUSINESS]? If more than one person, list the two most important sources of technical assistance.			Code d	
D1_06	In the last 12 months, did you borrow money to finance this activity of [BUSINESS]?			1. Yes 2. No >> skip to D1_09	
D1_07	Who did you borrow money from for [BUSINESS]?			Code c	
D1_08	Did a Development Agent assist you in obtaining this credit for [BUSINESS]?			1. Yes 2. No	
D1_09	Which months in the last 12 (Ethiopian 13) months did [BUSINESS] operate? Mark each month with a '1'	EC 2009	Tir		1. Yes 2. No
			Yekatit		1. Yes 2. No
			Megabit		1. Yes 2. No
			Miazia		1. Yes 2. No
			Ginbot		1. Yes 2. No
			Sene		1. Yes 2. No
			Hamle		1. Yes 2. No
			Nehasse		1. Yes 2. No
		EC 2010	Meskerem		1. Yes 2. No
			Tikimit		1. Yes 2. No
			Hidar		1. Yes 2. No
	Tahisas		1. Yes 2. No		
D1_10	How many years have you operated [BUSINESS]?				
D1_11	In a typical month, how many days do adult males work on [BUSINESS]?				
D1_12	In a typical month, how many days do adult females work on [BUSINESS]?				
D1_13	In a typical month, how many days do male children work on [BUSINESS]?				

D1_14	In a typical month, how many days do female children work on [BUSINESS]?			
D1_15	Did you hire any labor to work on [BUSINESS]?			1. Yes 2. No
D1_16	In a typical month, after taking into account all costs, how much did you earn for [BUSINESS]?			
D1_17	Do you use any tools or equipment when undertaking this activity of [BUSINESS]?			1. Yes 2. No
D1_18	Who in this household is primarily responsible for making decisions about [BUSINESS]?			ID
D1_19	Who in this household is responsible for deciding how money from [BUSINESS] is to be used?			ID

Module E, Part 1: Sources of information

ENUMERATOR: Ask the questions below of the primary female respondent.

E1_ID	Respondent ID	<input type="text"/>	ID
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Question number	Question	Source	
		Spouse..... 1 Other family 2 Friend/neighbor..... 3 Automated text message. 4 Government extension worker.....5 Cooperative staff 6	Research stations.....7 Traders/Processors 8 Newspaper/TV/Radio/Poster (Other public advertisement). 9 Community health worker 10 NGO, private organization, religious, or voluntary organization...11 Other (specify).....12
E1_00a	Is [source] a source of information for you about crop prices and markets?		1. Yes 2. No
E1_00b	Which source is most important?		Source code
E1_01a	Is [source] a source of information for you about crop production methods?		1. Yes 2. No
E1_01b	Which source is most important?		Source code
E1_02a	Is [source] a source of information for you about livestock and markets?		1. Yes 2. No
E1_02b	Which source is most important?		Source code
E1_03a	Is [source] a source of information for you about livestock production methods?		1. Yes 2. No
E1_03b	Which source is most important?		Source code
E1_04a	Is [source] a source of information for you on nutrition for you?		1. Yes 2. No

Question number	Question	Source	
		Spouse..... 1 Other family..... 2 Friend/neighbor..... 3 Automated text message. 4 Government extension worker.....5 Cooperative staff..... 6	Research stations.....7 Traders/Processors 8 Newspaper/TV/Radio/Poster (Other public advertisement). 9 Community health worker 10 NGO, private organization, religious, or voluntary organization...11 Other (specify).....12
E1_04b	Which source is most important?		Source code

E1_05	How many times have you met with an agricultural extension worker in the last three months?		Number
E1_06	How many times have you met with a Health Development Army worker in the last three months?		Number

Module F, Part 1: Credit for Productive Purposes

(This section refers to credit activities undertaken/led by the primary female respondent)

Code (a) why no loan was taken	Code (b), Source of loan	Code (d), Reason for loan
1 NO NEED FOR A LOAN	1 MONEYLENDER/ARATA	1 TO BUY FARM OR OTHER TOOLS/IMPLEMENTS
2 TRIED TO GET A LOAN BUT WAS REFUSED	2 RELATIVE	2 TO BUY INPUTS E.G SEEDS/FERTILISER/PESTICIDES
3 NO-ONE AVAILABLE TO GET A LOAN FROM	3 FRIEND/NEIGHBOUR	3 TO BUY LIVESTOCK
4 EXPECTED TO BE REJECTED, SO DID NOT TRY TO GET ONE	4 FROM EQUB	4 TO PAY FOR HIRED LABOUR
5 I HAVE NO ASSETS FOR COLLATERAL	5 FROM IDDIR	5 TO PAY RENT/TAXES
6 AFRAID OF LOSING COLLATERAL	6 RUSACCO	6 TO START AN OFF-FARM BUSINESS (LIKE WEAVING)
7 AFRAID THAT I CANNOT PAY BACK	7 VLS	
8 INTEREST RATES TOO HIGH	8 FROM A BANK	
9 OTHER	9 FROM GOVERNMENT/MINISTRY/KEBELE	Code (e) Codes for “why no loan needed”
	10 NGO	1 I have my own finance sources
	11 MFI	2 There is no profitable activity for which I can borrow money
	12 OTHER (SPECIFY)	3 The loan size I needed was not available
		4 The loan type (e.g., in terms of repayment time, interest, convenience etc) was not available.
	Code (c) location	5 I don’t believe borrowing money is a good thing.
	1 THIS VILLAGE	6 I have never thought about borrowing seriously.
	2 ANOTHER VILLAGE	7 Other
	3 LOCAL MARKET TOWN	
	4 REGIONAL CENTER	
	5 ADDIS ABABA	
	6 OTHER (SPECIFY)	

Code (f), Reasons for difficulty in paying loans		
1 Poor harvest	3 Illness or death in household	5 Delay in receiving PSNP payments
2 Prices for crops/livestock poorer than expected	4 Loss of animals	6 Other

F_ID	Respondent ID			ID
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F1_01	IN THE 12 MONTHS, have <u>you</u> taken out a loan for productive purposes from any source – that is, a loan that you use for an agricultural or non-agricultural activity that is intended to generate income for the household?		1. Yes >> skip to F1_03 2. No
F1_02	Why did you not take a loan?		Code a

“Please give details about these loans. Include those you have paid back, as well as loans you have not paid back yet.”

Loan number EACH LOAN IS SEPARATE LINE GIVE DETAILS ON ALL LOANS	What was the source of this loan?	What is the location of the lender for this loan?	Did a Development Agent assist you in obtaining this credit? 1. Yes 2. No	Why did you want to obtain a loan?	What was the month when you took out the loan?	What was the amount of the loan in Birr?	Is any part of the loan still outstanding? 1. Yes 2. No >> skip to next loan	How much do you still owe on this loan?	Have you had difficulty repaying this loan? 1. Yes 2. No >> skip to next loan	Why did you have difficulty repaying this loan?
	Code b	Code c		Code d	Month	Birr		Birr		Code f
F1_ID	F1_03	F1_04	F1_05	F1_06	F1_07a	F1_07b	F1_08	F1_09	F1_10	F1_11
1										
2										
3										
4										

F1_12	If you could have obtained more money as a loan for productive purposes under typical terms (interest rate, collateral requirements, etc.) in the past 12 months, would you have taken it?		1. Yes 2. No
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Module F, Part 2: Credit for Consumption Purposes

(This section refers to credit activities undertaken/led by the primary female respondent)

Code (a), Reason for taking loan	Code (b), Source of loan	Code (c), Reasons for difficulty in paying loans
1 TO BUY FOOD FOR THE HOUSEHOLD	1 MONEYLENDER/ARATA	1 Poor harvest
2 TO PAY FOR HEALTH EXPENSES	2 RELATIVE	2 Prices for crops/livestock poorer than expected
3 TO PAY FOR EDUCATION EXPENSES	3 FRIEND/NEIGHBOUR	3 Loss of livestock
4 TO PAY FOR BUILDING MATERIALS	4 FROM EQUB	4 Other
5 TO BUY OTHER GOODS	5 FROM IDDIR	
6 TO PAY FOR TRAVEL EXPENSES	6 FROM A BANK	
7 FOR WEDDING	7 FROM GOVERNMENT/MINISTRY/KEBELE	
8 FOR FUNERAL	8 NGO	
9 REPAY OTHER DEBTS	9 OTHER	
10 IDDIR CONTRIBUTIONS		
11 OTHER		

F2_01	IN THE 12 (13 ETHIOPIAN) MONTHS, have <u>you</u> taken out a loan for consumption purposes? Examples include borrowing money to buy food, pay medical expenses, pay school fees or other schooling costs, housing repairs, transport, funerals, weddings.		1. Yes 2. No >> skip to F3
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Year	Month	In which months did you take out a loan for consumption purposes? Mark each month with a "1"	Why did you want to obtain a loan? (Multiple options allowed)	Who provided the loan?	How much did you borrow? (Birr) [Enumerator: If loan was in kind, ask respondent to estimate the cash value of the loan]	Is any part of the loan still outstanding? YES...1 NO....2 >> skip to F2_08	How much do you still owe on this loan?	Have you had difficulty repaying this loan? YES 1 NO 2 >> skip to F2_10	Why did you have difficulty repaying this loan?
			Code a	Code b	Birr		Birr		Code c
F2_YY	F2_MM	F2_02	F2_03	F2_04	F2_05	F2_06	F2_07	F2_08	F2_09
EC 2009	Tir								
	Yekatit								
	Megabit								
	Miazia								
	Ginbot								
	Sene								
	Hamle								
	Nehasse								
EC 2010	Meskerem								
	Tikimit								
	Hidar								
	Tahisas								

Module F, Part 3: Savings and Access to Savings Institutions

(This section refers to saving activities undertaken/led by the primary female respondent)

Code (a) Reasons for not joining RUSACCO, MFI, VSLA
1 Don't know anything about them
2 Don't exist in this kebele
3 They are too far away/inaccessible
4 Don't think they are useful because I don't think they are a good institution to deposit money in
5 Don't think they are useful because I don't think they will lend me money
6 Other

F3_01	Do you belong to a RURAL SAVINGS AND CREDIT COOPERATIVE (RUSACCO)?		1 YES 2 NO IF YES, SKIP TO F3_03
F3_02	Why do you not belong to a RUSACCO?		Code (a) THEN SKIP TO F3_05
F3_03	IN THE 12 MONTHS, have you deposited money with a RUSACCO?		1 YES 2 NO
F3_04	How often do you deposit money with a RUSACCO? (Ask respondents to choose the option that best describes their savings behavior.)		1 Once a year 2 Twice a year 3 Three times a year 4 Four times a year (ie every three months or so) 5 Six times a year (ie every other month) 6 Monthly 7 More frequently than monthly
F3_05	Do you belong to a Village Savings and Lending Association (VSLA)?		1 YES 2 NO IF YES, SKIP TO F3_07
F3_06	Why do you not belong to a VSLA?		Code (a) THEN SKIP TO F3_09
F3_07	IN THE 12 MONTHS, have you deposited money with a VSLA?		1 YES 2 NO
F3_08	How often do you deposit money with a VSLA? (Ask respondents to choose the option that best describes their savings behavior.)		1 Once a year 2 Twice a year 3 Three times a year 4 Four times a year (ie every three months or so) 5 Six times a year (ie every other month) 6 Monthly 7 More frequently than monthly
F3_09	Do you belong to a Micro Finance Institution (MFI)?		1 YES 2 NO IF YES, SKIP TO F3_11
F3_10	Why do you not belong to an MFI?		Code (a) THEN SKIP TO F3_13
F3_11	IN THE 12 MONTHS, have you deposited money with an MFI?		1 YES 2 NO
F3_12	How often do you deposit money with an MFI? (Ask respondents to choose the option that best describes their savings behavior.)		1 Once a year 2 Twice a year 3 Three times a year 4 Four times a year (ie every three months or so) 5 Six times a year (ie every other month) 6 Monthly 7 More frequently than monthly
F3_13	Do you have a bank account?		1 YES 2 NO IF NO, SKIP TO F3_15

F3_14	How often do you deposit money with a bank? (Ask respondents to choose the option that best describes their savings behavior.)		1 Once a year 2 Twice a year 3 Three times a year 4 Four times a year (ie every three months or so)	5 Six times a year (ie every other month) 6 Monthly 7 More frequently than monthly
F3_15	Are you a member of an Eqqub?		1 YES	2 NO
F3_16	Are you a member of an Iddir?		1 YES	2 NO

Module G, Part 1: Household consumables (monthly)

Item	Item Code	What was the total expenditure on (<i>item</i>) in the last 1 month?
		Birr
G1_00	G1_00A	G1_01
Charcoal	751	
Firewood	752	
Matches	753	
Candles (tua'af), incense	754	
Laundry soap/OMO/endod/besana leaves	755	
Hand soap	756	
Cosmetics (Hair oil, butter, perfume)	757	
Other personal care goods (incl.sendel,matent,...)	758	

Module H, Part 1: Food Consumption by Primary Female Respondent Yesterday

H_ID	Respondent ID			ID
------	---------------	--	--	----

	Please describe everything that you ate yesterday during the day or night, whether at home or outside the home. READ OUT EACH ITEM IN THE LIST OF FOODS.)	
H1_00	H1_00a	H1_01
Food Group		Yesterday, during the day or night, did you eat any [FOOD]?
01	CEREALS: Rice, bread made of wheat, puffed rice, injera, pressed rice, noodles, or any other food made with rice, wheat, maize/corn, or other grains?	Yes 1 No..... 0
02	VITAMIN A RICH VEGETABLES AND TUBERS: Pumpkin, carrots, squash, or sweet potatoes that are orange or yellow inside?	Yes 1 No..... 0
03	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS: White potatoes, white yams, white sweet potato (not orange inside), potato crisps, or other food made from roots (not orange or yellow)?	Yes 1 No..... 0
04	DARK GREEN LEAFY VEGETABLES: Any dark green leafy vegetables, spinach, kale, or costa?	Yes 1 No..... 0
05	OTHER VEGETABLES: Eggplant, green papaya, cauliflower, cabbage, or onion?	Yes 1 No..... 0
06	VITAMIN A RICH FRUITS: Ripe mangos, or ripe papaya?	Yes 1 No..... 0
07	OTHER FRUITS: Bananas, apples, guava, oranges, other citrus fruits, pineapple, watermelon, olives, grapes, grapefruit, berries, or plums?	Yes 1 No..... 0
08	BEEF, GOAT, LAMB, CHICKEN, DUCK OR OTHER BIRDS, LIVER, KIDNEY, HEART, OR OTHER ORGAN MEATS?	Yes 1 No..... 0
09	EGGS: Eggs of different birds – chicken, duck, turkey, etc.; with yolk, without yolk?	Yes 1 No..... 0
10	FISH: Big/small fresh or dried fish or shellfish?	Yes 1 No..... 0
11	ANY FOODS MADE FROM BEANS, PEAS OR LENTILS: Beans, peas, lentils, other pulses, or soybeans?	Yes 1 No..... 0
12	ANY NUTS AND SEEDS?	Yes 1 No..... 0
13	MILK OR MILK PRODUCTS: Milk, cheese, yogurt, or other milk products?	Yes 1 No..... 0
14	OILS AND FATS: Oil, fat, or butter added to food or used for cooking including ghee?	Yes 1 No..... 0
15	SWEETS: Sugar, molasses, honey, misti, cold drinks, chocolates, candies, or biscuits?	Yes 1 No..... 0
16	SPICES, CONDIMENTS, OR BEVERAGES: Spices (cumin, coriander, salt), condiments (pickles, chutney), coffee, or tea?	Yes 1 No..... 0

Module H, Part 2: Food Consumption and Expenditure

Code (a). Quantity units

1 Kilograms
2 Liters
3 Tassa
4 Kubaya/Kelesa
5 Number
6 Sini
7 Birchiko
8 Kunna

“We would now like to ask you about all the food that was bought for consumption or was consumed from your own (beteseb's) stock.”

		H2_01. During the past one week (7 days), did your household consume [ITEM]?	H2_02. How much was consumed ?		H2_03. Did your household purchase [ITEM] in the last week?	H2_04 If yes, how much did you buy?		
	Item Code	1=Yes 2=No>>Skip to H2_03	Quantity	Unit (Code a)	1 YES 2 NO>>skip to next item	Quantity	Unit (Code a)	Total expenditure on this item
Garlic	600							
Maize	601							
Rice	606							
Finger millet	607							
Sorghum	608							
Wheat flour	609							
Wheat	610							
Barley	611							
Teff	612							
Black/mixed teff	616							
Enset	621							
Irish potato	624							

		H2_01. During the past one week (7 days), did your household consume [ITEM]?	H2_02. How much was consumed ?		H2_03. Did your household purchase [ITEM] in the last week?	H2_04, If yes, how much did you buy?		
	Item Code	1=Yes 2=No>>Skip to H2_03	Quantity	Unit (Code a)	1 YES 2 NO>>skip to next item	Quantity	Unit (Code a)	Total expenditure on this item
Bean, white	641							
Bean, brown	642							
Cowpea	645							

Horse beans	646							
Chick peas	647							
Lentils	648							
Fenugreek	649							
Vetch	650							
Mustard	651							
Linseed	652							
Sesame	653							
Cabbage	660							
Onion	661							
Tomato	662							
Ethiopian Kale	664							
Lettuce	665							
Spinach	666							
Cauliflower	667							
Green bean	668							
Green pepper	669							
Carrot	670							
Papaya	673							
Banana	674							
Orange/lemon	676							

	Item Code	H2_01. During the past one week (7 days), did your household consume [ITEM]?	H2_02. How much was consumed ?		H2_03. Did your household purchase [ITEM] in the last week?	H2_04 If yes, how much did you buy?		
		1=Yes 2=No>>>Skip to H2_03	Quantity	Unit (Code a)	1 YES 2 NO>>>skip to next item	Quantity	Unit (Code a)	Total expenditure on this item
Eggs	681							
Dried or fresh fish	683							
Beef	684							
Goat	685							
Pork	686							
Mutton	687							
Chicken	688							
Fresh or powdered milk	701							
Margarine - Blue band	703							
Butter	704							
Yoghurt	705							
Cheese	706							
Sugar	711							
Sugar cane	715							
Honey	716							
Cooking oil	717							

		H2_01. During the past one week (7 days), did your household consume [ITEM]?	H2_02. How much was consumed ?		H2_03. Did your household purchase [ITEM] in the last week?	H2_04. If yes, how much did you buy?		
	Item Code	1=Yes 2=No>>Skip to H2_03	Quantity	Unit (Code a)	1 YES 2 NO>>skip to next item	Quantity	Unit (Code a)	Total expenditure on this item
Tea	821							
Coffee	822							
Bottle water, juice, other non-alcoholic beverages	823							
Tella	824							
Other alcoholic beverages	827							
Salt	831							
Pepper	832							
Spices	833							

H2_06. Has the household purchased any prepared foods, or paid to eat food outside the household in the last week?	1 YES 2 NO >>H2_08.
H2_07. What was the total expenditure on prepared foods and food eaten outside the household in the last week?	(BIRR)
H2_08. During the last week, have you given any food to other people, such as neighbours or family members not belonging to your household?	1 YES 2 NO

	H2_09. How many [ITEM] who are not living with your household shared more than one meal with your household in the last week? 0>>skip to next item	H2_10. How many days did these [ITEM] share meals?
ADULTS		
CHILDREN		

Module H, Part 3: Food Security in the last 12 months

Code (a), Food source	Code (b), Months	Code (c), Food shared?
1 Own production	1 Meskerem	1 All together
2 Purchase	2 Tikmit	2 Separate stocks
3 Gifts/transfers from family or relatives	3 Hidar	
4 Gifts/transfers from neighbours	4 Tahsas	
5 Direct Support	5 Tir	
6 Other	6 Yekatit	
	7 Megabit	
	8 Miazia	
	9 Guenbot	
	10 Sene	
	11 Hamle	
	12 Nahassie	

“We now want to think about the food consumption of your household over the **last 12 months**. Please tell us what were the primary and secondary sources of food consumed by this household over the last 12 months”

	EC 2009								EC 2010				
	Tir	Yekatit	Megabit	Miazia	Ginbot	Sene	Hamle	Nehasse	Meskere m	Tikimit	Hidar	Tahisas	
	H3_01a	H3_01b	H3_01c	H3_01d	H3_01e	H3_01f	H3_01g	H3_01h	H3_01i	H3_01j	H3_01k	H3_01l	
Primary													Code a
Secondary													Code a

H3_02	How many months in the last 12 months did you have problems satisfying the food needs of the household?	
H3_03	During the last 12 (13 Ethiopian) months, did your household suffer any shortage of food to eat?	1. Yes 2. No >> skip to H3_06a
H3_04	Thinking back over the last 12 months, in which month was the shortage of food most acute for your household?	Code b

H3_05a	During the worst month, how many times a day did adults in your household eat?	
H3_05b	During the worst month, how many times a day did children in your household eat?	
H3_05c	During the worst month, how many times a day did adolescents in your household eat?	
H3_05d	During the worst month, did household members consume “less preferred” foods?	1. Yes 2. No

H3_05e	During the worst month, did household members consume wild foods?		1. Yes 2. No
H3_05f	During the worst month, did household members consume seed stock?		1. Yes 2. No
H3_06a	During a good month, how many times a day did adults in your household eat?		
H3_06b	During a good month, how many times a day did children in your household eat?		
H3_06c	During a good month, how many times a day did adolescents in your household eat?		

Module I, Part 1: Role in Household Decision Making Around Production and Income Generation and access to markets (Pro-WEAI value chains)

CODE A			
LITTLE TO NO INPUT IN DECISIONS			
INPUT INTO SOME DECISIONS			
INPUT INTO MOST OR ALL DECISIONS			
NOT APPLICABLE / NO DECISION MADE			

Activity code	Activity name	Did your household participate in [activity] in the past 12 months?	Did you yourself participate in [activity] in the past 12 months?	What aspects of [ACTIVITY] did you participate in?	When decisions are made regarding [activity], who is it that normally makes the decision?	How much input did you have in making decisions about [activity]?	To what extent are you able to access information that you feel is important for making informed decisions regarding [ACTIVITY]?
	“I’d like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life.”	Yes 1 No 2 >> next activity	Yes 1 No 2 >> I2_10	Allow multiple responses Production..1 Processing..2 Trading / marketing..3 Not applicable..98	Allow multiple responses [Household ID] 94=Non HH Member If only primary female respondent >> skip to I1_06		Not at all 1 Small extent 2 Medium extent 3 To a high extent 4
	ACTIVITY	Code↑	Code↑	Code↑	ID	Code A	Code↑
		I1_01	I1_02	I1_03	I1_04	I1_05	I1_06
A	Crop selection and land preparation on agricultural parcels						
B	Seed selection and seed sowing on agricultural parcels						
C	Irrigating and fertilizing of agricultural parcels						
D	Harvesting of agricultural parcels						
E	Staple grain farming and processing of harvest: grains that are grown primarily for food consumption (teff, barley, sorghum)						
F	Horticulture (gardens) or high value crop farming and processing						
GA	Large livestock raising (cattle, camel)						
GB	Processing of milk and/or meat from large livestock (cattle, camel)						
HA	Small livestock raising (sheep, goats, pigs)						
HB	Processing of milk and/or meat from small livestock (sheep, goats, pigs)						

Activity code	Activity name	Did your household participate in [activity] in the past 12 months?	Did you yourself participate in [activity] in the past 12 months?	What aspects of [ACTIVITY] did you participate in?	When decisions are made regarding [activity], who is it that normally makes the decision?	How much input did you have in making decisions about [activity]?	To what extent are you able to access information that you feel is important for making informed decisions regarding [ACTIVITY]?
	“I’d like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life.”	Yes 1 No 2 >> next activity	Yes 1 No 2 >> I2_10	Allow multiple responses Production..1 Processing..2 Trading / marketing..3 Not applicable..98	Allow multiple responses [Household ID] 94=Non HH Member If only primary female respondent >> skip to I1_06		Not at all 1 Small extent 2 Medium extent 3 To a high extent 4
	ACTIVITY	Code↑	Code↑	Code↑	ID	Code A	Code↑
		I1_01	I1_02	I1_03	I1_04	I1_05	I1_06
I	Poultry and other small animals raising (chickens, ducks, turkeys) and processing of						
J	Fishing or fishpond culture						
K	Non-farm economic activities (running a small business, self-employment, buy-and-sell)						
L	Wage and salary employment (work that is paid for in cash or in-kind, including both						
M	Large, occasional household purchases (bicycles, land, transport vehicles)						
N	Routine household purchases (food for daily consumption or other household needs)						

Module I, Part 2: Role in Household Decision Making Around Production and Income Generation and access to markets, contd

CODE A							
LITTLE TO NO INPUT IN DECISIONS							
INPUT INTO SOME DECISIONS							
INPUT INTO MOST OR ALL DECISIONS							
NOT APPICABLE / NO DECISION MADE							

Activity code	Activity name “I’d like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life.”	How much input did you have in decisions about how much inputs (seeds, fertilizers, feed, labor, etc) should be used for [ACTIVITY] ?	How much input did you have in decisions about how much of the outputs of [ACTIVITY] to keep for consumption at home rather than selling?	How much input did you have in decisions on the use of income generated from [activity]?	Who usually takes products from [ACTIVITY] to sell in the market? <i>Allow multiple responses</i> [Household Ids] 94=Non HH Member	How many buyers for products from [ACTIVITY] do you know?
	ACTIVITY	Code A	Code A	Code A	ID	
		I1_07	I1_08	I1_09	I1_10	I1_11
A	Crop selection and land preparation on agricultural parcels					
B	Seed selection and seed sowing on agricultural parcels					
C	Irrigating and fertilizing of agricultural parcels					
D	Harvesting of agricultural parcels					
E	Staple grain farming and processing of harvest: grains that are grown primarily for food consumption (teff, barley, sorghum					
F	Horticulture (gardens) or high value crop farming and processing					
GA	Large livestock raising (cattle, camel)					
GB	Processing of milk and/or meat from large livestock (cattle, camel)					
HA	Small livestock raising (sheep, goats, pigs)					
HB	Processing of milk and/or meat from small livestock (sheep, goats, pigs)					

Activity code	Activity name “I’d like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life.”	How much input did you have in decisions about how much inputs (seeds, fertilizers, feed, labor, etc) should be used for [ACTIVITY] ?	How much input did you have in decisions about how much of the outputs of [ACTIVITY] to keep for consumption at home rather than selling?	How much input did you have in decisions on the use of income generated from [activity]?	Who usually takes products from [ACTIVITY] to sell in the market? <i>Allow multiple responses</i> [Household Ids] 94=Non HH Member	How many buyers for products from [ACTIVITY] do you know?
	ACTIVITY	Code A	Code A	Code A	ID	
		I1_07	I1_08	I1_09	I1_10	I1_11
I	Poultry and other small animals raising (chickens, ducks, turkeys) and processing of					
J	Fishing or fishpond culture					
K	Non-farm economic activities (running a small business, self-employment, buy-and-sell)					
L	Wage and salary employment (work that is paid for in cash or in-kind, including both					
M	Large, occasional household purchases (bicycles, land, transport vehicles)					
N	Routine household purchases (food for daily consumption or other household needs)					

Module I, Part 2: Agency, (New General Self Efficacy Scale)

Now I'm going to ask you some questions about different feelings you might have. Please listen to each of the following statements. Think about how each statement relates to your life, and then tell me how much you agree or disagree with the statement on a scale of 1 to 5, where 1 means you "strongly disagree" and 5 means you "strongly agree." **(Note: Randomize order of statements)**

STATEMENTS		I2_01. HOW MUCH DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT?
		STRONGLY DISAGREE 1 DISAGREE 2 NEITHER AGREE NOR DISAGREE 3 AGREE 4 STRONGLY AGREE 5
A	I will be able to achieve most of the goals that I have set for myself.	
B	When facing difficult tasks, I am certain that I will accomplish them.	
C	In general, I think that I can obtain outcomes that are important to me.	
D	I believe I can succeed at most any endeavor to which I set my mind	
E	I will be able to successfully overcome many challenges.	
F	I am confident that I can perform effectively on many different tasks.	
G	Compared to other people, I can do most tasks very well.	
H	Even when things are tough, I can perform quite well.	

I2_02 Please imagine a **ten-step** ladder, where on the bottom, the first step, are those who are **totally unable to change their lives**, while on step 10, the highest step, stand those who have **full control over their own life**. On which step are you?

1=first 2=second 3= third 4= fourth 5= fifth 6=sixth 7= seventh 8= eighth
9=ninth 10=tenth



Module I, Part 3: Group Membership (Pro WEAI)

“Now I’m going to ask you about groups in the community. These can be either formal or informal and customary groups.” GROUP CATEGORIES		Is there a [GROUP] in your community?	Is this group composed of all male or female or mixed-sex members?	Are you an active member of this [GROUP]?	To what extent do you feel like you can influence decisions in this [GROUP]?
I4_00		I3_01	I3_02	I3_03	I3_04
A	Agricultural / livestock / fisheries producer’s group (including marketing groups)	YES1 NO2 DON’T KNOW .98	➔ GROUP B	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP B	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
B	Water users’ group	YES1 NO2 DON’T KNOW .98	➔ GROUP C	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP C	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
C	Forest users’ group	YES1 NO2 DON’T KNOW .98	➔ GROUP D	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP D	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
D	Credit or microfinance group (including SACCOs / merry-go-rounds / VSLAs)	YES1 NO2 DON’T KNOW .98	➔ GROUP E	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP E	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
E	Mutual help or insurance group (including burial societies)	YES1 NO2 DON’T KNOW .98	➔ GROUP F	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP F	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
F	Trade and business association group	YES1 NO2 DON’T KNOW .98	➔ GROUP G	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP G	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
G	Civic group (improving community) or charitable group (helping others)	YES1 NO2 DON’T KNOW .98	➔ GROUP H	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP H	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
H	Religious group	YES1 NO2 DON’T KNOW .98	➔ GROUP I	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → GROUP I	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4
I	Cooperative _____	YES1 NO2 DON’T KNOW .98	➔ MODULE 14	ALL MALE.....1 ALL FEMALE.....2 MIXED SEX.....3 DON’T KNOW.....98 YES.....1 NO.....2 → MODULE 14	NOT AT ALL.....1 SMALL EXTENT.....2 MEDIUM EXTENT.....3 HIGH EXTENT.....4

Module I, Part 4: Mobility (PRO-WEAI)

CODE A	
EVERYDAY.....	1
EVERY WEEK AT LEAST ONCE	2
EVERY 2 WEEKS AT LEAST ONCE	3
EVERY MONTH AT LEAST ONCE	4
LESS THAN ONCE A MONTH	5
NEVER.....	6

I4_01	How often do you see your relatives (relative that does not live in your household)?		Code A
I4_02	How often do you see your friends?		Code A

I4_00	QUESTION	I4_03 How often do you go to [PLACE]? Code A	I4_04 Does your husband/partner or other household member object to you going alone to [PLACE]? 1=Yes 2=No
A	an urban center?		
B	the market / haat / bazaar?		
C	visit family or relatives?		
D	visit a friend / neighbor's house?		
E	the hospital / clinic / doctor (seek health service)?		
F	Temple/church/mosque		
G	a public village gathering / community meeting		
H	training for NGO or programs?		
I	Outside your community or village		

Module I, Part 5: Intrahousehold Dynamics

	Questions	Response	Response code
I5_01	Marital Status Code	<input type="text"/>	Single.....1>>Module I6 Married, lives with husband 2 Married, does not live with husband..... 3 Widow4>>Module I6 Divorced5>> Module I6 Separated/Deserted6>>Module I6
I5_02	What age were you when you first married?		[AGE]

Now I'd like to ask you some questions about how you feel about your spouse and how you think they feel about you.		Do you [NAME] respect your [RELATION]?	Does your [RELATION] respect you?	Do you trust your [RELATION] to do things that are in your best interest?	When you disagree with your [RELATION], do you feel comfortable telling him/her that you disagree?
ENTER MEMBER ID FOR EACH RELATIONOTHER CODES: NON-HH MEMBER.....94					
RELATION		I5_03	I5_04	I5_05	I5_06
A	Husband / wife	ID #	MOST OF THE TIME.....1 SOMETIMES.....2 RARELY.....3 NEVER.....4	MOST OF THE TIME.....1 SOMETIMES.....2 RARELY.....3 NEVER.....4	MOST OF THE TIME.....1 SOMETIMES.....2 RARELY.....3 NEVER.....4

Now I would like to ask about your opinion on the following issues.. Please keep in mind that I am not asking about your personal experience or whether the following scenarios have happened to you. I would only like to know whether you think the following issues are acceptable.		In your opinion, is a husband justified in hitting or beating his wife in the following situations? YES 1 NO 2
SITUATION		I5_07
A	If she goes out without telling him?	
B	If she neglects the children?	
C	If she argues with him?	
D	If she burns the food?	
		In your opinion, is it acceptable for a woman to travel alone to: 1=Yes 2 = No 3= It depends
		I5_08
A	The market	
B	Visit friends/family	
C	The health center	

I5_09	In the last 13 months have you lived with your husband/partner ?	1=Yes 2=No >>skip to next module I6
I5_10	[ENUMERATOR]: Only continue if a woman is alone or with a child less than 59 months.	1=Yes, woman is alone or only with a child less than 59 months 2=No she is not alone >>skip to next module I6

<p>Instructions for CAPI:</p> <ul style="list-style-type: none"> ○ At the household level, randomly assign 85% of households (N=3000 households) to receive the LIST module and 15% of households (N=526 households) not to receive the LIST module ○ For the 85% of households that receive the LIST module, randomly assign them into 1 of 4 groups (A, B, C, D) ○ Mothers in Group A, B,C,D will receive the 3 lists below. But question 5 in each list will vary depending on what group the mother is in. So for example, a mother randomly assigned to Group A will receive LIST 1, LIST 2, and LIST 3, and within each list she will receive question 5a. A mother randomly assigned to Group B will receive all three lists, and within each list she will receive question 5b, etc... 	
<p>I5_11. Here is a list of four things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months: [CAPI, place 5a, 5b, or 5c in the third place]</p>	<p>I5_11. RESPONSE</p> <p>_____</p>
1	Have you taken care of a sick relative who is unable to care for themselves
2	Have you heard of a girl who has been forced to marry a man against her will or wishes
3	Has your husband traveled to the kebele/village center to buy goods or sell items produced by your household
4	Have you and your husband/spouse attended the wedding celebration of a friend
Randomly administer one of the following:	
5a	Has your husband/spouse said or done something to humiliate you in front of others
5b	Has your husband/spouse pushed you, shook you, or thrown something at you?
5c	Has your husband/spouse physically forced you to have sexual intercourse with him when you did not want to
5d	BLANK

<p>15_12. Again, here is a list of four things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months: [CAPI, place 5a, 5b, or 5c in the second place]</p>		<p>15_12. RESPONSE</p> <p>_____</p>
1	Have you and your husband attended a funeral of a friend or family member	
2	Had a relative or close family friend's daughter undergo genital circumcision	
3	Has your husband/spouse traveled to a market to buy livestock (small or large)	
4	Have you traveled outside your community to visit a friend	
Randomly administer one of the following:		
5a	Has your husband/spouse threatened to hurt or harm you or someone you care about	
5b	Has your husband/spouse slapped you?	
5c	Has your husband/spouse physically forced you to perform any other sexual acts you did not want to?	
5d	BLANK	

<p>15_13 Again, here is a list of four things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months, : [CAPI, place 5a, 5b, or 5c in the fourth place]</p>		<p>15_13. RESPONSE</p> <p>_____</p>
1	Has your husband/spouse became too sick to work or attend to daily chores	
2	Have you used a mobile phone to make a call to a friend	
3	Have you traveled to a market to purchase clothes for yourself and/or child	
4	Have you and your husband/spouse had any money or items stolen from you	
Randomly administer one of the following		
5a	Has your husband/spouse insulted you or made you feel bad about yourself?	
5b	Has your husband/spouse twisted your arm or pulled your hair	
5c	Has your husband/spouse force you with threats or in any other way to perform sexual acts you did not want to?	
5d	BLANK	

Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.

I5_14. May I continue? 1=Yes, 2=No>skip to next module I6

		I5_15. First, I am going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: 1=Yes, 2=No
a	Does not permit you to meet your female friends?	
b	Tries to limit your contact with your family?	
c	Insists on knowing where you are at all times?	
d	Gets jealous or angry if you talk to other men?	
e	Frequently accuses you of being unfaithful?	

	The next questions are about things that happen to many women, and that your current husband/partner, or last husband/partner may have done to you	I5_16. Has your current (or most recent) husband/partner ever [ITEM]? 1 Yes, 2 No>>Skip to next item	I5_17. Has this happened in the last 13 months? 1 Yes, 2 No>>Skip to next item	
a	Insulted you or made you feel bad about yourself?			
b	Said or done something to humiliate you in front of other people?			
c	Threatened to hurt or harm you or some one you care about?			

		I5_18. Has your current (or most recent) husband/partner ever [ITEM]? 1 Yes, 2 No>>Skip to next item	I5_19. Has this happened in the last 13 months? 1 Yes, 2 No>>Skip to next item	
a	Slapped you ?			
b	Pushed you, shook you, or thrown something at you?			
c	Twisted your arm or pulled your hair?			
d	Punched you with his fist or with something else that could hurt you?			
e	Kicked you, dragged you or beat you up?			
f	Tried to choke or burn you on purpose?			
g	Threatened or attacked you with a gun, knife or other weapon			
h	physically forced you to have sexual intercourse with him when you did not want to?			
I	physically forced you to perform any other sexual acts you did not want to?			
j	forced you with threats or in any other way to perform sexual acts you did not want to?			

I5_20	If all items in I5_17 and I5_19= No then skip to I6. If any items in I5_17 or I5_19 = Yes then: "From what you have told me, I can tell that you have experienced some difficult times in your life. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances. If you would like, I can refer you to the Women's Affairs Committee that provides support to women in this woreda. They will		1. Yes 2. No
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	keep anything that you say private. You can go whenever you feel ready to, either soon or later. If you would like me to do this then I will need to inform my supervisor who will inform the committee. Do you agree for me to inform my supervisor?" [Enumerator: Did the respondent give consent to inform the supervisor?]		
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Module I, Part 6: Nutrition and health

Now I'd like to ask you some questions on making decisions about your health and nutrition in the past two years.		Who in the household generally makes decisions about [DECISION]?			To what extent do you feel you can participate in decisions regarding [ACTIVITY] if you want(ed) to?
		Allow multiple responses			
		IF RESPONSE IS MEMBER ID (SELF) ONLY → next item			
		Enter member ID			NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4
		I6_01			I6_02
		1	2	3	
A	What foods to prepare every day?				
B	What foods (available in the house) you can eat?				
C	Whether your child is taken to a clinic or a doctor is consulted when he/she is sick?				
The next set of questions asks about making decisions and your ability to obtain the types of food.		Who in the household generally makes decisions about whether to purchase [PRODUCT]?			If you need [PRODUCT], are you usually able to acquire it by some means (e.g., purchasing or cultivating it yourself or having someone do it for you)?
		Allow multiple responses			
		Enter member ID			1=YES 2=NO
		IF RESPONSE IS MEMBER ID (SELF) ONLY → next item			
		I6_03			I6_04
A	Small quantities of food, for example smaller than 5 kg				
B	Larger quantities of food, for example larger than 5 kg				
C	Eggs				
D	Milk or milk products				
E	Meat, poultry or fish (including organ meats)				

Module J, Part 1: PSNP during pregnancy and lactation (Up to two years after childbirth)

J1_01	At any time between Tabisas EC 2008 and today, were you pregnant?		1 YES 2 NO >>>SKIP TO NEXT SECTION J2
J1_02	Was your household receiving PSNP benefits when you first learned you were pregnant?		1 YES 2 NO
J1_03	Were <u>you</u> working on public works when you first learned you were pregnant?		1 YES 2 NO
J1_04	Did you stop working on public works when you first learned you were pregnant?		1 YES 2 NO >> skip to J1_08
J1_05	How many months pregnant were you when you stopped working?		
J1_06	Did you resume working on public works after you gave birth?		1 YES 2 NO >> skip to J1_08
J1_07	How many months after giving birth did you resume working?		
J1_08	Did your household receive any Direct Support payments after you reported your pregnancy?		1 YES 2 NO>> SKIP TO NEXT SECTION J2
J1_09	How many Direct Support payments have you received since you reported your pregnancy?		

Module J, Part 2: Use of antenatal and postnatal services

ENUMERATOR: THESE QUESTIONS REFER TO THE MOST RECENT LIVE BIRTH IN THE LAST FIVE YEARS.

Code (a)	Code (b)	Code (c)	
1 HEW	1 Health post	1 HEW	8 Husband
2 Volunteer (HDA/WDA)	2 Health center	2 Doctor	9 Mother/mother-in-law
3 Social worker	3 Hospital	3 Nurse/midwife	10 Other family members
4 Traditional birth attendant	4 Outreach area	4 TBA	11 Friends/neighbours
5 Other	5 NGO facility	5 Volunteer (HAD/WDA)	12 School teacher
	6 Private clinic	6 Social worker	13 Religious leader
	7 Home	7 Pharmacy	14 Other
	8 Other		

J2_01	NAME OF YOUNGEST CHILD (COPY FROM HH ROSTER)		
J2_02	MEMBER ID OF YOUNGEST CHILD (COPY FROM HH ROSTER)		[____ ____]
J2_03	When you were pregnant with [Name of youngest child], did any health worker or community worker visit your home?		1 YES 2 NO >> J2_06 98 DON'T KNOW>> J2_06
J2_04	Who visited you when you were pregnant? [Enumerator: Read options aloud]		Code (a) Multiple responses possible
J2_05	How many months pregnant were you when someone visited you the first time during your last pregnancy?		[MONTHS 1-10]
J2_06	Did you receive any antenatal care during this pregnancy?		1 YES 2 NO >> J2_08 98 DON'T KNOW>> J2_08

J2_07	Where did you get the antenatal care?		Code (b)
J2_08	During your last pregnancy, how many months pregnant were you the first time you went to a health facility?		[MONTHS 1-10] 98=DON'T KNOW 99=NOT APPLICABLE /NEVER WENT>> J2_10
J2_09	How many times did you go to the health facility (for antenatal care) during your last pregnancy?		
J2_10	During your last pregnancy, did you take any iron and folic acid supplements?		1 YES 2 NO
J2_11	During your last pregnancy, did you suffer from night blindness (difficulty seeing in the dark)?		1 YES 2 NO
J2_12	During your last pregnancy, did you receive any counseling or information about nutrition for pregnant women?		1 YES 2 NO >> J2_14 98 DON'T KNOW >> J2_14
J2_13	Who did you receive this counseling or information from? <i>(Multiple options allowed)</i>		Code (c)
J2_14	During your last pregnancy, did you receive any counseling about breastfeeding?		1 YES 2 NO >> J2_16 98 DONT KNOW>> J2_16
J2_15	Who did you receive this counseling or information from?		Code (c)
J2_16	Where did you give birth to [Name of youngest child]?		Code (b)
J2_17	Who helped you during delivery?		Code (c) Multiple responses possible
J2_18	When [Name of youngest child] was born, how much did she/he weigh [GRAMS]?		[GRAMS]
J2_19	When [Name of youngest child] was born, how big was she/he?		1 Very big 2 Bigger than average 3 Average 4 Smaller than average 5 Very small
J2_20	After [YOUNGEST CHILD NAME] was born, how long did it take before a health worker checked on the status of your baby's health (came back for a checkup or visited your home)? (ENTER THE NUMBER OF HOURS, DAYS OR WEEKS. IF LESS THAN 1 HOUR, ENTER "0".)		[____ ____] Hours [____ ____] Days [____ ____] Weeks Don't know/remember 98 Never/no one came to examine 99

J2_21	At birth or soon after, did you receive a vitamin A supplement? (SHOW 200,000 IU CAPSULE.)		1 YES 2 NO
J2_22	After giving birth to [YOUNGEST CHILD NAME], did anyone help you with breastfeeding?		1 YES 2 NO>>next section
J2_23	Who helped you with breastfeeding?		Code (c) Multiple responses possible

MODULE J, SECTION 3a: Infant and Young Child Feeding (IYCF) Practices

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE INDEX CHILD 0-23.9 MONTHS. IF THERE ARE NO CHILDREN IN THIS AGE RANGE, SKIP TO NEXT SECTION, J3b.

Code (a)	
1 Honey	8 Infant formula
2 Fruit juice	9 Raw butter
3 Plain water	10 Ersho
4 Sugar water	11 Abish water
5 Tea	12 Water with rue, thyme, other herbal extract
6 Milk (other than breastmilk)	
7 Breastmilk	98 Do Not Know / Cannot remember

J3_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)	
J3_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)	[____ ____]
J3_03	Did you ever breastfeed [NAME]?	1 YES 2 NO
J3_04	How soon after birth did you put [NAME] to the breast for the first time? (Enter the number of hours OR days. If immediately or <1 hour, enter "0". If >24 hours, enter number of days.)	[__]Hours [__]Days 99 if not applicable, never put to the breast
J3_05	Did you give [NAME] colostrum? (Colostrum is the first yellow milk from the mother's breast: "inger")	1 YES 2 NO
J3_06	During the first three days after [NAME] was born, what was given to the baby by you or by anyone else?	Code (a) Allow multiple responses
J3_07	Is [NAME] still breastfeeding?	1 YES 2 NO>> J3_09 99 NEVER BREASTFED>> J3_13
J3_08	How many times did you breastfeed [NAME] yesterday, during the day and night?	
J3_09	At what age did you stop EXCLUSIVELY breastfeeding [NAME]?	Months
J3_10	At what age did you stop breastfeeding [NAME] altogether?	Months
J3_11	Other than breastmilk milk, how many times did [NAME] drink other milk (cow/goat milk), infant formula, or yogurt yesterday, during the day and night? (Do not include the number of times the child was breastfed. This question is only to capture milk or milk products, other than breastmilk.)	[____ ____] Times Not applicable/Not given yet 99
J3_12	How many times did [INDEX CHILD NAME] eat solid, semi-solid or soft foods other than liquids yesterday, during the day <u>and</u> night? (Semi-solid foods such as porridge, mashed potato, ripe banana, or other mashed family foods. Solid foods such as injera, firfir, bread, or wheat.) (NUMBER OF TIMES INCLUDES BOTH MEALS AND SNACKS, OTHER THAN TRIVIAL AMOUNTS.)	[____ ____] Times Not applicable/Not given yet 99

Please describe everything that [INDEX CHILD NAME] drank yesterday during the day or night, whether at home or outside the home.

a) Think about when [NAME] first woke up yesterday. Did [NAME] drink anything at that time? (IF YES) Tell me everything [NAME] drank at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION (b).)

b) What did [NAME] do after that? Did [NAME] drink anything at that time? (IF YES) Please tell me everything [NAME] drank 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. ONCE THE RESPONDENT FINISHES RECALLING ALL LIQUIDS DRANK, READ EACH ITEM WHERE “1” WAS NOT CIRCLED. ASK THE FOLLOWING QUESTION.)

J3_13. Yesterday, during the day or night, did [INDEX CHILD NAME] drink any (READ LIQUID ITEM)?

01	Breast milk	Yes 1 No..... 2
02	Water	Yes 1 No..... 2
03	Baby formula	Yes 1 No..... 2
04	Any other kind of milk (powder, cow/goat milk, etc.)	Yes 1 No..... 2
05	Fruit juice made at home	Yes 1 No..... 2
06	Fruit juice, soda or fizzy drink (purchased, packaged)	Yes 1 No..... 2
07	Water-based liquids, teas, sugar water, coffee	Yes 1 No..... 2
08	Other (specify: _____) (ASK RESPONDENT IF CHILD DRANK ANYTHING ELSE, NOT LISTED ABOVE.)	Yes 1 No..... 2
J3_14	Yesterday (during the day and night), did you use a baby bottle to feed the child?	Yes 1 No..... 2
J3_15	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes 1 No..... 2

Module J, Part 3b: Infant and Young Child Feeding (IYCF) Practices

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE INDEX CHILD 0-35.9 MONTHS

J3b_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)	
J3b_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)	
	<p>Please describe everything that [INDEX CHILD NAME] ate yesterday during the day or night, whether at home or outside the home.</p> <p>a) Think about when [NAME] first woke up yesterday. Did [NAME] eat anything at that time? (IF YES) Tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION (b).)</p> <p>b) What did [NAME] do after that? Did [NAME] eat anything at that time? (IF YES) Please tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE)</p> <p>(REPEAT QUESTION (b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.)</p> <p>c) (IF RESPONDENT MENTIONS MIXED DISHES LIKE PORRIDGE, SAUCE OR STEW, PROBE) What ingredients were in that [MIXED DISH]? (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE.)</p> <p>(AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE FOOD ITEM AND CIRCLE "1" IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED "OTHER FOODS". IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP. ONCE THE RESPONDENT FINISHES RECALLING ALL FOODS EATEN, READ EACH FOOD GROUP WHERE "1" WAS NOT CIRCLED. ASK THE FOLLOWING QUESTION.)</p> <p>J3b_03. Yesterday, during the day or night, did [INDEX CHILD NAME] eat any (READ FOOD GROUP ITEMS)?</p>	
01	Any porridge	Yes1 No2
02	Any gruel	Yes1 No2
03	Commercially fortified food (Cerifam, Fafa, Farmixt milk, Favena, Berta, Mother's Choice)	Yes1 No2
04	Bread, pasta, rice, noodles, biscuits, cookies, or any other foods made from oats, maize, barley, wheat, sorghum, millet or other grain	Yes1 No2
05	Injera or kita	Yes1 No2
06	White potatoes, white yams, Bulla, Kocho, Kasava, or any other foods made from roots	Yes1 No2
07	Pumpkin, carrot, squash, or sweet potato that are yellow or orange inside Ripe mangoes, ripe papayas, or other fruits that are dark yellow or orange inside	Yes1 No2
08	Dark green leafy vegetables such as kale, spinach or Amaranth leaves	Yes1 No2
09	Any other vegetables such as starchy vegetables like plantain Any other fruits (bananas, apples, oth	Yes1 No2
10	Liver, kidney, heart or organ meats	Yes1 No2
11	Any meat (which does not include organ meats, dry meat, chicken, ducks or other birds)	Yes1 No2
12	Any dry meat	Yes1 No2
13	Chicken, ducks or other birds	Yes1 No2

14	Eggs		Yes1 No2
15	Fresh or dried fish or shellfish		Yes1 No2
16	Any food made from beans, peas, lentil or pulses		Yes1 No2
17	Nuts or seeds such as peanuts, sesame, sunflower seeds		Yes1 No2
18	Milk product like cheese, yogurt		Yes1 No2
19	Any food made from oil, fat or butter		Yes1 No2
20	Candies, chocolates, cakes or donuts, Biscuits or cookies		Yes1 No2
21	Spices or condiments		Yes1 No2
22	Kolo, chips or crisps, popcorn		Yes1 No2
23	Ready-to-use-therapeutic foods (Plumpy nut, F100)		Yes1 No2
24	Any iron-containing tablet, syrup or sprinkles		Yes1 No2
25	Any other solid or semi-solid food (specify: _____) (ASK RESPONDENT IF CHILD ATE ANYTHING ELSE NOT ON THIS LIST.)		Yes1 No2

Module J, Part 4: Child Health History

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE INDEX CHILD IN THE HOUSEHOLD UNDER THE AGE OF THREE.

Code (a)	Code (b)	Code (c)
1 Commercial packaged salt (with iodine)	1 Exclusively breastfeed (give only breast milk)	8 Enrich child's food with special ingredients (milk, egg, meat, or vegetables)
2 Salt sold by weight/without packaging	2 Continue breastfeeding	9 Give vitamins/supplementary food
3 Other	3 Feed infant formula	10 Feed additional food during and after illness
98 Do not know / do not remember	4 Start feeding complementary foods	11 Receive rehabilitation/therapeutic care for severe malnutrition
	5 Feed other kinds of milk	12 Other
	6 Increase frequency of feeding	
	7 Feed a variety of foods	98 Don't know/Do not remember

We would now like to ask you some questions about the health history of [NAME OF CHILD].

J4_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)	
J4_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)	[____ ____]
J4_03	In the past six months, did [NAME] receive a dose of vitamin A? (Show 200,000 IY vitamin A capsule.)	1 YES 2 NO
J4_04	In the past six months, did [NAME] receive any micronutrient powder (sachet/packet) to add to his/her food?	1 YES 2 NO
J4_05	What type of salt do you use in your household?	Code (a)
J4_06	Does [NAME] have his/her immunization/health card	1 YES, seen 2 YES, not seen 3 No card
J4_07	Where does [INDEX CHILD NAME] usually get his/her immunizations?	Government hospital.....1 Health center.....2 Health post.....3 Child Health Days (CHD).....4 Enhanced Outreach Strategy (EOS).....5 Private hospital/clinic.....6 Pharmacy.....7 Never vaccinated.....8 Other (specify:.....).....9
J4_08	In the <u>past 3 months</u> , was the weight, height or mid-upper arm circumference of [NAME] measured?	Weight 1 YES 2 NO Height 1 YES 2 NO MUAC 1 YES 2 NO >>if no to all 3(height, weight and MUAC), then skip to J4_10

J4_09	Where was your child measured?	Government hospital.....1 Health center.....2 Health post.....3 Child Health Days (CHD).....4 Enhanced Outreach Strategy (EOS).....5 Private hospital/clinic.....6 Pharmacy.....7 Other (specify:.....).....8
J4_10	Were you given any advice or information about feeding your child after he/she was measured?	1 YES 2 NO>> J4_12 98 DON'T KNOW>> J4_12
J4_11	What advice or information about child feeding did you receive?	Code (b) Multiple responses possible
J4_12	In the past 6 months, was [NAME] identified as being severely malnourished?	1 YES 2 NO>> J4_16 98 DON'T KNOW>> J4_16
J4_13	Did you receive any specific food or milk (treatment for severe acute malnutrition) for [NAME]?	1 YES 2 NO>> J4_15
J4_14	What type of food or milk (treatment) did you receive?	Code (c)
J4_15	Did you receive any referral to a facility to receive treatment for severe malnutrition?	1 YES 2 NO

CHILD HEALTH HISTORY

	SYMPTOM	In the past 2 weeks, has [INDEX CHILD NAME] had [SYMPTOM]?	Did you seek medical help/treatment when the child had [SYMPTOM]?	Where did you seek medical help/ treatment?
		J4_16	J4_17	J4_18
01	Fever	Yes 1 No..... 0 →02	Yes..... 1 No..... 0→02	[] [] []
02	Cough/cold	Yes 1 No..... 0 →03	Yes..... 1 No..... 0→03	[] [] []
03	Fast breathing or shortness of breath	Yes 1 No..... 0 →04	Yes..... 1 No..... 0→04	[] [] []
04	Diarrhea	Yes 1	Yes..... 1	[] [] []

	No.....0>>J4_19	No.....0>>J4_19	
J4_19	How far do you have to travel to take your sick child to receive medical care (at hospital, dispensary)? (Distance from your home to the facility)	[____ ____] Kilometers	
J4_20	How long does it take to get there from your home?	[____ ____] Hours [____ ____] Minutes	
J4_21	The last time you took your child to a medical facility, how much did you pay?	[____ ____ ____ ____] Birr Not applicable/Never took child to a medical facility 99	
J4_22	When [INDEX CHILD NAME] had diarrhea, how much liquid did you give? Did you give less to drink than usual, just about the same, or more than usual? (IF LESS, PLEASE INSIST) Did you give much less than usual or a little bit less than usual?	Much less..... 1 A little bit less 2 About the same..... 3 More 4 Nothing to drink 5 Don't know/remember..... 98 Not applicable/Never had diarrhea.....99>>Next section	
J4_23	When [INDEX CHILD NAME] had diarrhea, did you give less to eat than usual, just about the same amount, more than usual, or nothing to eat at all? (IF LESS, INSIST) Did you give much less to eat than usual or a little bit less than usual?	Much less..... 1 A little bit less 2 About the same..... 3 More 4 Stopped giving food 5 Does not feed solid/semi-solid foods yet 6 Don't know/remember..... 98	
J4_24	Did you give [INDEX CHILD NAME] ORS when he/she had diarrhea? (ORS is a drink prepared from a packet: "oral rehydration salt" or "Lem Lem".)	Yes 1 No..... 0 Don't know/remember..... 98	
J4_25	Was [INDEX CHILD NAME] given Zinc to treat the diarrhea?	Yes 1 No..... 0 Don't know/remember..... 98	

Module J, Part 5: Maternal IYCF Knowledge and Perceptions
(THESE QUESTIONS ARE ASKED TO PRIMARY FEMALE RESPONDENT)

Code (a)	Code (b)	Code (c)	Code (d)
1 Immediately, within 1 hour of delivery	1 Give to baby by breastfeeding soon after birth	1 Protects baby from illness/disease	1 Impaired learning
2 Some hours later but within 24 hours	2 Throw away; start breastfeeding when real milk comes	2 Breast milk contains everything a baby needs for the first 6 months	2 Impaired development
3 After 1 day	3 Other	3 Helps baby grow better	3 Slow growth/lower height
4 After 2 days		4 Mother less likely to get pregnant	4 Low immunity
5 After more than 2 days		5 Delays return of mother's monthly bleeding	5 Feel tired
6 Do not think baby should be breastfed		6 Breastmilk is clean, safe and convenient	6 Become anemic
		7 Breastmilk is free/affordable	7 Other
		8 Reduces health care cost	
		9 Other	
Code (e)	Code (f)	Code (g)	
1 Meat (beef, goat, etc.), chicken, fish	1 Eye disease/vision problems	1 Orange colored fruits/vegetables	5 Breastmilk
2 Green leafy vegetables	2 Low resistance to illness/diseases	2 Green leafy vegetables	6 Cow's milk
3 Beans, peas	3 Other	3 Eggs	7 Other
4 Commercially fortified foods		4 Liver	
5 Other			

98=UNIVERSAL CODE FOR DON'T KNOW		
J5_01	How long after birth should a baby start breastfeeding?	Code (a)
J5_02	What should a mother do with the "first milk" or colostrum?	Code (b)
J5_03	Until what age should a baby be exclusively breastfed (only breastmilk, not even water?)	[MONTHS]
J5_04	Why should a baby under 6 months be exclusively breastfed?	Code (c) Allow multiple responses
J5_05	If a mother thinks her baby is not getting enough breast milk, what should she do? (MULTIPLE RESPONSES POSSIBLE)	Breastfeed more often/more frequently 1 Give other liquids/foods 2 Mother needs to drink more water 3 Mother needs to eat more food 4 Other (specify: _____) 5
J5_06	At what age should a baby first start to receive liquids (including water) other than breast milk?	[MONTHS]
J5_07	At what age should a baby first start to receive foods (such as porridge) in addition to breast milk?	[MONTHS]
J5_08	What can happen to children if they do not get enough iron (either in their diet or via iron supplements)?	Code (d) Allow multiple responses
J5_09	What are some foods that are rich in iron?	Code (e) Allow multiple responses
J5_10	What can happen to children if they do not eat enough vitamin A-rich foods?	Code (f) Allow multiple responses
J5_11	What are some foods that contain vitamin A?	Code (g) Allow multiple responses

Code (h)	Code (i)	Code (j)	Code (k)	Code (l)
1 Salt	1 Too thin	1 Porridge enriched with breastmilk	1 Continue to breastfeed	1 Less than usual
2 Other	2 Too thick	2 Porridge enriched with other kinds of milk	2 Feed formula	2 Same as usual
	3 No problem/just right	3 Porridge enriched with egg	3 Give other foods prepared at home	3 More than usual
	4 Other	4 Porridge enriched with meat	4 Give vitamin/supplementary food	
		5 Porridge enriched with vegetables	5 Give additional food during and after illness	
		6 Other	6 Increase frequency of breastfeeding	
			7 Give ORS	
			8 Other	
Code M	Code N	Code o	Code P	
1 Every day 2 Several times a week 3 Once a week 4 Once to several times a month 5 Less than once a month 6 Never	1 Before eating 2 After using the toilet 3 Before feeding the child 4 After cleaning a child who has defecated 5 Other (specify: _____)	1 Wash hands of child 2 Wash hands before preparing food and feeding child 3 Wash fruits and vegetables 4 Cut nails 5 Children should wear pants 6 Children should wear sandals 7 Give children treated water 8 Other (specify: _____)	1 Boil water 2 Treat with chlorine 4 Other (specify: _____)	

J5_12	What seasoning is often fortified with iodine (a nutrient important for brain development)?	Code (h)
J5_13	What is a common problem with gruels (in terms of consistency) given as first foods to babies, as they are traditionally prepared?	Code (i)
J5_14	What are special foods a mother could make for her child to complement breast milk?	Code (j) Multiple responses possible
J5_15	Can a 1-year old child eat alone without any supervision of an adult or an older child?	1 YES 2 NO
J5_16	How many times a day should a 6-8 month old baby that is still breastfeeding eat? (meals and snacks, do not include breastmilk)	
J5_17	How many times a day should a 9-11 month old baby that is still breastfeeding eat? (meals and snacks, do not include breastmilk)	
J5_18	How many times a day should a 12-24 month old child eat? (meals and snacks, do not include breastmilk)	
J5_19	How often should a baby 6-23 months old eat animal source foods such as eggs, milk and meat?	Code m
J5_20	What should a mother do when her child older than 6 months old has diarrhea?	Code (k) Multiple responses possible
J5_21	How <u>much</u> should a child be fed when he/she is sick? Should he/she be fed less, the same, or more than usual?	Code (l)
J5_22	How <u>often</u> should a child be fed when he/she is sick? Should he/she be fed less often, the same, or more often than usual?	Code (l)
J5_23	When should you wash your hands?	Code n (MULTIPLE RESPONSES POSSIBLE)

J5_24	What are the ways to protect a child from getting worms?	Code o (MULTIPLE RESPONSES POSSIBLE)
J5_25	What are the ways to make drinking water safe?	Code p (MULTIPLE RESPONSES POSSIBLE)

Module J, Part 6: Child care activities

[This section should be asked to the primary female respondent about their activities with the index child]

“In the past 3 days, did you engage in any of the following activities with [NAME]”

J6_01	Did you read books or look at picture books with [NAME]?		1 Yes 2 No
J6_02	Did you tell stories to [NAME]?		1 Yes 2 No
J6_03	Did you sing songs to or with [NAME]?		1 Yes 2 No
J6_04	Did you take [NAME] outside the home?		1 Yes 2 No
J6_05	Did you play with [NAME]?		1 Yes 2 No
J6_06	Did you name, count, or draw things with or for [NAME]?		1 Yes 2 No
J6_07	Did you prepare food for [NAME]?		1 Yes 2 No
J6_08	Did you physically feed [NAME]?		1 Yes 2 No
J6_09	Did you give [NAME] a bath?		1 Yes 2 No
J6_10	Did you care for [NAME] when they were sick?		1 Yes 2 No 99 Not sick in the past 3 days
J6_11	Did you eat a meal together with [NAME]?		1 Yes 2 No

Module J, Part 7: Exposure to health and nutrition services

(

Code (a)			
1 Family planning	7 Postnatal care	13 Diarrhea treatment (ORS)	19 Health education about sanitation and hygiene
2 Immunization	8 Neonatal care	14 Malaria treatment	20 Information on safe water use
3 Vitamin A or iron supplementation	9 Growth monitoring	15 Provide or sell bed nets	
4 Deworming	10 Breastfeeding counseling	16 Pneumonia treatment	
5 Antenatal care	11 Complementary feeding counseling	17 Management of severe malnutrition (OTP)	
6 Delivery care	12 Referral or management of sick child	18 HIV/ AIDS counseling	
7 Don't know any services			
Code (b)			

1 Family planning	6 Delivery care	11 Complementary feeding	16 Pneumonia treatment
2 Immunization	7 Postnatal care	12 Referral or management of sick child	17 Management of severe malnutrition (OTP)
3 Vitamin A or iron supplementation	8 Neonatal care	13 Diarrhea treatment (ORS)	18 HIV/ AIDS counseling
4 Deworming	9 Growth monitoring	14 Malaria treatment	19 Sanitation (latrine use) and hygiene
5 Antenatal care	10 Breastfeeding	15 Provide or sell bed nets	20 Safe water use

J7_01	Do you know the Health Extension Worker (HEW) working in your area?	1 YES 2 NO
J7_02	In your opinion, what are the services you can receive from the HEW?	Code (a). Multiple responses possible
J7_03	Have you ever had any contact with HEW? (at home, at the health post, or in the community)	1 YES 2 NO >> J7_07 98 Don't know>> J7_07
J7_04	Did you have any contact with a HEW in the <u>past 3 months</u> ? (at home, at the health post, or in the community)	1 YES 2 NO >> J7_06
J7_05	Were you visited by a HEW at your home in the <u>past 3 months</u> ?	1 YES 2 NO
J7_06	During the last time you had contact with HEW , what topics did she discuss with you?	Code (b) Multiple responses possible
J7_07	Have you ever visited the health post?	1 YES 2 NO >> J7_10
J7_08	Did you visit the health post for any reasons related to your child or yourself in the <u>last 3 months</u> ?	1 YES 2 NO
J7_09	During your last visit to the health post, did you receive any advice or information about breastfeeding, child feeding or nutrition?	1 YES 2 NO

Code (d)	Code (f)	Code (g)
1 HEW	1 Types of locally available food that should be fed to children/household	1 Almost every day
2 Volunteer (HDA/WDA)	2 How to make special porridge for children	2 Several times a week
3 Social worker	3 How to feed the child	3 About once a week
4 Community leader	4 How to make nutritious/delicious meal for household	4 Few times a month
5 Woreda health officer	5 How to make drinking water safe	5 Once a month
6 NGO	6 Hand washing	6 Less than once a month
7 Other, specify	7 Washing dishes	
	8 Other, specify	

J7_10	Are you a member of a Health Development Army (HDA)?	1 YES 2 NO
J7_11	Do you know a HDA/leader working in your area?	1 YES 2 NO
J7_12	Have you ever had any contact with the HDA/leader?	1 YES 2 NO >> J7_16 98 Don't know>> J7_16
J7_13	Did you have any contact with the HDA/leader in the <u>past 3 months</u> ? (at home or in the community)	1 YES 2 NO >> J7_15
J7_14	Were you visited by a HDA/leader at your home in the <u>past 3 months</u> ?	1 YES 2 NO
J7_15	During the last time you had contact with the HDA/leader, what topics did she discuss with you?	Code (b) Multiple responses possible
J7_16	Have you ever attended a food demonstration in your community?	1 YES 2 NO >> J7_20
J7_17	Did you attend a food demonstration in your community in the <u>last 3 months</u> ?	1 YES 2 NO
J7_18	Who conducted/led the last food demonstration?	Code (d)
J7_19	During the last food demonstration you attended, what advice or message did you receive?	Code (f) Multiple responses possible
J7_20	Have you ever attended a community conversation or gathering to talk about breastfeeding, child feeding or nutrition?	1 YES 2 NO >> J7_23
J7_21	Did you attend community conversation or gathering about child nutrition in the <u>last 3 months</u> ?	1 YES 2 NO
J7_22	Who conducted/led the last community conversation about child nutrition?	Code (d)
J7_23	Do you ever listen to the radio? (in your house or anywhere outside the house)	1 YES 2 NO >>Next module
J7_24	How often do you listen to the radio?	Code (g)
J7_25	During the <u>past 3 months</u> , did you hear any information about breastfeeding, child feeding or nutrition on the radio?	1 YES 2 NO

Module J, Part 8: Anthropometry

CHECK HOUSEHOLD COMPOSITION TABLE, AND NOTE LINE NUMBER, NAME, AND AGE OF RESPONDENT MOTHER AND INDEX CHILD AND THE YOUNGEST SIBLING OF INDEX CHILD (NOT INCLUDING THE INDEX CHILD) UNDER 5 YEARS (0-59.5 MONTHS)

ASK THE RESPONDENT FOR DATES OF BIRTH. TAKE TWO MEASUREMENTS OF THE MOTHER AND TWO MEASUREMENTS OF THE INDEX CHILD AND TWO MEASUREMENTS OF THE SIBLING OF THE INDEX CHILD, AND MAKE SURE THE MEASUREMENTS ARE THE SAME OR WITHIN ACCEPTABLE DIFFERENCE. IF VERY DIFFERENT, RETAKE MEASUREMENT A THIRD TIME TO VERIFY.

MOTHER OF INDEX CHILD:										
J8_00	J8_01	J8_02	J8_03d	J8_03m	J8_03y	J8_04	J8_05	J8_05a	J8_06	J8_07
MEMBER ID/LINE NO.	NAME	AGE (YEARS)	DATE OF BIRTH (DD/MM/YYYY)			WEIGHT (KM)	HEIGHT (CM)	Mid-upper Arm Circumference	CURRENT PREGNANCY STATUS	RESULT
									Yes 1 No..... 2 Don't know..... 98	Measured Absent Refused..... Other
1		[]	[]/[]/[]			[]	[]	[]	[]	[]
						J8_04a	J8_05a	J8_05a	J8_06a	J8_07a
	(same as above)					[]	[]	[]	[]	[]
INDEX CHILD:										
J8_08	J8_09	J8_10	J8_11d	J8_11m	J8_11y	J8_12	J8_13	J8_13a	J8_14	J8_15
MEMBER ID/LINE NO.	NAME	AGE (MONTHS)	DATE OF BIRTH (DD/MM/YYYY)			WEIGHT (KM)	HEIGHT (CM)	Mid-upper Arm Circumference	MEASURED LYING DOWN OR STANDING UP	RESULT
									Lying 1 Standing 2	Measured Absent Refused..... Other
		[]	[]/[]/[]			[]	[]	[]	[]	[]
						J8_12a	J8_13a	J8_13a	J8_14a	J8_15a
	(same as above)					[]	[]	[]	[]	[]

		SIBLING OF INDEX CHILD						
J8_16	J8_17	J8_18	J8_19	J8_20	J8_21	J8_21a	J8_22	J8_23
MEMBER ID/LINE		[]	[/ /]	[.]	[.]	[.]	[]	[]
				J8_20a	J8_21a	J8_21aa	J8_22a	J8_23a
	(same as above)			[.]	[.]	[.]	[]	[]

J8_24	Was any member of this household referred to the health post because of a MUAC measurement indicating possible severe acute malnutrition?		1. Yes 2. No>> skip to L1
J8_25	ID of member referred to the health post.		ID

Module L, Part 1: Aspirations

“Annual household income is the amount of income your household earns from all agricultural and non-agricultural activities, and money from PSNP or other programmes in the last 12 months.”

L1_01a	What is the level of household income you have at present?		Birr
L1_02a	What is the level of household income that you would like to achieve?		Birr
L1_03a	What is the level of household income that you think you will reach in 10 years?		Birr
L1_04a	What is the maximum level of household income that a person in your village can have?		Birr
L1_05a	What is the minimum level of household income that a person in your village can have?		Birr

“The value of your assets is the worth of your house, your furniture, consumer goods like a TV and fridge and any transport vehicles.”

L1_01b	What is the level of assets you have at present?		Birr
L1_02b	What is the level of assets that you would like to achieve?		Birr
L1_03b	What is the level of assets that you think you will reach in 10 years?		Birr
L1_04b	What is the maximum level of assets that a person in your village can have?		Birr
L1_05b	What is the minimum level of assets that a person in your village can have?		Birr

“Someone has high social status if all people in the VILLAGE ask their advice for an important decision. Someone has medium social status if half (50%) of the people in the village ask their advice for an important decision.”

L1_01c	What is the level of social status you have at present?		% of people in the VILLAGE who ask your advice for an important decision
L1_02c	What is the level of social status that you would like to achieve?		% of people in the VILLAGE who ask your advice for an important decision
L1_03c	What is the level of social status that you think you will reach in 10 years?		% of people in the VILLAGE who ask your advice for an important decision
L1_04c	What is the maximum level of social status that a person in your village can have?		% of people in the VILLAGE who ask your advice for an important decision
L1_05c	What is the minimum level of social status that a person in your village can have?		% of people in the VILLAGE who ask your advice for an important decision

L1_01d	What is the level of education your oldest child has at present?		
L1_02d	What is the level of education that you would like your oldest child would like to achieve?		
L1_03d	What is the level of education that you think your oldest child will reach in 10 years?		

L1_03dd	What is the sex of your oldest child?		1. Female 2. Male
L1_04d	What is the maximum level of education that a person in your village can have?		
L1_05d	What is the minimum level of education that a person in your village can have?		

“We have asked you about income, assets, social status and education. Now I would like you to tell me which of these four are the most important. Here are 20 beans. Please distribute all the 20 beans in the 4 squares according to their importance. No bean in a square means you do not attach any importance to that square. Many beans in a square means you attach a significant importance to it.”

L1_06a	Number of beans for "annual income"			
L1_06b	Number of beans for "assets"			
L1_06c	Number of beans for "social status"			
L1_06d	Number of beans for "education for children"			

Module K, Part 1: Participation in Village Economic and Social Associations (VESAs) and SPIR activities

K1_01	Are you or is your household a member of a VESA group?		1. Yes 2. No >> skip to Module L
K1_02y	Which year did you or your household join the VESA group?		
K1_02m	Which month did you or your household join the VESA group?		1. Meskerem 2. Tikimit 3. Hidar 4. Tahisas 5. Tir 6. Yekatit 7. Megabit 8. Miazia 9. Ginbot 10. Sene 11. Hamle 12. Nehase 13. Pagume

K1_03	Did your household receive counseling during their home visit? <i>(If HH has a child under 2 years of age)</i>		1. Yes 2. No 3. No child under 2 years of age in HH
K1_04	Did your household participate in 2 weeks of food demonstration session for rehabilitation of malnourished children?		1. Yes 2. No
K1_05	Did your household participate in VESA groups discussion regarding key child, maternal and adolescent nutrition and WASH behaviors?		1. Yes 2. No
K1_06	Did your household participate in Public Works group counseling sessions?		1. Yes 2. No

Module L, Part 2: Perceptions of poverty, well-being, health and illness

Codes (a) Compared to others ..	Codes (b), Your own hh	Code (c), Where obtain?
1 The richest in the village	1 Very rich	1 Sale of animals
2 Amongst the richest in the village	2 Rich	2 Sale of other farm/business assets
3 Richer than most households	3 Comfortable	3 Sale of household assets
4 About average	4 Can manage to get by	4 Own cash
5 A little poorer than most households	5 Never have quite enough	5 Savings association (equb/iddir)
6 Amongst the poorest in the village	6 Poor	6 Loan with interest
7 The poorest in the village	7 Destitute	7 Loan without interest
	8 Not applicable, household did not exist	8 Sale of crops
		9 Other

“We would like to ask you some questions about how you see your circumstances both now and over the past few years.”

L2_01	Compared to other households in this village, would you describe your household as: <i>(Read options aloud)</i>		Code a
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L2_02	Just thinking about your own household circumstances, would you describe your household as: <i>(Read options aloud)</i>		Code b
L2_03a	If the household needed 100 Birr for an emergency could the household obtain it within a week?		1. Yes 2. No
L2_03b	If the household needed 200 Birr for an emergency could the household obtain it within a week?		1. Yes 2. No
L2_03c	If the household needed 1000 Birr for an emergency could the household obtain it within a week?		1. Yes 2. No
L2_04a	How would the household obtain the 200 Birr?		Code c
L2_04b	How would the household obtain the 1000 Birr?		Code c
L2_05	We would now like you to think about your own household circumstances, two years ago. Two years ago, would you describe your household as:		Code b
	“Thinking about the adults (persons 15 years and older) in this household, are there any adults who:”		
L2_06a	Because of poor hearing or eyesight are unable to work (for example, cannot hoe a field)		1. Yes 2. No
L2_06b	Because of some injury are unable to work (for example, cannot hoe a field)		1. Yes 2. No
L2_06c	Usually can work, but because of illness have been unable to do so in the last 30 days		1. Yes 2. No
L2_07	Does this household currently participate in a Community Based Health Insurance scheme?		1. Yes 2. No
L2_08	Does this household currently receive a Health Fee Waiver?		1. Yes 2. No

Module L, Part 3: Experience with Depression and emotional wellbeing

L_ID	Respondent ID			ID
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L3_00	Is the respondent alone?		1. Yes 2. No
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PHQ code	PHQ topic “Now I will talk about EVERYDAY PROBLEMS and how they affect you. Please feel free to express your thoughts on this topic and to be honest in answering the questions.”	On how many days in the past week, that is since [DATE one week ago] have you been bothered by [PHQ topic]: 0 Not at all [0 days] 1 Several days [1-3 days] 2 More than half days [4-5 days] 3 Nearly every day [6-7 days] 97 Response refused
L3_01	L3_02	L3_03
1	Having little interest or pleasure in doing things.	
2	Feeling down, depressed or hopeless	
3	Having trouble falling asleep, staying asleep or sleeping too much	
4	Feeling tired or having little energy	
5	Having a poor appetite or overeating	
6	Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	
7	Having trouble concentrating on things, such as reading the newspaper or listening to the radio	
8	Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	
9	Having thoughts that you would be better off dead or of hurting yourself in some way	

L3_04	How difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="text"/>	Not difficult at all 1 Somewhat difficult 2 Very difficult 3 Extremely difficult 4 >> Skip if 0 to all problems listed above
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