

Wave 1:**Household Baseline Questionnaire**

Consent	Household consents to be interviewed.	Yes	No
Note 1	I would like to talk to the head of the household. This is the person who you consider to be the 'leader' of the household and is responsible for keeping up the daily needs of the household. If they are not available, another household member may answer these questions. If we should come to any questions that you don't want to answer, just let me know and we will go the next question.		
Note 2	Enumerator: If respondent elects to skip a question please use code "-99" and continue. If a respondent doesn't know the answer to a question, they may answer 'I don't know'. In this case use code "-88" and continue.		
SECTION Z: IDENTIFICATION			
Z01	Interview Date (<i>dd/mm</i>)	<input type="text"/>	
Z02	Time of Interview: Start (<i>use 24h clock format</i>)	<input type="text"/>	
Z03	Code of Enumeration Area	<input type="text"/>	
Z03.1	Nearest School	<input type="text"/>	
Z03.2	Province	Sofala	
		Manica	
		Zambezia	
Z03.3	District	<input type="text"/>	
Z03.4	Neighborhood	<input type="text"/>	
Z03.5	Sub-Neighborhood	<input type="text"/>	
Z03.6	Block	<input type="text"/>	
Z03.7	Nearest TARV Health Clinic	<input type="text"/>	
Z04	Name and Number of Enumerator	<input type="text"/>	
Z05	Name and Number of Supervisor	<input type="text"/>	
Z06	Was the household found?	Yes	No

Z07	If not found, why?	Moved	Not Identified
		Dissolution	Other: Specify
Z09	Respondent's Name	_____	
Z10	Respondent's Surname	_____	
Z11	Phone Number	+ _ _ _ - _ _ - _ _ _ _ _ _ _	
Z12	Email Address	_____	
Z13	Address of the Household	_____	
Z14	House Geo Coordinates (Latitude & Longitude)	(_ _ . _ _ _ _ , _ _ . _ _ _ _)	
Z15	Did the Head of Household respond to the VA (Wave 0)?	Yes	No
Z16	Respondent Age	_ _ _	
Z17	Respondent Sex	Male	Female
Z18	Is the respondent the main caregiver?	Yes	No
Z19	Is the respondent the head of the household?	Yes	No
Z20	Which of the following describes your relationship with children in this household?	Father / Mother	Grandmother / Grandfather
		Brother / Sister	Another Relationship
		No Degree of Kinship	
Note 3	We would like to obtain the name and contact information of a close friend or family member who lives nearby. If you change your residence before the next stage of the study, this can help us locate you.		
Z21	Secondary Contact Name	_____	
Z22	Secondary Contact Telephone	+ _ _ _ - _ _ - _ _ _ _ _ _ _	
Z23	Secondary Contact Email Address	_____	
Z24	Secondary Contact Household Address	_____	
Z25	Was the household located?	Yes	No
Z26	If not, why?	Moved	Not identified
		Dissolution	Other
Z25	Was the household interviewed?	Yes	No
Z26	If not interviewed, why?	Refused	Died

		Traveled	Other: Specify
SECTION A: COMPOSITION OF THE HOUSEHOLD			
A01	Is this household polygamous?	Yes	No
A02	If yes in A01, how many wives are in the household?	_ _	
A03	If yes in A01, are you one of the spouses of the household?	Yes	No
A04	If yes in A03, what is your position?	_ _	
Note 4	Now I would like to ask you who the members of this household are. By this I mean 1) all people, including children, who live under this roof or who have lived in this house for at least 30 days in the past year, and 2) when they are together, share food from a single source, and/or share a common source of resources.		
A05	How many members are there in the household?	_ _	
A06	If there are more than 20 members, how many more belong to this household?	_ _	

HOUESHOLD ROSTER

lineno	A07	A07_middle	A07_surname	A08	A09	A10	A11	A12	A13	A14
Household Number	First Name	Second Name	Surname	Asked?	Family Relationship	Gender	Mother is alive and apart of family	Father is alive and apart of family	Age, Birthday, Birth Month, Year of Birth	If age > 10, has household member lived outside the household for more than 30 days in the past 12 months?
The household must designate a head and must not designate more than one member as head.	Respondent's name should always be entered first.			(Y/N)		(M/F)	(Y/N)	(Y/N)	, / / , _____ , 	(Y/N)
01										
02										
03										
04										
05										
...										
XX										

HOUESHOLD ROSTER

lineno	A15	A16	A17	A18.1	A18.2	A19	A19.1	A19.2	A19.3	A20	A21	A22
Household Number	Where has this person been most of the time they were out of the family?	What was the reason for this person's absence?	Are you currently studying?	What school does this child currently attend?	What level of education do you currently attend?	Did you study last year?	What school did the person attend last year?	What level of education did you attend last academic year?	Student Code	Height	Weight	Were the measurements rigorous?
	_____	_____	(Y/N)	_____	□□□	(Y/N)	_____	□□□	□□□	□□□	□□□	(Y/N)
01												
02												
03												
04												
05												
...												
XX												

SECTION A: COMPOSITION OF THE HOUSEHOLD			
A23	Has the household moved to this location in the past 12 months?	Yes	No
A24	If yes, how many months ago did the household move here?	_ _	
A25	If yes, where did the household move from?	_____	
A26	Has anyone who did not belong to this household move here in the last 12 months?	Yes	No
A27	If yes, how many people have moved to the household?	_ _	
A28	Immigrant Person: Name	_____	
A29	Immigrant Person: AF Number	_ _	
A30	Where was the immigrant person before moving to this household?	Same Village	Same District
		Same Province	Cabo Delgado
		Gaza	Inhambane
		Manica	Maputo City
		Maputo Province	Nampula
		Niassa	Tete
		Zambezia	Sofala
		Different County	
A31	How many months ago did this migrant person move into this household?	_ _	
A32	How many people belonged to this household for 12 months, but no longer live here?	_ _	
A33	Migrant Person: Name	_____	
A34	Migrant Person: Relationship with the head of the household?	Themselves	Spouse
		Daughter/Son	Brother/Sister
		Father/Mother	Nephew/Niece
		Grandson/Granddaughter	Brother/Sister-in-law
		Son/Daughter-in-law	Cousin
		Another Relative	
A35	Migrant Person: Gender	Male	Female
A36	Migrant Person: Age	_ _	

A37	Migrant Person: How many months ago did they move?	_ _	
A38	Migrant Person: Where did they move to?	Same Village	Same District
		Same Province	Cabo Delgado
		Gaza	Inhambane
		Manica	Maputo City
		Maputo Province	Nampula
		Niassa	Tete
		Zambezia	Sofala
		Different County	
A39	Have any members of your household passed away in the past 5 years?	Yes	No
A40	Dead Member: What is the relationship with the head of household?	Themselves	Spouse
		Daughter/Son	Brother / Sister
		Father / Mother	Nephew / Niece
		Grandson / Granddaughter	Brother/Sister-in-law
		Son/Daughter-in-law	Cousin
		Another Relative	
A41	Dead Member: Gender	Male	Female
A42	Dead Member: How old were they when they died?	_ _	
A43	Dead Member: What was the cause of death?	HIV	Another Chronic Illness
		Infections	Maternity
		Sudden Death	Other
A44	Dead Member: If other, please fill in the cause.	_____	
A45	Dead Member: Did the person have children who are currently members of the household?	Yes	No
A46	Dead Member: If yes, child's identification number	_ _	
Note 5	If the participant answered 'Another Chronic Illness' to A43, please fill in A47-A51		
A47	Dead Member: If died of 'Another Chronic Illness', has the person been diagnosed with HIV?	Yes	No
A48	Dead Member: If died of 'Another Chronic Illness', has the person been diagnosed with Pheumonia?	Yes	No

A49	Dead Member: If died of ‘Another Chronic Illness’, has the person been diagnosed with Tuberculosis (TB)?	Yes	No
A50	Dead Member: If died of ‘Another Chronic Illness’, has the person been diagnosed with cancer?	Yes	No
A51	Dead Member: If died of ‘Another Chronic Illness’, what symptoms did they have?		
A51.1	Dead Member Symptom: Ulcers or spots on the skin	Yes	No
A51.2	Dead Member Symptom: Spitting blood when coughing	Yes	No
A51.3	Dead Member Symptom: Cough without blood	Yes	No
A51.4	Dead Member Symptom: Wheezing	Yes	No
A51.5	Dead Member Symptom: Fever	Yes	No
A51.6	Dead Member Symptom: Chest pains	Yes	No
A51.7	Dead Member Symptom: Lung infection	Yes	No
A51.8	Dead Member Symptom: Convulsions (epilepsy ...)	Yes	No
A51.9	Dead Member Symptom: Weakness of limbs	Yes	No
A51.10	Dead Member Symptom: Hallucinations	Yes	No
A51.11	Dead Member Symptom: Headache	Yes	No
A51.12	Dead Member Symptom: White spots on the mouth, sides of the mouth and under the throat	Yes	No
A51.13	Dead Member Symptom: Weight loss	Yes	No
A51.14	Dead Member Symptom: Tiredness	Yes	No
A51.15	Dead Member Symptom: Asthma	Yes	No
A51.16	Dead Member Symptom: Vomiting	Yes	No
A51.17	Dead Member Symptom: Diarrhea	Yes	No
A51.18	Dead Member Symptom: Stomach pains	Yes	No
A51.19	Dead Member Symptom: Skin rashes	Yes	No
A51.20	Dead Member Symptom: Wounds in mouth	Yes	No
A51.21	Dead Member Symptom: Diabetes	Yes	No
A51.22	Dead Member Symptom: Heart problems	Yes	No
A51.23	Dead Member Symptom: Muscle problems	Yes	No

A51.24	Dead Member Symptom: Vision problems	Yes	No
A51.25	Dead Member Symptom: Hearing problems	Yes	No
A51.26	Dead Member Symptom: Others	Yes	No
A51.27	Dead Member Symptom: I don't know	Yes	No
Note 6	If participant answered 'HIV' to A43, please fill in A52-A54		
A52	HIV Dead Member: Do you know that this person had HIV because he had been tested for HIV?	Yes	No
A53	HIV Dead Member: If yes, who made the diagnosis?	_____	
A54	HIV Dead Member: Was this person taking antiretroviral drugs?	Yes	No
SECTION B: AGRICULTURAL PRODUCTION			
Note 7	We would like to ask you some questions about the harvests obtained during the 2015 – 2016 agricultural season.		
B00	Is there agricultural production (machamba) in your household?	Yes	No

AGRICULTURAL PRODUCTION						
	CROP	a) Production	b) Sold Quantity	c) Total Value of Sales	d) Quantity Consumed	e) Quantity Stored
B01	Maize	kgs	kgs	Mts	kgs	kgs
B02	Millet	kgs	kgs	Mts	kgs	kgs
B03	Buero Beans	kgs	kgs	Mts	kgs	kgs
B04	Jugo Beans	kgs	kgs	Mts	kgs	kgs
B05	Manioc	kgs	kgs	Mts	kgs	kgs
B06	Sweet Potato	kgs	kgs	Mts	kgs	kgs
B07	Peanuts (in shell)	kgs	kgs	Mts	kgs	kgs
B08	Sesame	kgs	kgs	Mts	kgs	kgs
B09	Tomato	kgs	kgs	Mts	kgs	kgs
B10	Onion	kgs	kgs	Mts	kgs	kgs
B11	Cabbage	kgs	kgs	Mts	kgs	kgs
B12	Collard Greens	kgs	kgs	Mts	kgs	kgs
B13	Lettuce	kgs	kgs	Mts	kgs	kgs
B14	Tobacco	kgs	kgs	Mts	kgs	kgs
B15	Rice	kgs	kgs	Mts	kgs	kgs
B16	Other: _____	kgs	kgs	Mts	kgs	kgs

AGRICULTURAL INPUTS							
	Item	a) Have you purchased or spent money on (...) in the past 12 months? (Y/N)	c) How much did you spend on (...) in the last 12 months?				
B17	Urea Fertilizer		_____ Mts				
B18	NPK Fertilizer		_____ Mts				
B19	Pesticides		_____ Mts				
B20	Hired Labor		_____ Mts				
B21	Irrigation Costs (Including rent and fuel)		_____ Mts				
B22	Purchased Seeds		_____ Mts				
B23	Total area of land farmed by household – Quantity					_____	
B24	Total area of land farmed by household – Units		Hectare	Foro	Soccer Field	Squared Foot	Squared Meters

SECTION C: OTHER INCOME

C01	How many household members work outside the household?			
	C02	C03	C04	C05
	Which household member did work outside the household?	What activity did they do?	Where did they work?	How much did they receive for work outside the household in the past 12 months?
		Agricultural Newspaper Work	Same Village / Neighborhood	
		Caring for another household's animals		
		Other newspaper work	Another Village / Neighborhood in the same province	
		Housework for another household		
		Salaried or formal employment	Another Province	
		Other		
1				Mts
...				Mts
XX				Mts
Note 8	Please describe any businesses your household or your household members run.			
C06	How many businesses belong to the household?			
C07	What kind of business is this?		Buying and reselling drinks	Purchase and resale of food products
			Purchase and resale of non-food products	Buying and reselling cattle
			Crafts/ Joinery/ Carpentry	Tailoring / Cutting and Sewing
			Radio / Bicycle Repair	Brick Production, Blacksmith, Mason
			Mill or Argo-processing	Purchase and resale of fish
			Other	

C08	Do you rent an establishment for this business?	Yes	No
C09	In the past 12 months, what was the total income from this business after payment of all expenses, including employee wages, but excluding any income that was paid to you. That is, what were the profits of this business in the last 12 months?	_ _ _ _ Mts	
C10	How many people sent remittances to this household?	_ _	
C11	Remittent: Is this person on the roster?	Yes	No
C12	Remittent: HH ID #	_ _ _ _ _ _ _ _	
C13	Remittent: How many times have they sent you remittances in the past 12 months?	_ _	
C14	Remittent: How much in total did they send the household in the last 12 months?	_ _ _ _ Mts	
SECTION D: NON-FOOD EXPENSES			
Note 9	For each item, ask: During the past 30 days, how much did your household spend on each item?		
D01	Personal Item: Cigarette / Tobacco	_ _ _ _ Mts	
D02	Personal Item: Alcohol	_ _ _ _ Mts	
D03	Personal Item: Soap / Bath Soap	_ _ _ _ Mts	
D04	Personal Item: Telephone	_ _ _ _ Mts	
D05	Personal Item: Meal or refreshment in restaurants, cafes, bars, tents, canteens	_ _ _ _ Mts	
D06	Regular Transportation: Fuel, Transport Oils	_ _ _ _ Mts	
D07	Regular Transportation: Transport Payment (“Plate 100”)	_ _ _ _ Mts	
D08	Other Business: Omo / Washing powder for washing	_ _ _ _ Mts	
D09	Other Business: Church Payment	_ _ _ _ Mts	
D10	Other Business: Home Labor	_ _ _ _ Mts	
D11	Energy, Water, Taxes: Water	_ _ _ _ Mts	
D12	Energy, Water, Taxes: Electricity	_ _ _ _ Mts	
D13	Energy, Water, Taxes: Other sources of energy (firewood, oil, candle, purchase / storage GE battery, diesel or generator oil, other)	_ _ _ _ Mts	
Note 10	For each item, ask: During the past 12 months, how much did the household spend?		
D14	Household Item: Kitchen equipment like pans, dishes, etc.	_ _ _ _ Mts	

D15	Household Item: House maintenance and repair	_____ Mts
D16	Household Item: Bed, sheets, blankets, towels	_____ Mts
D17	Household Item: Furniture and other household applications	_____ Mts
D18	Clothing and Shoes: Clothing and Shoes	_____ Mts
D19	Health: Hospital	_____ Mts
D20	Health: Purchase of medicines	_____ Mts
D21	Health: Payment at the healer	_____ Mts
D22	Personal Item: Watch and other luxury goods	_____ Mts
D23	Personal Item: Ceremonies (wedding, funeral, other)	_____ Mts
D24	Personal Item: Municipal Taxes	_____ Mts
D25	Education: Payment at School (any level below the university level)	_____ Mts
D26	Education: Books and uniforms	_____ Mts
D27	Education: Other school expenses (transportation, school meals, home and boarding school, contribution to building school, extra costs for teachers)	_____ Mts

SECTION E: CHARACTERISTICS AND CONDITIONS OF HOUSING

E01	What material are the walls of your house made of?		
E01.1	Material: Cement Block	Yes	No
E01.2	Material: Brick / Clay Block	Yes	No
E01.3	Material: Wood / Zinc	Yes	No
E01.4	Material: Cane / Sticks / Bamboo / Palm	Yes	No
E01.5	Material: Matic Sticks (Pau a pique)	Yes	No
E01.6	Material: Can / Carboard / Paper / Bag / Shell	Yes	No
E01.7	Material: Other	Yes	No
E01.7.1	Material: Other (Specify)	_____	
E02	What material is the roof of your house made of?		
E02.1	Material: Lusalite Plates	Yes	No
E02.2	Material: Zinc Sheets	Yes	No

E02.3	Material: Grass / Thatch / Palm	Yes	No
E02.4	Material: Other	Yes	No
E02.4.1	Material: Other (Specify)	_____	
E03	What material is the floor of your house made of (expect kitchen and bathroom)?		
E03.1	Material: Cement	Yes	No
E03.2	Material: Mosaic / Tiles	Yes	No
E03.3	Material: Beaten Earth	Yes	No
E03.4	Material: With Nothing	Yes	No
E03.5	Material: Other	Yes	No
E03.5.1	Material: Other (Specify)	_____	
E04	What type of latrine do you have in your home?		
E04.1	Toilet connected to septic tank	Yes	No
E04.2	Improved Latrine	Yes	No
E04.3	Improved Traditional Latrine	Yes	No
E04.4	Latrine not improved	Yes	No
E04.5	No Toilet / Latrine	Yes	No
E05	What is the main type of energy or fuel you use in your home for cooking?		
E05.1	Oil	Yes	No
E05.2	Coal	Yes	No
E05.3	Firewood	Yes	No
E05.4	Animal Feces	Yes	No
E05.5	Other	Yes	No
E05.5.1	Other (Specify)	_____	
E06	What is the main type of energy source you use to light your home?		
E06.1	Electricity	Yes	No
E06.2	Generator / Solar Plate	Yes	No

E06.3	Oil	Yes	No
E06.4	Candle	Yes	No
E06.5	Battery	Yes	No
E06.6	Firewood	Yes	No
E06.7	Flashlight with batteries	Yes	No
E06.8	Other	Yes	No
E06.8.1	Other (Specify)	_____	

SECTION F: FOOD

Note 11 For each next item, please state the total amount your household has consumed during the past 7 days. You can respond in prices (total amount of Meticais spent on that item) or quantities (in kg's). If you answer in units, please also say the price per unit. If the item was not consumed by your household, put 00 in the first column and move on to the next line.

Food Products					
	Item	a) Number	b) Unit	c) Price Per Unit	d) Form of Acquisition
			1 = Kgs 2 = Lts 3 = Unit		1 = Bought 2 = Own Production 3 = Payed in Goods 4 = Offered 5 = Direct Exchange
F01	Cornflour	___	___	_____ Mts	___
F02	Massaroca	___	___	_____ Mts	___
F03	Rice	___	___	_____ Mts	___
F04	Wheat Flour	___	___	_____ Mts	___
F05	Sweet Potato	___	___	_____ Mts	___
F06	'Reno' Potato	___	___	_____ Mts	___
F07	Yam	___	___	_____ Mts	___
F08	Bean Nhembra in Grain	___	___	_____ Mts	___
F09	Butter Bean	___	___	_____ Mts	___
F10	Jugo Bean	___	___	_____ Mts	___

F11	Pumpkin Leaves	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F12	Pumpkin	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F13	Bread	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F14	Fresh Fish	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F15	Dry Fish	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F16	Dry Shrimp	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F17	Chicken	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F18	Other Meath	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F19	Fresh Chicken Eggs	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F20	Cooking oil	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F21	Fresh Milk	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F22	Powdered Milk	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F23	Canned Milk	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F24	Tangerines	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F25	Bananas	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F26	Avocado	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F27	Orange	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F28	Peanuts	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F29	Tomatoes	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F30	Collard Greens	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F31	Cabbage	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F32	Quiabo	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F33	Onion	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F34	Carrots	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F35	Sugar	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>
F36	Tea Leaves	<input type="text"/>	<input type="text"/>	<input type="text"/> Mts	<input type="text"/>

F37	Cassava	□□□	□	□□□□ Mts	□
F38	Sorghum	□□□	□	□□□□ Mts	□
F39	Full meal offered at work or school	□□□	□	□□□□ Mts	
F40	In the past 12 months, have you or any other members of your household had to reduce the size of your meals or 'skip' meals because you don't have enough resources for food?			Yes	No
F41	If so, how often does this happen?			Daily	Weekly
				A few times a week	A few times a month
				Monthly	Annually
				A few times a year	
F42	In the past 12 months, have you ever cut the size of children's meals, or have children ever 'skipped' a meal because there is not enough money for food?			Yes	No
F43	If so, how often did this happen?			Daily	Weekly
				A few times a week	A few times a month
				Monthly	Annually
				A few times a year	
SECTION G: ANIMAL PRODUCTION					
Note 12	For each animal listed below: How many animals does the household have? And how many have you sold or bought during the past 12 months?				
G01	The house and land are rented or owned by the household?			Property of household	Leased
				Other	
G02	Total area of land belonging to the household			□□□	
G03	Area Unit			Hectare	'Forum'
				Football Field	Square Feet
				Square Meters	
	Livestock	a) How many do you own now?	b) How many did you buy in the last 12 months?	c) How many did you sell in the last 12 months?	
G04	Sheep	□□□	□□□	□□□	
G05	Goats	□□□	□□□	□□□	
G06	Pigs	□□□	□□□	□□□	
G07	Cows	□□□	□□□	□□□	
G08	Chickens	□□□	□□□	□□□	
G09	Ducks	□□□	□□□	□□□	

G10	Pigeons				
G11	Turkeys				
G12	Guinea Pigs or Piriquitos				
Note 13	For the goods listed below: How many (goods) does the household have?				
	Durable Good	a) How many do you own?	b) Value per unit	How much did you spend buying or selling [...] in the last 12 months?	
				c) Buying	d) Selling
G13	Car		Mts	Mts	Mts
G14	Motorized		Mts	Mts	Mts
G15	Bicycle		Mts	Mts	Mts
G16	Radio		Mts	Mts	Mts
G17	Television		Mts	Mts	Mts
G18	Sewing Machine		Mts	Mts	Mts
G19	Glacier		Mts	Mts	Mts
G20	Freezer		Mts	Mts	Mts
G21	Iron		Mts	Mts	Mts
G22	Beds		Mts	Mts	Mts
G23	Table		Mts	Mts	Mts
G24	Mobile Phone		Mts	Mts	Mts
G25	Clock (wall, wrist, or pocket)		Mts	Mts	Mts
G26	Solar Panel		Mts	Mts	Mts
		a) Total Value Owned		b) Value bought in last 12 months	c) Value sold in last 12 months
G27	Jewelry	Mts		Mts	Mts
G28	How many kilos of corn does your household keep in reserve?			Kgs	
	Investment	a) Value spent in last 12 months		b) Value sold in last 12 months	
G29	Acquisition of land for agriculture	Mts		Mts	

G30	Irrigation (motor pump, pipes)	_____ Mts	_____ Mts
G31	Machinery or tools for agriculture	_____ Mts	_____ Mts
G32	Other agricultural investments	_____ Mts	_____ Mts
G33	House or Land (for housing or non-agricultural activity)	_____ Mts	_____ Mts
G34	Non-agricultural investments (any business of the household)	_____ Mts	_____ Mts

SECTION N: SHOCKS

Note 14 Now I am going to ask you some questions about shocks that your household has experienced in the last 12 months.

	a) Shock	b) During the last 12 months, was your household affected negatively by any of the following?	c) Rank the three most significant shocks you experienced.	d) As a result of this shock, did the following change?	e) What did your household do in response to this shock to try and regain your former welfare level?
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		(Y/N)	1 = Most Severe 2 = Second Most Severe 3 = Third Most Severe	1 = Increase 2 = Decrease 3 = Did not Change	List 3 answers by order of importance.
--	--	-------	--	--	--

				D1	D2	D3	D4	D5	E1	E2	E3
				Income	Assets	Food Production	Food Shocks	Food Purchases	1 st	2 nd	3 rd
N01	Drought		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N02	Irregular Rains		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N03	Floods		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N04	Landslides		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N05	Earthquakes		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N06	Fires		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N07	Unusually high level of crop pests or disease		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N08	Unusually high level of livestock disease		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

N09	Unusually low prices for agricultural output		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N10	Unusually high costs of agricultural inputs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N11	Unusually high prices of food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N12	End of regular assistance/aid/remittances from outside household		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N13	Reduction in the earnings from household (non-agricultural) business (not due to illness or accident)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14	Household (non-agricultural) business failure (not due to illness or accident)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N15	Reduction in earnings of currently salaried household member(s) (not due to illness or accident)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N16	Loss of employment of previously salaried household member(s) (not due to illness or accident)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N17	Serious illness or accident of household member(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N18	Birth in the household		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N19	Death of income earner(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N20	Death of other household member(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N21	Break up of household		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N22	Theft of money/valuables/assets/agricultural output		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N23	Conflict/violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N24	Other (Specify)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N25	No shocks in the last 12 months		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Codes for part e)	1 = relied on own savings 2 = Received unconditional help from relatives/friends 3 = Received unconditional help from government 4 = Received unconditional help from NGO or religious institution			11 = Sold agricultural assets 12 = Sold durable assets 13 = Sold land/buildings 14 = Sold crop stock								

5 = Changed eating patterns (relied on less preferred food options, reduced the proportions or number of meals per day, or household members skipped days of eating)
6 = Employed household members took on more employment
7 = Adult household members who were previously not working had to find work
8 = Household members migrated
9 = Reduced expenditures on health and / or education
10 = Obtained credit

15 = Sold livestock
16 = Intensify fishing
17 = Send children to live elsewhere
18 = Engaged in spiritual efforts- prayers, sacrifices, diviner consultations
19 = Did not do anything
20 = Other, Specify |_____|

SECTION H: ACCESS TO CREDIT			
Note 15	Now I would like to talk about the financial situation of the household. First I would like to talk about the financial situation of the household. First, I would like to talk about credit that you have received or applied for in the last 12 months.		
H01	Has your household received a formal credit in the past 12 months?	Yes	No
H02	Which bank or financial institution did you get the credit from?	BIM	GOOD
		Pro Credit	Standard Bank
		Tchuma	BCI
		SOCREMO	Banco Terra
		Financial Cash	Barclays Bank
		Other Bank	
H02.1	Other Bank (Specify)	_____	
H03	What was the total amount lent to your household by the bank or financial institution?	_ _ _	
H04	Has your household applied for credit and been declined?	Yes	No
H05	Which bank or financial institution refused to give you credit?	BIM	GOOD
		Pro Credit	Standard Bank
		Tchuma	BCI
		SOCREMO	Banco Terra
		Financial Cash	Barclays Bank
		Other Bank	
H05.1	Other Bank (Specify)	_____	
H06	Why didn't you ask for credit?	High interest rate	You don't want to risk the warranty
		Too much bureaucracy	Prefer to work with personal capital
		Don't want credit	Other
H06.1	Other Bank (Specify)	_____	
H07	If you ask the bank for credit, do you think you will receive it?	Yes	No
SECTION I: SAVINGS			

Note 16	Delete everyone who has group accounts. You should only collect information about individual accounts. I would now like to understand your opinion about banks and financial institutions where you keep your savings (institutions like Millennium BIM, Barclays, BOM, etc.) For each of these statements, please state whether you agree (1), neither agree nor disagree (2) or disagree (3). You may also say that you do not know enough to have an opinion formed (4).				
I01	The banks are located so that I can use them conveniently.	(1)	(2)	(3)	(4)
I02	I trust that a bank is able to protect my money from theft and loss.	(1)	(2)	(3)	(4)
I03	Banks welcome people like me.	(1)	(2)	(3)	(4)
I04	It is easy to open a bank account.	(1)	(2)	(3)	(4)
I05	Depositing and withdrawing money from a bank is easy.	(1)	(2)	(3)	(4)
I06	Bank accounts are useful for saving money for the purchase of agricultural inputs, or investments in agriculture or small businesses.	(1)	(2)	(3)	(4)
I07	Bank accounts are useful for dealing with emergencies, such as declines in income, illnesses, or accidents, etc.	(1)	(2)	(3)	(4)
I08	Bank accounts help me not to spend too much money.	(1)	(2)	(3)	(4)
I09	Bank accounts help me to keep my money away from other people who can borrow money from me.	(1)	(2)	(3)	(4)
I10.1	Do you have a bank or financial institution account?	Yes		No	
I10.2	If so, how many different accounts do you have?	_ _ _			
I11	Bank Name	BIM		GOOD	
		Pro Credit		Standard Bank	
		Tchuma		BCI	
		SOCREMO		Banco Terra	
		Financial Cash		Barclays Bank	
		Other Bank			
I12	Amount currently deposited in the account	_ _ _ _ Mts			
I13	How much value do you keep outside the banking system?	_ _ _ _ Mts			
Note 17	I would now like to understand your opinion on community savings groups. [VSL Definition] For each of these statements, please say whether you agree (1), neither agree nor disagree (2), or disagree (3). You may also say that you do not know enough to have an opinion formed (4).				
I14	Community savings and credit groups are located so that I can use them conveniently.	(1)	(2)	(3)	(4)
I15	I trust that a community savings and credit group is able to protect my money from theft and loss.	(1)	(2)	(3)	(4)
I16	Community savings and credit groups welcome people like me.	(1)	(2)	(3)	(4)

I17	It is easy to participate in a community savings and credit group.	(1)	(2)	(3)	(4)
I18	Community savings and credit groups are useful for saving money for the purchase of agricultural inputs, or investments in agriculture or small business.	(1)	(2)	(3)	(4)
I19	Community savings and credit groups are useful in dealing with emergencies, such as income shortages, illnesses or accidents, etc.	(1)	(2)	(3)	(4)
I20	Community savings and credit groups help me not to spend too much money.	(1)	(2)	(3)	(4)
I21	Savings groups help me keep my money away from other people who can borrow money from me.	(1)	(2)	(3)	(4)
I22	Do you participate in a savings group?	Yes		No	
I23	How many?	_ _			
I24	What organization streamlines the savings group?	(Local Partner Org. Name)		Other	
		Both			
I25	How long have you been a member of the savings group?	_ _			
I26	How much did you save through the savings group?	_ _ _ Mts			
I27	Do you have access to credit through the savings group?	Yes		No	
I28	What is the total amount of loans granted to you by the savings group?	_ _ _ Mts			
SECTION M: SUPPORT					
Note 18	Now let's ask some questions about some programs that may not have started in your community yet. If you have not heard of these programs, please answer 'I don't know'.				
M01	Have you heard of your local implementing partner?	Yes		No	
M02	If so, have you or any member of your household been contacted by a local implementing partner case manager (community health worker)?	Yes		No	
M03	If so, did the case manager refer you to a service?	Yes		No	
M03.1	If so, what kind of services was it referred to? Education	Yes		No	
M03.2	If so, what kind of services was it referred to? Health	Yes		No	
M03.3	If so, what kind of services was it referred to? Psychosocial Support (PSS)	Yes		No	
M03.4	If so, what kind of services was it referred to? Housing	Yes		No	
M03.5	If so, what kind of services was it referred to? Early Childhood Development (ECD)	Yes		No	

M03.6	If so, what kind of services was it referred to? Legal support for child protection (CPL)	Yes	No
M03.7	If so, what kind of services was it referred to? Food and Nutrition	Yes	No
M03.8	If so, what kind of services was it referred to? Economic Strengthening	Yes	No
M03.9	If so, what kind of services was it referred to? Post-Exposure Prophylaxis (PPE)	Yes	No
M03.10	If so, what kind of services was it referred to? Other (Specify)	Yes	No
M03.10.1	Other (Specify)	_____	
M04.1	If so, to which organization did the case manager belong? Local Implementing Partner	Yes	No
M04.2	If so, to which organization did the case manager belong? Save the Children	Yes	No
M04.3	If so, to which organization did the case manager belong? FHI 360	Yes	No
M04.4	If so, to which organization did the case manager belong? Other 1	Yes	No
M04.4.1	Other (Specify)	_____	
M04.5	If so, to which organization did the case manager belong? Other 2	Yes	No
M04.5.1	Other (Specify)	_____	
M04.6	If so, to which organization did the case manager belong? Other 3	Yes	No
M04.6.1	Other (Specify)	_____	
M05	If so, how many times have they contacted you as part of their work as case manager?	_ _ _	
M06	Have you heard of the Community Child Protection Committee in your area?	Yes	No
M07	If so, are you or some members of your household a member?	Yes	No
M08	To your knowledge, did any child in your household undergo a nutritional assessment?	Yes	No
M09.1	If so, which organization provided the service? Local Implementing Partner	Yes	No
M09.2	If so, which organization provided the service? Save the Children	Yes	No
M09.3	If so, which organization provided the service? FHI 360	Yes	No
M09.4	If so, which organization provided the service? Other 1	Yes	No
M09.4.1	Other (Specify)	_____	

M09.5	If so, which organization provided the service? Other 2	Yes	No
M09.5.1	Other (Specify)	_____	
M09.6	If so, which organization provided the service? Other 3	Yes	No
M09.6.1	Other (Specify)	_____	
M10	Did you receive any information on gender-based violence?	Yes	No
M11	If so, do you know where to turn if you have a problem with gender-based violence?	Yes	No
M12.1	If so, in what context(s) did you receive information on gender-based violence? School-based Program	Yes	No
M12.2	If so, in what context(s) did you receive information on gender-based violence? Media (Radio, TV)	Yes	No
M12.3	If so, in what context(s) did you receive information on gender-based violence? Lecture	Yes	No
M12.4	If so, in what context(s) did you receive information on gender-based violence? Other	Yes	No
M12.4.1	Other (Specify)	_____	
M12.1.1	If you answered 'yes' to M12.1, which: Children's Right Club	Yes	No
M12.1.2	If you answered 'yes' to M12.1, which: School Council	Yes	No
M12.1.3	If you answered 'yes' to M12.1, which: Girls' Empowerment Clubs	Yes	No
M12.1.4	If you answered 'yes' to M12.1, which: Other	Yes	No
M12.1.4.1	Other (Specify)	_____	
M12.3.1	If you answered 'yes' to M12.3, which: Community Savings Group	Yes	No
M12.3.2	If you answered 'yes' to M12.3, which: Community Meeting	Yes	No
M12.3.3	If you answered 'yes' to M12.3, which: Other	Yes	No
M12.3.3.1	Other (Specify)	_____	
M13.1	If so, which organization provided this information? Local Implementing Partner	Yes	No
M13.2	If so, which organization provided this information? Save the Children	Yes	No

M13.3	If so, which organization provided this information? FHI 360	Yes	No
M13.4	If so, which organization provided this information? Other 1	Yes	No
M13.4.1	Other (Specify)	_____	
M13.5	If so, which organization provided this information? Other 2	Yes	No
M13.5.1	Other (Specify)	_____	
M13.6	If so, which organization provided this information? Other 3	Yes	No
M136.1	Other (Specify)	_____	
M14	Have you ever heard of a child rights club at school that children in your household attend?	Yes	No
M15	If so, are some children in your household a member of the children's rights club	Yes	No
M16	Have you ever heard of a girl empowerment club at school that you household children attend?	Yes	No
M17	If so, are some children in your household members of the girls' empowerment club?	Yes	No
M18	In the past 12 months, has your household received any subsidy related to education or support for children in the household?	Yes	No
M19.1	If so, what types of support did you receive? Uniforms	Yes	No
M19.2	If so, what types of support did you receive? Books	Yes	No
M19.3	If so, what types of support did you receive? School Supplies	Yes	No
M19.4	If so, what types of support did you receive? Referral to Qualification Services	Yes	No
M19.5	If so, what types of support did you receive? Psychosocial Support	Yes	No
M19.6	If so, what types of support did you receive? HIV Education	Yes	No
M19.7	If so, what types of support did you receive? Prevention and Response to Gender-based Violence	Yes	No
M19.8	If so, what types of support did you receive? Other	Yes	No
M19.8.1	Other (Specify)	_____	
M20.1	If so, which organization provided support? Local Implementing Partner	Yes	No
M20.2	If so, which organization provided support? Save the Children	Yes	No
M20.3	If so, which organization provided support? FHI 360	Yes	No

M20.4	If so, which organization provided support? Other 1	Yes	No
M20.4.1	Other (Specify)	_____	
M20.5	If so, which organization provided support? Other 2	Yes	No
M20.5.1	Other (Specify)	_____	
M20.6	If so, which organization provided support? Other 3	Yes	No
M20.6.1	Other (Specify)	_____	
M21	In the past 12 months, did you participate in a parent-teacher meeting at the school that children in the household attend?	Yes	No
M22	In the past 12 months, has your household received any service or support to improve your performance?	Yes	No
M23.1	If so, what types of support did you receive? Cash loan through transfer of social cash	Yes	No
M23.2	If so, what types of support did you receive? Business credit scheme	Yes	No
M23.3	If so, what types of support did you receive? Savings group	Yes	No
M23.4	If so, what types of support did you receive? Training in entrepreneurship	Yes	No
M23.5	If so, what types of support did you receive? Agricultural support	Yes	No
M23.6	If so, what types of support did you receive? Land supply	Yes	No
M23.7	If so, what types of support did you receive? Income generating activities	Yes	No
M23.8	If so, what types of support did you receive? Other	Yes	No
M23.8.1	Other (Specify)	_____	
M24.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M24.2	If so, which organization provided the support? Save the Children	Yes	No
M24.3	If so, which organization provided the support? FHI 360	Yes	No
M24.4	If so, which organization provided the support? Other 1	Yes	No
M24.4.1	Other (Specify)	_____	
M24.5	If so, which organization provided the support? Other 2	Yes	No
M24.5.1	Other (Specify)	_____	

M24.6	If so, which organization provided the support? Other 3	Yes	No
M24.6.1	Other (Specify)	_____	
M25	How would you rate the effect or impact of these services on your ability to support your family compared to the time before these services?	Yes	No
M26	Have you heard of the youth economic empowerment club?	Yes	No
M27	If so, will some children in your household be members of the Youth Economic Empowerment Club?	Yes	No
M28.1	If so, which organization organized the club? Local Implementing Partner	Yes	No
M28.2	If so, which organization organized the club? Save the Children	Yes	No
M28.3	If so, which organization organized the club? FHI 360	Yes	No
M28.4	If so, which organization organized the club? Other 1	Yes	No
M28.4.1	Other (Specify)	_____	
M28.5	If so, which organization organized the club? Other 2	Yes	No
M28.5.1	Other (Specify)	_____	
M28.6	If so, which organization organized the club? Other 3	Yes	No
M28.6.1	Other (Specify)	_____	
M29	In the past 12 months, has your household received any household products from a community group or other organization that you have not had to pay for?	Yes	No
M30.1	If so, did you receive the following items? Blankets	Yes	No
M30.2	If so, did you receive the following items? Mosquito nets	Yes	No
M30.3	If so, did you receive the following items? Clothes and footwear	Yes	No
M30.4	If so, did you receive the following items? Cookware or kitchen utensils or table	Yes	No
M30.5	If so, did you receive the following items? Other	Yes	No
M30.5.1	Other (Specify)	_____	
M31.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M31.2	If so, which organization provided the support? Save the Children	Yes	No

M31.3	If so, which organization provided the support? FHI 360	Yes	No
M31.4	If so, which organization provided the support? Other 1	Yes	No
M31.4.1	Other (Specify)	_____	
M31.5	If so, which organization provided the support? Other 2	Yes	No
M31.5.1	Other (Specify)	_____	
M31.6	If so, which organization provided the support? Other 3	Yes	No
M31.6.1	Other (Specify)	_____	
M32	In the past few months, has your household received assistance with home maintenance from a community group or other organization for which you have not had to pay?	Yes	No
M33.1	If so, what kind of repairs have been done? Roof	Yes	No
M33.2	If so, what kind of repairs have been done? Door or Window	Yes	No
M33.3	If so, what kind of repairs have been done? Walls	Yes	No
M33.4	If so, what kind of repairs have been done? Floor	Yes	No
M33.5	If so, what kind of repairs have been done? Bathroom or Plumbing	Yes	No
M33.6	If so, what kind of repairs have been done? Other	Yes	No
M33.6.1	Other (Specify)	_____	
M34.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M34.2	If so, which organization provided the support? Save the Children	Yes	No
M34.3	If so, which organization provided the support? FHI 360	Yes	No
M34.4	If so, which organization provided the support? Other 1	Yes	No
M34.4.1	Other (Specify)	_____	
M34.5	If so, which organization provided the support? Other 2	Yes	No
M34.5.1	Other (Specify)	_____	
M34.6	If so, which organization provided the support? Other 3	Yes	No
M34.6.1	Other (Specify)	_____	

M35	In the past 12 months, have you or anyone else in the household received information from a community group on preparing healthy food for children in your care?	Yes	No
M36.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M36.2	If so, which organization provided the support? Save the Children	Yes	No
M36.3	If so, which organization provided the support? FHI 360	Yes	No
M36.4	If so, which organization provided the support? Other 1	Yes	No
M36.4,1	Other (Specify)	_____	
M36.5	If so, which organization provided the support? Other 2	Yes	No
M36.5.1	Other (Specify)	_____	
M36.6	If so, which organization provided the support? Other 3	Yes	No
M36.6.1	Other (Specify)	_____	
M37	In the past 12 months, has your household received a basket of foodstuffs from a community group or other organization for which you have not had to pay?	Yes	No
M38	If so, how many times during the past 12 months have you received a basket of foodstuff?	_ _ _	
M39.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M39.1	If so, which organization provided the support? Save the Children	Yes	No
M39.1	If so, which organization provided the support? FHI 360	Yes	No
M39.1	If so, which organization provided the support? Other 1	Yes	No
M39.1	Other (Specify)	_____	
M39.1	If so, which organization provided the support? Other 2	Yes	No
M39.1	Other (Specify)	_____	
M39.1	If so, which organization provided the support? Other 3	Yes	No
M39.1	Other (Specify)	_____	
M40	In the past 12 months, has anyone from a community group or other organization provided you with information about children's rights?	Yes	No
M41.1	If so, which organization provided the information? Community Committee for the Protection of Children	Yes	No

M41.2	If so, which organization provided the information? Children's Right Club	Yes	No
M41.3	If so, which organization provided the information? Local Implementing Partner	Yes	No
M41.4	If so, which organization provided the information? Other 1	Yes	No
M41.4.1	Other (Specify)	_____	
M41.5	If so, which organization provided the information? Other 2	Yes	No
M41.5.1	Other (Specify)	_____	
M41.6	If so, which organization provided the information? Other 3	Yes	No
M41.6.1	Other (Specify)	_____	
M42	In the past 12 months, has anyone in a community group or other organization provided you with information about the need to protect children from abuse?	Yes	No
M43.1	If so, which organization provided the information? Community Committee for the Protection of Children	Yes	No
M43.2	If so, which organization provided the information? Children's Right Club	Yes	No
M43.3	If so, which organization provided the information? Local Implementing Partner	Yes	No
M43.4	If so, which organization provided the information? Other 1	Yes	No
M43.4.1	Other (Specify)	_____	
M43.5	If so, which organization provided the information? Other 2	Yes	No
M43.5.1	Other (Specify)	_____	
M43.6	If so, which organization provided the information? Other 3	Yes	No
M43.6.1	Other (Specify)	_____	
Note 19	Now let's ask some questions about some programs that may not have started in your community yet. If you haven't heard of these programs, please answer 'I don't know'.		
M44	Have you heard of the Local Implementing Partner?	Yes	No
M45	If so, have you or any member of your household been contacted by an activist (community health worker) from the Local Implementing Partner?	Yes	No
M46	If so, how many times have they contacted you as part of their work as activists?	_ _ _	
M47	Have you heard of the Community Child Protection Committee in your area?	Yes	No

M48	If so, are you or some members of your household a member?	Yes	No
M49	Have you ever heard of a child rights club at school that children in your household attend?	Yes	No
M50	If so, are some children in your household a member of the children's rights club?	Yes	No
M51	Have you ever heard about the club of young entrepreneurs in the school that the children of your household attend?	Yes	No
M52	If so, will some children in your household be members of the Young Entrepreneurs Club?	Yes	No
M53	To your knowledge, did any child in your household undergo a nutritional assessment at your school?	Yes	No
M54	In the past 12 months, has your household received any service or support to improve your performance?	Yes	No
M55.1	If so, what types of support did you receive? Cash loan through transfer of social cash	Yes	No
M55.2	If so, what types of support did you receive? Business credit scheme	Yes	No
M55.3	If so, what types of support did you receive? Savings group	Yes	No
M55.4	If so, what types of support did you receive? Training in Entrepreneurship	Yes	No
M55.5	If so, what types of support did you receive? Agricultural support	Yes	No
M55.6	If so, what types of support did you receive? Land supply	Yes	No
M55.7	If so, what types of support did you receive? Income generating activities	Yes	No
M55.8	If so, what types of support did you receive? Other	Yes	No
M55.8.1	Other (Specify)	_____	
M56.1	If so, which organization provided support? Local Implementing Partner	Yes	No
M56.2	If so, which organization provided support? Save the Children	Yes	No
M56.3	If so, which organization provided support? FHI 360	Yes	No
M56.4	If so, which organization provided support? Other 1	Yes	No
M56.4.1	Other (Specify)	_____	
M56.5	If so, which organization provided support? Other 2	Yes	No
M56.5.1	Other (Specify)	_____	
M56.6	If so, which organization provided support? Other 3	Yes	No

M56.6.1	Other (Specify)	_____	
M57	How would you rate the effect or impact of these services on your ability to support your family compared to the time before these services?	There was no major change	Worse than before
		Improved	Much better
M58	In the past 12 months, has your household received any household products from a community group or other organization that you have not had to pay for?	Yes	No
M59.1	If so, did you receive the following items? Blankets	Yes	No
M59.2	If so, did you receive the following items? Mosquito nets	Yes	No
M59.3	If so, did you receive the following items? Clothes and footwear	Yes	No
M59.4	If so, did you receive the following items? Cookware or kitchen utensils or table	Yes	No
M59.5	If so, did you receive the following items? Other	Yes	No
M59.5.1	Other (Specify)	_____	
M60.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M60.2	If so, which organization provided the support? Save the Children	Yes	No
M60.3	If so, which organization provided the support? FHI 360	Yes	No
M60.4	If so, which organization provided the support? Other 1	Yes	No
M60.4.1	Other (Specify)	_____	
M60.5	If so, which organization provided the support? Other 2	Yes	No
M60.5.1	Other (Specify)	_____	
M60.6	If so, which organization provided the support? Other 3	Yes	No
M60.6.1	Other (Specify)	_____	
M61	In the past 12 months, has your household received assistance with home maintenance from a community group or other organization for which you have not had to pay?	Yes	No
M62.1	If so, what kind of repairs did they do? Roof	Yes	No
M62.2	If so, what kind of repairs did they do? Door or Window	Yes	No
M62.3	If so, what kind of repairs did they do? Walls	Yes	No

M62.4	If so, what kind of repairs did they do? Floor	Yes	No
M62.5	If so, what kind of repairs did they do? Bathroom or Plumbing	Yes	No
M62.6	If so, what kind of repairs did they do? Other	Yes	No
M62.6.1	Other (Specify)	_____	
M63.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M63.2	If so, which organization provided the support? Save the Children	Yes	No
M63.3	If so, which organization provided the support? FHI 360	Yes	No
M63.4	If so, which organization provided the support? Other 1	Yes	No
M63.4.1	Other (Specify)	_____	
M63.5	If so, which organization provided the support? Other 2	Yes	No
M63.5.1	Other (Specify)	_____	
M63.6	If so, which organization provided the support? Other 3	Yes	No
M63.6.1	Other (Specify)	_____	
M64	In the past 12 months, have you or anyone else in the household received information from a community group on preparing healthy food for children in your care?	Yes	No
M65.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M65.1	If so, which organization provided the support? Save the Children	Yes	No
M65.1	If so, which organization provided the support? FHI 360	Yes	No
M65.1	If so, which organization provided the support? Other 1	Yes	No
M65.1	Other (Specify)	_____	
M65.1	If so, which organization provided the support? Other 2	Yes	No
M65.1	Other (Specify)	_____	
M65.1	If so, which organization provided the support? Other 3	Yes	No
M65.1	Other (Specify)	_____	

M66	In the past 12 months, has your household received a basket of foodstuff from a community group or other organization for which you have not had to pay?	Yes	No
M67	If so, how many times during the past 12 months have you received a basket of foodstuff?	_ _	
M68.1	If so, which organization provided the support? Local Implementing Partner	Yes	No
M68.2	If so, which organization provided the support? Save the Children	Yes	No
M68.3	If so, which organization provided the support? FHI 360	Yes	No
M68.4	If so, which organization provided the support? Other 1	Yes	No
M68.4.1	Other (Specify)	_____	
M68.5	If so, which organization provided the support? Other 2	Yes	No
M68.5.1	Other (Specify)	_____	
M68.6	If so, which organization provided the support? Other 3	Yes	No
M68.6.1	Other (Specify)	_____	
M69	In the past 12 months, has anyone from a community group or other organization provided you with information about the human rights of children?	Yes	No
M70.1	If so, which organization provided the information? Community Committee for the Protection of Children	Yes	No
M70.2	If so, which organization provided the information? Children's Rights Club	Yes	No
M70.3	If so, which organization provided the information? Local Implementing Partner	Yes	No
M70.4	If so, which organization provided the information? Other 1	Yes	No
M70.4.1	Other (Specify)	_____	
M70.5	If so, which organization provided the information? Other 2	Yes	No
M70.5.1	Other (Specify)	_____	
M70.6	If so, which organization provided the information? Other 3	Yes	No
M70.6.1	Other (Specify)	_____	
M71	In the past 12 months, has anyone in a community group or other organization provided you with information about the need to protect children from abuse?	Yes	No
M72.1	If so, which organization provided the information? Community Committee for the Protection of Children	Yes	No

M72.2	If so, which organization provided the information? Children's Rights Club	Yes	No
M72.3	If so, which organization provided the information? Local Implementing Partner	Yes	No
M72.4	If so, which organization provided the information? Other 1	Yes	No
M72.4.1	Other (Specify)	_____	
M72.5	If so, which organization provided the information? Other 2	Yes	No
M72.5.1	Other (Specify)	_____	
M72.6	If so, which organization provided the information? Other 3	Yes	No
M72.6.1	Other (Specify)	_____	
SECTION J: BELIEFS			
Note 20	Now I would like to ask you some individual questions. Please answer only for yourself. Your answers are completely confidential and will never be revealed to anyone, including your family. If I ask a question that you don't want to answer, please let me know and we'll move on to the next question.		
J01	Roster Member Name	_____	
Consent J	Does the participant give their consent to participate in this study?	Yes	No
J02	Telephone Number of the Participant	+ - - 	
J03	Have you ever heard of an infection called HIV?	Yes	No
J04	Do you know anyone who has HIV?	Yes	No
J05	Can HIV be transmitted through sexual intercourse?	Yes	No
J06	Can a person reduce the risk of contracting HIV by having only one sexual partner who is not infected and who has not had other sexual partners?	Yes	No
J07	Can a person contract HIV through mosquito bites?	Yes	No
J08	Have you heard of condoms?	Yes	No
J09	If you answered yes to J08, do you know where to buy condoms?	Yes	No
J10	If you answered yes to J08, do you know where to get condoms for free?	Yes	No
J11	Can people reduce their risk of contracting HIV by using condoms at all times?	Yes	No
J12		Yes	No

	If there are teenagers in your household, have you ever discussed condom use with them?	There are no adolescents in the household.	
J13	Should children 12 to 14 years of age be taught how to use condoms to prevent them from getting HIV?	Yes	No
J14	Can people get HIV by sharing food with a person who has HIV?	Yes	No
J15	Can people get HIV through witchcraft or other supernatural means?	Yes	No
J16	Is it possible for a healthy-looking person to have HIV?	Yes	No
J17	Would you buy fresh vegetables from a seller or stall owner if you knew this person had HIV?	Yes	No
J18	If a member of your family was infected with HIV, would you want this to be a secret?	Yes	No
J19	If a member of your family become ill with AIDS, would you be willing to take care of that person in your home?	Yes	No
J20	In your opinion, if a teacher had HIV but was not sick, should (s)he be allowed to continue teaching at school?	Yes	No
J21	Can the virus that causes AIDS be transmitted from a mother to the fetus during pregnancy?	Yes	No
J22	Can the virus that causes AIDS be transmitted from a mother to her baby during delivery?	Yes	No
J23	Can the virus that causes AIDS be transmitted from a mother to her baby while breastfeeding?	Yes	No
J24	Do you know of any place where people can go to get tested for HIV?	Yes	No
J25.1	If you answered yes to J22, in which of the following places can people go to be tested for HIV? Local ART Clinic	Yes	No
J25.2	If you answered yes to J22, in which of the following places can people go to be tested for HIV? Public Hospital	Yes	No
J25.3	If you answered yes to J22, in which of the following places can people go to be tested for HIV? Health Center / Public Clinic	Yes	No
J25.4	If you answered yes to J22, in which of the following places can people go to be tested for HIV? Private Health Unit	Yes	No
J25.5	If you answered yes to J22, in which of the following places can people go to be tested for HIV? Other	Yes	No
J25.5.1	Other (Specify)	_____	
J26	Is there any effective treatment for HIV?	Yes	No
J27	Do you know of any place where people can receive treatment for HIV?	Yes	No

J28	If HIV is not treated, can it cause AIDS (acquired immunodeficiency syndrome that can cause serious infections and even death)?	Yes	No
J29	Is there a cure for HIV?	Yes	No
SECTION K: HEALTH			
Note 21	Please answer the questions in this section for yourself and any child (under the age of 18) who you are a parent and/or guardian.		
K01	Roster Member Name	_____	
Consent K	Does the participant give their consent to participate in this study?	Yes	No
K02	Participant's Telephone Number	+ - - 	
K03	Has this member been diagnosed with HIV?	Yes	No
K04	Has this member been diagnosed with Pneumonia?	Yes	No
K05	Has this member been diagnosed with Tuberculosis (TB)?	Yes	No
K06	Has this member been diagnosed with Cancer?	Yes	No
K07	Has this member been pregnant in the past year?	Yes	No
K08	Does this member have a chronic illness?	Yes	No
K09.1	What symptoms does this member have? Ulcers or spots on skin	Yes	No
K09.2	What symptoms does this member have? Coughing up blood	Yes	No
K09.3	What symptoms does this member have? Cough (without blood)	Yes	No
K09.4	What symptoms does this member have? Shortness of breath on breath (dyspnea)	Yes	No
K09.5	What symptoms does this member have? Fever	Yes	No
K09.6	What symptoms does this member have? Chest pains	Yes	No
K09.7	What symptoms does this member have? Lung infection	Yes	No
K09.8	What symptoms does this member have? Attack disease (epilepsy)	Yes	No
K09.9	What symptoms does this member have? Weakness in arms or legs	Yes	No
K09.10	What symptoms does this member have? Hallucinations	Yes	No
K09.11	What symptoms does this member have? Headache	Yes	No

K09.12	What symptoms does this member have? White spots on the mouth (on the sides of the mouth or at the bottom of the throat)	Yes	No
K09.13	What symptoms does this member have? Weight loss	Yes	No
K09.14	What symptoms does this member have? Fatigue	Yes	No
K09.15	What symptoms does this member have? Asthma	Yes	No
K09.16	What symptoms does this member have? Vomiting	Yes	No
K09.17	What symptoms does this member have? Diarrhea	Yes	No
K09.18	What symptoms does this member have? Stomach pains	Yes	No
K09.19	What symptoms does this member have? Skin rashes or skin wounds	Yes	No
K09.20	What symptoms does this member have? Wounds on mouth	Yes	No
K09.21	What symptoms does this member have? Diabetes	Yes	No
K09.22	What symptoms does this member have? Heart problems	Yes	No
K09.23	What symptoms does this member have? Muscle problems	Yes	No
K09.24	What symptoms does this member have? Vision problems	Yes	No
K09.25	What symptoms does this member have? Hearing problems	Yes	No
K09.26	What symptoms does this member have? Others	Yes	No
K09.27	What symptoms does this member have? I don't know	Yes	No
K10	To your knowledge, has this member been tested for HIV?	Yes	No
K11	If so, when were they tested?	In the last 12 months	12 – 23 months ago
		Over 2 years ago	
K12	Did this member receive the test results?	Yes	No
K13	If so, what was the test result?	Positive	Negative
		Don't know	Refused to answer
K14	Did this member develop any opportunistic infections?	Yes	No
K15	If so, has this member been treated for infections or cancer in addition to HIV treatment?	Yes	No

K16	What stage of HIV is this member in?	□□□□	
K17	Did this member go to a clinic with ART because of their condition?	Yes	No
K17.1	If yes, which clinic did you go to?	_____	
K17.2	If you went to another, which one?	_____	
K17.3	What is the NID (Patient Identification Number)?	□□□□□□□□	
K17.4	Does the participant authorize us to take a photo on both sides of their ART card?	Yes	No
K18	If so, how many times has this member visited the clinic in the past 12 months?	□□□□	
K19	If so, what was the CD4 count of this member in your last appointment?	□□□□	
K20.1	If not, what was the reason for not visiting US? Lack of time	Yes	No
K20.2	If not, what was the reason for not visiting US? Lack of money	Yes	No
K20.3	If not, what was the reason for not visiting US? Lack of transport	Yes	No
K20.4	If not, what was the reason for not visiting US? Health Unit is too far away	Yes	No
K20.5	If not, what was the reason for not visiting US? Not very serious disease	Yes	No
K20.6	If not, what was the reason for not visiting US? The patient did not want treatment	Yes	No
K20.7	If not, what was the reason for not visiting US? US overcrowded (long rows)	Yes	No
K20.8	If not, what was the reason for not visiting US? The disease is very serious	Yes	No
K20.9	If not, what was the reason for not visiting US? Other	Yes	No
K20.10	If not, what was the reason for not visiting US? I don't know	Yes	No
K21	If so, is this member currently taking antiretrovirals?	Yes	No
K21.1	If so, what antiretrovirals are you currently taking? Duovir-N (AZT + 3TC + NVP)	Yes	No
K21.2	If so, what antiretrovirals are you currently taking? Duovir-N Baby (AZT + 3TC + NVP for children)	Yes	No
K21.3	If so, what antiretrovirals are you currently taking? Tenofovir (TDF)	Yes	No
K21.4	If so, what antiretrovirals are you currently taking? 4 Kaletra (Lopinavir / r)	Yes	No
K21.5	If so, what antiretrovirals are you currently taking? Triomune 30 (D4T + 3TC + NVP)	Yes	No

K21.6	If so, what antiretrovirals are you currently taking? Abacavir	Yes	No
K21.7	If so, what antiretrovirals are you currently taking? Didanosine	Yes	No
K21.8	If so, what antiretrovirals are you currently taking? Stavudine (D4T)	Yes	No
K21.9	If so, what antiretrovirals are you currently taking? Lamivudine (3TC)	Yes	No
K21.10	If so, what antiretrovirals are you currently taking? Zidovudine (AZT)	Yes	No
K21.11	If so, what antiretrovirals are you currently taking? Efavirenz (EFV)	Yes	No
K21.12	If so, what antiretrovirals are you currently taking? Nevirapine (NVP)	Yes	No
K21.13	If so, what antiretrovirals are you currently taking? Indinavir	Yes	No
K21.14	If so, what antiretrovirals are you currently taking? TDF + 3TC + EFV	Yes	No
K21.15	If so, what antiretrovirals are you currently taking? Other	Yes	No
K21.16	If so, what antiretrovirals are you currently taking? Don't Know	Yes	No
K23	If Yes, how many times has this member missed doses in the past 30 days?	_ _ _	
K24	If so, has this member taken antiretrovirals in the past?	Yes	No
K25	If so, did this member take these antiretrovirals daily?	Yes	No
K26	In the past 12 months, has this member received medical care or visited a US?	Yes	No
K27.1	In the past 12 months, has this member received medical care or visited a US? Local ART Clinic	Yes	No
K27.2	In the past 12 months, has this member received medical care or visited a US? Other public health center	Yes	No
K27.3	In the past 12 months, has this member received medical care or visited a US? Central Government Hospital (if different from health facility with local ART)	Yes	No
K27.4	In the past 12 months, has this member received medical care or visited a US? Private US	Yes	No
K27.5	In the past 12 months, has this member received medical care or visited a US? Healer, faith healer, herbalist	Yes	No
K27.6	In the past 12 months, has this member received medical care or visited a US?	Yes	No

	Pharmacy		
K27.7	In the past 12 months, has this member received medical care or visited a US? Community health worker	Yes	No
K27.8	In the past 12 months, has this member received medical care or visited a US? Family / friend	Yes	No
K27.9	In the past 12 months, has this member received medical care or visited a US? Other	Yes	No
K27.10	In the past 12 months, has this member received medical care or visited a US? Doesn't know	Yes	No
K28	How much would you estimate in relation to the total cost of these services?	_____ Mts	
K29.1	How did this member or household pay for these services? Savings	Yes	No
K29.2	How did this member or household pay for these services? Loan (Moneylender)	Yes	No
K29.3	How did this member or household pay for these services? Loan (MFI)	Yes	No
K29.4	How did this member or household pay for these services? Loan (Friend / Family)	Yes	No
K29.5	How did this member or household pay for these services? Loan (Bank)	Yes	No
K29.6	How did this member or household pay for these services? Loan (NGO)	Yes	No
K29.7	How did this member or household pay for these services? Loan (Cooperative)	Yes	No
K29.8	How did this member or household pay for these services? Offer / Charity	Yes	No
K29.9	How did this member or household pay for these services? Savings group	Yes	No
K29.10	How did this member or household pay for these services? Sale of crops	Yes	No
K29.11	How did this member or household pay for these services? Sale of domestic animals	Yes	No
K29.12	How did this member or household pay for these services? Help from family / friends	Yes	No
K29.13	How did this member or household pay for these services? Other	Yes	No
K29.14	How did this member or household pay for these services? I don't know	Yes	No
K30	In the past 30 days, this member became ill and refused to seek medical attention?	Yes	No
K31.1	If so, why did this member or your caregiver decide not to seek assistance?	Yes	No

	Lack of time		
K31.2	If so, why did this member or your caregiver decide not to seek assistance? Lack of money	Yes	No
K31.3	If so, why did this member or your caregiver decide not to seek assistance? Lack of transportation	Yes	No
K31.4	If so, why did this member or your caregiver decide not to seek assistance? Health units too distant	Yes	No
K31.5	If so, why did this member or your caregiver decide not to seek assistance? Not very serious disease	Yes	No
K31.6	If so, why did this member or your caregiver decide not to seek assistance? The patient did not want treatment	Yes	No
K31.7	If so, why did this member or your caregiver decide not to seek assistance? US overcrowded (long rows)	Yes	No
K31.8	If so, why did this member or your caregiver decide not to seek assistance? The disease is very serious	Yes	No
K31.9	If so, why did this member or your caregiver decide not to seek assistance? Other	Yes	No
K31.10	If so, why did this member or your caregiver decide not to seek assistance? I don't know	Yes	No
SECTION L: SEXUAL HISTORY			
L01	Roster Member Name	_____	
L02	Respondent ID	_ _ _ _ _ _ _ _ _	
Consent L	Does this participant give their consent to participate in this study?	Yes	No
Note 22	Now I would like to ask you some individual questions. Please answer only for yourself. Your answers are completely confidential and will never be revealed to anyone, including your family. If I ask a question that you don't want to answer, please let me know and we'll move on to the next question.		
L03	How many sexual partners have you had in your lifetime?	_ _ _	
L04	How many sexual partners have you had in the past 12 months?	_ _ _	
L05	Have any of your partners ever been tested for HIV?	Yes	No
L06	Have you ever had sex with someone who knew you had HIV?	Yes	No

L07	Do you have condoms with you?	Yes	No
L08	How often do you or your partner use a condom during sex?	Yes	No
L09	I have to ask everyone this question. Have you had or have you ever had sex with men? This includes your current partner (if you are married) as well as a previous sexual partner.	Yes	No
L10	I have to ask everyone this question. Have you had or have you ever had sex with women? This includes your current partner (if you are married) as well as a previous sexual partner.	Yes	No
L11	Have you ever been paid in exchange for sex?	Yes	No
L12	Have you ever paid someone in exchange for sex?	Yes	No
L13	Have you ever had a blood transfusion?	Yes	No
L14	Have you ever been an injecting drug user?	Yes	No
L15	If the participant is male, has he been circumcised?	Yes	No

SECTION O: SOCIAL NETWORKS

Note 23	This section will be completed as a follow-up after a community or enumeration area has been surveyed.
Note 24	Now I would like to ask you about your relationship with other households with whom you talk about agriculture, money, or health related topics. Conversations about agriculture can be about methods of agricultural work, the type of inputs they use, weather patterns, harvest or any other relevant topic. Conversations about money can be about how to keep money, how to manage it, or any other relevant topic about what to do with money. Conversations about health can be as much about health problems as about medical treatments or any other topic that you find relevant to health.

O01 Household Number	O02 Family Relationship	In the last 12 months did you discuss the following topics with any member of the household?			O06 Who do you listen to the most? (Rank up to 5 households, with 1 for most influential)
		O03 Agriculture (Y/N)	O04 Money (Y/N)	O05 Health (Y/N)	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Head of HH	1 = Self 4 = Brother/Sister 7 = Grandson/Granddaughter 10 = Cousin 2 = Spouse 5 = Father/Mother 8 = Brother/Sister in law 11 = Other relative 3 = Son / Daughter 6 = Nephew/Niece 9 = Son/Daughter in law 12 = Not related				
O07	If you wanted to disseminate information to everyone in the community about tickets to a sporting or musical event that we would like to organize in your community, who do you think we should talk to? (First and last name)			_____	
O08	Does this person belong to one of the households you indicated us before?			<input type="checkbox"/>	<input type="checkbox"/>
O09	If yes, who is the head of the household?			<input type="checkbox"/>	<input type="checkbox"/>
O10	If not, please choose the most suitable person from the list of households (first and last name).			_____	
O11	If we wanted to disseminate information to everyone in the community about a new public health service related to malaria and HIV in this community, who do you think we should talk to? (First and last name)			_____	
O12	Does this person belong to one of the households you have indicated to us before?			<input type="checkbox"/>	<input type="checkbox"/>
O13	If yes, who is the head of the household?			<input type="checkbox"/>	<input type="checkbox"/>
O14	If not, please choose the most suitable person from the list of households (First and last name).			_____	
SECTION Z: IDENTIFICATION					
Z27	Was the interview complete?			Yes	No
Z28	If not, why?			Refused	Other
Z28.1	Other (Specify)			_____	
Z29	Comments (were there any irregularities during the survey?)			_____	