



Section A: Identification

Field: A01 Province

Description	Province that household is located in
Name	PROVINCE
Type	Numeric
Universe	All
Question text	none
Help text	none
Valid range	1-7
Responses	See questionnaire Annex 1
Prefill	From menu program
Consistency checks	None

Field: A02 District

Description	District that household is located in
Name	DISTRICT
Type	Numeric
Universe	All
Question text	none
Help text	none
Valid range	1-60
Responses	See questionnaire Annex 2
Prefill	From menu program
Consistency checks	None

Field: A03 Cluster

Description	Code of cluster that household is in
Name	CLUSTER
Type	Numeric
Universe	All
Question text	none
Help text	none
Valid range	1-999
Responses	Obtain cluster list from sample
Prefill	From menu program
Consistency checks	None

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Field: A04 Household Number

Description	Serial number of household
Name	HOUSEHOLD_NUMBER
Type	Numeric
Universe	All
Question text	none
Help text	none
Valid range	1-999
Responses	
Prefill	From menu program
Consistency checks	None

Field: A05 Interview Date

Description	Year, month and day that interview was conducted
Name	INTERVIEW_DATE
Type	Date in YYYYMMDD format
Universe	All
Question text	none
Help text	none
Valid range	2024-11-15 to 2020-12-15
Responses	
Prefill	From current date on tablet
Consistency checks	None

Section B: Household roster

The following questions should be asked for each member of the household:

Field: B01 Name

Description	Full name of household member
Name	NAME
Type	String
Universe	All
Question text	Enter the name of the next household member
Help text	Include all persons living in this house who have common arrangements for cooking and dining.
Valid range	Must not be empty
Responses	
Prefill	Obtain name of head of household from sample file
Consistency checks	None

Field: B02 Sex

Description	Gender of household member
Name	SEX
Type	Numeric
Universe	All
Question text	Is (name) male or female?
Help text	
Valid range	1-2
Responses	Male 1 Female 2
Prefill	None
Consistency checks	None

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Field: B03 Relationship

Description	Relationship to head of household	
Name	RELATIONSHIP	
Type	Numeric	
Universe	All	
Question text	What is (name's) relationship to the head of the household?	
Help text		
Valid range	1-8	
Responses	Head	1
	Spouse	2
	Child	3
	Grandchild	4
	Brother/sister	5
	Father/mother	6
	Other	7
Prefill	None	
Consistency checks	Head of household must be on first line	
	Condition: Relationship for first household member is not head of household or relationship for household on line 2 or greater is head Error message: Head of household must be entered first. Options: Correct relationship	

Field: B04 Cell phone

Description	Household member has cell phone	
Name	HAS_CELL_PHONE	
Type	Numeric	
Universe	All	
Question text	Does (name) have a working cell phone?	
Help text		
Valid range	1-2	
Responses	Yes	1
	No	2
Prefill	None	
Consistency checks	None	

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Field: B05 Phone number

Description	Cell phone number of household member
Name	PHONE_NUMBER
Type	Alpha
Universe	Has cell phone (B04) is yes
Question text	What is (name)'s cell phone number?
Help text	
Valid range	
Responses	
Prefill	None
Consistency checks	Is valid phone number, otherwise show message "Invalid format for phone number" and force interviewer to correct.

Field: B06 Age

Description	Age of household member in completed years
Name	AGE
Type	Numeric
Universe	All
Question text	How old is (name) in completed years? Enter 0 if less than 1 year old.
Help text	
Valid range	0-120
Responses	
Prefill	None
Consistency checks	None

Field: B07 Date of birth

Description	Date of birth of household member
Name	DATE_OF_BIRTH
Type	Numeric in YYYYMMDD format (use subitems for year, month and day)
Universe	All
Question text	When was (name) born?
Help text	
Valid range	
Responses	
Prefill	None
Consistency checks	None

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Field: B08 Language

Description	Languages usually spoken at home	
Name	LANGUAGE	
Type	Numeric	
Universe	Household members age 5 and above	
Question text	What languages does (name) usually speak at home?	
Help text		
Valid range	1-4	
Responses	English	1
	French	2
	Spanish	3
	Other (specify)	4
Prefill	None	
Consistency checks	None	

Section C: Health

The following questions should be asked of each member of the household:

Field: C01 Proxy

Description	Is health care section answered by member themselves or by proxy	
Name	HEALTH_PROXY	
Type	Numeric	
Universe	All	
Question text	<p><i>Parents should answer health questions for children under 10 years of age. For under 10 years old, interviewer should enter No. For age 10 and above ask:</i></p> <p>Now I would like to ask some questions about (name's) health. Is (name) available to answer these questions him/herself?</p>	
Help text		
Valid range	1-2	
Responses	Yes	1
	No	2
Prefill	None	
Consistency checks	<p>Children must answer health questions by proxy</p> <p>Condition: Age is less than 10 and C01 is yes (answering for themselves).</p> <p>Error message: Health questions for children under 10 years old must be answered by an adult. (name) is only (age) years old.</p> <p>Options: Correct proxy, Correct age</p>	

Field: C02 Respondent

Description	Person number of proxy respondent for health section
Name	HEALTH_RESPONDENT
Type	Numeric
Universe	Proxy (C01) is no
Question text	<i>Choose the individual answering the questions on behalf of (name)</i>
Help text	
Valid range	1-30
Responses	List all household members aged 10 or above. Record person number of household member chosen.
Prefill	None
Consistency checks	None

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Field: C03 Illness/Injury

Description	Had an Illness or injury in past month	
Name	HAD_ILLNESS_INJURY	
Type	Numeric	
Universe	All	
Question text	In the past month have you/has (name) suffered from an illness or injury?	
Help text		
Valid range	1-2	
Responses	Yes	1
	No	2
Prefill	None	
Consistency checks	None	

Field: C04 Type of Illness/Injury

Description	Type of Illness or injury in past month	
Name	TYPE_OF_ILLNESS_INJURY	
Type	Numeric	
Universe	Had illness/injury (C03) is yes	
Question text	What was the illness or injury?	
Help text		
Valid range	1-10	
Responses	Fever/malaria	1
	Upset stomach/diarrhea	2
	Headache	3
	Rash/skin problem	4
	Respiratory/asthma	5
	Eye/ear/nose/throat	6
	Dental	7
	Burn	8
	Fracture	9
	Other (specify)	10
Prefill	None	
Consistency checks	None	

Section D: Food security

Field: D01a Meals (adults)

Description	Meals per day taken by adults
Name	MEALS_PER_DAY_ADULTS
Type	Numeric
Universe	Number of adults (over 17 years old) in household is one or more
Question text	How many meals are taken per day by adult members of this household (over 17 years old)?
Help text	
Valid range	0-5
Responses	
Prefill	None
Consistency checks	None

Field: D01b Meals (children 5-17)

Description	Meals per day taken by children 5-17
Name	MEALS_PER_DAY_CHILDREN_5_17
Type	Numeric
Universe	Number of children 5-17 in household is one or more
Question text	How many meals are taken per day by child members of this household (5-17 years old)?
Help text	
Valid range	0-5
Responses	
Prefill	None
Consistency checks	None

Field: D01c Meals (children under 5)

Description	Meals per day taken by children under 5
Name	MEALS_PER_DAY_CHILDREN_UNDER_5
Type	Numeric
Universe	Number of household members under 5 is one or more
Question text	How many meals are taken per day by child members of this household (under 5 years old)?
Help text	
Valid range	0-5
Responses	
Prefill	None
Consistency checks	None

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Field: D02 Had incident last 12 months

Description	Household faced situation where there was not enough food at some point in last 12 months	
Name	HAD_INCIDENT_LAST_12_MONTHS	
Type	Numeric	
Universe	All	
Question text	In the past 12 months has there ever been a day when you did not have enough food to feed your family?	
Help text		
Valid range	1-2	
Responses	Yes	1
	No	2
Prefill	None	
Consistency checks	None	

Field: D03 Months with food insecurity

Description	Months over the last 12 years where the household did not have enough food for at least one day	
Name	MONTHS_FOOD_INSECURITY	
Type	Alpha (checkbox)	
Universe	Did not have enough food (D02) is yes	
Question text	<p>In which of the last 12 months did you have days when you did not have enough food to feed your family?</p> <p><i>Mark all that apply, only including those starting from 1 year prior to the interview date through the month of the interview.</i></p>	
Help text		
Valid range		
Responses	<i>calculate the 12 months that precede the interview date and only display those months as checkboxes e.g. if month of interview is November 2018 display November 2017, December 2017, January 2018,...,October 2018.</i>	
Prefill	None	
Consistency checks	<p>At least one month of food insecurity must be selected</p> <p>Condition: had food insecurity in last 12 months (D02) is yes but no months in D03 are selected.</p> <p>Error message: You must select at least one month.</p> <p>Options: Correct months</p>	

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Field: D04 Causes of food insecurity

Description	Primary causes of food insecurity in last 12 months														
Name	CAUSES_OF_FOOD_INSECURITY														
Type	Numeric														
Universe	Did not have enough food (D02) is yes														
Question text	What were the primary reasons that you did not have enough food? <i>List up to three reasons using the codes below in order of importance</i>														
Help text															
Valid range	1-7														
Responses	<p><i>Allow entry of one, two or three reasons but do not allow zero reasons. Do not allow codes to be duplicated.</i></p> <table border="1"> <tr> <td>Drought</td> <td>1</td> </tr> <tr> <td>Pests</td> <td>2</td> </tr> <tr> <td>Flood</td> <td>3</td> </tr> <tr> <td>Lack of land</td> <td>4</td> </tr> <tr> <td>Lack of farm inputs</td> <td>5</td> </tr> <tr> <td>Food too expensive/unavailable for purchase</td> <td>6</td> </tr> <tr> <td>Other</td> <td>7</td> </tr> </table>	Drought	1	Pests	2	Flood	3	Lack of land	4	Lack of farm inputs	5	Food too expensive/unavailable for purchase	6	Other	7
Drought	1														
Pests	2														
Flood	3														
Lack of land	4														
Lack of farm inputs	5														
Food too expensive/unavailable for purchase	6														
Other	7														
Prefill	None														
Consistency checks	None														

Section E: Consumption

The questions in this section should be asked for each of the 11 food categories in questionnaire annex 3.

Field: E01 Consumed any

Description	If item has been consumed by household in past 7 days	
Name	CONSUMED_ANY	
Type	Numeric	
Universe	All	
Question text	Over the past 7 days, that is from (date 7 days ago) until today, have you consumed any (item name)?	
Help text		
Valid range	1,2	
Responses	Yes	1
	No	2
Prefill	None	
Consistency checks	None	

Field: E02 Item code

Description	Code for item consumed	
Name	ITEM_CODE	
Type	Numeric	
Universe	Consumed any (E01) is yes	
Question text		
Help text		
Valid range		
Responses	See list of codes above	
Prefill	Prefill from next code in list of codes above	
Consistency checks	None	

Field: E03a Quantity consumed

Description	Quantity of item consumed by household in last 7 days	
Name	QUANTITY_CONSUMED	
Type	Numeric	
Universe	Consumed any (E01) is yes	
Question text	How much did your household consume in total in the past 7 days?	
Help text		
Valid range	1-999	
Responses		
Prefill	None	
Consistency checks	None	

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Field: E03b Units of quantity consumed

Description	Units of quantity of item consumed by household in last 7 days	
Name	UNITS_CONSUMED	
Type	Numeric	
Universe	Consumed any (E01) is yes	
Question text	How much did your household consume in total in the past 7 days?	
Help text		
Valid range	1-5	
Responses	Grams	1
	Kilograms	2
	Liters	3
	Piece	4
	Sack	5
Prefill	Prefill with standard unit from questionnaire annex 3 but allow interviewer to change it	
Consistency checks	None	

Field: E04a Quantity purchased

Description	Of amount consumed, how much was purchased by household	
Name	QUANTITY_PURCHASED	
Type	Numeric	
Universe	Amount consumed (E03a) is greater than 0	
Question text	How much came from purchases?	
Help text		
Valid range	0-999	
Responses		
Prefill	None	
Consistency checks	None	

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Field: E04b Units of quantity purchased

Description	Units of quantity of item purchases	
Name	UNITS_PURCHASED	
Type	Numeric	
Universe	Amount consumed (E03a) is greater than 0	
Question text	How much came from purchases?	
Help text		
Valid range	1-5	
Responses	Grams	1
	Kilograms	2
	Liters	3
	Piece	4
	Sack	5
Prefill	Prefill with units from amount consumed (E03b) but allow interview to change	
Consistency checks	Quantity purchased cannot exceed quantity consumed	
	Condition: Amount of consumption of purchased items (E03a) is greater than amount of consumption (E04a) for a particular item code and the units for consumption and purchase (E03b and E04b) are the same or can be converted to one another (e.g. grams to kilograms). Error message: Amount purchased (amount units) exceeds the amount consumed (amount units). Options: Correct amount purchased, correct amount consumed	

Field: E05 Cost

Description	Amount paid in total for purchases of this item that were consumed	
Name	COST_PURCHASED	
Type	Numeric	
Universe	Quantity purchased (E04a) is greater than zero	
Question text	How much did you spend?	
Help text		
Valid range	1-99999	
Responses		
Prefill	None	
Consistency checks	Unit price of purchased in valid range	
	Condition: Unit price of items purchased (amount spent (E05) divided by quantity (E04a)) is outside min/max specified in questionnaire annex 3 but only if units (E04b) match standard units for item in annex 3. Error message: This means that you spent (cost/quantity) per (unit) for (item name). This is not within the usual price range for (item name). Is this correct? Options: Correct amount purchased, correct cost, ignore	