



2017
Household survey

QUESTIONNAIRE

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Livelihoods and Food Security Trust Fund



In this file, you will find the LIFT's 2017 households survey questionnaires:

- 1) Village level
- 2) Household level
- 3) Nutrition module
- 4) Expenditure module

1) Village level

LIFT 2017 Household Survey

VILLAGE PROFILE QUESTIONNAIRE

INFORMED CONSENT AND INTRODUCTION

[Interviewer Flag] Informed consent: It is necessary to introduce the village leaders to the survey and obtain the consent of all prospective respondents to participate. If a prospective respondent (e.g. a woman decision maker) is not present at the beginning of the interview, be sure to return to this page and obtain consent before interviewing him or her. Ask to speak with an important person in the village.

[Interviewer Read]

Hello. My name is _____ and I am from Myanmar Survey Research and today we are in this village conducting a survey on behalf of the Livelihoods and Food Security Trust Fund, or what is known as LIFT. LIFT supports numerous livelihoods and food security projects throughout rural Myanmar.

[Interviewer flag: If it is the first time the village participates in the survey, read:]

We are conducting a survey about rural livelihoods, opportunities, challenges and needs, and about rural development activities throughout Myanmar. Thus, we would like to ask about your village's livelihood activities. This information will be used to find out what kind of rural development programmes are working well and not so well and how they might be improved throughout Myanmar.

[Interviewer flag: If the village has already participated in the LIFT survey, read:]

As you know, your village has already participated in this survey about two years ago. We would like to thank your village at this point for your past participation in the survey. The information you have provided last time has helped LIFT to understand the impact of its programmes and has helped to improve LIFT support all over the country. LIFT would like to have an update on the conditions of the livelihood activities in your village. Your information is very important for LIFT to understand if and how the situation of your village has changed over the last two years.

[Interviewer flag: Continue for both villages that have never participated and that have participated in the past]

Your participation is completely voluntary, meaning that you do not have to participate in the survey if you don't want to.

Please understand that there are no right or wrong answers to the questions and we ask for your honest answers. All of the answers you give will be confidential and will not be shared with anyone other than the research team. In addition, we will not report the results of individuals and, instead, the information of all the village leaders will be summarized together. This way, no one will be able to identify the information that comes from you.

If I ask you any questions that you do not want to answer, just let me know and I will go on to the next question. Also, feel free to stop the interview at any time. The interview should take

a little more than one hour. If you don't have time to finish all the questions now, we can return later.

Do you have any questions related to our study or about your participation? In case you need more information about the survey, you may contact the person listed on this card.

[INTERVIEWER: GIVE CARD WITH CONTACT INFORMATION]

Do you have any questions about the study or about your participation?

[INTERVIEWER: ASK THE FOLLOWING CONSENT QUESTIONS OF ALL PROSPECTIVE RESPONDENTS. AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.]

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

ADDITIONAL VILLAGE LEADERS ASKED TO PARTICIPATE

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondents consented to the interview.

INTERVIEWER'S NAME AND CODE _____ / ____ / 201_

SIGNATURE AND DATE _____ / ____ / 201_

LIFT Village Survey

PROFILE OF VILLAGE

Questionnaire No.	
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SECTION 1: GENERAL INFORMATION

1.1	Village name		_ _ _
1.2	Village MIMU code		_ _ _
1.3	Village tract name		_ _ _
1.4	Township name		_ _ _
1.5	State/Region		_ _ _

1.7	Interview date	__DD__ / __MM__ /201__	____ / ____ /201__
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		Name	Code
1.8	Enumerator		_
1.9	Supervisor		_

Name of LIFT Implementing Partners who are working or plan to work in this village:	1	
	2	
	3	
	4	
	5	

Respondent information

1.11	Name	Sex	Designation/Occupation
		Male--- 1 Female--2	
Respondent—1		_	
Respondent—2		_	
Respondent—3		_	
Respondent—4		_	
Respondent—5		_	
Village telephone no.			

2. Households		Total
2.1	# of households	__
3. Village population		Total
3.1	Male	__
3.2	Female	__

4.	What are the average wages per day (Kyat) paid locally	
4.1	Male	_____Kyats
4.2	Female	_____Kyats

5. Village access and proximity to services									
	Multiple answers	How many are within the village? (Number)	Distance from village (mile)	Mode of Transport		Time needed (One-way) (minutes)		Cost (Kyats) (One-way)	
				Wet	Dry	Wet	Dry	Wet	Dry
		If Number = 0 go to a	a	b	c	d	e	f	g
			DK	DK	DK	DK	DK	DK	DK
5.1	Nearest township	Skip to a							
5.2	Sub-rural health center								
5.3	Primary school (govt.)								
5.3a	Post Primary school								
5.4	Middle school (Branch)								
5.5	Middle school (govt.)								
5.6	High school (Branch)								
5.7	High school (govt.)								
5.8	Bank								
5.9	Grain Bank/seed bank								
5.10	Cyclone shelter								
5.11	Non-govt. school								

Codes for Column b and c:

On foot.....	1	Motor cycle.....	5
Ox-cart/ horse cart	2	Car	6
Trailer Jeep	3	Boat.....	7
Bicycle	4	Other Specify_____	96

6. Standard of road access to the village: [SELECT THE ONE THAT BEST DESCRIBES THE SITUATION]		
No road reaching all the way to the village (e.g. access by water sea/river)	1	_ _ _
Rough track reaching all the way to the village (bullock cart or walking only)	2	
Rough track Suitable for trawlargee but not for cars/trucks	3	
Accessible by car/truck in dry weather only	4	
Accessible by car/truck in all weather	5	

7. Availability of electricity			
Code	Type	Yes.....1 No.....2	If 'yes', No. of HH
1	Electricity (Govt.)	_ _	_ _ _ _
2	Electricity organized by village	_ _	_ _ _ _
3	Electricity (Private/commercial generator)	_ _	_ _ _ _
4	Others (specify_____)	_ _	_ _ _ _

9.	Are there any functioning community based organizations in the village			Yes.....1 No.....2	_ _ _ If "2" ►11					
10.	If yes, what are they and what do they do?									
	Name of community based organization	Main activities (Record activities using code list in Q.12.3)		Is it supported by an organisation? Yes.....1 No.....2 (If yes, state type of organisation from code list in Q.12)	No of member HHs	No. of male members	No. of female members	Any women in leadership positions? Yes 1 No 2	Is it meeting regularly as per its schedule? (if yes, indicate the month/year of last meeting)	
		Name	Main activities							Code
		a	b							c
1	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
2	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
3	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
4	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
5	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
6	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	
7	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _ _ _	

INTERVIEWER NOTE: If members are households, use column c. If members are individuals, use column d & e.

11.	Have any government agencies or NGOs been working in the village on development or welfare issues in the past 12 months, including trainings?	Yes.....1 No.....2	If "2" ►15	_ _
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12.	If yes, what have been their major activities in the village?				
	12.1 Name of government agency/NGO (use codes below)	12.2 Type of Agency/NGO (use codes below)	12.3 Major activities?	Activities Code (use codes below)	12.4 If NGO, is it LIFT supported?
	a		b		Yes1 No.....2
1		<input type="text"/>		<input type="text"/>	<input type="text"/>
2		<input type="text"/>		<input type="text"/>	<input type="text"/>
3		<input type="text"/>		<input type="text"/>	<input type="text"/>
4		<input type="text"/>		<input type="text"/>	<input type="text"/>
5		<input type="text"/>		<input type="text"/>	<input type="text"/>
6		<input type="text"/>		<input type="text"/>	<input type="text"/>
7		<input type="text"/>		<input type="text"/>	<input type="text"/>
8		<input type="text"/>		<input type="text"/>	<input type="text"/>

12.1: Codes NGO/Agency

LIFT	1
Pact	2
UNICEF	3
Save the Children	4
UNDP	5
Mercy Corps	6
Merlin	7
UN Habitat	8
World Food Programme	9
FAO	10
World Vision	11
IOM	12
Action Aid	13
Oxfam	14
Mary Stopes International (MSI)	15
CARE	16
World Bank	17
UNHCR	18
Relief International	19
Cesvi	20
PSI	21
IRC	22
ADRA	23
Proximity Designs	24
Myanmar Maternal and Child Care Association	25
Red Cross	26
Fire Force	27
Women Affair	28
Development and Support Committee	29
Community based group	30
Other (please specify _____)	96

12.2: Codes Types

Government....1
 Non-governmental....2
 Other.....96
 Don't know.....99

12.3: Codes Activities

Agriculture/Husbandry	1
Aquaculture	2
Forestry	3
Infrastructure Development	4
Livelihoods	5
Human Rights	6
Family Planning	7
Health	8
Water, Sanitation and Hygiene (WASH)	9
Nutrition	10
Aged care	11
Disease Prevention	12
Disaster Preparedness and Risk Reduction	13
Disabilities	14
Economic development/Microfinance	15
Education	16
Youth	17
Gender/Women empowerment	18
Governance	19
Private Sector Development	20
Environment	21
Other (please specify _____)	96

15. Sources of credit in this village

	15.1 Type of lender	15.2 Interest rate (%) Daily... 1 Weekly... 2 Bi-weekly... 3 Monthly... 4 Annually... 5	15.3 Term of loan (moths) Write dash (-) if no term fixed.	15.4 Frequency of repayment	15.5 Repayment (in cash/kind) Cash 1 In kind (Specify)..... 2	15.6 Collateral needed Yes..... 1 No 2
		a	b	c	d	e
1	□		□			
2	□		□			
3	□		□			
4	□		□			
5	□		□			

[INTERVIEWER : In the "Type of lender" column, fill in the following codes:]

Private bank	1
Micro-credit provider (low interest, of 2.5% per month or less)	2
Village Savings and Loans Association	3
Family/friend	4
Money lender	5
Shop-keeper	6
Private company	7
Farmers Association/Cooperative	8
Pre-sale of product to trader	9
Government	10
Other (specify _____)	96

		Yes.....1 No.....2
16.	Is there any savings and loan association operating in this village?	<input type="text"/>
17.	Does the village have access to low interest micro-credit? (Less or equal to 2.5%)	<input type="text"/>

[Interviewer Flag: If no to **both** questions, please go to Question 19]

[Interviewer Flag: If yes to either or both questions, complete the following table:]

18.	18.1 Name of Savings and Loan group or microcredit provider		18.2 Main objective for taking credit (use codes below)	18.3 Total number of current loans in village from these sources	18.4 Number of current loans to women
	Name	Code			
	A	B			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: **Use codes for type of lenders for 18.1.**

Codes for main objective for taking credit:

Agriculture1
 Fishery.....2
 Small business3
 Non-farm IGA Specify _____4
 Other Specify _____96

10	Public water supply system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Rain water storage tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Purchased water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. During which months is water usually scarce in your village?

[Interviewer Flag: Read off each month]

20	Month		Yes 1 No 2
20.1	January	Pyatho	<input type="checkbox"/>
20.2	February	Tabodwe	<input type="checkbox"/>
20.3	March	Tabaung	<input type="checkbox"/>
20.4	April	Tagu	<input type="checkbox"/>
20.5	May	Kasone	<input type="checkbox"/>
20.6	June	Nayone	<input type="checkbox"/>
20.7	July	Waso	<input type="checkbox"/>
20.8	August	Wagaung	<input type="checkbox"/>
20.9	September	Tawthalin	<input type="checkbox"/>
20.10	October	Thadingyut	<input type="checkbox"/>
20.11	November	Tazaungmon	<input type="checkbox"/>
20.12	December	Nadaw	<input type="checkbox"/>

21. Does your village have a village resource management system for:

21		Yes.....1 No.....2	Type of management		Is the village resource management system supported by LIFT? Yes 1 No.....2 Don't know.....99
			Private managed 1 Community managed 2 Joint (Comm. + govt.) 3 Government managed 4 Don't know/missing/NA 99		
21.1	Village community forests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.2	Village community grazing lands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.3	Village community mangroves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.4	Village community 'wild' fisheries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.5	Watershed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.6	Embankments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.7	Other 1 - specify ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.8	Other 2- specify ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Has your village seen any benefits from protected/managed natural resources?

[Interviewer Flag: If yes, specify what benefits]

22.1	Has your village seen any benefits from protected/managed natural resources?				Yes 1 No 2	<input type="checkbox"/> If "2" ►R5 If "1" ►22.2-22.8
		Lessen effects of extreme weather event and/or natural disasters Yes 1 No 2	Prevent environmental degradation Yes 1 No 2	Increases alternative income generating activities Yes 1 No 2	Increase bio-diversity Yes 1 No 2	Other (Specify)
22.2	Village community forests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.3	Village community grazing lands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.4	Village community mangroves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.5	Village community 'wild' fisheries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.6	Watershed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.7	Embankments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.8	Other (Specify }	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R5 – Shocks

R5.0a	Does your village have a Disaster Preparedness/Risk Reduction Plan?	Yes 1 No 2	<input type="checkbox"/> If "2" ► R5.1
R5.0b	When was it developed? (mm/YYYY)	[]/[]	
R5.0c	What risks does it anticipate? (List below by code)		
	Risk [Interviewer; Ask for every risk. Ask for any other risks the plan anticipates]	Code	Yes---1 No--- 2
	Widespread crop failure (e.g. due to pest/disease outbreak or climate)	1	<input type="checkbox"/>
	Widespread death of livestock (e.g. due to disease outbreak)	2	<input type="checkbox"/>
	Major loss of employment in village (e.g. factory closed)	3	<input type="checkbox"/>
	Market price crash for major crops sold	4	<input type="checkbox"/>
	Market price spike for essential food items	4a	<input type="checkbox"/>
	Disease outbreak	5	<input type="checkbox"/>
	Widespread violent crime	6	<input type="checkbox"/>
	Storms/ Cyclone	7	<input type="checkbox"/>
	Drought	8	<input type="checkbox"/>
	Flooding	9	<input type="checkbox"/>
	Earthquake	10	<input type="checkbox"/>
	Land sliding	11	<input type="checkbox"/>
	Armed conflict	12	<input type="checkbox"/>
	Other (Specify _____)	96	<input type="checkbox"/>

R5	Has your village experienced any of the following shocks in the last 12 months? (Interviewer Flag: Read out options)	Yes---1 No--- 2 If 2, move to next option	How many households were affected? All1 More than half.....2 Half.....3 Less than half.....4 A few....5	How severe was the shock? Very severe ...1 Somewhat severe ...2 Not severe ...3	How did the community respond? (Use codes below)	What external support was provided? Loan.....1 Cash Assistance...2 Training.....3 In-kind goods and services..... 4 None.....5 Other.....96
R5.1	Widespread crop failure (e.g. due to pest/disease outbreak or climate)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R5.2	Widespread death of livestock (e.g. due to disease outbreak)	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R5.3	Major loss of employment in village (e.g. factory closed)	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R5.4	Market price crash for major crops sold	4	<input type="text"/>				
R5.4a	Market price spike for essential food items	4a	<input type="text"/>				
R5.5	Disease outbreak	5	<input type="text"/>				
R5.7	Widespread violent crime	6	<input type="text"/>				
R5.8	Storms/ Cyclone	7	<input type="text"/>				
R5.9	Drought	8	<input type="text"/>				
R5.10	Flooding	9	<input type="text"/>				
R5.11	Earthquake	10	<input type="text"/>				
R5.12	Land sliding	11	<input type="text"/>				
R5.13	Armed conflict	12	<input type="text"/>				
R5.14	Other (Specify _____)	96	<input type="text"/>				

Codes Community Response

No response	1
Sold Animals	2
Sold Gold/Jewelry or other valuable assets	3
Spent saving money	5
Borrowed money	6
Took wages in advance	7
Migrated	8
Asked help from relatives/Friends	9
Raise an alarm	10
Follow emergency plan	11
Evacuate to safe place	12
Have emergency supplies e.g. torches, medication, food, fuel.	13
Sold out the seeds for next year	14
Saved on insurance for agricultural products	15
Assistance from organization (ANY)	17
Other(Specify-----)	96

23. Maternal cash transfer

23.1	Is there a maternal cash transfer scheme in your village?	Yes 1 No 2 ► Go to 24	<input type="text"/>
23.2	What proportion of pregnant women and new mothers received cash from this scheme over the last 12 months?	None 0 Some 1 Half 2 Most 3 All 4	<input type="text"/>

24. Market Linkages

24	Do people in your village sell their produce through any of the following channels? Yes.....1 No.....2 [Interviewer: Ask for every channel. If no, move to next channel]		How many households use this channel? [Interviewer: Note down number of households for each channel]	How stable or variable are the prices offered? Very stable.....1 Mostly stable...2 Mostly unstable.....3 Very unstable.....4	Is the price information for this source widely available? Yes.....1 No.....2	Overall, who gets the better deal, buyers or sellers? Buyers.....1 Sellers.....2 Both equally...3 Don't know...99
24.1	Producer organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2	Contract farming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.3	Individually on local market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.4	Individually at nearby market town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.5	Collectively at nearby market town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.6	Through local traders/millers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ End of the village profile

2) Household level

LIFT 2017 Household Survey

HOUSEHOLD QUESTIONNAIRE

Questionnaire No. _____

Respondent ID _____

HH selected for expenditure survey YES/NO _____

HH selected for nutrition survey YES/NO _____

HH selected for panel survey YES/NO _____

SECTION 1: GENERAL INFORMATION

1.1	Village name			_____
1.2	Village MIMU code			_____
1.3	Village tract name			_____
1.4	Township name			_____
1.5	State/Region			_____
1.6	Household head name from village list	_____		
1.7	Household number from village list	Delta 1 Dry 2 Uplands 3 Rakhine 4	Village no	Reg. Vill. House No. _ _ _
1.8	Interview date	DD ____/MM ____/201_	DD ____/MM ____/201_	
1.10	Name of head of HH (De jure)	_____		
1.11	Does this HH have children aged under five?	Yes No	1 2	_____
1.12	How many children in the household are aged under five?	_____		
		Name	Code	
1.13	Enumerator			_____
1.14	Anthropometrist			_____
1.15	Supervisor			_____
1.17	Interview start time	____:____	_____	
1.18	Interview end time	____:____	_____	
1.19	Interview duration	____:____	_____	

INTRODUCTIO AND INFORMED CONSENT

INSTRUCTIONS: Enumerators must introduce the household to the survey, identify respondents and obtain the consent of all prospective respondents. If a prospective respondent (e.g. a woman decision maker) is not present at the beginning of the interview, be sure to return to this page and obtain consent before interviewing him or her. Ask to speak with a responsible adult in the household.

IDENTIFYING RESPONDENTS:

For **panel survey** please follow up with the person who responded last time. For new participants follow instructions below.

- (A) **PRIMARY RESPONDENT FOR HH QUESTIONNAIRE AND EXPENDITURE MODULE:** The main respondent must be over 18 years of age and must be the person in the household who earns the main income and knows most about the household, including information on household members, economic activity, and farming. Usually the respondent will be the head of household. If he or she is ill, elderly or away from the household and cannot be reached in three attempts during the household survey visit, a de facto household head such as a spouse or adult household can be used as respondent. The head of hh or the person identified as de facto head of hh has to be a living member of the hh and determined by the hh members themselves. The respondent can be male or female.
- (B) **SECONDARY RESPONDENT FOR HH QUESTIONNAIRE AND EXPENDITURE MODULE:** A spouse or other person responsible for food preparation and/or shopping may be identified to answer section 8 on household dietary diversity and parts of the expenditure module.
- (C) **RESPONDENTS FOR CHILD NUTRITION QUESTIONNAIRE:** Respondents should be all mothers or other main caretakers of children under the age of 5 within the household. Questions about breastfeeding and woman dietary diversity score need to be answered by biological mothers.

INFORMED CONSENT

Hello. My name is _____ . I am working with MSR. We are conducting a survey funded by LIFT, which aims at learning about rural livelihoods in Myanmar as well as any programs and assistance taking place in this area. You may have been interviewed by our team one or two years ago in which case this is the follow up to that visit.

We are interviewing over 7,000 households in 446 villages across Myanmar. Sixteen households in each village have been selected randomly. Your household is among those selected and we would like to ask you as head of the household or spouse some questions about your household and its livelihoods and food situation. We would also like to measure the height and weight of any children under 5 years of age in your household. In total, the questions should take about 60 minutes of your time.

Your information will help understand the needs and challenges of rural households and will help LIFT and other organisations know how best to provide support. We ask for your open and honest information. All of the answers you give will be confidential and will not be shared with anyone other than members of a small research team. The information collected will be summarized for all of the households interviewed and your individual response will not be identifiable. The results will be presented to LIFT partners, donors and the Government of Myanmar.

We will greatly appreciate your participation as your views are important. However, you do not have to participate and 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. You are also free to stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

We can return later today if you don't have time to finish all the questions now.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions about the study or about your participation?

ASK THE FOLLOWING CONSENT QUESTIONS OF ALL PROSPECTIVE RESPONDENTS. AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.

Main respondent:

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

Secondary respondent (if any)

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

Other mothers or responsible persons for children under five years of age:

[NAME], do you agree to participate in the survey and allow that children are weighed and measured?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

AUDIO RECORDING

We would like to audio record the interview for the purpose of checking the quality of the interview. Your personal information and the audio recording of the interview will be stored in a secure manner only for three years and will then be destroyed. During this time it will not be made public in any form.

[NAME], do you agree to audio recording of the interview?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

PHOTO RELEASER FORM

We may be taking photographs of you, other household members and your property in connection with this survey. We would like to get your permission to use and publish the photographs in print and/or electronically for the purpose of our reports and information material in connection with this survey.

[NAME], do you agree that pictures will be taken of you, other household members and your property?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.

INTERVIEWER'S NAME AND CODE _____ / ____ / 201__

SIGNATURE AND DATE _____ / ____ / 201__

SECTION 2: INFORMATION ON PRIMARY RESPONDENT

2.1	Respondent's name			
2.2	Position in the Household	Head of Household	1	_
		Spouse	2	
		De facto Head of Household	3	
2.3	Sex	Male	1	_
		Female	2	
2.4	Respondent's ethnicity	Myanmar	1	_
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
		Other ethnic group (specify) _____	96	
Other ethnic group (specify) _____	96			
2.5	Respondent's religion	Buddhist	1	_
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify) _____	96	
2.6	Age	_____ years		_
	SPECIFY AGE IN YEARS. IF SPECIFIC AGE IS NOT KNOWN, ROUND TO THE NEAREST 5 YEARS UPWARDS.			

SECTION 3: DEMOGRAPHY

Total number of HH members | _____

DEFINITION OF HH MEMBERS: All persons alive for **who have lived in the household for at least 3 of the last 12 months** are classified as household members. Deceased individuals are never classified as household members. Lodgers are not classified as household members. Hired workers and servants are not classified as household members if they stay elsewhere. Guests who have come to visit for 3 or more months are classified as members of household (whether related to the household head or not).

People spending less than 3 of the last 12 months in the household are not household members with the following exceptions: (1) the head of household, (2) infants less than 3 months old, (3) new spouses, (4) household members residing in an institution elsewhere, but still dependent on the household (e.g. Boarding school student).

TO COMPLETE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS PLEASE PROBE:

“First, give me the names of all the members of your immediate family who have lived and eaten their meals together here for at least 3 months (in total) during the past 12 months.”

WRITE DOWN NAMES, RELATIONSHIP, SEX, AND AGE (Q3.1, Q3.2, Q3.3, AND Q3.4). LIST HOUSEHOLD HEAD ON LINE 1.

“Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.” FILL IN Q3.1 TO Q3.4.

“Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.” FILL IN Q3.1 TO Q3.4.

“Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.” FILL IN Q3.1 TO Q3.4.

WHEN ALL HH MEMBERS ARE LISTED FILL IN Q3.5-3.18 FOR EACH MEMBER. FILL IN ALL QUESTIONS FOR EACH MEMBER BEFORE MOVING TO NEXT MEMBER.

	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9
HH Id No	NAME OF HOUSEHOLD MEMBER	Relationship of (NAME's) with the Head of Household	What is (NAME'S) Sex	What is (NAME's) age, in completed years?	Highest education level attended by (NAME)	Does [NAME] have a disability?	How does [NAME] contribute to household income?	How many productive days did [NAME] lose due to ill health in the last 12 months?	How many days did [NAME] lose caring for a sick member of household in the last 12 months?
		HEAD OF HH.....1 SPOUSE.....2 SON, DAUGHTER, SON /DAUGHTER-IN-LAW.....3 PARENT/PARENT-IN-LAW.....4 OTHER RELATIVE ... 5 NON-RELATIVE..... 6	MALE1 FEMALE2	SPECIFY AGE IN YEARS. IF SPECIFIC AGE NOT KNOWN, ROUND TO THE NEAREST 5 YEARS UPWARDS.	NO (FORMAL) EDUCATION -1 PRIMARY SCHOOL (GRADES 1-5) 2 MIDDLE SCHOOL (GRADES 6-9) 3 HIGH SCHOOL (GRADES 10-11) 4 VOCATIONAL EDUCATION 5 TERTIARY EDUCATION (UNIVERSITY) 6 GRADUATED 7 DON'T KNOW 99	NO-0 PHYSICAL - 1 SEEING-2 HEARING-3 INTELLECTUAL-4 MORE THAN ONE DISABILITY -5	DOES NOT CONTRIBUTE - 0 HELPS FAMILY BUSINESS - 1 CASUAL LABOR - 2 WAGED EMPLOYMENT -3 HELPS WITH FAMILY FARM OR LIVESTOCK - 4 OTHER - 96	NUMBER Don't know 99	NUMBER Don't know 99
ALL HH MEMBERS						HH MEMBERS AGE 5 AND ABOVE			
1	Head of the HH:								
2									
3									
4									
5									
6									
7									
8									

9										
10										
11										
12										
13										
14										
15										

	3.11	3.12	3.13	3.14	3.15	3.16	3.17	3.18
		In the last 12 months, how many months has [NAME] been absent from this household? IF LESS THAN ONE MONTH WRITE 0 AND >> Q4.1			Where did [NAME] live during his/her time away?	What kind of area did/does [NAME] stay in during his/her time away?		What is/was [NAME]s main reason for temporarily living/staying outside?
HH Id No	Name of household member				Ayeerawaddy Region 1 Bago Region 2 Chin State 3 Kachin State 4 Kayah State 5 Kayin State 6 Magway Region 7 Mandalay Region 8 Mon State 9 Naypyidaw Region 10 Rakhine State 11 Sagaing Region 12 Shan State 13 Tanintharyi Region 14 Yangon Region 15 China 16 Malaysia 17 Singapore 18 Thailand 19 Another country 96 Don't know 99	Urban 1 Rural 2 Don't know 99		Searching for Job...1 Working.....2 Business/Trading...3 Health Care.....4 Education.....5 Social (visiting family, wedding, vacation) 6 Skills Training.....7 Don't know.....99 Other, specify.....96 _____
1								
2								
3								
4								
5								

SECTION 4: EXPOSURE TO DEVELOPMENT ACTIVITIES

4. Have you or anyone from your household participated or benefited from any of the following activities in the past 12 months? If yes, who provided those activities? (Multiple responses possible)		ENUMERATORS TO IDENTIFY AND RECORD WHETHER SUPPORT IS LIFT FUNDED ACCORDING TO INFO OBTAINED AT VILLAGE LEVEL						
		Yes-1 No-2	NGO 1	TICK IF LIFT SUP- PORTED	Govt. 2	TICK IF LIFT SUP- PORTED	Private Sector 3	TICK IF LIFT SUP- PORTED
4.1 TRAINING AND/OR ADVICE RECEIVED								
4.11	In agriculture (e.g. demonstration plots, farmer field schools, field trials, farmer exchange visits, use of agricultural equipment, seed production, home garden and vegetable, MAFF)	_	_		_		_	_
4.12	In livestock	_	_		_		_	_
4.13	In fisheries	_	_		_		_	_
4.14	In aquaculture	_	_		_		_	_
4.15	In nutrition	_	_		_		_	_
4.16	In WASH/hygiene	_	_		_		_	_
4.17	In natural resource management – e.g. forestry, grazing lands, mangroves, wild fisheries, embankments, water etc.	_	_		_		_	_
4.18	In CBO strengthening (e.g. CBO formation, leadership, action planning, project management, management committees)	_	_		_		_	_
4.19	In non-agricultural employment <ul style="list-style-type: none"> • In vocational skills - carpentry, tailoring/sewing, mechanics/repairs, • In small business development (e.g. business planning, bookkeeping, management, marketing, enterprise development, etc.). • In life skills and safe migration • Financial literacy training 	_	_		_		_	_
4.110	In Financial Inclusion (borrowing and savings) <ul style="list-style-type: none"> • In microfinance management, MFIs • In cooperative financial management • In Village Savings and Loan Associations 	_	_		_		_	_
4.2 HOUSEHOLD INPUTS								
Have you or anyone from your household received any of the following inputs in the past 12 months ? (Multiple responses possible)								

4.21	For agriculture, either given, through cash grants or revolving funds <ul style="list-style-type: none"> • Seeds, seedlings fertilizer, pesticides, • Provision of equipment for crop production – tillers, seeders etc. • Support for crop production) 	<input type="checkbox"/>						
4.22	For livestock, either given, through cash grants or revolving funds	<input type="checkbox"/>						
4.23	For fisheries, either given, through cash grants or revolving funds	<input type="checkbox"/>						
4.24	For aquaculture, either given, through cash grants or revolving funds	<input type="checkbox"/>						
4.25	In nutrition – maternal cash transfer	<input type="checkbox"/>						
4.26	In WASH/hygiene – <ul style="list-style-type: none"> • Grants/materials for sanitation facilities 	<input type="checkbox"/>						
4.27	In natural resource management – e.g. support for disaster risk reduction or climate change preparedness.	<input type="checkbox"/>						
4.28	In CBO strengthening (e.g. CBO formation, leadership, action planning, project management, management committees)	<input type="checkbox"/>						
4.29	In non-agricultural employment <ul style="list-style-type: none"> • Cash for Work -- to construct or renovate paths, roads, bridges, embankments piers or pond rehabilitation 	<input type="checkbox"/>						
4.210	In Financial Inclusion (borrowing and savings) <ul style="list-style-type: none"> • Provision of loans 	<input type="checkbox"/>						
4.3 GROUP-BASED ACTIVITIES								
Are you or anyone in the household currently a member of any of the following groups in the last 12 months? (Multiple responses possible)								
4.31	In agriculture (e.g. producer groups)	<input type="checkbox"/>						
4.32	In livestock (e.g. producer groups)	<input type="checkbox"/>						
4.33	In fisheries (e.g. producer groups)	<input type="checkbox"/>						
4.34	In aquaculture (e.g. producer groups)	<input type="checkbox"/>						
4.35	In nutrition (e.g. mother-to-mother support groups)	<input type="checkbox"/>						
4.36	In WASH/hygiene	<input type="checkbox"/>						
4.37	In natural resource management group – e.g. community forestry, soil conservation, mangrove replanting,	<input type="checkbox"/>						

	disaster risk reduction or climate change preparedness								
4.38	In CBO strengthening	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
4.39	In non-agricultural employment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<ul style="list-style-type: none"> Group based non-farming enterprises 	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
4.310	In Financial Inclusion (borrowing and savings)								
	<ul style="list-style-type: none"> Microfinance group 	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<ul style="list-style-type: none"> Village cooperative/credit union 	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<ul style="list-style-type: none"> VSLA 								

SECTION 5: SOURCES OF HH INCOME

	Was the following a source of income for your household during the previous 12 months? (Read each line)	Yes—1 No—2
5.1	Sale of rice	<input type="checkbox"/>
5.2	Sale of paddy	<input type="checkbox"/>
5.3	Sale of other cereals (maize, wheat, barley, oats, sorghum etc.).	<input type="checkbox"/>
5.4	Sale of beans, pulses and peanuts	<input type="checkbox"/>
5.5	Sale of tubers and root crops (cassava, potatoes, taro, yam etc.).	<input type="checkbox"/>
5.6	Sale of vegetables (fresh and dried)	<input type="checkbox"/>
5.7	Sale of fruits (fresh and dried)	<input type="checkbox"/>
5.8	Sale of beverage crops (tea or coffee)	<input type="checkbox"/>
5.9	Sale of toddy products (including sap, alcoholic beverage and jaggery)	<input type="checkbox"/>
5.10	Sale of other crops/agricultural products (rubber, reed broom, flowers, perennial trees, etc....)	<input type="checkbox"/>
5.11	Sale of fresh wild catch of fish, prawns, crabs, shellfish	<input type="checkbox"/>
5.12	Sale of fresh farmed fish, prawns, crabs, shellfish	<input type="checkbox"/>
5.13	Sale of processed fish, prawns, crabs, shellfish (dried, salted, paste)	<input type="checkbox"/>
5.14	Sale of other wild food products (fruits and animals) – fresh or processed	<input type="checkbox"/>
5.15	Sale of firewood, timber/poles, bamboo, charcoal, rattan, palm leaves, thatch etc.	<input type="checkbox"/>
5.16	Sale of livestock or livestock products (whole animals, meat, milk, eggs etc.).	<input type="checkbox"/>
5.17	Small business - small scale production (not agricultural products)	<input type="checkbox"/>
5.18	Small business – trading, buying and selling	<input type="checkbox"/>
5.19	Small business – services (including transport services, repair, mechanical, post-harvest processing, etc.)	<input type="checkbox"/>
5.20	Casual labour – agriculture	<input type="checkbox"/>
5.21	Casual labour – fishery	<input type="checkbox"/>
5.22	Casual labour – forestry or forest products	<input type="checkbox"/>
5.23	Casual labour – Other	<input type="checkbox"/>
5.24	Cash for work	<input type="checkbox"/>
5.25	Regular full-time employment	<input type="checkbox"/>
5.26	Regular part-time employment	<input type="checkbox"/>
5.27	Interest from lending	<input type="checkbox"/>
5.28	Remittances	<input type="checkbox"/>
5.29	Pensions	<input type="checkbox"/>
5.30	Government/NGO assistance (cash vouchers)	<input type="checkbox"/>
5.31	Re-sale of food aid	<input type="checkbox"/>
5.32	Gifts of money	<input type="checkbox"/>
5.33	Leasing of land/equipment/assets	<input type="checkbox"/>
5.34	Sale of land/equipment/assets	<input type="checkbox"/>
5.35	Any other source of income (specify) _____	<input type="checkbox"/>
5.36	IF NO SOURCE OF INCOME IN THE LAST 12 MONTHS WRITE 99 IN THIS BOX	<input type="checkbox"/>

5.40	What is the average total income for your household from all sources in a normal month or year?			
	Less than Ks 25,000 monthly	or	Less than Ks 300,000 annually	1
	Ks 25,001 – Ks 50,000 monthly	or	Ks 300,001 – 600,000 annually	2
	> Ks 50,001 – Ks 75,000 monthly	or	> Ks 600,001 – 900,000 annually	3
	> Ks 75,001 – Ks 100,000 monthly	or	> Ks 900,001 – Ks 1,200,000 annually	4
	> Ks 100,001 – Ks 150,000 monthly	or	> Ks 1,200,001 – Ks 1,800,000 annually	5
	> Ks 150,001 – Ks 200,000 monthly	or	> Ks 1,800,001 – Ks 2,400,000 annually	6
	> Ks 200,001 – Ks 250,000 monthly	or	> Ks 2,400,001 – Ks 3,000,000 annually	7
	> Ks 250,001 – Ks 300,000 monthly	or	> Ks 3,000,001 – Ks 3,600,000 annually	8
	> Ks 300,001 – Ks 350,000 monthly	or	> Ks 3,600,001 – Ks 4,200,000 annually	9
	> Ks 350,001 – Ks 400,000 monthly	or	> Ks 4,200,001 – Ks 4,800,000 annually	10
	> Ks 400,001 – Ks 450,000 monthly	or	Ks 4,800,001 – Ks 5,400,000 annually	11
	> Ks 450,001 – Ks 500,000 monthly	or	Ks 5,400,001 – Ks 6,000,000 annually	12
	> Ks 500,001 – Ks 550,000 monthly	or	Ks 6,000,001 – Ks 6,600,000 annually	13
	> Ks 550,001 – Ks 600,000 monthly	or	Ks 6,600,001 – Ks 7,200,000 annually	14
	Over Ks 600,001 monthly	or	Over Ks 7,200,001 annually	15
	Don't know/no response			99
5.40a	What was the total income for your household in the last 12 months? Please provide an approximate number. Please recall that this information is confidential and will only be used to compare average incomes across different locations.			
5.41a	Have you or anyone in your household established a business or become employed in the past 2 years?			Yes-1 No-2 >> R1
5.41b	Did this occur within the last 12 months?			Yes-1 No-2

R1	In the last 12 months did you have the following sources of household income?	YES 1 NO 2	What proportion of your income came from this source? USE 10 STONES METHOD NUMBER OF STONES	R1a: Was this a regular source? Yes=1 No=2
R1.1	Agriculture			
R1.2	Fishing/fisheries			
R1.3	Livestock rearing			
R1.4	Fish breeding/aquaculture			
R1.5	Selling other goods through a shop or stall			
R1.6	Irregular day-wages			
R1.7	Regular part-time employment (employee)			
R1.8	Regular full-time employment (employee)			
R1.9	Remittances/contributions from family/friends			
R1.10	Other services provision/ Small technical work			
R1.11	Rental of assets			
R1.12	Donation			
R1.13	Debt interest repayments			
R1.14	Pension			
R1.15	Others			

R2	Did you have any of the following household expenses during the last 12 months?	YES 1 NO 2	What proportion of your current expenses over the last 12 months come from this source? USE 10 STONES METHOD NUMBER OF STONES
R2.1	Food expenses		
R2.2	Debt repayment		
R2.3	Health expenses		
R2.4	Education expenses		
R2.5	Livelihood expenses		
R2.6	Official/social expenses		
R2.7	Travel expenses		
R2.8	Others (Specify)		
R2.9	Savings		

SECTION 6: CASUAL LABOUR

Number of days of paid casual employment in the past 12 months – total for all household members			
6.1	Did any members of your household work casually for wages in the past 12 months?		
	Yes	1	_
No	2 ▶7.1		
		Male HH member	Female HH member
6.2	Total number of days household members were paid for <u>agricultural work – main rainy season: (May, June, July, August)</u>	_ days	_ days
6.2a	What was the average daily wage paid for this work?	MMK _	MMK _
6.3	Total number of days household members were paid for <u>agricultural work – winter/summer season:</u>	_ days	_ days
6.3a	What was the average daily wage paid for this work?	MMK _	MMK _
<u>To ask for all throughout the year</u>			
6.11	Total number of days household members were paid for <u>fishery related work</u>	_ days	_ days
6.11a	What was the average daily wage paid for this work?	MMK _	MMK _
6.12	Total number of days household members were paid for <u>forestry related work</u>	_ days	_ days
6.12a	What was the average daily wage paid for this work?	MMK _	MMK _
6.13	Total number of days household members were paid for <u>masonry/construction work/carrying stones bricks/digging (not agricultural, not fishery and not forestry)</u>	_ days	_ days
6.13a	What was the average daily wage paid for this work?	MMK _	MMK _
6.14	Total number of days household members were paid for <u>portage /carrying goods and materials (not agricultural, not fishery and not forestry)</u>	_ days	_ days
6.14a	What was the average daily wage paid for this work?	MMK _	MMK _
6.15	Total number of days household members were paid for <u>other casual work (SPECIFY.....)</u>	_ days	_ days
6.15a	What was the average daily wage paid for this work?	MMK _	MMK _
6.18	How do you compare the availability of casual work in this area this year with the previous year?		
	Increased	1	_
	Same as previous year	2	
	Decreased	3	
Don't know/no response	99		

SECTION 7: EMPLOYMENT OF FARM LABOUR

Number of days of farm labour employed by your HH in the past 12 months			
7.1	Did your household undertake any farming activities in the past 12 months?		
	Yes	1	<input type="checkbox"/>
	No	2 ▶8.1	<input type="checkbox"/>
7.2	Did your household employ workers to assist in your agricultural production in the past 12 months?		
	Yes	1	<input type="checkbox"/>
	No	2 ▶8.1	<input type="checkbox"/>
7.12	Did your household employ more, less or about the same amount of farm labour during the past 12 months compared with the previous year?		
	More farm labour	1	<input type="checkbox"/>
	Same as previous year	2	<input type="checkbox"/>
	Less labour	3	<input type="checkbox"/>

SECTION 8: HOUSEHOLD DIETARY DIVERSITY SCORE

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and night. Did you or anyone else in your HH eat: **(Multiple responses)**

Read out the list		Yes—1 No—2
8.1	Any rice, sticky rice, or any other food made from rice, sticky rice, maize, wheat, barley, oats, millet, sorghum?	<input type="checkbox"/>
8.2	Any noodles, bread, biscuits or any other foods made from flour?	<input type="checkbox"/>
8.3	Any potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="checkbox"/>
8.4	Any vegetables?	<input type="checkbox"/>
8.5	Any fruits?	<input type="checkbox"/>
8.6	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, other meats or organs such as liver, heart, kidney etc.?	<input type="checkbox"/>
8.7	Any other meats from frogs, eel, rats, snakes, dogs, cats etc.?	<input type="checkbox"/>
8.8	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
8.9	Any fish, crabs, prawns, or shellfish, either fresh or dried?	<input type="checkbox"/>
8.10	Any food made from gram, peas, cowpeas, pigeon peas, lentils, beans, peanuts or other nuts?	<input type="checkbox"/>
8.11	Any milk, milk solids, yogurt, cheese, or other milk products?	<input type="checkbox"/>
8.12	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat, butter or margarine?	<input type="checkbox"/>
8.13	Any sugar, jaggery, honey?	<input type="checkbox"/>
8.14	Any coffee or tea?	<input type="checkbox"/>
8.15	Any condiments such as salt, pepper, curry, or chillies etc.?	<input type="checkbox"/>

R3	During the past week, how many times has your household eaten [FOOD]? ASK ABOUT FREQUENCY FOR EACH FOOD LISTED AND CIRCLE THE CORRECT RESPONSE	More than once per day	Once per day	2-3 times per week	Once in the week	Not at all	Don't eat because of personal preference or religion
R3.1	Rice	4	3	2	1	0	9
R3.2	Beans/pulses	4	3	2	1	0	9
R3.3	Fresh vegetables	4	3	2	1	0	9
R3.4	Fish	4	3	2	1	0	9
R3.5	Meat	4	3	2	1	0	9
R3.6	Fresh fruit	4	3	2	1	0	9
R3.7	Wheat/flour/noodles	4	3	2	1	0	9
R3.8	Eggs	4	3	2	1	0	9

R3.9	Porridge	4	3	2	1	0	9
R3.10	Oils/fat	4	3	2	1	0	9
R3.11	Sugar/honey	4	3	2	1	0	9
R3.12	Nuts/seeds/grains	4	3	2	1	0	9
R3.13	Tobacco/alcohol	4	3	2	1	0	9

SECTION 9: MONTHS OF ADEQUATE HOUSEHOLD FOOD PROVISIONING

Now I would like to ask you about your household's food supply during different months of the year. Please think back over the last 12 months from now to the same time last year.

9.1	Were there months in the past 12 months in which your household did not have enough food to meet your household's needs? This includes food from any source such as from your own production, purchase or exchange.		
	Yes	1	<input type="text"/>
	No	2	▶11.1 <input type="text"/>
If yes, which were the months in the past 12 months during which your household did not have enough food? (Do not read out the list of months.) (Multiple responses)			
Fill in Code "1" if the respondent identifies that month as one in which the household DID NOT HAVE enough food. If the respondent does not identify that month fill in Code "0".			Inadequate—1 Adequate—0
9.2	December	Nadaw	<input type="text"/>
9.3	November	Tazaungmon	<input type="text"/>
9.4	October	Thadingyut	<input type="text"/>
9.5	September	Tawthalin	<input type="text"/>
9.6	August	Wagaung	<input type="text"/>
9.7	July	Waso	<input type="text"/>
9.8	June	Nayone	<input type="text"/>
9.9	May	Kasone	<input type="text"/>
9.10	April	Tagu	<input type="text"/>
9.11	March	Tabaung	<input type="text"/>
9.12	February	Tabodwe	<input type="text"/>
9.13	January	Pyatho	<input type="text"/>

SECTION 11: ACCESS TO LAND FOR AGRICULTURE

11.1	Does your household or any of its members own land? (Including land of ANY type)	Yes 1 No 2▶11.13	<input type="text"/>
Note: Ownership should be considered very broadly to include cases where land is formally titled and registered in one or more household member's name; land that has been purchased, transferred or inherited but not formally titled (or if titled not registered in the household's name); land leased from government; and, land where the household believes it has an established right (formal or informal) to use the land, a right that is generally recognized by the community.			
11.12	If yes, What is the total area of land that your household owns?	Unit _____ Acres.....1 Other (specify_)...96	<input type="text"/>
11.13	Is your household growing any crop at present?	Yes 1 No 2▶11.15	<input type="text"/>
11.14	What total area of land your household is cultivating at present?	Unit _____ Acres.....1 Other (specify_)...96	<input type="text"/>
11.15	Did your household pump water or receive water from a canal to irrigate in the past 12 months?	Yes 1 No 2▶12.1	<input type="text"/>

11.16	If yes, what area of your land did your household irrigate?	Unit _____ Acres.....1 Other (specify_)...96	_____
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SECTION 12: HOUSEHOLD CROP PRODUCTION

ASK OF ALL HOUSEHOLDS WITH ACCESS TO LAND (INCLUDING THOSE WHO ARE RENTING OR WHO CAN USE LAND FOR FREE).

I would now like to ask some questions about the **annual** crops your household grew in the previous 12 months: **(NOTE: Perennial and tree crops are to be excluded)**

		NUMBER
12.1	How many annual crops did your household grow (for own consumption or for sale) in the 2016 rainy season? WRITE 0 IF NO CROPS	_____
12.2	How many annual crops did your household grow (for own consumption or for sale) after the 2016 rainy season? WRITE 0 IF NO CROPS	_____
12.4	How many annual crops did your household grow (for own consumption or for sale) in 2017 rainy season? WRITE 0 IF NO CROPS	_____

If all 3 questions are answered 0 ►N13.11

Crop codes

Paddy/rice/sticky rice 1	Cowpea 12	Tomato 23	Cotton34
Corn/maize 2	Pigeon pea 13	Pumpkin..... 24	Tobacco35
Wheat 3	Chick pea 14	Green beans..... 25	Betel leaf.....36
Millet 4	Lentil 15	Aubergine 26	Cabbage37
Sorghum..... 5	Lima/butter bean 16	Okra..... 27	Cauliflower38
Groundnut 6	Navy/kidney bean.... 17	Onion 28	Watermelon39
Sesame seed 7	Soy bean 18	Chili..... 29	Watercress.....40
Mustard/rape seed 8	Cassava 19	Garlic 30	Other (specify)41
Sunflower 9	Potato 20	Ginger..... 31	
Niger Seed 10	Sweet potato 21	Turmeric32	
Green/black gram.... 11	Yam 22	Sugarcane33	

Crop	Crop code	What was the area planted?	How much did you harvest?	How was the amount produced compared with this season last year?	How was the crop yield compared with this season last year?	How was the crop yield compared with your average season?
				PLEASE ASK RESPONDENT TO COMPARE WITH THE <u>SAME SEASON</u> ONE YEAR BEFORE. E.G MAJOR CROP IN 2016 MONSOON SHOULD BE COMPARED WITH SAME CROP FOR 2015 MONSOON SEA-SON.	PLEASE ASK RESPOND-ENT TO COMPARE WITH THE <u>SAME SEA-SON</u> ONE YEAR BE-FORE. E.G MAJOR CROP IN 2016 MON-SOON SHOULD BE COMPARED WITH SAME CROP FOR 2015 MON-SOON SEA-	ASK FOR MAIN CROP ONLY

		12.6		12.7			SON.			
		Unit	Qty.	Unit Not harvested yet- 2	Form of harvested product 1 Loose grains 2 In pod 3 On cob 4 Other (specify	Qty. (Total harvested for all acres planted)	12.8			
							Increased 1 Same 2 Decreased 3 Did not grow this crop in same season last year 4	Increased 1 Same 2 Decreased 3 Did not grow this crop in same season last year 4	Increased 1 Same 2 Decreased 3	
Major crop grown in the 2016 rainy season	_ -	Acre	_	— -	_ _ _	_		_		
Second crop grown in the 2016 rainy season	_ -	Acre						_		
Third crop grown in the 2016 rainy season	_ -	Acre	_	— -	_ _ _	_		_		
Major crop grown after the 2016 rainy season	_ -	Acre	_	— -	_ _ _	_		_		
Second crop grown after the 2016 rainy season	_ -	Acre	_	— -	_ _ _	_		_		
Third crop grown after the 2016 rainy season	_ -	Acre	_	— -	_ _ _	_		_		
Major crop grown in 2017 rainy season	_ -	Acre---	_ -	— -	_ _ _	_		_		
Second crop grown in 2017 rainy season	_ -	Acre	_	— -	_ _ _	_		_		

Third crop grown in 2017 rainy season	<input type="text"/>	Acre	<input type="text"/>					
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SECTION 13: CONSTRAINTS TO CROP PRODUCTION

13.1.	Did your household experience any constraints or problems limiting your HH's crop production? (Could you have produced more baskets of crop in the absence of certain events/obstacles?) YES 1 NO 2 >> SECTION 13N		RANK THREE MAIN CONSTRAINTS
	Please tell me what these constraints or problems were? DO NOT READ OUT ANSWERS ALLOW FOR MULTIPLE RESPONSES	TICK BOX IF MENTIONED	
13.1.1	Lack of money to buy the necessary inputs (or lack of credit)	<input type="checkbox"/>	<input type="checkbox"/> (1)
13.1.2	Lack of land	<input type="checkbox"/>	
13.1.3	Lack of draught power/mechanical power in the village	<input type="checkbox"/>	
13.1.4	Draught power/mechanical power are too expensive	<input type="checkbox"/>	
13.1.5	Lack of other tools and equipment in the village	<input type="checkbox"/>	
13.1.6	Other tools and equipment are too expensive	<input type="checkbox"/>	
13.1.7	Lack of fertilizer in the village	<input type="checkbox"/>	
13.1.8	Fertilizer is too expensive	<input type="checkbox"/>	
13.1.9	Lack of quality seeds in the village	<input type="checkbox"/>	
13.1.10	Seeds are too expensive	<input type="checkbox"/>	
13.1.11	Lack of household labour	<input type="checkbox"/>	<input type="checkbox"/> (2)
13.1.12	Lack of casual labour available locally in the village	<input type="checkbox"/>	
13.1.13	Casual labour is too expensive	<input type="checkbox"/>	
13.1.14	Lack of pesticides in the village	<input type="checkbox"/>	
13.1.15	Local labour lack appropriate skills	<input type="checkbox"/>	
13.1.16	Pesticides are too expensive	<input type="checkbox"/>	
13.1.17	Lack of knowledge, skills or experience	<input type="checkbox"/>	
13.1.18	Not interested/grows enough/too risky to grow more	<input type="checkbox"/>	<input type="checkbox"/> (3)
13.1.19	Low prices for the agricultural crops grown	<input type="checkbox"/>	
13.1.20	Bad/unreliable weather (including too little or too much rain)	<input type="checkbox"/>	
13.1.21	Lack of water resources or irrigation infrastructure	<input type="checkbox"/>	
13.1.22	Crop pests and disease	<input type="checkbox"/>	
13.1.23	Low soil fertility/poor soil structure etc.	<input type="checkbox"/>	
13.1.24	Salinity	<input type="checkbox"/>	
13.1.25	Soil acidity	<input type="checkbox"/>	
13.1.26	Exceptional weather events (e.g. floods, drought, etc.)	<input type="checkbox"/>	
13.1.27	Other 1 (specify) _____	<input type="checkbox"/>	
13.1.28	Other 2 (specify) _____	<input type="checkbox"/>	

Section 13N Tried and adopted new agriculture practices

Have you trialed or adopted improved agricultural practices, inputs, or technologies in the past 2 years? PLEASE READ OUT ALL OPTIONS. MULTIPLE RESPONSES ALLOWED. If respondent has tested but dropped within one year please marked as trialed. If they have continued beyond one year please indicate adopted.		Yes 1 No 2	Yes 1 No 2
		Trialed (< 1 year)	Adopted on land they are farming (> 1 year)
N13.11	Started growing a new crop that you had not grown before	<input type="checkbox"/>	<input type="checkbox"/>
N13.12	Changed the cropping pattern	<input type="checkbox"/>	<input type="checkbox"/>
N13.13	Increased the range of crops that you are growing	<input type="checkbox"/>	<input type="checkbox"/>
N13.14	Increased the number of seasons/harvests in a year (e.g. shift to double-cropping)	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried or adopted new management practices in the past 2 years?			Yes 1 No 2
N13.21	Land preparation	<input type="checkbox"/>	<input type="checkbox"/>
N13.22	Planting/sowing methods, (including raised seed beds and transplanting in case of SRI)	<input type="checkbox"/>	<input type="checkbox"/>
N13.23	Soil fertility management	<input type="checkbox"/>	<input type="checkbox"/>
N13.24	Soil and water conservation practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.25	Crop pest & disease management	<input type="checkbox"/>	<input type="checkbox"/>
N13.26	Harvest practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.27	Post-harvest practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.28	Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried or adopted new inputs in the past 2 years?			Yes----1 No----2
N13.31	New or improved variety of seeds	<input type="checkbox"/>	<input type="checkbox"/>
N13.32	Change in quantity or type of fertilizer or method of application	<input type="checkbox"/>	<input type="checkbox"/>
N13.33	Change in quantity or type of herbicide or method of application	<input type="checkbox"/>	<input type="checkbox"/>
N13.34	Change in quantity or type of pesticides or method of application	<input type="checkbox"/>	<input type="checkbox"/>
N13.35	Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried or adopted new equipment/technologies in the past 2 years?			Yes----1 No----2
N13.41	Ploughs/tillage equipment for use with draught animals	<input type="checkbox"/>	<input type="checkbox"/>
N13.42	Power tiller	<input type="checkbox"/>	<input type="checkbox"/>
N13.43	Tractor	<input type="checkbox"/>	<input type="checkbox"/>
N13.44	Power thresher	<input type="checkbox"/>	<input type="checkbox"/>
N13.45	Improved crop storage bin or silo	<input type="checkbox"/>	<input type="checkbox"/>
N13.46	Irrigation equipment (pump, drip irrigation)	<input type="checkbox"/>	<input type="checkbox"/>
N13.47	Harvester	<input type="checkbox"/>	<input type="checkbox"/>
N13.48	Combined harvester	<input type="checkbox"/>	<input type="checkbox"/>
N13.49	Sprayers	<input type="checkbox"/>	<input type="checkbox"/>
N13.410	Seeder	<input type="checkbox"/>	<input type="checkbox"/>
N13.411	Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried or adopted new livestock practices in the past 2 years?			Yes----1 No----2
N13.51	Raised new types or breeds of livestock	<input type="checkbox"/>	<input type="checkbox"/>

N13.52	Changed feeding/grazing practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.53	Changed type of feed provided	<input type="checkbox"/>	<input type="checkbox"/>
N13.54	Adopted new disease management practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.55	Accessing new types of animal health services	<input type="checkbox"/>	<input type="checkbox"/>
N13.56	Changed livestock living arrangements	<input type="checkbox"/>	<input type="checkbox"/>
N13.57	Other livestock management practices (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
	Have you tried or adopted new aquaculture practices in the past 2 years?		Yes----1 No----2
N13.61	Started doing aquaculture	<input type="checkbox"/>	<input type="checkbox"/>
N13.62	Introduced new fish varieties	<input type="checkbox"/>	<input type="checkbox"/>
N13.63	Changed water management practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.64	Changed physical features of the fish pond	<input type="checkbox"/>	<input type="checkbox"/>
N13.65	Changed feeding practices	<input type="checkbox"/>	<input type="checkbox"/>
N13.66	Changed type of feed provided	<input type="checkbox"/>	<input type="checkbox"/>
N13.67	Other aquaculture management practices (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: MARKETING PRACTICES and PRODUCER GROUPS

14N.1	Is anyone in your household a member of a producer group that is financially active (must have some kind of income and expenditure)?	Yes 1 No 2▶14N.10	<input type="checkbox"/>
	If yes, what type of producer group?		Yes 1 No.....2 Don't Know 99
14N.2	Farmer organisation		<input type="checkbox"/>
14N.3	Seed growing group		<input type="checkbox"/>
14N.4	Paddy producer group		<input type="checkbox"/>
14N.5	Livestock producer group		<input type="checkbox"/>
14N.6	Aquaculture producer group		<input type="checkbox"/>
14N.7	Agro-forestry producer group		<input type="checkbox"/>
14N.8	Fishery producer group		<input type="checkbox"/>
14N.9	Other (specify: _____)		<input type="checkbox"/>
	Did your household adopt any of the following marketing practices in the past 12 months?		Yes 1 No.....2 Don't Know 99
14N.10	Processing product in a different way		<input type="checkbox"/>
14N.11	Selling at a different time		<input type="checkbox"/>
14N.12	Selling to a new/different market		<input type="checkbox"/>
14N.13	Negotiating a better price		<input type="checkbox"/>
14N.14	Buying collectively (through a producer group or farmer organisation)		<input type="checkbox"/>
14N.15	Selling collectively (through a producer group or farmer organisation)		<input type="checkbox"/>
14N.16	Use of contract farming		<input type="checkbox"/>
14N.17	Sorting quality produce for sale		<input type="checkbox"/>
14N.18	Other (specify: _____)		<input type="checkbox"/>

14.1	Did your household sell any crops during the last 12 months?				
	Yes	1			

	No	2	▶15.1a	
14.3	Did your household sell this/these crop/s alone or did you sell with other farmers? Sold alone only Sold in group only Sold alone and in group	1 2 3		<input type="checkbox"/>
14.4	Were you able to access information on prices for crops before you sold it/them? Yes No For some crops only	1 2 3	▶14.6	<input type="checkbox"/>
	If you were able to access information on prices, where did you get this information from? NOTE: DO NOT READ THE OPTIONS. ALLOW FOR MULTIPLE ANSWERS			Yes 1 No 2
14.5.1	Radio/TV			<input type="checkbox"/>
14.5.2	Newspaper/weekly journal			<input type="checkbox"/>
14.5.3	Friends/Family			<input type="checkbox"/>
14.5.4	Cellphone			<input type="checkbox"/>
14.5.5	Farmer association/cooperative			<input type="checkbox"/>
14.5.6	NGO/other organization			<input type="checkbox"/>
14.5.7	Dealer/broker			<input type="checkbox"/>
14.5.8	Other (specify) _____ (96)			<input type="checkbox"/>
14.6	Did you know the price for your crop/s at the nearest market town at the time of sale? Yes No For some crops only	1 2 3	▶14.8	<input type="checkbox"/>
14.7	Was the price higher, same or lower than the price that you would get selling at your village? Higher Same Lower	1 2 3		<input type="checkbox"/>
14.8	Where did you sell your <u>main</u> crop? Own village Village-tract Market town Other (specify) _____	1 2 3 96		<input type="checkbox"/>
14.9	When did you sell your <u>main</u> crop? Immediately after harvest 1 month later 2 months later 3 months later 4 or more months later	1 2 3 4 5		<input type="checkbox"/>
14.10	How would you rate the quality of the main crop you sold over the last 12 months? Above average for the area Average Below average	1 2 3		<input type="checkbox"/>

SECTION 15: FINANCIAL SERVICES

15.1a	Have you or any household member set up or used a savings and or a bank account in the last 12 months?			
	Yes	1		
	No	2		
15.1b	Have you or any household member accessed insurance or a microfinance beneficiary welfare fund in the last 12 months? <i>[Enumerators may need to cite names of local MFIs]</i>			
	Yes	1		
	No	2		
.1c	Have you or any household member taken any credit in the last 12 months?			
	Yes	1	▶ 15.2	
	No	2		
15.1d	Why not?			
	No need	1		
	No formal credit provider	2	▶ 15.4b	
	Interest rates too high	3		
	Other [please specify _____]	96		

	15.2a From whom did you borrow money?	15.2b What proportion of your debt is borrowed from this source? USE 10 STONES METHOD	15.2c What was the main use of the loan taken from this source SEE CODES BELOW	15.2d What was the interest rate for loans(s) taken from this source?	
				RATE	Daily....1 Weekly..2 Bi-weekly..3 Monthly...4 Annually..5 Other...96
15.2.1	Private bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.2	Micro-credit provider (low interest, 2.5% or less)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.3	Village Savings and Loans Association	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.4	Family/friend	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.5	Money lender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.6	Shop-keeper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.7	Private company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.8	Farmers Association/Cooperative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.9	Pre-sale of product to trader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.10	Government	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2.88	Other (specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES: USE OF LOAN

HOME IMPROVEMENT INCLUDING WATER SUPPLY	1
HOUSE PURCHASE OR CONSTRUCTION	2
CONSTRUCTION OTHER THAN HOUSE	3
LAND PURCHASE/RENT	4
PURCHASE OF WORKING TOOLS OR EQUIPMENT	5
FOOD PURCHASES	6
PURCHASE OF AGRICULTURAL INPUTS	7
PURCHASE OF ANIMALS/MEDICINE FOR ANIMALS	8
PURCHASE OF OTHER ASSETS	9
BRIDE PRICE / WEDDING	10
HEALTH EMERGENCY	11
FUNERAL	12
BUSINESS INVESTMENT	13
REPAYMENT OF LOANS	14
SCHOOL/EDUCATION FEES/COSTS	15
OTHER (SPECIFY) _____	96

15.4a	What is the value of all loans taken in the last 12 months?	
	Less than Ks 25,000	1
	Ks 25,001 – Ks 50,000	2
	Ks 50,001 – Ks 75,000	3
	Ks 75,001 – Ks 100,000	4
	Ks 100,001 – Ks 150,000	5
	Ks 150,001 – Ks 200,000	6
Ks 200,001 – Ks 300,000	7	
		<input type="text"/>

	Ks 300,001 – Ks 400,000	8	
	Ks 400,001 – Ks 500,000	9	
	Ks 500,001 – Ks 600,000	10	
	Ks 600,001 – Ks 700,000	11	
	Ks 700,001 – Ks 800,000	12	
	Ks 800,001 – Ks 900,000	13	
	Ks 900,001 – Ks 1,000,000	14	
	Ks 1,000,001– Ks 1,100,000	15	
	Ks 1,100,001– Ks 1,200,000	16	
	Ks 1,200,001– Ks 1,300,000	17	
	Ks 1,300,001– Ks 1,400,000	18	
	Ks 1,400,001– Ks 1,500,000	19	
	Ks 1,500,001– Ks 1,600,000	20	
	Ks 1,600,001– Ks 1,700,000	21	
	Ks 1,700,001– Ks 1,800,000	22	
	Ks 1,800,001– Ks 1,900,000	23	
	Ks 1,900,001– Ks 2,000,000	24	
	Over Ks 2,000,001	25	
	No loan	26	
	Do not know/answer	99	
15.4b	What is the value of your household's current debt from all sources of credit?		
	Less than Ks 25,000	1	<input type="checkbox"/>
	Ks 25,001 – Ks 50,000	2	
	Ks 50,001 – Ks 75,000	3	
	Ks 75,001 – Ks 100,000	4	
	Ks 100,001 – Ks 150,000	5	
	Ks 150,001 – Ks 200,000	6	
	Ks 200,001 – Ks 300,000	7	
	Ks 300,001 – Ks 400,000	8	
	Ks 400,001 – Ks 500,000	9	
	Ks 500,001 – Ks 600,000	10	
	Ks 600,001 – Ks 700,000	11	
	Ks 700,001 – Ks 800,000	12	
	Ks 800,001 – Ks 900,000	13	
	Ks 900,001 – Ks 1,000,000	14	
	Ks 1,000,001– Ks 1,100,000	15	
	Ks 1,100,001– Ks 1,200,000	16	
	Ks 1,200,001– Ks 1,300,000	17	
	Ks 1,300,001– Ks 1,400,000	18	
	Ks 1,400,001– Ks 1,500,000	19	
	Ks 1,500,001– Ks 1,600,000	20	
	Ks 1,600,001– Ks 1,700,000	21	
	Ks 1,700,001– Ks 1,800,000	22	
	Ks 1,800,001– Ks 1,900,000	23	
	Ks 1,900,001– Ks 2,000,000	24	
	Over Ks 2,000,001	25	
	No debt	26	
	Do not know/No answer	99	

SECTION 16: HOUSEHOLD LIVESTOCK OWNERSHIP

16.1 Does your household currently own any of the following animals, either fully or shared with other households? INCLUDE BOTH MATURE AND YOUNG ANIMALS		Not own...0 Own 1	Number fully owned	Number shared
16.1.1	Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.2	Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.3	Goats and/or sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.4	Buffalo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.5	Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.6	Chickens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.7	Ducks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.8	Other 1 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.9	Other 2 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.1.10	Other 3 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 17: HOUSEHOLD OWNERSHIP OF AGRICULTURAL EQUIPMENT AND MACHINERY

Does your household currently own any of the following agricultural equipment and machinery, either fully or shared with other households?		Not own0 Own... 1	Number fully owned	Number shared
17.1.1	Ploughs/tillage equipment for use with draught animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.2	Power tiller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.3	Tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.4	Power thresher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.5	Backpack sprayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.6	Improved crop storage bin or silo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.7	Tarpaulin or seed drying net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.8	Irrigation pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.9	Animal drawn cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.10	Trailer (drawn by vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.11	Seeder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.12	Other 1 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.13	Other 2 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.14	Other 3 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 18: OTHER HOUSEHOLD ASSETS

18.1	What is the major source of lighting in your household?		
	Electricity from the grid	1	
	Village generator	2	
	Own generator	3	
	Shared generator with other household(s)	4	
	Lamp (kerosene/oil)	5	
	Candle	6	<input type="checkbox"/>
	Solar power with a battery	7	
	Table lamp with dry battery	8	
	Hydro generator	9	
Other (specify) _____	96		
18.2	What is the major source of cooking fuel in your household?		
	Electricity	1	
	Gas	2	
	Charcoal	3	
	Kerosene	4	
	Wood	5	<input type="checkbox"/>
	Dung	6	
	Stove using paddy husk for fuel	7	
	Other (specify) _____	96	

Does your household, including the head, spouse and all members, own any of the following items? Read the following list to respondents.			
Assets		Yes 1 No 2	Number owned
18.3.1	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
18.3.2	Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
18.3.3	Trishaw	<input type="checkbox"/>	<input type="checkbox"/>
18.3.4	Trawlerjee	<input type="checkbox"/>	<input type="checkbox"/>
18.3.5	Car	<input type="checkbox"/>	<input type="checkbox"/>
18.3.6	Truck	<input type="checkbox"/>	<input type="checkbox"/>
18.3.7	Bed (wooden or steel)	<input type="checkbox"/>	<input type="checkbox"/>
18.3.8	Mattress	<input type="checkbox"/>	<input type="checkbox"/>
18.3.9	Stove (gas or electric)	<input type="checkbox"/>	<input type="checkbox"/>
18.3.10	Fuel efficient wood stove	<input type="checkbox"/>	<input type="checkbox"/>
18.3.11	Chair	<input type="checkbox"/>	<input type="checkbox"/>
18.3.12	Table	<input type="checkbox"/>	<input type="checkbox"/>
18.3.13	Gold/ Jewellery	<input type="checkbox"/>	<input type="checkbox"/>
18.3.14	Radio/cassette	<input type="checkbox"/>	<input type="checkbox"/>
18.3.15	TV / satellite dish	<input type="checkbox"/>	<input type="checkbox"/>
18.3.16	DVD player	<input type="checkbox"/>	<input type="checkbox"/>
18.3.17	Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>
18.3.18	Cell phone	<input type="checkbox"/>	<input type="checkbox"/>
18.3.19	Watch	<input type="checkbox"/>	<input type="checkbox"/>
18.3.20	Solar panel	<input type="checkbox"/>	<input type="checkbox"/>
18.3.21	Boat without motor	<input type="checkbox"/>	<input type="checkbox"/>
18.3.22	Boat with motor	<input type="checkbox"/>	<input type="checkbox"/>
18.3.23	Fishing net	<input type="checkbox"/>	<input type="checkbox"/>
18.3.24	Fish/aquaculture pond	<input type="checkbox"/>	<input type="checkbox"/>
18.3.25	Household savings	<input type="checkbox"/>	<input type="checkbox"/>

18.4	Does your household own the house you are living in?		Yes 1	_
			No 2	
18.5	What is the main material of the house's roof, walls and floors? If possible answer based on observation – if more than one house record for the best house.			
18.5a	How many rooms (excluding kitchen and toilet) are there in your houses?			_
18.6	Roofing material	Zinc sheets or corrugated iron	1	_
		Tarpaulin or plastic sheet	2	
		Palm frond or thatch	3	
		Other (specify) _____	96	
18.7	Wall material	Zinc sheets or corrugated iron	1	_
		Tarpaulin or plastic sheet	2	
		Bamboo, palm frond or thatch	3	
		Timber	4	
		Bricks, cement, cement block, or cement and stone	5	
		Mud bricks/mud	6	
18.8	Floor material	Other (specify) _____	96	_
		Timber	1	
		Bamboo	2	
		Earth	3	
		Cement	4	

SECTION 20: WATER AND SANITATION

20.1	What is currently the <u>main source</u> of drinking water for members of your household in the past 12 months <u>in the rainy season</u>?		
	Piped water		
	Piped into home	11	
	Piped to yard/plot	12	
	Public tap/standpipe	13	
	Tube well or borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Water from pond		
	Protected pond	51	
	Unprotected pond	52	
	Rainwater		
	Protected rainwater	61	
	Unprotected rainwater	62	
	Tanker truck	71	
Cart with small tank	81		
Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82		
Digging into a dry river bed	91		
Purified drinking water	92		
Bottled water	93		
Other (Specify) _____	96		
20.1a	Where is that water source located?		
	In own dwelling	1	
	In own yard/plot	2	
	Elsewhere	3	
20.1b	How long does it take to go there, get water, and come back?		
	Minutes	— —	
	Don't know	99	
20.1c	Is water available from this source all year round?		
	Yes	1	
	No	2	
	Don't know	99	

20.2	What is the <u>main source</u> of drinking-water used by your household in the past 12 months <u>in the winter season</u>?		
	Piped water		
	Piped into home	11	
	Piped to yard/plot	12	
	Public tap/standpipe	13	
	Tube well or borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Water from pond		
	Protected pond	51	
	Unprotected pond	52	
	Rainwater		
	Protected rain water	61	
	Unprotected rain water	62	
	Tanker truck	71	
	Cart with small tank	81	
Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82		
Digging into a dry river bed	91		
Purified drinking water	92		
Bottled water	93		
Other (Specify) _____	96		
20.2a	Where is that water source located?		
	In own dwelling	1	
	In own yard/plot	2	
	Elsewhere	3	
20.2b	How long does it take to go there, get water, and come back?		
	Minutes	— — —	— —
	Don't know	99	
20.2c	Is water available from this source all year round?		
	Yes	1	
	No	2	
	Don't know	99	

20.3	What is the <u>main source</u> of drinking-water used by your household in the past 12 months <u>in the dry season</u>?			
	Piped water			
	Piped into home	11		
	Piped to yard/plot	12		
	Public tap/standpipe	13		
	Tube well or borehole	21		
	Dug well			
	Protected well	31		
	Unprotected well	32		
	Water from spring			
	Protected spring	41		
	Unprotected spring	42		
	Water from pond			
	Protected pond	51		<input type="checkbox"/>
	Unprotected pond	52		
	Rainwater			
	Protected rainwater	61		
	Unprotected rainwater	62		
	Tanker truck	71		
Cart with small tank	81			
Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82			
Digging into a dry river bed	91			
Purified drinking water	92			
Bottled water	93			
Other (Specify) _____	96			
20.3a	Where is that water source located?			
	In own dwelling	1		
	In own yard/plot	2		<input type="checkbox"/>
	Elsewhere	3		
20.3b	How long does it take to go there, get water, and come back?			
	Minutes	— —		
	Don't know	99		<input type="checkbox"/>
20.3c	Is water available from this source all year round?			
	Yes	1		
	No	2		<input type="checkbox"/>
	Don't know	99		

R4		In the Rainy season	In Winter	In the Dry season
	Did you buy water in the last 12 months?	Yes 1 No 2	R4.1	R4.2
			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>

20.4	Do you treat your water in any way to make it safer to drink?	Yes	1	
		No	2	▶ 20.6
		Don't know	99	▶ 20.6
	If Yes, what do you usually do to the water to make it safer to drink? Anything else? Record all items mentioned.			
20.5.1	Boil			<input type="checkbox"/>
20.5.2	Add bleach/chlorine/iodine			<input type="checkbox"/>
20.5.3	Strain it through a cloth			<input type="checkbox"/>
20.5.4	Use a water filter (ceramic, sand, composite, etc.)			<input type="checkbox"/>
20.5.5	Solar disinfection			<input type="checkbox"/>
20.5.6	Let it stand and settle			<input type="checkbox"/>
20.5.7	Others (specify) -----			<input type="checkbox"/>
20.6	What kind of toilet facility do members of your household usually use?			
	Flush or Pour Flush Toilet			<input type="checkbox"/>

	Flush to piped sewer system	11				
	Flush to septic tank	12				
	Flush to pit latrine	13				
	Flush to somewhere else	14				
	Flush, don't know where	15				
	Pit Latrine					
	Ventilated Improved Pit Latrine	21				
	Pit Latrine With Slab	22				
	Pit Latrine Without Slab/Open Pit	23				
	Composting toilets	31				
	Bucket Toilet	41				
	No Facility/Bush/Field	61>> skip to Q 20.9				
	Hanging Latrine (Pile)	71				
	Other	96				
20.7	Does your household share the toilet facility with other households?	Yes 1 No 2 ►20.9				<input type="text"/>
20.8	How many households share that toilet facility?	If less than 10 0 10 or more households 95 Don't know 99				<input type="text"/>
20.9	How often do you wash your hands [ASK FOR EACH SITUATION BELOW]?	Code: 0 = Never 1 = Rarely 2 = Sometimes or often 3 = Always 99 = No Answer / Don't Know/NA CIRCLE CODE BELOW				
20.9.1	After defecation and urination	0 1 2 3 99				<input type="text"/>
20.9.2	Before preparing meals	0 1 2 3 99				<input type="text"/>
20.9.3	Before feeding a child	0 1 2 3 99				<input type="text"/>
20.9.4	Before eating	0 1 2 3 99				<input type="text"/>
20.9.5	After eating	0 1 2 3 99				<input type="text"/>
20.9.6	After cleaning babies bottom	0 1 2 3 99				<input type="text"/>
20.9.7	After handling animals	0 1 2 3 99				<input type="text"/>
20.9.8	Other (specify): _____	0 1 2 3 99				<input type="text"/>
20.10	What do you usually use for washing hands? ASK FOR MOST COMMON METHOD: ONE RESPONSE ONLY					
	Do not wash hands	0				<input type="text"/>
	Water only	1				<input type="text"/>
	Water and soap	2				<input type="text"/>
	Water and ash	3				<input type="text"/>
	Other (specify): _____	96				<input type="text"/>
	No Answer / Don't Know	99				
20.11	Where do your children aged 0-5 years of age <u>usually</u> defecate? MULTIPLE RESPONSES ALLOWED IF MORE THAN ONE CHILD. SKIP IF NO CHILDREN AGED 0-5					
	Open air 1					
	Nappies/cloth 2					
	Latrine/toilet 3>>R5					<input type="text"/>
	Bucket/bowl 4					
	Other 96					
20.12	How do you usually dispose of your children's feces? MULTIPLE RESPONSES ALLOWED IF MORE THAN ONE CHILD SKIP IF NO CHILDREN AGED 0-5					
	Leave it on the ground 1					
	Bury it / cover with sand 2					<input type="text"/>
	Put it in the latrine 3					
	Put it the trash/garbage area 4					

Wash the nappies / cloth in a river, well or pond	5	
Other (specify)	96	

Section R5a - Shocks

R5	Did your household experience the following in the last 12 months?		To what extent did this affect your normal living conditions?	What was your main response/ coping strategy? (USE CODES BELOW)	What was the main type of assistance you received if any?	What was the main source of this assistance?
	PLEASE READ OUT OPTIONS. YES 1 NO 2 >> NEXT SHOCK		VERY LITTLE 1 SOMEWHAT 2 SEVERELY 3		LOAN 1 CASH ASSISTANCE 2 TRAINING 3 IN KIND GOODS AND SERVICES 4 OTHER 96 NONE 6	NEIGHBOURS OR RELATIVES 1 COMMUNITY ORGANIZATION 2 GOVERNMENT 3 INSURANCE 4 PRIVATE DONOR 5 OTHER 96 NONE 7
R5.1	Unexpected Crop failure	1	_____			
R5.2	Unexpected death of major livestock	2	_____			
R5.3	Lost regular Job	3	_____			
R5.4	Lost main source of income/Lost major job	4	_____			
R5.5	Severe illness or injury of household member	5	_____			
R5.6	Death of a household member	6	_____			
R5.7	Victim of violence/crime	7	_____			
R5.8	Storms/ Cyclone	8	_____			
R5.9	Drought	9	_____			
R5.10	Flooding	10	_____			
R5.11	Earthquake	11	_____			
R5.12	Land sliding	12	_____			
R5.13	Water scarcity	13	_____			
R5.16	Other (Specify-----)	96	_____			

CODES

Nothing	1
Started new job	2
Sold Animals	3
Sold Gold/Jewelry or other valuable assets	4
Spent saving money	5
Borrowed money	6
Took wages in advance	7
Migrated	8
Asked help from relatives/friends	9
Raise an alarm	10
Follow emergency plan	11
Evacuate to safe place	12
Have emergency supplies e.g. torches, medication, food, fuel.	13
Sold out the seeds for next year	14
Saved on insurance for agricultural products	15
Assistance from organization (ANY)	17
Other(Specify-----)	96

R5b - COPING STRATEGIES

Interviewer Read: in this section we want to understand changes to your livelihoods and how you responded to them.

A	B	B1	C	D	E	F
CIRCLE APPROPRIATE RESPONSE	Was this a minor or a major change? MINOR 1 MAJOR 2	Did you experience any challenge to maintaining or improving your situation [related to topic described in column A]? YES 1 NO 2>>NEXT QUESTION	What was the cause of change or challenges? (If positive change >> NEXT QUESTION) SEE CODES BELOW MULTIPLE OPTIONS	What did you do to improve or maintain your situation? SEE CODES BELOW MULTIPLE OPTIONS	What kind of help did you receive from others? IF NONE>> NEXT QUESTION SEE CODES BELOW MULTIPLE OPTIONS	Who did you receive this help from? SEE CODES BELOW MULTIPLE OPTIONS
5.41 How do you compare your household's income during these past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3					
5.42 How do you compare your household's income from <u>non-agricultural activities</u> during these past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3					
5.43 How do you compare your household's <u>profit from crop sales</u> during these past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3					
5.44 How do you compare your household's <u>profit from livestock sales</u> during these past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3					
5.45 How do you compare your household's <u>profit from fish/prawns/crabs/shellfish sales</u> during these past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3					

10.16 Overall, how would you compare your household's food availability from all sources in the past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3						
18.9 Looking back over the past 12 months, do you think that your household's total assets and wealth have increased, decreased or stayed the same?	Increased 1 Stayed the same 2>> B1 Decreased 3						
18.10 Looking back over the past 12 months, do you think that the overall health of household members has improved, worsened or stayed the same?	Increased 1 Stayed the same 2>> B1 Decreased 3						
15.5 How do you compare your household's current level of indebtedness with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3						
15.6 How do you compare your household's social participation over the past 12 months with the previous year?	Increased 1 Stayed the same 2>> B1 Decreased 3						

CODES FOR CAUSES

Income	Assets	Food security	Health	Debt	Social participation
Less produce...1	Got more income...13	Better own crop yield...24	Family member got major illness...36	Could pay off more debt this year...48	More chance to join organizations in my village...54
More produce...2	Successful animal husbandry...14	Own crop production is worse...25	Children keep getting sick...37	Could get more suitable credit...49	Producer organizations give me a better chance...55
Higher price...3	Animals died...15	More stable income...26	Flooding/bad weather caused more sickness...38	Could not get suitable credit...50	Because work is so busy I can't join...56
Lower price...4	Lost assets to storm...16	Less stable income...27	Better income means we can afford healthcare...39	Had to take high interest loan for healthcare...51	Participation by women is difficult...57
Lost job...5	Lost assets to accident...17	Increased dependents in household...28	Healthcare is more expensive, can't afford...40	Had to take high interest loan to buy food...52	Participation by women is better than before...58
Increased production costs...6	Lost assets to flooding...18	Food prices are much higher...29	Our water supply has got worse...41	Could not afford to repay livelihood loan because of poor yield (crop or fisheries)...53	Conflict situation has affected our community...59
Decreased production costs...7	Assets were stolen...19	Food prices are lower...30	Got more knowledge about healthcare now...42		More co-operative spirit in the community...60
More income sources...8	Lost assets to fire...20	Market is more accessible now...31	Can access healthcare more easily...43		

Losses to natural disaster...9	Assets got seized by creditor...21	Natural disaster caused losses...32	HH member became disabled...44		
Got more remittance from migrated HH member...10	Could buy own equipment...22	Got some assistance...33	Could get help for disabled HH member...45		
Got less remittance from HH member...11	Could buy assets with remittance money...23	Got more knowledge about good nutrition...34	Older person in household is not healthy...46		
Was lucky...12		Less dependents in household...35	We can get help now for older person's health...47		

CODES FOR CAUSES

Crop production	Livestock	Fisheries	Other livelihoods
Rain is more regular...61	Could buy stock cheaper...73	Improved catch...84	Wages are better...94
Rain is less regular...62	Stock more expensive...74	Declining catch...85	Wages are less...95
Storms damage crop...63	Feed is cheaper...75	Better price...86	Prices are more favourable...96
Flooding damage crop...64	Feed is more expensive...76	Worse price...87	Prices are less favourable...97
Pest damaged crop...65	Can get access to medical treatment...77	Market more accessible...88	Could build up more stock than before...98
Unstable prices...66	Cannot get access to medical treatment...78	Market less accessible...89	Could not build up enough stock...99
Better prices than before...67	Too many animals died...79	Bad weather reduced chances...90	Jobs are easier to find...100
Better market access...68	Price is better than before...80	Stable weather improved chances...91	Jobs are harder to find...101
Worse market access (can't sell)...69	Price is worse than before...81	Could buy own equipment...92	Other (specify)...96
Production cost is higher...70	Hard to find labour...82	Equipment rental is expensive...93	
Production cost is lower...71	Storms caused animals to die...83		
Labour is difficult to find...72			

CODES FOR RESPONSE	CODES FOR TYPE OF ASSISTANCE	CODES FOR SOURCE OF ASSISTANCE
Sold assets or animals...1	Cash or in kind grant for nutrition...1	Family/friends...1
Spent savings...2	Cash grant for emergency help...2	Neighbors...2
Tried new livelihood...3	Cash or in kind for health...3	Community organization...3
Tried new techniques (e.g. different crop)...4	Cash or in kind for livelihood...4	MCWA/Women's affairs...4
Borrowed money...5	Loan for livelihood...5	Local NGO...5
Got help from somebody...6	Loan for other...6	INGO...6
Household member migrated...7	Loan for emergency...7	Government...7
Pre-sold crops...8	Loan for food...8	Private donor...8
Did preparations for disaster...9	Loan for health...9	Boss or employer...9
Attended training...10	Technical training for livelihood...10	Religious organization...10
Joined organization for livelihood...11	Training for health or nutrition...11	Other (specify)...96
Joined social organization...12	Training for financial management...12	
Withdrew children from school...13	Training (other)...13	
Did other day wage labor...14	Livelihood (produced) organization	

	member...14	
Complained to authorities...15	Social organization member...15	
Organized in my village...16	Legal assistance...16	
Tried a different livelihood altogether...17	In kind (service) assistance for health...17	
Household moved to another place...18	Information assistance for markets18	
Got more direct information about prices and markets...19	Information assistance for migration...19	
Joined savings group...20	Other (specify)...96	
Got more suitable loans...21	No assistance >> NEXT QUESTION	
Reduced our food intake...22		
Sold land...23		
Did nothing...24		
Other (specify)...96		

Section R5b Social Participation

R5	How often do household members participate in following events?	Always =3 Frequently =2, Sometimes =1, Never = 0
R5.1	Village meetings	
R5.2	Weddings, funerals, religious festivals	
R5.3	Household events	

Section R6 Decision Making

R6	To what extent does the household head attend, participate and influence village planning?	Always =3 Frequently =2, Sometimes =1, Never = 0
R6.1.1	Influences decisions	
R6.1.2	Participates in discussions	
R6.1.3	Attends meeting	
	To what extent do the women in your household participate in village planning?	Always =3 Frequently =2, Sometimes =1, Never = 0
R6.2.1	Influences decisions	
R6.2.2	Participates in discussions	
R6.2.3	Attends meetings	

Section R7 Village Resource Management

		Yes 1 No 2
R7.1	Are you benefitting directly from any managed or protected forests (for instance by collecting fuel wood or fodder)	<input type="checkbox"/>
R7.2	Are you benefitting directly from any managed or protected grazing lands (for instance by collecting fodder or other NTPF)?	<input type="checkbox"/>

R7.3	Are you benefitting directly from any managed or protected mangroves (for instance by gaining protection from weather, getting fodder, fuelwood or seafood)	__
R7.4	Are you benefitting directly from any managed or protected water bodies (for instance by fishing, collected water for drinking, livestock or irrigation)?	__

■ END OF THE QUESTIONNAIRE

3) Nutrition module

LIFT 2017 Nutrition Survey

SHORT QUESTIONNAIRE – FOR THE ADDITIONAL HOUSEHOLDS FOR NUTRITION SAMPLE

Questionnaire No. _____

Respondent ID _____

SECTION 1: GENERAL INFORMATION

1.1	Village name	_____		
1.2	Village MIMU code	_____		
1.3	Village tract name	_____		
1.4	Township name	_____		
1.5	State/Region	_____		
1.6	Household head name from village list	_____		
1.7	Household number from village list	Delta 1 Dry 2 Uplands 3 Rakhine 4	Village no	Reg. Vill. House No. _ _ _ _ _ _ _
1.8	Interview date	DD ____ /MM ____ /201__	DD ____ /MM ____ /201__	
Ask if there are any children under 5 years of age in the household. If answer is YES, then confirm the date of birth of the child using Question 1.9				
1.9	Ensure at least 1 child is under 5 years of age Date of birth of child	<i>Probe: What was his/her birthday</i> (If mother/caretaker does not know the exact day of birth, circle 15 for the day of the month)	Day of birth: __ _ DK day... 15 Month..... __ _ Year... 2 0 _ _	
IF THERE ARE NO CHILDREN UNDER AGE 5 IN THE HOUSEHOLD THEN MOVE ON TO THE NEXT HOUSEHOLD AND END THE INTERVIEW. IF THERE ARE CHILDREN UNDER AGE 5 THEN CONTINUE WITH THE REST OF THE INTERVIEW				
1.10	Name of head of HH (De jure)	_____		
1.11	Number of children under 5	__		
1.12	Total number of HH members Definition of HH members: All persons alive who have lived in the household for at least 3 of the last 12 months are classified as household members. Deceased individuals are never classified as household members. Lodgers are not classified as household members. Hired workers and servants are <u>not</u> classified as household members if they stay elsewhere. Guests who have come to visit for 3 or more months are classified as members of household (whether related to the household head or not). People spending less than 3 of the last 12 months in the household are not household members with the following exceptions: (1) the head of household, (2) infants less than 3 months old, (3) new spouses, (4) household members residing in an institution elsewhere, but still dependent on the	__		

	household (e.g. Boarding school student).		
		Name	Code
1.13	Anthropometrist (Supervisor)		_
1.14	Anthropometrist (Assistant)		_
1.15	Supervisor		_
1.17	Interview start time	____:____	_____
1.18	Interview end time	____:____	_____
1.19	Interview duration	____:____	_____

INFORMED CONSENT AND INTRODUCTION

Informed consent: ENUMERATORS MUST INTRODUCE THE HOUSEHOLD TO THE SURVEY, IDENTIFY RESPONDENTS AND OBTAIN THE CONSENT OF ALL PROSPECTIVE RESPONDENTS. IF A PROSPECTIVE RESPONDENT (E.G. A WOMAN DECISION MAKER) IS NOT PRESENT AT THE BEGINNING OF THE INTERVIEW, BE SURE TO RETURN TO THIS PAGE AND OBTAIN CONSENT BEFORE INTERVIEWING HIM OR HER. ASK TO SPEAK WITH A RESPONSIBLE ADULT IN THE HOUSEHOLD.

Hello. My name is _____. I am working with MSR. We are conducting a survey funded by LIFT, which aims at learning about rural livelihoods in Myanmar as well as any programs and assistance taking place in this area.

We are interviewing households in 446 villages across Myanmar. The households in each village have been selected randomly. Your household is among the households selected in your village and we would like to ask you as head of the household or spouse some questions about your household and food situation. We would also like to measure the height and weight of any children under 5 years of age in your household and take the Mid Upper Arm Circumference of the biological mother of these children. In total, this should take about 20 to 30 minutes of your time.

Your information will help understand the needs and challenges of rural households and children and will help LIFT and other organizations know how best to provide support. We ask for your open and honest information. All of the answers you give will be confidential and will not be shared with anyone other than members of a small research team. The information collected will be summarized for all of the households interviewed and your individual response will not be identifiable. The results will be presented to LIFT partners, donors and the Government of Myanmar.

We will greatly appreciate your participation as your views are important. However, you do not have to participate and 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. You are also free to stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

We can return later today if you don't have time to finish all the questions now.

[INTERVIEWER: GIVE CARD WITH CONTACT INFORMATION]

Do you have any questions about the study or about your participation?

[INTERVIEWER: ASK THE FOLLOWING CONSENT QUESTIONS OF ALL PROSPECTIVE RESPONDENTS. AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.]

MAIN RESPONDENT:

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

SECONDARY RESPONDENT (IF ANY)

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

OTHER MOTHERS OR RESPONSIBLE PERSONS FOR CHILDREN UNDER FIVE YEARS OF AGE:

[NAME], do you agree to participate in the survey and allow that children are weighed and measured?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.

INTERVIEWER'S NAME AND CODE _____ / ____ / 201_

SIGNATURE AND DATE _____ / ____ / 201_

SECTION 2: INFORMATION ON PRIMARY RESPONDENT

2.1	Respondent's name			
	Criteria for the respondent	<p>Only head of household or spouse can be used as respondents for sections 4, 5, 9 and 20. <i>The head of HH is a living member of the HH and determined by the HH members themselves. The head of HH can be female. (If the head of household or spouse cannot provide information the interviewer can ask the de facto head of HH (e.g. member who earns main income.)</i></p>		
2.2	Position in the Household	Head of Household	1	_
		Spouse	2	
		De facto Head of Household	3	
		Other (specify) _____	96	
2.3	Sex	Male	1	_
		Female	2	
2.4	Respondent's ethnicity	Bamar	1	_
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
Other ethnic group (specify _____)	96			
Other ethnic group (specify _____)	96			
2.5	Respondent's religion	Buddhist	1	_
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify) _____	96	
2.6	Age	_____ years	_	
	Specify age in years. If specific age is not known, round to the nearest 5 years upwards.			

SECTION 4: EXPOSURE TO DEVELOPMENT ACTIVITIES

	Have you or anyone from your household participated or benefited from any of the following activities in the past one year? If yes, who provided those activities? (Multiple responses possible)	Enumerators to identify and record whether support is LIFT funded according to info obtained at village level							DK 99
		Yes-1 No-2	NGO 1	TICK IF LIFT SUPPOR RTED	Govt. 2	TICK IF LIFT SUPPOR TED	Private Sector 3	TICK IF LIFT SUPPOR TED	
4.1 TRAINING and/or RECEIVED ADVICE (Multiple responses possible)									
4.15	In nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16	In WASH/hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 HOUSEHOLD INPUTS - Have you or anyone from your household received any of the following inputs in the past one year? (Multiple responses possible)									
4.25	In nutrition – maternal cash transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.26	In WASH/hygiene – <ul style="list-style-type: none"> • Grants/materials for sanitation facilities • Grants/materials for sanitation facilities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 GROUP-BASED ACTIVITIES - Are you or anyone in the household currently a member of any of the following groups in past one year? (Multiple responses possible)									
4.35	In nutrition (e.g. mother-to-mother support groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.36	In WASH/hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: SOURCES OF HH INCOME

[Interviewer Flag: Ask only to households that have NOT completed the household questionnaire.]

	Was the following a source of income for your household during the previous 12 months? (Read each line)	Yes—1 No—2
5.1	Sale of rice	<input type="checkbox"/>
5.2	Sale of paddy	<input type="checkbox"/>
5.3	Sale of other cereals (maize, wheat, barley, oats, sorghum etc.).	<input type="checkbox"/>
5.4	Sale of beans, pulses and peanuts	<input type="checkbox"/>
5.5	Sale of tubers and root crops (cassava, potatoes, taro, yam etc.).	<input type="checkbox"/>
5.6	Sale of vegetables (fresh and dried)	<input type="checkbox"/>
5.7	Sale of fruits (fresh and dried)	<input type="checkbox"/>
5.8	Sale of beverage crops (tea or coffee)	<input type="checkbox"/>
5.9	Sale of toddy products (including sap, alcoholic beverage and jaggery)	<input type="checkbox"/>
5.10	Sale of other crops/agricultural products (rubber, reed broom, flowers, perennial trees, etc.)	<input type="checkbox"/>
5.11	Sale of fresh wild catch of fish, prawns, crabs, shellfish	<input type="checkbox"/>
5.12	Sale of fresh farmed fish, prawns, crabs, shellfish	<input type="checkbox"/>
5.13	Sale of processed fish, prawns, crabs, shellfish (dried, salted, paste)	<input type="checkbox"/>
5.14	Sale of other wild food products (fruits and animals) – fresh or processed	<input type="checkbox"/>
5.15	Sale of firewood, timber/poles, bamboo, charcoal, rattan, palm leaves,	<input type="checkbox"/>

	thatch etc.	
5.16	Sale of livestock or livestock products (whole animals, meat, milk, eggs etc.).	<input type="checkbox"/>
5.17	Small business - small scale production (not agricultural products)	<input type="checkbox"/>
5.18	Small business – trading, buying and selling	<input type="checkbox"/>
5.19	Small business – services (including transport services, repair, mechanical, post-harvest processing, etc.)	<input type="checkbox"/>
5.20	Casual labour – agriculture	<input type="checkbox"/>
5.21	Casual labour – fishery	<input type="checkbox"/>
5.22	Casual labour – forestry or forest products	<input type="checkbox"/>
5.23	Casual labour – Other	<input type="checkbox"/>
5.24	Cash for work	<input type="checkbox"/>
5.25	Regular full-time employment	<input type="checkbox"/>
5.26	Regular part-time employment	<input type="checkbox"/>
5.27	Interest from lending	<input type="checkbox"/>
5.28	Remittances	<input type="checkbox"/>
5.29	Pensions	<input type="checkbox"/>
5.30	Government/NGO assistance (cash vouchers)	<input type="checkbox"/>
5.31	Re-sale of food aid	<input type="checkbox"/>
5.32	Gifts of money	<input type="checkbox"/>
5.33	Leasing of land/equipment/assets	<input type="checkbox"/>
5.34	Sale of land/equipment/assets	<input type="checkbox"/>
5.35	Any other source of income (specify) _____	<input type="checkbox"/>
5.36	IF NO SOURCE OF INCOME IN THE LAST 12 MONTHS WRITE 99 IN THIS BOX	<input type="checkbox"/>

5.40	What is the average total income for your household from all sources in a normal month or year?				<input type="checkbox"/>
	Less than Ks 25,000 monthly	or	Less than Ks 300,000 annually	1	
	Ks 25,001 – Ks 50,000 monthly	or	Ks 300,001 – 600,000 annually	2	
	> Ks 50,001 – Ks 75,000 monthly	or	> Ks 600,001 – 900,000 annually	3	
	> Ks 75,001 – Ks 100,000 monthly	or	> Ks 900,001 – Ks 1,200,000 annually	4	
	> Ks 100,001 – Ks 150,000 monthly	or	> Ks 1,200,001 – Ks 1,800,000 annually	5	
	> Ks 150,001 – Ks 200,000 monthly	or	> Ks 1,800,001 – Ks 2,400,000 annually	6	
	> Ks 200,001 – Ks 250,000 monthly	or	> Ks 2,400,001 – Ks 3,000,000 annually	7	
	> Ks 250,001 – Ks 300,000 monthly	or	> Ks 3,000,001 – Ks 3,600,000 annually	8	
	> Ks 300,001 – Ks 350,000 monthly	or	> Ks 3,600,001 – Ks 4,200,000 annually	9	
	> Ks 350,001 – Ks 400,000 monthly	or	> Ks 4,200,001 – Ks 4,800,000 annually	10	
	> Ks 400,001 – Ks 450,000 monthly	or	Ks 4,800,001 – Ks 5,400,000 annually	11	
	> Ks 450,001 – Ks 500,000 monthly	or	Ks 5,400,001 – Ks 6,000,000 annually	12	
	> Ks 500,001 – Ks 550,000 monthly	or	Ks 6,000,001 – Ks 6,600,000 annually	13	
	> Ks 550,001 – Ks 600,000 monthly	or	Ks 6,600,001 – Ks 7,200,000 annually	14	
	Over Ks 600,001 monthly	or	Over Ks 7,200,001 annually	15	
Don't know/no response			99		
5.40a	What was the total income for your household in the last 12 months? Please provide an approximate number. Please recall that this information is confidential and will only be used to compare average incomes across different locations.				

5.41a	Have you or anyone in your household established a business or become employed in the past 2 years?	Yes-1 No-2 >> R1	<input type="text"/>
5.41b	Did this occur within the last 12 months?	Yes-1 No-2	

R1	In the last 12 months did you have the following sources of household income?	YES 1 NO 2	What proportion of your income came from this source? USE 10 STONES METHOD NUMBER OF STONES	Was this a regular source? Yes=1 No=2
R1.1	Agriculture			
R1.2	Fishing/fisheries			
R1.3	Livestock rearing			
R1.4	Fish breeding/aquaculture			
R1.5	Selling other goods through a shop or stall			
R1.6	Irregular day-wages			
R1.7	Regular part-time employment (employee)			
R1.8	Regular full-time employment (employee)			
R1.9	Remittances/contributions from family/friends			
R1.10	Other services provision/ Small technical work			
R1.11	Rental of assets			
R1.12	Donation			
R1.13	Debt interest repayments			
R1.14	Pension			
R1.15	Others (specify) _____			

R2	Did you have any of the following household expenses during the last 12 months?	YES 1 NO 2	What proportion of your current expenses over the last 12 months come from this source? USE 10 STONES METHOD NUMBER OF STONES
R2.1	Food expenses		
R2.2	Debt repayment		
R2.3	Health expenses		
R2.4	Education expenses		
R2.5	Livelihood expenses		
R2.6	Official/social expenses		
R2.7	Travel expenses		
R2.8	Others (Specify)		
R2.9	Savings		

SECTION 9: MONTHS OF ADEQUATE HOUSEHOLD FOOD PROVISIONING

[Interviewer Flag: Ask only to households that have NOT completed the household questionnaire.]

Now I would like to ask you about your household's food supply during different months of the year. Please think back over the last 12 months from now to the same time last year.			
9.1	Were there months in the past 12 months in which your household did not have enough food to meet your household's needs? This includes food from any source such as from your own production, purchase or exchange.		
	Yes	1	_
No	2 ▶10.16		
If yes, which were the months in the past 12 months during which your household did not have enough food? (Interviewer Flag: Do not read out the list of months.) (Multiple responses)			
Fill in Code "1" if the respondent identifies that month as one in which the household DID NOT HAVE enough food. If the respondent does not identify that month fill in Code "0".			Inadequate—1 Adequate—0
9.2	December 2017	Nadaw	_
9.3	November 2017	Tazaungmon	_
9.4	October 2017	Thadingyut	_
9.5	September 2017	Tawthalin	_
9.6	August 2017	Wagaung	_
9.7	July 2017	Waso	_
9.8	June 2017	Nayone	_
9.9	May 2017	Kasone	_
9.10	April 2017	Tagu	_
9.11	March 2017	Tabaung	_
9.12	February 2017	Tabodwe	_
9.13	January 2017	Pyatho	_

SECTION 20: WATER AND SANITATION

[Interviewer Flag: Ask only to households that have NOT completed the household questionnaire.]

20.1	What is currently the <u>main source</u> of drinking water for members of your household in the past 12 months <u>in the rainy season</u>?		
	Piped water		
	Piped into home	11	
	Piped to yard/plot	12	
	Public tap/standpipe	13	
	Tube well or borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Water from pond		
	Protected pond	51	_
	Unprotected pond	52	
	Rainwater		
	Protected rainwater	61a	
	Unprotected rainwater	62b	
	Tanker truck	71	
	Cart with small tank	81	
	Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82	
	Digging into a dry river bed	91	
	Purified drinking water	92	
	Bottled water	93	
	Other (Specify) _____	96	
20.1a	Where is that water source located?		
	In own dwelling	1	
	In own yard/plot	2	_
	Elsewhere	3	
20.1b	How long does it take to go there, get water, and come back?		
	Minutes	— — —	_ _
	Don't know	99	
20.1c	Is water available from this source all year round?		
	Yes	1	
	No	2	_
	Don't know	99	

20.2	What is the <u>main source</u> of drinking-water used by your household in the past 12 months <u>in the winter season</u>?		
	Piped water		
	Piped into home	11	
	Piped to yard/plot	12	
	Public tap/standpipe	13	
	Tube well or borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Water from pond		
	Protected pond	51	
	Unprotected pond	52	
	Rainwater		
	Protected rainwater	61a	
	Unprotected rainwater	62b	
	Tanker truck	71	
	Cart with small tank	81	
	Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82	
	Digging into a dry river bed	91	
	Purified drinking water	92	
	Bottled water	93	
	Other (Specify) _____	96	
20.2a	Where is that water source located?		
	In own dwelling	1	
	In own yard/plot	2	
	Elsewhere	3	
20.2b	How long does it take to go there, get water, and come back?		
	Minutes		
	Don't know	99	
20.2c	Is water available from this source all year round?		
	Yes	1	
	No	2	
	Don't know	99	

20.3	What is the <u>main source</u> of drinking-water used by your household in the past 12 months <u>in the dry season</u>?		
	Piped water		
	Piped into home	11	
	Piped to yard/plot	12	
	Public tap/standpipe	13	
	Tube well or borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Water from pond		
	Protected pond	51	<input type="checkbox"/>
	Unprotected pond	52	
	Rainwater		
	Protected rainwater	61a	
	Unprotected rainwater	62b	
	Tanker truck	71	
	Cart with small tank	81	
	Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	82	
	Digging into a dry river bed	91	
	Purified drinking water	92	
	Bottled water	93	
	Other (Specify) _____	96	
20.3a	Where is that water source located?		
	In own dwelling	1	
	In own yard/plot	2	<input type="checkbox"/>
	Elsewhere	3	
20.3b	How long does it take to go there, get water, and come back?		
	Minutes	_____	<input type="checkbox"/>
	Don't know	99	<input type="checkbox"/>
20.3c	Is water available from this source all year round?		
	Yes	1	
	No	2	<input type="checkbox"/>
	Don't know	99	

R4		In the rainy season	In Winter	In the Dry season
	Do you buy water?	Yes 1 No 2	R4.1	R4.2
			<input type="checkbox"/>	<input type="checkbox"/>
				R4.3
				<input type="checkbox"/>

20.5	Do you treat your water in any way to make it safer to drink?	Yes 1	
		No 2	<input type="checkbox"/> ▶20.6
		Don't know 99	<input type="checkbox"/> ▶20.6
	If Yes, what do you usually do to the water to make it safer to drink? Anything else? Record all items mentioned.		
20.5.1	Boil	1	<input type="checkbox"/>
20.5.2	Add bleach/chlorine/iodine	2	<input type="checkbox"/>
20.5.3	Strain it through a cloth	3	<input type="checkbox"/>
20.5.4	Use a water filter (ceramic, sand, composite, etc.)	4	<input type="checkbox"/>

20.5.5	Solar disinfection	5	<input type="text"/>
20.5.6	Let it stand and settle	6	<input type="text"/>
20.5.7	Others (specify) -----	7	<input type="text"/>
20.6	What kind of toilet facility do members of your household usually use?		
	Flush or Pour Flush Toilet		
	Flush to piped sewer system	11	
	Flush to septic tank	12	
	Flush to pit latrine	13	
	Flush to somewhere else	14	
	Flush, don't know where	15	
	Pit Latrine		
	Ventilated Improved Pit Latrine	21	<input type="text"/>
	Pit Latrine With Slab	22	
	Pit Latrine Without Slab/Open Pit	23	
	Composting toilets	31	
	Bucket Toilet	41	
	No Facility/Bush/Field	61 >>skip to Q 20.9	
	Hanging Latrine (Pile)	71	
	Other	96	
20.7	Does your household share the toilet facility with other households?	Yes 1 No 2 ►20.9.	<input type="text"/>
20.8	How many households share that toilet facility?	If less than 10 0 10 or more households 95 Don't know 99	<input type="text"/>
20.9	How often do you wash your hands [ASK FOR EACH SITUATION BELOW]?	Code: 0 = Never 1 = Rarely 2 = Sometimes or often 3 = Always 99 = No Answer / Don't Know/NA CIRCLE CODE BELOW	
20.9.1	After defecation and urination	0 1 2 3 99	<input type="text"/>
20.9.2	Before preparing meals	0 1 2 3 99	<input type="text"/>
20.9.3	Before feeding a child	0 1 2 3 99	<input type="text"/>
20.9.4	Before eating	0 1 2 3 99	<input type="text"/>
20.9.5	After eating	0 1 2 3 99	<input type="text"/>
20.9.6	After cleaning babies bottom	0 1 2 3 99	<input type="text"/>
20.9.7	After handling animals	0 1 2 3 99	<input type="text"/>
20.9.8	Other (specify): _____	0 1 2 3 99	<input type="text"/>
20.10	What do you usually use for washing hands? [ASK FOR MOST COMMON METHOD: ONE RESPONSE ONLY]		
	Do not wash hands	0	<input type="text"/>
	Water only	1	<input type="text"/>
	Water and soap	2	<input type="text"/>
	Water and ash	3	<input type="text"/>
	Other (specify): _____	96	<input type="text"/>
	No Answer / Don't Know		99
20.11	Where do your children aged 0-5 years of age usually defecate? [MULTIPLE RESPONSES ALLOWED IF MORE THAN ONE CHILD.]		
	Open air	1	
	Nappies/cloth	2	
	Latrine/toilet	3>>R5	<input type="text"/>
	Bucket/bowl	4	

	Other	96	
20.12	How do you dispose of your children's feces [MULTIPLE RESPONSES ALLOWED IF MORE THAN ONE CHILD]		
	Leave it on the ground	1	_
	Bury it / cover with sand	2	
	Put it in the latrine	3	
	Put it the trash/garbage area	4	
	Wash the nappies / cloth in a river, well or pond	5	
	Other (specify): _____	96	

SECTION 21: MATERNAL AND CHILD HEALTH KNOWLEDGE

[Interviewer Flag: Ask the male HH head and female caregiver ONLY if they are the parent of a child under 2 years of age]

		Ask MALE father/HH HEAD (FATHER OF CHILD UNDER 2 YEARS) If no male HH head ▶female caregiver	Ask FEMALE CAREGIVER (MOTHER OF CHILD UNDER 2 YEARS)
K1	In your opinion, do you think pregnant women overall need to eat more, less or the same amount of food as they did before they got pregnant?	More 1 Less 2 Same 3 Don't know 99	More 1 Less 2 Same 3 Don't know 99
K2	How long after birth should a mother first put her baby to the breast?	Immediately 1 Less than 1 hour after delivery 2 Some hours later but less than 24 hours 3 1 day later 4 More than 1 day later 5 Baby should not be breastfed 6 Don't know 99	Immediately 1 Less than 1 hour after delivery 2 Some hours later but less than 24 hours 3 1 day later 4 More than 1 day later 5 Baby should not be breastfed 6 Don't know 99
K3	How many months should a child be exclusively breastfed?	Don't know _____ 99	Don't know _____ 99
K4	At what age should a breast-fed child be introduced to semi-solid or solid foods?	Age in months Don't know _____ 99	Age in months Don't know _____ 99

CHILD 1 - SECTION C1.1: RESPONDENT'S INFORMATION**[Interviewer Flag: Ask the child's primary caregiver]**

C1.11	Respondent's name			
	Is it the same respondent as identified in Section 2?	Yes.....1 No...2		
	Criteria for the respondent	<i>The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed. If respondent is the same as identified in Section 2, please go to C1.16.</i>		
C1.12	Sex	Male	1	_
		Female	2	
C1.13	Respondent's ethnicity	Bamar	1	_
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
		Other ethnic group (specify _____)	96	
Other ethnic group (specify _____)	96			
C1.14	Respondent's religion	Buddhist	1	_
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify _____)	96	
C1.15	Age	_____ years	_	
	Specify age in years. If specific age is not known, round to the nearest 5 years upwards.			
C1.16	Relationship of primary caregiver to child under 5	Mother	1	_
		Father	2	
		Grandmother	3	
		Grandfather	4	
		Aunty	5	
		Uncle	6	
		Older sister	7	
		Older brother	8	
		Female cousin	9	
		Male cousin	10	
		Other female relative	11	
		Other male relative	12	
		Female who is not a relative	13	
		Male who is not a relative	14	
		Other - specify	96	
C1.17	Highest level of education caregiver attended	No (formal) education	1	_
		Primary school (Grades 1-5)	2	
		Middle school (Grades 6-9)	3	
		High school (Grades 10-11)	4	
		Vocational education	5	

	Tertiary education (University)	6	
	Don't know	99	

CHILD 1 - SECTION C1.2: CHILD ILLNESS

[Interviewer Flag: Ask the child's primary caregiver]

C1.21	Has (name of child: _____) had diarrhea in the last 2 weeks? (diarrhea = 3 or more loose stools in any 24 hour period)	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C1.22	Has (name of child: _____) had a fever in the last 2 weeks?	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C1.23	Has (name of child: _____) had a cough or fast breathing in the last 2 weeks?	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C1.24	Has (name of child: _____) had any other illness in the last 2 weeks? If Yes, what illness or symptoms? _____ _____	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	

CHILD 1 - SECTION C1.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET

[Interviewer Flag: Ask ONLY if the child is under 2 years of age]

C1.31	Has [CHILD'S NAME] ever been breastfed?	Yes—1 No—2 ▶ C1.33 Don't know - 99	_ _
C1.32	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	Yes—1 ▶ C1.34 No—2 Don't know - 99	_ _
C1.33	Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
C1.34	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
C1.35	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
	Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:		

C1.36	Plain water?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.37	Any kind of Infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN?	Yes—1 No—2►C1.39 Don't know - 99	<input type="text"/>
C1.38	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	<input type="text"/>	
C1.39	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA?	Yes—1 No—2►C1.311 Don't know - 99	<input type="text"/>
C1.310	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	<input type="text"/>	
C1.311	Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.312	Clear broth?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.313	Yogurt?	Yes—1 No—2►C1.315 Don't know - 99	<input type="text"/>
C1.314	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	<input type="text"/>	
C1.315	Did [CHILD'S NAME] have any thin porridge (packaged or home-made)? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C1.319	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.316	Tea or coffee?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.317	Any other sweetened or flavored waters? PROBES: Honey water, sugar water?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C1.318	Any other liquids not mentioned above?	Yes—1 No—2 Don't know - 99	<input type="text"/>

Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C1.319-C1.336)?	Yes- 1 No- 2 Don't know 99
C1.319	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	<input type="text"/>
C1.320	Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables?	<input type="text"/>
C1.321	Any white potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="text"/>
C1.322	Any dark green leafy vegetables such as spinach, watercress or any other	<input type="text"/>

	local leafy greens?	
C1.323	Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables?	<input type="checkbox"/>
C1.324	Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside?	<input type="checkbox"/>
C1.325	Any other fruits including wild fruits?	<input type="checkbox"/>
C1.326	Any liver, kidney, heart, or other organ meats from animals?	<input type="checkbox"/>
C1.327	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)?	<input type="checkbox"/>
C1.328	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
C1.329	Fresh or dried fish, shellfish, crabs or seafood?	<input type="checkbox"/>
C1.330	Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="checkbox"/>
C1.331	Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.?	<input type="checkbox"/>
C1.332	Cheese, yogurt, or other milk products?	<input type="checkbox"/>
C1.333	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	<input type="checkbox"/>
C1.334	Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks?	<input type="checkbox"/>
C1.335	Condiments for flavor, such as chilies, spices, herbs, fish paste?	<input type="checkbox"/>
C1.336	Crickets, beetles, field snails, larvae, ants, ant eggs or other insects?	<input type="checkbox"/>
	Check categories C1.319-C1.336 If all "no" -> Go to question "A" [C1.337] If at least one "yes" or all "DK" -> Go to question "B" [C1.338]	
C1.337	Question "A" : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night? If "yes" probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C1.319-C1.336 and record foods eaten, then continue to question "B" [C1.338]	<input type="checkbox"/>
C1.338	Question "B" How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night Note: This question is asked only one time Number of times: _____ (99) Don't know	<input type="checkbox"/>

CHILD 1 - SECTION C1.4: WOMAN'S DIETARY DIVERSITY

[Interviewer Flag: Ask ONLY if the primary caregiver is the BIOLOGICAL MOTHER of the child under 2 years of age]

Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.		
	Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C1.41-C1.414)?	Yes- 1 No- 2 Don't know 99
C1.41	Foods made from Grains	Porridge, bread, rice, pasta/noodles or other foods made from grains <input type="checkbox"/>

C1.42	White roots and tubers and plantains	White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains	<input type="checkbox"/>
C1.43	Pulses (beans, peas and lentils)	Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh	<input type="checkbox"/>
C1.44	Nuts and seeds	Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<input type="checkbox"/>
C1.45	Milk and milk Products	Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream	<input type="checkbox"/>
C1.46	Organ meat	Liver, kidney, heart or other organ meats or blood-based foods, including from wild game	<input type="checkbox"/>
C1.47	Meat and poultry	Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird	<input type="checkbox"/>
C1.48	Fish and seafood	Fresh or dried fish, shellfish or seafood	<input type="checkbox"/>
C1.49	Eggs	Eggs from poultry or any other bird	<input type="checkbox"/>
C1.410	Dark green leafy Vegetables	List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves	<input type="checkbox"/>
C1.411	Vitamin A-rich vegetables, roots and tubers	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	<input type="checkbox"/>
C1.412	Vitamin A-rich Fruits	Ripe mango, ripe papaya	<input type="checkbox"/>
C1.413	Other vegetables	List examples of any other vegetables	<input type="checkbox"/>
C1.414	Other fruits	List examples of any other fruits	<input type="checkbox"/>

O	Insects and other small protein foods	<i>Insects, insect larvae/grubs, insect eggs and land and sea snails</i>	<input type="checkbox"/> yes (1) <input type="checkbox"/> no (0)
P	Red palm oil	<i>Red palm oil</i>	<input type="checkbox"/> yes (1) <input type="checkbox"/> no (0)
Q	Other oils and fats	<i>Oil; fats or butter added to food or used for cooking, including extracted oils from nuts, fruits and seeds; and all animal fat</i>	<input type="checkbox"/> yes (1) <input type="checkbox"/> no (0)
R	Savoury and fried snacks	<i>Crisps and chips, fried dough or other fried snacks</i>	<input type="checkbox"/> yes (1) <input type="checkbox"/> no (0)
S	Sweets	<i>Sugary foods, such as chocolates, candies, cookies/sweet biscuits and cakes, sweet pastries or ice cream</i>	<input type="checkbox"/> yes (1) <input type="checkbox"/> no (0)
T	Sugar-sweetened	<i>Sweetened fruit juices and "juice drinks", soft</i>	<input type="checkbox"/> yes (1)

	beverages	<i>drinks/fizzy drinks, chocolate drinks, malt drinks, yoghurt drinks or sweet tea or coffee with sugar</i>	___ no (0)
U	Condiments and seasonings	<i>Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds</i>	___ yes (1) ___ no (0)
V	Other beverages and foods^a <i>(optionally, specify if not listed)</i>	<i>Tea or coffee if not sweetened, clear broth, alcohol</i> <i>Pickles, olives and similar</i> _____ _____ _____	___ yes (1) ___ no (0)

CHILD 1 - SECTION C1.5: WOMAN'S MUAC

[Interviewer Flag: Measure ONLY if the primary caregiver is the BIOLOGICAL MOTHER of a child under 2 years of age]

C1.51	Record mother's MUAC to the nearest 0.1 cm If not the child's biological mother, do not measure.	_ _ _ . _ _ cm
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CHILD 1 - SECTION C1.6: ANTHROPOMETRIC MEASUREMENTS

C1.60	CHILD 1 Name	
C1.61	Age in months (For example if the child is nine months old _0_ _ _9_)	_ _ _ _	
C1.62	Date of birth of Child 1	<i>Probe: what was his/her birthday</i> <i>(If mother/caregiver does not know the exact day of birth circle 15 for the day of the month)</i>	Day of birth: _ _ _ DK day... 15 Month..... _ _ _ Year... 20_ _
C1.63	Date of birth source	Birth certificate 1 Health card 2 Home registry 3	Father/mother testimony 4 Other (specify) 96
C1.64	Sex of child 1	Male.....1 Female.....2	_
C1.65	Record child's weight	_ _ _ _ . _ _ kg	
C1.66	Record height / length for child 1 (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying)	_ _ _ _ _ _ . _ _ cm	
C1.67	Record height measurement posture for child 1	Standing 1 Lying 2	_
C1.68	Results	Measured 1 Not present 2	Refused 3 Other 96

IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.
IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW.

CHILD 2 – SECTION C2.1: RESPONDENT’S INFORMATION

[Interviewer Flag: Ask child’s primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed. If same caregiver already interviewed, skip to C2.2]

C2.11	Respondent’s name			
	Criteria for the respondent	<i>The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.</i>		
C2.12	Sex	Male	1	_ _
		Female	2	
C2.13	Respondent’s ethnicity	Bamar	1	_ _
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
		Other ethnic group (specify _____)	96	
Other ethnic group (specify _____)	96			
C2.14	Respondent’s religion	Buddhist	1	_ _
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify) _____	96	
C2.15	Age	_____ years	_ _	
	Specify age in years. If specific age is not known, round to the nearest 5 years upwards.			
C2.16	Relationship of primary caregiver to child under 5	Mother	1	_ _
		Father	2	
		Grandmother	3	
		Grandfather	4	
		Aunty	5	
		Uncle	6	
		Older sister	7	
		Older brother	8	
		Female cousin	9	
		Male cousin	10	
		Other female relative	11	
		Other male relative	12	
		Female who is not a relative	13	
		Male who is not a relative	14	
		Other - specify	96	
C2.17	Highest level of education caregiver attended	No (formal) education	1	_ _
		Primary school (Grades 1–5)	2	

	Middle school (Grades 6-9)	3	
	High school (Grades 10-11)	4	
	Vocational education	5	
	Tertiary education (University)	6	
	Don't know	99	

CHILD 2 - SECTION C2.2: CHILD ILLNESS

[Interviewer Flag: Ask the child's primary caregiver]

C2.21	Has (name of child: _____) had diarrhea in the last 2 weeks? (diarrhea = 3 or more loose stools in any 24 hour period)	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C2.22	Has (name of child: _____) had a fever in the last 2 weeks?	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C2.23	Has (name of child: _____) had a cough or fast breathing in the last 2 weeks?	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	
C2.24	Has (name of child: _____) had any other illness in the last 2 weeks? If Yes, what illness or symptoms? _____ _____	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	

CHILD 2 - SECTION C2.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET

[Interviewer Flag: Ask ONLY if the child is under 2 years of age]

C2.31	Has [CHILD'S NAME] ever been breastfed?		Yes—1 No—2 ▶ C2.33 Don't know - 99	_ _
C2.32	Was [CHILD'S NAME] breastfed yesterday during the day or at night?		Yes—1 ▶ C2.34 No—2 Don't know - 99	_ _
C2.33	Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?		Yes—1 No—2 Don't know - 99	_ _
C2.34	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?		Yes—1 No—2 Don't know - 99	_ _

C2.35	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?		Yes—1 No—2 Don't know - 99	<input type="text"/>
Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:				
C2.36	Plain water?		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.37	Any kind of Infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN?		Yes—1 No— 2▶C2.39 Don't know - 99	<input type="text"/>
C2.38	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?			<input type="text"/>
C2.39	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA?		Yes—1 No— 2▶C2.311 Don't know - 99	<input type="text"/>
C2.310	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?			<input type="text"/>
C2.311	Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.?		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.312	Clear broth?		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.313	Yogurt?		Yes—1 No— 2▶C2.315 Don't know - 99	<input type="text"/>
C2.314	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?			<input type="text"/>
C2.315	Did [CHILD'S NAME] have any thin porridge (packaged or home-made)? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C2.319		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.316	Tea or coffee?		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.317	Any other sweetened or flavored waters? PROBES: Honey water, sugar water?		Yes—1 No—2 Don't know - 99	<input type="text"/>
C2.318	Any other liquids not mentioned above?		Yes—1 No—2 Don't know - 99	<input type="text"/>

<p>Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.</p>		
	Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C2.319-C2.336)?	Yes- 1 No- 2 Don't know 99
C2.319	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	<input type="checkbox"/>
C2.320	Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables?	<input type="checkbox"/>
C2.321	Any white potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="checkbox"/>
C2.322	Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens?	<input type="checkbox"/>
C2.323	Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables?	<input type="checkbox"/>
C2.324	Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside?	<input type="checkbox"/>
C2.325	Any other fruits including wild fruits?	<input type="checkbox"/>
C2.326	Any liver, kidney, heart, or other organ meats from animals?	<input type="checkbox"/>
C2.327	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)?	<input type="checkbox"/>
C2.328	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
C2.329	Fresh or dried fish, shellfish, crabs or seafood?	<input type="checkbox"/>
C2.330	Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="checkbox"/>
C2.331	Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.?	<input type="checkbox"/>
C2.332	Cheese, yogurt, or other milk products?	<input type="checkbox"/>
C2.333	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	<input type="checkbox"/>
C2.334	Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks?	<input type="checkbox"/>
C2.335	Condiments for flavor, such as chilies, spices, herbs, fish paste?	<input type="checkbox"/>
C2.336	Crickets, beetles, field snails, larvae, ants, ant eggs or other insects?	<input type="checkbox"/>
	Check categories C2.319-C2.336 If all "no" -> Go to question "A" [C2.337] If at least one "yes" or all "DK" -> Go to question "B" [C2.338]	
C2.337	Question "A": Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night? If "yes" probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C2.319-C2.336 and record foods eaten, then continue to question "B" [C2.338]	<input type="checkbox"/>
C2.338	Question "B" How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night Note: This question is asked only one time Number of times: _____ Don't know (99)	<input type="checkbox"/>

CHILD 2 - SECTION C2.4: WOMAN'S DIETARY DIVERSITY

[Interviewer Flag: Ask ONLY if the primary caregiver is the BIOLOGICAL MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman's dietary diversity. If the mother has already been interviewed for woman's dietary diversity, skip to Section C2.5]

Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C2.41-C2.414)?		Yes- 1 No- 2 Don't know 99
C2.41	Foods made from Grains	Porridge, bread, rice, pasta/noodles or other foods made from grains	<input type="checkbox"/>
C2.42	White roots and tubers and plantains	White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains	<input type="checkbox"/>
C2.43	Pulses (beans, peas and lentils)	Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh	<input type="checkbox"/>
C2.44	Nuts and seeds	Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<input type="checkbox"/>
C2.45	Milk and milk products	Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream	<input type="checkbox"/>
C2.46	Organ meat	Liver, kidney, heart or other organ meats or blood-based foods, including from wild game	<input type="checkbox"/>
C2.47	Meat and poultry	Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird	<input type="checkbox"/>
C2.48	Fish and seafood	Fresh or dried fish, shellfish or seafood	<input type="checkbox"/>
C2.49	Eggs	Eggs from poultry or any other bird	<input type="checkbox"/>
C2.410	Dark green leafy vegetables	List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves	<input type="checkbox"/>
C2.411	Vitamin A-rich vegetables, roots and tubers	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	<input type="checkbox"/>
C2.412	Vitamin A-rich fruits	Ripe mango, ripe papaya	<input type="checkbox"/>
C2.413	Other vegetables	List examples of any other vegetables	<input type="checkbox"/>
C2.414	Other fruits	List examples of any other fruits	<input type="checkbox"/>

CHILD 2 - SECTION C2.5: WOMAN'S MUAC

[Interviewer Flag: Measure ONLY if the primary caregiver is the BIOLOGICAL MOTHER of a child under 2 years of age AND if the mother has NOT already been measured]

C2.51	Record mother's MUAC to the nearest 0.1 cm If not the child's biological mother, do not measure.	_ _ _ . _ _ cm
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CHILD 2 - SECTION C2.6: ANTHROPOMETRIC MEASUREMENTS

C2.60	CHILD 2 Name		
C2.61	Age in months (For example if the child is nine months old _0_ _ _9_)	_ _		
C2.62	Date of birth of Child 2	<i>Probe: what was his/her birthday</i> (If mother/caregiver does not know the exact day of birth circle 15 for the day of the month)		Day of birth: _ _ _ DK day... 15 Month..... _ _ _ Year... 20_ _
C2.63	Date of birth source	Birth certificate 1 Health card 2 Home registry 3	Father/mother testimony 4 Other (specify) 96	_
C2.64	Sex of child 2	Male.....1 Female.....2		_
C2.65	Record child's weight	_ _ _ . _ _ kg		
C2.66	Record height / length for child 2 (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying)	_ _ _ _ _ . _ _ cm		
C2.67	Record height measurement posture for child 2	Standing 1 Lying 2	_	
C2.68	Results	Measured 1 Not present 2	Refused 3 Other 96	_
IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION. IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW				

CHILD 3 – SECTION C3.1: RESPONDENT'S INFORMATION

[Ask child's primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed. If same caregiver already interviewed, skip to C3.2]

C3.11	Respondent's name			
	Criteria for the respondent	<i>The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.</i>		
C3.12	Sex	Male	1	_
		Female	2	
C3.13	Respondent's ethnicity	Bamar	1	_
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	

		Pa-O	12	
		Palaung	13	
		Danu	14	
		Other ethnic group (specify _____)	96	
		Other ethnic group (specify _____)	96	
C3.14	Respondent's religion	Buddhist	1	_
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify) _____	96	
C3.15	Age	_____ years		_
Specify age in years. If specific age is not known, round to the nearest 5 years upwards.				
C3.16	Relationship of primary caregiver to child under 5	Mother	1	_
		Father	2	
		Grandmother	3	
		Grandfather	4	
		Aunty	5	
		Uncle	6	
		Older sister	7	
		Older brother	8	
		Female cousin	9	
		Male cousin	10	
		Other female relative	11	
		Other male relative	12	
		Female who is not a relative	13	
		Male who is not a relative	14	
		Other - specify _____	96	
C3.17	Highest level of education caregiver attended	No (formal) education	1	_
		Primary school (Grades 1–5)	2	
		Middle school (Grades 6-9)	3	
		High school (Grades 10-11)	4	
		Vocational education	5	
		Tertiary education (University)	6	
		Don't know	99	

CHILD 3 - SECTION C3.2: CHILD ILLNESS

[Interviewer Flag: Ask the child's primary caregiver]

C3.21	Has (name of child: _____) had diarrhea in the last 2 weeks? (diarrhea = 3 or more loose stools in any 24 hour period)	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C3.22	Has (name of child: _____) had a fever in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C3.23	Has (name of child: _____) had a cough or fast breathing in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	

C3.24	Has (name of child: _____) had any other illness in the last 2 weeks? If Yes, what illness or symptoms? _____ _____	YES	1	_ _
		NO	2	
		No Answer / Don't Know	99	

CHILD 3 - SECTION C3.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET

[Interviewer Flag: Ask ONLY if the child is under 2 years of age]

C3.31	Has [CHILD'S NAME] ever been breastfed?	Yes—1 No—2 ► C3.33 Don't know - 99	_ _
C3.32	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	Yes—1 ► C3.34 No—2 Don't know - 99	_ _
C3.33	Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
C3.34	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
C3.35	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_ _
Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:			
C3.36	Plain water?	Yes—1 No—2 Don't know - 99	_ _
C3.37	Any kind of Infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN?	Yes—1 No—2 ► C3.39 Don't know - 99	_ _
C3.38	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	_ _	
C3.39	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA?	Yes—1 No—2 ► C3.311 Don't know - 99	_ _
C3.310	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	_ _	
C3.311	Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.?	Yes—1 No—2 Don't know - 99	_ _
C3.312	Clear broth?	Yes—1 No—2 Don't know - 99	_ _
C3.313	Yogurt?	Yes—1 No—2 ► C3.315 Don't know - 99	_ _
C3.314	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	_ _	

C3.315	Did [CHILD'S NAME] have any thin porridge (packaged or home-made)? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C3.319	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C3.316	Tea or coffee?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C3.317	Any other sweetened or flavored waters? PROBES: Honey water, sugar water?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C3.318	Any other liquids not mentioned above?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>

Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C3.319-C3.336)?	Yes- 1 No- 2 Don't know 99
C3.319	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	<input type="checkbox"/>
C3.320	Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables?	<input type="checkbox"/>
C3.321	Any white potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="checkbox"/>
C3.322	Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens?	<input type="checkbox"/>
C3.323	Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables?	<input type="checkbox"/>
C3.324	Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside?	<input type="checkbox"/>
C3.325	Any other fruits including wild fruits?	<input type="checkbox"/>
C3.326	Any liver, kidney, heart, or other organ meats from animals?	<input type="checkbox"/>
C3.327	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)?	<input type="checkbox"/>
C3.328	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
C3.329	Fresh or dried fish, shellfish, crabs or seafood?	<input type="checkbox"/>
C3.330	Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="checkbox"/>
C3.331	Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.?	<input type="checkbox"/>
C3.332	Cheese, yogurt, or other milk products?	<input type="checkbox"/>
C3.333	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	<input type="checkbox"/>
C3.334	Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks?	<input type="checkbox"/>
C3.335	Condiments for flavor, such as chilies, spices, herbs, fish paste?	<input type="checkbox"/>

C3.336	Crickets, beetles, field snails, larvae, ants, ant eggs or other insects?	<input type="checkbox"/>
	Check categories C3.319-C3.336 If all "no" -> Go to question "A" [C3.337] If at least one "yes" or all "DK" -> Go to question "B" [C3.338]	
C3.337	Question "A" : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night? If "yes" probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C3.319-C3.336 and record foods eaten, then continue to question "B" [C3.338]	<input type="checkbox"/>
C3.338	Question "B" How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night Note: This question is asked only one time Number of times: _____ Don't know (99)	<input type="checkbox"/>

CHILD 3 - SECTION C3.4: WOMAN'S DIETARY DIVERSITY

[Interviewer Flag: Ask ONLY if the primary caregiver is the BIOLOGICAL MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman's dietary diversity. If the mother has already been interviewed for woman's dietary diversity, skip to Section C3.5]

Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C3.41-C3.414)?	Yes- 1 No- 2 Don't know 99
C3.41	Foods made from grains	Porridge, bread, rice, pasta/noodles or other foods made from grains <input type="checkbox"/>
C3.42	White roots and tubers and plantains	White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains <input type="checkbox"/>
C3.43	Pulses (beans, peas and lentils)	Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh <input type="checkbox"/>
C3.44	Nuts and seeds	Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes <input type="checkbox"/>
C3.45	Milk and milk products	Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream <input type="checkbox"/>
C3.46	Organ meat	Liver, kidney, heart or other organ meats or blood-based foods, including from wild game <input type="checkbox"/>
C3.47	Meat and poultry	Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird <input type="checkbox"/>
C3.48	Fish and seafood	Fresh or dried fish, shellfish or seafood <input type="checkbox"/>

C3.49	Eggs	Eggs from poultry or any other bird	___
C3.410	Dark green leafy vegetables	List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves	___
C3.411	Vitamin A-rich vegetables, roots and tubers	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	___
C3.412	Vitamin A-rich fruits	Ripe mango, ripe papaya	___
C3.413	Other vegetables	List examples of any other vegetables	___
C3.414	Other fruits	List examples of any other fruits	___

CHILD 3 - SECTION C3.5: WOMAN'S MUAC

[Interviewer Flag: Measure ONLY if the primary caregiver is the biological MOTHER of a child under 2 years of age AND if the mother has NOT already been measured]

C3.51	Record mother's MUAC to the nearest 0.1 cm If not the child's biological mother, do not measure.	___ _ . _ cm
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CHILD 3 - SECTION C3.6: ANTHROPOMETRIC MEASUREMENTS

C3.60	CHILD 3 Name	
C3.61	Age in months (For example if the child is nine months old _0_ _ _9_)	___ _	
C3.62	Date of birth of Child 3	<i>Probe: what was his/her birthday</i> (If mother/caregiver does not know the exact day of birth circle 15 for the day of the month)	Day of birth: ___ _ DK day... 15 Month..... ___ _ Year... 20___
C3.63	Date of birth source	Birth certificate 1 Health card 2 Home registry 3	Father/mother testimony 4 Other (specify) 96
C3.64	Sex of child 3	Male.....1 Female.....2	___
C3.65	Record child's weight	___ _ _ . _ kg	
C3.66	Record height / length for child 3 (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying)	___ _ _ _ _ . _ cm	
C3.67	Record height measurement posture for child 3	Standing 1 Lying 2	___
C3.68	Results	Measured 1 Not present 2	Refused 3 Other 96
IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION. IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW			

CHILD 4 – SECTION C4.1: RESPONDENT'S INFORMATION

[Interviewer Flag: Ask child's primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed. If same caregiver already interviewed, skip to C4.2]

C4.11	Respondent's name	
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Criteria for the respondent		<i>The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.</i>		
C4.12	Sex	Male	1	_
		Female	2	
C4.13	Respondent's ethnicity	Bamar	1	_
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
		Other ethnic group (specify _____)	96	
Other ethnic group (specify _____)	96			
C4.14	Respondent's religion	Buddhist	1	_
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify _____)	96	
C4.15	Age	_____ years		_
	Specify age in years. If specific age is not known, round to the nearest 5 years upwards.			
C4.16	Relationship of primary caregiver to child under 5	Mother	1	_
		Father	2	
		Grandmother	3	
		Grandfather	4	
		Aunty	5	
		Uncle	6	
		Older sister	7	
		Older brother	8	
		Female cousin	9	
		Male cousin	10	
		Other female relative	11	
		Other male relative	12	
		Female who is not a relative	13	
		Male who is not a relative	14	
		Other - specify	96	
C4.17	Highest level of education caregiver attended	No (formal) education	1	_
		Primary school (Grades 1-5)	2	
		Middle school (Grades 6-9)	3	
		High school (Grades 10-11)	4	
		Vocational education	5	
		Tertiary education (University)	6	
		Don't know	99	

CHILD 4 - SECTION C4.2: CHILD ILLNESS**[Interviewer Flag: Ask child's primary caregiver]**

C4.21	Has (name of child: _____) had diarrhea in the	YES	1	_
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	last 2 weeks? (diarrhea = 3 or more loose stools in any 24 hour period)	NO	2	
		No Answer / Don't Know	99	
C4.22	Has (name of child: _____) had a fever in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C4.23	Has (name of child: _____) had a cough or fast breathing in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C4.24	Has (name of child: _____) had any other illness in the last 2 weeks? If Yes, what illness or symptoms? _____ _____	YES	1	_
		NO	2	
		No Answer / Don't Know	99	

CHILD 4 - SECTION C4.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET

[Interviewer Flag: Ask ONLY if the child is under 2 years of age]

C4.31	Has [CHILD'S NAME] ever been breastfed?	Yes—1 No—2 ► C4.33 Don't know - 99	_
C4.32	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	Yes—1 ► C4.34 No—2 Don't know - 99	_
C4.33	Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_
C4.34	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_
C4.35	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_
	Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:		
C4.36	Plain water?	Yes—1 No—2 Don't know - 99	_
C4.37	Any kind of Infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN?	Yes—1 No—2 ► C4.39 Don't know - 99	_
C4.38	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	_	_

C4.39	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA?	Yes—1 No—2►C4.311 Don't know - 99	<input type="checkbox"/>
C4.310	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	<input type="checkbox"/>	
C4.311	Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C4.312	Clear broth?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C4.313	Yogurt?	Yes—1 No—2►C4.315 Don't know - 99	<input type="checkbox"/>
C4.314	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	<input type="checkbox"/>	
C4.315	Did [CHILD'S NAME] have any thin porridge (packaged or home-made)? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C4.319	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C4.316	Tea or coffee?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C4.317	Any other sweetened or flavored waters? PROBES: Honey water, sugar water?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>
C4.318	Any other liquids not mentioned above?	Yes—1 No—2 Don't know - 99	<input type="checkbox"/>

Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C4.319-C4.336)?	Yes- 1 No- 2 Don't know 99
C4.319	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?	<input type="checkbox"/>
C4.320	Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables?	<input type="checkbox"/>
C4.321	Any white potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="checkbox"/>
C4.322	Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens?	<input type="checkbox"/>
C4.323	Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables?	<input type="checkbox"/>
C4.324	Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside?	<input type="checkbox"/>
C4.325	Any other fruits including wild fruits?	<input type="checkbox"/>
C4.326	Any liver, kidney, heart, or other organ meats from animals?	<input type="checkbox"/>
C4.327	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)?	<input type="checkbox"/>

C4.328	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
C4.329	Fresh or dried fish, shellfish, crabs or seafood?	<input type="checkbox"/>
C4.330	Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="checkbox"/>
C4.331	Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.?	<input type="checkbox"/>
C4.332	Cheese, yogurt, or other milk products?	<input type="checkbox"/>
C4.333	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	<input type="checkbox"/>
C4.334	Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks?	<input type="checkbox"/>
C4.335	Condiments for flavor, such as chilies, spices, herbs, fish paste?	<input type="checkbox"/>
C4.336	Crickets, beetles, field snails, larvae, ants, ant eggs or other insects?	<input type="checkbox"/>
	Check categories C4.319-C4.336 If all "no" -> Go to question "A" [C.4337] If at least one "yes" or all "DK" → Go to question "B" [C4.338]	
C4.337	Question "A": Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night? If "yes" probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C4.319-C4.336 and record foods eaten, then continue to question "B" [C4.338]	<input type="checkbox"/>
C4.338	Question "B" How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night Note: This question is asked only one time Number of times: _____ Don't know (99)	<input type="checkbox"/>

CHILD 4 - SECTION C4.4: WOMAN'S DIETARY DIVERSITY

[Interviewer Flag: Ask ONLY if the primary caregiver is the BIOLOGICAL MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman's dietary diversity. If the mother has already been interviewed for woman's dietary diversity, skip to Section C4.5]

Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.

	Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C4.41-C4.418)?		Yes- 1 No- 2 Don't know 99
C4.41	Foods made from grains	Porridge, bread, rice, pasta/noodles or other foods made from grains	<input type="checkbox"/>
C4.42	White roots and tubers and plantains	White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains	<input type="checkbox"/>
C4.43	Pulses (beans, peas and lentils)	Mature beans or peas (fresh or dried seed), lentils or bean/pea products,	<input type="checkbox"/>

		including hummus, tofu and tempeh	
C4.44	Nuts and seeds	Any tree nut, groundnut/peanut or certain seeds, or nut/seed “butters” or pastes	_ _
C4.45	Milk and milk products	Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream	_ _
C4.46	Organ meat	Liver, kidney, heart or other organ meats or blood-based foods, including from wild game	_ _
C4.47	Meat and poultry	Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird	_ _
C4.48	Fish and seafood	Fresh or dried fish, shellfish or seafood	_ _
C4.49	Eggs	Eggs from poultry or any other bird	_ _
C4.410	Dark green leafy vegetables	List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves	_ _
C4.411	Vitamin A-rich vegetables, roots and tubers	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	_ _
C4.412	Vitamin A-rich fruits	Ripe mango, ripe papaya	_ _
C4.413	Other vegetables	List examples of any other vegetables	_ _
C4.414	Other fruits	List examples of any other fruits	_ _

CHILD 4 - SECTION C4.5: WOMAN'S MUAC

[Interviewer Flag: Measure ONLY if the primary caregiver is the BIOLOGICAL MOTHER of a child under 2 years of age AND if the mother has NOT already been measured]

C4.51	Record mother's MUAC to the nearest 0.1 cm If not the child's biological mother, do not measure.	_ _ _ . _ _ cm
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CHILD 4 - SECTION C4.6: ANTHROPOMETRIC MEASUREMENTS

C4.60	CHILD 4 Name	
C4.61	Age in months (For example if the child is nine months old _0_ _ _9_)	_ _ _	
C4.62	Date of birth of Child 4	<i>Probe: what was his/her birthday</i> (If mother/caregiver does not know the exact day of birth circle 15 for the day of the month)	Day of birth: _ _ _ DK day... 15 Month..... _ _ _ Year... 20_ _
C4.63	Date of birth source	Birth certificate 1 Health card 2 Home registry 3	Father/mother testimony 4 Other (specify) 96
C4.64	Sex of child 4	Male.....1 Female.....2	_ _
C4.65	Record child's weight	_ _ _ _ . _ _ kg	
C4.66	Record height / length for child 4 (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying)	_ _ _ _ _ _ . _ _ cm	

C4.67	Record height measurement posture for child 4	Standing 1 Lying 2	<input type="checkbox"/>
C4.68	Results	Measured 1 Not present 2	Refused 3 Other 96
IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION. IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW			

CHILD 5 - SECTION C5.1: RESPONDENT'S INFORMATION

[Interviewer Flag: Ask child's primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed. If same caregiver already interviewed, skip to C5.2]

C5.11	Respondent's name			
	Criteria for the respondent	<i>The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.</i>		
C5.12	Sex	Male	1	<input type="checkbox"/>
		Female	2	
C5.13	Respondent's ethnicity	Bamar	1	<input type="checkbox"/>
		Kachin	2	
		Kayah	3	
		Kayin	4	
		Chin	5	
		Mon	6	
		Rakhine	7	
		Shan	8	
		Indian	9	
		Chinese	10	
		Mixed ethnicity	11	
		Pa-O	12	
		Palaung	13	
		Danu	14	
Other ethnic group (specify _____)	96			
Other ethnic group (specify _____)	96			
C5.14	Respondent's religion	Buddhist	1	<input type="checkbox"/>
		Christian	2	
		Hindu	3	
		Islam	4	
		Other (specify) _____	96	
C5.15	Age	_____ years	<input type="checkbox"/>	
	Specify age in years. If specific age is not known, round to the nearest 5 years upwards.			
C5.16	Relationship of primary caregiver to child under 5	Mother	1	<input type="checkbox"/>
		Father	2	
		Grandmother	3	
		Grandfather	4	
		Aunty	5	
		Uncle	6	
		Older sister	7	
		Older brother	8	
		Female cousin	9	
		Male cousin	10	
		Other female relative	11	
		Other male relative	12	
		Female who is not a relative	13	

		Male who is not a relative	14	
		Other - specify	96	
C5.17	Highest level of education caregiver attended	No (formal) education	1	_
		Primary school (Grades 1–5)	2	
		Middle school (Grades 6-9)	3	
		High school (Grades 10-11)	4	
		Vocational education	5	
		Tertiary education (University)	6	
		Don't know	99	

CHILD 5 - SECTION C5.2: CHILD ILLNESS

[Interviewer Flag: Ask the child's primary caregiver]

C5.21	Has (name of child: _____) had diarrhea in the last 2 weeks? (diarrhea = 3 or more loose stools in any 24 hour period)	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C5.22	Has (name of child: _____) had a fever in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C5.23	Has (name of child: _____) had a cough or fast breathing in the last 2 weeks?	YES	1	_
		NO	2	
		No Answer / Don't Know	99	
C5.24	Has (name of child: _____) had any other illness in the last 2 weeks? If Yes, what illness or symptoms? _____ _____	YES	1	_
		NO	2	
		No Answer / Don't Know	99	

CHILD 5 - SECTION C5.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET

[Interviewer Flag: Ask ONLY if the child is under 2 years of age]

C5.31	Has [CHILD'S NAME] ever been breastfed?	Yes—1 No—2 ► C5.33 Don't know - 99	_
C5.32	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	Yes—1 ► C5.34 No—2 Don't know - 99	_
C5.33	Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	_
C5.34	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines	Yes—1 No—2 Don't know - 99	_

	as drops yesterday during the day or at night?		
C5.35	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?	Yes—1 No—2 Don't know - 99	<input type="text"/>
	Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have:		
C5.36	Plain water?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.37	Any kind of Infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN?	Yes—1 No—2►C5.39 Don't know - 99	<input type="text"/>
C5.38	How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula?	<input type="text"/>	
C5.39	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA?	Yes—1 No—2►C5.311 Don't know - 99	<input type="text"/>
C5.310	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	<input type="text"/>	
C5.311	Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.312	Clear broth?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.313	Yogurt?	Yes—1 No—2►C5.315 Don't know - 99	<input type="text"/>
C5.314	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt?	<input type="text"/>	
C5.315	Did [CHILD'S NAME] have any thin porridge (packaged or home-made)? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C5.319	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.316	Tea or coffee?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.317	Any other sweetened or flavored waters? PROBES: Honey water, sugar water?	Yes—1 No—2 Don't know - 99	<input type="text"/>
C5.318	Any other liquids not mentioned above?	Yes—1 No—2 Don't know - 99	<input type="text"/>
Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chillies, spices, herbs, or fish powder), I will ask you about those foods separately.			
	Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C5.319-C5.336)?	Yes- No- Don't know 99	1 2
C5.319	Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat?		<input type="text"/>

C5.320	Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables?	<input type="checkbox"/>
C5.321	Any white potatoes, cassava, yams, taro, or any food made from roots or tubers?	<input type="checkbox"/>
C5.322	Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens?	<input type="checkbox"/>
C5.323	Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables?	<input type="checkbox"/>
C5.324	Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside?	<input type="checkbox"/>
C5.325	Any other fruits including wild fruits?	<input type="checkbox"/>
C5.326	Any liver, kidney, heart, or other organ meats from animals?	<input type="checkbox"/>
C5.327	Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)?	<input type="checkbox"/>
C5.328	Any eggs from chickens, quails, ducks or other birds?	<input type="checkbox"/>
C5.329	Fresh or dried fish, shellfish, crabs or seafood?	<input type="checkbox"/>
C5.330	Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="checkbox"/>
C5.331	Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.?	<input type="checkbox"/>
C5.332	Cheese, yogurt, or other milk products?	<input type="checkbox"/>
C5.333	Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat?	<input type="checkbox"/>
C5.334	Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks?	<input type="checkbox"/>
C5.335	Condiments for flavor, such as chilies, spices, herbs, fish paste?	<input type="checkbox"/>
C5.336	Crickets, beetles, field snails, larvae, ants, ant eggs or other insects?	<input type="checkbox"/>
	Check categories C5.319-C5.336 If all "no" -> Go to question "A" [C.5337] If at least one "yes" or all "DK" -> Go to question "B" [C5.338]	
C5.337	Question "A" : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night? If "yes" probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C5.319-C5.336 and record foods eaten, then continue to question "B" [C5.338]	<input type="checkbox"/>
C5.338	Question "B" How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night Note: This question is asked only one time Number of times: _____ Don't know (99)	<input type="checkbox"/>

CHILD 5 - SECTION C5.4: WOMAN'S DIETARY DIVERSITY

[Interviewer Flag: Ask ONLY if the primary caregiver is the BIOLOGICAL MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman's dietary diversity. If the mother has already been interviewed for woman's dietary diversity, skip to Section C5.5]

Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for

seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.			
	Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C5.41-C5.418)?		Yes- 1 No- 2 Don't know 99
C5.41	Foods made from grains	Porridge, bread, rice, pasta/noodles or other foods made from grains	<input type="text"/>
C5.42	White roots and tubers and plantains	White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains	<input type="text"/>
C5.43	Pulses (beans, peas and lentils)	Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh	<input type="text"/>
C5.44	Nuts and seeds	Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<input type="text"/>
C5.45	Milk and milk products	Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream	<input type="text"/>
C5.46	Organ meat	Liver, kidney, heart or other organ meats or blood-based foods, including from wild game	<input type="text"/>
C5.47	Meat and poultry	Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird	<input type="text"/>
C5.48	Fish and seafood	Fresh or dried fish, shellfish or seafood	<input type="text"/>
C5.49	Eggs	Eggs from poultry or any other bird	<input type="text"/>
C5.410	Dark green leafy vegetables	List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves	<input type="text"/>
C5.411	Vitamin A-rich vegetables, roots and tubers	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside	<input type="text"/>
C5.412	Vitamin A-rich fruits	Ripe mango, ripe papaya	<input type="text"/>
C5.413	Other vegetables	List examples of any other vegetables	<input type="text"/>
C5.414	Other fruits	List examples of any other fruits	<input type="text"/>

CHILD 5 - SECTION C5.5: WOMAN'S MUAC

[Interviewer Flag: Measure ONLY if the primary caregiver is the BIOLOGICAL MOTHER of a child under 2 years of age AND if the mother has NOT already been measured.]

C5.51	Record mother's MUAC to the nearest 0.1 cm If not the child's biological mother, do not measure.	<input type="text"/> <input type="text"/> <input type="text"/> cm
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CHILD 5 - SECTION C5.6: ANTHROPOMETRIC MEASUREMENTS

C5.60	CHILD 5 Name
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C5.61	Age in months (For example if the child is nine months old _0_ _ _9_)		_ _	
C5.62	Date of birth of Child 5	<i>Probe: what was his/her birthday</i> (If mother/caregiver does not know the exact day of birth circle 15 for the day of the month)		Day of birth: _ _ DK day... 15 Month..... _ _ Year... 20_
C5.63	Date of birth source	Birth certificate 1 Health card 2 Home registry 3	Father/mother testimony 4 Other (specify) 96	_
C5.64	Sex of child 5	Male.....1 Female.....2		_
C5.65	Record child's weight			_ _ . _ kg
C5.66	Record height / length for child 5 (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying)			_ _ _ . _ cm
C5.67	Record height measurement posture for child 5	Standing 1 Lying 2		_
C5.68	Results	Measured 1 Not present 2	Refused 3 Other 96	_
IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION. IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW				

4) Expenditure module

HOUSEHOLD EXPENDITURE MODULE

IDENTIFY MOST KNOWLEDGEABLE PERSON ABOUT HOUSEHOLD FOOD AND NON-FOOD CONSUMPTION EXPENDITURES AND VALUE OF ASSETS AND ADMINISTER SECTIONS 21, 22, 23, 24, 25 AND 26. IF THIS PERSON

IS NOT AVAILABLE, FIND ANOTHER RESPONSIBLE ADULT MEMBER OF THE HOUSEHOLD WHO CAN PROVIDE INFORMATION ON THE HOUSEHOLD'S FOOD AND NON-FOOD CONSUMPTION EXPENDITURES AND VALUE OF ASSETS.

HH Member ID Code _____

PLEASE ENSURE THAT THE UNITS USED ARE CONSISTENT ACROSS RESPONSES **B, C, E** AND **F** FOR EACH ITEM. IF RESPONDENT USES DIFFERENT UNITS FOR QUESTIONS B, C, D, AND E ON ONE ITEM PLEASE DISCUSS AND CONVERT SO THAT SAME UNIT IS USED FOR ALL.

[Interviewer read]

I would like to ask you some questions about the foods and beverages consumed by any member of your household for household consumption. This includes purchases made in cash or in kind, as well as items acquired as gifts, payments or wages, plus consumption from home production. In household consumption, we do not include items acquired for (farm or non-farm) business activities such as expenditure for feeding daily workers.

Section 21: Food consumption expenditures in the last 7 days consumed at home

Description of items			Consumption	Purchase in cash	Acquire Received in kind	Home production	
Code	Item	UNIT	During the last 7 days, ...	During the last 7 days, ...			
			Did any member of your household consume [ITEM]? Yes... 1 No... 2 >> Next item	What was the total quantity of [ITEM] consumed by all household members? ?	How much of the amount of [ITEM] consumed during the last 7 days came from purchases? ? If 'none', write '0'.>> e	How much did the household spend on the amount consumed during the last 7 days that came from purchases?	How much of the amount of [ITEM] consumed during the last 7 days came from gifts, payments in kind or other sources? If 'none', write '0'.
			Quantity	Quantity	Value in	Quantity	Quantity

		a	b	c	Kyat d	e	f
		(b=c+e+f)					
Pulses, beans, nuts and seeds							
21.1.1	Peyi (lablab beans)	Ticals					
21.1.2	Pegya	Ticals					
21.1.3	Pepyin	Ticals					
21.1.4	Pe poke	Ticals					
21.1.5	Sadawpe (green peas)	Ticals					
21.1.6	Gram (Chick pea)	Ticals					
21.1.7	Green gram (Pedesane)	Ticals					
21.1.8	Black gram (Matpe)	Ticals					
21.1.9	Penilay (Peyaza)	Ticals					
21.1.10	Butter Bean	Ticals					
21.1.11	Boiled Pea (any kind of peas)	Ticals					
21.1.12	Sesame	Ticals					
21.1.13	Cashew nuts	Ticals					
21.1.14	Groundnut without shell	Ticals					
21.1.15	Coconut	Number					
21.1.16	Other pulses/beans/nuts/seeds (Specify _____)	Ticals					
Meat, dairy, eggs							
21.2.1	Chicken	Ticals					
21.2.2	Duck	Ticals					
21.2.3	Beef	Ticals					
21.2.4	Pork	Ticals					
21.2.5	Mutton	Ticals					
21.2.6	Frogs	Ticals					
21.2.7	Rats	Ticals					
21.2.8	Mice	Ticals					
21.2.9	Snake	Ticals					
21.2.10	Bats	Ticals					
21.2.11	Dogs	Ticals					
21.2.12	Cats	Ticals					
21.2.13	Dried Meat	Ticals					
21.2.14	Chicken eggs	Number					
21.2.15	Duck eggs	Number					
21.2.16	Quail eggs	Number					
21.2.17	Other meats (Specify)	Ticals					
21.2.18	Fresh milk	Ticals					
Fish and other seafood							
21.3.1	Ngamyitchin	Ticals					
21.3.2	Ngagyin	Ticals					
21.3.3	Ngayant	Ticals					
21.3.4	Ngakhu	Ticals					
21.3.5	Ngagyee	Ticals					

21.3.6	Ngapyayma	Ticals							
21.3.7	Ngaton/ Ngamyinn	Ticals							
21.3.8	Ngathalauk	Ticals							
21.3.9	Fish meat	Ticals							
21.3.10	Other small river fishes (<= 4")	Ticals							
21.3.11	Other medium river fishes (5" - 10")	Ticals							
21.3.12	Other large river fishes (11+)"	Ticals							
21.3.13	Eel	Ticals							
21.3.14	Kakatit	Ticals							
21.3.15	Ngamoke	Ticals							
21.3.16	Ngashwe	Ticals							
21.3.17	Ngapokethin	Ticals							
21.3.18	Sardine (All Kinds)	Ticals							
21.3.19	Pazun Kyawt	Ticals							
21.3.20	Pazun Doke	Ticals							
21.3.21	Squid and like sea fishes	Ticals							
21.3.22	Shell fish	Ticals							
21.3.23	Other small sea water fishes (<=4")	Ticals							
21.3.24	Other medium sea water fishes (5" - 10")	Ticals							
21.3.25	Other large sea water fishes (11+)"	Ticals							
21.3.26	Nga Yantchauk	Ticals							
21.3.27	Other dried small river fish (<=4")	Ticals							
21.3.28	Other dried medium and above river fish (5+)"	Ticals							
21.3.29	Ngakunshutcha uk	Ticals							
21.3.30	Other dried small sea water fish (<=4")	Ticals							
21.3.31	Other dried medium and above sea water fish (5+)"	Ticals							
21.3.32	Dried Prawns	Ticals							
21.3.33	Shrimp paste	Ticals							
21.3.34	Fish/ shrimp sauce	Ticals							
21.3.35	Ngapiyae	Ticals							
21.3.36	Nagpikaung/ Salted fish	Ticals							
21.3.37	Other fish products	Ticals							

	Specify								
21.3.38	Ar Bye Gyauk	Ticals							
21.3.39	Dried Prawn powder	Ticals							
Roots and tubers									
21.4.1	Sweet potatoes	Ticals							
21.4.2	Potatoes	Ticals							
21.4.3	Yams	Ticals							
21.4.4	Radish (small, medium, large)	Bundle							
21.4.5	Taro	Ticals							
21.4.6	Other roots/ tubers (Specify	Ticals							
21.4.7	Arrow shoot	Ticals							
21.4.8	Pemyit	Ticals							
21.4.9	Palm shoot	Ticals							
21.4.10	Palawpenan	Ticals							
21.4.11	No ko	Number							
Vegetables									
21.5.1	Gourd	Ticals							
21.5.2	Pumpkin	Ticals							
21.5.3	Ash pumpkin	Ticals							
21.5.4	Brinjal/ Egg plant	Ticals							
21.5.5	Tomato	Ticals							
21.5.6	Cabbage	Ticals							
21.5.7	Cauliflower	Number							
21.5.8	Chayote	Number							
21.5.9	Water leaf (small, medium, large)	Bundles							
21.5.10	Roselle leaf (small, medium, large)	Bundles							
21.5.11	Horseradish leaf (small, medium, large)	Bundles							
21.5.12	Radish leaf (small, medium, large)	Bundles							
21.5.13	Pumpkin leaf (small, medium, large)	Bundles							
21.5.14	Cucumber	Number							
21.5.15	Horseradish	Number							
21.5.16	Bean/ Long bean (small, medium, large)	Bundle							
21.5.17	Bamboo shoots	Ticals							
21.5.18	Bean sprouts	Ticals							
21.5.19	Carrots	Ticals							
21.5.20	Lettuce	Number							
21.5.21	Fresh chilly	Ticals							
21.5.22	Lime	Number							
21.5.23	Other	Ticals							

	Vegetables (specify _____)								
21.5.24	Mustard leaf (small, medium, large)	Bundles							
21.5.25	Kinmoon (small, medium, large)	Bundles							
21.5.26	Subok (small, medium, large)	Bundles							
21.5.27	Gourd leaf (small, medium, large)	Bundles							
21.5.28	Fresh pepper/sweet pepper	Ticals							
21.5.29	Cat tongue	Number							
21.5.30	Kha We	Number							
21.5.31	Citrics	Number							
Fruits									
21.6.1	Banana	Number							
21.6.2	Papaya	Number							
21.6.3	Guava	Number							
21.6.4	Grapefruit	Number							
21.6.5	Watermelon	Number							
21.6.6	Rambutan Kyetmouk	Number							
21.6.7	Pineapples	Number							
21.6.8	Mangoes	Number							
21.6.9	Custard Apple	Number							
21.6.10	Mangosteens	Number							
21.6.11	Durian	Number							
21.6.12	Apple	Number							
21.6.13	Pear	Number							
21.6.14	Other fruits (Specify)	Ticals/n umber							
21.6.15	Pomelo	Number							
21.6.16	Oranges	Number							
21.6.17	Sunkist	Number							
21.6.18	Jackfruit	Number							
21.6.19	Strawberry	Ticals							
21.6.20	Plums	Ticals							
21.6.21	Grapes	Ticals							
Spices and condiments									
21.7.1	Dried chilies	Ticals							
21.7.2	Chili powder	Ticals							
21.7.3	Lemon grass	Number							
21.7.4	Onions	Ticals							
21.7.5	Garlic	Ticals							
21.7.6	Turmeric powder	Ticals							
21.7.7	Ginger	Ticals							
21.7.8	Salt	Ticals							
21.7.9	Seasoning powder	Ticals							
21.7.10	Other spices	Ticals							

	and condiment (Specify: _____)								
21.7.11	Black pepper	Ticals							
21.7.12	Cloves	Ticals							
21.7.13	Mustard seeds	Ticals							
21.7.14	Marsala	Packet							
Other food products									
21.8.1	Dried rice noodle	Ticals							
21.8.2	Dried wheat noodle	Ticals							
21.8.3	Rice vermicelli	Ticals							
21.8.4	Bread	Number							
21.8.5	Cake	Number							
21.8.6	Biscuits	Packet							
21.8.7	Pone Ye Gyi	Packet							
21.8.8	Bean curd (white)	Number							
21.8.9	Tofu	Number							
21.8.10	Soy bean paste	Ticals							
21.8.11	Vermicelli (bean)	Ticals							
21.8.12	Bean curd (brown)	Number							

Unit	Code	Small	Medium/Normal	Large
Tical	1	NA	NA	NA
Number	2	NA	NA	NA
Bundles	3	3.1	3.2	3.3
Packet	4	4.1	4.2	4.3
Mug	5	5.1	5.2	5.3
Bottle	6	6.1	6.2	6.4
Plate	7	7.1	7.2	7.5
Bowl	8	8.1	8.2	8.6
Cup	9	9.1	9.2	9.7
Gram	10	NA	NA	NA
Tin	11	NA	NA	NA
Pyi	12	NA	NA	NA
Other Specify	96	96.1	96.2	96.3

Section 22: Other Food consumption expenditures in the last 7 days

Description of items			Consumption		Purchase in cash		Acquire Received in kind		Home production	
Code	Item	Unit	Alternative unit	During the last 7 days, ...		During the last 7 days, ...		During the last 7 days, ...		
				Did any member of your household consume [ITEM]?	What was the total quantity of [ITEM] consumed by all household members?	How much of the amount of [ITEM] consumed during the last 7 days came from purchases?	How much did the household spend on the amount consumed during the last 7 days that came from purchases?	How much of the amount of [ITEM] consumed during the last 7 days came from gifts, payments in kind or other sources?	How much of the amount of [ITEM] consumed during the last 7 days came home production?	
				Yes ... 1	members ?	If 'none', write '0'.>>		If 'none', write '0'.	If 'none', write '0'.	
				No..... 2						
				>> Next item						
				a	Quantity b (b=c+e+f)	Quantity c	Value in Kyat d	Quantity e	Quantity f	
Alcoholic beverages consumed at home or outside of home										
22.1.1	Beer	Bottle								
22.1.2	Toddy/nipa palm alcohol	Bottle								
22.1.3	Local liquors/alcohol	Pac								
22.1.4	Imported liquors/alcohol	Pac								
22.1.5	Rice wine (Khaung Ye)	Bottle								
Food and beverages taken outside home										
22.2.1	Fried rice	Plate								
22.2.2	Fried bean curd (Tofu)	Number								
22.2.3	Fried vermicelli	Plate								
22.2.4	Nan with boiled bean	Number								
22.2.5	Butter spread nan/bread	Number								
22.2.6	Palata (parala - an Indian pancake)	Number								
22.2.7	Ekyarkway	Number								
22.2.8	Samosa	Number								
22.2.9	Mohingar/ Nhyat noodle	Bowl								
22.2.10	Rice based traditional snacks	Number								
22.2.11	Pauksi (Chinese steamed bun with stuffing)	Number								
22.2.12	Rice noodle/vermic	Bowl								

	elli salad/soup								
22.2.13	Wheat noodle salad/soup	Bowl							
22.2.14	Fried noodle/ Cutkyikite	Plate							
22.2.15	Shan noodle/ Mie Shay	Bowl							
22.2.16	Hot Tofu	Bowl							
22.2.17	Fried snack (gourd/pulses etc.)	Number							
22.2.18	Other food taken outside home (Specify	Ticals							
22.2.19	Brewed tea/coffee taken outside	Cup							
22.2.20	Soft drinks and/or juices taken outside home	Bot/Cup							
22.2.21	Bottled water taken outside home	1 Lit Bot							
22.2.22	Other drinks taken outside home (Specify)	1 Lit Bot							

Section 23: Food consumption expenditures in the last 30 days

Description of items			Consumption		Purchase in cash		Acquire Received in kind		Home production
Code	Item	UNIT	During the last 30 days, ...		During the last 30 days, ...				
			Did any member of your household consume [ITEM]?	What was the total quantity of [ITEM] consumed by all household members?	How much of the amount of [ITEM] consumed during the last 30 days came from purchases?	How much did the household spend on the amount consumed during the last 7 days that came from purchases?	How much of the amount of [ITEM] consumed during the last 30 days came from gifts, payments in kind or other sources?		How much of the amount of [ITEM] consumed during the last 30 days came home production?
			Yes ... 1 No..... 2 >> Next item		?	?			If 'none', write '0'.
			a	Quantity b (b=c+e+f)	Quantity c	Value in Kyat d	Quantity e		Quantity f
Rice and cereals									
23.1.1	Rice (Ngasein)	Pyi							
23.1.2	Rice (Emata)	Pyi							

23.1.3	Rice (Medone)	Pyi							
23.1.4	Rice (Nga kywe)	Pyi							
23.1.5	Kaukhnyin (Sticky Rice)	Pyi							
23.1.6	Maize seeds (dry)	Tin							
23.1.7	Flour Rice	Ticals							
23.1.8	Flour Wheat	Ticals							
23.1.9	Other cereals (Specify...)	Ticals							
23.1.10	Other rice (local variety)	Pyi							
23.1.11	Sorghum	Tin							
23.1.12	Millet	Tin							
23.1.13	Wheat	Tin							
Oil and Fats									
23.2.1	Groundnut oil	Ticals							
23.2.2	Sesame oil	Ticals							
23.2.3	Palm oil	Ticals							
23.2.4	Mustard oil	Ticals							
23.2.5	Sunflower oil	Ticals							
23.2.6	Ghee	Ticals							
23.2.7	Other cooking oil and fat (Specify	Ticals							
23.2.8	Pork fat	Ticals							
23.2.9	Rice bran oil	Ticals							
23.2.10	Margarine	Gram							
Milk products									
23.3.1	Butter	Ticals							
23.3.2	Milk powder	Packet							
23.3.3	Branded condensed milk	Tin							
23.3.4	Domestic condensed milk	Ticals							
23.3.5	Formula milk for infants	Tin/Pkt							
Other food items									
23.4.1	Green tea leaves	Ticals							
23.4.2	Coffee (grinded or beans)	Packet							
23.4.4	Sugar	Ticals							
23.4.4	Palm jaggery	Ticals							
23.4.5	Cane jaggery	Ticals							
23.4.6	Pickled tea	Ticals							
23.4.7	Betel leaves	Ticals							
23.4.8	Betel nuts	Ticals							
23.4.9	Coffee mix or tea mix	Packet							
23.4.10	Cereal mix	Packet							
23.4.11	Ovaltine, horlick, etc.	Bot./ Pkt.							

23.4.12	Non-dairy creamer	Packet							
23.4.13	Potato chips	Packet							
23.4.14	Other 1 (Specify.....)	Ticals							
23.4.15	Other 2 (Specify.....)	Ticals							
23.4.16	Other 3 (Specify.....)	Ticals							

[Interviewer read]

I would now like to ask you some questions about the non-food items acquired by any member of your household for household consumption. This includes purchases made in cash or in kind, as well as items acquired as gifts, payments or wages. As before, in household consumption, we do not include items and quantities acquired for (farm or non-farm) business activities.

Section 24: Non-Food consumption expenditures in the last 30 days

Description of items		Acquire		
		Yes/ No	Purchase in cash	Received in kind
Code	Item	During the last 30 days, did any member of your household spend money on or receive in kind [ITEM] for household consumption ? Yes 1 No 2 >> Next item	How much did members of your household spend in cash in total on [ITEM] for household consumption during the last 30 days? If 'none', write '0'. If refused '97'	In addition to purchases in cash, what was the value of [ITEM] that your household received in kind for household consumption during the last 30 days? If 'none', write '0'. If refused '97'
		a	Value in Kyat b	Value in Kyat c
	Energy for household use			
24.1.1	Firewood			
24.1.2	Charcoal			
24.1.3	Kerosene			
24.1.4	Diesel			
24.1.5	Gas (propane or other gases)			
24.1.6	Public electricity			
24.1.7	Electricity from private source			
24.1.8	Candles			
24.1.9	Battery charging			
24.1.10	Other energy sources (specify _____)			
	Water			

24.2.1	Drinking water			
24.2.2	Water for other use (cooking, washing)			
	Personal apparel			
24.3.1	Thanakha (solid)			
24.3.2	Thanakha (ready-made)			
24.3.3	Tooth paste			
24.3.4	Personal soap			
24.3.5	Cleaning materials and laundry supply			
24.3.6	Shampoo			
24.3.7	Haircut, hair dressing, beauty parlor services			
24.3.8	Other expenditures for personal care			
	Medicines/drugs (Including traditional medicine)			
24.4.1	Traditional medicines			
24.4.2	Medicines obtained with voucher (prescription from doctor or other health professional)			
24.4.3	Other medicines/drugs (cold remedies, vitamins, etc.)			
24.4.4	Other health care non-durables (bandages, birth spacing methods, etc.)			
	Local transport (daily travel excluding that for health and education)			
24.5.1	Local bus/ boat/ trawlargee daily travel			
24.5.2	Inter-city bus/ boat/ trawlargee (for same-day travel)			
24.5.3	Taxi/ boat (for same-day travel)			
24.5.4	Trishaw/ horse cart/ boat/ trawlargee/ motor cycle (for same-day travel)			
24.5.5	Motor vehicle permanent rental for family use			
24.5.6	Petrol/Diesel for family cars			
24.5.7	Maintenance and repairs for transportation vehicles (car, bicycle)			
24.5.8	Other daily transportation costs			
	Other non-food items			
24.6.1	Telephone line services (including rental and repairs fees from other)			
24.6.2	Mobile phone services (including rental and repairs fees from other)			
24.6.3	Computer services (including rental and repairs fees from other)			
24.6.4	Internet/e-mail services			
24.6.5	Satellite services			
24.6.6	Newspapers or journal or magazines or non-text books (purchased or rent)			
24.6.7	Garbage disposal services			

24.6.8	Postal services			
24.6.9	Cinema, video house, video tape (purchased or rent)			
24.6.10	Cigarettes, cigars			
24.6.11	Cheroot			
24.6.12	Betel quid			
24.6.13	Sporting activities			
24.6.14	Other entertainments			
24.6.15	Lottery expense (any)			
24.6.16	Gambling			
24.6.17	Other 1 (specify _____)			
24.6.18	Other 2 (specify _____)			
24.6.19	Other 3 (specify _____)			

Section 25: Non-Food consumption expenditures in 6 months

Description of items		Yes/ No	Acquir Purchase in cash	Received in kind
Code	Item	Between Myanmar New year and Lighting Festival 2017 (6 months), did any member of your household spend money on or receive in kind [ITEM] for household consumption? Yes 1 No 2 >> Next item	How much did members of your household spend in cash in total on [ITEM] for household consumption during that 6 month period? If 'none', write '0'. If refused '97'	In addition to purchases in cash, what was the value of [ITEM] that your household received in kind for household consumption during that 6 month period? If 'none', write '0'. If refused '97'
		a	Value in Kyat b	Value in Kyat c
	Clothing and other apparel			
25.1.1	Various types of readymade clothing (e.g. shirts, sport shirt, men/women longyi, pants, underwear (excluding school uniforms))			
25.1.2	Shoes, slippers			

25.1.3	Cloth, fabric and materials (excluding for school uniforms)			
25.1.4	Tailoring including clothing repairs (excluding for school uniforms)			
25.1.5	School uniforms			
25.1.6	Umbrella			
25.1.7	Gold jewelry, gems and precious stones			
25.1.8	Watch			
25.1.9	Other clothing and apparel (Specify ___)			
Home equipment				
25.2.1	Blankets, linen, bedclothes, curtains, table clothes			
25.2.2	Crockery, pots, pans, glasses, dishes			
25.2.3	Mosquito nets			
25.2.4	Insecticides/ products that kill mosquitoes			
25.2.5	Mattress, sleeping mats			
25.2.6	Household equipment repairs			
25.2.7	Other home equipment (Specify _____)			
House rent and repair				
25.3.1	Do you own or are you purchasing this residence, is it provided to you by an employer, do you use it for free, or do you rent this residence	Own 1 Being purchased 2 Employer provides 3 Free, authorized 4 Free, not authorized 5 Rented 6 Other (Specify) 96 Don't know/No response/Not applicable 99	1 ► 25.3.2 2 ► 25.3.2 3 ► 25.3.5 4 ► 25.3.5 5 ► 25.3.5 6 ► 25.3.11 96 ► 25.3.5 99 ► 25.4.1	<input type="checkbox"/>
25.3.2	If you are, paying a mortgage or repaying a loan for the house how much are you paying per month?			<input type="checkbox"/>
25.3.3	If you sold this dwelling today, how much would you receive for it?	Kyat Don't know/No response 99		<input type="checkbox"/>
25.3.4	How many years ago was this dwelling built? (How old is it?)	Years Don't know 99		<input type="checkbox"/>
25.3.5	If you rented out this dwelling today, how much rent would you receive/pay?	Kyat Don't know 99		<input type="checkbox"/>
25.3.6	Time period [day, week, month, year] for renting	Day 1 Week 2 Month 3 Year 4 Don't know/No response/Not applicable 99		<input type="checkbox"/>

25.3.7	Bamboo material for house repair/additions			<input type="text"/>
25.3.8	Non-bamboo for house repair/additions			<input type="text"/>
25.3.9	House additions excluding bamboo material (e.g. new room)			<input type="text"/>
25.3.10	Other house repairs (Specify _____)			<input type="text"/> ▶ 25.4.1
25.3.11	How much do you pay to rent this dwelling? Both rent and fees	Kyat		<input type="text"/>
25.3.12	Time period [day, week, month, year] for renting	Day 1 Week 2 Month 3 Year 4 Don't know/No response/Not applicable 99		<input type="text"/>
Health (Including traditional medicine)				
25.4.1	Personal health/accident insurance			
25.4.2	In patient stay/long-term care in public hospital (include all costs)			
25.4.3	In patient stay/long-term care in private clinic (include all costs)			
25.4.4	Out-patient care at public hospital/health center/clinic			
25.4.5	Out-patient care at private hospital/health center/clinic			
25.4.6	Home visit by doctor or other health professional			
25.4.7	Dental care			
25.4.8	Care from traditional healer			
25.4.9	Medical devices (eye glasses, hearing aids, etc.)			
25.4.10	Other health care (excluding medicines, vaccinations)			
25.4.11	Health related transportation cost			
Education (including pre-school and adult education)				
25.5.1	School (including training) transportation costs			
25.5.2	School (including training) fees (admission and monthly fees)			
25.5.3	Contributions to the school			
25.5.4	Text books			
25.5.5	School stationeries (school bags, exercise books, pencils/pen, erasers, etc.)			
25.5.6	Private tutoring			
25.5.7	Boarding			
25.5.8	Other education costs (e.g. student festival activities)			
25.5.9	Other education costs (Exam fees)			

	Travel/trips (Overnight travel excluding health and education)			
25.6.1	Long distance bus/ship travel			
25.6.2	Railway fare (for overnight travel)			
25.6.3	Plane fare			
25.6.4	Lodging and meal expenses (during travel)			
25.6.5	Other travelling expenses in overnight travel			
	Other			
25.7.1	Household worker services e.g. maid, carpenter, electrician, plumber, etc.			
25.7.2	Other 1 (specify _____)			
25.7.3	Other 2 (specify _____)			
25.7.4	Other 3 (specify _____)			

Section 26: Value of Assets

[Interviewer read]

We have already asked you about ownership of household assets, now I want to ask you about the value of your assets.

	Product	Yes = 1 No = 2	Number of Units for each item	Age of item	Price if sold	Items bought in the last 12 months	Amount paid for all items bought in the last 12 months
		If 2 go to next item	How many [ITEMS] do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM AVERAGE AGE Don't know 99 Interviewer flag: If less than one year, record 0.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE ITEM AVERAGE VALUE Don't know 99	Did you purchase or pay for any of these [ITEM]s in the last 12 months Yes = 1 No = 2 If 2 go to next item	How much did you pay for all these [ITEM]s all together (total) in the last 12 months? Don't know 99
		26.1	26.2 NUMBER OF ITEMS	26.3 NUMBER OF YEARS	26.4 KYAT	26.5	26.6 KYAT
1	Bicycle						
2	Motorcycle						
3	Trishaw						
4	Trawlarjee						
5	Car						
6	Truck						

7	Bed (wooden or steel)						
8	Mattress						
9	Stove (gas or electric)						
10	Fuel efficient wood stove						
11	Chair						
12	Table						
13	Gold/ Jewelry						
14	Radio/cassette						
15	TV / satellite dish						
16	DVD player						
17	Sewing machine						
18	Cell phone						
19	Watch						
20	Solar panel						
21	Boat without motor						
22	Boat with motor						
23	Fishing net						
24	Fish/aquaculture pond						
25	Household savings						
26	Other Buildings besides House						
27	Land						
28	Household Appliances e.g. Kettle, etc.						
29	Generators						
30	Cattle						
31	Horses						
32	Goats and/or sheep						
33	Buffalo						
34	Pigs						
35	Chickens						
36	Ducks						
37	Ploughs/tillage equipment for use with draught animals						
38	Power tiller						
39	Tractor						
40	Power thresher						
41	Backpack sprayer						
42	Improved crop storage bin or silo						
43	Tarpaulin or seed drying net						
44	Irrigation pump						
45	Animal drawn cart						

46	Trailer (drawn by vehicle)						
47	Seeder						

END OF THE EXPENDITURE MODULE