

SUSTAINABLE NUTRITIONAL IMPROVEMENT

BASELINE SURVEY: PART 1

JANUARY 2003: ZAMBÉZIA PROVINCE

A. HOUSEHOLD IDENTIFICATION AND STATEMENT OF AGREEMENT

A01	DISTRICT		
A02	LOCALITY		
A03	VILLAGE		
A04	HOUSEHOLD (HH) NUMBER		
A05	NAME OF THE HEAD OF THE HH	0	1
A06	STATUS OF HEAD OF THE HH	1- MAN 2- WOMAN WITH THE SUPPORT OF A NON-RESIDENT MAN 3- WOMAN WITHOUT THE SUPPORT OF A MAN	

LISTING INFORMATION

	NUMBER OF RESIDENT PEOPLE			
A07	ACCESS TO A LOW ZONE?	0- NO	1- YES	FARMER'S GROUP NAME: _____
A08	MEMBER OF A FARMER GROUP?	0- NO	1- YES	
A09	SIGNED THE AGREEMENT STATEMENT?	0- NO	1- YES	

leave a copy of the statement with the participant

If the person has refused to participate, then register the reason and close the interview: _____

A10	INTERVIEWEE'S NAME #1		
A11	INTERVIEWEE'S NAME #2		
A12	ENUMERATOR'S NAME		

QUALITY CONTROL

A13	DATE OF THE 1ST INTERVIEW	DAY	MONTH	YEAR						
A14	TIME OF THE INTERVIEW	START:	:	:						
A15		END:	:	:						
A16	NAME OF THE SUPERVISOR	_____								
A17	CALL-BACK	0- NO 1- YES								

DESCRIBE THE PROBLEMS ENCOUNTERED:

A18	DATE FOR THE SECOND INTERVIEW	DAY	MONTH	YEAR					

LAST APPROVAL _____

A19	DATE FOR THE FIRST DATA ENTRY	DAY	MONTH	YEAR					

A20	NAME OF 1ST DIGITIZER	
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A21	DATE FOR THE SECOND DATA ENTRY	DAY	MONTH	YEAR					

A22	NAME OF 2ND DIGITIZER	
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D. NUTRITIONAL AND FEEDING PRACTICES, KNOWLEDGE AND BEHAVIOUR, CONT

FEMALE CAREGIVER FOR THE REFERENCE CHILD:

D27 INTERVIEWEE NAME'S _____ ID:

2. Feeding practices

D28 Is it good to feed your baby with the first breast milk (colostrum)? 0- No 1- Yes D29 Why? _____
8- Doesn't know

D30 Is it good to give water and other liquids, besides breast milk during the first 4 months of life? 0- No 1- Yes D31 Why? _____
8- Doesn't know

D32 *If Yes:* At what age do you start giving them liquids besides breastmilk? **[Should be less than 4 months!]** Months Days
D33 *If Not:* At what age should you start other liquids besides breast milk? **[Should be more than 4 months!]** Months Days

D34 At what age should you start feeding your child complementary foods? Months Days

D35 At what age should they start eating the family food? Months

D36 How many times a day does a crawling baby eat complementary food? 88- Doesn't know

D37 And how many times a day does a 2 year old baby (not breast feeding) eat?

D38 Do you usually prepare porridge for (name of reference child)? 0- No 1- Yes

D39 What were the foods used in the last porridge that you prepared (For those foods used, mark 1- Yes and if not used mark 0- No. Do not read the possible answers!!)

Cassava	Maize	Sorghum	Rice	Egg	WHITE fleshed	YELLOW fleshed	ORANGE fleshed	Fruit	Peanuts	Coconut milk	Veget. oil	Cashew nut	Beans	Sugar	Sweet potato leaves	Another Darkgreen leaf	Another kind of milk (powdered, cow, condensed, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other foods, specify: _____

D40 Why does a child become very thin like this? (show photograph) [88- Does not know] _____

D41 Why does a child become swollen like this? (Show photograph) [88- Does not know] _____

D. NUTRITIONAL AND FEEDING PRACTICES, KNOWLEDGE AND BEHAVIOUR, CONT

DIST: LOC: ALD: AF: p. 7

D42 If the mother is sick, is her breastmilk good or bad for her child? 0- Bad 1- Good 8- Doesn't know

D43 Why? _____

D44 While the mother is pregnant, is her breastmilk good or bad for the child? 0- Bad 1- Good 8- Doesn't know

D45 Why? _____

D46 If the milk has stayed for some time in the breast, is it good or bad for the child? 0- Bad 1- Good 8- Doesn't know

D47 Why? _____

D48 Who do you ask for advice regarding your child's diet? 0- No 1-Yes Self Husband Mother Grand mother aunt mother-in-law sister/ sister-in-law Father/ uncle Health Center Friend Traditional Healer Health Volunteer Other, Specify:

D49 Who do you ask for advice when your child falls ill? 0- No 1-Yes Self Husband Mother Grand mother aunt mother-in-law sister/ sister-in-law Father/ uncle Health Center Friend Traditional Healer Health Volunteer Other, Specify:

3. Diarrhea treatment - practices: D50 Has the reference child ever suffered from diarrhea? 0- No 1-Yes If Yes: we want to know about the last time the child had diarrhea.

(Read the listed options)	What quantity of liquids did you give your child during the last time he/she suffered from diarrhea?	During this time that he/she suffered from diarrhea how often did you give him/her breastmilk?	What quantity of liquids did you give your child on those first 2 weeks after finishing the diarrhea?	What quantity of food did you give your child on those first 2 weeks after finishing the diarrhea?
	D51	D52	D53	D54
1- The same as usual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2- More than usual				
3- Less than usual				
4- Did not give any				
5- Does not remember				

Do your own diagnosis of the reference child! Beware as the interviewee can not see it!

D55 Does the child have any signs of malnutrition? 0- None 1- Some 2- A lot

D56 If Yes: Swollen stomach? 0- No 1-Yes

D57 Another swollen body part? 0- No 1-Yes

D58 Hair and skin discolouration? 0- No 1-Yes

D59 Looking apathetic, without energy? 0- No 1-Yes

D60 Skin peeling and sores in the skin? 0- No 1-Yes

D61 Very thin body (skin and bones) with a loss of skin elasticity (like an old person)? 0- No 1-Yes

E. FREQUENCY OF INTAKE OF VITAMIN A RICH FOODS

DIST: LOC: ALD: AF: p. 8

REFERENCE CHILD

E01 Name: _____ ID:

E02 Are you breastfeeding the child? 0- No 1- Yes

E03 IF YES: Did you breastfeed >5 times yesterday during the day? 0- No 1- Yes

E04 Did you breastfeed during the night? 0- No 1- Yes

E05 IF NOT: How old was the child when he/she stopped breastfeeding? years:
[88- Does not know] Months:

E06 Has the child ever had measles? 0- No 1- Yes 8- Does not know

E07 IF YES: How old was he/she? Years:
[88- Doesn't know] Months:

E08 How often does this child eat a day (including snacks)? [88- Doesn't know]

E09 How often does this child eats on his/her own plate? [88- Doesn't know]

E10 Do you think your child is growing up well and is healthy? 0- No 1- Yes
[88- Doesn't know]

Frequency of food intake

In the last 7 days how many days did the child eat (*name of food*) ?

If we are on Tuesday, than you want to know about the frequency from last Tuesday until today.

Explain the interviewee that you want the number of **days** and not **times**. So if the mother has given cassava twice last Thursday, it only counts as 1 day.

Num.	NAME OF FOOD	NUMBER OF DAYS THAT THE FOOD WAS CONSUMED	
E11		E12	
1	Cassava	<input type="text"/>	<input type="text"/>
2	Whole chillies	<input type="text"/>	<input type="text"/>
3	Dark green leaves (every kind)	<input type="text"/>	<input type="text"/>
4	Cow's milk, condensed and powdered milk	<input type="text"/>	<input type="text"/>
5	Carrot	<input type="text"/>	<input type="text"/>
6	Ripe mango	<input type="text"/>	<input type="text"/>
7	Pumpkin	<input type="text"/>	<input type="text"/>
8	Cowpea leaves	<input type="text"/>	<input type="text"/>
9	Ripe papaya	<input type="text"/>	<input type="text"/>
10	Millet/sorghum/maize flour	<input type="text"/>	<input type="text"/>
11	Rice	<input type="text"/>	<input type="text"/>

Num.	NAME OF FOOD	NUMBER OF DAYS THAT THE FOOD WAS CONSUMED	
E11		E12	
12	Pumpkin/cucumber seeds	<input type="text"/>	<input type="text"/>
13	White-flesh sweet potato	<input type="text"/>	<input type="text"/>
14	Small fish (with the liver)	<input type="text"/>	<input type="text"/>
15	Peanut	<input type="text"/>	<input type="text"/>
16	Orange-flesh sweet potato	<input type="text"/>	<input type="text"/>
17	Chicken	<input type="text"/>	<input type="text"/>
18	Pumpkin leaves	<input type="text"/>	<input type="text"/>
19	Liver of any animal	<input type="text"/>	<input type="text"/>
20	Sweet potato leaves	<input type="text"/>	<input type="text"/>
21	Meat from cow/pig/sheep/rabbit/rat	<input type="text"/>	<input type="text"/>
22	Butter	<input type="text"/>	<input type="text"/>
23	Beans (every kind)	<input type="text"/>	<input type="text"/>
24	Wheat	<input type="text"/>	<input type="text"/>
25	Cod liver oil	<input type="text"/>	<input type="text"/>
26	Food cooked in vegetable oil	<input type="text"/>	<input type="text"/>
27	Cassava leaves	<input type="text"/>	<input type="text"/>
28	Vegetable oil	<input type="text"/>	<input type="text"/>
29	Vit A fortified margarine	<input type="text"/>	<input type="text"/>
30	Shrimp/crab	<input type="text"/>	<input type="text"/>
31	Coconut milk	<input type="text"/>	<input type="text"/>
32	Yellow fleshed sweet potato	<input type="text"/>	<input type="text"/>

E13 Has the child at least once received a Vit A capsule? 0- No 1- Yes 8- Does not know

E14 If yes: When was the last time he/she received it?
[88/88/88 Received- does not remember] / /
[99/99/99 Never received]

E15 Where was the capsule administered? Place: 1- Mobile health unit 2- Health center 3- Other

E16 Location?: _____

F. 24 HOUR RECALL

Now lets talk about what was eaten yesterday by the members of your household?

Which meals were eaten by the members of your household?

F01 Breakfast 0-No 1-Yes
F03 Lunch 0-No 1-Yes
F05 Dinner 0-No 1-Yes

F02 Number of HH members absent:
F04 Number of HH members absent:
F06 Number of HH members absent:

<p>BREAKFAST</p> <p>(and all foods consumed during the morning)</p> <p>7. What dishe(s) did your HH eat yesterday morning? <i>List all the dishes consumed yesterday for breakfast and during the rest of the morning</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:15%;">M01</td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:15%;">M04</td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr> <tr><td>M02</td><td></td><td></td><td></td><td></td><td></td><td>M05</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>M03</td><td></td><td></td><td></td><td></td><td></td><td>M06</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>8. 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F. CONSUMO FAMILIAR DO DIA ANTERIOR

DIST: LOC: ALD: AF: p. 10

DINNER											
(and all foods consumed during the course of the evening)											
13. What dishes did your HH eat at dinner yesterday?											
<i>List all the dishes (e.g. stiff porridge) eaten yesterday at lunch and during the course of the evening</i>											
J01			J04			J07					
J02			J05			J08					
J03			J06			J09					
14. What ingredients were in the dish _____ ?											
<i>List all the ingredients in the above mentioned dishes</i>											
J11			J17			J23					
J12			J18			J24					
J13			J19			J25					
J14			J20			J26					
J15			J21			J27					
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J32			J48			J54					
J33			J49			J55					
J44			J50			J56					
J45			J51			J57					
J46			J52			J58					

CÓDIGOS DE CONSUMO

CEREAIS

101 FARINHA DE MILHO
102 FARINHA DE TRIGO
103 FARINHA DE ARROZ
104 FARINHA DE MAPIRA
111 MILHO SECO (em grão)
113 ARROZ SECO
114 MAPIRA SECA
115 MEXOEIRA
121 MAÇAROCA
124 MAPIRA FRESCA
131 FARELO DE MILHO
151 PÃO
152 MASSA
190 OUTROS CEREAIS

TUBÉRCULOS

201 MANDIOCA SECA
202 FARINHA DE MANDIOCA
203 MANDIOCA FRESCA
211 BATATA DOCE - POLPA BRANCA
212 BATATA DOCE - POLPA AMARELA
213 BATATA DOCE - POLPA ALARANJADA
221 BATATA RENO
230 INHAME (TARO)
290 OUTROS TUBÉRCULOS

FEIJÕES

301 FEIJÃO NHEMBA, SECO
302 FEIJÃO MANTEIGA, SECO
303 FEIJÃO BOER, SECO
304 FEIJÃO OLOCO, SECO
309 OUTRO FEIJÃO, SECO
311 FEIJÃO NHEMBA, FRESCO
312 FEIJÃO MANTEIGA, FRESCO
313 FEIJÃO BOER, FRESCO
319 OUTRO FEIJÃO, FRESCO
321 ERVILHA, SECA
322 FAVA, SECA
329 OUTRA LEGUMINOSA, SECA
331 ERVILHA, FRESCA
332 FAVA, FRESCA
339 OUTRA LEGUMINOSA, FRESCA

AMÊNDOAS E SEMENTES

401 AMENDOIM SECO
402 AMENDOIM FRESCO
403 GERGELIM
404 GIRASSOL
405 CASTANHA DE CAJU
411 SEMENTES DE ABÓBORA
412 SEMENTES DE PEPINO
490 OUTRAS AMÊNDOAS OU SEMENTES

PRODUTOS ANIMAIS

501 PEIXE SECO
502 PEIXE FRESCO
503 PEIXE EMLATADO
504 CAMARÃO FRESCO
505 CAMARÃO SECO
506 CARANGUEJO
507 LULAS FRESCAS
508 LULAS SECAS
509 OUTROS MARISCOS
521 GALINHA
522 PASSARINHO
523 POMBO
524 PATO
525 OUTRAS AVES
531 CARNE DE BOVINO
532 CARNE DE SUINO
533 CARNE DE CAPRINO
534 CARNE DE CAÇA
539 OUTRAS CARNES
541 RATO/RATAZANA
542 MACACO
543 COELHO
544 SAPO
549 OUTROS ANIMAIS DO MATO
551 GAFANHOTO
552 CARACOL
553 OUTROS INSECTOS
561 OVOS

PRODUTOS ANIMAIS (CONT)

571 LEITE FRESCO
572 LEITE EM PÓ
573 LEITE CONDENSADO
574 IOGURT
575 QUEIJO
579 OUTROS PRODUTOS LACTICII

VEGETAIS

601 COUVE
602 ALFACE
603 REPOLHO
604 FOLHA DE ABÓBORA
605 FOLHA DE MANDIOCA
606 FOLHA DE FEIJÃO
607 FOLHA DE BATATA DOCE
608 FOLHA DE AMARANTES
609 OUTRA S FOLHAS
611 ABÓBORA
612 PEPINO
613 PIRI PIRI
614 PIMENTO
615 CENOURA
616 TOMATE
621 CEBOLA
622 ALHO
623 COGUMELO
624 QUIABO
625 BERINGELA
629 OUTRO VEGETAL

FRUTAS (OU SUMO DE FRUTA)

701 BANANA
702 PAPAIA
703 MANGA
704 LARANJA
705 TANGERINA
706 TORANJA
707 LIMÃO
708 ANANAS
709 ABACATE
710 ATA

FRUTAS (CONT)

711 MAÇÃ
712 MARACUJÁ
713 GOIABA
714 MELANCIA
715 MAÇANICA
716 FRUTO DE CAJÚ
717 COCO/LEITE DE COCO
718 LANHO
719 FRUTOS SILVESTRES
720 OUTRAS FRUTAS

OUTROS PRODUTOS

801 AÇÚCAR
802 CANA DE AÇUCAR
803 REBUÇADO
804 MEL
805 JAM
811 BOLACHA
812 BOLO
821 ÓLEO
822 MANTEIGA
831 CERVEJA EM GARRAFA OU LATA
832 VINHO EM GARRAFA
833 REFRESCO EM GARRAFA
834 AGUARDENTE
835 BEBIDA DE CANA
836 BEBIDA DE CAJÚ
837 BEBIDA DE FARELO
838 SURA (COQUEIRO)
839 OUTRA BEBIDA ALCOÓLICA (TRADICIONAL)
849 OUTRO REFRESCO
850 SUMO DE BATATA DOCE
851 CAFÉ
852 CHÁ
861 SAL

PRATOS

901 CHIMA
902 CARIL
903 MUCUANE
904 MUCUANE COM FEIJÃO
905 MANDIOCA COM FEIJÃO
906 CHÁ COM AÇÚCAR
907 PAPAS

D. NUTRITIONAL AND FEEDING PRACTICES, KNOWLEDGE AND BEHAVIOUR

DIST: LOC: ALD: AF:

MALE CAREGIVER FOR THE REFERENCE CHILD:

D01 INTERVIEWEE'S NAME _____ ID:

1. Knowledge about Vitamin A:

D02 Have you heard of Vitamin A? _____ 0- No 1- Yes

If D02= 0 skip to next page. Otherwise fill the rest of this page.

D03 Where can vitamin A be found? _____
 1- Completely incorrect answer
 2- Partially correct answer
 3- Completely correct answer
 8- Does not know

Why is Vitamin A important for us? _____

D04 _____ Mentioned that it protects our body 0- No 1-Yes 8- Does not know
 D05 _____ Mentioned that it protects our eyes 0- No 1-Yes 8- Does not know
 D06 _____ Mentioned another true fact 0- No 1-Yes 8- Does not know

Now I am going to read out a list of different foods. For each one, can you tell me if you think that is a good source of vitamin A.

If you are in doubt or you do not know please tell me.

FOOD		GOOD SOURCE OF VIT A?		FOOD		GOOD SOURCE OF VIT A?		Where did you hear about Vit A?	
		0- No	1- Yes	8- Does not know			0- No	1- Yes	8- Does not know
D07	Coconut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D17	Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Cassava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D18	Pumpkin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D19	Orange/yellow fleshed sweet potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D20	Vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	White fleshed sweet potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D21	Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D22	Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Ripe papaya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D23	Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D24	Sweet potato leaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15	Carrot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D25	Mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16	Small fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
								Radio	0- No 1- Yes <input type="checkbox"/>
								Health unit	0- No 1- Yes <input type="checkbox"/>
								TSNI meetings	0- No 1- Yes <input type="checkbox"/>
								Health volunteer	0- No 1- Yes <input type="checkbox"/>
								Village leader	0- No 1- Yes <input type="checkbox"/>
								Extensionist	0- No 1- Yes <input type="checkbox"/>
								Religious leader	0- No 1- Yes <input type="checkbox"/>
								Friend or relative	0- No 1- Yes <input type="checkbox"/>
								Other, specify: _____	0- No 1- Yes <input type="checkbox"/>

G. AGRICULTURAL PRODUCTION

G01 In 2002, how many fields were cultivated by this HH?

G02 In 2002 did you contract full time or part time workers to help with your agricultural/livestock activities?

0- No 1- Temporary workers 2- Full-time workers 3- Both

Which of the following cultures were produced or sold by your HH during the year 2002?

FOOD CULTURES?		
Crop Culture	Did your HH PRODUCE this crop culture in 2002?	Did your HH SELL this crop culture in 2002?
	0- No 1- Yes	0- No 1- Yes
G03	G04	G05
01- Maize	<input type="text"/>	<input type="text"/>
02- Rice	<input type="text"/>	<input type="text"/>
03- Sorghum	<input type="text"/>	<input type="text"/>
04- Cassava	<input type="text"/>	<input type="text"/>
05- Sweet potato	<input type="text"/>	<input type="text"/>
06- Beans	<input type="text"/>	<input type="text"/>
07- Peanut	<input type="text"/>	<input type="text"/>

G06 Which of the FOOD CULTURES was the most productive during the year 2002 ?
(Use the codes found in the table on the left)

If the most productive was Not cassava or sweet potato, then fill the following:

G07 Quantity WITH HUSK , G09 WITHOUT HUSK or in GRAIN ,

G08 Unit of measure G10 Unit of measure

G11 Which of the FOOD CULTURES was the second most productive during the year 2002 ?
(Use the codes found in the table on the left)

If the second most productive was Not cassava or sweet potato, then fill the following:

G12 Quantity WITH HUSK , G14 WITHOUT HUSK or in GRAIN ,

G13 Unit of measure G15 Unit of measure

OTHER CULTURES			How many are still productive? <i>(only for cultures 18 and 19)</i>
other culture	Did your HH PRODUCE this crop culture in 2002?	Did your HH SELL this crop culture in 2002?	
		0- No 1- Yes	0- No 1- Yes
G16	G17	G18	G19
11-Tobacco	<input type="text"/>	<input type="text"/>	<input type="text"/>
12- Paprika	<input type="text"/>	<input type="text"/>	
13- Chillies	<input type="text"/>	<input type="text"/>	
14- Pineapple	<input type="text"/>	<input type="text"/>	
15- Sunflower	<input type="text"/>	<input type="text"/>	
16- Sesame	<input type="text"/>	<input type="text"/>	
17- Sugar cane	<input type="text"/>	<input type="text"/>	
18- Cashew nut	<input type="text"/>	<input type="text"/>	
19- Coconut	<input type="text"/>	<input type="text"/>	

G20 Which of the OTHER CULTURES gave you the most monetary profit during the year 2002?
 99- Not applicable (no sales) *(Use the codes found in the table on the left)*

What quantity of this culture was produced by your HH?

G21 Quantity WITH HUSK , G23 WITHOUT HUSK or in GRAIN ,

G22 Unit of measure G24 Unit of measure

If the answer is coconut and the sold product is dried coconut:

G25 COPRA ,

G26 Unit of measure

UNIT OF MEASURE		
01- KG	02- UNIT	21- 25L CAN
11- 100 KG BAG (EQUIVALENT IN MAIZE)		22- 20L CAN
12- 90 KG BAG (EQUIVALENT IN MAIZE)		23- 10L CAN
13- 70 KGS BAG (EQUIVALENT IN MAIZE)		24- 5L CAN
14- 60 KG BAG (EQUIVALENT IN MAIZE)		25- 1L CAN
15- 50 KG BAG (EQUIVALENT IN MAIZE)		
16- 25 KG BAG (EQUIVALENT IN MAIZE)		

H. SWEET POTATO PRODUCTION AND SALE

DIST: LOC: ALD: AF: p. 14

H01 Did you grow sweet potato during the last year (2002)? 0- No 1- Yes

H02 Who often harvests it?

Name: _____ ID number:

Interview the person that usually harvests it!

H03 During the whole of last year, did you buy sweet potato vines? 0- No 1- Yes

H04 If yes, how much did you spend in TOTAL (thousands)?

H05 Did you receive any vines through groups, associations or extensionists? ... 0- No 1- Yes

H06 Were you offered vines from a friend or relative? 0- No 1- Yes

H07 Were you given vines from an emergency organization? 0- No 1- Yes

We want to estimate your sweet potato production since January 2002

- a) In which months did your HH harvest the **largest** quantities? *Mark a 2 in the table*
 b) In which months did your HH **did not** harvest sweet potato? *Mark 0 in the table*
 c) In which months did your HH harvest the **smallest** quantities? *Mark 1 in the table*

H08	H09	H10	H11	H12	H13	H14	H15	H16	H17	H18	H19
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H20 Estimate the quantity that you usually harvested during the **most** productive months
 Quantity
 Unit of measure
 H21
 H22 Period 1- Per week 2- Per month

H23 Estimate the quantity that you usually harvested during the **least** productive months
 Quantity
 Unit of measure
 H24
 H25 Period: 1- Per week 2- Per month

H26 How many different varieties of yellow fleshed sweet potato do you have (show the colour)?

H27 How many different varieties of orange fleshed sweet potato do you have (show the colour)?

If the HH is growing any variety of orange and yellow fleshed sweet potato, then:

H28 What portion of your last year's total production of sweet potato consisted of the orange and yellow- fleshed varieties?

 1- Very small 2- Less than a quarter 3- Between a quarter and a half
 4- Half 5- More than half 6- Almost all of it 7- All of it

H29 Did you sell any sweet potato since January 2002?? 0- No 1- Yes

If Not, jump to the next page

H30 Who is the person that usually sells it?
 Name: _____ ID number:

H31 What was the Total volume of fresh sweet potato that was sold?

H32 Unit of measure:

H33 How much did you sell it for per unit of measure? (CONTOS)

H34 What was the Total volume of dried sweet potato that was sold?

H35 Unit of measure:

H36 How much did you sell it for per unit of measure? (CONTOS)

H37 What was the revenue for ALL the sweet potato sold? (CONTOS)

H38 To whom did you sell the largest quantity?

- | | |
|--|------------------------------|
| 01- Neighbour | 06- Clients from the market |
| 02- Local shop | 07- Company/wholesale dealer |
| 03- Travelling salesman within the district | 08- NGO (i.e. World Vision) |
| 04- Travelling salesman outside the district | 09- School/ hospital |
| 05- Association/ cooperative | 10- Other, specify: _____ |

UNIT OF MEASURE:	
01- KG	02- Unit
11- 100 KG BAG (EQUIVALENT IN MAIZE)	
12- 90 KG BAG (EQUIVALENT IN MAIZE)	
13- 70 KGS BAG (EQUIVALENT IN MAIZE)	
14- 60 KG BAG (EQUIVALENT IN MAIZE)	
15- 50 KG BAG (EQUIVALENT IN MAIZE)	
16- 25 KG BAG (EQUIVALENT IN MAIZE)	
21- 25L CAN	
22- 20L CAN	
23- 10L CAN	
24- 5L CAN	
25- 1L CAN	

I. THE ROLE OF SWEET POTATO AND ASSOCIATIONISM

This section does not only apply to the year 2002 but also to the previous years

Have you or anyone in your family:

- 101 Eaten sweet pottao leaves? 0- No 1- Yes
- 102 Prepared sweet potato porridge? 0- No 1- Yes
- 103 Prepared sweet potato flour? 0- No 1- Yes
- 104 Fed sweet potato to domestic animals? 0- No 1- Yes
- 105 Fed sweet potato leave to domestic animals? 0- No 1- Yes
- 106 Stored fresh sweet potato after harvest? 0- No 1- Yes
- 107 *If Yes: What was the maximum possible storage period?*
Number of WEEKS DAYS
- 108 Have you ever sliced the sweet potato and then dried it? 0- No 1- Yes
- 109 *If Yes: What was the maximum possible storage period?*
Number of WEEKS DAYS
- 110 In this HH when do you often eat the sweet potato:
For breakfast, lunch, dinner, or another meal?
 1- Breakfast
2- Lunch or dinner
3- Between meals
4- It varies

Use the listing to previously check if anyone in the HH is a member of a farmer group

- 111 Is anyone in your HH a member of a farmer group, a health group or of any kind of association? 0- No 1- Yes

If Yes: Fill the table below for the most active members of the HH

- | | MEMBER #1 | MEMBER #2 |
|---|---|---|
| 112 ID no: | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 113 Name of the group: | <input type="text"/> | <input type="text"/> |
| 114 How many years have you been a member? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 115 Is the group active? | <input type="checkbox"/> | 0- No 1-Yes <input type="checkbox"/> |
| 116 Is the group growing any crops? | <input type="checkbox"/> | 0- No 1-Yes <input type="checkbox"/> |
| 117 Is the group involved in commercialization? | <input type="checkbox"/> | 0- No 1-Yes <input type="checkbox"/> |
| 118 Is the group involved in health activities? | <input type="checkbox"/> | 0- No 1-Yes <input type="checkbox"/> |
| 119 Is the group working with extensionists? | <input type="checkbox"/> | 0- No 1-Yes <input type="checkbox"/> |
| <i>If Yes:</i> | | |
| 120 Type of extensionist: | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1- World Vision- Agriculture | |
| | 2- World Vision - Health | |
| | 3- Government | |
| | 4- Another NGO | |

J. CASSAVA PRODUCTION AND SALE

J01 Did you grow cassava during the last year (2002)? 0- No 1- Yes

J02 Who harvests it most often?
Name: _____ ID number:

Interview the person that usually harvests it!

J03 Was your cassava culture attacked by disease that rots the roots (brown streak)? 0- No 1- Yes

J04 *If Yes:* What was the degree of severity? 1- Low 2- Medium 3- High

We want to estimate your cassava production since January 2002

- a) In which months did your HH harvest the largest quantities? *Mark a 2 in the table*
- b) In which months did your HH **not** harvest cassava? *Mark 0 in the table*
- c) In which months did your HH harvest the smallest quantities? *Mark 1 in the table*

J05	J06	J07	J08	J09	J10	J11	J12	J13	J14	J15	J16
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimate the quantity that you usually harvested during the **most** productive months

J17 State: 1- Fresh 2- Dried
 J18 Quantity ,
 J19 Unit of measure
 J20 Period 1- Per week 2- Per month

Estimate the quantity that you usually harvested during the **least** productive months

J21 State: 1- Fresh 2- Dried
 J22 Quantity ,
 J23 Unit of measure
 J24 Period 1- Per week 2- Per month

J25 Did you sell any sweet potato since January 2002? 0- No 1- Yes

If No: Skip to the next page

J26 Who is the person that usually sells it?
Name: _____ ID number:

J27 What was the Total volume of fresh cassava that was sold?
 ,
 J28 Unit of measure:

J29 How much did you sell it for per unit of measure? (CONTOS) ,

J30 What was the Total volume of dried cassava that was sold?
 ,
 J31 Unit of measure:

J32 How much did you sell it for per unit of measure? (CONTOS) ,

J33 What was the revenue for ALL the cassava sold? (CONTOS) ,

J34 To whom did you sell the largest quantity?
 01- Neighbour 06- Clients from the market
 02- Local shop 07- Company/wholesale dealer
 03- Travelling salesman within district 08- NGO (i.e. World Vision)
 04- Travelling salesman outside district 09- School/ hospital
 05- Association/ cooperative 10- Other, specify: _____

UNIT OF MEASURE:	
01- KG	02- Unit
11- 100 KG BAG (EQUIVALENT IN MAIZE)	
12- 90 KG BAG (EQUIVALENT IN MAIZE)	
13- 70 KGS BAG (EQUIVALENT IN MAIZE)	
14- 60 KG BAG (EQUIVALENT IN MAIZE)	
15- 50 KG BAG (EQUIVALENT IN MAIZE)	
16- 25 KG BAG (EQUIVALENT IN MAIZE)	
21- 25L CAN	
22- 20L CAN	
23- 10L CAN	
24- 5L CAN	
25- 1L CAN	

K. HORTICULTURAL AND FRUITS

Which of the following horticultural crops did your HH grow or sell during all of the year 2002?

Horticulturals	Did your HH GROW this culture during the year 2002?	Did your HH SELL this culture during the year 2002?
	0- No 1- Yes	0- No 1- Yes
K01	K02	K03
31- Onion		
32- Kale		
33- Watermelon		
34- Cucumber		
35- Tomato		
36- Pumpkin		
37- Okra		
38- Carrot		
39- Cabbage		
40- Lettuce		

K04 Which of the horticultural crops was the most productive in 2002 ?
(Use the codes found in the table on the left)

K05 Quantity ,

K06 Unit of measure

UNIDADE DE MEDIDA:

01- KG	02- UNIT	21- 25L CAN
11- 100 KG BAG (EQUIVALENT IN MAIZE)		22- 20L CAN
12- 90 KG BAG (EQUIVALENT IN MAIZE)		23- 10L CAN
13- 70 KGS BAG (EQUIVALENT IN MAIZE)		24- 5L CAN
14- 60 KG BAG (EQUIVALENT IN MAIZE)		25- 1L CAN
15- 50 KG BAG (EQUIVALENT IN MAIZE)		
16- 25 KG BAG (EQUIVALENT IN MAIZE)		

Which of the following horticultural crops did your HH grow or sell during 2002?

FRUITS	How many of this type of TREE does your HH poses?	Did your HH PRODUCE this crop culture in 2002?	Did your HH SELL this crop culture in 2002?
	0- No 1- Yes	0- No 1- Yes	0- No 1- Yes
K07	K08	K09	K10
51- Avocado			
52- Banana			
53- Guava			
54- Orange			
55- Lemon			
56- Mango			
57- Passion fruit			
58- Maçanica			
59- Papaya			
60- Tangerine			

L. EXPENDITURE AND REMITTANCES

Did anyone in your HH buy the following product during the year 2002?

Bought product	0- No	1- Yes
L01	L02	
1- Maize or maize flour		
2- Rice		
3- Cassava		
4- Peanut		
5- Sweet potato		
6- Vegetable oil		
7- Sugar		
8- Liver		
9- Cow/chicken/pig/goat meat		
10- Dried or fresh fish		
11- Egg		
12- Soap		
13- Soft drink		

L03 During the year 2002 did anyone in this HH RECEIVE some money, food or other goods from someone outside the HH?

0-No 1- Yes

L04 During the year 2002 did anyone in this HH SEND some money to someone else outside th HH?

0-No 1- Yes

L05 During the year 2002 did anyone in this HH SEND some food or other goods to someone else outside the HH?

0-No 1- Yes

M. PROPERTIES AND HABITATION

DIST: LOC: ALD: AF: p. 18

How many of the following goods still functioning do you have? How many of the following instruments for production do you have?

- M01 Radios
- M02 Bicycles
- M03 Sewing machine
- M04 Watch
- M05 Cassette player
- M06 Wooden bed
- M07 Metal or wooden table
- M08 Foam mattress
- M09 Straw mattress
- M10 Oil lamp
- M11 Portable lantern
- M12 Wooden trunk
- M13 Motorcycle
- M14 Car

- M15 Pulverizer
- M16 Bucket
- M17 Watering-can
- M18 Mortar
- M19 Another agro-processing machine
- M20 Barn outside the house
- M21 Transporting equipment
- M22 Hoe
- M23 Axe
- M24 Cutlass
- M25 Shovel
- M26 Rake
- M27 Pruning-knife
- M28 Flat file
- M29 Motobomba

M30 Do you have a latrine? 0-No 1- Yes

Description of the main house	
M31	Approximate width (metres) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M32	Approximate length (metres) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M33	Ceiling material 1- Thatch 2- Palm tree leaves 3- Zinc plate 4- roof-tile 5- Other <input type="text"/>
M34	Walls 1- Sticks and mud 2- Raw clay 3- Cooked clay 4- Brick or cement 5- Cane/coconut 5- Zinc plate 6- Other <input type="text"/>
M35	Windows 1- Does not have 2- Open space 3- Coverd with cane/palm fronds/ thatch mat 4- Wood 5- Glass 6- Net <input type="text"/>
M36	Floor 1- Soil 2- Cement <input type="text"/>
M37	General condition 1- Poor 2- Fair 3- Good <input type="text"/>

N. SOURCE OF DRINKING WATER

- N01 What is your main source of drinking water during the rainy season?
- N03 What is your main source of drinking water during the dry season?

- N02 How far from your house is your source of water in the rainy season?
- N04 How far from your house is your source of water in the dry season?

- 1- Piped-water
- 2- Public drinking fountain
- 3- Improved well
- 4- Non-improved well
- 5- Running water (River)
- 6- Non-running water (lake, stagnant water)
- 7- Rainy water

- 1- Very near
- 2- Less than 12 minutes/1km
- 3- 12-36 minutes/1-3 kms
- 4- 48-60 minutes/4-5 kms
- 5- 72-120 minutes/6-10 kms
- 6- More than 2 hours/> 10 kms

O. LIVESTOCK AND FISHERY

Animal	How many do you have?	Did you sell in the year 2002? 0- No 1- Yes
O01	O02	O03
Cattle		
Goats		
Sheep		
Pigs		
Chickens		
Rabbits		
Ducks		
Geese/turkeys		

Type of fish	Fished or produced in the year 2002? 0- No 1- Yes	Did you sell in the year 2002? 0- No 1- Yes
O04	O05	O06
Fresh fish		
Dried fish		
Prawns		
Crabs		
Lobster		
Other:		

P. ORDERING THE ECONOMIC ACTIVITIES BY THOSE GENERATING THE MOST CASH INCOME FOR THE HH.

We would like to ask you some questions about those economic activities generating some cash income

Start by putting zeros on those activities that were not practiced by the HH. Then ask about the most important activity, then the second and so on.

Activity number	Economic activities	Fill with a ZERO if the HH did not get and cash income with the activity
P01	P02	P03
1	Sale of the agriculture products (Section G)	
2	Horticultural crops and fruit sales (Section K)	
3	Cashewnut/coconut sales (Section G)	
4	Annual cropculture sales (Section G)	
5	Animal sales (Section O)	
6	Fish sales (Section O)	
7	Paid work (Section B)	
8	Self-employed activity outside of agriculture (Section B)	
9	Received remittances (Section L)	

You have already mentioned that you got some cash income from the following activities:
.....
Among these:
Which one generated the highest cash income?
Fill with 1
Which one generated the second highest cash income?
Fill with 2
... continue until the least practiced economic activity