

QUESTIONNAIRE NUMBER

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## IMPACT SURVEY QUESTIONNAIRE

**CONSENT.** Hello. My name is \_\_\_\_\_. We are conducting a survey with IFAD and the Ministry of \_\_\_\_\_. This survey will help us in planning and monitoring the impact of project activities. Your participation is voluntary. You can choose not to answer any questions, and you can stop the interview at any time. All of your responses will be confidential. Would you like to ask me anything else about the survey? Do you agree to participate in this survey?

Respondent **agrees** to interview       Respondent **does not agree** to interview  → **END**

**NEXT PAGE**

→ **END**

## QUESTIONNAIRE IDENTIFICATION

INTERVIEWER: \_\_\_\_\_

CLUSTER

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INTERVIEWER: \_\_\_\_\_

HOUSEHOLD NO

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SUPERVISOR: \_\_\_\_\_

DATE

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## SECTION 1: HOUSEHOLD DEMOGRAPHICS

Please tell me the first name of each person who usually lives here, starting with the Head of the Household.  
List adult members of the household first, then list children.

No.	<u>FIRST NAME:</u>	<u>SEX:</u> Male = 1 Female = 2		<u>AGE</u> How old was (name) on his/her last birthday?	<u>LITERACY</u> Can he/she read a newspaper or letter? EASILY (1); WITH DIFFICULTY (2); NOT AT ALL (3); OR DON'T KNOW (9)			
	NAME	M	F	AGE	EASY	DIFF	CAN'T READ	DK
01	_____ <i>(Head of Household)</i>	1	2		1	2	3	9
02	_____	1	2		1	2	3	9
03	_____	1	2		1	2	3	9
04	_____	1	2		1	2	3	9
05	_____	1	2		1	2	3	9
06	_____	1	2		1	2	3	9
07	_____	1	2		1	2	3	9
08	_____	1	2		1	2	3	9
09	_____	1	2		1	2	3	9
10	_____	1	2		1	2	3	9
11	_____	1	2		1	2	3	9
12	_____	1	2		1	2	3	9

## SECTION 2: SURVEY QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO		
1.a.	<u>Type of Housing</u> What is the main material of the dwelling <u>floor</u> ?	<u>NATURAL FLOOR</u> EARTH/SAND..... 1 DUNG ..... 2  <u>RUDIMENTARY FLOOR</u> WOOD PLANKS ..... 3 PALM/BAMBOO..... 4  <u>FINISHED FLOOR</u> POLISHED WOOD..... 5 VINYL OR ASPHALT STRIPS..... 6 CERAMIC TILES..... 7 CEMENT..... 8 CARPET..... 9  OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>			
1.b.	What is the <u>number of sleeping rooms</u> in the dwelling?	NUMBER OF SLEEPING ROOMS <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
2.	<u>Drinking Water Supply.</u> What is the main source of <u>drinking water</u> for members of your household?	PIPED INTO HOUSE..... 1 PIPED INTO YARD OR PLOT..... 2 PUBLIC TAP..... 3 TUBEWELL/BOREHOLE WITH PUMP... 4 PROTECTED DUG WELL..... 5 PROTECTED SPRING..... 6 RAINWATER COLLECTION..... 7 BOTTLED WATER..... 8 UNPROTECTED DUG WELL ..... 9 UNPROTECTED SPRING ..... 10 POND, RIVER OR STREAM..... 11 TANKER-TRUCK, VENDOR ..... 12 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>			
3.a.	<u>Sanitation.</u> What kind of <u>toilet facility</u> does your household use?	NO FACILITY/ BUSH/ FIELD..... 1 OPEN PIT/TRADITIONAL PIT LATRINE 2 IMPROVED PIT LATRINE (VIP)..... 3 POUR FLUSH LATRINE..... 4 FLUSH TOILET ..... 5 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	→ Q.4.a		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO																		
3.b.	Is this toilet facility located within your dwelling, or yard or compound?	YES .....	1																			
		NO .....	2																			
4.a.	<p><b>Food Security.</b></p> <p>In the past 12 months, did your household experience a hungry season?</p> <p><i>[The hungry season means the number of months a household does not have enough food because their own stores are depleted and they do not have money to buy food.]</i></p>	YES .....	1																			
		NO .....	2	→ Q.5.																		
4.b.	During what month did the hungry season begin?	<u>MONTH THAT HUNGRY SEASON BEGAN</u> .....	<input type="text"/>																			
4.c.	During what month did the hungry season end?	<u>MONTH THAT HUNGRY SEASON ENDED</u> .....	<input type="text"/>																			
4.d.	In the past 12 months, did your household experience a second hungry season?	YES .....	1																			
		NO .....	2	→ Q.5.																		
4.e.	During what month did the second hungry season begin?	<u>MONTH THAT SECOND HUNGRY SEASON BEGAN</u> .....	<input type="text"/>																			
4.f.	During what month did the second hungry season end?	<u>MONTH THAT SECOND HUNGRY SEASON ENDED</u> .....	<input type="text"/>																			
5.	<p><b>Other Asset-Related Questions.</b></p> <p>Does your household have...?</p> <p><i>Read each item aloud and record the response before proceeding to the next item.</i></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>[LOCAL ADAPTATION IF NEEDED]...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	[LOCAL ADAPTATION IF NEEDED]...	1	2		
	YES	NO																				
ELECTRICITY.....	1	2																				
RADIO.....	1	2																				
TELEVISION.....	1	2																				
REFRIGERATOR.....	1	2																				
[LOCAL ADAPTATION IF NEEDED]...	1	2																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO															
6.	Does any member of your household own...?  <i>Read each item aloud and record response before proceeding to the next item.</i>		<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE OR SCOOTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR OR TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>[LOCAL ADAPTATION IF NEEDED]...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE OR SCOOTER.....	1	2	CAR OR TRUCK.....	1	2	[LOCAL ADAPTATION IF NEEDED]...	1	2	
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BICYCLE.....	1	2																	
MOTORCYCLE OR SCOOTER.....	1	2																	
CAR OR TRUCK.....	1	2																	
[LOCAL ADAPTATION IF NEEDED]...	1	2																	
7.	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... LPG/NATURAL GAS ..... BIOGAS ..... KEROSENE ..... COAL/LIGNITE..... CHARCOAL ..... FIREWOOD/STRAW ..... DUNG ..... OTHER _____ (SPECIFY)	1 2 3 4 5 6 7 8 96																
8.a.	Are you or any members of your household involved in cultivating any farmland?	YES ..... NO .....	1 2 → Q.9																
8.b.	What does your household use to cultivate most of your farmland?	HAND TOOL (HOE/SPADE)..... ANIMAL-DRAWN PLOW..... TRACTOR-DRAWN PLOW..... POWER TILLER..... [LOCAL ADAPTATION IF NEEDED]..... OTHER _____ (SPECIFY)	1 2 3 4 5 96																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
		YES	NO	
9.	Does any member of your household own any livestock?  <i>Read each item aloud and record response before proceeding to the next item.</i>	CHICKENS OR OTHER POULTRY .....  SHEEP.....  GOATS .....  CATTLE.....  [LOCAL ADAPTATION]  OTHER.....	1      2  1      2  1      2  1      2  1      2  1      2	<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"/>

SECTION 3 - ANTHROPOMETRY							
ID	First Name of Child:	Sex:		Date of Birth: Day/Month/Year	Age in Months: (0-59)	Height: (Centimetres)	Weight: (Kilograms)
		M	F				
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>
		1	2	___/___/___	<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"/>

NOTES OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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THIS IS THE END OF THE SURVEY.  
 THANK YOU VERY MUCH FOR YOUR CO-OPERATION.