

Agro-biodiversity Assessment and Dietary Diversity Characterization.

**WOMEN AND CHILD DIETARY DIVERSITY - HOUSEHOLD FOOD SECURITY QUESTIONNAIRE**

INF.ID.1) Name interviewer			area(Lowland)
INF.ID.2) Date interview (dd/mm/yyyy)			2. household identifier (Sequential number)
INF.ID.3) Section			3. Latitude ( at least 7 digits)
INF.ID.4) Traditional Authority			4. Longitude (at least 7 digits)
INF.ID.5) Village			5. Altitude (in meters)
INF.ID.6) Name of supervisor			6. Supervisor control date
INF.ID.7) Agro-ecological zone		1. Top of mountain (Highland) 2. Plateau (midland)/ 3. Catchment	

7. Name of persons interviewed: \_\_\_\_\_
8. Age (in years): \_\_\_\_\_
9. Relation with household head (encircle) : **1**= Wife; **2**=child; **3**=Sister; **4**= Niece/cousin; **5**=grandchild; **6**=Domestic worker; **66**=others (indicate explicitly)
10. Child name: \_\_\_\_\_
11. Child sex: **1** = male; **2** = female \_\_\_\_\_
12. Child age (in months): \_\_\_\_\_
13. Circle 1 if child is between 6 and 23 months and 0 if otherwise. **1**=6-23 months; **0**=Otherwise

The questionnaire will be performed with one woman per household. First ask if there is a woman present in the household that has a child between 6 and 59 months old; if yes, perform the interview with her. If there is no woman available in the household with a child between 6 and 59 months, perform the interview with the woman that usually takes care of the food preparation in the household.

In case there are more women with children between 6 and 59 months living in the household, select one of them randomly to participate in the study. Proceed identically if more than one child of the selected woman is eligible to participate in the study.

In **SECTION 1** of the questionnaire, a 24h recall is performed with the mother/woman interviewed about the foods she consumed the day before the interview, subsequently she will also respond in place of her child for a 24h recall about the foods consumed by the child. If there is no eligible child in the household, the interviewer directly goes to section 3 of the questionnaire.

The 24h recall will be performed in 4 steps :

**Step 1: Record a list of foods consumed the preceding day** (from 0h till 24h). Fill in column (b). One can also fill in column (a) if the mother/woman already mentions the exact time when the foods were consumed

**Step 2: Revise the list together with the mother/woman and probe for foods often forgotten**, such as foods consumed in between major meals ;

**Step 3: Collect details about the listed foods;** ask for more information about the time of consumption of the foods and also about the different ingredients of composed/mixed dishes. For each single food or ingredient, ask for the source of the food/ingredient. Fill in columns (c), (d), (e) and (f) for each food/ingredient.

**Step 4: Perform a final check on all foods listed and ask again if no foods or ingredients were forgotten.** If something was omitted, add the foods/ingredients with all details to the table and fill in columns (c), (d), (e) and (f).

**(a) ; (c): Time of the day/ hour of meal :** write down the time when the food was consumed

**(b) ; (d): Name of food or dish:** write down the name of the dish or food as consumed

**(e) : Ingredients :** write down all ingredients of composed/mixed dishes (one per line) and fill in column (f) for each ingredient cited

**(f) : Source of foods or ingredients:** use codes (1 till 7) : **1 = Own production; 2 = Bought from market or neighbours; 3 = Borrowed, 4= Gift/aid from relatives, 5 = Collection/harvest from the wild; 6= Food aid (Governmental, NGOs); 7 = Others (specify)**

The interviewer will use the results from the focus group discussions (FGDs) to help (via probing questions) the participating women recall all necessary details about ingredients used during food preparation, including the use of wild plants and spices, aromatic plants, etc.

**SECTION I :WOMAN AND CHILD DIETARY DIVERSITY**

**MOTHER/WOMAN**

1. Ask the mother/woman to recall all the foods she consumed the day preceding the interview, from the time she woke up in the morning till when she went to bed in the evening, including beverages and small foods consumed as snacks in between the major meals.

*Write in column (b) every food and dish the mother/woman consumed the preceding day.*

WOM.1) Time of the day/ hour of meal (a)	WOM.2) Dish or food consumed (b)

2. Check (chronologically) together with the mother/woman all the foods she just mentioned and verify if she did not forget anything else. If this is the case, add the omitted foods in the table above.

**MOTHER/WOMAN**

3. For every dish or food mentioned in the table above, ask the mother to indicate the time of consumption (hour), the ingredients used for preparing the mixed dishes and the source of the single foods or ingredients used for preparing the mixed dishes.

*Use the table below for describing all the details about the mother’s food consumption*

WOM.3) Time of consumption (hour) (c)	WOM.4) Name of the food or dish (d)	WOM.5) Ingredients (e)	WOM.6) Source of foods or ingredients (f)

Source : 1 = Own production; 2 = bought; 3 = borrowed, 4=Gifts, 5 = harvest/picked from the wild; 6= Food Aid (Government, NGOs); 7 = Others (specify)

WOM.3) Time of consumption (hour) (c)	WOM.4) Name of the food or dish (d)	WOM.5) Ingredients (e)	WOM.6) Source of foods or ingredients (f)

Source : 1 = Own production; 2 = bought; 3 = borrowed, 4= Gifts, 5 = harvest/picked from the wild; 6= Food Aid (Government, NGOs); 7 = Others (specify)

4. Proceed with a final check. Oversee with the mother all the information she gave and ask again if she did not forget anything, especially probe if she did not consume foods in between meals. If the mother/woman mentions other foods, add them to the list and ask for all details as in the above table. *The supervisor to fill in the food groups based on the information recorded above.*

### Individual Dietary Diversity (Woman of reproductive Age Group 15-49 years)

Question number	Food group	Examples	YES=1: NO=0
1	CEREALS	Corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products) + insert local foods e.g.ugali, nshima, porridge or paste	
2	WHITE ROOTS AND TUBERS	White potatoes, white yam, white cassava, or other foods made from roots	
3	VITAMIN A RICH VEGETABLES AND TUBERS	Pumpkin, carrot, squash, or sweet potato that are orange inside + other locally available vitamin A rich vegetables (e.g.red sweet pepper)	
4	DARK GREEN, LEAFY VEGETABLES	Dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as amaranth, cassava leaves, kale, spinach	
5	OTHER VEGETABLES	Other vegetables (e.g. tomato, onion, eggplant) + other locally available vegetables	
6	VITAMIN A RICH FRUITS	Ripe mango, cantaloupe, apricot (fresh or dried), ripe papaya, dried peach, and 100% fruit juice made from these + other locally fruit juice made from these + other locally available vitamin A rich fruits	
7	OTHER FRUITS	Other fruits, including wild fruits and 100% fruit juice made from these	
8	ORGAN MEAT	Liver, kidney, heart or other organ meats or blood-based foods	
9	FLESH MEATS	Beef, pork, lamb, goat, rabbit, game, chicken, duck, other birds, insects	
10	EGGS	Eggs from chicken, duck, guinea fowl or any other egg	
11	FISH AND SEAFOOD	Fresh or dried fish or shellfish	
12	LEGUMES, NUTS AND SEEDS	Dried beans, dried peas, lentils, groundnuts, seeds or foods made from these (eg. hummus, peanut butter)	
13	MILK AND MILK PRODUCTS	Milk, cheese, yogurt or other milk products	
14	OILS AND FATS	Oil, fats or butter added to food or used for cooking	
15	SWEETS	Sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies and cakes	
16	SPICES, CONDIMENTS, BEVERAGES	Spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages	
	Individual level	Did you eat anything (meal or snack) OUTSIDE the home yesterday?	

**CHILD**

Once the recall for the mother is completed, explain the mother that you are now going to perform the same exercise, but concerning the foods her child ate yesterday. Follow the same steps as for the recall of the mother.

**1. Ask the mother to recall/cite all the foods the child (mention name of child) ate the preceding day from the time the child woke up in the morning till it went to bed in the evening, including beverages and snacks consumed in between the major meals.**

*Mention in column (b) every food and dishes the child consumed.*

CHIL.1) Time of the day/ hour of meal (a)	CHIL.2) Dish or food consumed (b)

**2. Check with the mother, the list of foods she recalled being consumed by her child the preceding day, verify if she did not forget to mention anything, foods the child (mention child's name) consumed during the preceding day, but she forgot to mention. If she remembers other foods being consumed by the child the preceding day, add them in the table above. You can also ask older children (4 to 5 years) if they did not consume any foods outside the home.**

CHILD

3. For each food or dish mentioned in the table above, ask the mother to indicate the time of consumption, the ingredients used in the preparation of mixed dishes and the source of the single foods or ingredients used to prepare mixed dishes.

Use the table below to describe all the details about the consumption of the child.

CHIL.3) Time of consumption (hour) (c)	CHIL.4) Name of the food or dish (d)	CHIL.5) Ingredients (e)	CHIL.6) Source of foods or ingredients (f)

Source : 1 = Own production; 2 = bought; 3 = borrowed, 4= Gifts, 5 = harvest/picked from the wild; 6= Food Aid (Government, NGOs); 7 = Others (specify)



CHIL.3) Time of consumption (hour) (c)	CHIL.4) Name of the food or dish (d)	CHIL.5) Ingredients (e)	CHIL.6) Source of foods or ingredients (f)

Source : 1 = Own production; 2 = bought; 3 = borrowed, 4= Gifts, 5 = harvest/picked from the wild; 6= Food Aid (Government, NGOs); 7 = Others (specify)

**4. Proceed with a final check. Oversee with the mother all the information she gave for the child and ask again if she did not forget anything, especially probe if the child did not consume foods in between meals. If the mother/woman mentions other foods or ingredients, add the omitted foods/ingredients to the list and ask for all details as in the above table.**

*The supervisor to fill in the food groups based on the information recorded above*

No	Food Items	Code Yes = 1 No = 2
1	Porridge, bread, rice, noodles, or other foods made from grains	
2	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	
3	White potatoes, white yams, manioc, cassava, or any other foods made from roots	
4	Any dark green leafy vegetables	
5	Ripe mangoes, ripe papayas, or ( <b>insert other local vitamin A-rich fruits</b> )	
6	Any other fruits or vegetables	
7	Liver, kidney, heart, or other organ meats	
8	Any meat, such as beef, pork, lamb, goat, chicken, or duck	
109	Eggs	
11	Fresh or dried fish, shellfish, or seafood	
12	Any foods made from beans, peas, lentils, nuts, or seeds	
13	Cheese, yogurt, or other milk products	
14	Any oil, fats, or butter, or foods made with any of these	
15	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	
16	Condiments for flavor, such as chilies, spices, herbs, or fish powder	
17	Grubs, snails, or insects	
18	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	

## SECTION II: INFANT AND YOUNG CHILD FEEDING PRACTICES (IYCF)

**This part concerns only infants and young children between 6 and 23 months old. If the selected child does not belong to this age category, skip this part and go to the next session about household food security.**

**If the selected child is in between 6 to 23 months old, ask the following questions:**

*Cite the child's name when asking questions to the mother. Tick the box corresponding to the right answer in the 'Code' column.*

N°	Questions	Answer options	Code
HHFS.1.   YCF .1	Has (child's name) ever been breastfed?	0. No 1. Yes	0 / _ / 1 / - - /
IYCF.2	Are you still breastfeeding (child's name) ?	0. No 1. Yes	0 / _ / 1 / _ /
HHFS.2.	Was (child's name) breastfed yesterday during the day or at night	0. No 1. Yes	0 / _ / 1 / _ /
HHFS.3.	How many times did (child's name) eat solid or semi-solid foods other than liquids yesterday during the day or night?	Number of times: / _____ / 99. Don't Know / _____ /	

### SECTION III : HOUSEHOLD FOOD SECURITY

*For questions 7 to 9, take the last 12 months preceding the interview as reference period.  
The interviewer makes a choice between the numbers corresponding to the answer of the respondent and ticks the box in the column 'Code'.*

N°	Questions	Answer options	Code																								
HHFS.1.	1.1. Now I would like to ask you about your household's food supply during different months of the year. When responding to these questions, please think back over the last 12 months, from now to the same time last year. Were there months, in the past 12 months, in which you did not have enough food to meet your family's needs?	0. No →→Q4.1 1. Yes 99. Don't know	0 / _ / 1 / _ / 99 / _ /																								
HHFS.2.	<p>If yes, which were the months in the past 12 months during which you did not have enough food to meet your family's needs? THIS INCLUDES ANY KIND OF FOOD FROM ANY SOURCE, SUCH AS OWN PRODUCTION, PURCHASE OR EXCHANGE, FOOD AID, OR BORROWING. DO NOT READ THE LIST OF MONTHS ALOUD. PLACE A 1 IN THE BOX IF THE RESPONDENT IDENTIFIES THAT MONTH AS ONE IN WHICH THE HOUSHOLD DID NOT HAVE ENOUGH FOOD TO MEET THEIR NEEDS. IF THE RESPONDENT DOES NOT IDENTIFY THAT MONTH, PLACE A 0 IN THE BOX.</p> <table border="1"> <thead> <tr> <th>Jan.</th> <th>Feb.</th> <th>March</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug.</th> <th>Sept.</th> <th>Oct.</th> <th>Nov.</th> <th>Dec.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.												
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N°	Questions	Answer options	Code																								
HHFS.3.	Which measures did you take during periods of low food availability or periods of lack of food over the past 12 months? <i>(more than one answer possible)</i>	1. Buying foods 2. Exchange/sale of goods 3. Consumption of seed stocks 4. Borrowing 5. Food Aid/Gift 6. Gathering/hunting from the wild 66. Others (precise) / _____ /	1 / _ / 2 / _ / 3 / _ / 4 / _ / 5 / _ / 6 / _ / 66 / _ /																								
<p><b>READ OR EXPLAIN TO THE MOTHER/WOMAN INTERVIEWED:</b>  <i>"For each of the following questions, think about what happened over the <u>past 4 weeks (30 days)</u>. Please answer if this has "ever" happened yes or no,</i></p> <p>If No, go to the next main question; if yes, answer the sub-question X.2 if this happened « rarely » (only one or two times over the past month), « sometimes » (every now and then during the past month) or "often" (almost every day).</p> <p><u>The questions relate to any member of the household.</u></p>																											

The interviewer makes a choice between the numbers corresponding to the answer of the respondent and ticks the box in the column 'Code'.

N°	Questions	Answer options	Code
HHFS.4.	HHFS.4.1. Over the past 4 weeks, did you or someone else in your household worry that your household would not have enough food ?	0. No →→Q5.1 1. Yes	0 / __ / 1 / __ /
	HHFS.4.2. <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1 / __ / 2 / __ / 3 / __ / 77 / __ /
HHFS.5.	HHFS.5.1. Over the past 4 weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	0. No →→Q6.1 1. Yes	0 / __ / 1 / __ /
	HHFS.5.2. <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1 / __ / 2 / __ / 3 / __ / 77 / __ /
HHFS.6.	HHFS.6.1. Over the past 4 weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	0. No →→Q7.1 1. Yes	0 / __ / 1 / __ /
	HHFS.6.2. <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1 / __ / 2 / __ / 3 / __ / 77 / __ /
HHFS.7.	HHFS.7.1. Over the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	0. No →→Q8.1 1. Yes	0 / __ / 1 / __ /
	HHFS.7.2. <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1 / __ / 2 / __ / 3 / __ / 77 / __ /
HHFS.8.	HHFS.8.1. Over the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food ?	0. No →→Q9.1 1. Yes	0 / __ / 1 / __ /

	<b>HHFS8.2.</b> <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1/__/_ 2/__/_ 3/__/_ 77/__/
<b>HHFS.9.</b>	<b>HHFS.9.1.</b> Over the past 4 weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	0. No →→Q10.1 1. Yes	0/__/_ 1/__/
	<b>HHFS.9.2.</b> <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1/__/_ 2/__/_ 3/__/_ 77/__/
<b>HHFS.10.</b>	<b>HHFS.10.1.</b> Over the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food ?	0. No →→Q11.1 1. Yes	0/__/_ 1/__/
	<b>HHFS.10.2.</b> <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1/__/_ 2/__/_ 3/__/_ 77/__/
<b>HHFS.11.</b>	<b>HHFS.11.1.</b> Over the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	0. No →→Q12.1 1. Yes	0/__/_ 1/__/
	<b>HHFS.11.2.</b> <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1/__/_ 2/__/_ 3/__/_ 77/__/
<b>HHFS.12.</b>	<b>HHFS.12.1.</b> Over the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food ?	0. No 1. Yes	0/__/_ 1/__/
	<b>HHFS.12.2.</b> <i>If yes, "how often did this happen over the past 4 weeks?"</i>	1. Rarely (1-2 times) 2. Sometimes (3 to 10 times) 3. Often (more than 10 times) 77. Not applicable	1/__/_ 2/__/_ 3/__/_ 77/__/

**RISK.1.** Risk attitudes

**RISK.1.1.** How would you describe yourself (**choose only one**)

1. I adopt a new crop, even if nobody else has done it ( )
2. I adopt a new crop, if I have seen others taken before me ( )
3. I never adopt a new crop, even if I have seen others doing ( )

99. Don't know

**RISK.1.2.** Which of the statements below best describes your attitude toward risk (**choose only one**)

- 1. One should be extremely careful about making changes in life. ( )
- 2. Caution is more important than risk-taking in order to be successful. ( )
- 3. Risk-taking is more important than caution in order to be successful. ( )
- 4. You will never achieve anything in life unless you act boldly and take risks. ( )
- 99. Don't know

Thank the mother/woman for her kind participation in the study, her availability and time.

Observations from the interviewer (if any) : \_\_\_\_\_

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