

BI-ANNUAL HOUSEHOLD SURVEY

Client Name: _____ Village: _____ Date: _____

HOUSEHOLD INFRASTRUCTURE

How many household members are there? _____

How many sleeping rooms are there in the household? _____

What is the main source of lighting for the household? 1. Electricity 2. Torch 3. Candle 4. Solar 5. Paraffin

Does the household have enough bed nets for each member? 0. No 1. Yes

Does the household have any of the following:

Washing table: 0. No 1. Yes

Sanitary drying rack: 0. No 1. Yes

Cooking house: 0. No 1. Yes

What is the main drinking water source? 1. Tap 2. Borehole 3. Protected Well 4. Un-protected Well 5. River

Are there any improvements necessary? 0. No 1. Yes

What improvements:

What kind of toilet facility is the household using? 1. Unimproved 2. Improved

Are there any improvements necessary? 0. No 1. Yes

What improvements:

What is the **roofing** material of the house? 1. Grass thatched 2. Iron Sheet

Are there any improvements necessary? 0. No 1. Yes

What improvements:

What is the **flooring** material of the house? 1. Dirt 2. Cement 3. Tile

Are there any improvements necessary? 0. No 1. Yes

What improvements:

What is the **wall** material of the house? 1. Mud 2. Brick w/o concrete 3. Burnt brick w/ concrete

Are there any improvements necessary? 0. No 1. Yes

What improvements:

Are there additional improvements needed to the infrastructure of the house? 0. No 1. Yes

What improvements:

HEALTH

In the past 4 weeks (30 days):

Was there ever no food to eat of any kind in your house because of a lack of resources? 0. No 1. Yes

How often did this happen? 1. Rarely (1-2) 2. Sometimes (3-10) 2. Often (11+)

Did you or anyone household member go to sleep hungry because there was not enough food? 0. No 1. Yes

How often did this happen? 1. Rarely (1-2) 2. Sometimes (3-10) 2. Often (11+)

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

How often did this happen? _____ 1. Rarely (1-2) _____ 2. Sometimes (3-10) _____ 2. Often (11+)

How many members of the household fell sick within the last 2 weeks? _____

How many of these members sought treatment for their illness? _____

INCOME AND WEALTH

Tell us about your income over the **LAST 6 MONTHS**:

Produce Selling: _____ #	Poultry: _____ #	Asset Rental: _____ #
Kiosks: _____ #	Piggery: _____ #	Transport: _____ #
Grocery: _____ #	Apiary: _____ #	Other: _____ #
Food Processing: _____ #		

How many of the following assets do you have?

Cows: _____ #
Goats: _____ #
Chickens: _____ #
Pigs: _____ #
Other: _____ #

Do you own any of the following?

Motorbike: _____ #
Ox plow: _____ #
Bicycle: _____ #
Other: _____ #

Are you servicing a non-Capable loan? _____ 0. No _____ 1. Yes

If yes, how much? _____ #

If yes, for what purpose?

_____ 1. Business _____ 2. Asset purchase _____ 3. School Fees _____ 4. Medical Care _____ 5. Building
_____ 6. Agribusiness _____ 7. Home Improvement _____ 8. Other: _____ _____ 9. N/A

EDUCATION

Is every household member literate? _____ 0. No _____ 1. Yes

If no, how many are **not**? _____

Is every household member numerate? _____ 0. No _____ 1. Yes

If no, how many are **not**? _____