|  |  |  |  |
| --- | --- | --- | --- |
| **Module X: Household Hunger Scale (HHS)** | | | |
| **Question** | | **Response option** | **Code** |
| 1. | In the **past 30 days**, was there ever **no food to eat of any kind** in your house because of lack of resources to get food? | 0 = No *(skip to 2)*  1 = Yes | |\_\_\_| |
| 1.1 | How often did this happen in the past 30 days? | 1 = Rarely (1–2 times)  2 = Sometimes (3–10 times)  3 = Often (more than 10 times) | |\_\_\_| |
| 2. | In the **past 30 days**, did you or any household member go to **sleep at night hungry** because there was not enough food? | 0 = No *(skip to 3)*  1 = Yes | |\_\_\_| |
| 2.1 | How often did this happen in the past 30 days? | 1 = Rarely (1–2 times)  2 = Sometimes (3–10 times)  3 = Often (more than 10 times) | |\_\_\_| |
| 3. | In the **past 30 days**, did you or any household member go **a whole day and night without eating anything** at all because there was not enough food? | 0 = No *(Skip to the next section)*  1 = Yes | |\_\_\_| |
| 3.1 | How often did this happen in the past 30 days? | 1 = Rarely (1–2 times)  2 = Sometimes (3–10 times)  3 = Often (more than 10 times) | |\_\_\_| |