

1. TO BE COMPLETED BY ENUMERATOR
PLEASE COMPLETE BEFORE THE INTERVIEW

1.	_ _ _ Enumerator ID and name			
2.	Date: _ _ / _ _ / 2012 Day Month			
3.	_ _ Province		4.	_ _ District
5.	_ _ Sector		6.	_ _ Cell
7.	_ _ _ Village			
8.	_ _ Household Number			
9.	DO YOU AGREE TO BE INTERVIEWED	0	No (end here)	1 YES PLEASE CHECK THAT HOUSEHOLD HAS THE SIGNED CONSENT FORM BEFORE STARTING THE INTERVIEW
10.	How many women between 15 and 49 years old are in this household?			_ _
11.	How many children <59 months are in this household?			_ _

SECTION 1 – MATERNAL HEALTH AND NUTRITION – ASK THIS MODULE FOR EACH WOMAN BETWEEN 15 AND 49 YEARS OLD

Read: Now I would like to ask you some questions about the women and children in this household.

Please get an overview of how many children aged < 59 months live in the household and their respective mother/care taker.

12.	First name of woman aged 15-49yrs			
13.	Age in Years		_ _ years	
14.	Can you read and write simple messages?	_	0 = None 1 = read only 2 = write only 3 = Both	
15.	What is your level of education?	_	01 = No School 02 = Some Primary 03 = Completed Primary	04 = Vocational School 05 = Completed Secondary 06 = Some / Completed University or College
16.	Have you ever been pregnant?	_	1 = Yes	0 = No → xx
17.	Have you ever given birth?	_	1 = Yes	0 = No → xx
18.	Are you currently pregnant or breastfeeding? ENTER ONLY ONE	_	1 = Pregnant 2 = Breastfeeding 3 = Neither 4 = Both 5 = Don't know	
19.	In the past 2 weeks have you been ill?	_	1 = Yes 0 = No	
20.	Last night, did you sleep under a mosquito net?	_	1 = Yes 0 = No	
21.	When do you wash your hands? DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED	_	1=Before preparing meals 2=After cleaning a child when they go to the toilet 3=Before eating 4=When they are dirty 5=After going to the toilet 6=Never	
22.	After visiting the toilet, what do you use to wash your hands? Only if wash hands after toilet	_	1 = Water only 2 = ash & water 3 = Washing soap & water 4 = Nothing 5 = Other	
23.	Woman's MUAC (in centimeters)		_ _ . _ cm	
24.	Woman's height (in centimeters to one decimal place) Only if W not pregnant		_ _ _ . _ cm	
25.	Woman's weight (in kilograms to one decimal place) Only if W not pregnant		_ _ _ . _ kg	

**SECTION 2 – CHILD HEALTH, NUTRITION AND FEEDING PRACTICES ASK THIS MODULE FOR EACH CHILD <59 MONTHS
IF NO CHILDREN, TERMINATE QUESTIONNAIRE**

Read: Now I would like to ask you some questions about your children (*Continue the interview with the main caregiver for the child*)
Starting with the youngest child, please enter the children's first names and ask the following question for one child at the time:

26.	Are you the mother of [Name]	_	1 = Yes 2 = No, father 3 = No, other close family 4 = No, caregiver 5 = No, other specify_____	
27.	Mothers ID no. (see previous section i.e. 1,2 or 3).	_	8=missing at interview 9 = dead	
28.	First name of child <59 months		
29.	If available Date of Birth from the Medical Card Use format dd/mm/yy	_	_	_ / _
30.	if NOT Birth month	_	(Jan =1 ... Dec = 12)	
31.	Birth year	_	_	
32.	Child's age in months (record age in completed months)	_	_	
33.	Child sex?	_	1 = Male 2 = Female	
34.	Has [NAME] ever been breastfed?	_	1 = Yes 0 = No	
35.	How long after birth was [NAME] first put to the breast?	_	_	_ Hours _ Days
				If less than 1 hour, write 00. If less than 24 hours, record hours. Otherwise, record days. Write 99 if don't know
36.	Did [NAME] drink his/her mothers first milk (colostrum)?	_	1 = Yes 0 = No 3 = Don't know	
37.	In the first six months after delivery, was [NAME] given anything to drink or other food other than breast milk?	_	1 = Yes 0 = No 3 = Don't know	
38.	Is [NAME] still being breastfed?	_	1 = Yes 0 = No 3 = Don't know	
39.	When [NAME] was born, was he/she	_	1 = Very large 2 = Larger than normal 3 = Normal 4 = Smaller than normal 5 = very small	
40.	Has [NAME] ever received a vitamin A (drops)	_	1 = Yes 0 = No 3 = Don't know	
41.	Has [NAME] been ill in the last 2weeks?	_	1 = Yes 0 = No → skip 3 = Don't know → skip	
42.	Has [NAME] been ill with a fever at any time in the past 2 weeks?	_	1 = Yes 0 = No 3 = Don't know	
43.	Has [NAME] been ill with a cough at any time in the past 2 weeks?	_	1 = Yes 0 = No 3 = Don't know	
44.	Has [NAME] been ill with diarrhea at any time in the past 2 weeks? (<i>Diarrhea: perceived by mother as 3 or more loose stools per day for 3days or one large watery stool or blood in stool</i>)	_	1 = Yes 0 = No 3 = Don't know	
45.	If the child was sick in the previous 2weeks, was [NAME] seen at a health facility during the illness?	_	1 = Yes 0 = No 3 = Don't know	
46.	Has [NAME] received deworming tablets in the last 6 months?	_	1 = Yes 0 = No 3 = Don't know	

Read to the selected woman: We would like to measure and weight your child/children aged 6 to 59 months as part of our assessment. Again, no name will be recorded and the results will remain confidential. This is NOT a screening measurement for admission to any type of treatment, but it is done to know the general situation of child nutrition in this area. It is very important that children are measured so please be persuasive. Please assist women in transportation if need be.

47.	Child height/length (in centimeters, with one decimal place) Only if child >6-59 months	_ _ _ _ . _ cm	
48.	Child measurement made lying or standing? (If < 85cm < 24 months, must be measured lying down)	1 = Lying 2 = Standing	
49.	Child MUAC (in centimeters) Only if child >6-59 months	_ _ _ _ . _ cm	
50.	Child weight (<i>enter weight in kilograms, with one decimal place</i>) Only if child >6-59 months	_ _ _ _ . _ kg	
51.	Does the child have bilateral pitting oedema? (Check both feet for oedema)	_	1 = Yes 0 = No
52.	Is the child presently enrolled in a selective feeding program?	_	1 = Yes 0 = No
53.	IF yes, which one?	_	1 = Therapeutic feeding program (hospitalized) 2 = Supplementary feeding program

The following module should only be filled in for children from 0-24 months				
Read the questions below. Read the list of liquids one by one and mark yes or no, accordingly. After you have completed the list, continue by asking question 11 (see far right hand column) for those items (10Bb, 10Cc, And/or 10f) where the respondent replied 'yes'.				
Next I would like to ask you about some liquids that (NAME) may have had yesterday during the day or at night. did (NAME) have any (ITEM LIST)?: read the list of liquids starting with 'plain water'.				
1=yes 0=no 8=DKN				
54.	Plain water?	__		
55.	Infant formula such as Guigoz, or Nan?	__	How many times yesterday?	__
56.	Milk such as tinned, powdered, or fresh animal milk?	__	How many times yesterday?	__
57.	Juice or juice drinks?	__		
58.	clear broth?	__		
59.	yogurt?	__	How many times yesterday?	__
60.	thin porridge like diluted sosoma?	__		
61.	any other liquids such as [list other water-based liquids available in the local setting]?	__		
62.	any other liquids?	__		
Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. 1=yes, 0=no, 8=DKN				
63.	Porridge, bread, rice, noodles, or other foods made from grains (eg sosoma)			__
64.	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside			__
65.	White potatoes, white yams, manioc, cassava, or any other foods made from roots			__
66.	any dark green leafy vegetables ripe mangoes, ripe papayas, or (insert other local vitamin A-rich fruits)			__
67.	any other fruits or vegetables liver, kidney, heart, or other organ meats			__
68.	any meat, such as beef, pork, lamb, goat, chicken, or duck			__
69.	eggs			__
70.	fresh or dried fish, shellfish, or seafood any foods made from beans, peas, lentils, nuts, or seeds			__
71.	cheese, yogurt, or other milk products			__
72.	any oil, fats, or butter, or foods made with any of these			__
73.	any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits			__
74.	condiments for flavor, such as chilies, spices, herbs, or fish powder			__
75.	grubs, snails, or insects			__
76.	foods made with red palm oil, red palm nut, or red palm nut pulp sauce			__
77.	how many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	__		Number of times 88=Don't know
78.	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night?	__	1=yes 0=no 8=DKN	