



SECTION 1 – DEMOGRAPHICS: Read - "I would now like to ask you a few questions on the composition of your household"

1.1 - What is the number of persons living in your household? _____ please list below by first name starting with the head of the HH and complete table for each member
A household is defined as a group of people currently living and eating together "under the same roof" (or in same compound if the HH has 2 structures)

Household Member code	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
	First name	Gender	Relationship to Head	Age	Marital Status	Current level of Education	Schooling status of Children 6-14	If attending School	
								Did [name] miss School for at least 1 week in the last month	What was the reason for missing
	<i>Do not record full name, but only an identifying first name to refer to the household member</i>	1 = Male 2 = Female	1 = Head 2 = Spouse 3 = Child 4 = Parent 5 = Sibling 6 = Grandchild 7 = Grandparent 8 = Orphan taken care of 9 = Other relative 10 = No relation	<i>for children < 6 months, write 0 (below 5 years in</i>	1 = Married 2 = Divorced 3 = Living apart not divorced 4 = Widow or widower 5 = Not married	1 = No Schooling 2 = Some Primary 3 = Completed Primary 4 = Some Secondary 5 = Completed Secondary 6 = Vocational 7 = Some University 8 = Completed University 99 = N/A	1 = Attend Primary 2 = Attend Secondary 3 = Not attending school (Skip to Section 1.11)	1 = Yes 2 = No	1 = Sickness 2 = Work 3 = Household Work 4 = Take care of Siblings 5 = Long Distance to School 6 = School fee not paid 7 = Insecurity 8 = Refuse to go
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

1.11 Any members of your household chronically ill or disabled?
 1 = Yes 2 = No **(Go To Section 2)**

1.12 The Caste/Ethnicity of your household is:
 1. Brahmin / Chhetri (specify____) 2. Janjati (Specify:____) 3. Dalit (Specify:____)

1.11a If yes, how many?
 _____ Members



SECTION 2 – MIGRATION

2.1 -	Are there any members of your household living or working outside the community?	1	Yes	2	No → Section 3
2.2 -	If yes, then how many people?	_____ persons.			
2.3 -	Where are they currently living/working? CIRCLE ALL THAT APPLY	1	Nepal	2	India
		3	Other (specify) _____		
2.4 -	Is one of these persons the head of household?	1	Yes	2	No
2.5 -	Approximately how much money did this household receive in the last 12 months from all of these persons?	NRs. _____			
2.6	Approximately how many months in a year are members of your household away from the community?	1 = Less than 1 month a year 2 = Between 1 and 3 months a year 3 = Between 3 and 6 months a year 4 = Between 6 and 9 months a year 5 = More than 9 months a year			
2.7	Who are the members of your HH who have migrated in search of employment? CIRCLE ALL THAT APPLY	1 ___ Boys below the age of 18 years 2 ___ Men between the ages of 18 and 30 years 3 ___ Men between the ages of 30 and 50 years 4 ___ Men above the age of 50 years 5 ___ Girls below the age of 18 years 6 ___ Women between the ages of 18 & 30 years 7 ___ Women between the ages of 30 & 50 years 8 ___ Women above the age of 50 years			

SECTION 3 – HOUSING AND FACILITIES

3.1 -	Do you or your household own or rent this dwelling?	1	Own → 3.3	2	Don't own but live for free → 3.3
		3	Rent		
3.2 -	How much do you pay per month (in NRs.)	_____ NRs.			
3.3 -	How many units/ rooms does your household occupy?	Units/Rooms __ __			
3.4 -	How many people usually sleep in this dwelling?	__ __ persons			
3.5 -	What is the major construction material of the outside walls? OBSERVE & RECORD. DO NOT ASK THIS QUESTION	1	Cement bonded bricks / stones	2	Mud bonded bricks / stones
		3	Wood . Bamboo	4	Concrete
		5	Other, specify _____		
3.6 -	What is the major material of the roof? OBSERVE & RECORD. DO NOT ASK THIS QUESTION	1	Straw / thatch	2	Earth / mud
		3	Concrete	4	Tiles / slate
		5	CGI sheet	6	Other, specify _____
3.7-	What is the major material of the floor? OBSERVE & RECORD. DO NOT ASK THIS QUESTION	1	Earth	2	Wood
		3	Cement / Stone / Brick	4	Other, specify _____
3.8 -	What is the main type of household facility your household uses?	1	Flush latrine	2	Traditional pit latrine
		3	Open pit (no walls)	4	Communal Latrine
		5	None/bush		
3.9	What is the main source of lighting for this house?	1	Electricity	2	Kerosene, oil or gas lamp, candles
		3	Battery flashlights/fluorescent lights/tube light		
		4	Solar panels		



		5 6	No lighting → Section 3.11 Other _____
3.10 -	How much do you pay for lighting per month?	NRs	_____
3.11 -	What is your main source of cooking fuel?	1	Cylinder Gas
		2	Bio-gas
		3	Electricity
		4	Wood
		5	Dung
		6	Kerosene
		7	Other, specify _____
3.12 -	How much do you pay for cooking fuel per month?	NRs	_____
3.13 -	What is the main source of water for your household? <i>1 = Public tap 6 = Pond, lake, river or stream</i> <i>2 = Tubewell/borehole with pump 7 = Tanker</i> <i>3 = Protected dug well or spring 8 = vendor</i> <i>4 = Unprotected well or spring 9 = Other, specify</i> <i>5 = Rain water</i>		
3.14 -	How far is the main source of water for your household? <i>Record both time in minutes and distance in km to access source</i> <i>Write 888 if water on premises ,Write 999 if don't know</i>		_____ Minutes

SECTION 4 – HOUSEHOLD ASSETS, PRODUCTIVE ASSETS AND ACCESS TO CREDIT

4.1 -	Does your household own any of the following assets? Circle all that apply	1	Bed	7	Refrigerator
		2	Table	8	Bicycle
		3	Fans / heaters	9	Motorcycle
		4	Radio/Tape	10	Automobile
		5	Television	11	Bullock cart
		6	Sewing machine	12	Hoes, axes, shovels, spades
		4.2	Do you have access to a place to borrow money? Circle all that apply	1	YES – relatives / friends
		3	YES – local lender	4	YES - bank
		5	YES – Co-operatives	6	No access to credit (skip to 4.5)
4.3	Do you often purchase food on credit or borrow money to purchase food?	1	YES	2	NO → Section 4.5
4.4	If yes, in the last 3 months how often did you use credit or borrow money to purchase food?	1 = On one occasion 2 = On two occasions 3 = On three occasions 4 = On more than three occasions			
4.5	Does your household own any farm-animals?	1	YES	2	NO → Section 5
4.6	If yes, then how many of each of the following animals do you own? (Please circle the animals applicable and note the number beside it)	1.	Cows / Bullocks :	_____	
		2.	Buffaloes :	_____	
		3.	Goats / Sheep :	_____	
		4.	Poultry:	_____	
		5.	Yak / Nak:	_____	
		6.	Horses / Donkey:	_____	
		7.	Pig	_____	
		8.	Other:	_____	

**SECTION 5 – AGRICULTURE***Please use the following codes for this section:***Land Access Codes:**

1 = Inherited 2 = Rent 3 = Share-cropping 4 = Bought from private person 5 = Other (specify) _____

Production Codes: 1 = wheat 2 = maize 3 = barley 4 = rice
5 = millets 6 = vegetables 7 = potatoes 8 = fruits 9 = other _____**5.1a:** Do you have access to agricultural land?1 = YES 2 = NO (**Skip to 5.6a**)**5.1b:** What is the size of this land (*in Kattha or Ropani*)?_____ Kattha / Ropani (**circle whichever applicable**) _____ | Hectares**5.1c:** How did you or members of your household acquire this land? (*Use Land Access Codes*)**5.1c1** |__| **5.1c2** |__|**5.1d :** What is the main source of water for your land?

- 1 = rainfed
- 2 = irrigated – Canals/dam
- 3 = irrigated – Pump
- 4 = irrigated – river
- 5 = other _____

5.2a: With respect to **field crop** farming, what crops do you cultivate on your land? (*See Production codes above*)**5.2a1** |__| **5.2a2** |__| **5.2a3** |__| **5.2a4** |__|**5.3:** For your **field crop** farming, what is the main source of seeds? (**Circle one**)

- 1 = purchase 2 = own stock
- 3 = Government 4 = purchase and own stock
- 5 = NGOs/INGOs 6 = Borrow / Exchange

5.4a: For your **field crop** farming, what type of fertilizers do you use?

- 1 = Chemical Fertilizers 2 = Natural Fertilizers → (**skip to 5.5a**)
- 3 = None → (**skip to 5.5a**)

5.4b: For your **field crop** farming, what is the main source of chemical fertilizer? (**Circle one**)

- 1 = purchase 2 = own stock
- 3 = Government 4 = purchase and own stock
- 5 = NGOs/INGOs

5.5a Do you use chemical pesticides/herbicides?

- 1 = Yes 2 = No → **skip to 5.6a**

5.5b What are the main sources of chemical pesticides/herbicides (same codes as fertiliser)

- 1 = purchase 2 = own stock
- 3 = Government 4 = purchase and own stock
- 5 = NGOs/INGOs

5.6a: Do you have a Kitchen garden:

- 1 = YES 2 = NO → **Section 6**

5.6b: What do you produce on this Kitchen garden? (*See codes above*)**5.6b1** |__| **5.6b2** |__| **5.6b3** |__|



SECTION 6 – INCOME

Please complete the following table one activity at the time, using the codes below

		a. - What is your household's [rank] income activity? <i>(use activity code)</i>	b. Who participates in this activity? <i>(use participant code)</i>	c. Of the food consumed by this HH, how much is obtained directly from this activity?(%)
6.1	Main	_ _	_	_ _ _ %
6.2	Second	_ _	_	_ _ _ %
6.3	Third	_ _	_	_ _ _ %
6.4	Fourth	_ _	_	_ _ _ %
		Income activity codes 1 = Agriculture and Sales of Crops 2 = Livestock and Sales of Animals 3 = Brewing 4 = Fishing 5 = Unskilled Wage Labour 6 = Skilled Labour 7 = Handicrafts /Artisan 8 = Use of natural. resources (firewood, charcoal, bricks, grass, wild foods, honey...) 9 = Petty trading 10 = Seller, commercial activity 11 = Remittances 12 = Salaries, Wages (employees) 13. Porter 14 = Begging, assistance 15 = Government allowance (pension, disability benefit) 16 = Others, specify _____	Participant codes 1 = Head of the Household only 2 = Spouse of the head of the Household only 3 = Men only 4 = Women only 5 = Adults only 6 = Children only 7 = Women & children 8 = Men & children 9 = Everybody	
6.5 -	Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each activity (%)			1 _____ % 2 _____ % 3 _____ % 4 _____ %



SECTION 7 – EXPENDITURE

In the Past MONTH , how much money have you spent on each of the following items or service? <i>Use the following table, write 0 if no expenditure.</i>		a. - Spent on previous month 1 = Yes 2 = No <i>(if no, go to next item)</i>	b. – Estimated Expenditure in Cash during the last month (NRs.)	c. – Estimated Expenditure in Credit during the last month (NRs.)
7.1 -	Maize	__		
7.2 -	Wheat	__		
7.3 -	Millet	__		
7.4 -	Barley	__		
7.5 -	Rice/Paddy	__		
7.6 -	Roots and tubers (<i>potatoes, yam</i>)	__		
7.7 -	Pulses / Lentils	__		
7.8 -	Vegetables	__		
7.9 -	Milk / Yogurt / Milk products	__		
7.10 -	Fresh fruits / Nuts	__		
7.11 -	Fish	__		
7.12 -	White meat - poultry	__		
7.13 -	Pork	__		
7.14 -	Red meat - goat, sheep	__		
7.15 -	Red meat - Buffalo	__		
7.16 -	Eggs	__		
7.17	Oil / Butter / Ghee	__		
7.18 -	Sugar / Salt	__		
7.19 -	Alcohol and tobacco	__		
7.20 -	Soap	__		
7.21 -	Transport	__		
7.22 -	Firewood / charcoal	__		
7.23 -	Kerosene	__		
In the Past 6 MONTHS (semester), how much money have you spent on each of the following items or service? <i>Use the following table, write 0 if no expenditure.</i>				
		NRs.		NRs.
7.24 -	Equipment, tools, seeds		7.30 -	Celebrations, social events, funerals, weddings
7.25-	Hiring labour		7.31 -	Fines / Taxes
7.26 -	Medical expenses, health care		7.32 -	Debts
7.27 -	Education, school fee		7.33 -	Construction, house repair
7.28 -	Clothing, shoes		7.34 -	Other Long term expenditure, specify _____
7.29	Veterinary expenses			



SECTION 8 – FOOD SOURCES AND CONSUMPTION

Could you please tell me how many **days** in the past **week** your household has eaten the following foods and what the source was (use codes on the right, write 0 for items not eaten over the last 7 days and if several sources, write all)

	Food Item	# of days eaten last 7 days	Food Source (write all)	Food Source codes	
8.1a-	Maize	__	__ , __ , __	Food Source codes 1 = Own production (crops, animals) 2 = hunting, fishing 3 = gathering 4 = borrowed 5 = purchase with wages 6 = exchange labor for food 7 = exchange items for food 8 = gift (food) from family relatives 9 = food aid (NGOs etc.) 10 = Other (specify: _____)	
8.1b-	Rice/Paddy	__	__ , __ , __		
8.1c-	Millet	__	__ , __ , __		
8.1d-	Roots and tubers (potatoes, yam)	__	__ , __ , __		
8.1e-	Wheat / Barley	__	__ , __ , __		
8.1f-	Fish	__	__ , __ , __		
8.1g-	White meat - poultry	__	__ , __ , __		
8.1h-	Pork	__	__ , __ , __		
8.1i-	Red meat - goat, sheep	__	__ , __ , __		
8.1j-	Red meat -Buffalo	__	__ , __ , __		
8.1k-	Eggs	__	__ , __ , __		
8.1l-	Pulses / Lentils	__	__ , __ , __		
8.1m-	Vegetables	__	__ , __ , __		
8.1n-	Oil / Ghee / Butter	__	__ , __ , __		
8.1o-	Fresh fruits	__	__ , __ , __		
8.1p-	Sugar / Salt	__	__ , __ , __		
8.1q-	Milk / Curd	__	__ , __ , __		
8.2 -	Has any member of your household received food aid in the last 6 months?	1	yes	2	No → 8.4
8.3 -	If yes, please specify the type of program and the number of beneficiary in your household? circle all that apply and specify number of beneficiaries in the last column	1	School feeding	__	__
		2	Food for work/for assets	__	__
		3	Supplementary feeding	__	__
		4	Other, specify _____	__	__
8.4-	Has any member of your household received any other type of external assistance beside food aid in the last 6 months?	1	Yes	2	No → Section 9
8.5-	If yes, from whom? Circle all that apply	1	World Food Programme		
		2	SAPPROSC / DEPROSC		
		3	Save the Children		
		4	UNICEF		
		5	GT2 / SNV / DFID		
		6	French Cooperation		
		7	The government		
		8	Other, specify _____		
8.6-	If yes, what type of assistance? Circle all that apply	1	Food products		
		2	Money allowances / loans		
		3	For education (fee, books, uniforms)		
		4	For medical services		
		5	Construction material, building		
		6	Agricultural assistance (tools / seeds)		
		7	Other, specify _____		



SECTION 9 – SHOCKS AND FOOD SECURITY (IF NO SHOCKS GO TO SECTION 10)

9.1-	By order of importance, what were the 4 main problems / shocks you faced in the last 12 months? <i>Do not read options, write number in front of the identified cause by order of importance</i>					
__	A. Drought/irregular rains / Hailstorms	__	G. Unusually high level of human disease	__	L. Serious illness or accident of household member	
__	B. Floods	__	H. Unavailability of food	__	M. Death of a working household member	
__	C. Landslides, erosion	__	I. High costs of agric. inputs (seed, fertilizer, etc.)	__	N. Death of other household member	
__	D. Unusually high level of crop pests & disease	__	J. Loss of employment for a household member	__	P. Theft of Animals	
__	E. Unusually high level of livestock diseases	__	K. Reduced income of a household member	__	Q. Conflict	
__	F. Lack of employment	__	G. Bandh	__		

For the four main shocks above, please complete the following table using the codes below. Please be consistent in the ranking. Complete one line at the time.

Rank & Cause <i>(copy code from above the four main causes)</i>	9.2- Did [cause] create a decrease or loss for your household of: 1 = Income & in-kind receipts 2 = Assets (e.g. livestock, cash savings) 3 = Both income and assets 4 = No change <i>(Write number)</i>	9.3- Did [cause] create a decrease in your household's ability to produce or purchase enough food to eat for a period of time (not including the annual 'lean season')? 1 = Yes 2 = No 3 = Don't know	9.4- What did the household do to compensate or resolve these decreases or losses of income and/or assets caused by shocks <i>Use codes below, record all used</i>	9.5 - Has the household recovered from the decrease in income or assets or both from the shocks. 1 = Not recovered at all 2 = Partially recovered 3 = Completely recovered
1. _____	__	__	1. __ __ , 2. __ __ ,	__
2. _____	__	__	1. __ __ , 2. __ __ ,	__
3. _____	__	__	1. __ __ , 2. __ __ ,	__
4. _____	__	__	1. __ __ , 2. __ __ ,	__

- | | |
|--|--|
| 01 = Rely on less preferred, less expensive food | 14 = Sold agricultural tools, seeds,... |
| 02 = Borrowed food, helped by relatives | 15 = Sold building materials |
| 03 = Purchased food on credit | 16 = Sold HH furniture |
| 04 = Consumed seed stock held for next season | 17 = Sold HH poultry, |
| 05 = Reduced the proportions of the meals | 18 = Sold small animals – goats, cheep |
| 06 = Reduced number of meals per day | 19 = Sold big animals – oxen, cow, bulls |
| 07 = Skipped days without eating | 20 = Rented out land |
| 08 = Some HH members migrated temporarily (< 6 months) | 21 = Sold land |
| 09 = Some HH members migrated (> 6 months) | 22 = Worked for food only |
| 10 = Reduced expenditures on health and education | 23 = Other, specify _____ |
| 11 = Spent savings | 24 = Other, specify _____ |
| 12 = Borrowed money | |
| 13 = Sold HH articles (utensils, blankets) or jewelry | |



SECTION 10 – MATERNAL HEALTH AND NUTRITION

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

For this section, ask questions to all women aged 15 – 49 years with children 6 - 59 months found in the household. Weigh and measure all children 6 - 59 months belonging to these women

10.1a-	Are there children <5 years in this household?	1	Yes	2	No → 10.2		
10.1b-	DO NOT ASK THIS QUESTION: Women skipped before reaching this respondent and reason for skipping. <i>Code :</i> 1 = No woman skipped 2 = Woman refused 3 = Woman not at home 4 = No woman in Household						
Name of selected woman:		Ask [NAME of WOMAN] the following questions:					
10.2 -	What is your age?	_ _					
10.3 -	Are you currently pregnant or breastfeeding? CIRCLE ONLY ONE	1	pregnant	2	Breastfeeding → 10.5		
		3	Neither → 10.5	4	both		
		5	don't know → 10.5				
10.4a-	If pregnant, how many months pregnant?	_ months					
10.4b-	If pregnant, did you receive iron-folate tablets (small red/brown tablets)?	1	Yes	2	No → 10.5		
10.4c-	If so, how many tablets have you taken in the past 7 days?	_ _ tablets					
10.5-	How many times have you been pregnant (including a current pregnancy)?	_ _ pregnancies					
10.6-	How many times have you suffered a miscarriage or stillbirth?	_ _ miscarriages or stillbirths					
10.7-	How many living children have you given birth to?	_ _ children					
10.8-	How old were you with your first delivery?	_ _ years					
10.9-	Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)?	1	Yes	2	No		
10.10-	In the past 2 weeks have you been ill with Diarrhea?	1	Yes	2	No		
10.11-	In the past 2 weeks have you been ill with Fever?	1	Yes	2	No		
10.12-	Last night, did you sleep under a mosquito net? (if applicable)	1	Yes	2	No	99 – N.A	
10.13-	Do you boil or filter the water before consumption for your family?	1	Yes, always	2	Yes, sometimes	3	No
10.14-	When do you wash your hands? DO NOT READ, CIRCLE THE ANSWERS THAT ARE MENTIONED	1	before preparing meals	2	before eating	3	after going to the toilet
		4	after changing the diapers	5	when they are dirty	6	never
		7	Other				
10.15-	After visiting the toilet, what do you use to wash your hands?	1	water only	2	washing soap & water	3	Nothing
		4	Other (specify) _____				



SECTION 11 – CHILD HEALTH AND NUTRITION

Read: Now I would like to ask you some questions about your children (*Continue the interview with the same mother*)

11.1-	How many children have you had in the last 5 years?	_ children in the last 5 years															
<i>Starting with the youngest child, ask the following question for each child:</i>		Last born child (1)				Second last born Child (2)				Third last born child (3)							
	First name	_____				_____				_____							
11.2-	Birth month	_ _				_ _				_ _							
11.3-	Birth year	_ _ _ _				_ _ _ _				_ _ _ _							
11.4-	Child's age in months	_ _ months				_ _ months				_ _ months							
11.5-	Child gender? 1 = Male 2 = Female	_				_				_							
11.6-	When you were pregnant with [NAME], did you see anyone for antenatal care for this pregnancy? Care taker code 1 = Doctor 4 = Relative. Friend 2 = Nurse 5 = Other 3 = Midwives 6 = No one	_				_				_							
11.7-	When you were pregnant with [NAME] were you given an injection in the arm to prevent the baby from getting convulsions after birth? (anti-tetanus shot – an injection at the top of the arm or shoulder).	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know							
11.8-	When [NAME] was born, was he/she (use code) 1 = Very large 2 = Larger than normal 3 = Normal 4 = Smaller than normal 5 = very small	_				_				_							
11.9a	Did you ever breastfeed [NAME]? (if no, → 11.10)	1	Yes	2	No	1	Yes	2	No	1	Yes	2	No				
11.9b	Is [NAME] still being breastfed?	1	Yes	2	No	1	Yes	2	No	1	Yes	2	No				
11.9c	How long after birth did you first put [NAME] to the breast? <i>If less than 1 hour, write 0. If less than 24 hours, record hours. Otherwise, record days.</i>	_ _ hours _ _ days				_ _ hours _ _ days				_ _ hours _ _ days							
11.10-	For children < 24 months only - Since this time yesterday, did [NAME] receive any of the following? (write all that apply) Item Code 1 = Vitamin supplements or medicine 2 = Plain water 3 = Sweetened water or juice 4 = Tinned, powdered or fresh milk 5 = Oral Rehydration Solution (ORS) 6 = Any other liquids 7 = Solid or semi-solid (mushy) food	_ ,				_ ,				_ ,				ASK ONLY FOR YOUNGEST CHILD			
		_ ,				_ ,				_							
11.11a-	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule or dispenser</i>	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know							
11.11b-	How many months ago did [NAME] take the last dose? (<i>write 99 if don't know</i>)	_ _ months				_ _ months				_ _ months							
11.12a-	Has [NAME] been ill with a fever at any time in the past 2 weeks? (If no Skip to 11.13a)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know							



11.12b-	If yes, Was [NAME] seen at a health facility during this illness?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.12c-	If yes, Was [NAME] prescribed an anti-malaria drug?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.13a-	Has [NAME] been ill with a cough at any time in the past 2 weeks? (if no, skip to 11.14a)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.13b-	If yes, when [NAME] had the cough, did he/she breathe faster than usual with short, rapid breaths?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.14a-	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 or one large watery stool or blood in stool)</i> (if no skip to 11.15)	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.14b	If yes, was [NAME] seen at a health facility during this illness?	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.15-	Has [NAME] ever received a measles vaccination – an injection in the arm at the age of 9 months or older? <i>(check yellow card if available)</i>	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
11.16-	Has [NAME] received deworming tablets in the last 6 months	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know	1 Yes	2 No	3 Don't know
Measurements- children 6-59 months		(1)			(2)			(3)		
11.17-	Child height/length <i>(in centimetres, with 1 decimal place)</i>	_ _ _ _ . _ cm			_ _ _ _ . _ cm			_ _ _ _ . _ cm		
11.18-	Child measurement made lying or standing? <i>(If < 24 months, must be measured lying down)</i>	1 Lying	2 Standing		1 Lying	2 Standing		1 Lying	2 Standing	
11.19-	Child weight – Enter weight in kilograms, with one decimal place.	_ _ _ . _ kg			_ _ _ . _ kg			_ _ _ . _ kg		
Measurements on mother : only for non-pregnant mother										
11.20-	Mother's weight (in kilograms)	_ _ _ _ . _ kg								
11.21-	Mother's height (in centimetres)	_ _ _ _ . _ cm								



12.1-	Have you ever heard of an illness called AIDS?	1	Yes	2	No → End Interview		
12.2-	What can a person do to avoid getting HIV or the virus that causes AIDS? CIRCLE ALL WAYS MENTIONED, DO NOT READ RESPONSES	1	Abstain from sex				
		2	Use condoms				
		3	Limit sex to one partner/stay faithful to one partner				
		4	Avoid sex with prostitutes				
		5	Avoid sex with persons who have many partners				
		6	Avoid sex with persons who inject drugs intravenously				
		7	Avoid blood transfusions				
		8	Avoid injections				
		9	Avoid sharing razors/blades				
		10	Avoid kissing				
		11	Avoid mosquito bites				
		12	Seek protection from traditional practitioner				
		13	Other, specify _____				
		14	Other, specify _____				
12.3a	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	1	Yes	2	No	3	Don't know
12.3b	Can a person get the AIDS virus from mosquito bites?	1	Yes	2	No	3	Don't know
12.3c	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	1	Yes	2	No	3	Don't know
12.3d	Can people get the AIDS virus by sharing food with a person who has AIDS?	1	Yes	2	No	3	Don't know
12.3e	Is it possible for a healthy-looking person to have the AIDS virus?	1	Yes	2	No	3	Don't know
12.3f	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	1	Yes	2	No	3	Don't know
12.3g	Can the AIDS virus be transmitted from a mother to a child?	1	Yes	2	No	3	Don't know
12.3h	Can the AIDS virus be transmitted from a mother to her child during pregnancy?	1	Yes	2	No	3	Don't know
12.3i	Can the AIDS virus be transmitted from a mother to her child during delivery?	1	Yes	2	No	3	Don't know
12.3j	Can the AIDS virus be transmitted from a mother to a child by breastfeeding?	1	Yes	2	No	3	Don't know