



2. To be completed by Supervisor:

0.0- Questionnaire Number:

0.6 - |__|__|__|__|
 Quest Code

Your participation is voluntary. You may refuse to answer any question and you may choose to stop the discussion at any time. Refusing to participate will not affect you or your family in any way. Do you have any questions for me? You may ask questions about this study at any time."

Signature of Interviewer:

Remarks:

Signature of supervisor:

0.15- |_|_|_|_|_|_|_|_|_|_|
Name of data entry operator

Remarks:

Signature of data entry:



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
	Do not record full name, but only an identifying first name to refer to the household member	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	for children < 6 months, write 0 (below 5 years in	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**)

1.11a If yes, how many?

_____ Members

1.12 The Caste/Ethnicity of your household is:

1. Brahmin / Chhetri (specify____) 2. Janjati (Specify:____) 3. Dalit (Specify:____)



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 2 3 4 5 6 7	Cylinder Gas Bio-gas Electricity Wood Dung Kerosene 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? <div style="display: flex; justify-content: space-between;"> <div> 1 = Public tap 2 = Tubewell/borehole with pump 3 = Protected dug well or spring 4 = Unprotected well or spring 5 = Rain water </div> <div> 6 = Pond, lake, river or stream 7 = Tanker 8 = vendor 9 = Other, specify </div> </div>		
3.14 -	How far is the main source of water for your household? Record both time in minutes and distance in km to access source Write 888 if water on premises, Write 999 if don't know		_____ 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 2 3 4 5 6	Bed Table Fans / heaters Radio/Tape Television Sewing machine	7 8 9 10 11 12	Refrigerator Bicycle Motorcycle Automobile Bullock cart Hoes, axes, shovels, spades	
4.2	Do you have access to a place to borrow money? Circle all that apply	1 2 3 4 5 6	YES – relatives / friends YES – charities / NGOs YES – local lender YES - bank YES – Co-operatives 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 (<i>in Kattha or Ropani</i>)?		
_____ Kattha / Ropani (circle whichever applicable) _____ Hectares		
5.1c: How did you or members of your household acquire this land? (<i>Use Land Access Codes</i>)		
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? (<i>See Production codes above</i>)		
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? (<i>See codes above</i>)		
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? (use activity code)	b. Who participates in this activity? (use participant code)	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 (%)	<table border="1"> <tr> <td>1</td> <td>_____ %</td> </tr> <tr> <td>2</td> <td>_____ %</td> </tr> <tr> <td>3</td> <td>_____ %</td> </tr> <tr> <td>4</td> <td>_____ %</td> </tr> </table>			1	_____ %	2	_____ %	3	_____ %	4	_____ %
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 (if no, go to next item)	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 (potatoes, yam)	__		
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

02 = Borrowed food, helped by relatives

03 = Purchased food on credit

04 = Consumed seed stock held for next season

05 = Reduced the proportions of the meals

06 = Reduced number of meals per day

07 = Skipped days without eating

08 = Some HH members migrated temporarily (< 6 months)

09 = Some HH members migrated (> 6 months)

10 = Reduced expenditures on health and education

11 = Spent savings

12 = Borrowed money

13 = Sold HH articles (utensils, blankets) or jewelry

14 = Sold agricultural tools, seeds,...

15 = Sold building materials

16 = Sold HH furniture

17 = Sold HH poultry,

18 = Sold small animals – goats, cheep

19 = Sold big animals – oxen, cow, bulls

20 = Rented out land

21 = Sold land

22 = Worked for food only

23 = Other, specify _____

24 = Other, specify _____



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.					
	<u>Code :</u> 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?	1	pregnant			
	CIRCLE ONLY ONE	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?	1	before preparing meals			
	DO NOT READ, CIRCLE THE ANSWERS THAT ARE MENTIONED	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	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	