

Date |__|__|__|__| 2004

Name of Interviewer (print) _____ IntID |__|__|

Economic zone _____

EZcode |__|

District name _____

Dcode |__|__|

Village/Settlement name _____

Village code |__|__|

Household |__|__| (*data entry*)

Head of Household Name _____

Name of Respondent _____

What is the main ethnic group of the people in your household?

1. Azeri

2. Russian

3. Talish

4. Kurdish

5. Georgian

6. Lezgin

7. Other _____

Section 1 – Household Demography

1.1 – Sex of household head

Male = 1 Female = 2

1.2 – Age of HH head (in years)

|__|__| years

1.3 – Marital status of HH head (*circle one*)

- 1 = Married
- 2 = Divorced/separated
- 3 = Widow/widower
- 4 = Never married

1.4 – Total number of persons in household

Males 0-5 years |__|

Males 6-14 years |__|

Males 15-59 years |__|

Males 60+ years |__|

Females 0-5 years |__|

Females 6-14 years |__|

Females 15-59 years |__|

Females 60+ years |__|

1.5 – How many **pensioners are in this household?**

Females > 54 years |__|

Males > 59 years |__|

1.6a – Household head total years of education

|__|__|

1.6b – Spouse total years of education |__|__|

1.7 – Can you read and write a simple message?

17a - Head: 1 = Yes 2 = No

17b - Spouse: 1 = Yes 2 = No

1.8a – Is any member of your household chronically ill?

1 = Yes 2 = No (*skip to 1.9a*)

1.8b – Is the head of the household chronically ill?

1 = Yes 2 = No

**1.8c – Age of HH member(s) who are chronically ill
(if < 1 year, then '0')**

1.8c.1 |__|__| years **1.8c.2** |__|__| years

**1.8d – Sex of HH member(s) who are chronically ill
(1 = male, 2 = female)**

1.8d.1 |__| **1.8d.2** |__|

1.9a – Is any member of your household disabled?

1 = Yes 2 = No (*skip to Section 2*)

1.9b – Is the head of the household disabled?

1 = Yes 2 = No

**1.9c – Age of HH member(s) who are disabled
(if < 1 year, then '0')**

1.9c.1 |__|__| years **1.9c.2** |__|__| years

**1.9d – Sex of HH member(s) who are disabled
(1 = male, 2 = female)**

1.9d.1 |__| **1.9d.2** |__|

Section 2 – Household Circumstances

2.1 – Is your household currently displaced from any occupied areas?

1 = Yes 2 = No (skip to 3.1)

2.2 – How many times did you change your place of residence since 1992?

(Definition: This refers to moves that involve most HH members to settlements, refugee camps, towns or camps for a minimum period of 1 month.)

Times |_|_|

2.3 – When did your household move to this current settlement? (record year)

|_|_|_|_|_|

2.4 – Where did your family live before?

- | | |
|--------------------------------|----------------------|
| 1 = Gubadli | 2 = Nagorno Karabakh |
| 3 = Lachin | 4 = Fizuli |
| 5 = Zengilan | 6 = Agdam |
| 7 = Kelbadnjar | 8 = Djebrail |
| 9 = Azerbaijan other | 10 = Georgia |
| 11 = Armenia | |
| 12 = Other former Soviet Union | |

2.5 - How many members of your household were seriously injured or disabled as a result of the war?

Injured |_| Disabled |_|

2.6 - How many household members were killed as a result of the war?

|_|

2.7 – Is this household caring for any orphans or abandoned children?

1 = Yes 2 = No

2.8a – Do you have contact with leaders of the administration of your original place of residence?

1 = Yes 2 = No

2.8b – Does this leader work regularly, for example when settling disputes or in setting up contact with organizations rendering assistance?

1 = Yes 2 = No

2.9 – Does your family receive the following kinds of assistance from the **government**? (circle all that apply)

- | | |
|----------------------|--------------------------|
| 1 = Food products | 2 = money allowances |
| 3 = for education | 4 = for medical services |
| 5 = free electricity | 6 = kerosene |
| 7 = gas | 8 = drinking water |
| 9 = telephone | |

2.10 – How often do you receive this assistance?

1 = always 2 = sometimes 3 = rarely 4 = never

2.11 – Do you receive assistance from **other organizations**?

1 = Yes 2 = No

2.12 – If yes, which ones? (circle all that apply)

- | | |
|--------------------------|--------------------------|
| 1 = World Food Programme | 2 = World Vision |
| 3 = Save the Children | 4 = UNICEF |
| 5 = Oxfam | 6 = DRC |
| 7 = Red Crescent & Cross | 8 = Relief International |
| 9 = Other _____ | |

Section 3 - Housing

3.1 – Main type of dwelling

- 1 = Single family house
- 2 = Separate apartment
- 3 = Several buildings connected
- 4 = Several separate buildings
- 5 = Railway wagon

- 6 = Makeshift or Tent
- 7 = Public building
- 8 = Mudhouse
- 9 = Other _____

3.2 – How many years has your household been living in this dwelling?

Years |_|_|

3.3 – How many rooms does your household occupy, including bedrooms and living rooms?

Rooms |_|_|

3.4 – How many people usually sleep in this house?

People |_|_|

3.5a – Do you or your family own or rent this dwelling?

- 1 = own
- 2 = rent
- 3 = don't own but live for free

3.5b – If you pay money, how much money **per month** does your household pay to live in this dwelling?

|_|_|_|_|_|,|_|_|_|_|_| **Manat**

3.6a - What is the main source of water for your household?

- 1 = Piped into dwelling
- 2 = piped into yard or plot
- 3 = Public tap
- 4 = Tubewell/borehole with pump
- 5 = Protected well or spring
- 6 = Unprotected well or spring
- 7 = Pond, lake, river or stream
- 8 = Tanker truck vendor
- 9 = Other (specify) _____

3.6b – How often is water available?

- 1 = regularly 2 = sometimes

3.7 - What kind of toilet facility does your household use?

- 1 = Flush latrine
 2 = Traditional pit latrine
 3 = Open pit
 4 = None/bush

3.8a – What is the main source of lighting for this house?

- 1 = Electricity
 2 = Kerosene, oil or gas lamp
 3 = Candles or battery flashlights
 4 = No lighting

3.8b – How often do you have electricity?

- 1 = regularly 2 = sometimes 3 = rarely

3.9 – What fuel do you use most often for cooking?

- 1 = Gas
 2 = Electricity
 3 = Wood
 4 = Coal
 5 = Kerosene
 6 = Other _____(specify)

3.10 – How much do you pay for cooking fuel per month? (non electric – if nothing, use '0')

_____|_____|,_____|_____| Manat

3.11 - What is the main source of heating for this house?

- 1 = Electric heater
 2 = Gas heater
 3 = Kerosene heater
 4 = Firewood

- 5 = Coal
 6 = Stoves burning straw, weeds, manure
 7 = Other (specify) _____

3.11a – How much do you pay for electricity per month?

(If nothing, use '0')

_____|_____|,_____|_____| Manat

Section 4 – Household & animal assets

4.1 - Does your family own any of the following household/productive assets? (Circle all that apply)

- 4.1.a** = Bed
4.1.b = Table
4.1.c = Chair
4.1.d = Quilts
4.1.e = Carpet/Kilim
4.1.f = Stove
4.1.g = Radio/Tape
4.1.h = Television
4.1.i = Satellite dish
4.1.j = VCR / VCD / DVD
4.1.k = Sewing machine
4.1.l = Refrigerator
4.1.m = Motorcycle
4.1.n = Automobile
4.1.o = Trailer/Cart
4.1.p = Hoes, axes, sickles, shovels, spades

4.2a - How many cattle does your household own?

Cattle ____|____|

4.2b – How many oxen or buffalo does your household own?

Oxen/buffalo ____|____|

4.3 - How many donkeys or horses does your family own?

Donkeys/Horses ____|____|

4.4 - How many goats does your family own?

Goats ____|____|

4.5 - How many sheep does your family own?

Sheep ____|____|

4.6 - How many poultry does your family own?

4.6a Chickens ____|____|

4.6b Ducks ____|____|

4.6c Geese ____|____|

4.6d Turkeys ____|____|

4.7 - Do you have a family vegetable plot /garden?

YES.....1 NO.....2

4.8 - Do you have access to a place to borrow money? (circle all that apply)

- 1 = Yes – relatives / friends
 2 = Yes – charities / NGOs
 3 = Yes - local lender – loan account
 4 = No

4.9a - Do you often purchase food on credit or borrow money to purchase food?

1 = Yes.....1 NO.....2 (skip to Section 5)

4.9b - If yes, how often do you use credit or borrow money to purchase food?

- 1 = always 2 = sometimes 3 = rarely 4=never

Section 5 – Sources of income

Using the following codes, please complete the following questions.

Income activity codes

- | | |
|----------------------------------------------|-----------------------------------------|
| 1 = Sales of animal products | 2 = Sales of Livestock |
| 3 = Herding | 4 = Petty trade |
| 5 = Sale of crops, fruits, vegetables | 6 = Sale of prepared foods |
| 7 = Unskilled wage labour | 8 = Skilled work (eg. Carpentry) |
| 9 = Salary from employer (non labour) | 10 = Pension |
| 11 = Selling firewood / brushwood | 12 = Handicrafts (e.g. Weaving) |
| 13 = Begging | 14 = Borrowing |
| 15 = Remittances | 16 = Other _____ |

Participant codes

- | | | | |
|----------------------------|--------------------------|-------------------------|-----------------------|
| 1. Men only | 2. Women only | 3. Children only | 4. Adults only |
| 5. Women & children | 6. Men & children | 7. Everybody | |

5.1 – Are you currently working (HH head)?

YES.....1 NO.....2
(skip to 5.6)

5.2 – If no, did you work in the last **7** days?

YES.....1 NO.....2

5.3 – If yes, what kind of work did you do? |__|__|

(use code from list)

5.4 – Number of days worked in last **7** days |__|

5.5 – How were you paid? (circle one)

Cash.....1 Food.....2
Livestock.....3 Credit.....4

THROUGHOUT THE YEAR.....

5.6a - What is your household's **main** income activity? |__|__|

5.6b – Who participates in this activity? |__|

5.7a - What is your **second** most important income activity? |__|__|

5.7b – Who participates in this activity? |__|

5.8a - What is your **third** most important income activity? |__|__|

5.8b – Who participates in this activity? |__|

5.9a - What is your **fourth** most important income activity? |__|__|

5.9b – Who participates in this activity? |__|

5.10 - Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each activity and record below:

5.10a - % Most important income _____

5.10b - % Second income _____

5.10c - % Third income _____

5.10d - % Fourth income _____

Total: 100%

Note: If less than four sources are named, please put '0' in the empty spaces.

Section 6 – Agriculture (Note: 1 Sotka = 0,001 hectares)

6.1 – Does your household have access to agricultural land for farming?

YES.....1 NO.....2 (skip to 6.6a)

6.2 – In all, how much land does your household have access to for farming?

|__|__|,|__|__| Hectares

6.3 – Is any part of this land being used by the member of your household for growing plants or raising animals?

YES.....1 NO.....2 (skip to Section 7)

6.4 – How many hectares are being used this year for growing field crops?

|__|__|,|__|__| Hectares

6.5 – Please name the main tree crops grown by your household and the primary use of the production (*see codes below*)

	Field crop (code)	Main use of product
Most important	6.5a	6.5b
Second most	6.5c	6.5d
Third most	6.5e	6.5f

6.6 – Does your household own any fruit or nut trees?

YES.....1 NO.....2 (*skip to Section 7*)

Please name the main tree crops grown by your household and the primary use of the production (*see codes below*)

	Tree crop (code)	Main use of product
Most important	6.6b	6.6c
Second most	6.6d	6.6e
Third most	6.6f	6.6g

Crop codes:

1 = wheat	2 = rice	3 = maize	4 = potatoes
5 = beets	6 = grapes	7 = melons	8 = vegetables
9 = pears	10 = figs	11 = apples	12 = plums
13 = citrus	14 = pomegranate	15 = persimmon	
16 = peaches	17 = hazelnuts	18 = walnuts	
19 = tea	20 = tobacco	21 = cotton	

Use codes:

1 = mainly sold 2 = some sold, some consumed 3 = mainly consumed

Section 7 – Household expenditures

Expenditure activities	Total expenditure (in Manat)
IN PAST WEEK.....	
7.1 – Bread / wheat flour	
7.2 – Potatoes, rice, pasta, corn	
7.3 – Vegetable oil, animal fat	
7.4 – Meat, eggs, yoghurt, milk	
7.5 – Beans / lentils	
7.6 – Sugar	
7.7 – Other food (including fruits and vegetables)	
7.8 – Tea	
7.9 – Food & drinks consumed outside the home	
7.10 – Tobacco and alcohol	
IN PAST MONTH	
7.11 – Payment for medical services (including informal)	
7.12 – Medical items and drugs	
7.13 – Transportation	
7.14 – Fines or debts	
7.15 – Education/school fees	
7.16 – Clothing/shoes	
7.17 – Soaps / Detergents / HH items	
7.18 – Lottery, books, magazines, cultural and sports activities	
7.19 – Other/miscellaneous	

Section 8 – Food Consumption

Yesterday, how many meals did the.....in this house eat?

8.1 - Adults

8.2 - Children

I would like to ask you about all the different foods that your household members have eaten in the last 7 days. Could you please tell me how many days in the past week your household has eaten the following foods?

Food item	DAYS eaten in past week (0-7 days)	Sources of food (see codes below)
8.3a – Bread/wheat flour		
8.3b – Pasta/macaroni		
8.3c – Other grains/cereals (corn, rice)		
8.3d - Potatoes		
8.3e - Beans / Pulses		
8.3f - Red meat (sheep/goat/beef)		
8.3g - White meat (poultry/fish)		
8.3h – Eggs (also prepared foods)		
8.3i - Vegetable oil, fats, butter		
8.3j – Milk (also prepared foods)		
8.3k - Yoghurt, cheese		
8.3l – Vegetables (tomatoes, etc)		
8.3m - Fruits (melon, plums, pears)		
8.3n - Sugar		

Food source codes:

Purchase = 1	Own production = 2	Traded goods or services = 3
Borrowed = 4	Received as gift = 5	Food aid = 6
Other (specify) = 7		

Section 9 – Food Sufficiency

The following questions are about the food eaten in your household in the past 12 months, since August of last year and whether you were able to afford the food you need or if you had enough food for your family's needs.

Interviewer: Read each of the statements and put the appropriate code in the box after each statement:

For each of the following statements, please tell me if it was 'often', 'sometimes', 'rarely', or 'never' true for your household over the last 12 months."

9.1 – “We **worried** that our food would run out before we got enough money to buy more or could produce more ourselves.”

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.2 – “We did not eat **foods of the quality or variety** we preferred because we didn't have enough money to purchase them.”

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.3 – “The food we purchased and/or produced wasn't enough and we didn't have enough money to **purchase more**.”

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

If the respondent answered 'Often' or 'Sometimes' to any of the above statements, then continue to 9.4. If not, then **Go to Section 10**.

9.4 – In the last year, did you or the other members of your household ever **reduce the size of your meals** because there wasn't enough food or money to purchase food?

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.5 – In the last year, did you or the other members of your household ever **skip meals** because there wasn't enough food or money to purchase food?

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.6 – In the last year, did you or members of your household **eat less than you felt you should** because there wasn't enough money to buy food?

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.7 – In the last year, were you or members of your household **hungry but didn't eat** because there wasn't enough money to buy food?

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

9.8 – In the last year, did you or the other members of your household ever **pass a day without eating** because there wasn't enough food or money to purchase food?

1 = Often 2 = Sometimes 3 = Rarely 4 = Never

Section 10 – Maternal Health and Nutrition

Mother's name _____

10.1 – How old were you on your last birthday? |__|__|

(Note: must be between 15 and 49 years old)

10.2a – Are you currently pregnant or breastfeeding? *(circle one)*

1 = pregnant 2 = breastfeeding 3 = neither 4 = both 5 = don't know

10.2b – If pregnant, when is the baby due? *(calculate months pregnant)* |__|

10.2c – If pregnant, did you receive iron-folate tablets from the health center?

YES.....1 NO.....2

10.2d – If so, how many tablets have you taken in the past 7 days? |__|

10.3a – How many times have you been pregnant? |__|__|

10.3b – Have you ever suffered a miscarriage or stillbirth?

YES.....1 NO.....2

10.3c – How many miscarriages or stillbirths have you had? |__|__|

10.3d – How many living children have you given birth to? |__|__|

10.3e – How many of those children have died? |__|__|

10.4 – How old were you with your first live birth? |__|__|

10.5 – After the birth of your last child, did you receive a vitamin A capsule?

YES.....1 NO.....2

10.6 – In the past 2 weeks have you been ill with:

10.6a – Diarrhoea? YES.....1 NO.....2

10.6b – Fever? YES.....1 NO.....2

10.7 – After visiting the toilet, what do you use to wash your hands?

1 = water only 2 = ash & water 3 = washing soap & water 4 = nothing

Iodine and Iron Deficiency:

10.8a – Does anyone in your family have goiter?

YES.....1 NO.....2 *(skip to 10.10)*

10.8b – If "yes", then did he/she receive medical treatment?

YES.....1 NO.....2

10.9 – Salt Testing for Iodine

Ask the woman for a teaspoon of salt. Test salt for iodine and record result below.

Yes, iodine present.....1

No, no iodine.....2

Not tested/no salt.....3

Section 11: Household Shocks and Risks

<p>11.1 In the last 12 months has the HH been negatively affected by any of the following? (Circle all that apply)</p>				<p>11.5 What did the household do to compensate or resolve this decrease or loss of income and/or assets?</p> <ol style="list-style-type: none"> 1. Reduced quality/quantity of diet 2. Decreased expenditures 3. Increased collection and sale of natural resources 4. Spent savings or investments 5. Loans from family/friends 6. Loans from moneylender/trader 7. Purchased food on credit 8. Received help from others in community 9. Sold furniture or other HH assets 10. Sold income generating equipment or assets 11. Rented out land 12. Sold livestock 13. Sold house or other property 14. Worked for food only 15. Worked on relief programs from Government, NGO or UN 16. Out-migrated to look for work 17. Sent children to work for money or food 18. Begging 19. Other _____ 20. Did not do anything 	
<ol style="list-style-type: none"> 1. Unusually high level of livestock diseases 2. Floods 3. High prices for services (health, education, etc.) 4. High prices for food 5. High costs of agric. inputs (seed, fertilizer, etc.) 6. Loss of employment for a household member 7. Reduced salary of a household member 8. Serious illness or accident of household member 9. Death of a working household member 10. Death of other household member 11. Theft and/or violence 		<p>11.3 Did each of the two shocks in 11.2 cause a decrease or loss for your household of:</p> <ol style="list-style-type: none"> 1. Income & in-kind receipts 2. Assets (e.g. livestock, cash savings) 3. Both income and assets 4. No change 	<p>11.4 Did each of the two shocks in 11.2 cause 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')?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	<p>11.6 Has the household recovered from the decrease in income or assets or both from the shocks in 11.2?</p> <ol style="list-style-type: none"> 1. Not recovered at all 2. Partially recovered 3. Completely recovered 	
<p>IF NO SHOCKS EXPERIENCED, go to Section 12</p>					
Rank	<p>11.2 Indicate those 2 shocks that had the most significant impact on your household. (Use codes from 11.1.)</p>			<p>Fill in corresponding value for the most important activity used to compensate or resolve this decrease or loss of income and/or assets for each of the main problems listed in 11.2.</p>	
1					
2					
3					
4					

Section 12 – Child health and nutrition

Enter the name of each living child born since August 1999 in the table. Ask the questions about all of these births. Begin with the most recent birth.

Now I would like to ask you questions about the health of all your children born in the past 5 years. We will talk about one child at a time.

12.1	Child(ren)'s name and birth date	Most recent birth (1) Name: _____ Birth month: _____ Birth Year: _____	Next-to-last birth (2) Name: _____ Birth month: _____ Birth Year: _____	Next-to-last birth (3) Name: _____ Birth month: _____ Birth Year: _____
12.2	Child's age in months	_ _ months	_ _ months	_ _ months
12.3	Child gender	Male.....1 Female.....2	Male.....1 Female.....2	Male.....1 Female.....2
12.4	When you were pregnant with [NAME], did you see anyone for antenatal care for this pregnancy? If YES, whom did you see? RECORD ALL PERSONS	Doctor.....1 Nurse.....2 Midwife3 Relative/friend.....4 Other5 No one.....6	Doctor.....1 Nurse.....2 Midwife3 Relative/friend.....4 Other5 No one.....6	Doctor.....1 Nurse.....2 Midwife3 Relative/friend.....4 Other5 No one.....6
12.5	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).	Yes.....1 No.....2 Don't know.....9		
12.6	When you were pregnant with this child, did you have difficulty with your vision during the daylight?	Yes.....1 No.....2 Don't know.....9		
12.7	During this pregnancy did you ever suffer from night-blindness (local used term) where you had difficulty seeing at dusk?	Yes.....1 No.....2 Don't know.....9		
12.8	When [NAME] was born, was he/she: Very large, Larger than normal, Normal, Smaller than normal, or Very small?	Very large.....1 Larger than normal.....2 Normal.....3 Smaller than normal....4 Very small.....5	Very large.....1 Larger than normal.....2 Normal.....3 Smaller than normal....4 Very small.....5	Very large.....1 Larger than normal.....2 Normal.....3 Smaller than normal....4 Very small.....5

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12.9	Did you ever breastfeed [NAME]?	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
12.10	Is [NAME] still being breastfed?	Yes.....1 No.....2 <i>(skip to 12.13)</i>	Yes.....1 No.....2 <i>(skip to 12.13)</i>	
12.11	How long after birth did you first put [NAME] to the breast? <i>If less than 1 hour, choose 'immediately'. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately.....00 Hours..... _ _ Days..... _ _	Immediately.....00 Hours..... _ _ Days..... _ _	Immediately.....00 Hours..... _ _ Days..... _ _
12.12	FOR YOUNGEST CHILD ONLY if < 24 months Since this time yesterday, did [NAME] receive any of the following? <i>(circle all that apply)</i>	Vitamin supplements or medicine.....1 Plain water.....2 Sweetened water or juice.....3 Oral Rehydration Solution (ORS).....4 Tinned, powdered or fresh milk.....5 Any other liquids.....6 Solid or semi-solid (mushy) food.....7		
12.13	Has [NAME] ever received a vitamin A capsule (supplement) like this one? <i>Show capsule or dispenser</i>	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9
12.14	How many months ago did [NAME] take the last dose?	Months ago..... _ _ Don't know.....99	Months ago..... _ _ Don't know.....99	Months ago..... _ _ Don't know.....99
12.15	Has [NAME] been ill with a fever at any time in the past 2 weeks?	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9
12.16	Has [NAME] been ill with a cough at any time in the past 2 weeks?	Yes.....1 No.....2 <i>(skip to 12.18)</i> Don't know.....9 <i>(skip to 12.18)</i>	Yes.....1 No.....2 <i>(skip to 12.18)</i> Don't know.....9 <i>(skip to 12.18)</i>	Yes.....1 No.....2 <i>(skip to 12.18)</i> Don't know.....9 <i>(skip to 12.18)</i>

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12.17	When [NAME] had the cough, did he/she breathe faster than usual with short, rapid breaths?	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9
12.18	Has [NAME] been ill with diarrhoea in the past 2 weeks? <i>(Diarrhoea: perceived by mother as 3 or more loose stools per day or one large watery stool or blood in stool)</i>	Yes.....1 No.....2 <i>(skip to 12.20)</i> Don't know.....9 <i>(skip to 12.20)</i>	Yes.....1 No.....2 <i>(skip to 12.20)</i> Don't know.....9 <i>(skip to 12.20)</i>	Yes.....1 No.....2 <i>(skip to 12.20)</i> Don't know.....9 <i>(skip to 12.20)</i>
12.19	Was [NAME] seen at a health facility during this illness?	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9	Yes.....1 No.....2 Don't know.....9
12.20	Child weight – Enter weight in kilograms, with one decimal place.	_ _ . _ (1)	_ _ . _ (2)	_ _ . _ (3)
12.21	Child height/length (in centimetres, with 1 decimal place)	_ _ _ . _ (1)	_ _ _ . _ (2)	_ _ _ . _ (3)
12.22	Measurement made lying or standing? <i>(If < 24 months, must be measured lying down)</i>	Lying.....1 Standing.....2	Lying.....1 Standing.....2	Lying.....1 Standing.....2
12.23	Child haemoglobin (if tested)	_ _ . _	_ _ . _	_ _ . _
12.24	Mother's weight (in kilograms)	_ _ . _		
12.25	Mother's height (in centimetres)	_ _ _ . _		
12.26	Mother's haemoglobin (if tested)	_ _ . _		