

001	_ _ Enumerator ID and name			
001_2	Date: _ _ / _ _ / 2012	Day	Month	
001_3	_ Province	001_4	_ _ District	
001_5	_ _ _ Village number	001_6	_ _ _ Village name	
001_7	_ _ Household Number			
SECTION 1 – MATERNAL HEALTH AND NUTRITION – ASK THIS MODULE FOR EACH WOMAN BETWEEN 15 AND 49 YEARS OLD				
101	How many women between 15 and 49 years old are in this household?	_ _		
102_01_1	First name of woman aged 15-49yrs			
102-02-1	Age in Years	_ _ years		
102-03-1	Can you read and write simple messages?	_	0 = None 1 = read only 2 = write only 3 = Both	
102-04-1	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	
102-05-1	Have you ever been pregnant?	_	1 = Yes 0 = No → 102-08	
102-06-1	Have you ever given birth?	_	1 = Yes 0 = No	
102-07-1	Are you currently pregnant or breastfeeding?	_	1 = Pregnant 2 = Both 3 = Breastfeeding 4 = Neither 5 = Don't know	
102-08-1	In the past 2 weeks have you been ill?	_	1 = Yes	
102-09-1	Last night, did you sleep under a mosquito net?	_	0 = No	
102-10-1	When do you wash your hands? Do not read the answers TICK all that apply	A=Before preparing meals	_	1 = Yes 0 = No
		B=After cleaning a child when they go to the toilet	_	
		C=Before eating	_	
		D=When they are dirty	_	
		E=After going to the toilet	_	
		F=Never	_	
102-11-1	After visiting the toilet, what do you use to wash your hands? Only if wash hands after toilet	_	1 = Water only 2 = ash & water/home made soap 3 = Washing soap & water 4 = Nothing 5 = Other	
102-12-1	Woman's MUAC (in centimeters)	_ _ . _ cm		
102-13-1	Does the woman have any disability preventing her from being measured/weighed?	_	1 = Yes, 0 = No	
102-14-1	Woman's height (in centimeters to one decimal place) Only if W not pregnant	_ _ _ . _ cm		
102-15-1	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

201	How many children <59 months are in this household?	_ _	
202-01-1	First name of child <59 months	
202-02-1-1	Are you the mother of [Name]	_	1 = Yes 2 = No, father 3 = No, other close family 4 = No, caregiver 5 = No, other 202-02-2-1 specify _____
202-03-1	Mothers ID no. (see previous section i.e. 1,2 or 3).	_	=number from previous section 88=missing at interview 99= dead
202-04-1	Is (NAME)'s birth card available?	_	0=No, 1=Yes
202-05-1	Date of Birth from the Medical Card	_ _ _ / _ _ _ / _ _ _	→ skip to 202-09
202-06-1	if NOT Birth month	_	(Jan =1 ... Dec = 12)
202-07-1	Birth year	_ _ _	
202-08-1	Child's age in months (record age in completed months)	_ _ _	
202-09-1	Child sex?	_	1 = Male 2 = Female
202-10-1	Has [NAME] ever been breastfed?	_	1 = No → skip to 202-11 2 = Yes, within hours from birth → 202-10-2-A 3 = Yes, within days from birth → 202-10-2-B 4 = Don't know → skip to 202-11
202-10-2	How long after birth was [NAME] first put to the breast?	A- _ _ _ Hours B- _ _ _ Days	If less than 1 hour, write 00. If less than 24 hours, record hours. Otherwise, record days. Write 99 if don't know
202-11-1	In the first six months after delivery, was [NAME] given anything to drink or other food other than breast milk?	_	1 = Yes 0 = No
202-12-1	Is [NAME] still being breastfed?	_	1 = Yes 0 = No
202-13-1	When [NAME] was born, was he/she	_	1 = Very large 2 = Larger than normal 3 = Normal 4 = Smaller than normal 5 = very small
202-14-1	Has [NAME] ever received a vitamin A (drops)	_	0 = No 1 = Yes 2 = Don't know
202-15-1	Has [NAME] been ill in the last 2 weeks?	_	1 = Yes 0 = No → skip to 202-20 2 = Don't know → skip to 202-20
202-16-1	Has [NAME] been ill with a fever at any time in the past 2 weeks?	_	1 = Yes 0 = No 2 = Don't know
202-17-1	Has [NAME] been ill with a cough at any time in the past 2 weeks?	_	
202-18-1	Has [NAME] been ill with diarrhea at any time in the past 2 weeks?	_	
202-19-1	If the child was sick in the previous 2 weeks, was [NAME] seen at a health facility during the illness?	_	
202-20-1	Has [NAME] received deworming tablets in the last 6 months?	_	
202-21-1	Child height/length (in centimeters, with one decimal place) Only if child >6-59 months	_ _ _ . _	cm
202-22-1	Child measurement made lying or standing? (If < 85cm < 24 months, must be lying down)		1 = Lying, 2 = Standing
202-23-1	Child MUAC (in centimeters) Only if child >6-59 months	_ _ . _	cm
202-24-1	Child weight (enter weight in kilograms, with one decimal place) Only if child >6-59 months	_ _ _ . _	kg
202-25-1	Does the child have bilateral pitting oedema?	_	1 = Yes, 0 = No
202-26-1	Is the child presently enrolled in a selective feeding program?	_	
202-27-1	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**

202-28-1	Yesterday did (name) drink anything during the day or night?	__		
202-29A-1	Plain water?	__		
202-29B-1-1	Infant formula such as Guigoz, or Nan?	__	29B-1-2	How many times yesterday? __
202-29C-1-1	Milk such as tinned, powdered, or fresh animal milk?	__	29C-1-2	How many times yesterday? __
202-29D-1	Juice or juice drinks?	__		
202-29E-1	Clear broth?	__		
202-29F-1-1	Yogurt?	__	29F-1-2	How many times yesterday? __
202-29G-1	Thin porridge like diluted sosoma?	__		
202-29H-1	Any other liquids such as [list other water-based liquids available in the local setting]?	__		
202-29I-1-1	Any other liquids?	__	29I-1-1	SPECIFY OTHER
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				
202-30-1	Yesterday did (name) drink anything during the day or night?	__		
202-30A	Porridge, bread, rice, noodles, or other foods made from grains (eg sosoma)	__		
202-30B	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	__		
202-30C	White potatoes, white yams, manioc, cassava, or any other foods made from roots	__		
	any dark green leafy vegetables	__		
202-30D	ripe mangoes, ripe papayas, or (insert other local vitamin A-rich fruits)	__		
202-30E	any other fruits or vegetables	__		
	liver, kidney, heart, or other organ meats	__		
202-30F	any meat, such as beef, pork, lamb, goat, chicken, or duck	__		
202-30G	eggs	__		
202-30H	fresh or dried fish, shellfish, or seafood	__		
	any foods made from beans, peas, lentils, nuts, or seeds	__		
202-30I	cheese, yogurt, or other milk products	__		
202-30J	any oil, fats, or butter, or foods made with any of these	__		
202-30K	any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	__		
202-30L	condiments for flavor, such as chilies, spices, herbs, or fish powder	__		
202-30M	grubs, snails, or insects	__		
202-30N	foods made with red palm oil, red palm nut, or red palm nut pulp sauce	__		
202-31-1	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
202-32-1	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night?	__		1=yes 0=no 8=DKN