001	**|__|__|** Enumerator ID and name				
001_2	Date: |__|__| / |__|__| / 2015 Day Month				
001_3	**|__|**Province	001_4	**|__|__|** District		
001_5	|__|__| Sector	001_6 |__|__| Cell			
001_7	|__|__|__| Cell	001_8**|__|__|**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 present in this household?	|__|__|			
102	First name of woman aged 15-49yrs				
103	Age in Years	|__|__| years			
104	Can you read and write simple messages?	|__|	0 = None 1 = read only 2 = write only 3 = Both		
105	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	
106	Have you ever been pregnant and gave birth at least once?	|__|	1 = Never gave birth, but been pregnant 2=Yes, was pregnant and gave birth	0 = Never been pregnant **→ 108** 88 = Don't know	
108	Are you currently pregnant or breastfeeding?	|__|	1 = Pregnant only 2 = Both pregnant and lactating 3 = Lactating only 4 = Neither 88 = Don't know		
109	If both or breastfeeding only, did you received supplementation with vitamin A during the 6 weeks after childbirth?	|__|	1 = Yes 0 = No 88 = Don't know		
110	Did you see anyone for antenatal care for this/the last pregnancy?	|__|	0 = No 1 = Yes		
111	Where did you receive antenatal care for this/the last pregnancy?	|__|	1 = Public/confessional 2 = Private		
112	How many months pregnant were you when you first received antenatal care for the last pregnancy? (Record 10 if don't remember)	|__|	Number of months		
113	How many antenatal care visits did you attend during your last pregnancy?	|__|	Number of visits		
114	During your last pregnancy, have you taken iron supplements?	|__|	1 = Yes 0 = No		
115	For how long did you take iron pills during your last pregnancy: (write the time in weeks)	|__|	Number of weeks		
117	Do you ever sleep in a mosquito net?	|__|	1 = Yes 0 = No		
118	How many nights a week or how many nights in the last week did you use mosquito net?	|__|	1 = Yes 0 = No		

119	In the past 2 weeks have you been ill?	|__|	1 = Yes 0 = No
120	Last 2 weeks when you were sick, did you consult any healthcare service?	|__|	Number of nights
121	Do you wash your hands regularly?		1=Yes 0=No
122	If yes, when do you wash hands? (I want you to enumerate all the events that make you wash hands)		
123	**Do not read the answers TICK all that apply**	121_1 Before preparing meals |__| 121_2 After cleaning a child when they go to the toilet |__| 121_3 Before eating |__| 121_4 When they are dirty |__| 121_5 After going to the toilet |__| |__|	1 = Yes 0 = No
124	After visiting the toilet, what do you use to wash your hands? Only if wash hands after toilet	|__|	1 = Water only 2 = water and homemade soap 3 = Washing soap & water 4 = Other
125	Does the woman present any disability that prevent her from being measured? If yes indicate which measurements will be affected	|__|	0 = No 1 = MUAC 2 = Height or weight 3 = All (MUAC, Height and weight)
126	**Woman's MUAC** (in centimeters)	|__|__|.|__| cm	
127	**Woman's height**(in centimeters to one decimal place) Only if W not pregnant	|__|__|__|.|__| cm	
128	**Woman's weight** (in kilograms to one decimal place) Only if Woman not pregnant	|__|__|__|.|__| kg	
129	Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.		
129.1	Starchy staple foods	|__|	0 = No 1= Yes
129.2	Foods made from beans, peas, or lentils	|__|	0 = No 1= Yes
129.3	Foods made from nuts or seeds	|__|	0 = No 1= Yes
129.4	Milk or other dairy products	|__|	0 = No 1= Yes
129.5	Any flesh food such as fresh or dried fish, shellfish, or seafood, beef, pork, lamb, goat, chicken, or duck, rabbit Liver, kidney, heart, or other organ meats	|__|	0 = No 1= Yes
129.6	Eggs	|__|	0 = No 1= Yes
129.7	Any dark green leafy vegetables	|__|	0 = No 1= Yes
129.8	Orange fruits and vegetables	|__|	0 = No 1= Yes
129.9	Other vegetables	|__|	0 = No 1= Yes
129.10	Other fruits	|__|	0 = No 1= Yes
129.11	SuperCereal / CSB+	|__|	0 = No 1= Yes

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 under 5 years old (6 - 59.98 months) are in this household?	|__|__|
202	First name of child <59 months	…..	
203	Primary caregiver of child	|__|	1 = Mother 2 = Father 3 = Grandmother 4 = Close family relative 5 = Other relationship 6 = Home maid
204	Respondent's relationship with child	|__|	1 = Mother 2 = Father 3 = Grandmother 4 = Close family relative 5 = Home maid
205	Mothers ID no. (See previous section i.e. 1, 2 or 3).	|__|	=number from previous section 88=missing at interview 99= dead
206	Is (NAME)'s birth card available?	|__|	0=No, 1=Yes
207	Date of Birth from the Medical Card	|__||__|/|__||__|/|__||__| **→ skip to209**	
208	if NOT Birth month	|__|	(Jan =1 ... Dec = 12)
209	Birth year	|__||__|	
210	Child's age in months (record age in completed months)	|__||__|	
211	Child sex?	|__|	1 = Male 2 = Female
212	Has [NAME] ever been breastfed?	|__|	1 = No **→ skip to 213** 2 = Yes 88 = Don't know
213	How long after birth was [NAME] first put to the breast?	1-|__||__|Hours 2-|__||__|Days	If less than 1 hour, write 00. If less than 24 hours, record hours. Otherwise, record days. Write 99 if don't know
214	In the first six months after delivery, was [NAME] given anything to drink or other food other than breast milk?	|__|	1 = Yes 0 = No
215	Is [NAME] still being breastfed?	|__|	1 = Yes 0 = No
216	When [NAME] was born, how big was he/she (in Kgs)?	|__|	
217	Has [NAME] ever received a vitamin A (drops)	|__|	0 = No 1 = Yes 88 = Don't know
218	Has [NAME] been ill in the last 2weeks?	|__|	1 = Yes 0 = No **→ skip to 223** 88= Don't know**→ skip to 223**
219	Has [NAME] been ill with a fever at any time in the past 2 weeks?	|__|	1 = Yes 0 = No 88 = Don't know
220	Has [NAME] been ill with a cough at any time in the past 2 weeks?	|__|	
221	Has [NAME] been ill with diarrhea at any time in the past 2 weeks?	|__|	
222	**If the child was sick** in the previous 2weeks, was [NAME] seen at a health facility during the illness?	|__|	
223	Has [NAME] received deworming tablets in the last 6 months?	|__|	
224	Does [NAME] feed him/herself?		1 = Yes 0 = No 88 = Don't know
225	If yes, does [child name] use his/her hand or utensils for feeding?		1 = Hands 2 = Utensils
226	Does [child name] have his/her hands washed before eating/meal		1 = Yes 0 = No 88 = Don't know

227	If the [child name] does not feed him/herself do the person who feed him wash his/her hand before feeding the child		1 = Yes 0 = No 88 = Don't know

SECTION 3-The following module should only be filled in for children from 6-24 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**					
301	Yesterday, during day or night was [child name] breastfeed (last 24 hours)?	|__|			
302	302_1 Infant formula such as Guigoz, or Nan?	|__|		302_2 How many times yesterday?	|__|
303	303_1 Milk such as tinned, powdered, or fresh animal milk?	|__|		303_2 How many times yesterday?	|__|
306	306_1 Yogurt?	|__|		306_2 How many times yesterday?	|__|
307	307_1 Thin porridge like diluted sosoma?	|__|		307_2 How many times yesterday?	|__|
308	308_1 CSB++	|__|		308_2 How many times yesterday?	|__|

Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. 1=yes, 0=no, 88=DKN		
311	Porridge, bread, rice, noodles, or other foods made from grains (maize, millet, oats, rice, sorghum, teff, wheat)	|__|
312	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	|__|
313	White potatoes, white yams, manioc, cassava, plantains, green banana, yam, or any other foods made from roots	|__|
314	Any dark green leafy vegetables (broccoli, cassava greens, lettuce dark green, pumpkin greens, spinach, sweet potato leaves)	|__|
315	Ripe mangoes, ripe papayas, or passion fruit, tree tomato, apricot	|__|
316	Any other fruits or vegetables (apple, avocado, sweet banana, dates, guava, lemon, orange, mandarin, pineapple, watermelon, artichoke, beet, cabbage, cauliflower, celery, cucumber, eggplant, endive, garlic, green pepper, light green lettuce, mushroom, okra, onion, light colored squash, shallot, tomato, zucchini)	|__|
317	Liver, kidney, heart, or other organ meats	|__|
318	Any meat, such as beef, pork, lamb, goat, chicken, or duck, rabbit	|__|
319	Eggs	|__|
320	Fresh or dried fish, shellfish, or seafood	|__|
321	Any foods made from beans, peas, lentils, nuts or seeds (kidney beans, white beans, common beans, lentils, peas, peanuts, soya bean, cashew, macadamia nut)	|__|
322	Cheese, yogurt, or other milk products	|__|
323	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	|__|
324	Super Cereal Plus / CSB++	|__|
325	Micronutrient Powders (MNPs)	|__|
326	Please write down other foods or liquids in this box that respondent mentioned but are not in the list above:	|__|
327	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
328	Is [child name] enrolled in any supplementary feeding programme?	|__|
329	If any, which supplementary feeding programme?	|__|

330	Does [child name] present billateral pitting (edema)?		
331	Child weight (enter weight in kilograms, with one decimal place) Only if child >6-59 months	|__|__|.|__| kg	
332	Does [child name] present any disability preventing him or her from being measured?		
333	Child **height/length** (in centimeters, with one decimal place) Only if child >6-59 months	|__|__|__|.|__| cm	
334	Child measurement made **lying or standing?** (If < 85cm < 24 months, must be lying down)		1 = Lying, 2 = Standing
335	**Child MUAC** (in centimeters) Only if child >6-59 months	|__|__|.|__| cm	