

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
USAID Nawiri PROJECT  
HOUSEHOLD & WOMEN/CAREGIVER QUESTIONNAIRE**

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1.1	COUNTY NAME			
1.3	SUBCOUNTY			
1.4	WARD			
1.5	LOCATION			
1.7	VILLAGE/CLUSTER			
1.15	HOUSEHOLD ID (CODE FROM HH QUESTIONNAIRE)			
1.16	CAREGIVER CODE			
1.17	CAREGIVER NAME			
1.20	CONTACTS OF CAREGIVER			
1.21	ALTERNATIVE CONTACTS			
1.22	RELATIONSHIP TO ALTERNATIVE CONTACT			
1.23	HOUSEHOLD FAMILY NAME (REFER FROM HH QUESTIONNAIRE)			
1.9	LIVELIHOOD ZONE 1. Pastoral 2. Agro-pastoral 3. Fisher forks 4. Formal employment/business/petty trading	_ _ _		
1.10	TEAM NUMBER	_ _ _ _ _		
1.11	FIELD WORKERS_CODE	_ _ _ _ _		
1.12	DATE OF INTERVIEW	_ _	_ _	_ _ _ _ _
		(Day)	(Month)	(Year)
1.13	DATE OF FOLLOW UP VISITS (DD/MM/YYYY)	VISIT 2	VISIT3	VISIT 4
		_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
	<b>FW TO CONFIRM: I would like to ask you questions about you and your child's health.</b>			

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1.14a Where is (NAME)?

1. Child at home.....
2. Child not at home but alive.....
3. Child dead..... > If No END THE INTERVIEW

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**FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK:**

1.14b When did (NAME) die? (DD/MM/YYYY)

D	D	M	M	Y	Y	Y

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1.14c Was (NAME) ill before he/she died?  
**CIRCLE THE APPROPRIATE RESPONSE**

1. YES
2. NO

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1.14d What in your opinion caused the death of (NAME)?

1. Pneumonia
2. Diarrhoea and Vomiting
3. Chest problems
4. Malaria
5. Fever
6. Don't Know.....
7. Other (Specify).....

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1.14 **SURVEY RESULT**

1. Completed	6. Dwelling vacant/no dwelling
2. Incomplete	7. Dwelling destroyed
3. Absent/no competent household member present	8. Not eligible
4. Entire household absent for an extended period of time/migrated out	96. Other (specify) [.....]
5. Postponed	97. Refused

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**INFORMED CONSENT**

SKIP

My name is \_\_\_\_\_ [NAME OF FW] \_\_\_\_\_. I am working with ..... [NAME ORGANISATION]. As you were told by our colleagues/as I told you last time we are continuing with this survey about nutrition. Just to remind you that the information will be used to plan for interventions to improve the nutrition of vulnerable groups in the community. Remember all the answers you give will be confidential and will not be shared with anyone other than members of our survey team and again your participation in the survey is voluntary. We hope you will agree to

1. Yes ----- >
2. No ----- >

If Yes go 1.12

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If No END THE

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	<p>answer the questions since your views are important. If I ask you any questions you would not want to answer, just let me know and I will move on to the next question or you can stop the interview at any time.</p> <p>A team from IPA Kenya is also conducting research in your area to understand how children become infected with organisms that cause diarrhea and other gastrointestinal diseases. They will invite households enrolled in our current study to participate in this follow up study. In the event your household is selected, do you:</p> <p>1. Agree that APHRC gives your contact information to the IPA team to contact you? Yes No</p> <p>2. Agree that data collected on your household by APHRC is also shared with the IPA team? Yes No</p> <p>In case you need more information about the survey, you may contact.....</p> <p>Do you have any questions? May I begin the interview now?  </p>		INTERVIEW
	<p><b>RECORD START TIME (24 HOURS FORMAT)</b></p>	<p>           </p> <p>(HR) (MIN)</p>	
1.0	<p><b>HOUSEHOLD DEMOGRAPHICS</b></p>		SKIP
1.3	<p>What was your main occupation (HH head) in the last 4 months?</p> <p><b>If the household head is not the respondent, frame the question as follows: What was the main occupation of the household head in the last 4 months?</b></p>	<ol style="list-style-type: none"> <li>1. Livestock Herding</li> <li>2. Crop Farming/Own Farm Labour</li> <li>3. Employed (Salaried)</li> <li>4. Waged Labour (Casual)</li> <li>5. Petty Trade/Hawking (Handicraft <del>fi</del>. Beading, Sale of Firewood, Charcoal)</li> <li>6. Merchant/Trader</li> <li>7. Self-employment (<del>boda</del>Boda,-boda)</li> <li>7. Fishing</li> <li>8. Domestic Work/House Manager</li> <li>9. Unemployed/None</li> </ol>	

- Commented [FV4]:** Do we need to repeat the informed consent statement each time? I think it's good to remind people and to recheck if they want to participate, but no official consent is needed each time because they already consented.
- Commented [WA5R4]:** I propose we have it but tweak it. The enumerator may be new or the caregiver may want to reconsider whether to continue or not.
- Commented [H06R4]:** This section has been tweaked and added request from IPA study.
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		96. Other (Specify).....	
1.4	What was the <b>main</b> current source of income for the household <b>in the last 4 month</b> ??	1. No Income 2. Sale of Livestock 3. Sale of Livestock Products 4. Sale of Crops 5. Petty Trading E.g. Sale of Firewood 6. Casual Labour . Sale of Personal Assets 9. Remittance 10. Own Business (Merchant/Trader) 11. Fishing (remove in Samburu) 12. Employed (Permanent/Temporary) 96. Other (Specify)	
3.2	<b>POVERTY PROBABILITY INDEX (PPI)</b>		
3.2.1	In which county does the household reside?	1. Turkana 2. Samburu	
3.2.2	What is the highest educational level that the female household head/spouse reached?	1. Pre-primary, none, or other 2. Primary 3. Secondary or post-primary, vocational 4. College level or higher 5. There is no female household head/spouse	

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3.2.3	What is the highest educational level that any member of the household reached?	<ol style="list-style-type: none"> <li>1. Pre-primary, none, or other</li> <li>2. Primary</li> <li>3. Secondary or post-primary, vocational</li> <li>4. College level or higher</li> </ol>	Formatted: Font: 10 pt
3.2.4	Over the past 7 days, did the household either purchase/consume/acquire any bread?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Formatted: Font: 10 pt
3.2.5	Over the past 7 days, did the household either purchase/consume/acquire any meat or fish?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Formatted: Font: 10 pt
3.2.6	Over the past 7 days, did the household either purchase/consume/acquire any ripe bananas?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Formatted: Font: 10 pt
3.2.7	Does your household own any towels?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Formatted: Font: 10 pt
3.2.8	Does your household own any thermos flasks?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	Formatted: Font: 10 pt
3.2.9	What is the predominant wall material of the main dwelling unit?	<ol style="list-style-type: none"> <li>1. Finished walls (cement, stone with lime/cement, bricks, cement blocks, covered adobe, or wood planks/shingles)</li> <li>2. Uncovered adobe, plywood, cardboard, reused wood, or corrugated iron sheets</li> <li>3. Natural walls (cane/palm/trunks, grass/reeds, or mud/cow dung), no walls, bamboo with mud, stone with mud, or other</li> </ol>	Formatted: Font: 10 pt

3.2.10	What is the predominant floor material of the main dwelling unit?	1. Natural floor (earth/sand or dung) or palm/bamboo 2. Other (including wood planks/shingles, parquet or polished wood, vinyl or asphalt strips, ceramic tiles, cement, or carpet)	Formatted: Font: 10 pt																								
<b>HOUSEHOLD WEALTH RANKING (PERCEPTION)</b>			Formatted: Font: 10 pt																								
3.3	According to the community wealth ranking system, how do you or other people classify your household?	1.	Formatted: Font: 10 pt Commented [MK7]: Options are missing																								
3.4	How many people in your household earn some income that directly benefits the household in the last 4 month ??	.....People	Formatted: Font: 10 pt Formatted: Font: 10 pt																								
<b>4.0 FOOD CONSUMPTION</b>			Formatted: Font: 10 pt																								
4.1	Now I am going to read several statements about your household food situation.		Formatted: Font: 10 pt Formatted: Font: 10 pt																								
<table border="1"> <thead> <tr> <th></th> <th><b>Behaviours: In the past 7 days, if there have been times when you did not have enough food or money to buy food, how many days has your household had to:</b></th> <th><b>Frequency: Number of days out of the past seven: (Use numbers 0 – 7 to answer number of days; Use NA for not applicable)</b></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Rely on less preferred and less expensive foods?</td> <td></td> </tr> <tr> <td>B</td> <td>Borrow food, or rely on help from a friend or relative?</td> <td></td> </tr> <tr> <td>C</td> <td>Purchase food on credit?</td> <td></td> </tr> <tr> <td>D</td> <td>Gather wild food, hunt, or harvest immature crops?</td> <td></td> </tr> <tr> <td>E</td> <td>Consume seed stock held for next season?</td> <td></td> </tr> <tr> <td>F</td> <td>Send household members to eat elsewhere?</td> <td></td> </tr> <tr> <td>G</td> <td>Send household members to beg?</td> <td></td> </tr> </tbody> </table>				<b>Behaviours: In the past 7 days, if there have been times when you did not have enough food or money to buy food, how many days has your household had to:</b>	<b>Frequency: Number of days out of the past seven: (Use numbers 0 – 7 to answer number of days; Use NA for not applicable)</b>	A	Rely on less preferred and less expensive foods?		B	Borrow food, or rely on help from a friend or relative?		C	Purchase food on credit?		D	Gather wild food, hunt, or harvest immature crops?		E	Consume seed stock held for next season?		F	Send household members to eat elsewhere?		G	Send household members to beg?		Formatted Table Formatted: Font: 10 pt Formatted: Font: 10 pt
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F	Send household members to eat elsewhere?																										
G	Send household members to beg?																										

	H	Limit portion size at mealtimes?		
	I	Restrict consumption by adults <del>in order</del> for small children to eat?		
	J	Feed working members at the expense of non-working members?		
	K	Reduce <u>the</u> number of meals eaten in a day?		
	L	Skip entire days without eating?		
		TOTAL HOUSEHOLD SCORE		
5.0	WATER, HYGIENE AND SANITATION (WASH)			
SECTION 1: WATER ACCESS, AVAILABILITY AND SEASONALITY				
5.1	What was the main source of drinking water for members of your household in the last 4 month ?		1. Piped Water <ul style="list-style-type: none"> <li>a) Piped Into Dwelling</li> <li>b) Piped Into Yard Plot</li> <li>c) Public Tap/ Standpipe</li> </ul> 2. Tubewell/Borehole 3. Dugwell <ul style="list-style-type: none"> <li>a) Protected Well</li> <li>b) Unprotected Well</li> </ul> 4. Spring <ul style="list-style-type: none"> <li>a) Protected Spring</li> <li>b) Unprotected Spring</li> </ul> 5. Rainwater 6. Tanker Truck 7. Cart With Small Tank 8. Water Kiosk 9. Surface Water	If 1a, 1b, 5.10a, 10b skip to 5.4

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		(River/Dam/Lake/Pond/Stream/Canal/Irrigation Channel) 10. Packaged Water a) Bottled Water b) Sachet Water 96. Other (Specify).....	
5.2	What was the trekking distance/time to the MAIN water source in the last 4 month ???	1. Less Than 500m (Less Than 15 Minutes) 2. More Than 500m To Less Than 2km (15 To 1 Hour) 3. More Than 2 Km (1 – 2 Hrs) 96. Other (Specify).....	
5.3	Who MAINLY went to fetch water at your MAIN water source in the last 4 month ???	1. Women 2. Men 3. Girls 4. Boys	
5.4	Did your household do anything to the water to make it safe to drink in the last 4 month ???	1. Yes 2. No	If No skip to Q 5.7
5.5	How did you TYPICALLY/USUALLY treat your drinking water in the last 4 month ???	1. Filter Water 2. Boil 3. Water Guard/Aqua Tabs/Other Chemical (Chlorine) 4. Sitting To Settle/ Sedimentation 5. Use Water Filter (Ceramic, Sand, Composite) 6. Pot Filter 7. Uv Rays From The Sun/ Solar 8. Sieve Through Cloth 9. Traditional Herb 96. Other (Specify).....	

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5.6	When was the last time your household treated water for drinking in the last 4 month ???	1. Today 2. Yesterday 3. Within The Last One Week 4. Within The Last Two Weeks 5. Within The Last One Month 6. More Than One Month Ago 98. Do Not Remember	Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
5.7	Where did your household store water for drinking in the last 4 month ???	1. Open Container/Jerrican 2. Closed Container/Jerrican 96. Other (Specify).....	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.8	How many 20-litre jerricans of water did your household NORMALLY use per day? (excluding for animals) in the last 4 month ???	_____ Number of 20 Litre Jerrican	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.9	How much water did your household use YESTERDAY (excluding for animals)?	_____ Number of 20 Litre Jerrican	Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt
5.10	In the last 2 weeks, has the water from your main source been unavailable for at least one day?	1. Yes 2. No	If No, skip to Q5.12 Formatted: Font: 10 pt Formatted: Font: 10 pt
5.11	How would you rate the quality of water from your main source in the last one-week?	1. Very Clean 2. Satisfactory 3. A Bit Dirty 4. Very Dirty	Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt
5.12	Do you USUALLY pay for this water?	1. Yes 2. No	If No, skip to Q5.14 Formatted: Font: 10 pt Formatted: Font: 10 pt
5.13	How much per 20 litre jerrican?	_____ Ksh/20ltrs	Formatted: Font: 10 pt
5.14	How much is paid/spent per month?	a. _____ Ksh (For household use only) b. _____ Ksh (For livestock use only)	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt

5.15	Are there seasonal variations in access to water?	1. Yes 2. No	If No, skip to Q5.17	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.16	If YES, which season is short of access to water?	1. Rainy Season (April to June) 2. Dry Season (October to December) 96. Other (Specify) .....		Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
<b>SECTION 2: HOUSEHOLD WATER INSECURITY EXPERIENCES (HWISE) SCALE [ASK THE FOLLOWING QUESTIONS FOR THE LAST FOUR WEEKS]</b>				Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.17	How frequently did you or anyone in your household worry you would not have enough water for all of your household needs in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This		Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt
5.18	How frequently has your main water source been interrupted or limited (e.g., low water pressure, less water than expected, the river dried up) in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This		Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
5.19	How frequently did your household have problems with water that clothes could not be washed in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times)		Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt

		4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.20	How frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation in the last 4 weeks/months?? (Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, etc.)	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
5.21	How frequently have you or anyone in your household had to change what was being eaten because there were problems with water in the last 4 weeks/months?? (e.g., for washing foods, cooking, etc.)?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
5.22	How frequently have you or anyone in your household had to go without washing hands after dirty activities (e.g. defecating or changing diapers, cleaning a child who has soiled themselves, cleaning animal dung) because of problems with water in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
5.23	How frequently have you or anyone in your household had to go without washing their body because of problems with water in the last 4 weeks/months?? (e.g., not enough water, dirty, unsafe)?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times)	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt

		3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.24	How frequently has there not been as much water to drink as you would like for you or anyone in your household in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.25	How frequently did you or anyone in your household feel angry about your water situation in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.26	How frequently have you or anyone in your household gone to sleep thirsty because there wasn't any water to drink in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.27	How frequently has there been no useable or drinkable water whatsoever in your household in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1-2 Times)	

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		2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.28	How frequently have problems with water caused you or anyone in your household to feel ashamed/excluded/stigmatised in the last 4 weeks/months??	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
<b>SECTION 3: HYGIENE AND SANITATION</b>			
5.29	What kind of toilet facility have members of your household used during the day in the last 4 weeks?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Own Flush/Traditional Pit/VIP Toilet 2. Flush Trench Toilet 3. Toilet Without Pit/Working Flush 4. No Facility/Bush/Field/Flying Toilet 96. Other (Specify).....	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.30	How many households use this toilet facility?	1. No. Of Households If Less Than 10 2. 10 Or More Households 98. Don't Know	Formatted: Font: 10 pt
5.31	How far is the toilet facility from the house?	1. Within The Compound 2. Outside The Compound, < 5 Minutes 3. Outside The Compound, 5 - 10 Minutes 4. Outside The Compound, >10 Minutes	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
5.32	Did your household pay to use the toilet facility in the last 4 month ??	1.Yes 2.No	Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt



	last 4 months? <b>1. Yes</b> <b>2. No</b>  If No skip to Q6.11	>>Next shock	the last 4 months?  (See Code)  Only ask if Q 6.1=1	food consumption over the last 4 months?  Only ask if Q6.1 =1	(See Code)  Only ask if Q6.1 =1		
							Formatted: Font: 10 pt
<b>CLIMATIC SHOCKS</b>							Formatted: Font: 10 pt
a) Excessive rains /flooding							Formatted: Font: 10 pt
b) Variable rain/drought							Formatted: Font: 10 pt
<b>BIOLOGICAL SHOCKS</b>							Formatted: Font: 10 pt
c) Livestock disease outbreak							Formatted: Font: 10 pt
d) Crop pests' invasion (locust)							Formatted: Font: 10 pt
e) Crop disease outbreak							Formatted: Font: 10 pt
f) Weeds outbreak							Formatted: Font: 10 pt
g) Human disease outbreak (cholera etc.)							Formatted: Font: 10 pt
h) Severe illness							Formatted: Font: 10 pt
i) COVID 19							Formatted: Font: 10 pt
<b>CONFLICT SHOCKS</b>							Formatted: Font: 10 pt
j) Theft/destruction of assets							Formatted: Font: 10 pt
k) Theft of livestock							Formatted: Font: 10 pt
l) Domestic violence							Formatted: Font: 10 pt
m) Community conflict							Formatted: Font: 10 pt

<b>ECONOMIC SHOCK</b>			
n) Loss of livelihood/laying off			
o) Increased food prices			
p) Decreased prices for agricultural or livestock products			
q) Increased prices of agricultural or livestock inputs			
r) Loss of land/rental property (evictions/demolitions)			
s) Unemployment for youths			
t) Loss/death of a household member			
u) Delay in food assistance			
v) Delay in other safety net programs or remittances from family members			
w) Fire			
zz). Other Shocks (Specify)			
<b>Codes</b>			
Q6.3	Q6.4	Q6.5	

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1. No impact 2. Slight decrease 3. Severe decrease 4. Worst ever happened 97. Refused 98. Don't know	1. No impact 2. Slight decrease 3. Severe decrease 4. Worst ever happened 97. Refused 98. Don't know	1. Did not recover 2. Fully recovered, same as before the shock 3. Fully recovered and better than before the shock 4. Partially recovered 5. Not affected by [event] 97. Refused 98. Don't know
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6.6 Did you or your household use any of the following strategies to cope with any shock/stress over the last 4 months?

**Read list; MULTIPLE RESPONSES ALLOWED**

<b>LIVESTOCK, AGRICULTURE, AND LAND HOLDINGS</b>	<b>1. YES 2. NO</b>	<b>COPING STRATEGIES TO GET MORE FOOD OR MONEY</b>	<b>1. YES 2. NO</b>
a. Sent livestock in search of pasture		m. Took up new/additional work (casual labour, wage labour)	
b. Sold livestock		n. Sold household items (e.g., radio, bed)	
c. Slaughtered livestock		o. Sold productive assets (e.g., plough, water pump)	
d. Leased out land		p. Took out a loan (with interest) from a (formal) bank	
<b>MIGRATION</b>		q. Took out a loan (with interest) from a Sacco/cooperative or village savings group	
e) HH member migrated for work		r. Took out a loan (with interest) from a money-lender/mobile money	
f. Migrate (the whole family)		s. Took out a loan (no interest) from friends or relatives within the community (bonding)	
g. Sent children or an adult to stay with relatives		t. Took out a loan (no interest) from friends or relatives outside of the community (bridging)	
<b>COPING STRATEGIES TO REDUCE CURRENT EXPENDITURE</b>		u. Unconditional gift of money (not remittances) or food from family, friends, church, or other groups within the community (bonding)	

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		<p>d) Increased Trekking Distance To Water For Cattle</p> <p>e) Reduced Milk Production/Consumption</p> <p>f) Reduced Livestock Body Condition</p> <p>g) Reduced Fish Production</p> <p>h) More Livestock Migration</p> <p>i) More Livestock Deaths</p> <p>j) Decreased Cattle Prices</p> <p>k) Less Crop Production/Decreased Food Stocks</p> <p>l) Increase In Food Prices</p> <p>zz) Other (Specify) [ _____ ]</p>	<p>Formatted: Font: 10 pt</p>
6.9	<p>If YES, for 6.2 d) crops pests' invasion, how did it affect the environment?</p> <p><b>MULTIPLE RESPONSES ALLOWED</b></p>	<p>1. Destroyed Crop</p> <p>2. Destroyed Grazing Grass</p> <p>96. Other (Specify)....</p>	<p>Formatted: Font: 10 pt</p> <p>Formatted: Font: 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p> <p>Formatted: Font: 10 pt</p>
6.10	<p>How did any of the above SHOCKS/events pose a challenge to your household?</p> <p><b>Instruction:</b> (Probe for all challenges experienced)</p> <p><b>MULTIPLE RESPONSES ALLOWED</b></p>	<p>1. The Shocks Did Not Challenge The Household</p> <p>2. Difficulty/Reduced Earnings/Income</p> <p>3. Difficulty in Meeting Survival Threshold for Food</p> <p>4. Difficulty in Meeting Survival Threshold for Grazing Land</p> <p>5. Decrease Access to Market/Goods/Foods</p> <p>6. Decreased in Market Value of Livestock/Farm Products</p> <p>7. Increased Debt in The Household</p> <p>8. Reduction in Coping Strategies</p>	<p>Formatted: Font: (Default) Times New Roman, 10 pt</p> <p>Formatted: Font: 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p>

		96. Other (Specify) .....	
6.11	What have you done to protect your household from the impact of shocks in the future?  <b>[Read list; MULTIPLE RESPONSES ALLOWED]</b>	1. Nothing 2. Increased Savings 3. Put Aside Grains (For HH or Animals) 4. Switched to Different Crop(s) 5. Switched to Different Livestock 6. Added Additional Agricultural Activity 7. Added Additional Non-Agricultural Activity 8. Diversified into Agricultural Livelihood 9. Diversified into Non-Agricultural Activity 10. Changed from Agriculture to <del>Non-Non-Agriculture</del> Livelihood 11. Changed from Non-Agriculture to Agriculture Livelihood 12. Acquired Crop Insurance 13. Acquired Livestock Insurance 14. Acquired Other Insurance (e.g., Health) 15. Relocated Temporarily 16. Relocated Permanently 96. Other (Specify)..... 98. Don't Know	
6.11a	In the last <del>one</del> week, was there a COVID-19 infection in your area/village?	1. Yes 2. No 98. Don't know	If No, skip to Q7.1

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7.1	Did you or any other household member regularly save cash in the last 4 month ??	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>	If No, skip to Q7.4	<p>Formatted: Font: 10 pt</p> <p>Formatted: Font: 10 pt</p>
7.2	Where were the savings primarily held in the last 4 months?	<ul style="list-style-type: none"> <li>1. At Home</li> <li>2. Mobile Phone Banking</li> <li>3. Sacco/Cooperative/Village Savings Group</li> <li>4. Bank</li> <li>5. NGO</li> <li>6. Microfinance Institution</li> <li>96. Other (Specify).....</li> <li>98. Don't Know</li> </ul>		<p>Formatted: Font: 10 pt</p> <p>Formatted: Font: 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p>
7.3	Who primarily decides how savings are used in the household in the last 4 months?	<ul style="list-style-type: none"> <li>1. Yourself</li> <li>2. Your Spouse/Partner</li> <li>3. You and Your Spouse /Partner Jointly</li> <li>4. Yourself and Other HH Jointly</li> <li>5. Yourself or Your Partner and Other HH Member Jointly</li> <li>96. Other (Specify).....</li> <li>98 Don't Know</li> </ul>		<p>Formatted: Font: 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p>
7.4	Have you or anyone in the household borrowed money from someone else in the last 4 months?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2.No</li> </ul>	If No, skip to Q7.5	<p>Formatted: Font: 10 pt</p> <p>Formatted: Font: 10 pt</p>
7.4a	If NO, why not?	<ul style="list-style-type: none"> <li>1. Didn't Need</li> <li>2. Couldn't Find a Loan That Met My Needs" (i.e. "Is Appropriate" In Terms of Size, Terms, Etc.)</li> <li>3. Afraid I Couldn't Pay Back</li> </ul>	All responses should skip to Q7.7	<p>Formatted: Font: (Default) Times New Roman, 10 pt</p> <p>Formatted: Font: 10 pt</p> <p>Formatted: Font: (Default) Times New Roman, 10 pt</p>

		<ul style="list-style-type: none"> <li>4. No Loan Providers in My Area</li> <li>5. Do Not Like to Be in Debt</li> <li>6. Cannot Qualify (E.G., No Collateral)</li> <li>7. Process Is Too Long</li> <li>96. Other (Specify)</li> <li>97. Refused</li> <li>98. Don't Know</li> </ul>	
7.5	What was the source of the loan in the last 4 months?	<ul style="list-style-type: none"> <li>1. Bank</li> <li>2. Cooperatives Sacco</li> <li>3. Table Banking</li> <li>4. Chama/Village Savings Group</li> <li>5. Mobile Apps</li> <li>6. Friends</li> <li>7. Family</li> <li>8. Money Lender/Shylock</li> <li>9. Religious Group</li> <li>10. Local Merchant/Trader</li> <li>96. Other (Specify).....</li> </ul>	<ul style="list-style-type: none"> <li>Formatted: Font: 10 pt</li> <li>Formatted: Font: (Default) Times New Roman, 10 pt</li> <li>Formatted: Font: 10 pt</li> <li>Formatted: Font: (Default) Times New Roman, 10 pt</li> </ul>
7.6	If Yes, what was the reason for borrowing the money in the last 4 months?	<ul style="list-style-type: none"> <li>1. Purchase Food</li> <li>2. Purchase Other Household Items</li> <li>3. Health Care Expenses</li> <li>4. School Fees</li> <li>5. Invest in Business</li> </ul>	<ul style="list-style-type: none"> <li>Formatted: Font: 10 pt</li> <li>Formatted: Font: (Default) Times New Roman, 10 pt</li> </ul>

		6. Purchase of Livestock 7. Purchase of Farm Inputs 8. Personal Needs 96. Other (Specify) .....	
7.7	Has any of your household members received any financial support i.e. cash transfer in the last 4 months?	1. Yes 2.No	If No skip to Q7.15
7.8	If YES, what is the source?	1. Government Programs (Elderly, OVC) 2. County Government 3. Non-Governmental Organisations 4. Faith-Based Organisation/Church 5. Remittance 6. Gift 96. Other (Specify) ....	
7.9	What was the mode of transfer used for the financial support in the last 4 months?	1. Bank 2. Mobile Networks 3. Cash 4. Vouchers 5. Food Aid 96. Others (Specify).....	
7.10	If from the Government or NGO, how were you selected to get the support?	1. Attended A Meeting Organized by The Organization 2. Filled Forms for Support 96. Other (Specify) .....	

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7.11	Did the financial support, you received, come at the time indicated?	1. Yes 2.No	If No skip to Q7.14	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
7.12	How long did it take for you to receive the financial support?	.....Days .....Months		Formatted: Font: 10 pt Formatted: Font: 10 pt Formatted: Font: 10 pt
7.13	If there were delays in receiving the financial support what were the reasons?	1. Delay in The Organization /Government Financial Transfer 2. Network Challenges 3. Lack of Transport to Go Pick the Cash Transfer 4. Lack of Phone to Know When the Cash Transfer Comes In 5. Was Away When the Cash Transfer Came Through 96. Other (Specify) ..... 98. Don't Know		Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt
7.14	Are there any government or NGO programmes or activities in this village that help households when they are faced with a shock in the last 4 month???	1. Yes 2. No	If No skip to Q7.15	Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt
7.14a	If YES, what type of help do they provide?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Emergency Food Assistance 2. Emergency Cash Assistance 3. Conditional Food Transfer (FFW) 4. Conditional Cash Transfer (CFW) 5. Unconditional Food Transfer (Non-Emergency) 6. Unconditional Cash Transfer (Non-Emergency) 7. Household Materials and Non-Food Items 8. Educational Assistance/School Feeding		Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt Formatted: Font: 10 pt Formatted: Font: (Default) Times New Roman, 10 pt

		<p>9. Agricultural Inputs (Seeds, Fertilizer, Etc.)</p> <p>10. Livestock Inputs (Feed, Fodder, Medicine, Etc.)</p> <p>11. Water, sanitation and hygiene (WASH)</p> <p>12. Nutrition/Supplemental Feeding</p> <p>96. Other (Specify).....</p> <p>97. Refused</p> <p>98. Don't Know</p>																	
7.15	<p>Are any of the following types of insurance available in your area?</p> <p><b>Instruction: Please read <u>the list</u></b></p>	<table border="1"> <thead> <tr> <th>Insurance</th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>A. Livestock</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B. Crop</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C. Health</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>	Insurance	Yes	No	Don't Know	A. Livestock	1	2	98	B. Crop	1	2	98	C. Health	1	2	98	
Insurance	Yes	No	Don't Know																
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C. Health	1	2	98																
7.16	<p>Have you or does anyone in your household <del>currently</del> <u>took</u> have any insurance in the last 4 month <del>??</del>?</p>	<p>1. Yes</p> <p>2. No</p> <p>98. Don't Know</p>																	

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- Commented [MK9]: Please maintain questions numbering from baseline. Any new question should be numbered differently from existing numbers in baseline ...
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- Commented [HO13R10]: Done ...
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- Commented [DA10]: This should stay because the ...
- Commented [MK11R10]: But the question can be ...
- Commented [FV12R10]: I agree
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1.0	MOTHER'S/CAREGIVERS INFORMATION		SKIP
1.1	Has the caregiver of the index child changed?	<p>1. Yes</p> <p>2. No</p>	
1.2	Please, tell me how old are you?	..... Years	
1.6	Does your husband or partner have other wives (co-wives)?	<p>1. Yes</p> <p>2. No</p>	If No, skip to Q1.7
	<b>For existing caregivers ask;</b>		





5.0	INFANT AND YOUNG CHILD FEEDING PRACTICES		SKIP
<b>INSTRUCTIONS: THIS SECTION IS ADMINISTERED TO CHILDREN 0-35 MONTHS</b>			
5.4	Is [NAME] still breastfeeding [ ]?	1. Yes 2. No	If Yes, skip to Q5.7
5.5	If NO, why did you stop breastfeeding [NAME]? <b>(Only one main answer)</b>	1. Mother Ill/Weak 2. Child Ill/Weak 3. Nipple/Breast Problem 4. Mother didn't want to breastfeed anymore 5. Not Enough Milk 6. Mother Working 7. Child Refused 8. Started Complementary Feeding 9. Age to Stop Breastfeeding 10. Became Pregnant 96. Other (Specify)..... 98. Don't know	
5.7	Was [NAME] breastfed yesterday during the day or at night?	1. Yes 2. No 98. Don't Know 99. NA	If No, skip to Q5.9
5.8	Was [NAME] given [Local name for ORS] yesterday during the day or at night?	1. Yes 2. No 98. Don't Know 99. NA	
<b>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 5.9 (see far right-hand column) for those items (5.9b, 5.9c, and/or 5.9f) where the respondents replied 'yes'</b>			

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5.9	I would like to ask you about some liquids that [NAME] may have had yesterday during the day or at night. Did [NAME] consume any ( <i>item from List</i> )? Read the List of Liquids starting with 'Plain water'.					
			<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	
		A	Plain Water?	1	2	98
		B	Infant Formula Such As [Nan, Cow And Gates, Aptamil]?	1	2	98
		C	Milk Such As Tinned, Powdered, Or Fresh Animal Milk?	1	2	98
		D	Juice Or Juice Drinks?	1	2	98
		E	Sodas, other sweet drinks	1	2	98
		F	Clear Broth?	1	2	98
		G	Yogurt?	1	2	98
		H	Thin Porridge?	1	2	98
		I	Any Other Liquids Such As [Sugar Salt Solution, Sugar Glucose Water]?	1	2	98
		J	Any Other Liquids? i.e. Tea, Coffee, Honey	1	2	98

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Commented [FV25]: These are examples from Nigeria. You may want to change these to locally available brands of infant formula.

Commented [MT26R25]: They are also available/common in Kenya

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5.9a	<p>IF OPTIONS B, C, OR G ARE CHOSEN ON Q.5.9, THEN ASK 5.9a.</p> <p>Other than breast milk, how many times did (NAME) drink other milk, formula or yoghurt yesterday, during the day and night?</p> <p>DO NOT INCLUDE <u>THE</u> NUMBER OF TIMES THE CHILD WAS BREASTFED IN THIS QUESTION. THIS VARIABLE IS ONLY TO CAPTURE MILK OR MILK PRODUCTS <b><u>OTHER THAN BREAST MILK.</u></b></p>	<p>_____ Number of times</p> <p>Don't know ..... 98</p>	
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<p>Probing questions for Q5.10</p>	<p>Please describe everything that (<b>NAME</b>) ate yesterday during the day or night, whether at home or outside the home.</p> <p>(a) Think about when (<b>NAME</b>) first woke up yesterday to when (<b>NAME</b>) went to sleep until the next day: Please tell me everything (<b>NAME</b>) ate at that time. <i>probe: anything else? until the respondent says nothing else. if No, continue to Question b).</i></p> <p>(b) What did (<b>NAME</b>) do after that? did (<b>NAME</b>) eat anything at that time?</p> <p><i>if Yes: Please tell me everything (<b>NAME</b>) ate at that time. probe: anything else? until the respondent says nothing else. Repeat Question b) above until respondent says the child went to sleep until the next day. if respondent mentions mixed dishes Like a porridge, sauce, or stew, probe:</i></p> <p>(c) What ingredients were in that (<b>Mixed dish</b>)? <i>probe: anything else? until the respondent says nothing else.</i></p> <p><i>As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box Labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.</i></p> <p><i>Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following Question and circle '1' if the respondent says yes, '2' if no and '98' if don't know: yesterday during the day or night, did (<b>NAME</b>) drink/eat any (<b>food group items</b>)?</i></p>																																									
<p>5.10</p>	<p>Yesterday during the day or night, did (<b>NAME</b>) drink/eat any (<b>food group items</b>)?</p>	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><b>A</b></td> <td>Porridge, bread, rice, noodles, <b>pasta</b>, ugali, maandazi, chapati, githeri or other foods made from grains</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>B</b></td> <td>Pumpkin, carrots, butternut, or sweet potatoes that are yellow or orange inside</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>C</b></td> <td>White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas or any other foods made from roots tubers</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>D</b></td> <td>any dark green leafy vegetables</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>E</b></td> <td>ripe mangoes, ripe papayas, guava or</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>F</b></td> <td>any other fruits or vegetables</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td><b>G</b></td> <td>liver, kidney, heart, or other organ meats</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>			Yes	No	Don't Know	<b>A</b>	Porridge, bread, rice, noodles, <b>pasta</b> , ugali, maandazi, chapati, githeri or other foods made from grains	1	2	98	<b>B</b>	Pumpkin, carrots, butternut, or sweet potatoes that are yellow or orange inside	1	2	98	<b>C</b>	White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas or any other foods made from roots tubers	1	2	98	<b>D</b>	any dark green leafy vegetables	1	2	98	<b>E</b>	ripe mangoes, ripe papayas, guava or	1	2	98	<b>F</b>	any other fruits or vegetables	1	2	98	<b>G</b>	liver, kidney, heart, or other organ meats	1	2	98
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		<b>H</b>	any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	98	
		<b>I</b>	eggs	1	2	98	
		<b>J</b>	fresh or dried fish, shellfish, or seafood	1	2	98	
		<b>K</b>	any foods made from beans, peas, lentils, nuts, or seeds	1	2	98	
		<b>L</b>	cheese, yogurt, or other milk products	1	2	98	
		<b>M</b>	any oil, fats, or butter, or foods made with any of these	1	2	98	
		<b>N</b>	any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits or packaged snacks	1	2	98	
		<b>O</b>	condiments for flavour, such as chilies, spices, herbs, or fish powder	1	2	98	
		<b>P</b>	Insects	1	2	98	
		<b>Q</b>	foods made with peanut sauce, coconut milk/oil	1	2	98	
<b>check categories A–Q if all ‘no’; → go to 5.11 if at Least <del>least</del> one ‘yes’ or all ‘dk’; → go to 5.12</b>							
5.11	Did ( <b>NAME</b> ) eat any solid, semi-solid, or soft foods yesterday during the day or at night? if ‘yes’ probe: What kind of solid, semi-solid, or soft foods did ( <b>NAME</b> ) eat?	1. Yes <i>check Q5.10 to confirm. If not recorded please record and Then Continue With Q5.12</i> 2. No 98 Don’t Know					
5.12	How many times did ( <b>NAME</b> ) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	Number Of Times <input type="text"/> <input type="text"/> <input type="text"/> Don’t Know <b>98</b>					
5.13	Did ( <b>NAME</b> ) drink anything from a bottle with a nipple yesterday during the day or night?	1. Yes 2. No 98 Don’t Know					

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6.0	SUPPLEMENTATION AND CONSUMPTION OF <del>IRON-IRON-RICH</del> OR <del>IRON-IRON-FORTIFIED</del> FOODS		SKIP																				
6.1	Has (NAME) ever received iron supplements?	1. Yes 2.No 98. Do Not Know	Ask If No in Baseline																				
6.2	Has (NAME) ever received Micronutrient powders (sachets with vitamin and minerals supplements (added to food)?	1. Yes 2.No 98. Do Not Know	Ask If No in Baseline																				
<p><b>Now I would like to ask you about some particular foods (NAME) may eat. I am interested in whether your child had the item even if it was combined with other foods.</b></p>																							
6.3	Yesterday, during the day or night, did (NAME) consume any [list iron-fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting]?																						
	<table border="1"> <thead> <tr> <th>List of Fortified Foods</th> <th>Yes</th> <th>No</th> <th>Do Not Know</th> </tr> </thead> <tbody> <tr> <td>a) Porridge flour (manufactured in industries i.e. afya uji,uji mix, procta and allan)</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>b) Breakfast cereals (weetabix,cerelac,corn flakes, rice crisp)</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>c)Fortified Baby foods [local name]</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td colspan="4"><b>List-A list will be added based on local availability</b></td> </tr> </tbody> </table>			List of Fortified Foods	Yes	No	Do Not Know	a) Porridge flour (manufactured in industries i.e. afya uji,uji mix, procta and allan)	1	2	98	b) Breakfast cereals (weetabix,cerelac,corn flakes, rice crisp)	1	2	98	c)Fortified Baby foods [local name]	1	2	98	<b>List-A list will be added based on local availability</b>			
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c)Fortified Baby foods [local name]	1	2	98																				
<b>List-A list will be added based on local availability</b>																							
6.4	Yesterday, during the day or night, did (NAME) consume any food to which you added a [micronutrient powder or sprinkles] like this?  <b>Show common types of micronutrient powders available in the survey area E.g. Iron, Vitamin A, D, C, E, Zinc, etc.</b>	1.Yes 2. No																					
6.5	Yesterday, during the day or night, did (NAME) consume any [list lipid-based nutrient supplement (LNS) available in the	1. Yes 2. No																					

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Commented [MK27]: 6.1 and 6.2 should only be asked to those who responded NO or don't know at baseline

Commented [WA28R27]: Then pre-fill them

Commented [HO29R27]: Effected-prefilled from baseline to those who responded No or don't know at

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	local setting]? E.g. Plumpy nut, Plumpy sup, CSB mix		
<b>FOOD FORTIFICATION</b>			
6.6	Do you use foods and food products enriched with Vitamins and Minerals - (fortified foods)?	1. Yes 2. No	If No, skip to Q6.8
6.7	Since the last survey, which of these fortified food/products did you use in your household in the last 4 months??	1. Fortified Maize Flour 2. Fortified Wheat Flour 3. Fortified Sugar 4. Fortified Oil and Cooking Fat 5. Fortified Margarine 6. Fortified Salt 96. Other (Specify)..... 99. Not Applicable	
<b>8.0</b>	<b>CAREGIVING PRACTICES</b>		<b>SKIP</b>
8.1	Who usually/mostly looks after (NAME) (during the day)?	1. Mother 2. Father 3. Grandmother 4. Other Relative 5. Older Children/Siblings 6. House girl 7. Neighbour 96. Other (Specify).....	
8.2	Who usually/mostly feeds (NAME) during the day?	1. Mother	

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Commented [MK30]: Should this be asked to those who responded No in wave 1? Otherwise we need add "since the last survey?"

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Commented [DA32]: All these questions should be maintained because changes in caregiving practices or caregiver can have an impact on child health outcomes

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		2. Father 3. Grandmother 4. Other Relative 5. Older Children/Siblings ( <b>Instruction -Please Indicate Age of Child</b> ) 6. Housegirl 7. Neighbour 8. Child Feeds Self 96. Other (Specify).....	
8.3	Why doesn't the mother usually feed the baby during the day?	1. Mother Is Usually Away for Work 2. Mother Is Usually Away for Other Reasons 3. Mother Lives in A Different Household 4. I am the caregiver 5. Mother in school 96. Other (Specify).....	
8.4	How does the child usually feed, is s/he fed directly or assisted by someone?	1. Fed Directly 2. Assisted 3. Baby Feeds Him/Herself 96. Other (Specify).....	
8.5	Who mainly decides what [NAME] should and should not eat?	1. Baby's Mother 2. Baby's Father 3. Baby's Grandmother 4. Other Relative 96. Other (Specify).....	

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<b>9.0</b>	<b>CHILD FEEDING UTENSILS HYGIENE</b>		<b>SKIP</b>																				
<b>9.1</b>	What do you use to feed a baby?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Bottle with Nipple/Teat. 2. Cup with Nipple/Teat 3. Cup with Holes 4. Cup/ Bowl with Spoon 5. Feeding with Palm/Hands 6. Gourd 96. Other (Specify).....																					
<b>9.2</b>	Do you take special precautions to clean utensils used in feeding [name]?	1. Yes 2. No																					
<b>9.3</b>	How do you take special precautions to clean the utensils used in feeding the baby?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Boiling' The Utensils 2. Use of Commercial Disinfectants/ Chemicals 3. Use Of Lemon Extracts 4. Drying In The Sun 96. Other (Specify) .....																					
<b>10.0</b>	<b>FOOD SAFETY, HYGIENE, AND SANITATION PRACTICES</b>		<b>SKIP</b>																				
<b>10.1</b>	Yesterday (within the last 24 hours), at what instances did you wash your hands?  <b>MULTIPLE RESPONSES ALLOWED</b>	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><b>A</b></td> <td>After Toilet</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>B</b></td> <td>Before Cooking</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>C</b></td> <td>Before Eating</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>D</b></td> <td>After Taking Children To The Toilet</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Yes	No	<b>A</b>	After Toilet	1	2	<b>B</b>	Before Cooking	1	2	<b>C</b>	Before Eating	1	2	<b>D</b>	After Taking Children To The Toilet	1	2	
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**Commented [H033]:** To add this section from caregiver.

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**Commented [DA34]:** Although this may be considered important, it is not clear how it can influence child health overtime. To ensure the tool is manageable, we can let it go.

**Commented [MK35R34]:** The fact that its not clear how it influence could be the reason for keeping it ☺

**Commented [MT36R34]:** I propose we keep the question.

**Commented [H037R34]:** Retained.

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		E	Cleaning a child after they have soiled themselves?	1	2	
		F	Other (Specify)	96	96	
10.2	What is done with children/baby faeces? <b>MULTIPLE RESPONSES ALLOWED</b>		1. Thrown Out with Normal Rubbish/Trash 2. Deposited Immediately in A Latrine 3. Scattered Around the Compound/House /Flying Toilet 4. Buried In Soil 96. Other (Specify)..... 98. Don't Know			
10.3	How often do you wash your hands using soap?		1. Never 2. Rarely 3. Sometimes 4. Often 5. Always			
10.4	Why is it important to wash hands? <b>MULTIPLE RESPONSES ALLOWED</b>		1. Prevents Germs From Getting Into The Body 2. Prevents Germs From Getting Into Food 3. To Stay Healthy 4. Personal Hygiene 96. Other (Specify)..... 98. Don't Know			
11.0	<b>CHILD IMMUNIZATION, HEALTH AND HEALTH-SEEKING PRACTICES</b>					<b>SKIP</b>
	<b>Instructions; please check for vaccination on mother-child booklet/card if available-</b>					
	<b>Prefilled what was given at baseline</b>					
11.1	Since the last survey, Has child [NAME] received the following any additional immunizations?					

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Commented [MK38]: Did we capture the rota virus at baseline?

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		Prefill from baseline	Yes, Card	Yes, Recall	No	Don't know	N/A
A	BCG (Check For Scar); Intradermal Injection on the upper arm that usually causes a scar		1	2	3	98	99
B	Polio (OPV) (at birth); drops in the mouth within first 2 weeks		1	2	3	98	99
C	OPV1; oral polio drops given in the mouth at 6 weeks after birth		1	2	3	98	99
D	OPV 2; oral polio drops given in the mouth at 10 weeks after birth		1	2	3	98	99
E	OPV 3; oral polio drops given in the mouth at 14 weeks after birth		1	2	3	98	99
F	Since the last survey, did your child receive IPV an injection given in the upper outer aspect of the right outer thigh, at 14 weeks after birth		1	2	3	98	99
G	Pneumococcal Dose 1 (PCV1); The injection /shot given in the right thigh – to prevent him or her from getting Pneumonia/Meningitis (at 6 weeks after birth)		1	2	3	98	99
H	Pneumococcal Dose 2 (PCV2); The injection /shot given in the right thigh – to prevent him or her from getting Pneumonia/Meningitis (at 10 weeks after birth)		1	2	3	98	99
I	Pneumococcal Dose 3 (PCV3); The injection /shot given in the right thigh – to prevent him or her from getting Pneumonia/Meningitis (at 14 weeks after birth)		1	2	3	98	99
J	Pentavalent 1 (Pentav1); an injection in the upper outer aspect of the left thigh to prevent him or her		1	2	3	98	99

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11.6	How many times has your child received drugs for worms since the last survey?  FOR CHILDREN 12-59 MONTHS (show sample)	Number of Times.....			
	<b>Fever with Malaria: High temperature with shivering</b>	<b>Cough/ARI: Any episode with severe, persistent cough or difficulty breathing</b>	<b>Watery diarrhoea: Any episode of three or more watery stools per day</b>	<b>Bloody diarrhoea: Any episode of three or more stools with blood per day</b>	
11.7	Has your child (NAME) had diarrhoea in the last 2 weeks?	1. Yes 2. No			If No, skip to Q11.18
11.8	Was there any blood in the stools?	1. Yes 2. No			
11.9	Did you seek advice or treatment for the diarrhoea from any source?	1. Yes 2. No			If No, skip to Q11.10
11.9a	Why did you not seek advice or treatment?	1. Episode Was Not Serious 2. Distance/No Transport 3. Cost/Too Expensive 4. Believe Home Remedies Are Effective 5. No Reason 96. Other (Specify).....			<b>All responses skip to Q 11.14</b>
11.10	Where did you seek advice or treatment?	1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker			

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		<p>5. Traditional Healer</p> <p>6. Shop/Kiosk</p> <p>7. Mobile Clinic/Outreach</p> <p>8. Relative /Friend</p> <p>9. NGO/FBO</p> <p>96. Other (Specify).....</p>																									
11.11	During the time your child (NAME) had diarrhoea, was he/she given;	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>A fluid made from ORS packet</td> <td>1</td> <td>2</td> </tr> <tr> <td>B</td> <td>A pre-packed ORS fluid</td> <td>1</td> <td>2</td> </tr> <tr> <td>C</td> <td>Zinc tablets or syrup</td> <td>1</td> <td>2</td> </tr> <tr> <td>D</td> <td>Government recommended homemade fluid</td> <td>1</td> <td>2</td> </tr> <tr> <td>E</td> <td>Other home-made liquids such as porridge, soup, yoghurt, water, fresh fruit juice, tea, milk.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Yes	No	A	A fluid made from ORS packet	1	2	B	A pre-packed ORS fluid	1	2	C	Zinc tablets or syrup	1	2	D	Government recommended homemade fluid	1	2	E	Other home-made liquids such as porridge, soup, yoghurt, water, fresh fruit juice, tea, milk.	1	2	
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11.12	Was anything (else) given to treat the diarrhoea?	<p>1. Yes</p> <p>2. No</p>	If No, skip to Q11.15																								
11.13	Which treatment did (NAME) get?	<p>1. Antibiotic Pill/Syrup</p> <p>2. Zinc Tablet</p> <p>3. Antimotility</p> <p>4. Injection</p> <p>5. Intravenous</p> <p>6. Home Remedy/Herbal Medicine</p>																									

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		96. Other (Specify)..... 98. Don't Know	
11.14	During the time (name) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?  If 'less', probe: Was (he/she) given much less than usual to drink, or somewhat less?	1. Much Less. 2. Somewhat Less. 3. About The Same 4. More 5. Nothing To Drink 98. Don't Know	
11.15	During the time of the diarrhoea, did the child breastfeed well?	1. Yes 2. No 3. Refuse to be breastfed 4. <del>Child</del> The child was not breastfeeding at the time	
11.16	I would like to know how much (name) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with <u>the</u> medicine	1. Much Less. 2. Somewhat Less. 3. About The Same 4. More 5. Nothing To Drink 98. Do Not Know	
11.17	During the time (name) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? If 'less', probe: Was (he/she) given much less than usual to eat or somewhat less?	1. Much Less. 2. Somewhat Less. 3. About The Same 4. More 5. Stopped Food 6. Never Gave Food 98. Do Not Know	
11.18	Has (NAME) been ill with a fever at any time in the last 2 weeks?	1. Yes 2.No	If No, skip to Q11.23

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11.19	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	1. Yes 2. No	
11.20	Did you seek advice or treatment for the FEVER from any source?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker 5. Traditional Healer 6. Shop/Kiosk 7. Mobile Clinic/Outreach 8. Relative /Friend 9. NGO/FBO 96. Other (Specify).....	
11.21	At any time during the FEVER, did (NAME) take any drugs for the illness?	1. Yes 2. No	
11.22	Was anything else done about (NAME'S) fever?	1. Gave Warm Sponging 2. Gave Herbs 99. Nothing was done 3. Other (Specify) .....	
11.23	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	1. Yes 2. No	If No, skip to Q12.1
11.24	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	1. Yes 2. No	If No, skip to Q11.26

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11.25	Was (NAME) had difficulty in breathing due to a problem in the chest or a blocked or runny nose?	1. Yes 2. No	
11.26	Did you seek advice or treatment for the illness from any source?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker 5. Traditional Healer 6. Shop/Kiosk 7. Mobile Clinic/Outreach 8. Relative /Friend 9. NGO/FBO 96. Other (Specify).....	
11.27	At any time during the illness, did (NAME) take any drugs for the illness?	1. Antibiotic Drugs 2. Pill/Syrup 3. Injection 4. Aspirin 5. Acetaminophen 6. Paracetamol 7. Ibuprofen 96. Other (Specify) .....	

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11.28	During ANC visit for your last pregnancy, did you receive intermittent preventive treatment of malaria during pregnancy using sulfadoxine pyrimethamine/fansidar (IPT-SP)?	1. Yes 2. No	
11.29	If Yes, how many times/doses?		
12.0	<b>ACUTE MALNUTRITION SCREENING</b>		<b>SKIP</b>
12.1a	Did anyone take MUAC measurements of (NAME) in the last four months?  <b>Instruction:</b> Explain how this measurement is done	1. Yes 2.No	If No to all, a,b&c, skip to Q12.9
12.1b	Did anyone take weight measurements of (NAME) in the last four months?	1. Yes 2.No	
12.1c	Was the length/height of the child also measured?	1. Yes 2.No	
12.2	Who took the measurements?	1. Health Care Provider (Doctor/Nurse/Midwife) 2. Community Health Worker 96. Other (Specify).....	
12.3	What information were you given after the measurements?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. To Breastfeed more often 2. To give more food 3. If given food/treatment, to give it as advised 4. To take the child to the clinic 5. Nothing 96. Other (Specify).....	

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Commented [FV42]: Could 11.28 and 11.29 be dropped from this wave?

Commented [WA43R42]: They can be asked for those who said no to wave 1

Commented [HO44R42]: We have agreed with Martin - Should be removed since we're referring to the last pregnancy (index child) and not every pregnancy.

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12.4	Has the child been enrolled in any nutrition program?	1. Yes 2.No	If No skip to Q12.15
12.5	If Yes, which nutritional program?	1. <del>Out-Out</del> Patient Therapeutic Program (OTP) 2. Supplementary Feeding Program (SFP) 3. Blanket Supplementary Feeding Program (BSFP) 4. Other (Specify).....	
12.6	What treatment was the (NAME) given	1. Ready-to-Use Therapeutic Food (RUTF) (RUTF) 2. Hospitalized 3. Advice On Feeding the Baby 4. Other (Specify).....	If the response is 1,3, or 4 skip to Q12.11
12.7	If hospitalised, where was [NAME] HOSPITALISED	.....	
12.8	How many nights was (NAME) hospitalised?	..... Nights	
12.9	Upon discharge was (NAME) given anything?	1. RUTF 2. No 3. Directed for Supplementary Feeding at The Health Clinic 96. Other (Specify).....	
12.10	Were you advised to take the child back to the clinic/ OTP?	1. Yes 2. No	If No, skip to Q12.12
12.11	Did you take [NAME] back for the program as indicated?	1. Yes 2. No	If Yes, skip to Q12.13

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- Commented [MK45]: I think we need to keep this. It does impact malnutrition indicators
- Commented [HO46R45]: Retained
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12.12	What were the reasons for not taking (NAME) back?	1. Distance 2. Child Got Better 3. Lack of Time/Competing Interests 4. Lack of Money for Transport 5. Spouse Refused 6. Decided to Seek Alternative Therapy 96. Other (specify) .....	
<b>COMMUNITY HEALTH VOLUNTEERS</b>			
12.13	Has a CHV visited your house in the last four months?	1.Yes 2.No	If No, skip to Q 13.0
12.14	How often does the CHV visit you?	..... Weeks .....Months	
12.15	When did the CHV last come to visit the household?	.....Days .....Weeks	
12.16	What type of services /counselling does the CHV offer?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Referral to Health Facility 2. Breastfeeding 3. Infant Feeding 4. Growth Monitoring 5. Deworming 6. Vitamin A Supplementation 7. Screening for Malnutrition 8. Follow Up On Child Health	

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		<p>9. Family Planning</p> <p>10. Management of Acute Malnutrition</p> <p>11. Management of Common Illness (Fever, Diarrhoea)</p> <p>12. Sensitization on Good Nutrition During Pregnancy and Lactation</p> <p>13. Screening and Early Detection of Disease</p> <p>14. Home Visits</p> <p>15. Compliance with Treatment (Follow OTP/SFP Cases)</p> <p>16. General Health Promotion</p> <p>17. Advice on good hygiene, sanitation, food safety, handwashing practices</p> <p>96. Other (Specify).....</p>		
12.17	What do you think about the CHV services?	<p>1. Satisfactory</p> <p>2. Good</p> <p>3. Average</p> <p>4. Poor</p> <p>5. Very Poor</p>		
13.0	<b>WOMEN'S MINIMUM DIETARY DIVERSITY</b>		<b>SKIP</b>	
	The model questionnaire on the next two pages provides a few examples of food items for each row in the questionnaire. During questionnaire adaptation, these examples of food items need to be replaced by lists of common foods in the local context that falls into the row.			
13.1	Yesterday during the day or night, did (YOU/RESPONDENT) drink/eat any ( <i>food group items</i> )?			
	<b>Food Group</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
A	<b>Food Made from Grains:</b> Porridge, bread, rice, noodles, pasta, ugali, maandazi, chapatti, githeri, or other foods made from grains	1	2	98

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<b>B</b>	<b>White Roots And Tubers And Plantains:</b> White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas	1	2	98	
<b>C</b>	<b>Pulses</b> (beans, peas, and lentils) <i>Mature beans or peas (fresh or dried seed), lentils or bean/pea products</i>	1	2	98	
<b>D</b>	<b>Nuts And Seeds;</b> <i>Any tree nut, groundnut/peanut or certain seeds, or nut/seed “butters” or pastes</i>	1	2	98	
<b>E</b>	<b>Milk and Milk Products:</b> <i>Milk, cheese, yoghurt, or other milk products but NOT including butter, ice cream, cream, or sour cream</i>	1	2	98	
<b>F</b>	<b>Organ Meat:</b> <i>Liver, kidney, heart, or other organ meats or blood-based foods, including from wild game</i>	1	2	98	
<b>G</b>	<b>Meat and Poultry:</b> <i>Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, or other bird</i>	1	2	98	
<b>H</b>	<b>Fish and Seafood:</b> <i>Fresh or dried fish, shellfish or seafood</i>	1	2	98	
<b>I</b>	<b>Eggs</b>	1	2	98	
<b>J</b>	<b>Dark Green Leafy Vegetables</b> (terere, manage, osuga, pumpkin leaves, kales, spinach etc.)	1	2	98	
<b>K</b>	<b>Vitamin A-Rich Vegetables, Roots and Tubers;</b> <i>Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside</i>	1	2	98	
<b>L</b>	<b>Vitamin A-Rich Fruits;</b> <i>Ripe mango, ripe papaya, Guava</i>	1	2	98	
<b>M</b>	<b>Other Vegetables;</b> Cabbages, onions, green pepper, okra	1	2	98	
<b>N</b>	<b>Other Fruits;</b> Pineapple, oranges	1	2	98	
<b>14.0</b>	<b>FOOD INSECURITY EXPERIENCE SCALE (HFIES)</b>				<b>SKIP</b>

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	<b>Now I would like to ask you some questions about your food consumption in the last 4 months. During the last 4 MONTHS, was there a time when:</b>		
14.1	You were worried you would run out of food because of a lack of money or other resources <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.2	You were unable to eat healthy and nutritious food because of a lack of money or other resources- <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.3	You ate only a few kinds of foods because of a lack of money or other resources- <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.4	You had to skip a meal because there was not enough money or other resources to get food <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.5	You ate less than you thought you should because of a lack of money or other resources <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.6	Your household ran out of food because of a lack of money or other resources- <b>in the last 4 months?</b>	1. Yes 2. No 97. Refuse 98. Don't Know	
14.7	You were hungry but did not eat because there was not enough money or other resources for food- <b>in the last 4 months?</b>	1. Yes 2. No	

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		97. Refuse 98. Don't Know	
14.8	You went without eating for a whole day because of a lack of money or other resources in the last 4 months?*	1. Yes 2. No  97. Refuse 98. Don't Know	
15.0	<b>GENDER, WOMEN EMPOWERMENT, VIOLENCE AND COMMUNITY CONFLICT</b>		<b>SKIP</b>
	<p><b>INSTRUCTIONS: This section is to be asked to those married/living with a man or were formally married/lived with a man (check from the household schedule)</b></p> <p><b>Check for Presence of Others: Do Not Continue Until Privacy Is Ensured</b></p> <p><b>Read to The Respondent</b></p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in your community. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>		
15.1	<b>Gender-Equitable Decision-Making</b>		
	<p><b>1. I am solely responsible for decision making</b></p> <p><b>2. I ask other HH members but I almost always have the final say</b></p> <p><b>3. Husband /partner alone</b></p> <p><b>4. Husband/partner and I jointly</b></p> <p><b>5. Husband/partner or other male asks for my opinion but they make the decision</b></p> <p>a) Overall, who primarily makes most household decisions?</p>	<p><b>6. Husband /partner or other male informs me of the decision</b></p> <p><b>8. I have no say in the decision</b></p> <p><b>9. Mother-in-law</b></p> <p><b>9. Spouse or partner has no earning/income</b></p> <p><b>96. Other household members (specify).....</b></p>	

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	b) Who primarily makes decisions on how household income is used?		
	c) Who usually decides how the money you earn will be used?		
	d) Who usually decides how your earnings will be used?		
	e) Who primarily makes household decisions over child health care?		
	d) Who primarily makes household decisions over your (women's) health care?		
	e) Who primarily makes household decisions about food purchases?		
	f) Who primarily makes decisions about major household purchases?		
	g) Who usually makes decisions about visits to your family or relatives?		
15.2	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	1. More Than Him 2. Less Than Him 3. About The Same 4. Husband/Partner Has No Earnings 98. Don't Know	

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15.3	Do you own this or any other house either alone or jointly with someone else?	1. Alone Only 2. Jointly Only 3. Both Alone And Jointly 4. Does Not Own			
15.4	Do you own any land either alone or jointly with someone else?	1. Alone Only 2. Jointly Only 3. Both Alone And Jointly 4. Does Not Own			
<b>DOMESTIC VIOLENCE AND ABUSE</b>					
Now I need to ask some more questions about your relationship with your (husband/partner) or (last husband/partner).					
<b>Psychological (Emotional) violence</b>					
15.5	a) Did your (husband/partner) or (last husband/partner) ever;		<b>Ever</b>	b) How often did this happen during the last 12 months: often, only sometimes, or not at all?	
			<b>1=Yes 2=No</b>	<b>Often</b>	<b>Sometimes</b>
					<b>Not In The Last 12 Months</b>
	a) Say or do something to humiliate you in front of others			1	2 3
	b) Threaten to hurt or harm you or someone close to you			1	2 3
	c) Insult you or make you feel bad about yourself			1	2 3
15.6	<b>Physical violence</b>				
	a) Did your (husband/partner) or (last husband/partner) ever do any of the following to you;	<b>Ever</b>		b) How often did this happen during the last 12 months: often, only sometimes, or not at all?	

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	1=Yes 2=No	Often	Sometimes	Not In The Last <del>12</del> 4 Months
a) Push you, shake you, or throw something at you		1	2	3
b) Slap you		1	2	3
c) Twist your arm or pull your hair		1	2	3
d) Punch you with his fist or something that could hurt you		1	2	3
e) Kick you, drag you, or beat you up		1	2	3
f) Try to choke you or burn you on purpose		1	2	3
g) Threatened to attack you with a knife or other weapon		1	2	3
h) Attacked you with a weapon		1	2	3
15.7 Sexual violence				

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▲						
a) Did your (husband/partner) or (last husband/partner) ever do any of the following to you;	<b>Ever</b>	b) How often did this happen during the last <del>12</del> 4 months: often, only sometimes, or not at all?				
▲	<b>1=Yes 2=No</b>	<b>Often</b>	<b>Sometimes</b>	<b>Not In The Last <del>12</del>4 Months</b>		
a) Touched you in a sexual way (e.g. kissing, grabbing, or fondling); when you did not want them to		1	2	3		
b) Try to have sexual intercourse with you when you did not want to but did not succeed		1	2	3		
c) Physically forced you to have sexual intercourse even when you did not want to		1	2	3		
1. d. Forced you with threats or any other way to perform sexual acts when you did not want to		1	2	3		
<b>INSTRUCTIONS: CHECK Q15.6 if at LEAST one YES to any questions (a-h) ask the following questions</b>						If No, skip to Q15.10
▲ 15.8	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? <b>If Less Than One Year, Record '00'</b>	Number of Years . . . . .				
		Before Marriage/Before Living Together . . . . . 95				

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15.9	Did the following ever happen as a result of what your (last) (husband/partner) did to you:			
			<b>Yes</b>	<b>No</b>
		a) You had cuts, bruises or aches?	1	2
		b) You had eye injuries, sprains, dislocations or burns?	1	2
	c) You had deep wounds, broken bones, broken teeth or any other serious injury?	1	2	
15.10	Has anyone other than (your/any) (husband/partner) ever hit you, slapped you, kicked you or done anything else to hurt you physically <del>you</del> in the last <del>12</del> 4 months?	1. Yes		
		2. No		
		97. Refused To Answer		
15.11	b) Who had done any of these things to physically hurt you?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Mother/Step-Mother		
		2. Father/Step-Father		
		3. Sister/Brother		
		4. Daughter/Son		
		5. Other Relative		
		6. Current Boyfriend		
		7. Former Boyfriend		
		8. Mother-In-Law		
		9. Father-In-Law		
		10. Employer/Someone at Work		
		11. Police/Soldier		
96. Other (Specify).....				
15.11	Has anyone other than (your/any) (husband/partner) physically forced you to	1. Yes		

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	<p>have sexual intercourse or perform any sexual acts when you did not want to or perform any other form of sexual abuse to you in the last <del>12</del> 4 months?</p>	<p>2. No 97. Refused To Answer</p>	
▲	<p>a) Who was the person forcing you to perform any of these sexual acts? <b>MULTIPLE RESPONSES ALLOWED</b></p>	<p>1. Former Husband/Partner 2. Current/Former Boyfriend 3. Father/Step-Father 4. Brother/Step-Brother 5. Other Relative 6. In-Law 7. Own Friend/Acquaintance 8. Family Friend 9. Teacher 10. Employer/Someone at Work 11. Police/Soldier 12. Priest/Religious Leader 13. Stranger 96. Other (Specify).....</p>	

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15.12	Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically harming you?	<table border="1"> <tr> <td data-bbox="674 312 790 392"><b>Ever</b></td> <td colspan="3" data-bbox="790 312 1424 392">b) How often did this happen during the last 12 months: often, only sometimes, or not at all?</td> </tr> <tr> <td data-bbox="674 392 790 472">1=Yes 2=No</td> <td data-bbox="790 392 902 472"><b>Often</b></td> <td data-bbox="902 392 1055 472"><b>Sometimes</b></td> <td data-bbox="1055 392 1424 472"><b>Not At All In The Last 12 Months</b></td> </tr> <tr> <td data-bbox="674 472 790 552">1</td> <td data-bbox="790 472 902 552">2</td> <td data-bbox="902 472 1055 552">3</td> <td data-bbox="1055 472 1424 552"></td> </tr> </table>	<b>Ever</b>	b) How often did this happen during the last 12 months: often, only sometimes, or not at all?			1=Yes 2=No	<b>Often</b>	<b>Sometimes</b>	<b>Not At All In The Last 12 Months</b>	1	2	3		
<b>Ever</b>	b) How often did this happen during the last 12 months: often, only sometimes, or not at all?														
1=Yes 2=No	<b>Often</b>	<b>Sometimes</b>	<b>Not At All In The Last 12 Months</b>												
1	2	3													
15.13	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever told anyone?  At LEAST one YES on Q15.2-15.4, Q15.7-15.8	1. Yes  2. No													
15.14	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?  At LEAST one YES on Q 15.2-15.4, Q15.7-15.8	1. Yes  2. No													
15.15	b) From whom have you sought help?  Anyone else?  <b>MULTIPLE RESPONSES ALLOWED</b>	1. Own Family  2. A Husband's/Partner's Family  3. Current/Former Husband/Partner  4. Current/Former Boyfriend  5. Friend  6. Neighbour  7. Religious Leader													

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		8. Health Care Provider (Doctor/Nurse/Midwife) 9. Community Health Volunteer 10. Local Administration (Chief/Village Elders) 10. Police 11. Lawyer 12. Social Service Organization/Institution 96. Other (Specify).....																															
15.15	Are you /were you afraid of your (last) (husband/partner)?	1. Most of The Time Afraid 2. Sometimes Afraid 3. Never Afraid																															
15.16	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>If she goes out without telling him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B</td> <td>If she neglects the children?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C</td> <td>If she argues with him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>D</td> <td>If she refuses to have sex with him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>E</td> <td>If she burns the food?</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>			Yes	No	Don't Know	A	If she goes out without telling him?	1	2	98	B	If she neglects the children?	1	2	98	C	If she argues with him?	1	2	98	D	If she refuses to have sex with him?	1	2	98	E	If she burns the food?	1	2	98	
		Yes	No	Don't Know																													
A	If she goes out without telling him?	1	2	98																													
B	If she neglects the children?	1	2	98																													
C	If she argues with him?	1	2	98																													
D	If she refuses to have sex with him?	1	2	98																													
E	If she burns the food?	1	2	98																													
15.17	In the last 4 weeks, was there any community-based violence in your area/village?	1. Yes 2.No																															

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Commented [FV47]: I'm not sure I agree with deleting all of the sexual violence questions, but even if you do, I suggest keeping this question because it is one of the standard DHS questions used for measuring women's autonomy.

Commented [HO48R47]: Done, retaining qxn 15.16

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15.18	What <del>was</del> <del>were</del> the consequences of community violence on your household?	1. Migration/Displacement 2. Destruction Of Resources 3. Disability 4. Death 96. Other (Specify).....	
<b>Thank the respondent for her cooperation and reassure her about the confidentiality of her answers.</b>			
<b>WOMEN'S TIME USE AND POVERTY</b>			
15.19	Have you done any work for cash or kind in the last <del>12</del> <del>4</del> months?	1. Yes 2. No	If No, skip to Q15.25
15.20	What is the kind of work you mainly did?	1. Livestock Herding 2. Crop Farming/Own Farm Labour 3. Employed (Salaried) 4. Waged Labour (Casual) 5. Petty Trade/Hawking (Handicraft i.e. Beading, Sale of Firewood, Charcoal) 6. Merchant/Trader 7. Self-employment (boda, boda) 8. Fishing 9. Domestic Work/House Manager 10. Unemployed/None 96. Other (Specify)	
15.21	Do you do this work for a member of your family, for someone else, employed or are you self-employed?	1. For Family Member 2. For Someone Else 3. Self-Employed 4. Employed 96. Other (Specify).....	
15.22	What was/is the form of payment for work done?	1. Cash Only 2. Cash and Kind 3. <del>In</del> <del>In</del> Kind Only 4. Not Paid	

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15.23	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	1. Through Out the Year 2. Seasonally 3. Once In A While	
15.24	In case of birth of a child, would you be entitled to paid or unpaid maternity leave on this job?	1. Yes, Paid Leave 2. Yes, Unpaid Leave 3. No 98. Don't Know	
15.25	Aside from your own household chores, have you engaged in any other work for cash or kind in the last 7 days?	1. Yes 2. No	
15.26	What kind of work did you engage in in the last 7 days?	.....	
15.27	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	1. Yes 2.No	
<b>16.0</b>	<b>PSYCHOLOGICAL WELLBEING</b>		<b>SKIP</b>
	<b>Now I am going to read to you a series of statements about how often you have certain feelings. If you are uncomfortable, let me know [ENUMERATOR] to check for the presence of others before continuing. Ensure privacy. Move to secluded or private place if necessary</b>		
16.1	Over the last 7 days, how often ...		
		1. Never 2. A Little of the Time (1 - 2 Days During the Past Week) 3. A Moderate Amount of Time (3 - 4 Days During the Past Week) 4. Most or All of the Time (5 - 7 Days During the Past Week)	
	a) Did you sleep well?		

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	b) Were you happy		
	c) Did you have trouble concentrating?		
	d) Do you feel hopeful about the future?		
	e) Did you feel that everything you did was an effort?		
	f) Did you feel lonely?		
	g) Did you feel depressed/Stressed?		
	h) Did you feel that you could not 'get going'?		
	i) Were you bothered by things that don't usually bother you?		
	j) Did you feel fearful?		
16.2	<b>I will now read out a number of statements. Indicate to what extent you agree with the statement.</b>		
		<b>1. Strongly Agree</b> <b>2. Agree</b> <b>3. Undecided</b> <b>4. Disagree</b> <b>5. Strongly Disagree</b>	
	a) I can usually achieve what I want if I work hard for it		
	b) Once I make plans, I am almost certain to make them work		
	c) I usually do not set goals for myself		
	d) I can learn almost anything if I set my mind to it		
	d) I find it difficult to follow through on goals that I set for myself		
	f) Bad luck often prevents me from achieving things		
	g) Almost anything is possible for me if I really want it.		

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	h) Most of what happens in my life is beyond my control				
	i) I give up working on something that is difficult for me				
<b>17.0</b>	<b>ANTHROPOMETRIC MEASUREMENTS</b>				<b>SKIP</b>
17.1	<b>Index Child</b>				
	<b>Instruction; Check Child Born In xx Month xxx Year Or Later</b>				
	Code Number (From HH Schedule)				
	Name				
	Sex of Child				
	1. Male				
	2. Female				
	Mother's DOB Copied Here; If Mother Not Interviewed, Ask What is (Name) Birthday? (DD/MM/YY)				
	17.4.i. Is the child weighed with beads on? (1. YES, 2. NO)				
	17.4.ii. Select the type of beads worn by the child (MULTIPLE RESPONSES ALLOWED)				
	1. Small size				
					If No, Skip 17.4.ii and 17.4.iii

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- 2. Medium size
- 3. Big size

17.4.iii. How many beads are worn by the child?

- 1. Small size (Specify number)
- 2. Medium size (Specify number)
- 3. Big size (Specify number)

Weight In Kgs	1 <sup>st</sup> Reading			
	2 <sup>nd</sup> Reading			
	Average Kgs			
	94. Not Present			
	96. Other			
	97. Refused			
Height In Cm	1 <sup>st</sup> Reading			
	2 <sup>nd</sup> Reading			
	Average cms			
	1. Standing			
	2. Recumbent			
	94. Not Present			
	96. Other			
	97. Refused			

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	▲MUAC in cm	1 <sup>st</sup> Reading				
		2 <sup>nd</sup> Reading				
		Average cms				
		94. Not Present				
		96. Other				
		97. Refused				
	▲Check For Oedema Presence	1. Yes				
		2.No				
▲17.2						
	<b>Women Anthropometric Measurement</b>		<b>Pregnant/Lactating Women</b>	<b>Non-Lactating/Pregnant Women</b>		
	▲MUAC (cm)	1 <sup>st</sup> Reading				
	▲	2 <sup>nd</sup> Reading				
	▲	<b>Average MUAC (Cm)</b>				
	▲Weight(kgs)					
	▲	1 <sup>st</sup> Reading				
	▲	2 <sup>nd</sup> Reading				
	▲	<b>Average (Kgs)</b>				
	▲Height (cm)	1 <sup>st</sup> Reading				

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		2 <sup>nd</sup> Reading			
		Average (cm)			
		<p>17.9.i. Is the caregiver weighed with beads on? (1. YES, 2. NO)</p> <p>17.9.ii. Select the type of beads worn by the caregiver (MULTIPLE RESPONSES ALLOWED)</p> <p>1. Small size</p> <p>2. Medium size</p> <p>3. Big size</p> <p>17.9.iii. How many beads are worn by the caregiver-?</p> <p>1. Small size (Specify number)</p> <p>2. Medium size (Specify number)</p> <p>3. Big size (Specify number)</p>			<p>If No, Skip 17.9.ii and 17.9.iii</p>
<b>18.0</b>	<b>END INTERVIEW</b>				<b>SKIP</b>
<b>18.1</b>	<b>COMMENTS</b>				
<b>18.2</b>	<b>END TIME (24 HR FORMAT)</b>	<input type="text"/>	<input type="text"/>		
<b>18.3</b>	<b>TEAM LEADER CODE</b>	<input type="text"/>	<input type="text"/>		
<b>18.4</b>	<b>GPS COORDINATES</b>				

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