

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER**  
**Case-Control of Diarrhoea Component**

INCLUSION CRITERIA											
30.0	Does (NAME) have diarrhoea?	Yes..... 1 No ..... 2 Don't Know..... 8									
30.1	How many loose stools did (NAME) have in the last 24 hours?	0 ..... 1 1 ..... 2 2 ..... 3 ≥3 ..... 4	→ 30.7								
30.4	When was the first day of diarrhea?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	D	D	M	M					
D	D	M	M								
30.5	For how long did (NAME) have diarrhea? (automatic calculation)	1..... 1 2..... 2 3..... 3 ≥4..... 4									
30.6	When was the last episode of diarrhea before the current one?	< 2 weeks..... ≥ 2 weeks.....	→ 30.8 → 40.1								
30.7	When was the last episode of diarrhea?	< 2 weeks..... ≥ 2 weeks.....	→ 30.8 → 40.1								
30.8	When was the last day of the last episode of diarrhea?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	D	D	M	M					
D	D	M	M								
30.9	If ≥3 in 30.1, number of days between the 2 episodes of diarrhea	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			→ 40.1						
40.0	If 0 in 30.1, number of days between the last episode and today	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			→ 40.1						
40.1	Has (NAME) taken medicine in the last 7 days?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 40.3 → 40.3								
40.2	What medicine? (CODESHEET A1)	Antibiotics..... 1 Antimalarial..... 2 Analgesic..... 3 Antiamoebic..... 4 Anthelmintic..... 5 Antifungal..... 6 ORS..... 7 Don't know..... 8 Other..... 9 Specify									
<p><i>If question 30.1 ≥3 AND question 30.3 ≤3 AND (question 30.6 ≥2 weeks OR question 30.9 ≥7) AND (question 40.1 = No OR question 40.2 ≠ 1), THEN (NAME) is a CASE</i></p> <p><i>If question 30.1 = 0 AND (question 30.7 ≥ 2 weeks OR question 40.2 ≥ 7) AND (question 40.1 = No OR question 40.2 ≠ 1), THEN (NAME) is a CONTROL</i></p>											
40.3	Is (NAME) a CASE? (automatic calculation)	YES <input style="width: 40px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 40px; border: 1px solid black;" type="checkbox"/>									
40.4	Is (NAME) a CONTROL? (automatic calculation)	YES <input style="width: 40px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 40px; border: 1px solid black;" type="checkbox"/>									

EXPOSURE			
50.0	Are you (NAME OF CHILD)'s mother/guardian?	Yes..... 1 No ..... 2 Don't Know..... 8	
50.1	What level of education have you reached?	No formal education ..... 1 Pre-school ..... 2 Primary ..... 3 Secondary ..... 4 Tertiary ..... 5 College ..... 6 Don't know ..... 8	
50.2	Have (NAME)'s mother been working away from home during the day in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	
50.3	Where did (NAME) spend most of the day in the last 2 weeks?	Home..... 1 Outside..... 2 School/day care..... 4 Other person's home..... 5 Other..... 8 Specify	50.5
50.4	Who was taking care of (NAME) during the day in the last 2 weeks?	Mother..... 1 Father..... 2 Househelp..... 3 Sibling..... 4 Neighbour..... 5 Don't know..... 8 Other..... 9 Specify	
50.5	What was the total number of people living in the household in the last 2 weeks? (adults + children)	<input type="text"/>	
50.6	What was the number of children (<15 years old) living in the household in the last 2 weeks?	<input type="text"/>	
50.7	What is (NAME)'s birth order	<input type="text"/>	
50.8	Have (NAME) traveled outside Nairobi in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	51.0
50.9	Where did (NAME) travel to?	Rural area..... 1 Urban area..... 2 Out of the country..... 3 Don't know..... 4 Other..... 5 Specify	
51.0	Have any other member of the family traveled outside Nairobi in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	51.2
51.1	Where did they travel to? <i>More than one response is allowed</i>	Rural area..... 1 Urban area..... 2 Out of the country ..... 3 Don't know ..... 8 Other ..... 9 Specify	

51.2	Have any visitors slept in your household in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	51.4							
51.3	Where did they come from? (home) <i>More than one response is allowed</i>	Nairobi ..... 1 Rural area ..... 2 Other urban area ..... 3 Out of the country ..... 4 Don't know ..... 8 Other ..... 9 Specify								
51.4	Has anyone in the household been sick within the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	60.0							
51.5	Who was it? (relation to (NAME)) <i>More than one response is allowed</i>	Mother..... 1 Father..... 2 Brother..... 3 Sister..... 4 Other..... 9 Specify								
51.6	Which sickness? <i>More than one response is allowed</i>	Diarrhoea..... 1 Other..... 9 Specify								
<b>CONTACT WITH LIVESTOCK</b>										
60.0	Have you or any family member had contact with live livestock in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 60.2 → 60.2							
60.1	What kind of contact (CODE SHEET A2) <i>More than one response is allowed</i>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> Specify								
60.2	Do you own/rear any live livestock?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 62.4 → 62.4							
60.3	Which ones? <i>More than one response is allowed</i>	Chicken..... 1 Pig..... 2 Goat..... 3 cattle..... 4 Sheep..... 5 Cat..... 6 Dog..... 7 Duck..... 8 Rabbit..... 9 Other..... 99 Specify								
60.4	For what purpose do you keep them? <i>More than one response is allowed</i>	Social status..... 1 Mechanical work..... 2 Manure..... 3 Commercial purposes..... 4 Consumption..... 5 Company..... 6 Security..... 7 Don't know..... 8 Other..... 19 Specify								

60.5	Have any of the livestock been acquired in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	60.7																																	
60.6	From where were they acquired? More than one response is allowed	Market..... 1 Friend..... 2 Neighbour..... 3 Farm..... 4 Don't know..... 8 Other..... 9 Specify																																		
60.7	Has any of the livestock been sick in the last 2 weeks?	Yes..... 1 No ..... 2 Don't Know..... 8	61.2																																	
60.8	Were the sick animals kept here?	Yes..... 1 No ..... 2 Don't Know..... 8																																		
60.9	What were the symptoms?	Diarrhoea..... 1 Not eating..... 2 Dullness..... 3 Skin infection..... 4 Don't know..... 8 Other..... 9 Specify																																		
61.0	Was it treated?	Yes..... 1 No ..... 2 Don't Know..... 8	61.2																																	
61.1	What kind of treatment? More than one response is allowed	Antibiotics..... 1 Deworming..... 2 Herbal medicine..... 3 Multi vitamins/..... 5 Don't know..... 8 Other..... 9 Specify																																		
61.2	Do you use anything routinely to control worms in your livestock?	Yes..... 1 No ..... 2 Don't Know..... 8	61.4																																	
61.3	In which ones? More than one response is allowed	Chicken..... 1 Pig..... 2 Goat..... 3 Cattle..... 4 Sheep..... 5 Cat..... 6 Dog..... 7 Duck..... 8 Other..... 99 Specify																																		
61.4	If you own/rear animals, do you have them where you live?	Yes..... 1 No ..... 2 Don't Know..... 8	62.2																																	
61.5	How many of them ?	<table border="1"> <thead> <tr> <th></th> <th>61.6 Daytime emplacement (CODESHEET A3)</th> <th>61.7 Night emplacement (CODESHEET A3)</th> </tr> </thead> <tbody> <tr><td>1</td><td>Chicken</td><td></td></tr> <tr><td>2</td><td>Pig</td><td></td></tr> <tr><td>3</td><td>Goat</td><td></td></tr> <tr><td>4</td><td>Cattle</td><td></td></tr> <tr><td>5</td><td>Sheep</td><td></td></tr> <tr><td>6</td><td>Cat</td><td></td></tr> <tr><td>7</td><td>Dog</td><td></td></tr> <tr><td>8</td><td>Duck</td><td></td></tr> <tr><td>99</td><td>Other</td><td></td></tr> <tr><td></td><td>Specify</td><td></td></tr> </tbody> </table>		61.6 Daytime emplacement (CODESHEET A3)	61.7 Night emplacement (CODESHEET A3)	1	Chicken		2	Pig		3	Goat		4	Cattle		5	Sheep		6	Cat		7	Dog		8	Duck		99	Other			Specify		
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61.8	Where do you dispose of the animals faeces ?	Trenches..... 1 Bin..... 2 Sewage..... 3 Farm..... 4 Dumping site..... 5 Compost pit..... 6 Don't know..... 8 Other..... 9 Specify	
61.9	How often do you dispose of the animal faeces?	Once a day..... 1 Every two days..... 2 Once a week..... 3 Twice a week..... 4 Never..... 5 Don't know..... 8 Other..... 9 Specify	
62.0	How often do you clean the floor where animals are kept?	Once a day..... 1 Every two days..... 2 Once a week..... 3 Twice a week..... 4 Never..... 5 Don't know..... 8 Other..... 9 Specify	
62.1	What do you use to clean the floor where animals are kept?	Broom..... 1 Water..... 2 Soapy water..... 3 Desinfectant..... 4 Nothing..... 5 Don't know..... 8 Other..... 9 Specify	
62.2	If you own/rear animals, then do you have them upcountry/elseswhere?	Yes..... 1 No ..... 2 Don't Know..... 8	62.4
62.3	How often the owner/rearer visit the animals?	Daily ..... 1 Once a week ..... 2 Once a month ..... 3 Never ..... 4 Don't know ..... 8 Other ..... 9 Specify	
62.4	Does (NAME) play in areas where animals sleep ?	Yes..... 1 No ..... 2 Don't Know..... 8	
62.5	Do animals have access to the building in which (NAME) sleep?	Yes..... 1 No ..... 2 Don't Know..... 8	62.7

62.6	Which animals have access to the building in which (NAME) sleep? <i>More than one response is allowed</i>	Chicken..... 1 Pig..... 2 Goat..... 3 cattle..... 4 Sheep..... 5 Cat..... 6 Dog..... 7 Duck..... 8 Don't know..... 18 Other..... 19 Specify								
62.7	Does (NAME) has contact with animals in the household?	Yes..... 1 No ..... 2 Don't Know..... 8	63.0							
62.8	What kind of contact? (CODE SHEET 2) <i>More than one response is allowed</i>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> Specify								
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63.0	Does (NAME) has contact with animals outside the house?	Yes..... 1 No ..... 2 Don't Know..... 8	63.3							
63.1	What kind of contact? (CODESHEET A2)	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> Specify								
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63.3	Are any animals slaughtered in the household?	Yes..... 1 No ..... 2 Don't Know..... 8	63.5							
63.4	How are their offals managed/handled? <i>More than one response is allowed</i>	Eaten ..... 1 Fed to animals ..... 2 Sold ..... 3 Dumped ..... 4 Don't know ..... 8 Other ..... 9 Specify								
63.5	How do you dispose of dead animals?	Eat it..... 1 Burn it..... 2 Bury it..... 3 Dump it..... 4 Sell it..... 5 Feed to animals..... 6 Don't know..... 8 Other..... 9 Specify								

FOOD CONSUMPTION																																										
70.0	<p>If CASE, ask "In the last 5 days before getting sick, did (Name) eat (.) or any foods made from: If CONTROL, ask "Within the last week, did (Name) eat (.) or any foods made from:</p> <table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>Grains/cereals</td><td></td><td></td></tr> <tr><td>Roots and tubers</td><td></td><td></td></tr> <tr><td>Legumes and nuts</td><td></td><td></td></tr> <tr><td>Breastmilk</td><td></td><td></td></tr> <tr><td>Milk</td><td></td><td></td></tr> <tr><td>Yogurt</td><td></td><td></td></tr> <tr><td>Cheese</td><td></td><td></td></tr> <tr><td>Meat</td><td></td><td></td></tr> <tr><td>Eggs</td><td></td><td></td></tr> <tr><td>Blood</td><td></td><td></td></tr> <tr><td>Vegetables</td><td></td><td></td></tr> <tr><td>Fruits</td><td></td><td></td></tr> </tbody> </table>			No	Yes	Grains/cereals			Roots and tubers			Legumes and nuts			Breastmilk			Milk			Yogurt			Cheese			Meat			Eggs			Blood			Vegetables			Fruits			
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70.1	If "breastmilk" in 70.0, was it	Direct breastfeeding..... 1 Expressed breastmilk..... 2 Don't know..... 8 Other..... 9 Specify																																								
70.2	If "milk" in 70.0, what kind of milk did (NAME) drink ?	Fresh milk..... 1 Packed milk..... 2 Formula..... 3 Don't know..... 8 Other..... 9 Specify	70.5																																							
70.3	What is the source of milk?	Cows..... 1 Goats..... 2 Camel..... 3 Don't know..... 8 Other..... 9 Specify																																								
70.4	How did (NAME) drink milk ?	Raw..... 1 Boiled..... 2 Sour..... 3 Don't know..... 8 Other..... 9 Specify																																								
70.5	If "milk" in 70.0, how do you store (NAME)'s milk	Fridge..... 1 Bottle with lead..... 2 Bottle without lead..... 3 Jug/Cup with lead..... 4 Jug/Cup without lead..... 5 Don't know..... 8 Other..... 9 Specify																																								
70.6	If "milk" in 70.0, how long is that milk kept ?	No storage..... 1 1-5 hours..... 2 6-12 hours..... 3 13-24 hours..... 4 >24 hours..... 5 Don't know..... 8 Other..... 9 Specify																																								

70.7	If "milk" in 70.0, where did you get that milk from ?		Shops..... 1 Neighbour..... 2 Hawkers..... 3 Milk shop..... 4 Milking cow..... 5 Don't know..... 8 Other..... 9 Specify																																																									
70.8	If "milk" in 70.0, how do (NAME) take milk/water?		Bottle..... 1 Cup..... 2 Spoon..... 3 Don't know..... 8 Other..... 9 Specify																																																									
	70.9 What kind of meat? 1. Yes 2. No 8. Don't know	71.0 Where did you get that meat from? 3. Market 6. Other 4. Butche 8. Don't know 5. Neighbour	71.1 Localisation 9. within Koch/Viwa 10. Outside Koch/Viwa 8. Don't know	71.2 How did (NAME) eat the different kind of meat? <table border="1"> <thead> <tr> <th></th> <th>Raw</th> <th>Boiled</th> <th>Fried</th> <th>Roasted</th> <th>Smoked</th> <th>Other</th> <th>Specify</th> </tr> </thead> <tbody> <tr> <td>Beef</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Pork</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Goat meat</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Mutton</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Chicken</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Other</td> <td>1</td> <td>2</td> <td>8</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </tbody> </table>		Raw	Boiled	Fried	Roasted	Smoked	Other	Specify	Beef	1	2	8	3	4	5	6	Pork	1	2	8	3	4	5	6	Goat meat	1	2	8	3	4	5	6	Mutton	1	2	8	3	4	5	6	Chicken	1	2	8	3	4	5	6	Other	1	2	8	3	4	5	6
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71.3	If "meat" in 70.0, how did you store the raw meat before cooking it ?		Fridge..... 1 Roasting..... 2 Boiling..... 3 Salting/Smoking..... 4 Sundried..... 5 Container in the cupboard (no preservative) 6 No storage (eaten straight after being bought) 7 Don't know..... 98 Other..... 99 Specify																																																									
71.4	If "meat" in 70.0, how did you store the meat after cooking eat (left overs)?		Fridge..... 1 Sufuria..... 2 Container in the cupboard..... 3 No left overs..... 4 Throwing away..... 5 Don't know..... 8 Other..... 9 Specify																																																									
71.5	If "eggs" in 70.0, how did (NAME) eat eggs?		Raw..... 1 Boiled..... 2 Fried..... 3 Don't know..... 8 Other..... 9 Specify																																																									
71.6	If "blood" in 70.0., How did (NAME) eat blood ?		Raw..... 1 Boiled..... 2 Fried with vegetables..... 3 Don't know..... 8 Other..... 9 Specify																																																									



71.7	If "vegetables" in 70.0, how did (NAME) eat vegetables ?	Raw..... 1 Cooked..... 2 Don't know..... 8 Other..... 9 Specify	
71.8	If CASE, ask "In the last 5 days before getting sick, did (NAME) eat cooked food purchased from the streets?" If CONTROL, ask "Within the last week, did (NAME) eat cooked food purchased from the streets?"	Yes..... 1 No ..... 2 Don't Know..... 8	72.0
71.9	What kind of food ? <i>More than one response is allowed</i>	Sausages..... 1 Ugali..... 2 Chapati..... 3 Cooked beans..... 4 Cooked cereals..... 5 Don't know..... 8 Other..... 9 Specify	
72.0	Does (NAME) feed himself?	Yes..... 1 No ..... 2 Don't Know..... 8	72.2
72.1	What does (NAME) use to eat?	Hands..... 1 Spoon..... 2 Both..... 3 Don't know..... 8 Other..... 9 Specify	
72.2	How often does (NAME)'s food remain on the plate/bowl?	Most of the time/always..... 1 Often/several times..... 2 Few times/once in a while..... 3 Never..... 4	→ 80
72.3	What is done to the food that remains on the plate if (NAME) fails to finish?	Put in a fridge to feed baby later..... 1 Put in a cupboard to feed baby later..... 2 Put elsewhere to feed baby later ..... 3 Thrown away..... 4 Given to other children..... 5 Given to animals..... 6 Don't know..... 18 Other..... 19 Specify	

ACCESS TO DRINKING WATER			
80.0	If CASE, ask "In the last 5 days before getting sick, what source of drinking water (NAME) have used?" If CONTROL, ask "Within the last week, what source of drinking water (NAME) have used?"	Piped water into dwelling ..... 1 Tap water from water Kiosk..... 2 Public tap..... 3 Piped water from elsewhere ..... 4 Tanks..... 5 Hawkers..... 6 Well/river/other surfacewater..... 7 Don't know..... 8 Other..... 9 Specify	
80.1	If CASE, ask "In the last 5 days before getting sick, how would you rate the quality of water from your source?" If CONTROL, ask "Within the last week, how would you rate the quality of water from your source?"	Very clean..... 1 Satisfactory..... 2 A bit dirty..... 3 Very dirty..... 4 Don't know..... 8	
80.2	Do you treat water in anyway to make it safer to drink ?	Yes..... 1 No ..... 2 Don't Know..... 8	80.4
80.3	If CASE, ask "In the last 5 days before getting sick, how did you treat your drinking water?" If CONTROL, ask "Within the last week, how did you treat your drinking water?"	Filter Water..... 1 Boil..... 2 Water guard/aquatabs/other chemical..... 3 Sitting to settle/ Sedimentation..... 4 UV rays from the sun/ Solar Disinfection..... 5 Sieve through cloth..... 6 Other..... 9 Specify	
80.4	How do you store drinking water in the house? (water that is drunk by (NAME))	Jar..... 1 Jerrycane..... 2 Bucket..... 3 Other ..... 9 Specify	
80.5	Do the container has a narrow neck?	Yes..... 1 No ..... 2 Don't Know..... 8	
80.6	Fieldworker: Ask to see the drinking water container used by (NAME) Is the container covered?	Yes..... 1 No ..... 2 Don't Know..... 8	
SANITATION AND HYGIENE HABITS			
90.0	Is there a toilet facility that you use?	Yes..... 1 No ..... 2 Don't Know..... 8	90.2
90.1	How far is the toilet facility from the house?	Within the compound..... 1 Outside the compound, < 5 minutes..... 2 Outside the compound, 5 - 10 minutes..... 3 Outside the compound, >10 minutes..... 4 Don't know..... 9	
90.2	The last time (NAME) passed stool, where did he/she defecate?	Latrine/improved toilet..... 1 Used Potty..... 2 Used washable diapers..... 3 Used disposable diapers/ pampers..... 4 Went in the house (on the floor)..... 5 Went in the compound/yard..... 6 Don't know..... 8 Other..... 9 Specify	90.4

90.3	How did you dispose of (NAME)'s stool?		Pit Latrine..... 1 Sewage/Open trenches..... 2 Dug a hole..... 3 Throw it..... 4 Don't know..... 8 Other..... 9 Specify		
	<b>Do not prompt, more than one answer is possible</b> 90.4 After/before what activities do you wash your hands? 1. Yes 2. No 8. Don't know After visiting toilet 1 2 8 Before eating 1 2 8 Before preparing food 1 2 8 After handling child's waste 1 2 8 Before feeding a child 1 2 8 Other 1 2 8		90.5 How often do you wash your hands? 1. Never 2. rarely 3. sometimes 4. often 5. always 6. don't know 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	90.6 What do you use to wash hands? 1. water only 2. water + soap 3. other 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	
90.7	Fieldworker: if "soap + water" in 90.6, ask to see the soap used to wash hands Did you see the soap?		Yes..... 1 No ..... 2 Don't Know..... 8		
90.8	Do you wash (NAME)'s hands before (NAME) eat?		Yes..... 1 No ..... 2 Don't Know..... 8	91.0	
90.9	How often do you wash (NAME)'s hands before (NAME) eat?		Never..... 1 Sometimes..... 2 Most of the time..... 3 Always..... 4 Don't know..... 8 Other..... 9 Specify		
91.0	Do you wash fruits before (NAME) eats them?		Yes..... 1 No ..... 2 Don't Know..... 8	91.2	
91.1	How often do you wash fruits		Never ..... 1 Sometimes ..... 2 Most of the time ..... 3 Always ..... 4 Don't know ..... 8		
91.2	Do you wash/clean utensils used in feeding the baby separately?		Yes..... 1 No ..... 2 Don't Know..... 8		
91.3	Do you <b>DISINFECT</b> utensils used in feeding the baby?		Yes..... 1 No ..... 2 Don't Know..... 8	END	
91.4	How do you <b>DISINFECT</b> the utensils used in feeding the baby? More than one response is allowed		'Boiling' the utensils ..... 1 Use of commercial disinfectants/chemicals ..... 2 Use of lemon extracts ..... 3 Drying in the sun ..... 4 Jik (bleach)..... 5 Other ..... 8 Specify		