LABEL OF CHILD

UCQUESXXXX

LABEL OF HOUSEHOLD

UHQUESXXXX

**UGANDA MCH/NUTRITION SURVEILLANCE SYSTEM**

**QUESTIONNAIRE FOR CHILD 0 TO 59 MONTHS (MOTHER/CAREGIVER IS RESPONDENT)**

|  |
| --- |
| **IDENTIFICATION** |
| **P001** EA NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **P002** NAME OF HOUSEHOLD HEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **P003** HOUSEHOLD NUMBER …………………………………………………………………………………  **P004** SAMPLED HOUSEHOLD NUMBER ……………………………………………………………………  **P005** NAME AND LINE NUMBER OF CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **INTERVIEWER VISITS** | | | | | |
|  | 1 | 2 | 3 | FINAL VISIT | |
| **P006** DATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **P009** DAY | |  |  | | --- | --- | |  |  | |
| **P010** MONTH | |  |  | | --- | --- | |  |  | |
| **P011** YEAR | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |
| **P007** INTERVIEWER’S  NAME | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **P012** INTER. NO | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |
| **P008** RESULT | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **P013** RESULT | |  | | --- | |  | |
| NEXT VISIT DATE    TIME |  |  |  | **P014** TOTAL NUMBER OF VISITS | |  | | --- | |  | |
| \*RESULT CODES: 1 COMPLETED 4 REFUSED  2 NOT AT HOME 5 PARTIALLY COMPLETED 7 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 POSTPONED 6 INCAPACITATED (SPECIFY) | | | | | |
| **P015** LANGUAGE OF THE QUESTIONNAIRE | | | | |  |  | | --- | --- | |  |  | |  |
| **P016** LANGUAGE USED IN THE INTERVIEW | | | | |  |  | | --- | --- | |  |  | |
| **P017** NATIVE LANGUAGE OF THE RESPONDENT | | | | |  |  | | --- | --- | |  |  | |
| **P018** TRANSLATOR USED (NOT AT ALL = 1; SOMETIMES = 2; ALL TH ETIME = 3) | | | | |  | | --- | |  | |
| LANGUAGE USED: 01 ATESO 04 LUO 07 NGAKARAMOJONG  02 LUGANDA 05 RUNYANKOLE-RUKIGA 08 ENGLISH  03 LUGBARA 06 RUNYORO-RUTORO 96 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | | | | |
| **P019** SUPERVISOR | | **P020** FIELD EDITOR | | **P021** OFFICE EDITOR | **P022** KEYED BY |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | --- | |  |  |  | | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | |

| **Q. GENERAL CHARACTERISTICS OF THE CHILD** | | |
| --- | --- | --- |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** |
| **Q001** | On what day, month and year was [NAME] born?  IF THE INFORMANT DOES NOT REMEMBER, ASK HIM/HER FOR THE BIRTH CERTIFICATE OF THE CHILD | DAY……………………………………………..  MONTH……………………………………………  YEAR……………………………………………  DO NOT REMEMBER 98 |
| **Q002** | What age did he/she complete at his/her last birthday?  IF IT IS THE SAME INFORMANT AS THE HOUSEHOLD QUESTIONNAIRE, YOU CAN COPY FROM A027 IN THE HOUSEHOLD QUESTIONNAIRE | YEARS  DO NOT REMEMBER 98 |
| **\*\*\*IF THE AGE OF THE CHILD IS 5 YEARS OR MORE, STOP THE INTERVIEW AND SELECT ANOTHER CHILD\*\*\*** | | |
| **Q003** | What do you consider the tribal affiliation of (Name) to be? | MUGANDA ………………………………………………..…………. 1  MUNYANKOLE ………………………………………..…………….. 2  MUSOGA …………………………………………..………………… 3  MUKIGA …………………………………………..…………………. 4  ATESO ……………………………………………..…………………. 5  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………………….. 88  (SPECIFY OTHER) |

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| **R. VACCINATIONS** | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** |
| **R001** | Do you have a card/book where (NAME)’s vaccinations are written down?  IF YES: May I see it please? | YES, SEEN 1  YES, NOT SEEN 2->**R005**  NO CARD 3->**R005** |
| **R002** | Did you ever have a vaccination card/book for (NAME)? | YES 1  NO 2->**R005** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTERVIEWER: RECORD THE INFORMATION FOR EACH DOSE, MONTH AND YEAR WITH SPECIAL CARE.**  **FOR EACH VACCINE OR DOSE THAT IS NOT RECORDED IN THE CARD, ASK: *Have they given (NAME) the (VACCINE/DOSE)?* COMPLETE THE DATA IN R005CONSULTING THE MOTHER WHEN THERE IS NO INFORMATION IN THE CARD OR THERE IS NO CARD.**  **IF NO WRITTEN DATE EXISTS IN THE CARD BUT THE CHILD RECEIVED THE VACCINE ACCORDING TO THE CARD, MARK 99 (DAY/MONTH) OR 9999 (YEAR) IN R004**  **IF HE/SHE DOES NOT HAVE THE CARD: LEAVE R003 AND R004 BLANK AND COMPLETE ONLY R005** | | | | | | | | | | | | | | | | | | | | | |
|  | | **R003**. ACCORDING TO CARD HAS DOSES | | | | | | **R004**. DATE (IF APPEARS IN CARD) | | | | | | | | **R005**. IF DOES NOT APPEAR IN CARD OR HE/SHE DOES NOT HAVE CARD, ASK THE QUESTION: DID HE/SHE GET THE VACCINE? | | | | | |
| VACCINES | | | | YES | | NO | | DAY | | | MONTH | | | YEAR | |  | | YES | NO | | DK  NR |
| **A** | BCG  (prevents TB, single dose, injected on left forearm) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **B** | POLIO – 0 (given at birth) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **C** | POLIO – 1 (drops in the mouth) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **D** | POLIO – 2 (drops in the mouth) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **E** | POLIO – 3 (drops in the mouth) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **F** | DPT-HepB-Hib 1 (injection in left upper thigh) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **G** | DPT-HepB-Hib 2 (injection in left upper thigh) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **H** | DPT-HepB-Hib 3 (injection in left upper thigh) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **I** | MEASLES (a shot in the arm at age 9 months or older) | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **J** | VITAMIN A (most recent)  Show example of Vitamin A | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |
| **K** | VITAMIN A (2nd most recent) Show example of Vitamin A | | 1 | | 2 | |  | |  |  | |  |  | |  |  | 1 | | 2 | 8 | |

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| **S. CHILDHOOD HEALTH** | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** | | | |
| **S001** | Has (NAME) had diarrhea in the last 2 weeks? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2->**S011**  8->**S011** | | | | |
| **S002** | Was there any blood in the stools? | YES 1  NO 2  DON’T KNOW 8 | | | |
| **S003** | Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS 1  SOMEWHAT LESS 2  ABOUT THE SAME 3  MORE 4  NOTHING TO DRINK 5 DON’T KNOW 8 | | | |
| **S004** | When (NAME) had diarrhea, 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? | MUCH LESS 1  SOMEWHAT LESS 2  ABOUT THE SAME 3  MORE 4  STOPPED FOOD 5  NEVER GAVE FOOD 6  GAVE RUTF 7  DON’T KNOW 8 | | | |
| **S005** | Did you seek advice or treatment for diarrhea from any source? | YES 1  NO 2 | | | |
| **S006** | Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE(S)) | **PUBLIC SECTOR**  GOV’T HOSPITAL A  GOV’T HEALTH CENTER B  OUTREACH SERV. C  FIELDWORKER/VHT D  OTHER PUBLIC SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E  (SPECIFY OTHER)  **PRIVATE MEDICAL SECTOR**  PRIVATE. HOSPITAL/CLINIC F  PHARMACY G  PRIVATE DOCTOR H  OUTREACH SERV. I  COMMUNITY HEALTH WORKER J  OTHER PRIVATE MED SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_K  (SPECIFY OTHER)  **OTHER SOURCE**  SHOP L  TRADITIONAL PRACTITIONER M  MARKET N  OTHER (SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X | | | |
| **S. CHILDHOOD HEALTH** | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** |  |  |  |
| **S007** | Where did you first seek advice or treatment?  USE LETTER CODE FROM **S006** | FIRST PLACE M |  |  |  |
| **S008** | Was he/she given any of the following to drink at any time since he/she had the diarrhea:   1. A fluid made from a special packet called \_\_\_\_\_ (LOCAL NAME FOR ORS PACKET) 2. A government recommended homemade fluid? |  | YES | NO | DK |
| FLUID FROM ORS PACKET | 1 | 2 | 8 |
| HOMEMADE FLUID | 1 | 2 | 8 |
| **S009** | Was anything (else) given to treat the diarrhea? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2  8 | | | | |
| **S010** | What else was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN | **PIILL OR SYRUP**  ANTIBIOTIC A  ANTIMOTILITY B  ZINC C  OTHER (NOT ANTI-BIOTIC,  ANTI-MOTILITY, OR ZINC) D  UNKNOWN PILL OR SYRUP E  **INJECTION**  ANTIBIOTIC F  NON-ANTIBIOTIC G  UNKNOWN INJECTION H  INTRAVENOUS (IV) I  HOME REMEDY/HERBAL MEDICINE J  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY OTHER) | | | |
| **S011** | Has (NAME) been ill with a fever at any time in the last 2 weeks? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2->**S013**  8->**S013** | | | | |
| **S012** | At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2  8 | | | | |
| **S013** | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2 ->**T015**  8->**T015** | | | | |
| **S014** | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW ……………………………….. | 1  2  8 | | | | |
| **S. CHILDHOOD HEALTH** | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** | | | |
| **S015** | CHECK **S011**  HAD FEVER?  (BOTH FEVER AND COUGH ARE REQUIRED TO GO FORWARD) | |  |  | | --- | --- | | YES……………………………………………...  NO………………………………………………. | 1  2 -> **T000** | | | | |
| **S016** | Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever/cough.  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS 1  SOMEWHAT LESS 2  ABOUT THE SAME 3  MORE 4  NOTHING TO DRINK 5 DON’T KNOW 8 | | | |
| **S017** | When (NAME) had a (fever/cough), 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? | MUCH LESS 1  SOMEWHAT LESS 2  ABOUT THE SAME 3  MORE 4  STOPPED FOOD 5  NEVER GAVE FOOD 6  GAVE RUTF 7  DON’T KNOW 8 | | | |
| **S018** | Did you seek advice or treatment for the illness from any source? | YES ……………………………………………………………1  NO ……………………………………………………………..2 | | | |
| **S019** | Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE(S)) | **PUBLIC SECTOR**  GOV’T HOSPITAL A  GOV’T HEALTH CENTER B  OUTREACH SERV. C  FIELDWORKER/VHT D  OTHER PUBLIC SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E  (SPECIFY OTHER)  **PRIVATE MEDICAL SECTOR**  PVT. HOSPITAL/CLINIC F  PHARMACY G  PVT. DOCTOR H  OUTREACH SERV. I  COMMUNITY HEALTH WORKER J  OTHER PVT. MED SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K  (SPECIFY OTHER)  **OTHER SOURCE**  SHOP L  TRADITIONAL PRACTITIONER M  MARKET N  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY OTHER) | | | |
| **S020** | Where did you first seek advice or treatment?  USE LETTER CODE FROM **Q019** | FIRST PLACE ……………………. | | | |
| **Q. CHILDHOOD HEALTH** | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** | | | |
| **S021** | At any time during the illness, did (NAME) take any drugs for the illness? | YES ……………………………………………………………1  NO ……………………………………………………………..2  DON’T KNOW ………………………………………………..8 | | | |
| **S022** | What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED | **ANTIMALARIAL DRUGS**  SP/FANSIDAR A  CHLOROQUINE B  CHLOROQUINE WITH FANSIDAR C  COARTEM/ACT D  QUININE E  OTHER ANTIMALARIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F  (SPECIFY OTHER)  **ANTIBIOTICS**  PILL/SYRUP G  INJECTION H  **OTHER DRUGS**  ASPIRIN I  PANADOL J  IBUPROFEN K  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.........X  (SPECIFY OTHER)  DON’T KNOW Z | | | |

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| **T. SUPPLEMENTS** | | | | |
| **Nº** | | **QUESTIONS AND FILTERS** | | **CATEGORIES AND CODES** |
| **T000** INTERVIEWER: The child is 6 months or more?  YES -> **T001**  NO-> **U000** | | | | |
| **T001** | Was (NAME) given any drug for intestinal worms in the last 6 months? | | YES 1  NO 2  DON’T KNOW 8 | |
| **T002** | Did you ever receive or obtain iron pills or syrup to give (NAME) at home?  **SHOW SUPPLEMENT OR PHOTO** | | YES…………………………………….............…….1  NO 2 ->**U000**  PRESCRIBED BUT DID NOT GET..................….3 -> **U000**  DON’T KNOW……………………………………... 8 -> **U000** | |
| **T003** | Did you obtain or receive iron pills or syrup to give to (NAME) at home in the past 3 months? | | YES……………………………………..………..…..1  NO……………………………………..…………..…2 -> **U000** DON’T KNOW………………………………………8 -> **U000** | |
| **T004** | In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?  SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS | | YES……………………………………..………..…..1  NO……………………………………..…………..…2 -> **U000** DON’T KNOW………………………………………8 -> **U000** | |
| **T005** | Where did you obtain or from where did you receive the iron supplements to give (NAME) at home? | | **PUBLIC SECTOR**  GOV’T HOSPITAL A  GOV’T HEALTH CENTER B  OUTREACH SERV. C  FIELDWORKER/VHT D  OTHER PUBLIC SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E  (SPECIFY OTHER)  **PRIVATE MEDICAL SECTOR**  PVT. HOSPITAL/CLINIC F  PHARMACY G  PVT. DOCTOR H  OUTREACH SERV. I  COMMUNITY HEALTH WORKER J  OTHER PVT. MED SECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K  (SPECIFY OTHER)  **OTHER SOURCE**  SHOP L  TRADITIONAL PRACTITIONER M  MARKET N  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY OTHER) | |
| **T006** | Can you show me the bottle or packet of iron tablets/syrup that (Name) took in the last week? | | IRON TABLET/SYRUP PACKAGE SEEN.……………….1  IRON TABLET/SYRUP PACKAGE NOT SEEN …………2 | |

| **U. CHILDHOOD NUTRITION** | | | | |
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| **Nº** | | **QUESTIONS AND FILTERS** | | **CATEGORIES AND CODES** |
| **U000** | | INTERVIEWER: Is the child less than 36 months (3 years)?  YES-  ->**U001**  NO- ->**V000** | | |
| **U001** | | Has (NAME) ever been breastfed? | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW……………………………….. | 1  2 -> **U004b**  8 -> **U004b** | | |
| **U002** | | INTERVIEWER: Is the child the biological child of the informant?  YES- ->**U003**  NO- ->**U004a** | | |
| **U003** | | How long after the birth did you first put (NAME) to the breast?  IF THE RESPONDENT REPORTS THAT SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, CIRCLE 00.  IF LESS THAN 1 HOUR, CIRCLE 01 AND NOTE 00 HOURS.  IF LESS THAN 24 HOURS, CIRCLE 01 AND NOTE THE NUMBER OF HOURS COMPLETED, FROM 01 TO 23.  IN ALL OTHER CASES, CIRCLE 02 AND NOTE THE NUMBER OF COMPLETED DAYS. | | IMMEDIATELY 00  HOURS…………01  DAYS…………....02 |
| **U004a** | | Was (NAME) breastfed yesterday during the day or at night? | | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW……………………………….. | 1  2  8 | |
| **U004b** | | Sometimes babies are fed breast milk in different ways, for example, by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle, or some other way. This can happen if a mother cannot breastfeed her own baby.  Did (NAME) consume breast milk in any of these ways yesterday during the day or at night? | | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW……………………………….. | 1  2  8 | |
| **U005** | | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was (Name) given any vitamin drops or other medicines as drops yesterday during the day or at night? | | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW……………………………….. | 1  2  8 | |
| **U006** | | Was (Name) given [local name for ORS] yesterday during the day or at night? | | |  |  | | --- | --- | | YES……………………………………………...  NO……………………………………………….  DON’T KNOW……………………………….. | 1  2  8 | |
| **U007** | | At what age in months did (Name) stop breastfeeding? | | |  |  | | --- | --- | | MONTHS  HAS NOT STOPPED BREASTFEEDING……. 99 |  | |
| **U008** | | THE CHILD IS LESS THAN 24 MONTHS? | | |  |  | | --- | --- | | YES……………………………  NO………………………………. | 1 ->**U009**  2->**U011** | |

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| **S. CHILDHOOD NUTRITION** | | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** | | | | |
| **U009** | Next, I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night.  Did (Name) have any (ITEM FROM LIST)?:  READ THE LIST OF LIQUIDS STARTING WITH ‘PLAIN WATER’  **(READ OPTIONS, only need frequency for 2 and 3)**    A. Plain Water?   |  | | --- | | B. Infant formula [insert local examples such as CERELAC]? | | C. Milk such as tinned, powdered, or fresh animal milk? | | D. Fresh fruit juice or juice concentrate? | | E. Clear broth, or other kind of soup? | | F. Yogurt? | | G. Thinned porridge?    H. Any other liquids such as [tea, coffee, or other water-based liquids available in the local setting]? | | I. Any other liquids? (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CODING CATEGORIES | | | | QUESTIONS AND CODING CATEGORIES |
|  | YES | NO | DK | **U010** How many times during the day or at night did (Name) consume any (item from list):  READ **U010** FOR ITEMS B,C, and F. RECORD ‘98’ for DK |
| A | 1 | 2 | 8 |  |
| B | 1 | 2 | 8 | B. TIMES |
| C | 1 | 2 | 8 | C. TIMES |
| D | 1 | 2 | 8 |  |
| E | 1 | 2 | 8 |  |
| F | 1 | 2 | 8 | F. TIMES |
| G | 1 | 2 | 8 |  |
| H | 1 | 2 | 8 |  |
| I | 1 | 2 | 8 |  |
| **U010** | At what age did you start giving solid food (add examples of solid, semisolid and soft foods)? | MONTHS  STILL DOES NOT EAT--- 97->**V000** | | | | |

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| **S. CHILDHOOD NUTRITION** | | | | | |
| **Nº** | **QUESTIONS AND FILTERS** | **CATEGORIES AND CODES** | | | |
| **U011** | Please describe everything that (Name) ate yesterday during the day or at night, whether at home or outside the home.  **READ OPTIONS**  A. Rice, posho, porridge, bread, chapatti, pasta/macaroni, noodles, or other foods made from maize, millet, sorghum or other grains such as mandazi, doughnut, pancakes, weetabix, cornflakes, etc?  B. Orange coloured vegetables such as pumpkins, carrots and sweet potatoes?  C. Cassava, yams, white sweet potatoes, Irish potatoes, manioc or other roots and tubers?  D. Dark Green leafy vegetables like spinach, amaranths, cassava leaves, bean leaves?  E. Orange coloured fruits like mangoes, papaya, pawpaw?  F. Any other vegetable or fruit (matoke, plaintains, Nsiizi, Gonja)?  G. Liver, kidney, heart or other organ meats?  H. Any meat like beef, pork, lamb, goat, chicken, duck, turkey or pigeons? Also meat products such as sausage, kebabs, etc?  I. Eggs (chicken eggs, duck eggs, etc)?  J. Fresh or dried fish, shellfish or seafood?  K. Beans, peas, cow peas, groundnuts, seeds, seed oil, soy beans or other legumes or seeds? Any foods made from beans, peas, lentils or nuts?  L. Cheese, yogurt, other milk products?  M. Cooking oil, margarine, butter or other oils/fats, or food made with these?  N. Any sugary foods suck as chocolates, sweets, candies, pastries, cakes or biscuits?  O. Condiments for taste such as chillies, spices, herbs or fish powder?  P. Grubs, snails, insects?  Q. Food made with red palm oil, red palm nut, or red palm nut pulp sauce? |  | | | |
|  | YES | NO | DK |
| A | 1 | 2 | 8 |
| B | 1 | 2 | 8 |
| C | 1 | 2 | 8 |
| D | 1 | 2 | 8 |
| E | 1 | 2 | 8 |
| F | 1 | 2 | 8 |
| G | 1 | 2 | 8 |
| H | 1 | 2 | 8 |
| I | 1 | 2 | 8 |
| J | 1 | 2 | 8 |
| K | 1 | 2 | 8 |
| L | 1 | 2 | 8 |
| M | 1 | 2 | 8 |
| N | 1 | 2 | 8 |
| O | 1 | 2 | 8 |
| P | 1 | 2 | 8 |
| Q | 1 | 2 | 8 |
| **U012** | Did (Name) 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 (Name) eat? | YES …………………………………………..1  NO ……………………………………………2  DON’T KNOW ………………………………8 | | | |
| **U013** | How many times did (Name) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? | |  |  | | --- | --- | | NUMBER OF TIMES  DO NOT KNOW………………… | 98 | | | | |

| **V. CONSUMPTION OF FORTIFIED FOODS** | | | |
| --- | --- | --- | --- |
| **Now I am going to ask you about certain foods that you have given to (NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that were prepared at home** | | | |
| **V000** |  | **V001** | **V002** |
|  | **NAME OF THE FOOD** | Did \_\_\_\_\_\_\_\_consume (NAME OF THE FOOD) yesterday, during the day or night? | During the last 7 days, how many days did \_\_\_\_\_\_\_\_ consume (NAME OF FOOD)? |
| **A** | Foods prepared in the house with wheat flour such as cakes, biscuits, pies, \_\_\_\_ or wheat flour used to thicken foods? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…3 -> **NEXT FOOD**  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0 -> **NEXT FOOD**  DON’T KNOW……………………….…8 -> **NEXT FOOD** |
| **B** | Food prepared at home with corn flour, like \_\_\_\_\_, or to thicken foods? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…3 -> **NEXT FOOD**  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0 -> **NEXT FOOD**  DON’T KNOW……………………….…8 -> **NEXT FOOD** |
| **C** | **IF YOU CONSUME COARSE SALT IN THE HOUSE:**  Food prepared with coarse salt? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…3 -> **NEXT FOOD**  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0 -> **NEXT FOOD**  DON’T KNOW……………………….…8 -> **NEXT FOOD** |
| **D** | **IF YOU CONSUME TABLE SALT (FINE) IN THE HOUSE:**  Food prepared with table salt (fine)? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…3 -> **NEXT FOOD**  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0 -> **NEXT FOOD**  DON’T KNOW……………………….…8 -> **NEXT FOOD** |
| **E** | **IF YOU CONSUME SALT FOR ANIMALS/LIVESTOCK IN THE HOUSE:**  Food prepared with salt for livestock? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…3 -> **NEXT FOOD**  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0 -> **NEXT FOOD**  DON’T KNOW……………………….…8 -> **NEXT FOOD** |
| **F** | Foods prepared with cooking oil? | YES …………………………...………..1  NO……………………………………….2  NOT CONSUMED…………………..…3  DON’T KNOW…………………...….....8 | Number of days: \_\_\_\_\_\_  DID NOT CONSUME FOOD…………0  DON’T KNOW……………………….…8 |
| **V003** | Over the last week (7 days), how many times did (Name) eat dirt or earth from any source (for example, walls of mud houses, the yard, or purchased at the market)? | | NUMBER OF TIMES  DO NOT KNOW…………………98 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test/ Measurement** | **W001**  **Measurement Result** | **W002**  **Sex** | **W003**  Measurement | **W004**  **Date of measurement or sample** | | **W005**  **Person who took the measurement or person who took sample** | **W006**  **Time of measurement or of taking sample** | |
| |  | | --- | | A. Length/Height in centimeters | | | Measured length……...1  Measured height.……..2  Not present ………...….3  Refused……………..…4  Other………………...…8  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY OTHER) | |  | | --- | | F….1  M….2 | | \_\_\_ \_\_\_ \_\_\_ . \_\_\_\_ cm | Day/month/year  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Code  \_\_\_\_\_\_\_\_  Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Hours: minutes  \_\_\_\_\_:\_\_\_\_\_ |
| B. Weight in kilograms | | Weighed……………...1  Not present…...………2  Refused……………....3  Other……………….....8  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY OTHER) | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| kg | Day/month/year  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Code  \_\_\_\_\_\_\_\_  Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Hours: minutes  \_\_\_\_\_:\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **W. BIOLOGICAL INDICES OF THE CHILD- Take blood samples of the selected child** | | | | | | | | | | | | | | | |
| **W007**  Laboratory Technician Code: \_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **DATA COLLECTION TIME** | | | | | | | | | |
| **W008** Start time for data collection (Hours: minutes)  \_\_\_\_\_\_\_\_ **:** \_\_\_\_\_\_\_\_  Hour Minutes | | | | | | **W009** End time for data collection: (Hours: minutes)  \_\_\_\_\_\_\_\_ **:** \_\_\_\_\_\_\_\_  Hour Minutes | | | |
|  | | | | | | **Verification of the sample taking process** | | | | | | **W013** Date the sample was taken (day/month/year) | | | |
| **Take capillary blood sample** | | | | | | **W010** Consent | | | YES…1 | NO…2 | | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| **W011** Collected | | | YES…1 | NO…2 | |
| **W012** Sufficient volume | | | YES…1 | NO…2 | |
|  | **W014**  Hb measurement was done | | **W015**  Hemoglobin value | | **W016**  Give pamphlet if hemoglobin value of the child is  < 11.0g/L | | | | | **W017**  Hemocue Code | | | **W018**  Result of Malaria Test | | |
| **Hemoglobin level** | YES …….1  NO……...2 | | \_\_\_ \_\_\_ **.** \_\_\_ g/dL | | |  | | --- | | Yes, information pamphlet for anemia given…….1  No…………………………………………………….2  Not applicable (does not have anemia)………………………………………………3 | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (CODE) | | | POSITIVE …………………………...………………..1  NEGATIVE ………………………...…………………2  INVALID …………………………...………………….3  INSUFFICIENT SAMPLE TO PERFORM TEST…4 | | |
| **Take venous blood sample**  **(ONLY with children >11 months)** | | **Verification of the sample taking process** | | | | | | **W022**  Date the sample was taken (day/month/year) | | | **Record of completion of MRDR testing** | | | | |
| **W019**  Consent | | YES…1 | | | NO…2 | \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | **W023** Time of ingestion of Vit A2 dose  \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_\_  Hour Minutes | | | **W024** Start time for taking sample  \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_\_  Hour Minutes | **W025** End time for taking sample  \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_\_  Hour Minutes |
| **W020** Collected | | YES…1 | | | NO…2 |
| **W021** sufficient volume | | YES…1 | | | NO…2 |