**MNP Questionnaire template**

Questions, coding categories and skips can be modified, deleted and customized for specific settings

| **Q #** | **Questions and Filters** | **Coding Categories** | **Skip** |
| --- | --- | --- | --- |
| 1 | Has anyone ever *talked to you* about why and how to give MNP micronutrient powders to (Child’s name?)SHOW EXAMPLE | Yes 1No 2Don't know 98Refuse to answer 77 |  |
| 2 | From what sources of information have you ever *heard of* MNP micronutrient powders?**(Multiple answers apply, Probe for “any other source” until respondent indicates none.****If they say “Never heard of MNP, then skip to Section X)** | NEVER HEARD OF MNP 1FCHV 2MNP social mobilization event 3Radio 4TV 5Staff of health facility, centre 6Community leader 7Neighbours/village members 8Poster/Leaflet 9Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |  14 |
| 3 | What is MNP?**(Multiple answers possible)** | Sachet of vitamins and minerals 1Something added to the food of young children 2Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 4 | At what age should you start giving a child MNP? | Month (Completed)  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 5 | At what age does a child no longer need to consume MNP? | After 23 months/2 years completed 1Before 2 years 2Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 6 | How many sachets of MNP should a child consume in a day? | 1 sachet a day 1Half a sachet………………………………………………..2Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 7 | To what size/portion of food should MNP be added? | Small portion a child can eat all of 1Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 8 | Should MNP be added to food that is cooking or hot? | Yes 1No 2Don't know 98Refuse to answer 77 |  |
| 9 | One sachet of MNP is meant for how many children? | One child 1More than one child 2Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 10 | Should MNP be added to liquids? | Yes 1No 2Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 11 | What are the benefits of using MNP?**(Multiple answers possible)** | No benefits 1Increased appetite 2Increased energy and activity 3Mental development/Make child clever/smarter 4Increased immunity (less sick) 5Make child healthy 6Make child stronger 7Physical growth 8Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 12 | To what types of food should MNP be added?**(Multiple answers possible)** | Soft foods 1Porridge 2(add local food options)Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 13 | Within what time after adding MNP to food should it be feed to the child? | Feed immediately 1Feed within 30 minutes 2Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| **MNP Experiences and Practices**  |
| 14 | Did you EVER get MNP sachets for your child (Name)? | Yes 1No 2Don't know 98Refuse to answer 77 |  133 |
| 15 | Why did you not get MNP sachets for your child (Name)?**(Multiple answers possible)** | I did not know I was supposed to get MNP for my child 1My child does not need MNP 2I heard MNP causes side effects  (e.g., stool changes, nausea) 3I do not know enough about MNP 4My family does not want me to give  MNP to my child 5I do not know where to get MNP 6I lack transportation to the health  facility 7The health facility 8Stock out at the HF when I  went to get MNP 9Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  41 |
| 16 | **The last time** you got MNP sachets, from where did you get them? | Health Facility (SHP, HP, PHC) 1Health Facility outreach clinic/EPI  clinic 3Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 17 | **The last time** you got MNP sachets, how long did it take you to get to (the location mentioned in previous question) to pick up the sachets from the time you left your house?**(Write in minutes if it took less than one hour)** | Hours  Minutes  Don't know 98 |  |
| 18 | How many times have you ever gotten MNP sachets for the child (Name)? | 1 time 12 times 23 times 3Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 19 | How long ago was **the last time** you got MNP sachets for the child (Name)?**(Write in days if it is less than a week, write in weeks if less than 2 months, otherwise write in months)** | Days  Weeks  Months  Don't know 98 |  |
| 20 | Did anyone **EVER** tell you to go and pick up a batch of MNP sachets for the child (Name)? | Yes 1 No 2 Don't know 98 | 22 |
| 21 | Who **EVER** told you to go and pick up a batch of MNP sachets for the child (Name)?**(Multiple answers possible)** | Health facility staff 1 Family member 3 Friend/Neighbour 4 Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98 |  |
| 22 | **The last time** you got MNP sachets for the child (Name), did anyone remind you to go collect the next batch of MNP sachets for the child (Name)?**(If the age of the child is less than 1 year circle option 3)** | Yes 1 No 2 Not applicable (Child is less than  12 months 3Don't know 98 |  24 |
| 23 | **The last time** you got MNP sachets for (Child’s name), who reminded you to go collect the next batch of MNP sachets for (Child’s name)?**(Multiple answers possible)** | Health facility staff 1 Family member 3 Friend/Neighbour 4 Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98 |  |
| 24 | The last time you got MNP sachets for (Child’s name), how many sachets of MNP were you given?  | 60 (2 boxes)………………………………………………...130 (1 box)………………………………………………...….2Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...............3 |  |

| **S.No.** | **Questions and Filters** | **Coding Categories** | **Skip** |
| --- | --- | --- | --- |
| 25 | How easy has it been for you to get (Child’s name) batches of MNP sachets? | Very easy……………………….. 1Easy……………..……………… 2Sometimes difficult………..…… 3Very difficult…………………… 4Never collected it ........................ 5Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 Don’t know…………………… 98Refuse to answer………............ 77 |  |
| 26 | From where would you prefer to get MNP sachets?**(Multiple answers possible)** | Health Facility (SHP, HP, PHC) 1Outreach clinic/EPI clinic 3During Biannual Vitamin A  distribution campaign days 4Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 27 | Did a health facility staff ever talk to you about how and why to give (Child’s name) MNP? | Yes 1No 2Don't know 98Refuse to answer 77 |  |
| 28 | Have you received information about MNP while attending a mother's group meeting led by a community health volunteer? | Yes 1No 2Don't know 98Refuse to answer 77 |  |
| 29 | Have you ever been given a MNP reminder card? | Yes 1No 2Don't know 98Refuse to answer 77 |  32 |
| 30 | If yes, may I see the reminder card please?**(Observe the date documented on the reminder card and write the date)****(99/99/99 if left blank)** | Date of MNP receipt on front of reminder card: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ DD MM YYNo reminder card shown 0 |  32 |
| 31 | **Observe the inside of the reminder card on the bottom row, observe month marked.** **(Document the month ticked on the inside of the reminder card on the bottom row)** | **Month marked inside of MNP card on the bottom row:**January 1Feb 2March 3April 4May 5June 6July 7August 8Sept 9Oct 10Nov 11Dec 12Not marked 13Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |  |
| 32 | Have you ever been given a MNP brochure?**(Show the brochure)** | Yes 1No 2Don't know 98Refuse to answer 77 |  |
| 33 | Have you ever heard jingle about MNP in the radio? | Yes 1No 2Don't know 98Refuse to answer 77 |  155 |
| 34 | Did you hear the MNP jingle in the radio yesterday? | Yes 1No 2Don't know 98Refuse to answer 77 |  155 |
| 35 | What did the radio jingle say?**(Multiple answers possible)** | MNP is for brain development 1MNP makes child active/strong 2MNP increase appetite 3MNP reduce anemia 4MNP is for free 5MNP is for 6-23 months age child 6MNP is available from FCHV  and HF 7MNP contains Vitamins and  Minerals 8Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 36 | Has the child (Name) EVER consumed any of the MNP? | Yes 1No 2  |  167 |
| 37 | When you mixed the MNP into food for your child, did you or your child ever notice a change in (\_\_\_\_\_\_\_):(**Read options to participants**) | **Yes No**A. Color 1 2B. Taste 1 2C. Smell 1 2 |  |
| 38 | Did the change in (previous answer(s)) bother either you or your child?**(Read each options answered Yes I previous question to participant. If they said No to any option in previous question then select NA =****Not applicable)** | **Mom Child****Color** Yes 1 1 No 2 2  NA 3 3**Test** Yes 1 1 No 2 2  NA 3 3**Smell** Yes 1 1 No 2 2  NA 3 3 |  |
| 39 | From **the last batch** of MNP sachets received, has the child (Name) consumed any of them? | Yes 1No 2Don't know 98Refuse to answer 77 |  160 |
| 40 | From **the last batch,** how many of the MNP sachets did the child (Name) consume? | Number of sachets consumed Don't know 98Refuse to answer 77 |  |

| **S.No.** | **Questions and Filters** | **Coding Categories** | **Skip** |
| --- | --- | --- | --- |
| 41 | Does the (Child’s name) like to eat food mixed with MNP? | Yes, all the time 1Yes, sometimes 2Rarely …………………………….…… 3Never likes 4Child does not know BV in food….….. 5I don’t know if child likes MNP 6Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Refuse to answer 77 |  |
| 42 | What were any positive effects in (Child’s name) after using MNP?**(Multiple answers possible)** | Increased appetite 1Increased energy and activity 2Mental development/Make child  clever/smarter 3Increased immunity (less sick) 4Make child healthy 5Make child stronger 6Physical growth 7No positive effects 8Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 43 | What were any negative effects in (Child’s name) after using MNP?**(Multiple answers possible)** | Black stool 1Loose stool 2Constipation 3Vomiting 4Nausea 5No negative effects 6Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 44 | Some mothers/caregivers experience challenges or barriers to give all sachets of MNP to the child from every batch, please tell me about any difficulties you had trying to give 1 sachet to (Child’s name) everyday?**(Multiple answers possible)** | None 1Need to put in small quantity of food 2Causes loose stools 3Cause dark (black) stools 4Causes vomiting 5Child rejects food/dislikes taste 6Need to share with other children 7Difficult preparation 8Difficult to remember to use/I forgot 9Don't trust MNP 10I don't know enough about MNP 11Increased appetite is a problem 12Family doesn't support use of  MNP 13Stock out at HF or FCHV 14FCHV not available when I went to  get it or HF closed 15I’m lazy……………………………… 16Change in my routine caused me to  stop giving (e.g., travel, sickness) 17Got MNP less than 60 days ago… 18Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 45 | Did you feel pressure to share MNP with children other than (Child’s name)? | Yes, a lot 1Sometimes………………………………2No 3Don't know 98Refuse to answer 77 |  |
| 46 | Please show me any MNP sachets you have in your house right now.**(Observe and write the number of unopened/unused sachets and the number of opened/used sachets)** | No. of unopened sachets No. of opened/used sachets……….Don't know 98Refuse to answer 77 |  |
| 47 | From **the last batch** of MNP sachets received, please describe any supports and motivations that helped you give the sachets to (Child’s name)?**(Multiple answers possible)** | Increased appetite 1Increased energy and activity 2Mental development/make child  clever/smarter 3Increased immunity (less sick) 4Make child healthy 5Make child stronger 6Physical growth 7Child did not experience side effects 8Child liked MNP 9Support from husband 10Support from mother-in-law 11Support from friends/neighbors 12Support from health staff 13Child did not refuse food with MNP…….…….14Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |
| 48 | What would help to support or motivate you to start or continue giving MNP to the child (Name)?**(Multiple answers possible)** | Observing positive effects in other children 1Approval from my husband or in-laws 2My child not rejecting the food with  MNP 3Information about the benefits of  MNP/Why my child needs 4Information about how to use MNP 5Information about how to resolve  side effects of MNP 6Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96Don't know 98Refuse to answer 77 |  |