**UNHCR Standardised Expanded Nutrition Survey (SENS) Questionnaire**

**Greeting and reading of rights:**

This statement is to be read to the head of the household or, if they are absent, another adult member of the house before the interview. Define head of household as member of the family who manages the family resources and is the final decision maker in the house.

* Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with *[organisation/institution*]. We would like to invite your household to participate in a survey that is looking at the nutrition and health status of people living in this [*camp / survey area*].
* UNHCR is sponsoring this nutrition survey.
* Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time for any reason. If you stop being in this survey, it will not have any negative effects on how you or your household is treated or what assistance you receive.
* If you agree to participate, we will ask you some questions about your family and we will also measure all the children in the household who are older than 6 months and younger than 5 years *[and/or women]*. In addition to these assessments, we will test a small amount of blood from the finger of the children and women to see if they have anaemia.
* Before we start to ask you any questions or take any measurements, we will ask you to give us your verbal consent. Be assured that any information that you will provide will be kept strictly confidential.
* You can ask me any question that you have about this survey before you decide to participate or not.
* If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

**STANDARD SENS VARIABLE NAMES SHOWN IN RED.**

**IDENTIFICATION VARIABLES SHOWN IN BLUE TO BE ADAPTED DEPENDING ON CONTEXT (E.G. SURVEY DESIGN, MULTIPLE CAMPS, CAMP LAYOUT).** Note that in some camps, the words ‘block’ and ‘section’ may not be used and other words may be used for these (e.g. zone, quarter). Adapt the wording accordingly.

**OPTIONAL SENS VARIABLE NAMES SHOWN IN GREEN.**

CAPITAL LETTERS refer to instructions for the surveyors. They should not be deleted from the questionnaire and should not be read to the respondent during the interview.

**DEMOGRAPHY**

**1 questionnaire per household**

This questionnaire is to be administered to the head of the household or, if THEY ARE absent, another adult member of the household.

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION DM1: Household Head Information** | | | |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if THEY ARE absent, another adult member of the household. | | |
| **DM1A** | Was consent given for conducting the interview?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.  **DMCONST** | Yes 1  No 2  Absent 3 | |\_\_\_|  **IF ANSWER IS 2 or 3 STOP HERE** |
| **DM1B** | Was consent given for conducting the interview using Mobile Data Collection (use of smartphone or tablet)?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.  **MDCCONST** | Yes 1  No 2  Absent 3 | |\_\_\_|  **IF ANSWER IS 2 or 3 STOP HERE** |
| **DM2** | What is the sex of the household head?  THE HOUSEHOLD HEAD IS THE PERSON RESPONSIBLE FOR MAKING THE DECISIONS FOR THE HOUSEHOLD AS A WHOLE. use the term agreed upon during the training.  **HHHSEX** | Male m  Female f | |\_\_\_| |
| **DM3** | What is the age of the household head (years)?  YOU DO NOT NEED TO SEE PROOF OF AGE.  **Lower limit=6**  **Upper limit=98**  **HHHAGE** | RECORD THE NUMBER IN YEARS IF KNOWN. RECORD 97 IF 97 YEARS OR OLDER. RECORD 98 IF UNKNOWN. | |\_\_\_|\_\_\_| years |
| **DM4** | What is the country of origin of the household head? (OPTIONAL)  **HHHCTRY** | Country A 1  Country B 2  Country C 3  Country D 4  Country E 5  Other 6  Don’t know 8 | |\_\_\_| |
| **SECTION DM2: Mixed populations SENS (out-of-camp settings) (if applicable)** | | | |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD. EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE KEPT CONFIDENTIAL. | | |
| **DM5** | Is the household head a national of this country [INSERT COUNTRY]? (IF APPLICABLE)  **HHHHOST** | Yes 1  No 2  Don’t know 8 | |\_\_\_|  **IF ANSWER IS 2 OR 8 GO TO DM7** |
| **DM6** | Has the household head been forced to move from his/her place of origin? (IF APPLICABLE)  **HHHIDP** | Yes 1  No 2  Don’t know 8 | |\_\_\_|  **GO TO DM8** |
| **DM7** | Has the household head been forced to move from his/her country of origin to this country [INSERT COUNTRY]? (IF APPLICABLE)  **HHHREFUG** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **SECTION DM3: Survey of Household Members** | | | |
| **DM8** | What is the total number of household members?  **Lower limit=1**  **Upper limit=30**  **DMHHSIZE** | RECORD THE NUMBER. | |\_\_\_|\_\_\_| people |
| **Note** | ASK INTERVIEWEE IF THOSE ARE ALL THE MEMBERS IN THE HOUSEHOLD AND THAT NO ONE IS MISSING.  THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES IN THE HOUSEHOLD. | | |
| **DM9** | Name of household member  ONLY WRITE FIRST NAME.  **NAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **DM10** | What is the sex of the household member?  **HHMSEX** | Male m  Female f | |\_\_\_| |
| **DM11** | What is the age of the household member (years)?  YOU DO NOT NEED TO SEE PROOF OF AGE.  **Lower limit=0**  **Upper limit=98**  **HHMAGE** | RECORD THE NUMBER IN YEARS IF KNOWN.  IF AGE IS LESS THAN 1 YEAR, RECORD 0. RECORD 97 IF 97 YEARS OR OLDER. RECORD 98 IF UNKNOWN. | |\_\_\_|\_\_\_| years |
| **DM12** | Is the household member currently pregnant?  **HHMPREG** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **SECTION DM4: Time of Arrival in Country of Asylum (optional/if applicable)** | | | |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO. | | |
| **DM13** | Did all household members arrive to [*camp name / country of asylum*] at the same time?  (OPTIONAL/IF APPLICABLE)  **ARRIVE** | Yes 1  No 2  Don’t know 8 | |\_\_\_|  **IF ANSWER IS 2 GO TO DM15** |
| **DM14** | When did the household arrive to [*camp name / country of asylum*]?  (OPTIONAL/IF APPLICABLE)  **ARRIDATE** | 1 month ago [*INSERT MONTH*] 01  2 months ago [*INSERT MONTH*] 02  3 months ago [*INSERT MONTH*] 03  4 months ago *[INSERT MONTH*] 04  5 months ago [*INSERT MONTH*] 05  6 months ago [*INSERT MONTH*] 06  7 months ago [*INSERT MONTH*] 07  8 months ago [*INSERT MONTH*] 08  9 months ago [*INSERT MONTH*] 09  10 months ago [*INSERT MONTH*] 10  11 months ago [*INSERT MONTH*] 11  12 months ago [*INSERT MONTH]* 12  1-2 years ago 13  2-3 years ago 14  >3 years ago 15  Other *[TO BE ADAPTED]* 16  Don’t know 98 | |\_\_\_|\_\_\_| |
| **DM15** | Was consent given for taking the GPS coordinates of the household?  (OPTIONAL)  **GPSCONST** | Yes 1  No 2 | |\_\_\_| |
| **Note** | Summary messages  WRITE DOWN THE SUMMARY DATA PROVIDED BELOW ON THE PARTICIPANTS AND MEASURES CONTROL SHEET. | | |
| **DM16** | **Total number of children under 5 (0-4 years)**  |\_\_\_|\_\_\_| **children under-5**  **TOTU5** | | |
| **DM17** | **Total number of women aged 15-49 years**  |\_\_\_|\_\_\_| **women**  **TOTWM** | | |
| **DM18** | **Total number of pregnant women aged 15-49 years**  |\_\_\_|\_\_\_| **pregnant women**  **TOTPREG** | | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | |

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| **Summary** | | | |
| **Years old** | **Female** | **Male** | **Total** |
| **U2**  **(0-1 years)** | |\_\_\_|\_\_\_|  **TOTFU2** | |\_\_\_|\_\_\_|  **TOTMU2** | |\_\_\_|\_\_\_|  **TOTU2** |
| **U5**  **(0-4 years)** | |\_\_\_|\_\_\_|  **TOTFU5** | |\_\_\_|\_\_\_|  **TOTMU5** | |\_\_\_|\_\_\_|  **TOTU5** |
| **5-14**  **(5-14 years)** | |\_\_\_|\_\_\_|  **TOTF514** | |\_\_\_|\_\_\_|  **TOTM514** | |\_\_\_|\_\_\_|  **TOT514** |
| **14 years or younger (0-14 years)** | |\_\_\_|\_\_\_|  **TOTFU15** | |\_\_\_|\_\_\_|  **TOTMU15** | |\_\_\_|\_\_\_|  **TOTU15** |
| **Between 15 years and 64 years** | |\_\_\_|\_\_\_|  **TOTF1564** | |\_\_\_|\_\_\_|  **TOTM1564** | |\_\_\_|\_\_\_|  **TOT1564** |
| **65 years and older** | |\_\_\_|\_\_\_|  **TOTF65OLD** | |\_\_\_|\_\_\_|  **TOTM65OLD** | |\_\_\_|\_\_\_|  **TOT65OLD** |
| **Total household size**  **(all ages)** | |\_\_\_|\_\_\_|  **HHFSIZE** | |\_\_\_|\_\_\_|  **HHMSIZE** | |\_\_\_|\_\_\_|  **DMHHSIZE** |

**FOOD SECURITY**

**1 questionnaire per household**

This questionnaire is to be administered to the Main Caretaker WHO IS RESPONSIBLE FOR COOKING THE MEALS.

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** | | | |
| **SECTION FS1: Food assistance and cooking fuel (if applicable)** | | | | | |
| **Note** | ThiS questionnaire NEED to be ASKED To the Main Caretaker WHO IS RESPONSIBLE FOR COOKING THE MEALS. | | | | |
| **FS1** | Was consent given for conducting the interview?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.  **FSCONST** | Yes 1  No 2  Absent 3 | | |\_\_\_|  **IF ANSWER IS 2 or 3 STOP HERE** | |
| **FS2** | What is your household’s assistance category? (IF APPLICABLE)  **HHASSIST** | Category A 1  Category B 2  Category C 3  Category D 4  Other 6  Don’t know 8 | | |\_\_\_| | |
| **FS3** | Does your household receive food assistance (general in-kind food distribution and/or cash grants and/or food vouchers) [INSERT LOCAL NAMES OF FOOD ASSISTANCE PROGRAMMES]?  **FOODASS** | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 1 OR 8**  **GO TO FS5** | |
| **FS4** | Why do you not have access to the food assistance programmes [INSERT LOCAL NAMES OF FOOD ASSISTANCE PROGRAMMES]?  **YNOFOODA** | Ration card and/or cash grants and/or food voucher not given even if eligible 1  Not registered 2  Registered but determined not eligible 3  Other 6  Don’t know 8 | | |\_\_\_|  **GO TO FS10** | |
| **FS5** | How many days did the food from the general in-kind food distribution from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE)  **Lower limit=1**  **Upper limit=98**  **GFDLAST** | RECORD THE NUMBER OF DAYS IF KNOWN. RECORD 98 IF UNKNOWN. | | |\_\_\_|\_\_\_| | |
| **FS6** | Does your household receive cash grants to meet basic needs [INSERT LOCAL NAME FOR CASH GRANTS]? (IF APPLICABLE)  **CASH** | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 OR 8 GO TO FS8** | |
| **FS7** | How did you spend the cash grants you received in [INSERT LAST CYCLE MONTH OR DISTRIBUTION]? (IF APPLICABLE)  SELECT ALL THAT APPLY.  **CASHSPNT: FOOD / WATER / HYGIENE / HEALTH / HOUSE / FUELA / LIVELI / DEBTS / SAVING / EDUCA / OTHER / DKN** | Food 01  Water 02  Hygiene items, clothes, shoes 03  Health costs (including medicines) 04  Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) 05  Firewood/fuel for cooking or heating 06  Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) 07  Debt repayment 08  Save some money or gave to other family members, relatives, friends 09  Education (e.g. school fees, uniform, books) 10  Other 96  Don’t know 98 | | |\_\_\_|\_\_\_| | |
| **FS8** | Does your household receive a food voucher [INSERT LOCAL NAME OF FOOD VOUCHER] for general food needs? (IF APPLICABLE)  **VOUCHER** | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 OR 8 GO TO FS10** | |
| **FS9** | Did you sell any of the vouchers or products accessed with food vouchers received in [INSERT LAST CYCLE MONTH OR DISTRIBUTION] to access other goods and/or services? (IF APPLICABLE)  **SELLVOU** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS10** | Which of your household’s basic needs can you not meet?  DO NOT READ THE ANSWERS. SELECT ALL THAT APPLY.  **NEEDSNOT: FOODB / WATERB / HYGIENEB / HEALTHB / HOUSEB / FUELB / LIVELIB / DEBTSB / SAVINGB / EDUCAB / NEEDSMET / OTHERB / DKNB** | Food 01  Water 02  Hygiene items, clothes, shoes 03  Health costs (including medicines) 04  Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) 05  Firewood/fuel for cooking or heating 06  Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) 07  Debt repayment 08  Save some money or support other family members, relatives, friends 09  Education (e.g. school fees, uniform, books) 10  All basic needs are met 11  Other 96  Don’t know 98 | | |\_\_\_|\_\_\_| | |
| **FS11** | What cooking fuel does your household usually use? (IF APPLICABLE)  **HHFUEL** | Wood 01  Charcoal 02  Kerosene 03  Biogas 04  Liquid petroleum gas (LPG) 05  Ethanol 06  Briquettes 07  Other 96  Don’t know 98 | | |\_\_\_|\_\_\_| | |
| **FS12** | Does your household receive cooking fuel assistance? (IF APPLICABLE)  **FUEL** | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 or 8 GO TO FS14** | |
| **FS13** | How many days did the fuel from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE)  **Lower limit=1**  **Upper limit=98**  **FUELLAST** | RECORD THE NUMBER OF DAYS IF KNOWN (RECORD 98 IF UNKNOWN) | | |\_\_\_|\_\_\_| | |
| **SECTION FS2: Coping Strategies and Reduced Coping Strategy Index (rCSI)** | | | | | |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER. | | | | |
| **FS14** | In the past 4 weeks, have you or anyone in your household needed to stop a child from attending school? (OPTIONAL)  **SCHOOL** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS15** | In the past 4 weeks, have you or anyone in your household needed to sold any assets that would not have normally sold in order to buy food or basic goods (e.g. sold items such as a car, motorbike, plough, sewing machine, tools, seed stock, livestock, productive land)? (OPTIONAL)  **SELLLIV** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS16** | In the past 4 weeks, have you or anyone in your household needed to ask for money from strangers (begging)? (OPTIONAL)  **BEG** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS17** | In the past 4 weeks, have you or anyone in your household needed to move to a poorer quality shelter? (OPTIONAL)  **SHELTER** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS18** | In the past 4 weeks, have you or anyone in your household needed to send household members under the age of 16 to work? (OPTIONAL)  **CHILDLAB** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS19** | In the past 4 weeks, have you or anyone in your household needed to send a member of the household to work far away? (OPTIONAL)  **WORKAWAY** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS20** | In the past 4 weeks, have you or anyone in your household needed to engage in activities for money or items that you feel puts you or other members of your household at risk of harm (e.g. illegal activities like hunting, fishing, survival sex, drug dealing, early marriage, joining armed groups, etc.)? (OPTIONAL)  **RISKYACT** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS21** | In the past 4 weeks, have you or anyone in your household needed to skip paying rent / debt repayments to meet other needs? (OPTIONAL)  **RENTDEBT** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS22** | In the past 4 weeks, have you or anyone in your household needed to take out new loans or borrowed money? (OPTIONAL)  **LOANBRW** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **FS23** | In the past 4 weeks, have you or anyone in your household needed to reduce expenditure on hygiene items, water, baby items, health or education in order to meet household food needs? (OPTIONAL)  **REDUCE** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER. | | | | |
| **FS24** | In the past 7 days, how many days did your household rely on less preferred and/or less expensive food due to lack of food or money to buy food?  **Lower limit=0**  **Upper limit=7**  **LESSEXP** | RECORD THE NUMBER OF DAYS, FROM 0-7. | | |\_\_\_| | |
| **FS25** | In the past 7 days, how many days did your household borrow food or rely on help from a friend or relative due to lack of food or money to buy food?  **Lower limit=0**  **Upper limit=7**  **BRW** | RECORD THE NUMBER OF DAYS, FROM 0-7. | | |\_\_\_| | |
| **FS26** | In the past 7 days, how many days did your household reduce the number of meals eaten in a day due to lack of food or money to buy food?  **Lower limit=0**  **Upper limit=7**  **LESSMEAL** | RECORD THE NUMBER OF DAYS, FROM 0-7. | | |\_\_\_| | |
| **FS27** | In the past 7 days, how many days did your household limit portion sizes at mealtime due to lack of food or money to buy food?  **Lower limit=0**  **Upper limit=7**  **REDMEAL** | RECORD THE NUMBER OF DAYS, FROM 0-7. | | |\_\_\_| | |
| **FS28** | In the past 7 days, how many days did your household reduce consumption by adults so children could eat, due to lack of food or money to buy food?  IN HOUSEHOLDS WIHTOUT CHILDREN UNDER 5 YEARS OF AGE, THE ANSWER SHOULD BE ‘0’.  **Lower limit=0**  **Upper limit=7**  **REDADULT** | RECORD THE NUMBER OF DAYS, FROM 0-7. | | |\_\_\_| | |
| **SECTION FS3 : FCS and FCS-N** | | | | | |
| **FS29** | How many days over the last 7 days, did members of your household eat the following food items, prepared and/or consumed at home?  READ THE LIST OF FOODS AND DO NOT PROBE. ONLY RECORD THE CONSUMPTION OF SIGNIFICANT QUANTITIES OF FOOD BY THE HOUSEHOLD. WRITE ‘0’ IF NOT CONSUMED IN THE LAST 7 DAYS. | | | | |
|  |  | | Number of days eaten in past 7 days | | |
|  | **1**. In the past 7 days, how many days did your household eat any [INSERT CEREALS LOCALLY AVAILABLE] (*e.g. wheat, corn/maize, barley, buckwheat, millet, oats, rice, rye, sorghum, teff*) or any foods made from these such as [INSERT LOCAL FOODS] (*e.g. bread, porridge, noodles, ugali, nshima, pasta*).  Or any [INSERT WHITE ROOTS AND TUBERS LOCALLY AVAILABLE] *(e.g. green bananas, lotus root, parsnip, taro, plantains, white potatoes, white yam, white cassava, white sweet potato)* or any foods made from roots such as [INSERT LOCAL FOODS].  Or any [INSERT OTHER STARCHY FOODS LOCALLY AVAILABLE] *(e.g. green bananas, plantains)*  **CRLROTU** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **2**. In the past 7 days, how many days did your household eat any [INSERT LEGUMES, NUTS AND SEEDS LOCALLY AVAILABLE] *(e.g. dried beans, chickpeas, lentils, nuts, seeds)* or any foods made from these such as [INSERT LOCAL FOODS] *(e.g. hummus, peanut butter)*  **PULSE** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **3**. In the past 7 days, how many days did your household eat any [INSERT MILK AND MILK PRODUCTS LOCALLY AVAILABLE] *(e.g. fresh milk, sour milk, infant formula, cheese, kefir, yogurt)*  **MILK** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **4**. In the past 7 days, how many days did your household eat any meat, fish and eggs *(e.g. goat, beef, chicken, pork, blood, fish including canned tuna, snails, and/or other seafood, eggs)*  **PROT** | | |\_\_\_|  **IF ANSWER IS 0 GO TO QUESTION 5**  **Lower limit=0**  **Upper limit=7** | | |
|  | **4.1.** In the past 7 days, how many days did your household eat any [INSERT FLESH MEAT LOCALLY AVAILABLE] *(e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, cane rat, guinea pig, rat, agouti frogs, snakes, insects)*  **FLSHMT** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **4.2**. In the past 7 days, how many days did your household eat any [INSERT ORGAN MEAT or blood-based foods Locally available] *(e.g. liver, kidney, heart)*  **ORGMT** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **4.3.** In the past 7 days, how many days did your household eat any [INSERT FRESH, DRIED OR CANNED FISH OR SHELLFISH LOCALLY AVAILABLE] *(e.g. anchovies, tuna, sardines, shark, whale, roe/fish eggs, clam, crab, lobster, crayfish, mussels, shrimp, octopus, squid, sea snails)*  **FISHSF** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **4.4.** In the past 7 days, how many days did your household eat any eggs from [INSERT EGGS LOCALLY AVAILABLE] *(e.g. eggs from chicken, duck, guinea fowl)*  **EGGS** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **5**. In the past 7 days, how many days did your household eat any [INSERT ANY VEGETABLES and leaves locally available] *(e.g. spinach, cassava leaves, onion, carrot, lettuce, bamboo shoots, cabbage, pepper, tomato, eggplant, zucchini, etc.)*  **VEGL** | | |\_\_\_|  **IF ANSWER IS 0 GO TO QUESTION 6**  **Lower limit=0**  **Upper limit=7** | | |
|  | **5.1**. In the past 7 days, how many days did your household eat any [INSERT vitamin A rich vegetables and tubers locally available] *(e.g. carrot, pumpkin, squash, or sweet potato that are orange inside, red sweet pepper)*  **VITAV** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **5.2.** In the past 7 days, how many days did your household eat any [INSERT DARK GREEN LEAFY VEGETABLES locally available INLCUDING WILD FORMS AND VITAMIN A RICH LEAVES] (*e.g. amaranth, arugula (rocket), cassava leaves, kale, broccoli, spinach*)  **GREENV** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **6**. In the past 7 days, how many days did your household eat any [INSERT ANY FRUITS locally available INCLUDING WILD FRUITS], and 100% fruit juice made from these *(e.g. mango, apricot, peach, apple, avocados, banana, coconut flesh, lemon, orange, etc.)*  **FRT** | | |\_\_\_|  **IF ANSWER IS 0 GO TO QUESTION 7**  **Lower limit=0**  **Upper limit=7** | | |
|  | **6.1**. In the past 7 days, how many days did your household eat any [INSERT VITAMIN A RICH FRUITS locally available], and 100% fruit juice made from these *(e.g. mango (ripe, fresh and dried), cantaloupe melon (ripe), apricot (fresh or dried), ripe papaya, passion fruit (ripe), dried peach)*  **VITAFRT** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **7**. In the past 7 days, how many days did your household eat any [INSERT OILS AND FATS LOCALLY AVAILABLE] added to food or used for cooking *(e.g. vegetable / nut oil made from almond, avocado, canola, coconut, cottonseed, groundnut, maize, olive, rapeseed, safflower, sesame, soybean, sunflower/walnut, ghee, butter, margarine, mayonnaise, palm oil -****not*** *red palm oil, shortenings, sour cream)*  **FATS** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **8**. In the past 7 days, how many days did your household eat any [INSERT SWEETS, SWEETENED SODA OR JUICE DRINKS AND SUGARY FOODS LOCALLY AVAILABLE] *(e.g. sugar, honey, syrup, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes)*  **SWTS** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **9**. In the past 7 days, how many days did your household eat any [INSERT SPICES, CONDIMENTS AND BEVERAGES LOCALLY AVAILABLE] *(e.g. black pepper, salt, chilies, soy sauce, hot sauce, fish powder, fish sauce, ginger, herbs, magi cubes, ketchup, mustard, coffee, tea, milk/cream in small quantities)*  **SPICE** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
|  | **10**. In the past 7 days, how many days did your household eat any [INSERT specialized nutritious foods available] *(e.g. CSB, Super Cereals)* (IF APPLICABLE)  **SPENUTF** | | |\_\_\_|  **Lower limit=0**  **Upper limit=7** | | |
| **FS30** | How was this food acquired?  **FOODSOU** | | Purchase (using cash grants and/or with their own cash) 01  Own production (crops, livestock, fishing/hunting, gathering) 02  Traded goods/services, barter 03  Borrowed (loan/credit from traders) 04  Receive as gift (from family relatives or friend/neighbor 05  In-kind or voucher based food assistance 06  Other 96  Don’t know 98 | | |\_\_\_|\_\_\_| |
| **ID9** | Please take a GPS reading (OPTIONAL)  AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).  **GPS** | | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | | | |

**MOSQUITO NET COVERAGE**

**1 questionnaire per household**

This questionnaire is to be administered to the head of the household or, if they are absent, another adult member of the household.

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | | **ANSWER CODES** | | |
| **SECTION TN1: Details on the Household** | | | | | |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if they are absent, another adult member of the household. | | | | |
| **TN1** | Was consent given for conducting the interview?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.  **TNCONST** | | Yes 1  No 2  Absent 3 | | |\_\_\_|  **IF ANSWER IS 2 or 3 STOP HERE** |
| **TN2** | What is the total number of household members?  RECORD NUMBER.  **TNHHSIZE** | |  | | |\_\_\_|\_\_\_| |
| **TN3** | How many people live in this household and slept here last night?  RECORD NUMBER.  **TOTHH** | |  | | |\_\_\_|\_\_\_| |
| **TN4** | How many children 0-59 months live in this household and slept here last night?  RECORD NUMBER OR TYPE 0 IF THERE AREN’T ANY CHILDREN BELOW 5 YEARS.  **TOTCH** | |  | | |\_\_\_|\_\_\_| |
| **TN5** | How many pregnant women live in this household and slept here last night?  RECORD NUMBER OR TYPE 0 IF THERE AREN’T ANY PREGNANT WOMEN.  **TOTPW** | |  | | |\_\_\_|\_\_\_| |
| **TN6** | Did you have your house sprayed with insecticide in an indoor residual spray campaign in the past 6/12 months? (IF APPLICABLE)  EXPLAIN THAT THIS IS NOT THE CAN OF INSECTICIDE THAT CAN BE SPRAYED IN THE HOUSE.  **HHIRS** | | Yes 1  No 2  Don’t know ………………………….……………. 8 | | |\_\_\_| |
| **TN7** | Do you have mosquito bed nets in this household that can be used while sleeping?  **MOSNETS** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 OR 8 STOP NOW** |
| **TN8** | How many of these mosquito bed nets that can be used while sleeping does your household have?  PROBE FOR ANY NETS CURRENTLY NOT IN USE THAT ARE BEING SAVED OR STORED (STILL IN THEIR PACKAGE). RECORD REPORTED NUMBER.  **Lower limit=1**  **Upper limit=10**  **NUMNETS** | |  | | |\_\_\_|\_\_\_|  Nets |
| **SECTION TN2: Observation of Bed Nets**  THIS SECTION IS TO BE COMPLETED FOR ALL BED NETS USED FOR SLEEPING REPORTED BY THE RESPONDENT. | | | | | |
| **Note** | THESE QUESTIONS ARE ASKED FOR EACH BED NET USED FOR SLEEPING REPORTED BY THE RESPONDENT. | | | | |
| **TN9** | Can the bed net be observed?  ASK RESPONDENT TO SHOW YOU THE NET IN THE HOUSEHOLD.  **NETSOBS** | | Yes 1  No 2 | | |\_\_\_|  **IF ANSWER IS 2 SKIP TO TN12** |
| **TN10** | What is the brand of the net observed?  LOOK AT THE TAG ON THE NET. IF THERE IS NONE OR IS UNREADABLE, SELECT ‘UNIDENTIFIABLE’/’DON’T KNOW.  **NETBRAND** | | DAWAPLUS 01  DURANET 02  INTERCEPTOR 03  LIFENET 04  MAGNET 05  MIRANET 06  OLYSET 07  PANDANET 08  PERMANET 09  ROYALSENTRY 10  SAFENET 11  VEERALIN 12  YALE 13  YORKOOL 14  **Insecticide treated net** (**ITN**) NAME #1 15  **ITN** NAME #2 16  **ITN** NAME #3 17  Other (please specify) 96  Unidentifiable/Don’t know 98 | | |\_\_\_|\_\_\_|  **IF ANSWER IS 96 GO TO TN11** |
| **TN11** | If other, please specify the brand name of net  **BRANDOTH** | | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | |
|  | **TOTLN** | |  | | |\_\_\_|\_\_\_| |
| **SECTION TN3: Survey of household members**  THIS SECTION IS TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES HERE AND SLEPT HERE LAST NIGHT. | | | | | |
| **Note** | THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES IN THE HOUSEHOLD AND SLEPT HERE LAST NIGHT. | | | | |
| **TN12** | ID of household member  **HHMID** |  | | |\_\_\_| | |
| **TN13** | What is the sex of the household member?  **HHMSEX** | Male m  Female f | | |\_\_\_| | |
| **TN14** | How old is the household member?  **HHMAGE** | <5 years 1  ≥5 years 2 | | |\_\_\_| | |
| **TN15** | Is the household member currently pregnant?  **HHMPREG** | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | |
| **TN16** | Did the household member sleep under a net last night?  **SLPNET** | Yes 1  No…………………..………….……………………. 2  Don’t know……..………….……………………. 8 | | |\_\_\_| | |
| **TN17** | Select the brand of the net under which the household member slept  ASK THE RESPONDENT TO PHYSICALLY IDENTIFY WHICH OF THE OBSERVED NETS S/HE SLEPT UNDER.  **SLPBRAND** | RESPONSES FROM TN10 SHOWN HERE.  EXAMPLE:  NETBRAND1-PERMANET  NETBRAND2-PERMANET  NETBRAND3-Unidentifiable/Don’t know  NETBRAND4- OLYSET | | |\_\_\_|\_\_\_| | |
| **ID9** | Please take a GPS reading (OPTIONAL)  AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).  **GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| **Note** | Error messages | | | | |
|  | The total number of children in the household declared at the beginning of the form (TN4) does not match the number of children you have entered in the group (TN14). Please review to ensure they match. | | | | |
|  | The total number of pregnant woman in the household you declared at the beginning of the form (TN5) does not match the number of pregnant woman you have entered (TN15). Please review to ensure they match. | | | | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | | | |

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|  | **Summary** | | |
|  | **Total household members** | **Total <5** | **Total Pregnant** |
| **Slept under a net of any type** | **TN18**  |\_\_\_|\_\_\_|  **TOTSLPNT** | **TN20**  |\_\_\_|\_\_\_|  **TOTCHNT** | **TN22**  |\_\_\_|\_\_\_|  **TOTPWNT** |
| **Slept under an LLIN** | **TN19**  |\_\_\_|\_\_\_|  **TOTSLPLN** | **TN21**  |\_\_\_|\_\_\_|  **TOTCHLN** | **TN23**  |\_\_\_|\_\_\_|  **TOTPWLN** |

**WASH**

**1 questionnaire per household**

This questionnaire is to be administered to the head of the household or, if they are absent, another adult member of the household.

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION WS1: WASH interview questions** | | | |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if they are absent, another adult member of the household. | | |
| **WS1** | Was consent given for conducting the interview?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.  **WSCONST** | Yes 1  No 2  Absent 3 | |\_\_\_|  **IF ANSWER IS 2 or 3 STOP HERE** |
| **WS2** | What is the total number of household numbers?  RECORD NUMBER.  **HHSIZE** |  | |\_\_\_|\_\_\_| |
| **WS3** | What is the principal source of drinking water for members of your household?  SELECT ONE BUT DO NOT PROMPT WITH RESPONSES. CONSIDER DRINKING WATER ONLY.  **SOURCE** | Public tap/standpipe 01  Handpumps/boreholes 02  Water seller/kiosks 03  Piped connection to house (or neighbour’s house) 04  Protected spring 05  Bottled water, water sachets 06  Tanker trucks 07  Unprotected hand-dug well 08  Surface water (lake, pond, dam, river) 09  Unprotected spring 10  Rain water collection 11  Other 96  Don’t know 98 | |\_\_\_|\_\_\_| |
| **WS4** | Where do you and your household members (excluding children under 5) usually go to defecate?  SELECT ONE BUT DO NOT PROMPT WITH RESPONSES.  **TOILET** | Household latrine 1  Communal latrine 2  Open defecation 3  Plastic bag 4  Bucket toilet 5  Other 6  Don’t know 8 | |\_\_\_| |
| **SECTION WS2: WASH observation questions** | | | |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS RELATE TO WATER USED FOR DOMESTIC PURPOSES. THIS INCLUDES: DRINKING, COOKING/FOOD PREPARATION, BATHING, AND PERSONAL HYGIENE PLUS LAUNDRY AND OTHER HOUSEHOLD CLEANING. EXCLUDED FROM THIS ARE ANIMAL USE, BRICKMAKING OR OTHER INDUSTRY, OR AGRICULTURE/GARDENING (NON DOMESTIC). | | |
| **WS5** | Please show me the soap you have in the household.  **SOAP** | Presented within one minute 1  Not presented within one minute/no soap 2 | |\_\_\_| |
| **WS6** | How many containers do you have to collect or store water for domestic purposes for your house? Please show me all of them one by one  RECORD ONE BY ONE. CHECK FOR ALL OF THE CONTAINERS. DO NOT INCLUDE BROKEN, LEAKING, OR NON-FUNCTIONAL CONTAINERS.  **Lower limit=0**  **Upper limit=25**  **CONTAINER** |  | |\_\_\_|\_\_\_| |
| **WS7** | What is the type of container?  **TYPE** | Jerrycan 01  Bucket 02  Basin 03  Bottle 04  Saucepan 05  Drums 06  Other 96 | |\_\_\_|\_\_\_| |
| **WS8** | What is the volume of container?  ENTER THE AMOUNT OF LITRES THIS CONTAINER CAN HOLD TO THE NEAREST 0.5L  **Lower limit=0.5L**  **Upper limit=300.0L**  **LITER** |  | |\_\_\_|\_\_\_|\_\_\_| .|\_\_\_|  litres |
| **WS9** | Is the container covered?  **PROTECT** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **WS10** | Number of journeys made with container for the collection of water for domestic purposes yesterday? This includes all water collected morning, afternoon and evening.  PLEASE ENTER ‘0’ IF HOUSEHOLD DID NOT FILL IT YESTERDAY.  **Lower limit=0**  **Upper limit=10**  **NUMTRIPS** |  | |\_\_\_|\_\_\_| journeys |
| **ID9** | Please take a GPS reading (OPTIONAL)  AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).  **GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | |

**CHILDREN 0-59 ANTHROPOMETRY, HEALTH, IYCF & ANAEMIA**

**1 questionnaire per child 0-59 months**

This questionnaire is to be administered to ALL CHILDREN BETWEEN 0-59 MONTHS IF THE IYCF MODULE IS INCLUDED (or 6-59 MONTHS OF AGE IF THE IYCF MODULE IS NOT INCLUDED).

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| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | | **ANSWER CODES** | | | | | |
| **SECTION CHILD1: Details of the Child 0-59 months or 6-59 months**  THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN IN THE SELECTED HOUSEHOLDS BETWEEN 0-59 MONTHS OR 6-59 MONTHS: DEPENDING ON WHICH SENS MODULE IS INCLUDED. | | | | | | | | |
| **Note** | These questions need to be asked to the MOTHER OR THE Main CareGIVER. | | | | | | | |
| **CH1** | ID Number  **ID** | |  | | |\_\_\_|\_\_\_| | | | |
| **CH2** | Was consent given for conducting the interview and the measurements?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW AND THE MEASUREMENTS.  **CHCONST** | | Yes 1  No 2 | | |\_\_\_|  **IF ANSWER IS 2 STOP HERE** | | | |
| **CH3** | Name of the child  ONLY WRITE FIRST NAME.  **CHNAME** | | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | | | |
| **CH4** | Sex of [NAME OF CHILD]?  **SEX** | | Male m  Female f | | |\_\_\_| | | | |
| **CH5** | Do you have an official age documentation for [NAME OF CHILD]?  **XDOBK** | | Yes 1  No 2 | | |\_\_\_|  **IF ANSWER IS 2**  **GO TO CH7** | | | |
| **CH6** | [NAME OF CHILD]’s date of birth  THE EXACT BIRTH DATE SHOULD ONLY BE TAKEN FROM AN AGE DOCUMENTATION SHOWING DAY, MONTH AND YEAR OF BIRTH.  FOR PAPER-BASED SURVEYS: RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION.  **BIRTHDAT** | | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / \_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | | | |
| **CH7** | Age of [NAME OF CHILD] in months  **Lower limit=0 months (or 6 months if the IYCF module is not included)**  **Upper limit=59.99 months**  **MONTHS** | | SINCE NO AGE DOCUMENTATION IS AVAILABLE, ESTIMATE AGE USING A LOCAL EVENTS CALENDAR.  FOR PAPER-BASED SURVEYS: IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH. | | |\_\_\_|\_\_\_|months | | | |
| **Note** | Verify that the child is ${MONTHS} months old. Remember, if they are older than 59 months; they are not eligible for inclusion and you should stop here. | | | | | | | |
| **SECTION CHILD2: Time of Arrival in Country of Asylum (optional/if applicable)**  THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 0 AND 59 MONTHS OF AGE (OR BETWEEN 6 AND 59 MONTHS IS THE IYCF MODULE IS NOT INCLUDED). | | | | | | | | |
| **Note** | | EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO. | | | | | | |
| **CH8** | | Does [NAME OF CHILD] arrive to [camp name / country of asylum] before or after [INSERT THE EVENT RESPONSIBLE FOR THE INFLUX OF REFUGEES]?  (OPTIONAL/IF APPLICABLE)  **CHARRIVE** | Arrived before [*INSERT EVENT*]……………… 1  Arrived after [*INSERT EVENT*] (new arrival) 2  Don’t know 8 | | | |\_\_\_| | | |
| **SECTION CHILD3: Nutrition, Health and Anaemia Status of the Child 6-59 months**  THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 6 AND 59 MONTHS OF AGE. EXCLUDE HB MEASUREMENTS IF SENS MODULE 3 (ANAEMIA MODULE) IS NOT INCLUDED.  IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (<6 months). | | | | | | | | |
| **CH9** | Is [NAME OF CHILD] currently present in the household?  **CHPRES** | | Yes 1  No 2 | | |\_\_\_|  **IF ANSWER IS 2**  **GO TO CH16** | | | |
| **CH10** | [NAME OF CHILD]’s weight in kilograms (±0.1kg)  DON’T FORGET THE DECIMAL.  **Lower limit=3.0kg**  **Upper limit=31.0kg**  **WEIGHT** | |  | | |\_\_\_|\_\_\_|. |\_\_\_| kg | | | |
| **CH11** | Was the [NAME OF CHILD] dressed with clothes for the weight measurement? (OPTIONAL)  **CLOTHES** | | Yes y  No n | | |\_\_\_| | | | |
| **CH12** | [NAME OF CHILD]’s length/height in cm (±0.1cm)  DON’T FORGET THE DECIMAL.  **Lower limit=54.0cm**  **Upper limit=124.0cm**  **HEIGHT** | |  | | |\_\_\_|\_\_\_|\_\_\_|. |\_\_\_| cm | | | |
| **CH13** | Was [NAME OF CHILD] measured lying down or standing up?  **MEASURE** | | Child lying down l  Child standing up h | | |\_\_\_| | | | |
| **CH14** | Clinical examination: Does the [NAME OF CHILD] present bilateral pitting oedema?  **EDEMA** | | Yes y  No n | | |\_\_\_| | | | |
| **CH15** | [NAME OF CHILD]’s middle upper arm circumference (MUAC) in mm (±1mm) or cm (±0.1cm)  MEASURE LEFT ARM.  APPLICABLE ONLY IF MUAC MEASURED IN CM: DON’T FORGET THE DECIMAL.  **Lower limit=70mm**  **Upper limit=235mm**  **MUAC** | |  | | |\_\_\_|\_\_\_|\_\_\_|mm  OR  |\_\_\_|\_\_\_|. |\_\_\_| cm | | | |
| **CH16** | Is [NAME OF CHILD] currently being treated in [NAME OF NUTRITION PROGRAMMES] for malnutrition?  SHOW COMMODITY GIVEN IN TSFP AND TFP (OTP/SC).  **ENROL** | | Yes TSFP 1  Yes TFP (OTP/SC) 2  No 3  Don’t know 8 | | |\_\_\_| | | | |
| **CH17** | Is [NAME OF CHILD] currently enrolled in the BSFP? (IF APPLICABLE)  SHOW COMMODITY/PACKAGING GIVEN IN BSFP.  **BSFP** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | | | |
| **CH18** | Has [NAME OF CHILD] been vaccinated against measles?  CHECK VACCINATION CARD (ONLY FOR CHILDREN OLDER THAN 9 MONTHS).  **MEASLES** | | Yes, card 1  Yes, recall 2  No or don’t know 3 | | |\_\_\_| | | | |
| **CH19** | Has [NAME OF CHILD] received a vitamin A capsule in the past six months?  CHECK VACCINATION/HEALTH CARD AND SHOW CAPSULE.  **VITA** | | Yes, card 1  Yes, recall 2  No or don’t know 3 | | |\_\_\_| | | | |
| **CH20** | Was [NAME OF CHILD] given any drug for intestinal worms in the last six months? (IF APPLICABLE)  SHOW TABLET.  **DEWORM** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | | | |
| **CH21** | Has [NAME OF CHILD] had diarrhoea in the past 2 weeks?  CASE DEFINITION: THREE OR MORE LOOSE OR LIQUID STOOLS DURING 24 HOURS.  **DIAR** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 OR 8**  **GO TO CH23** | | | |
| **CH22** | Did you give [INSERT LOCAL NAME FOR WHO ORS] to [NAME OF CHILD] when s/he had diarrhoea? (OPTIONAL)  SHOW ORS SACHET.  **DIARORS** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | | | |
| **CH23** | Did you give zinc tablets or syrup to [NAME OF CHILD] when s/he had diarrhoea? (OPTIONAL)  SHOW ZINC TABLET OR SYRUP.  **DIARZINC** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | | | |
| **CH24** | Units of measurement of your HemoCue device (g/dL or g/L)  **HBUNIT** | | g/dL gdl  g/L gl | | |\_\_\_|\_\_\_|\_\_\_| | | | |
| **CH25** | [NAME OF CHILD]’s haemoglobin (Hb) in g/dL (±0.1 g/dL) or in g/L (±1g/L)  APPLICABLE ONLY IF HB MEASURED IN G/DL: DON’T FORGET THE DECIMAL.  **Lower limit=2.0g/dL**  **Upper limit=22.0g/dL**  **CHHB** | |  | | |\_\_\_|\_\_\_|. |\_\_\_|g/dL  OR  |\_\_\_|\_\_\_|\_\_\_|g/L | | | |
| **CH26** | **Automatic referral for child with signs of acute malnutrition who is not already enrolled in a nutrition programme:**   * Child needs to be referred for moderate acute malnutrition (if MUAC<125mm and MUAC≥115 mm and/or WHZ<-2 and WHZ≥-3 and if ENROL equals to 3 or 8). * Child needs to be referred for severe acute malnutrition (if MUAC<115mm and/or WHZ<-3 and/or bilateral pitting oedema is yes and if ENROL equals to 3 or 8).   FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY.  **REFMAM/REFSAM** | | | | | | | |
| **CH27** | **Automatic referral for child who has severe anaemia:**   * Child needs to be referred for severe anaemia (if Hb<7.0g/dL).   FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY.  **REFANEM** | | | | | | | |
| **SECTION IYCF1: Breastfeeding Status of the Child 0-23 months (part 1)**  This SECTION is to be administered to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.  IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 months). | | | | | | | | |
| **Note** | These questions need to be asked to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD. | | | | | | | |
| **IF1** | Has [NAME OF CHILD] ever been breastfed?  **EVERBF** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_|  **IF ANSWER IS 2 or 8 GO TO IF4** | | | |
| **IF2** | How long after birth did you first put [NAME OF CHILD] to the breast?  **INITBF** | | Less than one hour 1  Between 1 and 23 hours 2  More than 24 hours 3  Don’t know 8 | | |\_\_\_| | | | |
| **IF3** | Was [NAME OF CHILD] breastfed yesterday during the day or at night?  **YESTBF** | | Yes 1  No 2  Don’t know 8 | | |\_\_\_| | | | |
| **SECTION IYCF2: Breastfeeding Status of the Child 0-23 months (part 2)**  This SECTION is to be administered to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.  IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 months). | | | | | | | | |
| **IF4** | Now I would like to ask you about liquids that [NAME OF CHILD] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] receive any of the following?  ASK ABOUT EVERY LIQUID. EVERY QUESTION MUST HAVE AN ANSWER.  IF ITEM WAS GIVEN, SELECT ‘YES’. IF ITEM WAS NOT GIVEN, SELECT ‘NO’. IF CAREGIVER DOES NOT KNOW, SELECT ‘DON’T KNOW’.  Yes No DK | | | | | | | |
|  | 4A. Plain water  **WATER** | | | 4A………………………1 2 8 | | | | |
| 4B. Infant formula, for example [INSERT locally available brand names of infant formula, *ALL TYPES*]  **INFORM** | | | 4B………………………1 2 8 | | | | |
| 4C. Milk such as tinned, powdered, or fresh animal milk, for example [INSERT locally available brand names of tinned and powdered milk]  **MILK** | | | 4C………………………1 2 8 | | | | |
| 4D. Juice or juice drinks, for example [insert locally available brand names of juice drinks]  **JUICE** | | | 4D………………………1 2 8 | | | | |
| 4E. Clear broth  **BROTH** | | | 4E………………………1 2 8 | | | | |
| 4F. Sour milk or yogurt, for example [insert local names]  **YOGURT** | | | 4F………………………1 2 8 | | | | |
| 4G. Thin porridge, for example [insert local names]  **THINPOR** | | | 4G………………………1 2 8 | | | | |
| 4H. Tea or coffee with milk  **WHTEACOF** | | | 4H………………………1 2 8 | | | | |
| 4I. Any other water-based liquids, for example [insert other water-based liquids available in the local setting AND USE LOCAL NAMES] (e.g. *sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids)*  **WATLQD** | | | 4I………………………...1 2 8 | | | | |
| **IF5** | Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?  **FOOD** | | | Yes………………………………………….………....1  No……………………………………………….….... 2  Don’t know………………………………….….... 8 | | | |\_\_\_| | |
| **SECTION IYCF3: Bottle Feeding for the Child 0-23 months**  IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 months). | | | | | | | | |
| **IF6** | Did [NAME OF CHILD] drink anything from a bottle with a nipple yesterday during the day or at night?  **BOTTLE** | | | Yes………………………………………….………....1  No……………………………………………….….... 2  Don’t know………………………………….….... 8 | | | |\_\_\_| | |
| **SECTION IYCF4: Iron -fortified or Iron-rich Foods for the Child 6-23 months**  IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (<6 months AND ≥24 months). | | | | | | | | |
| **IF7** | Now I would like to ask you about some particular foods [NAME OF CHILD] may eat. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] consume any of the following?  ASK ABOUT EVERY ITEM. EVERY QUESTION MUST HAVE AN ANSWER.  IF ITEM WAS GIVEN, SELECT ‘YES’. IF ITEM WAS NOT GIVEN, SELECT ‘NO’. IF CAREGIVER DOES NOT KNOW, SELECT ‘DON’T KNOW’.  Yes No DK | | | | | | | |
|  | 7A. [insert common meat, fish, poultry and liver/organ flesh foods used the local setting] *(e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart)*  **FLESHFD** | | | 7A………………………………..1 2 8 | | | | |
| 7B. [INSERT FBF available in the local setting and USE LOCAL NAMES] (e.g. CSB+, WSB+) (IF APPLICABLE)  **FBF** | | | 7B…………………..…………….1 2 8 | | | | |
| 7C. [INSERT FBF++ available in the local setting AND USE LOCAL NAMES] *(e.g. CSB++, WSB++)* (IF APPLICABLE)  **FBFSUPER** | | | 7C………………..………………1 2 8 | | | | |
| 7D. [INSERT RUTF products available in the local setting AND USE LOCAL NAMES] *(e.g. Plumpy’Nut®, eeZeePaste™)* (IF APPLICABLE)  SHOW SACHET.  **RUTF** | | | 7D……………………………..…1 2 8 | | | | |
| 7E. [INSERT RUSF products available in the local setting AND USE LOCAL NAMES] *(e.g. Plumpy’Sup®, eeZeeRUSF™)* (IF APPLICABLE)  SHOW SACHET.  **RUSF** | | | 7E……………………………….…1 2 8 | | | | |
| 7F. [INSERT LNS products available in the local setting AND USE LOCAL NAMES] *(e.g. Nutributter®, eeZee20™, Plumpy’doz®, eeZee50™)* (IF APPLICABLE)  SHOW SACHET / POT.  **LNS** | | | 7F……………………………….…1 2 8 | | | | |
| 7G. [INSERT locally available brand names of *iron fortified* infant formula] *(e.g. Nan, S26 infant formula)* (IF APPLICABLE)  **INFORMFE** | | | 7G……...…………………….....1 2 8 | | | | |
| 7H. [iNSERT any *iron fortified* solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting that are different than distributed commodities AND USE LOCALLY AVAILABLE BRAND NAMES] *(e.g. Cerelac, Weetabix)* (IF APPLICABLE)  **FOODFE** | | | 7H………………………………....1 2 8 | | | | |
| **IF8** | Yesterday, during the day or at night, did [NAME] consume any food to which you added a [INSERT LOCAL NAME FOR Micronutrient powder or sprinkles] like this? (IF APPLICABLE)  SHOW MICRONUTRIENT POWDER SACHET.  **MNP** | | | Yes………………………………………….…………....1  No………………………………………………….….... 2  Don’t know…………………………………….….... 8 | | | | |\_\_\_| |
| **ID9** | Please take a GPS reading (OPTIONAL)  AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).  **GPS** | | | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | | | | | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | | | | | | |

**WOMEN ANTHROPOMETRY, HEALTH & ANAEMIA**

**1 questionnaire per woman 15-49 years**

This questionnaire is to BE ADMINISTERED TO ALL ELIGIBLE WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION IDENTIFICATION**  THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. | | | |
| **ID1** | Camp Name  **CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **ID2** | Section Code / Number  **SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number  **ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number  **BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)  **SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **ID6** | Cluster Number  **CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number  **TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number  **HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **QUESTION** | **ANSWER CODES** | |
| **SECTION WM1: Details of the Woman 15-49 years**  THIS SECTION IS TO BE ADMINISTERED TO ALL ELIGIBLE WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLDS. | | | |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO EACH ELIGIBLE WOMAN. | | |
| **WM1** | ID Number  **WMID** |  | |\_\_\_| |
| **WM2** | Was consent given for conducting the interview and the measurements?  ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW AND THE MEASUREMENTS.  **WMCONST** | Yes 1  No 2  Absent 3 | |\_\_\_|  **IF ANSWER IS 2 OR 3 STOP HERE** |
| **WM3** | Name of the woman  ONLY WRITE FIRST NAME.  **WMNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **WM4** | Age of [NAME OF WOMAN] in years  ONLY WOMEN BETWEEN 15 AND 49 ARE BEING INTERVIEWED.  **Lower limit=15 years**  **Upper limit=49 years**  **WMAGE** |  | |\_\_\_|\_\_\_|years |
| **SECTION WM2: Anthropometry, Physiological and Anaemia Status of the Woman 15-49 years**  THIS SECTION IS TO BE ADMINISTERED TO ALL ELIGIBLE WOMEN BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD. | | | |
| **WM5** | Are you pregnant?  **PREGNANT** | Yes 1  No 2  Don’t know 8 | |\_\_\_|  **IF ANSWER IS 2 OR 8 GO TO WM8** |
| **WM6** | Are you currently enrolled in the ANC programme?  **ANC** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **WM7** | Are you currently receiving iron-folate pills?  SHOW PILL.  **FEREC** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **WM8** | Are you currently breastfeeding? (OPTIONAL)  **LACTAT** | Yes 1  No 2  Don’t know 8 | |\_\_\_|  **IF ANSWER IS 2 OR 8 GO TO WM10** |
| **WM9** | Is the child you are breastfeeding younger than 6 months old? (OPTIONAL)  **LACTATU6** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **WM10** | Are you currently enrolled in the BSFP? (IF APPLICABLE)  SHOW COMMODITY/PACKAGING GIVEN IN BSFP.  **WMBSFP** | Yes 1  No 2  Don’t know 8 | |\_\_\_| |
| **WM11** | [NAME OF WOMAN]’s MUAC in mm (±1mm) or cm (±0.1cm) (OPTIONAL)  MEASURE LEFT ARM.  APPLICABLE ONLY IF MUAC MEASURED IN CM: DON’T FORGET THE DECIMAL.  **Lower limit=160 mm**  **Upper limit=500 mm**  **WMMUAC** |  | |\_\_\_|\_\_\_|\_\_\_|mm  OR  |\_\_\_|\_\_\_|. |\_\_\_| cm |
| **WM12** | Units of measurement of your HemoCue device (g/dL or g/L)  **WMHBUNIT** | g/dL gdl  g/L gl | |\_\_\_| |
| **WM13** | [NAME OF WOMAN]’s haemoglobin in g/dL (±0.1 g/dL) or in g/L (±1g/L)  APPLICABLE ONLY IF HB MEASURED IN G/DL: DON’T FORGET THE DECIMAL.  **Lower limit=2.0g/gL**  **Upper limit=22.0g/dL**  **WMHB** |  | |\_\_\_|\_\_\_|. |\_\_\_| g/dL  OR  |\_\_\_|\_\_\_|\_\_\_|  g/L |
| **ID9** | Please take a GPS reading (OPTIONAL)  AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).  **GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **WM14** | **Automatic referral for woman with signs of acute malnutrition:**   * Woman needs to be referred for acute malnutrition (if MUAC< [INSERT VALUE] mm) (TO BE INCLUDED ONLY IF MUAC IS MEASURED).   FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE WOMAN AND THE OTHER IS FOR THE HEALTH FACILITY.  **WMREFMAL** | | |
| **WM15** | **Automatic referral for woman who has severe anaemia:**   * Woman needs to be referred for severe anaemia (if Hb<8.0g/dL).   FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE WOMAN AND THE OTHER IS FOR THE HEALTH FACILITY.  **WMREFAN** | | |
|  | Interviewer: I confirm that questionnaire is complete: yes/no | | |
|  | Supervisor: I confirm that questionnaire is complete.: yes/no  MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. | | |