**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.

**Grey boxes in CAPITAL LETTERS** refer to instructions for survey managers. They should be deleted from the final survey questionnaire. More instructions can be found in the respective SENS modules.

**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**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g. section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION DM1: Household Head Information** |
|  | **SURVEY MANAGER INSTRUCTIONS:**This section is to be completed in all selected households. This module is mandatory to complete. |
| **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.**SURVEY MANAGER INSTRUCTIONS:**Include this question if it is a paper-based survey. Include Question DM1B if it is a survey using Mobile Data Collection (MDC).If a HOUSEHOLD is absent, the team leader should record this information and determine another time to return on the same day AND/or before to leave the survey Area. The team should revisit an absent HOUSEHOLD up to two times, if it is logistically feasible, on the same survey day. If they are unsuccessful after this, the HOUSEHOLD should be recorded as an absence and they should not be replaced with another household.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS.**DMCONST** | Yes 1No 2Absent 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.**SURVEY MANAGER INSTRUCTIONS:**Include this question if it is a survey using Mobile Data Collection (MDC). Include Question DM1A if it is a paper-based survey.If a HOUSEHOLD is absent, the team leader should record this information and determine another time to return on the same day AND/or before to leave the survey Area. The team should revisit an absent HOUSEHOLD up to two times, if it is logistically feasible, on the same survey day. If they are unsuccessful after this, the HOUSEHOLD should be recorded as an absence and they should not be replaced with another household.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS.IF A HOUSEHOLD DOES NOT CONSENT TO USING MDC THEN USE THE PAPER QUESTIONNAIRE INSTEAD.**MDCCONST** | Yes 1No 2Absent 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.**SURVEY MANAGER INSTRUCTIONS:**ENSURE TO ADAPT THE TERM ‘HOUSEHOLD HEAD’ TO THE LOCAL SETTING.**HHHSEX** | Male mFemale f | |\_\_\_| |
| **DM3** | What is the age of the household head (years)?YOU DO NOT NEED TO SEE PROOF OF AGE.**SURVEY MANAGER INSTRUCTIONS:**Reported age is recorded.**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)**SURVEY MANAGER INSTRUCTIONS:**oNLY INCLUDE IF SENS IS CONDUCTED IN A REFUGEE CAMP CONTEXT AND INFORMATION IS NEEDED IN SURVEY CONTEXT. THIS MIGHT BE NEEDED IN CONTEXTS WHERE THERE ARE MULTIPLE NEW ARRIVALS FROM VARIOUS COUNTRIES OR WHERE REGISTRATION IS ON-GOING AND INFORMATION IS NOT YET AVAILABLE.ADAPT THE NAMES OF THE RELEVANT COUNTRIES AND NUMBER OF COUNTRIES PRIOR TO THE SURVEY START. IF MORE THAN 5 COUNTRIES, USE CODE ‘96’ FOR ANSWER ‘OTHER’ and code ‘98’ for answer ‘don’t know’.**HHHCTRY** | Country A 1Country B 2Country C 3Country D 4Country E 5Other 6Don’t know 8 | |\_\_\_| |
| **SECTION DM2: Mixed populations SENS (out-of-camp settings) (if applicable)** |
|  | **SURVEY MANAGER INSTRUCTIONS:**ONLY INCLUDE THESE QUESTIONS WHEN CONDUCTING A SENS IN mixed populations, OUT-OF-CAMP SETTINGS (E.G. HOST COMMUNITY SENS SURVEY, URBAN SENS). |
| **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)**SURVEY MANAGER INSTRUCTIONS:**ADAPT THE NAME OF THE RELEVANT COUNTRY. THIS REFERS TO THE COUNTRY WHERE THE SURVEY IS TAKING PLACE.**HHHHOST** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**THIS QUESTION PROVIDES INFORMATION ON WHETHER THE HOUSEHOLD IS INTERNALLY DISPLACED (IDP HOUSEHOLD) OR PART OF THE HOST COMMUNITY.**HHHIDP** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**ADAPT THE NAME OF THE RELEVANT COUNTRY WHERE THE SURVEY IS TAKING PLACE.THIS QUESTION PROVIDES INFORMATION ON WHETHER OR NOT THE HOUSEHOLD IS A REFUGEE/ASYLUM SEEKER HOUSEHOLD.**HHHREFUG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **SECTION DM3: Survey of Household Members (Mortality survey)** |
| **DM8** | What is the total number of household members?**SURVEY MANAGER INSTRUCTIONS:**Household members who are away to the households for more than two weeks should be not accounted for. Short-term visitors who are present to the households for more than two weeks should be accounted for.This number might differ slightly when completing the other household questionnaires (WASH questionnaire and/or mosquito net coverage questionnaire).**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 memberONLY WRITE FIRST NAME.**SURVEY MANAGER INSTRUCTIONS:**INCLUDE AS MANY PERSONS AS WAS REPORTED IN DM9.THIS IS ASKED TO FACILITATE THE INTERVIEW PROCESS. THE NAME OF THE HOUSEHOLD MEMBERS WILL NOT BE USED.TO SIMPLIFY THE PROCESS, USUALLY ONLY THE FIRST NAME IS ENTERED.**NAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **DM10** | What is the sex of the household member?**HHMSEX** | Male mFemale f | |\_\_\_| |
| **DM11** | What is the age of the household member (years)?YOU DO NOT NEED TO SEE PROOF OF AGE. **SURVEY MANAGER INSTRUCTIONS:**Reported age is recorded. NOTE THAT AGE WILL BE RECORDED MORE PRECISELY FOR ANY CHILD UNDER 5 YEARS WHEN ADMINISTERING THE CHILD QUESTIONNAIRE (ANTHROPOMETRY AND HEALTH SENS MODULE).**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** | Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMJOIN** | Yes 1No 2 | |\_\_\_| |
| **DM13** | Was the household member born since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMBORN** | Yes 1No 2 | |\_\_\_| |
| **DM14** | Is the household member currently pregnant?**SURVEY MANAGER INSTRUCTIONS:**IN MDC SURVEyS, THIS QUESTION IS AUTOMATICALLY SKIPPED if FEMALE <15->49 years OR MALE.THIS QUESTION IS ASKED IN ORDER TO KNOW IF THERE ARE ANY PREGNANT WOMAN IN THE HOUSEHOLD TO AID WITH THE COMPLETION OF THE sens ANAEMIA MODULE AND MOSQUITO NET MODULE.**HHMPREG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **DM15** | What is the total number of household members that **LEFT** this household since [INSERT THE START DATE OF THE RECALL PERIOD]?**Lower limit=0****Upper limit=30****HHLEFT** | RECORD THE NUMBER. | |\_\_\_|\_\_\_| people |
| **Note** | THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO **LEFT** THIS HOUSEHOLD SINCE [INSERT THE START DATE OF THE RECALL PERIOD] |
| **DM16** | Name of household memberONLY WRITE FIRST NAME.**NAMEL** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **DM17** | What is the sex of the household member?**HHMSEXL** | Male mFemale f | |\_\_\_| |
| **DM18** | What is the age of the household member (years)?YOU DO NOT NEED TO SEE PROOF OF AGE. **Lower limit=0****Upper limit=98****HHMAGEL** | 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 |
| **DM19** | Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMJOINL** | Yes 1No 2 | |\_\_\_| |
| **DM20** | Was the household member born since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMBORNL** | Yes 1No 2 | |\_\_\_| |
| **DM21** | What is the total number of household members that **DIED** since [INSERT THE START DATE OF THE RECALL PERIOD]?**Lower limit=0****Upper limit=30****HHDIED** | RECORD THE NUMBER. | |\_\_\_|\_\_\_| people |
| **Note** | THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO **DIED** SINCE [INSERT THE START DATE OF THE RECALL PERIOD] |
| **DM22** | Name of household memberONLY WRITE FIRST NAME.**NAMED** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **DM23** | What was the sex of the household member?**HHMSEXD** | Male mFemale f | |\_\_\_| |
| **DM24** | What was the age of the household member (years)?YOU DO NOT NEED TO SEE PROOF OF AGE. **Lower limit=0****Upper limit=98****HHMAGED** | 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 |
| **DM25** | Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMJOIND** | Yes 1No 2 | |\_\_\_| |
| **DM26** | Was the household member born since the since [INSERT THE START DATE OF THE RECALL PERIOD]?**HHMBORND** | Yes 1No 2 | |\_\_\_| |
| **DM27** | What was the cause of the death?**SURVEY MANAGER INSTRUCTIONS:**The two first causes of death in the ENA software cannot be modified. Other causes can be added under the codes 3 to 7.**CAUSE** | Unknown 1Injury/Traumatic 2Illness 3[TO BE ADAPTED] 4 | |\_\_\_| |
| **DM28** | In which location did the household member died?**SURVEY MANAGER INSTRUCTIONS:**THE DIFFERENT TYPES OF LOCATION OF THE DEATH SHOULD BE ADAPTED TO THE LOCAL CONTEXT. THE answers HERE ARE GIVEN AS EXAMPLES.**LOCATION** | At home 1At the nutrition centre (OTP, TSFP, SC) 2At the health facility 3 | |\_\_\_| |
| **SECTION DM4: Time of Arrival in Country of Asylum (optional/if applicable)** |
|  | **SURVEY MANAGER INSTRUCTIONS:**ONLY INCLUDE THIS SECTION IF INFORMATION ON TIME OF ARRIVAL WILL BE USED AFTER THE SURVEY. This might be needed in context where there are many new arrivals or when arrival time widely varies within the surveyed population. |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO. |
| **DM29** | Did all household members arrive to [*camp name / country of asylum*] at the same time?(OPTIONAL/IF APPLICABLE)**ARRIVE** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 GO TO DM31** |
| **DM30** | When did the household arrive to [*camp name / country of asylum*]?(OPTIONAL/IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**ADAPT THE NAME OF THE MONTHS ONE YEAR PRIOR TO THE SURVEY MONTH START. FOR EXAMPLE, IF THE SENS SURVEY STARTS IN SEPTEMBER, 1 MONTH AGO WOULD BE AUGUST; 2 MONTHS AGO WOULD BE JULY; 3 MONTHS AGO WOULD BE JUNE ETC.IF LESS THAN ONE YEAR, THEN RECORD THE EXACT MONTH; IF MORE THAN ONE YEAR, THEN RECORD THE YEARS.ADAPT THE ANSWER “other” (16) to the local SETTING (e.g. before the conflict started)**ARRIDATE** | 1 month ago [*INSERT MONTH*] 012 months ago [*INSERT MONTH*] 023 months ago [*INSERT MONTH*] 034 months ago *[INSERT MONTH*] 045 months ago [*INSERT MONTH*] 056 months ago [*INSERT MONTH*] 067 months ago [*INSERT MONTH*] 078 months ago [*INSERT MONTH*] 089 months ago [*INSERT MONTH*] 0910 months ago [*INSERT MONTH*] 1011 months ago [*INSERT MONTH*] 1112 months ago [*INSERT MONTH]* 121-2 years ago 132-3 years ago 14>3 years ago 15Other *[TO BE ADAPTED]* 16Don’t know 98 | |\_\_\_|\_\_\_| |
| **DM31** | Was consent given for taking the GPS coordinates of the household?(OPTIONAL)**SURVEY MANAGER INSTRUCTIONS:**BEFORE TO INCLUDE THE GPS COORDINATES IN YOUR SURVEY, BE SURE YOUR ANDROID DEVICES ARE ABLE TO TAKE A GPS READING IN FEW SECONDS.**GPSCONST** | Yes 1No 2 | |\_\_\_| |
| **Note** | Summary messagesWRITE DOWN THE SUMMARY DATA PROVIDED BELOW ON THE PARTICIPANTS AND MEASURES CONTROL SHEET.**SURVEY MANAGER INSTRUCTIONS:**REFER TO SENS PRE-MODULE TOOL: [**TOOL 14**- PARTICIPANTS AND MEASURES CONTROL SHEET]. |
| **DM32** | **Total number of children under 5 (0-4 years)**|\_\_\_|\_\_\_| **children under-5****TOTU5** | **SURVEY MANAGER INSTRUCTIONS:**THIS IS THE NUMBER OF CHILDREN UNDER-5 TO SURVEY FOR THE CHILD QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA AND/OR iycf MODULES).THIS NUMBER MIGHT DIFFER SLIGHTLY AFTER FURTHER PROBING ON AGE AND AFTER LOOKING UP THE BIRTH CERTIFICATE OR USING THE EVENTS CALENDAR FOR ESTIMATING AGE IN MONTHS FOR CHILDREN UNDER-5 WHEN COMPLETING THE CHILD QUESTIONNAIRE. |
| **DM33** | **Total number of women aged 15-49 years**|\_\_\_|\_\_\_| **women****TOTWM** | **SURVEY MANAGER INSTRUCTIONS:**THIS IS THE NUMBER OF WOMEN TO SURVEY FOR THE WOMEN QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA MODULES). |
| **DM34** | **Total number of pregnant women aged 15-49 years**|\_\_\_|\_\_\_| **pregnant women****TOTPREG** | **SURVEY MANAGER INSTRUCTIONS:**THIS IS THE NUMBER OF PREGNANT WOMEN TO SURVEY FOR THE WOMEN QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA MODULES). |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD.** |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE **TOOL 15:** [SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

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| **SURVEY MANAGER INSTRUCTIONS:**THIS IS THE DEMOGRAPHY QUESTIONNAIRE SUMMARY GIVEN AUTOMATICALLY IN MDC SURVEYS FOR USE DURING DATA ANALYSIS. |
| **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 HALF OF THE SELECTED HOUSEHOLDS. |
| **ID1** | Camp Name**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION FS1: Food assistance and cooking fuel (if applicable)** |
|  | **SURVEY MANAGER INSTRUCTIONS:**THESE QUESTIONS BELOW COVER VARIOUS TYPES OF FOOD ASSISTANCE: 1. FOOD IN-KIND, 2. CASH grants, AND 3. FOOD VOUCHER, as well as cooking fuel.If a FOOD ASSISTANCE TYPE IS NOT available in the setting, delete it from the questionnaire BUT KEEP THE original QUESTION NUMBERS for the remaining questions and do not change.ENSURE TO USE THE LOCAL NAMES FOR EACH TYPE OF ASSISTANCE IN THE QUESTIONS.Replace and adapt the TEXT HIGHLIGHTED IN GREY TO THE CONTEXT. |
| **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.**SURVEY MANAGER INSTRUCTIONS:**If a HOUSEHOLD is absent, the team leader should record this information and determine another time to return on the same day AND/or before to leave the survey Area. The team should revisit an absent HOUSEHOLD up to two times, if it is logistically feasible, on the same survey day. If they are unsuccessful after this, the HOUSEHOLD should be recorded as an absence and they should not be replaced with another household.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS.**FSCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **FS2** | What is your household’s assistance category? (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**EXCLUDE THIS QUESTION IF ASSISTANCE IS NOT TARGETED.REPLACE THE CATEGORIES WITH THE TERMS USED LOCALLY STARTING FROM THE MOST VULNERABLE TO THE LEAST VULNERABLE, E.G. VERY POOR FOR ANSWER OPTION 1, POOR FOR ANSWER OPTION 2, MEDIUM FOR ANSWER OPTION 3, WELL OFF FOR ANSWER OPTION 4.**HHASSIST** | Category A 1Category B 2Category C 3Category D 4Other 6Don’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]?**SURVEY MANAGER INSTRUCTIONS:**Adapt the question to the food assistance programmes in place in your context.Make sure the respondent is aware that this question will remain confidential and will not affect the assistance their household is entitled to.**FOODASS** | Yes 1No 2Don’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]?**SURVEY MANAGER INSTRUCTIONS:**IF THE RESPONSE ‘6’ OR ‘OTHER’ IS GIVEN BY A LARGE PROPORTION OF RESPONDENTS, FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS SHOULD BE CONDUCTED AFTER THE SURVEY TO INVESTIGATE THE SPECIFIC REASONS. USUALLY, THERE SHOULD BE A SMALL PERCENTAGE OF ‘6’ OR ‘OTHER’ RESPONSES. LIKEWISE, IF THERE IS A LARGE PROPORTION OF ‘1’, KEY INFORMANT INTERVIEWS SHOULD BE CONDUCTED AFTER THE SURVEY TO UNDERSTAND WHY.**YNOFOODA** | Ration card and/or cash grants and/or food voucher not given even if eligible 1Not registered 2Registered but determined not eligible 3Other 6Don’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)**SURVEY MANAGER INSTRUCTIONS:** EXCLUDE THIS QUESTION IF THERE IS NO IN-KIND GENERAL FOOD DISTRIBUTION. IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION. HOWEVER, IF THERE WAS NO FOOD DISTRIBUTION DURING THE LAST CYCLE, EXCLUDE THIS QUESTION BUT ENSURE TO MENTION IN THE DISCUSSION OF THE SENS REPORT WHY IT WAS EXCLUDED.THIS RELATES TO THE RATION AS A WHOLE. IT IS ACKNOWLEDGED THAT DIFFERENT COMMODITIES LAST DIFFERENT LENGTHS OF TIME. IN THIS CASE, CEREALS ARE MOST LIKELY TO BE THE DEFINING COMMODITY AS THEY OFTEN LAST THE LONGEST. SALT SHOULD NOT BE TAKEN INTO ACCOUNT MAINLY BECAUSE IT HAS ALMOST NO NUTRITIONAL VALUE (EXCEPT FOR THE IODINE) AND IS VERY CHEAP, HENCE IT CANNOT BE ‘CONVERTED INTO’ OTHER FOODS. IN ADDITION, SALT ALMOST ALWAYS LASTS MUCH LONGER THAN THE OTHER ITEMS AND SOMETIMES EVEN LONGER THAN THE DISTRIBUTION CYCLE. CONTACT WFP TO GET INFORMATION ON THE GENERAL FOOD DISTRIBUTION SCHEDULE.**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)**SURVEY MANAGER INSTRUCTIONS:**EXCLUDE THIS QUESTION IF THERE IS NO CASH GRANTS.THIS RELATES TO CASH GRANTS WHICH CAN BE PROVIDED AS CASH-IN-HAND, MOBILE MONEY, DIRECT TRANSFERS TO BANK ACCOUNTS, ETC.**CASH** | Yes 1No 2Don’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.**SURVEY MANAGER INSTRUCTIONS:**THIS RELATES TO CASH GRANTS ONLY. EXCLUDE THIS QUESTION IF THERE IS NO CASH GRANTS.IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION.CONTACT WFP TO GET INFORMATION ON THE CASH-FOR-FOOD PROGRAMMES.**CASHSPNT: FOOD / WATER / HYGIENE / HEALTH / HOUSE / FUELA / LIVELI / DEBTS / SAVING / EDUCA / OTHER / DKN** | Food 01Water 02Hygiene items, clothes, shoes 03Health costs (including medicines) 04Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) 05Firewood/fuel for cooking or heating 06Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) 07Debt repayment 08Save some money or gave to other family members, relatives, friends 09Education (e.g. school fees, uniform, books) 10Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **FS8** | Does your household receive a food voucher [INSERT LOCAL NAME OF FOOD VOUCHER] for general food needs? (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**THIS RELATES TO FOOD VOUCHERS INCLUDING PAPER AND ELECTRONIC VOUCHERS (INCLUDING SCOPE CARDS USED AT SPECIFIC WFP TRADERS) PROVIDED TO THE HOUSEHOLD. THIS DOES NOT INCLUDE FOOD VOUCHERS PROVIDED TO SPECIAL GROUPS, E.G. PREGNANT WOMEN, CHRONIC DISEASES ETC. EXCLUDE THIS QUESTION IF THERE IS NO FOOD VOUCHER.CONTACT UNHCR, WFP OR OTHER PARTNER PROVIDING THE VOUCHER FOR INFORMATION ON THE VALUE.**VOUCHER** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE OR DISTRIBUTION AND NOT THE CURRENT CYCLE OR DISTRIBUTION IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION.**SELLVOU** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS10** | Which of your household’s basic needs can you not meet?DO NOT READ THE ANSWERS. SELECT ALL THAT APPLY.**SURVEY MANAGER INSTRUCTIONS:**Basic needs refer to household expenditures to cover minimum needs related to food, water, hygiene items, clothes, health, rent, household items, firewood/fuel, education, etc.**NEEDSNOT: FOODB / WATERB / HYGIENEB / HEALTHB / HOUSEB / FUELB / LIVELIB / DEBTSB / SAVINGB / EDUCAB / NEEDSMET./ OTHERB / DKNB** | Food 01Water 02Hygiene items, clothes, shoes 03Health costs (including medicines) 04Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) 05Firewood/fuel for cooking or heating 06Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) 07Debt repayment 08Save some money or support other family members, relatives, friends 09Education (e.g. school fees, uniform, books) 10All basic needs are met 11Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **FS11** | What cooking fuel does your household usually use? (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**INCLUDE THIS QUESTION ONLY IN CONTEXTS WHERE THERE ARE MULTIPLE OPTIONS AVAILABLE FOR COOKING FUEL.ENSURE THIS RELATES TO FUEL USED FOR COOKING AND NOT FOR OTHER PURPOSES HEATING, LIGHTING ETC.MODIFY RESPONSES FOR YOUR CONTEXT. E.G. IF THAT TYPE OF COOKING FUEL DOES NOT EXIST, DO NOT KEEP IT. IF IT IS RARE, CONSIDER OMITTING IT AS IT WILL BE CAPTURED UNDER OTHER. DELETE OPTIONS AS NEEDED. WHEN DELETING OPTIONS, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE.**HHFUEL** | Wood 01Charcoal 02Kerosene 03Biogas 04Liquid petroleum gas (LPG) 05Ethanol 06Briquettes 07Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **FS12** | Does your household receive cooking fuel assistance? (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**EXCLUDE THIS QUESTION IF THERE IS NO FUEL BEING DISTRIBUTED. IN ADDITION, IF THERE WAS NO COOKING FUEL ASSISTANCE DURING THE LAST CYCLE, EXCLUDE THIS QUESTION AND THE NEXT ONE BUT ENSURE TO MENTION IN THE DISCUSSION OF THE SENS REPORT WHY IT WAS EXCLUDED.**FUEL** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:** EXCLUDE THIS QUESTION IF THERE IS NO FUEL BEING DISTRIBUTED.IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION.**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)** |
|  | **SURVEY MANAGER INSTRUCTIONS:**Include questions fs17-fs26 only where there has been a recent change in the amount of food assistance or where food assistance is being targeted. The UNHCR Cash Post Distribution Monitoring tool includes this question. If this question has been included in and analysed as part of cash PDM activities in the past 6 months on a representative sample of the population thEsE questionS do not need to be added to the SENS questionnaire.The list of the negative coping strategies below should be adapted to the context. List only strategies applicable to the survey area. |
| **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)**SURVEY MANAGER INSTRUCTIONS:**Any school-aged children (aged 5-18 years) are included. This strategy "To stop a child from attending school" should be explained as withdrawing children FROM school, regardless if they are in primary or secondary education.**SCHOOL** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**ENSURE THAT THE SURVEYORS AND RESPONDENTS TAKE INTO ACCOUNT THE SALES OF ALL ASSETS, INCLUDING PERSONAL ITEMS SUCH AS JEWELLERY, PHONES ETC.**SELLLIV** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**Begging is a sensitive issue and the question may require some probing. The wording of the question needs to be adapted to each context.Note that begging is to ask for ‘something’ from someone whom one does not know and therefore this does not include asking family members, friends or neighbours for ‘something’.**BEG** | Yes 1No 2Don’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 1No 2Don’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 1No 2Don’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 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**The survey coordinator needs to adapt this question to the local context. The activities noted in the question are examples only, e.g. in some cases hunting may be authorised and in such a case, cannot be considered as a risky or harmful activity. Illegal activities are always considered as risky or harmful.**RISKYACT** | Yes 1No 2Don’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 1No 2Don’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 1No 2Don’t know 8 | |\_\_\_| |
| **FS23** | In the past 4 weeks, have you or anyone in your household needed to reduce on expenditure hygiene items, water, baby items, health or education in order to meet household food needs? (OPTIONAL)**REDUCE** | Yes 1No 2Don’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?**SURVEY MANAGER INSTRUCTIONS:**HOUSEHOLD MAY MAKE CHANGES TO TYPES OF FOOD THEY CONSUME IN ORDER TO MANAGE HOUSEHOLD RESOURCES. THIS QUESTION IS CONCERNED WITH THE TYPES OF FOODS CONSUMED RATHER THAN THE QUANTITIES CONSUMED.**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?**SURVEY MANAGER INSTRUCTIONS:**HOUSEHOLD MAY INCREASE THEIR SHORT-TERM FOOD AVAILABILITY BY RELYING ON HELP FROM FRIENDS OR RELATIVES IN THE FORM 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?**SURVEY MANAGER INSTRUCTIONS:**HOUSEHOLDS MAY CONSUME FEWER MEALS IN THE DAY TO MANAGE SHORTFALLS OF FOOD.THE SCOPE OF THE QUESTION INCLUDES BOTH MEALS AND SNACKS.**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?**SURVEY MANAGER INSTRUCTIONS:**HOUSEHOLDS MAY REDUCE THE AMOUNT OF FOOD EATEN AT MEALS IN ORDER TO MANAGE SHORTFALLS OF 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’.**SURVEY MANAGER INSTRUCTIONS**: adults IN THE HOUSEHOLD MAY REDUCE THEIR FOOD CONSUMPTION so that small children will have enough to eat.**Lower limit=0****Upper limit=7****REDADULT** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **SECTION FS3 : FCS and FCS-N** |
|  | **SURVEY MANAGER INSTRUCTIONS:**The respondent is asked about all foods eaten and beverages consumed **inside the home** **during the PAST WEEK, by ALL household MEMBERS**. IF A FOOD ITEM IS CONSUMED AT HOME BY ONLY ONE HOUSEHOLD MEMBER, IT SHOULD NOT BE RECORDED.FOR ALL FOOD ITEMS, THE RECALL PERIOD IS SET AT THE PREVIOUS SEVEN DAYS. FOR EXAMPLE, IF TODAY IS WEDNESDAY, WE WOULD BE ASKING ABOUT THE PERIOD FROM TUESDAY LAST WEEK TO YESTERDAY.THE RESPONDENT SHOULD REFER ONLY TO FOOD CONSUMED OR PREPARED INSIDE THE HOME. IN A CONTEXT WHERE PEOPLE OFTEN EAT OUTSIDE OF HOME (NOTE THIS IS MORE COMMON IN URBAN AREAS), IT IS RECOMMENDED TO DEVELOP A SEPARATE OUTSIDE THE HOME CONSUMPTION MODULE, IN ORDER TO COMPREHENSIVELY CAPTURE HOUSEHOLD DIETS.IT IS IMPORTANT THAT THE SURVEYORS AND RESPONDENTS UNDERSTAND THAT THE COMPONENTS / INGREDIENTS USED IN MIXED DISHES SHOULD ALL BE ACCOUNTED FOR IF THEY ARE NOT CONSIDERED TOO SMALL TO BE CAPTURE BY THE FOOD GROUPS.ONLY RECORD THE CONSUMPTION OF SIGNIFICANT QUANTITIES OF FOOD BY THE HOUSEHOLD. if a food item is consumed only as a condiment or in such small quantity that it cannot be considered as a proper portion by the household it should not be registered. **PRIOIR TO ASKING THE FOOD CONSUMPTION SECTION QUESTIONS, ENUMERATORS SHOULD EXPLAIN TO THE RESPONDENT CONTEXT-SPECIFIC EXAMPLES OF FOOD QUANTITIES CONSIDERED TOO SMALL TO BE CAPTURED BY THE FOOD GROUPS**.What people eat varies geographically, seasonally and according to wealth and customs. Locally used foods must be investigated and categorised correctly into the food groups listed on the generic questionnaire.**INDIVIDUAL FOOD ITEMS THAT COULD BE CLASSIFIED INTO MORE THAN ONE FOOD GROUP**: THE TEAM WILL HAVE TO DECIDE ON THE MOST APPROPRIATE FOOD GROUP CLASSIFICATION FOR FOODS WHICH CAN BE CLASSIFIED INTO MORE THAN ONE FOOD GROUP. E.G. FISH POWDER COULD BE CLASSIFIED AS EITHER ‘FISH AND SEAFOOD’ OR ‘SPICES, CONDIMENTS AND BEVERAGES’. THESE DECISIONS ARE BEST MADE AFTER TAKING INTO CONSIDERATION THE PARTICULAR LOCAL CONTEXT, INCLUDING THE TYPICAL AMOUNT OF THE FOOD CONSUMED. FOR EXAMPLE, MANY CULTURES USE HOT PEPPER AS A SPICE OR CONDIMENT ADDED TO MEALS. DEPENDING ON THE CONTEXT, THIS MAY MEAN THAT ONE SMALL SPOONFUL OF DRIED HOT PEPPER FLAKES IS ADDED TO AN ENTIRE DISH, OR THAT SEVERAL SPOONFULS OF FRESH HOT PEPPER ARE EATEN AS AN ACCOMPANIMENT TO THE MEAL. IN THE FIRST CASE, THE DRIED PEPPER IS BEST INCLUDED IN THE “SPICES, CONDIMENTS AND BEVERAGES” FOOD GROUP, WHILE IN THE SECOND CASE, AS A LARGER QUANTITY OF FRESH HOT PEPPERS IS CONSUMED, IT IS MORE APPROPRIATE TO INCLUDE THIS IN THE “VEGETABLES” FOOD GROUP.**MIXED DISHES**: MANY CULTURES COMMONLY PREPARE AND EAT MIXED DISHES (SUCH AS CASSEROLES OR SAUCES THAT ACCOMPANY A STAPLE). RESPONDENTS SHOULD BE ASKED TO RECALL ALL FOODS EATEN EVEN IF THEY WERE MIXED WITH OTHER FOODS. THE COMPONENTS / INGREDIENTS USED IN MIXED DISHES SHOULD ALL BE ACCOUNTED FOR IF THEY ARE NOT CONSIDERED TOO SMALL TO BE CAPTURE BY THE FOOD GROUPS.**AS A RULE, SOME BASIC FOODS ARE LISTED ONLY UNDER THEIR MAIN INGREDIENT:** FOR EXAMPLE, BREAD IS PUT INTO THE CEREALS GROUP EVEN IF OIL, EGGS OR SUGAR ARE ADDED IN SMALL AMOUNTS DURING THE MAKING.**RED PALM OIL**: ANOTHER IMPORTANT ISSUE TO MONITOR IN THE AREA WHERE THE SURVEY IS TAKING PLACE IS WHETHER RED PALM OIL OR PALM NUTS ARE CONSUMED, AS THESE ARE EXTREMELY GOOD SOURCES OF VITAMIN A. A QUESTION ON RED PALM PRODUCTS (E.G. RED PALM OIL, PALM NUT OR PALM NUT PULP SAUCE) SHOULD BE INSERTED INTO THE QUESTIONNAIRE EVEN IF ONLY USED BY A SMALL PERCENTAGE OF PERSONS. INSERT A RED PLAM PRODUCTS FOOD GROUP AND COMBINE IT WITH VITAMIN A RICH FOOD GROUP FOR ANALYSIS. |
| **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.**SURVEY MANAGER INSTRUCTIONS:**Replace and adapt the TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.The text IN *ITALICS* NEEDS TO BE DELETED FROM THE final survey questionnaire – thE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE. |
|  |  | 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)***SURVEY MANAGER INSTRUCTIONS**:Include products and foods derived from cereal crops found in the local setting.Insert food aid cereals that are distributed.Any staple dishes or products such as bread, savoury biscuits, porridge and noodles made from grains listed, and from flours of these grains should be included.Local names should be used.Sweet biscuits and cakes should not be included.**FORTIFIED BLENDED FOODS ARE NOT INCLUDED IN THE CEREALS FOOD GROUP**.INCLUDE NON-PIGMENTED ITEMS MAINLY PROVIDING CARBOHYDRATES.This group includes all non-grain-based starchy staples. Any staple dishes / casseroles and pastes made from roots, tubers, and plantains should also be included.**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)***SURVEY MANAGER INSTRUCTIONS**:Include beans, dried peas, lentils, nuts or seeds and also products made from these found in the local setting.Insert food assistance legumes, nuts and seeds that are distributed.Include seeds here if they represent a substantial ingredient in mixed dishes or if they are eaten as a substantial snack or side dish.**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)***SURVEY MANAGER INSTRUCTIONS**:Include all food items in this group that are made from dairy, with the exception of butter and cream. Due to their high fat content and most typical culinary uses, these are classified with fats and oils.This does not include small amounts added to tea / coffee.This does not include breastmilk given to infants and young children.**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)***SURVEY MANAGER INSTRUCTIONS**:THIS GROUP INCLUDES FLESH FOODS.ANY PROCESSED / CURED PRODUCTS MADE FROM THESE MEATS SHOULD ALSO BE INCLUDED.**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)***SURVEY MANAGER INSTRUCTIONS**:THIS GROUP INCLUDES DIFFERENT TYPES OF RED ORGAN MEATS THAT ARE USUALLY RICH IN HAEM IRON.ANY PROCESSED / CURED PRODUCTS MADE FROM THESE ORGAN MEATS SHOULD ALSO BE INCLUDED IN THIS GROUP**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)***SURVEY MANAGER INSTRUCTIONS**:This group includes all types of fish and seafood.Any processed food made from these should also be included. This does not include small amounts of fish powder/dried fish/fish sauce for condiment.**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)***SURVEY MANAGER INSTRUCTIONS**:THIS GROUP INCLUDES ALL KINDS OF BIRD EGGS. THIS DOES NOT INCLUDE ROE / FISH EGGS (SEE FISH AND SEAFOOD).**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)***SURVEY MANAGER INSTRUCTIONS:**Include only roots, tubers, and other red/yellow/orange vegetables that are sources of vitamin A.SEVERAL ITEMS THAT ARE BOTANICALLY FRUITS BUT ARE TYPICALLY USED AS VEGETABLES FOR CULINARY PURPOSES ARE ALSO INCLUDED HERE.**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*)**SURVEY MANAGER INSTRUCTIONS:**INCLUDE IN THIS CATEGORY ONLY MEDIUM TO DARK LEAFY VEGETABLES THAT ARE SOURCE OF VIATMIN A.**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.)***SURVEY MANAGER INSTRUCTIONS:**THIS GROUP INCLUDES VARIOUS PARTS OF A PLANT; LEAVES, STEM, FRUITS AND FLOWERS.**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)***SURVEY MANAGER INSTRUCTIONS**:INCLUDE LOCALLY AVAILABLE DARK YELLOW OR ORANGE FRUITS THAT ARE SOURCES OF VITAMIN A.**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)***SURVEY MANAGER INSTRUCTIONS**:Include all food items in this group that have visible fat found in the local setting.Insert food aid oils and fats that are distributed and added to food or used for cooking.**Do not include vitamin A rich red palm oil.****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)***SURVEY MANAGER INSTRUCTIONS**:Include food items with a high content of different sweetening agents (sugar, corn syrup, other syrup, honey, molasses or jaggery, sweetened beverages).**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)***SURVEY MANAGER INSTRUCTIONS**:THIS FOOD GROUP SHOULD BE USED TO CAPTURE CONSUMPTION OF VERY SMALL QUANTITIES OF CERTAIN foodS HAVE BEEN CONSUMED. ESSENTIALLY, IF A FOOD ITEM IS CONSUMED ONLY AS A CONDIMENT OR IN A SIMILARLY SMALL QUANTITY (I.E. FISH POWDER, GRATED CHEESE, AND POWDERED MILK) IT SHOULD ONLY BE RECORDED UNDER THIS FOOD GROUP.INCLUDE MEAT OR FISH AS A CONDIMENT, CONDIMENTS INCLUDING SMALL AMOUNT OF MILK/cream IN TEA/COFFEE.**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)**SURVEY MANAGER INSTRUCTIONS**:EXCLUDE THIS QUESTION IF THERE IS NO SPECIALIZED NUTRITIOUS FOOD DISTRIBUTED IN YOUR CONTEXT.Fortified food are of specific interest for FCS and FCS-N analysis, and supplementary questions should be asked about consumption of these specific food groups as part of the food consumption questions. In the case that more than one food ids fortified with different micronutrient, then each of them should be considered as one food group (e.g. flour fortified with iron and sugar fortified with vitamin A).Any food destined for a specific individual/target group in the household but that is shared among household members (e.g. infant formula) must also be added as a food group. However these questions should be supplementary and not incorporated in the calculation of the overall FCS-N but will be included in the analytical discussion**SPENUTF** | |\_\_\_|**Lower limit=0****Upper limit=7** |
| **FS30** | How was this food acquired?**SURVEY MANAGER INSTRUCTIONS:**The scope of the question includes all food items consumed by the household in the past 7 days Record the **main source** of food for the past 7 days.**FOODSOU** | Purchase (using cash grants and/or with their own cash) 01Own production (crops, livestock, fishing/hunting, gathering) 02Traded goods/services, barter 03Borrowed (loan/credit from traders) 04Receive as gift (from family relatives or friend/neighbor 05In-kind or voucher based food assistance 06Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **ID9** | Please take a GPS reading (OPTIONAL)AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**SURVEY MANAGER INSTRUCTIONS:**ONLY IF THE CONSENT WAS GIVEN IN THE DEMOGRAPHY QUESTIONNAIRE.AN ADDITIONAL APPLICATION can be install to CALIBRATE THE GPS (GPS TEST+) in case of LONG WAITING TIME.**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD.** |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE**:** [**TOOL 15**- SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

**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 HALF OF THE SELECTED HOUSEHOLDS. |
| **ID1** | Camp Name**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**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.**SURVEY MANAGER INSTRUCTIONS:**If a HOUSEHOLD is absent, the team leader should record this information and determine another time to return on the same survey day AND/or before to leave the survey Area. The team should revisit an absent HOUSEHOLD up to two times, if it is logistically feasible, on the same survey day. If they are unsuccessful after this, the HOUSEHOLD should be recorded as an absence and they should not be replaced with another household.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS.**TNCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **TN2** | What is the total number of household numbers?RECORD NUMBER.**SURVEY MANAGER INSTRUCTIONS:**REFER TO DEMOGRAPHY LISTING TO AVOID ASKING THE SAME QUESTION TWICE.**TNHHSIZE** |  | |\_\_\_|\_\_\_| |
| **TN3** | How many people live in this household and slept here last night?RECORD NUMBER.**SURVEY MANAGER INSTRUCTIONS:**REFER TO DEMOGRAPHY LISTING TO AVOID ASKING THE SAME QUESTION TWICE.**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.**SURVEY MANAGER INSTRUCTIONS:**REFER TO DEMOGRAPHY LISTING TO AVOID ASKING THE SAME QUESTION TWICE.**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.**SURVEY MANAGER INSTRUCTIONS:**REFER TO DEMOGRAPHY LISTING TO AVOID ASKING THE SAME QUESTION TWICE.**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.**SURVEY MANAGER INSTRUCTIONS:**THIS QUESTION REFERS TO THE PAST 6 MONTHS OR THE PAST 12 MONTHS. ADAPT THE FREQUENCY OF THE SPRAYING CYCLE TO THE SURVEY SETTING.If no INDOOR RESIDUAL SPRAYING (IRS) campaign was done in the last 6 months/12 MONTHS, exclude this question.**HHIRS** | Yes 1No 2Don’t know ………………………….……………. 8 | |\_\_\_| |
| **TN7** | Do you have mosquito bed nets in this household that can be used while sleeping?**SURVEY MANAGER INSTRUCTIONS:**If there is a local term for mosquito net, please use this to describe.It is important that it is stressed that the surveyor is interested in nets used for sleeping only. THIS INCLUDES MOSQUITO NETS THAT ARE BEING SAVED OR STORED, INCLUDING THOSE CURRENTLY IN THEIR PACKAGING.There may be nets that are being used for other purposes (e.g. FENCING, FISHING AND ROOFING) AND THESE will not be assessed in this survey.**MOSNETS** | Yes 1No 2Don’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.**SURVEY MANAGER INSTRUCTIONS:**This is the number of mosquito nets (of all type), as reported by the respondent. This number will be confirmed by observations.**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 1No 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.**SURVEY MANAGER INSTRUCTIONS:**ADAPT LIST TO LOCAL SETTING BEFORE SURVEY. WHEN DELETING OPTIONS, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE.Some LLINs are over branded (i.e. given new brand names for marketing purposes) by NGOs, and these brand names need to be assessed prior to the start of the survey.in most settings there will be other types of nets that are **non-llin**, those are referred to as **itn**.THE LIST SHOWN HERE CONTAINS ALL LLIN BRAND NAMES RECOMMENDED BY THE WORLD HEALTH ORGANISATION AS OF APRIL 2016 (SEE WHOPES recommendations FOR UPDATES).The Brand names of WHOPES approved LLINs can be found at <http://www.who.int/whopes/en/>[[1]](#footnote-1)Guidelines for reading tags can be found in sens mODULE 7 **Annex 2**.**NETBRAND** | DAWAPLUS 01DURANET 02INTERCEPTOR 03LIFENET 04MAGNET 05MIRANET 06OLYSET 07PANDANET 08PERMANET 09ROYALSENTRY 10SAFENET 11VEERALIN 12YALE 13YORKOOL 14**Insecticide treated net** (**ITN**) NAME #1 15**ITN** NAME #2 16**ITN** NAME #3 17Other (please specify) 96Unidentifiable/Don’t know 98 | |\_\_\_|\_\_\_|**IF ANSWER IS 96 GO TO TN11** |
| **TN11** | If other, please specify the brand name of net**SURVEY MANAGER INSTRUCTIONS:**IF AFTER THE SURVEY, IT IS NOTED THAT SOME OF THESE BRAND NAMES REPRESENT LLINs, IT WILL BE NECESSARY TO COMBINE THOSE WITH THE other LLINS IDENTIFIED. CONSULT REGIONAL/HQ OFFICES FOR SUPPORT ON HOW TO PROCEED WITH ANALYSIS.**BRANDOTH** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | **SURVEY MANAGER INSTRUCTIONS:**THE TOTAL NUMBER OF LONG-LASTING INSECTICIDAL NETS (LLINS) IN THE HOUSEHOLD IS AUTOMATICALLY CALCULATED IN mdc SURVEYS.rEFER TO **ANNEX 1** OF sens MOSQUITO NET MODULE FOR GUIDANCE ON HOW TO MANUALLY CALCULATE THIS NUMBER IN PAPER-BASED SURVEYS.**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**SURVEY MANAGER INSTRUCTIONS:**INCLUDE AS MANY PERSONS AS THERE ARE IN THE HOUsEHOLD. THE ID number is automatically generated IN MDC SURVEYS STARTING AT 1.**HHMID** |  | |\_\_\_| |
| **TN13** | What is the sex of the household member?**HHMSEX** | Male mFemale f | |\_\_\_| |
| **TN14** | How old is the household member?**HHMAGE** | <5 years 1≥5 years 2 | |\_\_\_| |
| **TN15** | Is the household member currently pregnant?**SURVEY MANAGER INSTRUCTIONS:**IN MDC SURVEyS, THIS QUESTION IS AUTOMATICALLY SKIPPED if FEMALE <15->49 years OR MALE.**HHMPREG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **TN16** | Did the household member sleep under a net last night?**SLPNET** | Yes 1No…………………..………….……………………. 2Don’t know……..………….……………………. 8 | |\_\_\_| |
| **TN17** | Select the brand of the net under which the household member sleptASK THE RESPONDENT TO PHYSICALLY IDENTIFY WHICH OF THE OBSERVED NETS S/HE SLEPT UNDER.**SLPBRAND** | RESPONSES FROM TN10 SHOWN HERE.EXAMPLE:NETBRAND1-PERMANETNETBRAND2-PERMANETNETBRAND3-Unidentifiable/Don’t knowNETBRAND4- OLYSET | |\_\_\_|\_\_\_| |
| **ID9** | Please take a GPS reading (OPTIONAL)AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**SURVEY MANAGER INSTRUCTIONS:**Only if the consent was given in the Demography questionnaire.AN ADDITIONAL APPLICATION can be install to CALIBRATE THE GPS (GPS TEST+) in case of LONG WAITING TIME.**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **Note** | Error messages**SURVEY MANAGER INSTRUCTIONS:**THIS ERROR MESSAGE IS VERY IMPORTANT. ENSURE SURVEY TEAMS DO NOT MISS IT. |
|  | 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.**SURVEY MANAGER INSTRUCTIONS:**ENSURE TO TRAIN TEAMS ON HOW TO GO BACK AND CORRECT ANSWER. REFER MDC TRAINING MATERIAL. |
|  | 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.**SURVEY MANAGER INSTRUCTIONS:**ENSURE TO TRAIN TEAMS ON HOW TO GO BACK AND CORRECT ANSWER. REFER MDC TRAINING MATERIAL. |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD.** |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE**:** [**TOOL 15-** SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

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| **SURVEY MANAGER INSTRUCTIONS:**THIS IS THE MOSQUITO NET QUESTIONNAIRE SUMMARY GIVEN AUTOMATICALLY IN MDC SURVEYS FOR USE DURING DATA ANALYSIS. |
|  | **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 HALF OF THE SELECTED HOUSEHOLDS. |
| **ID1** | Camp Name**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**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.**SURVEY MANAGER INSTRUCTIONS:**If a HOUSEHOLD is absent, the team leader should record this information and determine another time to return on the same day AND/or before to leave the survey Area. The team should revisit an absent HOUSEHOLD up to two times, if it is logistically feasible, on the same survey day. If they are unsuccessful after this, the HOUSEHOLD should be recorded as an absence and they should not be replaced with another household.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS.**WSCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **WS2** | What is the total number of household numbers?RECORD NUMBER.**SURVEY MANAGER INSTRUCTIONS:**REFER TO DEMOGRAPHY LISTING TO AVOID ASKING THE SAME QUESTION TWICE.**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.**SURVEY MANAGER INSTRUCTIONS:**MODIFY RESPONSES FOR YOUR CONTEXT. E.G. IF THAT TYPE OF SOURCE DOES NOT EXIST, DO NOT KEEP IT. IF IT IS RARE, CONSIDER OMITTING IT AS IT WILL BE CAPTURED UNDER OTHER. DELETE OPTIONS AS NEEDED. A VISUAL AID SHOWING DIFFERENT TYPES OF WATER SOURCES MAY BE USEFUL FOR TRAINING PURPOSES.WHEN DELETING OPTIONS, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE.**SOURCE** | Public tap/standpipe 01Handpumps/boreholes 02Water seller/kiosks 03Piped connection to house (or neighbour’s house) 04Protected spring 05Bottled water, water sachets 06Tanker trucks 07Unprotected hand-dug well 08Surface water (lake, pond, dam, river) 09Unprotected spring 10Rain water collection 11Other 96Don’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. **SURVEY MANAGER INSTRUCTIONS:**A household latrine is a latrine used by one household only. A communal latrine is a latrine used by multiple households.**TOILET** | Household latrine 1Communal latrine 2Open defecation 3Plastic bag 4Bucket toilet 5Other 6Don’t know 8 | |\_\_\_| |
| **SECTION WS2: WASH observation questions** |
|  | **SURVEY MANAGER INSTRUCTIONS:**These observations are done after the initial questions to ensure the flow of the interview is not broken. |
| **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.**SURVEY MANAGER INSTRUCTIONS:**SOAP INCLUDES BAR SOAP, LIQUID SOAP, POWDER DETERGENT, AND SOAPY WATER BUT DOES NOT INCLUDE ASH, SOIL, SAND OR OTHER HANDWASHING AGENTS.**SOAP** | Presented within one minute 1Not 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 oneRECORD 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 01Bucket 02Basin 03Bottle 04Saucepan 05Drums 06Other 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?**SURVEY MANAGER INSTRUCTIONS:**A CONTAINER THAT IS COVERED IS CONSIDERED TO BE PROTECTED.**PROTECT** | Yes 1No 2Don’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).**SURVEY MANAGER INSTRUCTIONS:**Only if the consent was given in the Demography questionnaire.AN ADDITIONAL APPLICATION can be install to CALIBRATE THE GPS (GPS TEST+) in case of LONG WAITING TIME.**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD**. |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE: [**TOOL 15**- SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

**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).

**survey manager INSTRUCTIONS:**

adapt the children’s age group for the child questionnaire (0-59 or 6-59 months), depending on the SENS modules included.

|  |  |  |
| --- | --- | --- |
| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION IDENTIFICATION**THIS SECTION IS TO BE COMPLETED IF THERE IS AT LEAST ONE ELIGIBLE CHILD (0-59 / 6-59 MONTHS: DEPENDING ON WHICH SENS MODULE IS INCLUDED) IN THE SELECTED HOUSEHOLD. |
| **ID1** | Camp Name**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**HH** |  | |\_\_\_|\_\_\_|\_\_\_| |

|  |  |  |
| --- | --- | --- |
| **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**SURVEY MANAGER INSTRUCTIONS:**INCLUDE AS MANY ELIGIBLE CHILDREN AS THERE ARE IN THE HOUsEHOLD. THE ID number is automatically generated IN MOBILE DATA COLLECTION (MDC) SURVEYS for each household starting at 1.**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 1No 2 | |\_\_\_|**IF ANSWER IS 2 STOP HERE** |
| **CH3** | Name of the childONLY WRITE FIRST NAME.**SURVEY MANAGER INSTRUCTIONS:**THIS IS ASKED TO FACILITATE THE INTERVIEW PROCESS. THE NAME OF THE CHILD/RESPONDENT WILL NOT BE USED. TO SIMPLIFY THE PROCESS, USUALLY ONLY THE FIRST NAME IS ENTERED.**CHNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **CH4** | Sex of [NAME OF CHILD]?**SEX** | Male mFemale f | |\_\_\_| |
| **CH5** | Do you have an official age documentation for [NAME OF CHILD]?**SURVEY MANAGER INSTRUCTIONS:**the exact date of birth (day, month, year) is recorded from either an EPI card, child health card or birth notification if available. Note that the ‘UNHCR Manifest’ should never be used for recording the age of a child.If no reliable proof of age is available, age is estimated in months using a local events calendar or by comparing the selected child with a sibling or the child of a NEIGHBOR whose ages are known, and is recorded in months on the questionnaire (QUESTION CH7).If the child’s age can absolutely not be determined by using a local events calendar or by probing, the child’s height can be used for inclusion; the child must measure between 67 cm and 110 cm.THIS VARIABLE IS NOT USED DURING ANALYSIS. refer to SENS Anthropometry and Health tool: [**Tool 2** - Setting-up ENA Software for SENS] FOR GUIDANCE ON HOW TO FORMAT AGE DATA.**XDOBK** | Yes 1No 2 | |\_\_\_|**IF ANSWER IS 2** **GO TO CH7** |
| **CH6** | [NAME OF CHILD]’s date of birthTHE 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**SURVEY MANAGER INSTRUCTIONS:**THIS IS AUTOMATICALLY CALCULATED IN MDC IF BIRTHDATE IS AVAILABLE.REFER TO SENS MODULE 2 TOOL: [**TOOL 1-** LOCAL EVENTS CALENDAR] FOR A MODEL LOCAL EVENTS CALENDAR WITH INSTRUCTIONS ON HOW TO USE AND ADAPT.**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). |
|  | **SURVEY MANAGER INSTRUCTIONS:**ONLY INCLUDE THIS SECTION IF the survey is BEING CARRIED out in settings with recent/new influxes of refugees and THERE IS a suspicion of different nutritional status among these new refugees. |
| **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)**SURVEY MANAGER INSTRUCTIONS:**ADAPT THE QUESTION AND THE ANSWER CODES TO THE LOCAL SETTING BY INSERTING THE EVENT RESPONSIBLE FOR THE INFLUX OF REFUGEES (E.G. BEFORE THE CONFLICT STARTED).ANY CHILD WHO HAS BEEN BORN IN THE CAMP/COUNTRY OF ASYLUM AFTER THE REST OF THE FAMILY ARRIVED DUE TO THE NEW EVENT SHOULD BE CLASSED AS A NEW ARRIVAL AS WELL.**CHARRIVE** | Arrived before [*INSERT EVENT*] 1Arrived after [*INSERT EVENT*] (new arrival) 2Don’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?**SURVEY MANAGER INSTRUCTIONS:**If an individual is absent, the team leader should record this information and determine another time to return on the same day. The team should revisit an absent individual up to two times, if it is logistically feasible, on the same survey day AND/or before leavING the survey Area. If they are unsuccessful after this, the individual should be recorded as an absence and they should not be replaced with another household or individual.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8**- DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENTEES.**CHPRES** | Yes 1No 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)**SURVEY MANAGER INSTRUCTIONS:**a light underwear does not count as clothes. IN CERTAIN CULTURES OR CLIMATES, IT MIGHT BE INAPPROPRIATE TO UNDRESS CHILDREN FOR WEIGHT MEASUREMENTS. tHIS QUESTION SHOULD BE USED IN SETTINGS WHERE IT IS COMMON TO MEASURE CHILDREN WITH CLOTHING. For more details on how to adjust for weight of clothes, refer to SENS Anthropometry and Health tool: [**Tool 2**- Setting-up ENA Software for SENS].**CLOTHES** | Yes yNo n | |\_\_\_| |
| **CH12** | [NAME OF CHILD]’s length/height in cm (±0.1cm)DON’T FORGET THE DECIMAL.**SURVEY MANAGER INSTRUCTIONS:**In a context where official age documentation is available for most children, age should be used to decide how to measure a child. Children less than 24 months should be measured lying down while those 24 months or older should be measured standing up.In a context where age of children is mainly estimated from a local events calendar or by recall, height should be used to find out how to measure a child. children less than 87cm are measured lying down, while those greater than or equal to 87cm Are measured standing up. A screening stick labelled at 87cm may be used for helping to decide on the Measurement method.**Lower limit=54.0cm****Upper limit=124.0cm****HEIGHT** |  | |\_\_\_|\_\_\_|\_\_\_|. |\_\_\_| cm |
| **CH13** | Was [NAME OF CHILD] measured lying down or standing up?**SURVEY MANAGER INSTRUCTIONS:**This variable is coded "l" for length (child measured lying down) and "h" for height (child measured standing up).THE ENA FOR SMART SOFTWARE WILL APPLY A CORRECTION FACTOR AND CORRECT NUTRITION INDICES ACCORDINGLY IF A CHILD IS NOT MEASURED AS DESCRIBED IN THE PROTOCOL. FOR MORE DETAILS ON THIS OPTION IN THE ENA FOR SMART SOFTWARE, refer to SENS Anthropometry and Health tool: [**Tool 2**- Setting-up ENA Software for SENS].**MEASURE** | Child lying down lChild standing up h | |\_\_\_| |
| **CH14** | Clinical examination: Does the [NAME OF CHILD] present bilateral pitting oedema?**SURVEY MANAGER INSTRUCTIONS:**BILATERAL PITTING OEDEMA, ALSO KNOWN AS NUTRITIONAL OEDEMA, KWASHIORKOR OR OEDEMATOUS MALNUTRITION, IS A SIGN OF SEVERE ACUTE MALNUTRITION (SAM). IT IS DEFINED BY BILATERAL PITTING OEDEMA OF THE FEET AND VERIFIED WHEN THUMB PRESSURE APPLIED ON TOP OF BOTH FEET FOR THREE SECONDS LEAVES A PIT (INDENTATION) IN BOTH FEET AFTER THE THUMB IS LIFTED. IT IS AN ABNORMAL INFILTRATION AND EXCESS ACCUMULATION OF SEROUS FLUID IN CONNECTIVE TISSUE OR IN A SEROUS CAVITY.All oedema cases reported by the survey teams should be verified by the survey manager and need immediate referral.**EDEMA** | Yes yNo 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.**SURVEY MANAGER INSTRUCTIONS:**DEPENDING ON THE CONTEXT, MUAC CAN BE MEASURED IN CM. ADAPT ACCORDINGLY.NOTE THAT ENA FOR SMART SOFTWARE ONLY ACCEPTS UNITS IN MM FOR MUAC.**Lower limit=70mm****Upper limit=235mm****MUAC** |  | |\_\_\_|\_\_\_|\_\_\_|mmOR|\_\_\_|\_\_\_|. |\_\_\_| 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).**SURVEY MANAGER INSTRUCTIONS:**INCLUDE THE LOCAL NAMES OF THE nutrition treatment PROGRAMMES. **ENROL** | Yes TSFP 1Yes TFP (OTP/SC) 2No 3Don’t know 8 | |\_\_\_| |
| **CH17** | Is [NAME OF CHILD] currently enrolled in the BSFP? (IF APPLICABLE)SHOW COMMODITY/PACKAGING GIVEN IN BSFP.**SURVEY MANAGER INSTRUCTIONS:**THIS QUESTION IS ONLY ASKED TO CHILDREN AGED 6-23/6-35/6-59 MONTHS. adapt to the eligible age range in the survey setting.INCLUDE THE LOCAL NAME OF THE BLANKET SUPPLEMENTARY FEEDING PRoduct (BSFP). IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE FOR THE PROGRAMME BASED ON AGE. IN PAPER-BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS.**BSFP** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH18** | Has [NAME OF CHILD] been vaccinated against measles?CHECK VACCINATION CARD (ONLY FOR CHILDREN OLDER THAN 9 MONTHS).**SURVEY MANAGER INSTRUCTIONS:**IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE 6-8 MONTHS OLD CHILDREN. IN PAPER-BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS.**MEASLES** | Yes, card 1Yes, recall 2No 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 1Yes, recall 2No 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.**SURVEY MANAGER INSTRUCTIONS:**Delete this question in settings where there WAS NO DEWORMING CAMPAIGN IN THE LAST 6 MONTHS. DEWORMING CAMPAIGNS IN PRE-SCHOOL CHILDREN ARE OFTEN DONE ALONGSIDE VITAMIN A OR VACCINATION CAMPAIGNS.THIS QUESTION IS ONLY ASKED TO CHILDREN AGED 12-59/24-59 MONTHS. adapt to the eligible age range in the survey setting.This question relates to soil-transmitted helminths treated with mebendazole or albendazole. it is important to distinguish WITH SCHISTOSOMES TREATED WITH PRAZIQUANTEL THAT require different medications.IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE. IN PAPER-BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS.ENSURE TO OBTAIN THE DEWORMING TABLET USED DURING THE LAST DEWORMING CAMPAIGN.**DEWORM** | Yes 1No 2Don’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 1No 2Don’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.**SURVEY MANAGER INSTRUCTIONS:**ensure to add the local name for the ors sachets given out at health centres. **DIARORS** | Yes 1No 2Don’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.**SURVEY MANAGER INSTRUCTIONS:**ensure to show the zinc tablet or syrup given out at health centres or found in local pharmacies.**DIARZINC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH24** | Units of measurement of your HemoCue device (g/dL or g/L)**SURVEY MANAGER INSTRUCTIONS:**Data analysis and reporting is done in g/dl. IN SURVEYS USING MDC METHODS The Hb concentrations in g/l will be automatically CONVERTed in the final database IN G/DL. THIS VARIABLE IS NOT USED DURING ANALYSIS.**HBUNIT** | g/dL gdlg/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.**SURVEY MANAGER INSTRUCTIONS:**Record the data according to the unit given by the HemoCue machine (g/L or g/dL).For analysis AND REPORTING, always use or convert the value to g/dL. IN SURVEYS USING MDC METHODS, The Hb concentrations in g/l will be automatically CONVERTed in the final database IN G/DL.At elevations above 1000m, Hb concentrations increase. Refer to SENS Anaemia tool for guidance on how haemoglobin is corrected for altitude: [**Tool 5**- Hb Adjustment for altitude]. IN SURVEYS USING MDC METHODS The Hb concentrations will be automatically corrected for altitude.**Lower limit=2.0g/dL****Upper limit=22.0g/dL****CHHB** |  | |\_\_\_|\_\_\_|. |\_\_\_|g/dLOR|\_\_\_|\_\_\_|\_\_\_|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.**SURVEY MANAGER INSTRUCTIONS:**Adapt the ADMISSION CRITERIA CUT-OFFS to the SURVEY context.REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3-** REFERRAL FORM] for an example of a referral slip to use during the survey. THIS VARIABLE IS NOT USED DURING ANALYSIS. **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.**SURVEY MANAGER INSTRUCTIONS:**REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3-** REFERRAL FORM] for an example of a referral slip to use during the survey. THIS VARIABLE IS NOT USED DURING ANALYSIS. REMOVE THIS AUTOMATIC REFERRAL IF THE ANAEMIA MODULE IS NOT INCLUDED**REFANEM** |
| **SECTION IYCF1: Breastfeeding Status for 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 1No 2Don’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?**SURVEY MANAGER INSTRUCTIONS:**IF RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, SELECT ‘1’ (LESS THAN ONE HOUR).**INITBF** | Less than one hour 1Between 1 and 23 hours 2More than 24 hours 3Don’t know 8 | |\_\_\_| |
| **IF3** | Was [NAME OF CHILD] breastfed yesterday during the day or at night?**YESTBF** | Yes 1No 2Don’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’. **survey manager instructions:**keep all liquid categories (4A-4I) as shown. They must not be deleted.Replace and adapt the TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.The text IN ITALICS NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE. Yes No DK |
|  | 4A. Plain water**SURVEY MANAGER INSTRUCTIONS:**THIS QUESTION ONLY APPLIES TO PLAIN WATER. IF SUGAR OR SWEETENED WATER WAS GIVEN, THIS IS INCLUDED IN QUESTION 4I (OTHER WATER-BASED LIQUIDS).**WATER** | 4A………………………1 2 8 |
| 4B. Infant formula, for example [INSERT locally available brand names of infant formula, *ALL TYPES*]**SURVEY MANAGER INSTRUCTIONS:**ADD LOCALLY AVAILABLE BRAND NAMES OF FORTIFIED AND NON-FORTIFIED INFANT FORMULA. MAKE SURE THAT THE SURVEYORS DISTINGUISH BETWEEN INFANT FORMULA AND MILK POWDER (SEE BELOW 4C).**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]**SURVEY MANAGER INSTRUCTIONS:**ADD LOCALLY AVAILABLE BRAND NAMES OF TINNED AND POWDERED MILK. POWDERED MILK IS DEHYDRATED MILK OR DRIED MILK IN THE FORM OF A POWDER. POWDERED MILK IS DIFFERENT FROM INFANT FORMULA.**MILK** | 4C………………………1 2 8 |
| 4D. Juice or juice drinks, for example [insert locally available brand names of juice drinks]**SURVEY MANAGER INSTRUCTIONS:**ADD LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS.**JUICE** | 4D………………………1 2 8 |
| 4E. Clear broth**SURVEY MANAGER INSTRUCTIONS:**SOUPS THAT ARE THICKENED IN ANY WAY OR INCLUDE SOLID PIECES OF FOOD SHOULD NOT BE INCLUDED HERE. THEY SHOULD BE INCLUDED IN QUESTION IF5 (SEE BELOW).**BROTH** | 4E………………………1 2 8 |
| 4F. Sour milk or yogurt, for example [insert local names]**SURVEY MANAGER INSTRUCTIONS:**ADD LOCAL NAMES OF YOGURT, INCLUDING SPECIFIC TYPES OF YOGURT THAT ARE GIVEN TO INFANTS AND YOUNG CHILDREN.**YOGURT** | 4F………………………1 2 8 |
| 4G. Thin porridge, for example [insert local names]**SURVEY MANAGER INSTRUCTIONS:**IN MANY COUNTRIES, THERE ARE DIFFERENT TERMS FOR DIFFERENT CONSISTENCIES OF PORRIDGE. USE LOCAL TERMS FOR **THIN PORRIDGE** THAT ARE USUALLY FED TO INFANTS. **THICK PORRIDGE** (FOR EXAMPLE, AS USUALLY EATEN BY OLDER CHILDREN AND ADULTS) SHOULD BE INCLUDED IN QUESTION IF5 (SEE BELOW).**THINPOR** | 4G………………………1 2 8 |
| 4H. Tea or coffee with milk**SURVEY MANAGER INSTRUCTIONS:**EVEN IF THIS IS NOT COMMON IN YOUR SETTING, DO NOT DELETE FROM QUESTIONNAIRE. THIS QUESTION IS NEEDED TO CALCULATE THE PREDOMINANT BREASTFEEDING INDICATOR.**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)***SURVEY MANAGER INSTRUCTIONS:**LIST OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING, FOR EXAMPLE: 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?**SURVEY MANAGER INSTRUCTIONS:**Thick soups, stews AND THICK PORRIDGES should be included. Very thin, watery soups and gruels should not be included here because infants and young children do not get enough energy (calories) from very thin soups and gruels. These should be included under ‘thin porridge’ in Question 4G.SPECIAL NUTRITION PRODUCTS (E.G. CSB++, csb+, RUSF, LNS) SHOULD BE INCLUDED HERE**.** DO NOT INCLUDE RUTF.**FOOD** | Yes………………………....1No……………………….... 2Don’t know………….... 8 | |\_\_\_| |
| **SECTION IYCF3: Bottle Feeding for 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?**SURVEY MANAGER INSTRUCTIONS:**MAKE SURE THAT THE INTERVIEWER IS AWARE THAT THIS QUESTION INVESTIGATES WHETHER THE CHILD RECEIVED ANY FOOD OR DRINK FROM A BOTTLE WITH A NIPPLE / TEAT DURING THE PREVIOUS DAY INCLUDING BREASTMILK, REGARDLESS OF WHETHER OR NOT THE INFANT WAS BREASTFED.**BOTTLE** | Yes………………………....1No……………………….... 2Don’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’.**SURVEY MANAGER instructions:**Replace and adapt the TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.The text IN *ITALICS* NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE.If a category of IRON-RICH food (7B-7H; EXCEPT 7a) is not available in the setting, delete it from the questionnaire. 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)* **SURVEY MANAGER INSTRUCTIONS:**This group IS ASKED IN ALL CONTEXTS AND SHOULD NOT BE DELETED. iT includes different types of flesh foods and red organ meats.Any processed / cured products made from these organ meats should also be included.Only include as example the flesh foods and red organ meats commonly used for infants and young children in the local context.**FLESHFD** | 7A………………………………..1 2 8 |
| 7B. [INSERT FBF available in the local setting and USE LOCAL NAMES] (e.g. CSB+, WSB+) (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:**Only include the blended foods being distributed in the local context as examples.If there are no fortified blended foods being distributed in the local context, delete this question.**FBF** | 7B…………………..…………….1 2 8 |
| 7C. [INSERT FBF++ available in the local setting AND USE LOCAL NAMES] *(e.g. CSB++, WSB++)* (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**Only include the special blended foods being distributed in the local context as examples.If there is no FBF++ being distributed in the local context, delete this question.**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.**SURVEY MANAGER INSTRUCTIONS:**Only include the products being distributed in the local context as examples.The sachets of the product should be shown to the respondent to assist in the recall.If there are no RUTFs being distributed in the local context, delete this question.**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.**SURVEY MANAGER INSTRUCTIONS:**Only include the products being distributed in the local context as examples.The sachets of the product should be shown to the respondent to assist in the recall.If there are no RUSFs being distributed in the local context, delete this question.**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.**SURVEY MANAGER INSTRUCTIONS:**Only include the products being distributed in the local context as examples.The sachets or pot of the product should be shown to the respondent to assist in the recall.If there are no LNS being distributed in the local context, delete this question.**LNS** | 7F……………………………….…1 2 8 |
| 7G. [INSERT locally available brand names of *iron fortified* infant formula] *(e.g. Nan, S26 infant formula)* (IF APPLICABLE)**SURVEY MANAGER INSTRUCTIONS:**Note that the brand names may differ from Question 4B because only iron fortified infant formula is included here.**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)**SURVEY MANAGER INSTRUCTIONS:**Include commercial baby foods that are iron fortified such as industrially produced and marketed complementary foods. Fortified bread/FLOUR is designed to cover the needs of the entire population and hence should not be included in this question.**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.**SURVEY MANAGER INSTRUCTIONS:**If there are no MNPs being distributed in the local context, delete this question.**MNP** | Yes………………………....…1No…………………….……....2Don’t know.…………..... 8 | |\_\_\_| |
| **ID9** | Please take a GPS reading (OPTIONAL)AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**SURVEY MANAGER INSTRUCTIONS:**Only if the consent was given in the Demography questionnaire.AN ADDITIONAL APPLICATION can be install to CALIBRATE THE GPS (GPS TEST+) in case of LONG WAITING TIME.**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD**. |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE**:** [**TOOL 15-** SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

**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 ADMINISTRATED TO ALL ELIGIBLE WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLDS (ALL HOUSEHOLDS OR HALF OF THE HOUSEHOLDS-REFER TO ANAEMIA ASSESSMENT SCENARIOS IN SENS PRE-MODULE, STEP 8). |
| **ID1** | Camp Name**SURVEY MANAGER INSTRUCTIONS:**FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. if several SENS surveys are carried out in different settings, specify iN THE MDC CODING If it is in a camp or an out-of-camp setting (e.g. host community SENS or urban SENS). This is needed to adapt the questionnaire and automatic skip patterns (e.g section DM2 to do in out-of-camp settings only).**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID2** | Section Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**SECTION** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID3** | Zone Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**ZONE** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID4** | Block Code / Number**SURVEY MANAGER INSTRUCTIONS:**SPECIFY IF NUMERICAL OR ALPHABETICAL.**BLOCK** |  | |\_\_\_|\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**SURVEY MANAGER INSTRUCTIONS:**FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY “1” IN THE FINAL DATABASE.**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_|\_\_\_| |
| **ID8** | Household Number**SURVEY MANAGER INSTRUCTIONS:**They are several options on how to assign numbers to households. The assignment of numbers depends on the survey design, household listing process and survey manager PREFERENCES.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW.**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**SURVEY MANAGER INSTRUCTIONS:**INCLUDE AS MANY ELIGIBLE WOMEN AS THERE ARE IN THE HOUsEHOLD. THE ID number is automatically generated IN MDC SURVEYS for each household starting at 1. **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.**SURVEY MANAGER INSTRUCTIONS:**If an individual is absent, the team leader should record this information and determine another time to return on the same day. The team should revisit an absent individual up to two times, if it is logistically feasible, on the same survey day AND/or before to leave the survey Area. If they are unsuccessful after this, the individual should be recorded as an absence and they should not be replaced with another household or individual.REFER TO SENS PRE-MODULE TOOL: [**TOOL 8**- DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENTEES.**WMCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 OR 3 STOP HERE** |
| **WM3** | Name of the womanONLY WRITE FIRST NAME.**SURVEY MANAGER INSTRUCTIONS:**THIS IS ASKED TO FACILITATE THE INTERVIEW PROCESS. THE NAME OF THE RESPONDENT WILL NOT BE USED. USUALLY ONLY THE FIRST NAME IS ENTERED.**WMNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **WM4** | Age of [NAME OF WOMAN] in yearsONLY WOMEN BETWEEN 15 AND 49 ARE BEING INTERVIEWED.**SURVEY MANAGER INSTRUCTIONS:**Reported age is recorded. YOU DO NOT NEED TO SEE PROOF OF AGE SHOWING OFFICIAL DATE OF BIRTH.**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?**SURVEY MANAGER INSTRUCTIONS:**Make sure to adapt the question to the context to ensure that it is asked in a culturally acceptable manner.If the answer is ‘no’ or ‘don’t know’, the woman should STILL be assessed for anaemia and it will be assumed that she is not pregnant.IN SOME SETTINGS, MUAC IS ONLY MEASURED IN PREGNANT AND LACTATING WOMEN (PLW). Skip patternS will need to be added HERE IN ORDER TO ONLY MEASURE MUAC IN PLW.**PREGNANT** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8 GO TO WM8** |
| **WM6** | Are you currently enrolled in the ANC programme?**SURVEY MANAGER INSTRUCTIONS:**Make sure to USE THE LOCAL NAME GIVEN TO THE ANC PROGRAMME.**ANC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM7** | Are you currently receiving iron-folate pills?SHOW PILL.**SURVEY MANAGER INSTRUCTIONS:**Make sure to USE THE LOCAL NAME GIVEN TO THE IRON-FOLATE TABLET.**FEREC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM8** | Are you currently breastfeeding? (OPTIONAL)**SURVEY MANAGER INSTRUCTIONS:**INCLUDE THIS QUESTION ONLY IF MUAC IS MEASURED.IN SOME SETTINGS, MUAC IS ONLY MEASURED IN PREGNANT AND LACTATING WOMEN (PLW). Skip patternS will need to be added HERE IN ORDER TO ONLY MEASURE MUAC IN PLW.**LACTAT** | Yes 1No 2Don’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)**SURVEY MANAGER INSTRUCTIONS:**if the mother is breastfeeding more than one child, as long as one is younger than 6 months old, choose ANSWER option 1.**LACTATU6** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM10** | Are you currently enrolled in the BSFP? (IF APPLICABLE)SHOW COMMODITY/PACKAGING GIVEN IN BSFP.**SURVEY MANAGER INSTRUCTIONS:**INCLUDE THE LOCAL NAME OF THE BLANKET SUPPLEMENTARY FEEDING PRoduct (BSFP).**WMBSFP** | Yes 1No 2Don’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.**SURVEY MANAGER INSTRUCTIONS:**DEPENDING ON THE CONTEXT, MUAC CAN BE MEASURED IN MM OR CM. ADAPT ACCORDINGLY.**Lower limit=160 mm****Upper limit=500 mm****WMMUAC** |  | |\_\_\_|\_\_\_|\_\_\_|mmOR|\_\_\_|\_\_\_|. |\_\_\_| cm |
| **WM12** | Units of measurement of your HemoCue device (g/dL or g/L)**SURVEY MANAGER INSTRUCTIONS:**Data analysis and reporting is done in g/dl. The Hb concentrations in g/dl will be automatically calculated in the final database in case of devices in g/l. THIS VARIABLE IS NOT USED DURING ANALYSIS.**WMHBUNIT** | g/dL gdlg/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. **SURVEY MANAGER INSTRUCTIONS:**Hb is measured in non-pregnant women only.Record the data according to the unit given by the HemoCue machine (g/L or g/dL).For analysis AND REPORTING, always use or convert the value to g/dL. IN SURVEYS USING MDC METHODS The Hb concentrations in g/l will be automatically CONVERTed in the final database IN G/DL.At elevations above 1000m, Hb concentrations increase. Refer to SENS Anaemia tool for guidance on how haemoglobin is corrected for altitude: [**Tool 5** - Hb Adjustment for altitude].IN SURVEYS USING MDC METHODS The Hb concentrations will be automatically corrected for altitude.**Lower limit=2.0g/gL****Upper limit=22.0g/dL****WMHB** |  | |\_\_\_|\_\_\_|. |\_\_\_| g/dLOR|\_\_\_|\_\_\_|\_\_\_|g/L |
| **ID9** | Please take a GPS reading (OPTIONAL)AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**SURVEY MANAGER INSTRUCTIONS:**Only if the consent was given in the Demography questionnaire.AN ADDITIONAL APPLICATION can be install to CALIBRATE THE GPS (GPS TEST+) in case of LONG WAITING TIME.**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.**SURVEY MANAGER INSTRUCTIONS:**Adapt the ADMISSION CRITERIA CUT-OFFS to the SURVEY context.REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3** – REFERRAL FORM] for an example of a referral slip to use during the survey. THIS VARIABLE IS NOT USED DURING ANALYSIS.**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.**SURVEY MANAGER INSTRUCTIONS:**REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3** – REFERRAL FORM] for an example of a referral slip to use during the survey. THIS VARIABLE IS NOT USED DURING ANALYSIS. REMOVE THIS AUTOMATIC REFERRAL IF THE ANAEMIA MODULE IS NOT INCLUDED.**WMREFAN** |
|  | Interviewer: I confirm that questionnaire is complete: yes/no**SURVEY MANAGER INSTRUCTIONS:**THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD**. |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.**SURVEY MANAGER INSTRUCTIONS:**REFER TO THE SENS PRE-MODULE**:** [**TOOL 15-** SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP. |

1. [↑](#footnote-ref-1)