

## Burkina Faso Nutrition Survey Round 1: Female Questionnaire

<p>READ THIS WARNING: This female questionnaire is not linked to a household questionnaire.          ONLY continue if there is no linked female questionnaire under the "Edit Saved Form" Menu.</p>	
Press OK to continue	<input type="radio"/> OK

Did you check the Edit Saved forms menu for a linked female questionnaire?	<input type="radio"/> Yes <input type="radio"/> No
Provide your signature to acknowledge that there is no linked female questionnaire.	
Close and exit this form without saving. Look for a linked female questionnaire through the 'Edit Saved Forms' Menu.	

Region:	
Province:	
Commune:	
Enumeration Area:	
Structure number:	
Household number:	

001a. Are you in the correct household?	<input type="radio"/> Yes <input type="radio"/> No
EA: \${EA} Structure #: \${structure} Household #: \${household}	
This is the picture of the front of the home taken during the household questionnaire.	
#####	

002. Your ID:	
Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No

002. Enter your ID below.  
 Please record your ID

003a. Current date and time.	Day:
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	Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No

003b. Record the correct date and time.

Day:  
Month:  
Year:

004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	
004a. The following info is what you provided previously. Please review.	
Region:	
Province:	
Commune:	
Enumeration	
Structure number:	
Household number:	
004b. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No

005. CHECK: You should be attempting to interview  $\{firstname\}$ . Is that correct?  
*If misspelled, select "yes" and update the name in question "011."*  
*If this is the wrong person, you have two options:*  
 (1) exit and ignore changes to this form. Open the correct form.  
 Or  
 (2) find and interview the person whose name appears above.

Yes  
 No

006. Is the respondent present and available to be interviewed today?

Yes  
 No

007. How well acquainted are you with the respondent?

Very well acquainted  
 Well acquainted  
 Not well acquainted  
 Not acquainted

**INFORMED CONSENT**

*Find the woman between the age of 10-49 associated with this Female Respondent*

<p>Questionnaire. The interview must have auditory privacy. Read the following greeting</p>	
<p>Consent form: Bonjour. Je m'appelle</p> <hr/> <p>et je travaille pour l'Institut Supérieur des Sciences de la Population. Nous menons une enquête locale qui pose des questions aux femmes sur l'alimentation de leurs familles. Nous apprécierons grandement votre participation à cette enquête. Ces renseignements aideront à informer le gouvernement afin de planifier de meilleurs services de santé. L'enquête dure généralement entre 30-45 minutes. Toute information que vous nous fournirez demeurera strictement confidentielle et ne sera montrée à personne d'autre que les membres de notre équipe.</p> <p>La participation à cette enquête se fait sur la base du volontariat, et si vous ne souhaitez pas répondre à une question en particulier, faites-le moi savoir et nous passerons à la suivante ; vous pouvez également arrêter l'interview à tout moment. Cependant, nous espérons que vous accepterez de participer à cette enquête car votre perspective est importante.</p> <p>Jusque là, avez-vous des questions sur cette enquête ?</p>	
<p>009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	
<p>009b. Checkbox</p>	<p><input type="radio"/></p>

<p>WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in question 009b. To conduct the survey, the respondent must sign or touch the checkbox.</p> <p><i>You may go back to obtain a signature or check the box or you should go back to question 009b to indicate the respondent does not want to be interviewed.</i></p>	
<p>010c. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i></p>	<p><input type="radio"/></p>
<p>010c. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."</p>	

<p>011. Respondent's first name.</p> <p><i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i></p>	
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<p>Section 1 – Birth History</p> <p><i>Now I would like to ask about your background and socioeconomic conditions.</i></p>	
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<p>101. In what month and year were you born?</p> <p>The age in the household roster is \${age}</p>	
<p>101. In what month and year were you born?</p>	
<p>#####</p>	<p>Month:</p> <p>Year:</p>

<p>102. How old were you at your last birthday?</p>	
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	Age in the Household Roster:
<p>WARNING: The age you entered for 102 is \${FQ_age}, which makes her ineligible for interview. She must be at least 10 years old and not more than 49 years old.</p> <p>If that age is correct, update her age on this screen, hit the back key, and save changes to exit the interview. This form will be deleted automatically upon saving it.</p> <p>If that age is not correct, go back to the previous screen and enter the correct age.</p>	
<p>WARNING: The age you entered for 102 is \${FQ_age}. This does not agree with the household roster, but she is still eligible to be interviewed. If 102 is correct update the age on this screen to \${FQ_age}. Otherwise, return to the previous screen and enter the correct age.</p>	
<p>The age in the roster agrees with the age in 102. Go to the next screen without changing the number on this screen.</p>	
<p>#####</p>	

<p>103. What is the highest level of school you attended?</p>	<p><input type="radio"/> Never attended</p> <p><input type="radio"/> Primary</p> <p><input type="radio"/> Secondary (first cycle)</p> <p><input type="radio"/> Secondary (second cycle)</p> <p><input type="radio"/> Tertiary</p> <p><input type="radio"/> No response</p>
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<p>104. Are you currently employed or working for money?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
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<p>105. Are you currently married or living together with a man as if married?</p>	<p><input type="radio"/> Yes, currently married</p> <p><input type="radio"/> Yes, living with a man</p> <p><input type="radio"/> Not currently in union: Divorced / separated</p>
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<p>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</p>	<p><input type="radio"/> Not currently in union: Widow  <input type="radio"/> No, never in union  <input type="radio"/> No response</p>
<p>106. Have you been married or lived with a man only once or more than once?</p>	<p><input type="radio"/> Only once  <input type="radio"/> More than once  <input type="radio"/> No response</p>
<p>107. Does your husband / partner have other wives or does he live with other women as if married?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>108. Is your husband / partner living with you now or is he staying elsewhere?</p>	<p><input type="radio"/> Living with respondent  <input type="radio"/> Staying elsewhere  <input type="radio"/> No response</p>
<p>109. Have you ever given birth?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>110a. How many times have you given birth?  <i>Enter -99 for no response.</i></p>	
<p>110b. Were all of those live births?          PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>Go back to 110a and correct to only include live births.</p>	
<p>111a. When was your FIRST birth?  <i>Please record the date of the first live birth. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Enter day as "15" for unknown day. Enter month as "January" for unknown month. Enter "Jan 15 2020" for no response.</i></p>	<p>Day:          Month:          Year:</p>
<p>112a. When was your MOST RECENT live birth?          PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?  <i>Please record the date of the most recent birth. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Enter day as "15" for unknown day. Enter month as "January" for unknown month. Enter "Jan 01 2020" for no response.</i></p>	<p>Day:          Month:          Year:</p>
<p>112b. Did you have twins?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>

<p>112c. Is your last baby / child still alive?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>112d. When did your last baby/child die?  <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Enter Jan 2020 for no response.</i></p>	<p>Month: Year:</p>
<p>112e. What is that child's name?</p>	
<p>112c.1. Is the first twin still alive?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>112d.1. What is their name?</p>	
<p>112e.1. When did that baby die?  <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Enter Jan 2020 for no response.</i></p>	<p>Month: Year:</p>
<p>112c.2. Is the second twin still alive?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>112d.2. What is their name?</p>	
<p>112e.2. When did that baby die?  <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Enter Jan 2020 for no response.</i></p>	<p>Month: Year:</p>
<p>For this birth, \${rec_tw_birth_name_rnd} has been randomly selected to receive survey questions.</p>	
<p>114a. Do you care for any other children that are not your biological children but that live with you currently?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>114b. How old is the youngest child (non-biological)?</p>	<p> <input type="radio"/> X months  <input type="radio"/> X years  <input type="radio"/> Don't know  <input type="radio"/> No response         </p>
<p>Enter months:  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>Enter years:</p>	

Enter -88 for do not know, -99 for no response. 0 is a possible answer.

114c. Is this child still alive?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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114d. What is this child's name?

For each other non-biological child under the age of 5, add his/her age next. Do not add if the age is more than 5.

Add another non-biological child 5 years old (60 months) or younger.	
114b. How old is the child (non-biological)?	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Don't know <input type="radio"/> No response
Enter X: \${nb_age_other_label} <i>Must be 5 years (60 months) old or younger. Remove this group if necessary.</i>	

115a. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
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115b. How many months pregnant are you?	
The most recent birth was: \${rec_birth_date}	
##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>	

**Section 2 - Antenatal Care**  
*Now I would like to talk about the care you received during your pregnancies that occurred during the last two years.*

201a. Did you see anyone at a health facility for antenatal care during this pregnancy? PROBE: Did you ever attend a pregnancy clinic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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201b. Can you show me your mother baby book? Probe: If no, do you have an exercise book or any other way to track your child's health records from the facility? <i>May be using a temporary replacement like an exercise book.</i>	<input type="radio"/> Yes, showed book <input type="radio"/> Yes, showed alternate record book <input type="radio"/> Reported, but did not show <input type="radio"/> Received, but does not currently have <input type="radio"/> Never received a book <input type="radio"/> No response
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<p>202. At your last visit to a health facility, who did you see for antenatal care?</p>	<input type="radio"/> Doctor <input type="radio"/> Midwife <input type="radio"/> Nurse <input type="radio"/> Auxiliary attendant <input type="radio"/> Matron <input type="radio"/> Traditional attendant <input type="radio"/> Community health worker <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
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<p>203a. At your last visit to the facility for your pregnancy, did you receive information about how to take care of yourself during pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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<p>203b. How was that information shared? <i>Select all that apply.</i></p>	<input type="checkbox"/> Group talk at start of clinic day <input type="checkbox"/> Other group education <input type="checkbox"/> One-to-one counseling/peer mentor <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Poster/sign on wall <input type="checkbox"/> Television playing in facility <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

<p>204a. At any time during this pregnancy, has a community health volunteer talked to you about how to take care of yourself during pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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<p>204b. How was that information shared? <i>Select all that apply.</i></p>	<input type="checkbox"/> Group education <input type="checkbox"/> One-to-one counseling <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

<p>205. What information or messages have you received about how to take care of yourself during pregnancy? Probe: From either a health provider at a facility or a community health volunteer. <i>Read all aloud and select all that apply.</i></p>	<input type="checkbox"/> Eat more <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality) <input type="checkbox"/> Take iron tablets <input type="checkbox"/> Avoid heavy work, rest more
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	<input type="checkbox"/> Sleep under a mosquito net <input type="checkbox"/> Take preventive malaria treatment <input type="checkbox"/> Go to ANC visits as soon as possible / at least 4 times <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

206a. At your last visit to the facility for your pregnancy, did you receive information about how to feed your newborn baby?

Yes  
 No  
 Do not know  
 No response

206b. How was that information shared? <i>Select all that apply.</i>	<input type="checkbox"/> Group talk at start of clinic day <input type="checkbox"/> Other group education <input type="checkbox"/> One-to-one counseling/peer mentor <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Poster/sign on wall <input type="checkbox"/> Television playing in facility <input type="checkbox"/> Other <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

207a. At any time during this pregnancy, has a community health volunteer talked to you about how to feed your newborn baby?

Yes  
 No  
 Do not know  
 No response

207b. How was that information shared? <i>Select all that apply.</i>	<input type="checkbox"/> Group education <input type="checkbox"/> One-to-one counseling <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Other <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

208a. What information did you receive about how to feed your newborn baby? <i>Read all aloud and select all that apply.</i>	<input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water) <input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour)
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	<input type="checkbox"/> Prelacteal feeding (not giving baby any water, sugar water, tea or traditional preparation after birth) <input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals) <input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding) <input type="checkbox"/> What to do if experience pain or problems while breastfeeding <input type="checkbox"/> Encouraged use of infant formula or milk powder <input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

209a. At your last visit to the facility for this pregnancy, did the health provider weigh you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
209b. Did your health provider share information / counsel you about your weight gain during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210a. At your last visit to the facility for this pregnancy, did your health provider take your blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210b. Did your health provider share information / counsel you about your blood pressure during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

211a. At your last visit to the facility for this pregnancy, were you given or did you buy iron-folic acid or iron tablets, iron syrup, or a multivitamin that contains iron? PROBE: if yes, given or purchased? <i>Show tablets: public facility IFA, public market iron</i>	<input type="checkbox"/> Given at clinic <input type="checkbox"/> Purchased <input type="checkbox"/> No, never given or purchased <input type="checkbox"/> Don't know <input type="checkbox"/> No response
Iron Tablets [!FA.jpg]	

211b. Did the ANC provider ever write you a prescription for iron supplements or tell you to purchase them?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
211c. Did you take them yesterday?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
211d. Do you have iron supplements available at home now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
211e. How many days in the last 7 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
211f. How many days in the last 30 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	

212a. At your last visit to the facility for this pregnancy, were you given or did you buy calcium supplements? PROBE: If yes, given or purchased? Calcium is for building strong bones or to prevent high blood pressure. <i>Select all that apply.</i> <i>Show tablets or powder packages.</i>	<input type="checkbox"/> Given at clinic <input type="checkbox"/> Purchased <input type="checkbox"/> No, never given or purchased <input type="checkbox"/> Don't know <input type="checkbox"/> No response
Calcium Tablets [Calcium.jpg]	

212b. Did the ANC provider ever write you a prescription for calcium supplements or tell you to purchase them?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
212c. Did you take them yesterday?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
212d. Do you have calcium supplements available at home now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
212e. How many days in the last 7 days have you taken the calcium supplements? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
212f. How many days in the last 30 days have you taken the calcium supplements? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	

<p>213a. During this pregnancy, have you taken any drugs to keep you from getting malaria? <i>Show tablet: Prompt: you may have taken this tablet during your ANC visit.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>213b. Did you sleep under an insecticide treated net (ITN) last night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>213c. During this pregnancy, did you ever receive an insecticide treated net at the health facility when you went for ANC?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>214a. During this pregnancy, have you received food from a health facility or community program? <i>PROBE: like flour, ready-to-use food, basket of oil, flour.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>214b. During this pregnancy, did you ever receive any of the following from a health facility or community program? <i>Read all aloud.</i></p>	<p><input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> Corn Soy Blend (unpackaged) <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>214c. For how many days in the last 30 days have you personally consumed this food? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>214c. Enter days: <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>215a. During this pregnancy, did you have difficulty seeing at night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't remember <input type="radio"/> No response</p>
<p>215b. For how much time did you have difficulty seeing at night?</p>	<p><input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response</p>

215b. Enter \${ac_difficult_sight_time_label}. <i>If today, enter zero days only, not zero days/weeks.</i>	
220. You said your youngest child, \${ar_child_name_blank} was born in \${rec_birth_date}. Is that correct?	<input type="radio"/> Yes <input type="radio"/> No
Go back and correct birth history.	
221a. Did you see anyone at a health facility for antenatal care during that pregnancy? PROBE: Did you ever attend a pregnancy clinic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
221b. Can you show me your mother baby book? Probe: if no, do you have an exercise book or any other way to track your child's health records from the facility? <i>May be using a temporary replacement like an exercise book.</i>	<input type="radio"/> Yes, showed book <input type="radio"/> Yes, showed alternate record book <input type="radio"/> Reported, but did not show <input type="radio"/> Received, but does not currently have <input type="radio"/> Never received a book <input type="radio"/> No response
221c. During that pregnancy, who did you see for antenatal care? PROBE: Anyone else? <i>Select all that apply</i>	<input type="checkbox"/> Doctor <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Auxiliary attendant <input type="checkbox"/> Matron <input type="checkbox"/> Traditional attendant <input type="checkbox"/> Community health worker <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
222a. During that pregnancy, did you ever receive any information at the health facility about how to take care of yourself during pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

222b. How was the information shared? Probe: Select all that apply.	<input type="checkbox"/> Group talk at start of clinic day <input type="checkbox"/> Other group education <input type="checkbox"/> One-to-one counseling/peer mentor <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Poster/sign on wall <input type="checkbox"/> Television playing in facility <input type="checkbox"/> Other <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

<p>223a. At any time during that pregnancy, did a community health volunteer talk to you about how to take care of yourself during pregnancy?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
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<p>223b. How was that information shared?</p>	<p> <input type="checkbox"/> Group education  <input type="checkbox"/> One-to-one counseling  <input type="checkbox"/> Paper or booklet to take home  <input type="checkbox"/> Other  <input type="checkbox"/> No response         </p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>224. What information or messages did you received about how to take care of yourself during pregnancy?          Probe: From either a health provider at a facility or a community health volunteer.</p>	<p> <input type="checkbox"/> Eat more  <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality)  <input type="checkbox"/> Take iron tablets  <input type="checkbox"/> Avoid heavy work, rest more  <input type="checkbox"/> Sleep under a mosquito net  <input type="checkbox"/> Take preventive malaria treatment  <input type="checkbox"/> Go to ANC visits as soon as possible / at least 4 times  <input type="checkbox"/> None of the above  <input type="checkbox"/> No response         </p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>225a. During that pregnancy, did a health provider at a facility share information about how to feed your newborn baby?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
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<p>225b. How was that information shared?          Probe: Select all that apply.</p>	<p> <input type="checkbox"/> Group talk at start of clinic day  <input type="checkbox"/> Other group education  <input type="checkbox"/> One-to-one counseling/peer mentor  <input type="checkbox"/> Paper or booklet to take home  <input type="checkbox"/> Poster/sign on wall  <input type="checkbox"/> Television playing in facility  <input type="checkbox"/> Other  <input type="checkbox"/> No response         </p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>226a. While you were still pregnant, did a community health volunteer share information</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>
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with you about how to feed your newborn baby after delivery?  Do not know  
 No response

<p>226b. How was that information shared?          Probe: Select all that apply.</p>	<input type="checkbox"/> Group education <input type="checkbox"/> One-to-one counseling <input type="checkbox"/> Paper or booklet to take home <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

<p>227. During your pregnancy, what information did you receive about how to feed your newborn baby?  <i>Read all aloud and select all that apply.</i></p>	<input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water) <input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour) <input type="checkbox"/> Prelacteal feeding (not giving baby any water, sugar water, tea or traditional preparation after birth) <input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals) <input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding) <input type="checkbox"/> What to do if experience pain or problems while breastfeeding <input type="checkbox"/> Encouraged use of infant formula or milk powder <input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

228a. During that pregnancy, did a health provider at the facility weigh you?  Yes  
 No  
 Do not know  
 No response

228b. Were you weighed once or more than once?  Once  
 More than once  
 Don't know  
 No response

<p>228c. Did your health provider give you information about your weight gain during that pregnancy?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>229a. During that pregnancy, did a health provider at the facility measure your blood pressure?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>229b. Was your blood pressure measured once or more than once?</p>	<p> <input type="radio"/> Once  <input type="radio"/> More than once  <input type="radio"/> Don't know  <input type="radio"/> No response         </p>
<p>229c. Did your health provider give you information about your blood pressure during that pregnancy?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>

<p>230a. During that pregnancy, did you ever receive or buy iron tablets, iron syrup or iron folic acid supplements, or a multivitamin that contains iron?          PROBE: If yes, given, or purchased?  <i>Select all that apply</i>  <i>Show tablets: public facility IFA, public market iron.</i></p>	<p> <input type="checkbox"/> Given at clinic  <input type="checkbox"/> Purchased  <input type="checkbox"/> No, never given or purchased  <input type="checkbox"/> Don't know  <input type="checkbox"/> No response         </p>
<p>Iron Folic Acid Tablets          [IFA.jpg]</p>	

<p>230b. Did the ANC provider ever write you a prescription for iron supplements or tell you to purchase them?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>230c. During this whole pregnancy, for how many days did you take the tablets or syrup?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	

<p>231a. During that pregnancy, did you ever receive or buy calcium supplements?  <i>Select all that apply.</i>  <i>Show tablets or powder packages.</i></p>	<p> <input type="checkbox"/> Given at clinic  <input type="checkbox"/> Purchased  <input type="checkbox"/> No, never given or purchased  <input type="checkbox"/> Don't know  <input type="checkbox"/> No response         </p>
<p>Calcium Tablets          [Calcium.jpg]</p>	



<p>231b. Did the ANC provider ever write you a prescription for calcium supplements or tell you to purchase them?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>231c. During that whole pregnancy, for how many days did you take the calcium supplements? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>231d. During that pregnancy, did you take any drugs to keep you from getting malaria? <i>Show tablet; Prompt: you may have taken this tablet during your ANC visit, called SP/Fansidar.</i></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>231e. How many times did you take drugs to prevent malaria during your pregnancy? <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>WARNING - Please confirm that the respondent is not including times that she took medication because she had malaria and received treatment. This should only include times that she took pills to PREVENT malaria. If she included times she received treatment for malaria, go back to 231e and correct the response to only include the times she took pills to prevent malaria.</p>	
<p>231f. During that pregnancy, did you ever receive an insecticide treated net at the health facility when you went for antenatal care?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>232a. During that pregnancy, did you ever receive food from a health facility or community program? <i>PROBE: Like flour, ready-to-use food, basket of oil, flour.</i></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>232b. What kind of food did you receive? <i>Read list of country-specific supplementary foods. Select all that apply.</i></p>	<p> <input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste)  <input type="checkbox"/> Corn Soy Blend (unpackaged)  <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans)  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know  <input type="checkbox"/> No response         </p>

<p>232c. For how many months during your pregnancy did you personally consume this food? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>233a. During this pregnancy, did you have difficulty seeing at night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>233b. For how many days did you have difficulty seeing at night? <i>If you select days/weeks/months, you will enter a number for X on the next screen.</i></p>	<p><input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>233b. Enter days: <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>233b. Enter weeks: <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>233b. Enter months: <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>234. Where did you deliver \${ar_child_name}?</p>	<p><input type="radio"/> National Hospital Center <input type="radio"/> Health and Social Services Center (public) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health volunteers (public) <input type="radio"/> Private hospital or clinic <input type="radio"/> Maternity <input type="radio"/> Home <input type="radio"/> Other home <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response</p>
<p>235. Who assisted with the delivery of \${ar_child_name}? <i>Select all that apply</i></p>	<p><input type="checkbox"/> Doctor <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Auxiliary attendant <input type="checkbox"/> Matron <input type="checkbox"/> Traditional attendant <input type="checkbox"/> Community health worker <input type="checkbox"/> Friend / relative <input type="checkbox"/> Other <input type="checkbox"/> No one</p>

	<input type="checkbox"/> Do not know <input type="checkbox"/> No response
236a. After delivering your baby and before you left the health facility, did someone give you (the mother) Vitamin A? [Vitamin_A.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
236b. Within one week after delivery at home, did a health provider or community health volunteer give you (the mother) Vitamin A? [Vitamin_A.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
237a. After delivering your baby and before you left the health facility, did a health provider or birth attendant watch you breastfeed \${ar_child_name} to make sure it was happening properly?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
237b. Within one week after delivery at home, did a health provider or community health volunteer watch you breastfeed \${ar_child_name} to make sure it was happening properly?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
238a. After delivering your baby and before you left the health facility, did a health provider talk to you about how to feed your newborn baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
238b. Within one week after delivery at home, did a health provider or community health volunteer talk to you about how to feed your newborn baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

238c. What information was shared about how to feed your newborn baby? PROBE: From either a health provider at a facility or a community health volunteer. <i>Read all aloud and select all that apply.</i>	<input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water) <input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour) <input type="checkbox"/> Prelacteal feeding (not giving baby any water, sugar water, tea or traditional preparation after birth) <input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals) <input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding) <input type="checkbox"/> What to do if experience pain or
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	problems while breastfeeding <input type="checkbox"/> Encouraged use of infant formula or milk powder <input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

239. Immediately after delivery, was the baby placed on your chest or side touching your skin? Prompt: Child cheek to mother's breast is NOT considered "skin to skin".	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
240. Did anyone at the facility give you infant formula or canned or powdered milk to use for the baby? Prompt: Could be for use in the clinic or to take home to feed baby.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
241a. Have you ever breastfed \${ar_child_name}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
241b. How long after birth did you first put \${ar_child_name} to the breast?	<input type="radio"/> Less than one hour <input type="radio"/> X hours <input type="radio"/> X days <input type="radio"/> No response
241b. Enter hours: <i>Enter -88 for do not know, -99 for no response.</i>	
241b. Enter days: <i>Enter -88 for do not know, -99 for no response.</i>	
242a. In the first three days after delivery, was \${ar_child_name} given anything to drink other than breast milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
242b. What did \${ar_child_name} receive other than breast milk in the first three days after delivery? <i>Select all that apply.</i>	<input type="checkbox"/> Milk (not breastmilk) <input type="checkbox"/> Plain water <input type="checkbox"/> Sugar water <input type="checkbox"/> Calming infusion for colic <input type="checkbox"/> Sweetened salted water <input type="checkbox"/> Juice <input type="checkbox"/> Tinned, powdered or fresh animal milk <input type="checkbox"/> Tea / herbal tea <input type="checkbox"/> Coffee <input type="checkbox"/> Honey <input type="checkbox"/> Porridge

	<input type="checkbox"/> Oral rehydration solution <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>243. Within 1 week after delivery, did you take \${ar_child_name} to a health facility for a check-up, medications, or vaccinations?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>244a. Since delivery but within 30 days after \${ar_child_name}'s birth, did a health provider watch you breastfeed \${ar_child_name} to make sure it was happening properly during a facility or home visit?          Prompt: This is after they have left facility but before child is one month old.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>244b. From the first time since \${ar_child_name} saw a health provider until one month of life, did a health provider watch you breastfeed \${ar_child_name} to make sure it was happening properly during a facility or home visit?          Prompt: This is the period between their first facility visit and 1 month of age.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>244c. In the first month of life, did a health provider or community health volunteer watch you breastfeed \${ar_child_name} to make sure it was happening properly during a facility or home visit?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>245a. Since delivery but within 30 days after \${ar_child_name}'s birth, did a health provider or community health volunteer talk to you about how to feed your newborn baby?          Prompt: This is after they have left facility but before child is one month old.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>245b. From the first time since \${ar_child_name} saw a health provider until one month of life, did a health provider or community health volunteer talk to you about how to feed your newborn baby?          Prompt: This is the period between their first facility visit and 1 month of age.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>245c. In the first month of life, did a health provider or community health volunteer talk to you about how to feed your newborn baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>246. What information was shared about breastfeeding?          PROBE: From either a health provider at a facility or a community health volunteer.  <i>Read all aloud and select all that apply.</i></p>	<input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water)
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	<input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour) <input type="checkbox"/> Prolactal feeding (not giving baby any water, sugar water, tea or traditional preparation after birth) <input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals) <input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding) <input type="checkbox"/> What to do if experience pain or problems while breastfeeding <input type="checkbox"/> Encouraged use of infant formula or milk powder <input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

<p>Section 3 - Child Nutrition (Youngest Child under 2 years)</p> <p><i>Now I would like to ask you about the children in the household that you care for, starting with the youngest child.</i></p>	
301. You said the youngest child in the household that you gave birth to is \${under_2yr_child_name}. Is that correct?	<input type="radio"/> Yes <input type="radio"/> No
302a. Are you currently breastfeeding \${under_2yr_child_name}?	<input type="radio"/> Yes <input type="radio"/> No
302b. When you stopped breastfeeding your youngest child \${under_2yr_child_name}, who made that decision?	<input type="radio"/> Self alone <input type="radio"/> Husband/partner alone <input type="radio"/> Decide together <input type="radio"/> Baby <input type="radio"/> Mother/Mother-in-law <input type="radio"/> Health provider <input type="radio"/> Other <input type="radio"/> No response
302c. When it comes to the decision to stop breastfeeding your youngest child \${under_2yr_child_name} in the future, who will make that decision?	<input type="radio"/> Self alone <input type="radio"/> Husband/partner alone <input type="radio"/> Decide together <input type="radio"/> Baby <input type="radio"/> Mother/Mother-in-law <input type="radio"/> Health provider

	<input type="radio"/> Other <input type="radio"/> No response
<p>303a. Has <math>\{under\_2yr\_child\_name\}</math> ever had anything to drink other than breastmilk?          PROBE: Like milk, water, juice, tea, but not including medicine.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>303b. At what age did <math>\{under\_2yr\_child\_name\}</math> first drink something other breastmilk?  <i>Enter age in months. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>304a. Has <math>\{under\_2yr\_child\_name\}</math> ever eaten solid, semi-solid, or soft foods before?          PROBE: Including yogurt, porridge, fruits, vegetables, and meat.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>304b. At what age did <math>\{under\_2yr\_child\_name\}</math> first eat solid, semi-solid, or soft foods?  <i>Enter age in months. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>305a. Did you ever receive any advice from a health provider at a facility about what liquids, semi-solid and solid foods to provide your child, other than breastmilk?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>305b. What age did the health provider recommend that you introduce liquids, semi-solid and solid foods to your child, other than breastmilk?  <i>Enter age in months. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>305c. In the last 30 days, did you receive any advice from a health provider at a facility about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>305d. In the last 3 months, did you receive any advice from a health provider at a facility about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>306a. Did you ever receive any advice from a community health volunteer about what liquids, semi-solid and solid foods to provide your child, other than breastmilk?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>306b. What age did the health provider recommend that you introduce liquids, semi-</p>	

<p>solid and solid foods to your child, other than breastmilk? <i>Enter age in months. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>306c. In the last 30 days, did you receive any advice from community health volunteer about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>306d. In the last 3 months, did you receive any advice from a community health volunteer about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>306e. What information was shared about what liquids, semi-solid, and solid foods to give your child, other than breastmilk? <i>Read all aloud and select all that apply.</i></p>	<p><input type="checkbox"/> Introduce family foods when the baby reaches six months of age <input type="checkbox"/> Continue breastfeeding until age 2 <input type="checkbox"/> Give variety of foods groups <input type="checkbox"/> A good frequency of meals <input type="checkbox"/> Give fortified food with nutrients <input type="checkbox"/> Good hygiene during food preparation <input type="checkbox"/> Be responsive to child during feeding (attention/care) <input type="checkbox"/> Continue breastfeeding and other foods during illness <input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>Now I would like to ask you about foods and liquids that <math>\\${under\_2yr\_child\_name}</math> had yesterday during the day or at night. If other people fed <math>\\${under\_2yr\_child\_name}</math>, you may ask them to help answer these questions so that the responses are accurate.</p>	
<p>307a. Were you present every time <math>\\${under\_2yr\_child\_name}</math> ate or drank something yesterday during the day or at night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>307b. Now I will ask you about liquids that <math>\\${under\_2yr\_child\_name}</math> had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. <i>Proceed to the next screen when ready.</i></p>	

<p>307b. Did <math>\\${under\_2yr\_child\_name}</math> eat or drink:</p>	
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	Y	N	DK	NR
Plain water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juice or juice base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk such as canned milk, powder or fresh animal milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary milk / infant formula or marketed infant formula (Breastmilk substitute: NAN, Nativa, Guigoz, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet drinks (sodas, zom-koom, bissap, ginger juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other liquids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A commercially prepared baby formula, such as Cerelac, vitacasui, vitaline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Porridge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

308a. How many times did  $\{under\_2yr\_child\_name\}$  drink other types of milk like tinned, powdered, or fresh animal milk yesterday?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

308b. How many times did  $\{under\_2yr\_child\_name\}$  drink infant formula yesterday?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

308c. How many times did  $\{under\_2yr\_child\_name\}$  eat yogurt yesterday?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

309a. Now I would like to ask you about foods that  $\{under\_2yr\_child\_name\}$  had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.  
*Proceed to the next screen when ready.*

309a. Did $\{under\_2yr\_child\_name\}$ eat or drink:				
	Y	N	DK	NR
Any fortified food like Cerelac?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maize, rice, wheat, thick porridge, sorghum, bread, or other foods made from grains?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pumpkin, carrots, squash or yellow sweet potatoes that are yellow or orange inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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309a. Did $\{\text{under\_2yr\_child\_name}\}$ eat or drink:				
	Y	N	DK	NR
Irish potatoes, yams, cassava, white sweet potatoes, or any other foods made from roots?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sukumu wiki or any dark green, leafy vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ripe mangoes, pawpaw and fruits that are orange or yellow inside?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

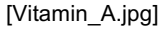

309a. Did $\{\text{under\_2yr\_child\_name}\}$ eat or drink:				
	Y	N	DK	NR
Any other fruits or vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver, kidney, heart or other organ meats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any meat, such as beef, pork, lamb, goat, chicken, duck?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

309a. Did $\{\text{under\_2yr\_child\_name}\}$ eat or drink:				
	Y	N	DK	NR
Eggs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh or dried fish or shellfish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any foods made from beans, peas, lentils, or nuts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

309a. Did $\{\text{under\_2yr\_child\_name}\}$ eat or drink:				
	Y	N	DK	NR
Cheese or other food made from milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savory snacks like fried chips, crisps, samosas, or other fried foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

309a. Did $\{\text{under\_2yr\_child\_name}\}$ eat or drink:				
	Y	N	DK	NR
Any other solid, semi-solid or soft food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>309b. CHECK: Did <math>\{\text{under\_2yr\_child\_name}\}</math> eat any solid, semi-solid, or soft foods yesterday or during the night?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>309c. What kinds of solid, semi-solid, or soft foods did <math>\{\text{under\_2yr\_child\_name}\}</math> eat?          PROBE: Any foods like the ones I named above.  <i>Return to 309a and enter relevant foods.</i></p>	
<p>310a. How many times did <math>\{\text{under\_2yr\_child\_name}\}</math> eat solid, semi-solid or soft foods yesterday during the day or at night?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>310b. To <math>\{\text{interviewer\_name}\}</math>: Did other people help answer these questions?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p>311a. Has <math>\{\text{under\_2yr\_child\_name}\}</math> had diarrhea in the last 2 weeks?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>311b. Was <math>\{\text{under\_2yr\_child\_name}\}</math> given any of the following at any time since <math>\{\text{under\_2yr\_child\_name}\}</math> started having the diarrhea?  <i>Read all aloud and select all that apply.</i></p>	<p><input type="checkbox"/> A fluid made from a special packet called ORS/Dawa ya kuzuia kuharisha  <input type="checkbox"/> A pre-packaged ORS liquid  <input type="checkbox"/> A homemade fluid  <input type="checkbox"/> Home treatment / herbal medicine  <input type="checkbox"/> Breastmilk  <input type="checkbox"/> Tablet or antibiotic syrup  <input type="checkbox"/> Tablet or anti-motility syrup  <input type="checkbox"/> Zincs tablets  <input type="checkbox"/> Other (not antibiotic, antimotility or zinc)  <input type="checkbox"/> Tablet or syrup unknown  <input type="checkbox"/> Antibiotic Injection  <input type="checkbox"/> Non-antibiotic injection  <input type="checkbox"/> Injection unknown  <input type="checkbox"/> Intravenous  <input type="checkbox"/> Other treatment  <input type="checkbox"/> Do not know  <input type="checkbox"/> No response</p>
<p>312a. In the last 2 weeks, did you seek advice or treatment from any source because <math>\{\text{under\_2yr\_child\_name}\}</math> was sick?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>312b. Where did you seek advice or treatment?</p>	<p><input type="radio"/> National Hospital Center  <input type="radio"/> Health and Social Services Center (public)</p>

	<input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health volunteers (public) <input type="radio"/> Maternity <input type="radio"/> Mobile clinic (private) <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Health Agent from community <input type="radio"/> Store/market/supermarket/mobile vendors <input type="radio"/> Traditional healer <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>312c. During this visit, did the <math>\text{\\$}\{ny\_sick\_2wk\_prov\_lab\}</math> talk to you about continuing to breastfeed your child when they are sick?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>312d. During this visit, did the health provider talk to you about feeding your sick child?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>312e. What did the health provider tell you about feeding your sick child?</p>	<input type="checkbox"/> Give the child zinc <input type="checkbox"/> Administer ORS <input type="checkbox"/> More breastfeeding <input type="checkbox"/> Patiently feeding to increase appetite <input type="checkbox"/> Small frequent meals <input type="checkbox"/> Simple foods (porridge, fruits) <input type="checkbox"/> Optimal hygiene practices <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
<p>313. In the last six months, was <math>\text{\\$}\{under\_2yr\_child\_name\}</math> given a vitamin A dose like these?  <i>Show common types ampules.</i>   </p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>314a. In the last 30 days, did <math>\text{\\$}\{under\_2yr\_child\_name\}</math> ever take any of these multiple micronutrient supplements or powders?  <i>Show common pills, powder packets.</i>  <i>Select all that apply.</i>   </p>	<input type="checkbox"/> Micronutrient powder (sachet) <input type="checkbox"/> Other multivitamin supplement <input type="checkbox"/> No did not take <input type="checkbox"/> Don't know <input type="checkbox"/> No response

<p>314b. For how many days in the last 30 days did <math>\{under\_2yr\_child\_name\}</math> take the supplements or powders? <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>315a. In the last 30 days, has a health provider or community health volunteer measured <math>\{under\_2yr\_child\_name\}</math>'s height, weight or arm (MUAC)? <i>Read all options aloud.</i></p>	<p><input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> MUAC <input type="checkbox"/> No, never measured <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>315b. After they were measured, did the health volunteer tell you that <math>\{under\_2yr\_child\_name\}</math> was malnourished or not growing well?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>316a. Has <math>\{under\_2yr\_child\_name\}</math> ever been enrolled in a program to treat malnutrition? PROBE: Where a health provider or community health volunteer gave them food.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>316b. In the last 3 months, has your child been enrolled in a program at a health facility to treat malnutrition?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>316c. Is your child still enrolled in this program to treat malnutrition?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>316d. What kind of food did they receive from the health facility to treat malnutrition? <i>Read list of country-specific supplementary foods.</i></p>	<p><input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> Corn Soy Blend (unpackaged) <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
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<p>316e. In the last 30 days, for how many days did your child consume this food? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>Youngest Child Anthropometry <i>Ask to mother to find the child and allow you to take some measurements..</i></p>	

<p>390. You should be attempting to measure <math>\{\text{under\_2yr\_child\_name}\}</math>. Is <math>\{\text{under\_2yr\_child\_name}\}</math> present?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>391. I would like your permission to measure your child's arm. If you say yes, I will measure around your child's arm and record the measurement in the phone. The measurement will take less than a minute. It is completely voluntary, and there is no problem if you or your child does not want me to take the measurement. There is no direct benefit to you or your child from being measured. Do you have any questions about the measurement for me at this time? May I begin? <i>If yes, measure MUAC and thank participant.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>391. MUAC (cm):</p>	
<p>Section 4.1 - Child Nutrition (Older children, most recent child) <i>Now I would like to ask some nutrition related questions about your most recent child.</i></p>	
<p>400. You said the youngest child in the household that you care for is <math>\{\text{rec\_birth\_name}\}</math>. Is that correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>401. In the last six months, was <math>\{\text{rec\_birth\_name}\}</math> given a vitamin A dose like (this/any of these)? <i>Show common type of capsules/syrups/ampules.</i> [Vitamin_A.jpg]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>402. Did <math>\{\text{rec\_birth\_name}\}</math> eat any sugary foods such as jiggery (sukari nguru), sweet biscuits or candies, yesterday during the day or at night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>403. Did <math>\{\text{rec\_birth\_name}\}</math> eat any savory snacks like fried chips, crisps, or salted biscuits during the day or at night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>404a. In the last 30 days, did <math>\{\text{rec\_birth\_name}\}</math> ever take any of these multiple micronutrient supplements or powders? <i>Show common pills, powder packets.</i> <i>Select all that apply.</i> [MNP.jpg]</p>	<p><input type="checkbox"/> Micronutrient powder (sachet) <input type="checkbox"/> Other multivitamin supplement <input type="checkbox"/> No did not take <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>404b. For how many days in the last 30 days did <math>\{\text{rec\_birth\_name}\}</math> take the supplements or powders? <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>405a. In the last 30 days, has a health provider or community health volunteer measured</p>	<p><input type="checkbox"/> Height <input type="checkbox"/> Weight</p>

<p> <math>\{rec\_birth\_name\}</math>'s height, weight or arm (MUAC)?  <i>Read all options aloud.</i> </p>	<input type="checkbox"/> MUAC <input type="checkbox"/> No, never measured <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>405b. After they were measured, did the health provider tell you that <math>\{rec\_birth\_name\}</math> was malnourished or not growing well?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>406a. Has <math>\{rec\_birth\_name\}</math> ever been enrolled in a program to treat malnutrition?          PROBE: Where a health provider or community health volunteer gave them food.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>406b. In the last 3 months, has your child been enrolled in a program at a health facility to treat malnutrition?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>406c. Is your child still enrolled in this program to treat malnutrition?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>406d. What kind of food did they receive from the health facility to treat malnutrition?  <i>Read list of country-specific supplementary foods.</i></p>	<input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> Corn Soy Blend (unpackaged) <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
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<p>406e. In the last 30 days, for how many days did your child consume this food?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>Child Anthropometry  <i>Ask to mother to find the child and allow you to take some measurements..</i></p>	
<p>490. You should be attempting to measure <math>\{rec\_birth\_name\}</math>. Is <math>\{rec\_birth\_name\}</math> present?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>491. I would like your permission to measure your child's arm. If you say yes, I will measure around your child's arm and record the measurement in the phone. The measurement will take less than a minute. It is completely</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>voluntary, and there is no problem if you or your child does not want me to take the measurement. There is no direct benefit to you or your child from being measured. Do you have any questions about the measurement for me at this time? May I begin?</p> <p><i>If yes, measure MUAC and thank participant.</i></p>	
491. MUAC (cm):	
<p>Section 4.2 - Child Nutrition (Older children, all)</p> <p><i>Now I would like to ask you about all of the older children in the household that you care for, other than your most recent birth. Please enter in order of youngest to oldest.</i></p>	
<p>You said you gave birth <math>\{num\_births\}</math> times in your life. On the next screen, we'll start with the youngest child that we have NOT already talked about.</p>	

Child Nutrition (Older Children)	
<p>BH401a. When did you give birth to this child?</p> <p><i>Please record the date of birth. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Enter day as "15" for unknown day. Enter month as "January" for unknown month. Enter "Jan 01 2020" for no response.</i></p>	<p>Day: Month: Year:</p>
<p>BH401b. Did you have twins?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>BH401c. Is your last baby / child still alive?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>BH401d. When did your last baby/child die?</p> <p><i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	<p>Month: Year:</p>
<p>BH401e. What is that child's name?</p>	
<p>BH402c. Is the first twin still alive?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>BH402d. What is their name?</p>	
<p>BH402e. When did <math>\{tw\_birth\_name\}</math> die?</p> <p><i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	<p>Month: Year:</p>
<p>BH402f. Is the second twin still alive?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>



	<input type="radio"/> Do not know <input type="radio"/> No response
BH402g. What is their name?	
BH402h. When did \${tw2_birth_name} die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month: Year:
For this birth, \${tw_birth_name_rnd} has been randomly selected to receive survey questions.	
401. In the last six months, was \${birth_name} given a vitamin A dose like (this/any of these)? <i>Show common type of capsules/syrups/ampules.</i> [Vitamin_A.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
402. Did \${birth_name} eat any sugary foods such as jiggery (sukari nguru), sweet biscuits or candies, yesterday during the day or at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
403. Did \${birth_name} eat any savory snacks like fried chips, crisps, or salted biscuits during the day or at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
404a. In the last 30 days, did \${birth_name} ever take any of these multiple micronutrient supplements or powders? <i>Show common pills, powder packets.</i> <i>Select all that apply.</i> [MNP.jpg]	<input type="checkbox"/> Micronutrient powder (sachet) <input type="checkbox"/> Other multivitamin supplement <input type="checkbox"/> No did not take <input type="checkbox"/> Don't know <input type="checkbox"/> No response
404b. For how many days in the last 30 days did \${birth_name} take the supplements or powders? <i>Enter -88 for do not know, -99 for no response.</i>	
405a. In the last 30 days, has a health provider or community health volunteer measured \${birth_name}'s height, weight or arm (MUAC)? <i>Read all options aloud.</i>	<input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> MUAC <input type="checkbox"/> No, never measured <input type="checkbox"/> Don't know <input type="checkbox"/> No response
405b. After they were measured, did the health volunteer tell you that \${birth_name} was malnourished or not growing well?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
406a. Has \${birth_name} ever been enrolled in a program to treat malnutrition? PROBE: Where a health provider or community health volunteer gave them food.	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
406b. In the last 3 months, has your child been enrolled in a program at a health facility to treat malnutrition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
406c. Is your child still enrolled in this program to treat malnutrition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
406d. What kind of food did they receive from the health facility to treat malnutrition? <i>Read list of country-specific supplementary foods.</i>	<input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> Corn Soy Blend (unpackaged) <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
406e. In the last 30 days, for how many days did your child consume this food? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
Child Anthropometry <i>Ask to mother to find the child and allow you to take some measurements..</i>	
490. You should be attempting to measure \${birth_name}. Is \${birth_name} present?	<input type="radio"/> Yes <input type="radio"/> No
491. I would like your permission to measure your child's arm. If you say yes, I will measure around your child's arm and record the measurement in the phone. The measurement will take less than a minute. It is completely voluntary, and there is no problem if you or your child does not want me to take the measurement. There is no direct benefit to you or your child from being measured. Do you have any questions about the measurement for me at this time? May I begin? <i>If yes, measure MUAC and thank participant.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
491. MUAC (cm):	
492. Did you have any other children before \${birth_name}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
There are other children to add. Move forward and select "Add Group"	
There are no other children to add. Move forward and select "Do Not Add"	

<p>There are no more children under age 5 to add. Move forward and select "Do Not Add"</p>	
<p>This section is only relevant for children under 5. It appears there are no other children to add. Move forward and select "Do Not Add"</p>	

Section 5 - Maternal, Adolescent, and Household  
*Now I am going to ask you some questions about yourself and your household in general.*

<p>501. Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else.</p> <p>I am interested in whether you had the food items I will mention even if they were combined with other foods. For example, if you had a soup made with carrots, potatoes and meat, you should reply "yes" for each of these ingredients when I read you the list. However, if you consumed only the broth of a soup, but not the meat or vegetable, do not say "yes" for the meat or vegetable.</p> <p>As I ask you about foods and drinks, please think of foods and drinks you had as snacks or small meals as well as during any main meals. Please also remember foods you may have eaten while preparing meals or preparing food for others. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs or fish powder). I will ask you about those foods separately.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any foods made from grains, like maize, rice, wheat, porridge, sorghum, bread</li> <li><input type="checkbox"/> Any vegetables or roots that are orange or yellow inside like pumpkin, carrots, squash or yellow sweet potatoes</li> <li><input type="checkbox"/> Any white roots and tubers or plantains like Irish potatoes, yams, cassava, white sweet potatoes</li> <li><input type="checkbox"/> Any dark green, leafy vegetables like sukumu wiki</li> <li><input type="checkbox"/> Any fruits that are dark yellow or orange inside like ripe mangoes, pawpaw</li> <li><input type="checkbox"/> Any other fruits</li> <li><input type="checkbox"/> Any other vegetables</li> <li><input type="checkbox"/> Any meat made from animal organs like liver, kidney, heart</li> <li><input type="checkbox"/> Any other meat, such as beef, pork, lamb, goat, chicken, duck, or dik dik</li> <li><input type="checkbox"/> Eggs</li> <li><input type="checkbox"/> Fresh or dried fish or shellfish</li> <li><input type="checkbox"/> Any foods made from beans, peas, lentils</li> <li><input type="checkbox"/> Any nuts and seeds like groundnut or groundnut paste</li> <li><input type="checkbox"/> Any milk or milk products like cheese or mala</li> <li><input type="checkbox"/> Any savory and fried snacks like fried chips, crisps, samosas, or other fried foods</li> <li><input type="checkbox"/> Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies</li> <li><input type="checkbox"/> Any sugar-sweetened beverages like sweet fruit drinks, fizzy drinks, sweet tea</li> </ul>
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	<input type="checkbox"/> Any condiments and seasonings used in small amounts for flavor, like spices, herbs, fish powder, tomato paste <input type="checkbox"/> Other beverages and foods like unsweetened tea or coffee, clear broth, alcohol <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

502a. You said you were currently breastfeeding. Have you received any additional food from a health provider or community program in the last 30 days because you are breastfeeding?

Yes  
 No  
 Do not know  
 No response

502b. What kind of food did you receive? <i>Read list of country-specific supplementary foods.</i> [RUTF.png]	<input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> Corn Soy Blend (unpackaged) <input type="checkbox"/> Food Basket with mix of products (rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
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502c.i. For how many days in the last 30 days have you received \${nh_feeding_pp_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
502c.ii. For how many days in the last 30 days have you received \${nh_feeding_flour_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
502c.iii. For how many days in the last 30 days have you received \${nh_feeding_corn_soy_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
502c.iv. For how many days in the last 30 days have you received \${nh_feeding_basket_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
502c.v. For how many days in the last 30 days have you received \${nh_feeding_other_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	

<p>502d. Did a health provider or community health volunteer give you information about what you should eat while you are breastfeeding?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>503a. In the last 30 days, did a health volunteer weigh you?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>503b. Did your health provider share information or counsel you about your weight?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>504a. Did you ever receive or buy iron-folic acid or iron tablets, iron syrup, or a multivitamin that contains iron ?          PROBE: If yes, given, or purchased?  <i>Select all that apply.</i>  <i>Show tablets: public facility IFA, public market iron.</i>          [IFA.jpg]</p>	<p> <input type="checkbox"/> Given at clinic  <input type="checkbox"/> Purchased  <input type="checkbox"/> No, never given or purchased  <input type="checkbox"/> Don't know  <input type="checkbox"/> No response         </p>
<p>504b. Did a health care provider ever write you a prescription for iron supplements or tell you to purchase them?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>504c. Did you take them yesterday?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>504d. Do you have iron supplements available at home now?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>504e. How many days in the last 7 days have you taken the iron supplements?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>504f. How many days in the last 30 days have you taken the iron supplements?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>505. When it comes to decisions about purchasing food for your children, who makes the decision?</p>	<p> <input type="radio"/> Self alone  <input type="radio"/> Husband/partner alone  <input type="radio"/> Decide together  <input type="radio"/> Other  <input type="radio"/> No response         </p>
<p>Adolescent and Adult Female Anthropometry</p>	

<p>590. CHECK: You should be attempting to measure <math>\{firstname\}</math>. Is that correct?  <i>If this is the wrong person, return to 401a and select the correct person, or find and measure the person whose name is displayed here.</i></p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p>591. Is <math>\{firstname\}</math> present?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p>592. May I measure your arm?  <i>If yes, measure MUAC and thank participant.</i></p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>592. MUAC (cm):</p>	
<p>Thank the respondent for her time.  <i>The respondent is finished, but there are still more questions for you to complete outside the home.</i></p>	
<p>Thank you.  <i>There are still more questions for you to complete outside the home.</i></p>	
<p>095. Location  <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	
<p>096. How many times have you visited this household to interview this female respondent?</p>	<p><input type="radio"/> 1st time  <input type="radio"/> 2nd time  <input type="radio"/> 3rd time</p>
<p>097. In what language was this interview conducted?</p>	<p><input type="radio"/> English  <input type="radio"/> French  <input type="radio"/> Moore  <input type="radio"/> Goumantchema  <input type="radio"/> Fulfulde  <input type="radio"/> Dioula  <input type="radio"/> Autre</p>
<p>098. Questionnaire result  <i>Record the result of the female respondent survey</i></p>	<p><input type="radio"/> Completed  <input type="radio"/> Not at home  <input type="radio"/> Postponed  <input type="radio"/> Refused  <input type="radio"/> Partly completed  <input type="radio"/> Incapacitated</p>