

## Burkina Faso Nutrition Survey Round 2: Female – Child Questionnaire

ERROR: This form is unlinked. This form should not be accessed/created directly without first going through a household questionnaire.  
Please complete a household questionnaire to generate female / child questionnaires, and use those.

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.

Press OK to continue

OK

Did you check the Edit Saved forms menu for a linked Female-Child Questionnaire?

Yes  
 No

Provide your signature to acknowledge that there is no linked Female-Child Questionnaire.

Close and exit this form without saving. Look for a linked Female-Child Questionnaire through the 'Edit Saved Forms' Menu.

County

District (Sub-County)

Division

Location

Enumeration Area:

Structure number:

Household number:

002. Your name: [Interviewer name from Household Questionnaire] Is this your name?

Is this your name?

Yes  
 No

002. Enter your name below.  
*Please record your name*

003a. Current date and time: Is this date and time correct?  
[ODK will display on screen]

Day:

	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 information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent. The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent. [ODK will display the Administrative Subdivisions, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female / Child Questionnaire.] Is the above information correct?	
004a. The following info is what you provided previously. Please review.	
County: \${level1_unlinked}	
District (Sub-County): \${level2_unlinked}	
Division: \${level3_unlinked}	
Location: \${level3_unlinked}	
Enumeration Area: \${EA_unlinked}	
Structure number: \${structure_unlinked}	
Household number: \${household_unlinked}	
004b. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No

005a. 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

005b. CHECK: You should be attempting to interview the natural mother of \${firstname}. Is that correct?  
*If the natural mother does not live in the household, you should interview the primary care-taker of the child. If misspelled, select 'yes' here and updates 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.

Yes  
 No

Or (2) find and interview the person whose name appears above.	
005c. What is the relationship of the respondent to \${firstname}?	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Other relative <input type="radio"/> Do not know <input type="radio"/> No response
006. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
007. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
<b>INFORMED CONSENT</b> <i>Find the woman between the age of 10-49 associated with this Female-Child Questionnaire or the natural mother of primary care-taker of the child associated with this Female Child Questionnaire. The interview must have auditory privacy. Read the following greeting</i>	
Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey that asks women about various health issues, especially nutrition. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question: or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?	
009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
009b. Checkbox	<input type="checkbox"/>

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.  
*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.*

010c. Interviewer's name: [Interviewer name from Household Questionnaire] Mark your name as a witness to the consent process  
*Mark your ID as a witness to the consent process.*

010. Interviewer's ID  
 Please record your ID as a witness to the consent process. You previously entered "{\$name\_typed}."

011a. Respondent's first name. <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	
011b. Child's first name. <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	
#####	

012a. In what month and year were you born? The age in the household roster is \${age}	
012a. In what month and year were you born?	
012b. In what month and year was \${firstname} born? The birthdate entered in the household roster is: \${age_under_10}	
012b. In what month and year was \${firstname} born?	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

<p>012b INELIGIBLE WARNING: The birthdate you entered for 012b is \${birthdate_lab}, which makes him/her ineligible for interview. He/she must be under 5 years old. If that birthdate is correct, proceed forward to the end of the interview. If that birthdate is not correct, go back to the previous screen and enter the correct birthdate.</p>	
<p>012b DIFFERENCE WARNING: The birthdate you entered for 012b is \${birthdate_lab}. This does not agree with the household roster, but he/she is still eligible to be interviewed. If 012b is correct, proceed with the interview. Otherwise, return to the previous screen and enter the correct birthdate.</p>	
<p>013. How old were you at your last birthday?</p>	
<p>013. How old was \${firstname} on his/her last birthday?</p>	

	Age in the Household Roster:
<p>WARNING: The age you entered for 013 is \${FQ_age}, which makes her ineligible for interview. She must be at least 10 years old and not more than 49 years old. 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. 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 013 is \${FQ_age}. This does not agree with the household roster, but she is still eligible to be interviewed. If 013 is correct update the age on this screen to \${FQ_age}. Otherwise, return to the previous screen and enter the correct age.</p>	
<p>WARNING: The age you entered for 013 is \${CQ_age}, which makes him/her ineligible for interview. He/she must be under 5 years old. If that age is correct, update the age on this screen, hit the back key, and save changes to exit the interview. This form will be deleted automatically upon saving it. 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 013 is \${CQ_age}. This does not agree with the household roster, but he/she is still eligible to be interviewed. If 013 is correct update the age on this screen to \${CQ_age}. Otherwise, return to the previous screen and enter the correct age.</p>	
<p>The age in the roster agrees with the age in 013. Go to the next screen without changing the number on this screen.</p>	
<p>#####</p>	

**Female Form**

<b>Section 1 – Birth History</b> <i>Now I would like to ask about your background and socioeconomic conditions.</i>	
103. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses</i>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary (first cycle) <input type="radio"/> Secondary (second cycle) <input type="radio"/> Tertiary <input type="radio"/> No response
104a. At present, aside from your household chores, do you have another job/occupation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
104b. How are you paid for your main job/occupation (money, in-kind, compensation, etc.)?	<input type="radio"/> Money <input type="radio"/> In kind <input type="radio"/> Money and in kind <input type="radio"/> Nothing <input type="radio"/> No Response
104c. Do you do your job/occupation at home or outside the home?	<input type="radio"/> At home <input type="radio"/> Away from home <input type="radio"/> Both, at home and away <input type="radio"/> No Response
105. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
109. Have you ever given birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<b>112a. When was your MOST RECENT live birth?</b> <b>PROBE:</b> 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. Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
<b>Month:</b>	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April

	<input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
112b. Was this a single or a multiple birth?	<input type="radio"/> Multiple <input type="radio"/> Single <input type="radio"/> No response
112c. Is your last baby / child still alive?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
112d. What is their name?	
112e. What is the sex of \${rec_birth_name_solo}?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
112f. How old was the baby when they died? <i>Enter 0 days for today. You will enter a number for X on the next screen.</i>	<input type="radio"/> X days <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> No response
112f. Enter \${rbd_lab}. <i>If today, enter zero days only, not zero months/years.</i>	
112c.1. Is the first twin still alive? <i>Hint: The first twin is considered the baby who came out first.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
112d.1. What is their name?	
112e.1 What is the sex of \${rec_tw_birth_name}?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
112f.1. How old was the baby when they died? <i>Enter 0 days for today. You will enter a number for X on the next screen.</i>	<input type="radio"/> X days <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> No response
112f.1. Enter \${rtbd_lab}.	

<i>If today, enter zero days only, not zero months/years.</i>	
112c.2. Is the second twin still alive? <i>Hint: The second twin is considered the baby who came out last.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
112d.2. What is their name?	
112e.2 What is the sex of \${rec_tw2_birth_name}?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
112f.2. How old was the baby when they died? <i>Enter 0 days for today. You will enter a number for X on the next screen.</i>	<input type="radio"/> X days <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> No response
112f.2. Enter \${rt2bd_lab}. <i>If today, enter zero days only, not zero months/years.</i>	
For this birth, \${rec_tw_birth_name_rnd} has been randomly selected to receive survey questions.	
115a. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
115b. How many months pregnant are you? The most recent birth was: [Date of most recent birth] Please record the number of completed months. Enter -88 for do not know, -99 for no response.	
The most recent birth was: \${rec_birth_lab}	
##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>	
Section 2 - Antenatal Care <i>Now I would like to talk about the care you received while you were pregnant with \${ar_child_name}.</i>	
220. You said your youngest child, [NAME from 112e] was born in [MONTH and YEAR from 112a]. Is that correct?	<input type="radio"/> Yes <input type="radio"/> No
220. You said your youngest child, [NAME from 112e] was born in [MONTH and YEAR from 112a]. Is that correct?	<input type="radio"/> Yes <input type="radio"/> No
Go back and correct birth history.	
221a. Did you see anyone for antenatal care during your pregnancy with \${ar_child_name}? 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



<p>221b. Whom did you see?</p>	<input type="checkbox"/> Doctor <input type="checkbox"/> Wise woman / maïeuticien <input type="checkbox"/> Nurse) <input type="checkbox"/> Auxiliary birth attendant <input type="checkbox"/> Matrone / Trained obstetrician <input type="checkbox"/> Traditional birth attendant <input type="checkbox"/> Health Officer Comm. / Town <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>221c. Where did you receive antenatal care during your pregnancy with \${ar_child_name}?          Anywhere else?          PROBE TO IDENTIFY THE TYPE OF SOURCE.          Select all that apply.</p>	<input type="checkbox"/> National Hospital Center <input type="checkbox"/> Health and Social Services Center (public) <input type="checkbox"/> Regional Hospital Center <input type="checkbox"/> Medical Center with Surgery Unit (public) <input type="checkbox"/> Medical Center (public) <input type="checkbox"/> Fieldworkers and community health workers / volunteers (public) <input type="checkbox"/> Maternity <input type="checkbox"/> Home <input type="checkbox"/> Other home <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<p>221d. How many months pregnant were you with \${ar_child_name} when you first received antenatal care for your pregnancy with him/her?          Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>221e. How many times did you receive antenatal care during your pregnancy with \${ar_child_name}?          Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>221f. Do you have a Maternal and Child Health Booklet for \${ar_child_name} with you today?          Probe: if no, do you have a vaccination card, exercise book, or any other way to track your child's health records from the facility? This could be called a "mother-baby book."          May be using a temporary replacement like an exercise book.          If the woman says yes, ask if she can show you the book.</p>	<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
<p>222a. During your pregnancy with \${ar_child_name}, did you ever receive any information from a health provider or community health volunteer/worker about nutrition or diet?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>222b. Where did you receive this information?          Select all that apply.</p>	<input type="checkbox"/> Consultation in a health facility <input type="checkbox"/> Consultation in a health post (or

	<p>similar)</p> <p><input type="checkbox"/> Home visit by a health worker or volunteer</p> <p><input type="checkbox"/> Through other community outreach efforts (neither in structure nor at home)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
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<p>222c. How was the information shared? <i>Select all that apply.</i></p>	<p><input type="checkbox"/> Group talk at start of clinic day</p> <p><input type="checkbox"/> Other group education</p> <p><input type="checkbox"/> One-to-one counseling</p> <p><input type="checkbox"/> Paper or booklet to take home</p> <p><input type="checkbox"/> Poster/sign on wall</p> <p><input type="checkbox"/> Television playing in facility</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No response</p>
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<p>224a. What information or messages did you receive during your pregnancy with \${ar_child_name} about nutrition or diet? Probe: From either a health provider at a facility or a community health volunteer/ worker. <i>UNPROMPTED RESPONSES: Do not read answer options aloud, select all that apply.</i></p>	<p><input type="checkbox"/> Eat more (quantity)</p> <p><input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality)</p> <p><input type="checkbox"/> Take iron-containing tablets (IFAS)</p> <p><input type="checkbox"/> Take calcium tablets</p> <p><input type="checkbox"/> Take preventive malaria treatment</p> <p><input type="checkbox"/> Take deworming tablet</p> <p><input type="checkbox"/> How much weight to gain</p> <p><input type="checkbox"/> Regularly exercise</p> <p><input type="checkbox"/> How to manage nausea/vomiting</p> <p><input type="checkbox"/> Reducing salt intake</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>224b. What information or messages did you receive during your pregnancy with \${ar_child_name} about nutrition or diet? Probe: From either a health provider at a facility or a community health volunteer/ worker. <i>PROMPTED RESPONSES: Read all aloud and select all that apply.</i></p>	<p><input type="checkbox"/> Eat more (quantity)</p> <p><input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality)</p> <p><input type="checkbox"/> Take iron-containing tablets (IFAS)</p> <p><input type="checkbox"/> Take calcium tablets</p> <p><input type="checkbox"/> Take preventive malaria treatment</p> <p><input type="checkbox"/> Take deworming tablet</p> <p><input type="checkbox"/> How much weight to gain</p> <p><input type="checkbox"/> Regularly exercise</p> <p><input type="checkbox"/> How to manage nausea/vomiting</p>
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	<input type="checkbox"/> Reducing salt intake <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

225a. During your pregnancy with \${ar_child_name}, did you ever receive any information from a health provider or community health volunteer/worker about how to feed your newborn baby? <i>Remember, this is while you were still pregnant and not after delivery.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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225b. Where did you receive this information? <i>Read all aloud and select all that apply.</i>	<input type="checkbox"/> Consultation in a health facility <input type="checkbox"/> Consultation in a health post (or similar) <input type="checkbox"/> Home visit by a health worker or volunteer <input type="checkbox"/> Through other community outreach efforts (neither in structure nor at home) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
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225c. 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 <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"/>

227a. During your pregnancy with \${ar_child_name}, what information did you receive about how to feed your newborn baby? PROBE: From either a health provider at a facility or a community health volunteer/worker. UNPROMPTED RESPONSES: <i>Do not read answer options aloud, select all that apply.</i> <i>Remember, this is the period after delivery but within one month of delivery.</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"/> Giving newborn mother's colostrum (first yellowish milk) <input type="checkbox"/> Not giving baby any water, sugar water, tea or traditional preparation after birth <input type="checkbox"/> Breastfeed on demand (feeding
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	<p>whenever baby wants/signals)</p> <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>227b. During your pregnancy with \${ar_child_name}, what information did you receive about how to feed your newborn baby?</p> <p>PROBE: From either a health provider at a facility or a community health volunteer/worker.</p> <p>PROMPTED RESPONSES: Read all aloud and select all that apply. Remember, this is the period after delivery but within one month of delivery.</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"/> Giving newborn mother's colostrum (first yellowish milk) <input type="checkbox"/> 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"/>

228a. During that pregnancy with \${ar_child_name}, did your health provider or community health volunteer/worker ever weigh you?	<input type="radio"/> Yes <input type="radio"/> No
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	<input type="radio"/> Do not know <input type="radio"/> No response
228b. Were you weighed once or more than once?	<input type="radio"/> Once <input type="radio"/> More than once <input type="radio"/> Don't know <input type="radio"/> No response
228c. Did your health provider or community health volunteer/worker give you information about your weight gain during your pregnancy with \${ar_child_name}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
228d. What did the health provider or community health volunteer/worker tell you about your weight gain? <i>Do not read answer options aloud.</i>	<input type="checkbox"/> Woman is/is not gaining (enough) weight <input type="checkbox"/> Woman is gaining weight too quickly/slowly <input type="checkbox"/> Woman needs to eat more/less <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
229a. During your pregnancy with \${ar_child_name}, did your health provider or community health volunteer/worker ever measure your blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
229b. Was your blood pressure measured once or more than once?	<input type="radio"/> Once <input type="radio"/> More than once <input type="radio"/> Don't know <input type="radio"/> No response
230a. During your pregnancy with \${ar_child_name}, 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>	<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 Folic Acid Tablets [IFA.jpg]	
230b. Did the ANC provider ever write you a prescription for iron-containing 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
230c. During this whole pregnancy, for how many days did you take the iron-containing tablets or syrup? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	

<p>231a. During your pregnancy with \${ar_child_name}, did you ever receive or buy a tablet containing calcium?  <i>Select all that apply.</i>  <i>Show tablets or powder packages.</i></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>Calcium Tablets          [Calcium.jpg]</p>	
<p>Calcium Tablets          [Calcium3.jpg]          [Calcium1.jpg]</p>	
<p>Calcium Tablets          [Calcium1.jpg]          [Calcium2.jpg]</p>	
<p>Calcium Tablets          [Calcium2.jpg]          [Calcium3.jpg]</p>	
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>
<p>231b. Did the ANC provider ever write you a prescription for calcium supplements or tell you to purchase them?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<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 your pregnancy with \${ar_child_name}, did you take any drug for intestinal worms?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>231e. How many times did you take drugs to prevent worms during your pregnancy with \${ar_child_name}?  <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>231f. During your pregnancy with \${ar_child_name}, did you take SP/Fansidar to keep you from getting malaria?  <i>Prompt: Show photo. "You may have taken this tablet during your ANC visit, called SP/Fansidar."</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>231g. How many times did you take SP/Fansidar during your pregnancy with \${ar_child_name}?  <i>Enter -88 for do not know, -99 for no response.</i></p>	

<p>231h. During your pregnancy with \${ar_child_name}, did you ever receive or purchase a new insecticide treated net in the health facility where you went for prenatal care?</p>	<p> <input type="radio"/> Yes, received  <input type="radio"/> Yes, purchased  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>232a. During your pregnancy with \${ar_child_name}, did you receive any kind of food or cash assistance from the government, an NGO, or other groups?          PROBE: Foods like special flour, ready-to-use food, basket of food items</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 type of assistance did you receive – cash transfer and/or food?</p>	<p> <input type="radio"/> Cash only  <input type="radio"/> Food only  <input type="radio"/> Cash and food mix  <input type="radio"/> Other  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>232c. What kind of food did you receive? Read list of country-specific supplementary foods.  <i>Select all that apply.</i></p>	<p> <input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste)  <input type="checkbox"/> F75 or F100 milk  <input type="checkbox"/> Special flour (Corn Soy Blend/CSB or others with added vitamins)  <input type="checkbox"/> Food Basket with mix of products (for example, rice, oil, beans)  <input type="checkbox"/> Other  <input type="checkbox"/> Do not know  <input type="checkbox"/> No response         </p>
<p>232d. For how many months during your pregnancy did you receive this cash or food in the health facility where you went for prenatal care?  <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>233. 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"/> Private hospital or clinic  <input type="radio"/> Maternity  <input type="radio"/> Home  <input type="radio"/> Other home  <input type="radio"/> Other         </p>

	<input type="radio"/> Don't know <input type="radio"/> No Response
<p>234. Who assisted with the delivery of \${ar_child_name}?  <i>Select all that apply</i></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 <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>
<p>235. Immediately after delivery, was \${ar_child_name} placed on your chest or side touching your skin?          Prompt: Child cheek to mother's breast is NOT considered "skin to skin".</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>236. When you gave birth to [NAME], did a health care worker help you put the baby to the breast the first time you breastfed your baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>237. In the first two days after \${ar_child_name} was born, did a health provider or community health volunteer/worker watch you breastfeed the baby to make sure it was happening properly?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>238a. In the first two days after \${ar_child_name} was born, did a health provider or community health volunteer/worker 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>238b. In the first two days after \${ar_child_name} was born, which health provider or community health volunteer/worker talked to you and/or observed your breastfeeding?  <i>Select all that apply.</i></p>	<input type="checkbox"/> Doctor <input type="checkbox"/> Wise woman / maïeuticien <input type="checkbox"/> Nurse) <input type="checkbox"/> Auxiliary birth attendant <input type="checkbox"/> Matrone / Trained obstetrician <input type="checkbox"/> Traditional birth attendant <input type="checkbox"/> Health Officer Comm. / Town <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response



<p>238c.i. In the first two days after \${ar_child_name} was born, what information was shared about how to feed your newborn baby?</p> <p>PROBE: From either a health provider at a facility or a community health volunteer/worker.</p> <p><i>UNPROMPTED RESPONSES: Do not read answer options aloud, select all that apply.</i></p> <p><i>Remember, this is the period after delivery but within one month of delivery.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water)</li> <li><input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour)</li> <li><input type="checkbox"/> Giving newborn mother's colostrum (first yellowish milk)</li> <li><input type="checkbox"/> Not giving baby any water, sugar water, tea or traditional preparation after birth</li> <li><input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals)</li> <li><input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding)</li> <li><input type="checkbox"/> What to do if experience pain or problems while breastfeeding</li> <li><input type="checkbox"/> Encouraged use of infant formula or milk powder</li> <li><input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>238c.ii. In the first two days after \${ar_child_name} was born, what information was shared about how to feed your newborn baby?</p> <p>PROBE: From either a health provider at a facility or a community health volunteer/worker.</p> <p><i>PROMPTED RESPONSES: Read all aloud and select all that apply.</i></p> <p><i>Remember, this is the period after delivery but within one month of delivery.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Exclusive breastfeeding (only feeding breast milk and nothing else except for prescribed medicine; no water)</li> <li><input type="checkbox"/> Immediate breastfeeding (putting baby to breast immediately after birth/within 1 hour)</li> <li><input type="checkbox"/> Giving newborn mother's colostrum (first yellowish milk)</li> <li><input type="checkbox"/> Not giving baby any water, sugar water, tea or traditional preparation after birth</li> <li><input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals)</li> <li><input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding)</li> <li><input type="checkbox"/> What to do if experience pain or</li> </ul>
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	<p>problems while breastfeeding</p> <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"/>
<p>240. Since \${ar_child_name} was born, has any health provider or community health volunteer/worker given you infant formula or canned or powdered milk to use for \${ar_child_name}?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>241a. Have you ever breastfed \${ar_child_name}?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>241b. How long after birth did you first put \${ar_child_name} to the breast?  <i>Probe: If respondent cannot remember, try to ask follow up questions to get an estimated time.</i></p>	<input type="radio"/> Less than one hour <input type="radio"/> X hours <input type="radio"/> X days <input type="radio"/> No response
<p>241b. Enter hours:  <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>241b. Enter days:  <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>241c. Did you give \${ar_child_name} your colostrum? (first yellow milk)</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>242a. In the first three days after birth, was \${ar_child_name} given anything to drink other than breast milk by you or anyone else?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>242b. During the first 3 days after \${ar_child_name} was born, what did \${ar_child_name} receive other than breast milk in the first three days after delivery?  <i>Select all that apply.</i></p>	<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"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>For the next set of questions, they are going to sound a bit repetitive, so if you don't understand please ask me to clarify and repeat.</p>	
<p>244. During \${ar_child_name}'s first month of life (after delivery/first 2 days), did a health provider or community health volunteer/worker watch you breastfeed \${ar_child_name} to make sure it was happening properly?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>245a. During \${ar_child_name}'s first month of life (after delivery/first 2 days), did a health provider or community health volunteer/worker talk to you about how to feed your baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>245b. Where did you receive this information?  <i>Select all that apply.</i></p>	<input type="checkbox"/> Consultation in a health facility <input type="checkbox"/> Consultation in a health post (or similar) <input type="checkbox"/> Home visit by a health worker or volunteer <input type="checkbox"/> Through other community outreach efforts (neither in structure nor at home) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>245c. During \${ar_child_name}'s first month of life (after delivery/first 2 days) which health provider or community health volunteer/worker talked to you and/or observed your breastfeeding?  <i>Select all that apply.</i></p>	<input type="checkbox"/> Doctor <input type="checkbox"/> Wise woman / maïeuticien <input type="checkbox"/> Nurse) <input type="checkbox"/> Auxiliary birth attendant <input type="checkbox"/> Matrone / Trained obstetrician <input type="checkbox"/> Traditional birth attendant <input type="checkbox"/> Health Officer Comm. / Town <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>246a. What information was shared about feeding your baby?  <b>PROBE:</b> From either a health provider at a facility or a community health volunteer/worker.  <i>UNPROMPTED RESPONSES: Do not read answer options aloud, select all that apply.</i>  <i>Remember, this is the period after delivery but within one month of delivery.</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"/> Giving newborn mother's

	<p>colostrum (first yellowish milk)</p> <p><input type="checkbox"/> Not giving baby any water, sugar water, tea or traditional preparation after birth</p> <p><input type="checkbox"/> Breastfeed on demand (feeding whenever baby wants/signals)</p> <p><input type="checkbox"/> Proper positioning and attachment of baby during breastfeeding (show you how to hold your baby while breastfeeding)</p> <p><input type="checkbox"/> What to do if experience pain or problems while breastfeeding</p> <p><input type="checkbox"/> Encouraged use of infant formula or milk powder</p> <p><input type="checkbox"/> Encouraged to feed other liquids or foods before 6 months</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

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

<p>247. Within 30 days after delivering \${ar_child_name}, did someone give you (the mother) Vitamin A? [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>
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<p>Section 3 - Maternal, Adolescent, and Household <i>Now I am going to ask you some questions about yourself and your household in general.</i></p>	
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301. 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.

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.

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.

301. Did you eat...	Y	N	NR
a. Any foods made from grains, like maize, rice, wheat, porridge, sorghum, bread, noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Any vegetables or roots that are orange or yellow inside like pumpkin, carrots, squash or yellow sweet potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any white roots and tubers or plantains like Irish potatoes, yams, cassava, white sweet potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any dark green, leafy vegetables like sukumu wiki	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301. Did you eat...	Y	N	NR
e. Any fruits that are dark yellow or orange inside like ripe mangoes, pawpaw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Any other fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Any other vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Any meat made from animal organs like liver, kidney, heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301. Did you eat...	
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	Y	N	NR
i. Any other meat, such as beef, pork, lamb, goat, chicken, duck, or dik dik	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Fresh or dried fish or shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Any foods made from beans, peas, lentils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301. Did you eat...			
	Y	N	NR
m. Any nuts and seeds like groundnut or groundnut paste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Any milk or milk products like cheese or mala	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Any savory and fried snacks like fried chips, crisps, puffs, samosas, or other fried foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301. Did you eat...			
	Y	N	NR
q. Any sugar-sweetened beverages like sweet fruit drinks, fizzy drinks, sweet tea, sugar-sweetened milk tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Any condiments and seasonings used in small amounts for flavor, like spices, herbs, fish powder, tomato paste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other beverages and foods like unsweetened tea or coffee, clear broth, alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301q.ii. Was any sweetened drink you had yesterday... <i>Read responses aloud and select all that apply.</i>				
	Y	N	DK	NR
Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301p.ii. Were any sugary foods snacks you had yesterday... <i>Read responses aloud and select all that apply.</i>				
	Y	N	DK	NR
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

301o.ii. Were any of the savory snacks you had yesterday... <i>Read responses aloud and select all that apply.</i>				
	Y	N	DK	NR
Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

302a. Are you currently breastfeeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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302b. 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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302c. What kind of food did you receive? <i>Read list of country-specific supplementary foods.</i>	<input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> F75 or F100 milk <input type="checkbox"/> Special flour (Corn Soy Blend/CSB or others with added vitamins) <input type="checkbox"/> Food Basket with mix of products (for example, rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

302d.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>	
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302d.ii. For how many days in the last 30 days have you received \${nh_feeding_F_milk_lab}? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
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302d.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>	
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<p>302d.iv. For how many days in the last 30 days have you received \${nh_feeding_basket_lab}?</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>302d.v. For how many days in the last 30 days have you received \${nh_feeding_other_lab}?</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>302e. Did a health provider or community health volunteer/worker give you information about what you should eat while breastfeeding?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>303a. In the last 30 days, did a health provider or community health volunteer/worker weigh you?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>303b. Did your health provider or community health volunteer/worker share information or counsel you about your weight?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>304a. In the last 30 days, 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?</p> <p><i>Show tablets: public facility IFA, public market iron. Select all that apply. [IFA.jpg]</i></p>	<p><input type="checkbox"/> Given at clinic</p> <p><input type="checkbox"/> Purchased</p> <p><input type="checkbox"/> No, never given or purchased</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No response</p>
<p>304b. In the last 30 days, 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</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>304c. Did you take them yesterday?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>305. When it comes to decisions about purchasing food for your children, who makes the decision?</p>	<p><input type="radio"/> Self alone</p> <p><input type="radio"/> Husband/partner alone</p> <p><input type="radio"/> Decide together</p> <p><input type="radio"/> Mother/mother-in-law</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> No response</p>
<p>Adolescent and Adult Female Anthropometry</p>	
<p>390. CHECK: You should be attempting to measure \${firstname}. Is that correct?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>391. Is \${firstname} present?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<p>392. 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>392. MUAC (cm):</p>	

**Child Form**

**Section 4 - Child Nutrition (0-59 months)**  
*Now we would like to ask you some questions about \${firstname}'s health.*

<p>401. Is \${firstname} male or female?</p>	<p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response</p>
<p>402a. Are you currently breastfeeding \${firstname}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>402b. Is someone else currently breastfeeding \${firstname}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>403a. Has \${firstname} ever had anything to drink other than breastmilk? PROBE: Like milk, water, juice, tea, but not including medicine.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>403b. At what age did \${firstname} first drink something 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>404a. Has \${firstname} ever eaten solid, semi-solid, or soft foods before? PROBE: Including yogurt, porridge, fruits, vegetables, and meat.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>404b. At what age did \${firstname} 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>405a. Have you ever received any advice from a health provider or community health volunteer/worker about what liquids, semi-solid and solid foods to provide \${firstname}, 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>405b. How long has it been since you last received advice on feeding \${firstname} from a health provider or community health volunteer/worker?</p>	<p> <input type="radio"/> Less than 1 month  <input type="radio"/> 1 - 11 months (enter value on next screen)  <input type="radio"/> 1 year or more  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>Enter a value for months. <i>Must be between 1 and 11 months</i></p>	
<p>405c. The last time you received advice on feeding \${firstname}, where did you receive that advice? <i>Read all responses out loud</i></p>	<p> <input type="radio"/> Consultation in a health facility  <input type="radio"/> Consultation in a health post (or similar)  <input type="radio"/> Home visit by a health worker or volunteer  <input type="radio"/> Through other community outreach efforts (neither in structure nor at home)  <input type="radio"/> Other  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>405d. The last time you received advice on feeding \${firstname}, which health provider or community health volunteer/worker talked to you and/or observed your breastfeeding?</p>	<p> <input type="radio"/> Doctor  <input type="radio"/> Wise woman / maïeuticien  <input type="radio"/> Nurse)  <input type="radio"/> Auxiliary birth attendant  <input type="radio"/> Matrone / Trained obstetrician  <input type="radio"/> Traditional birth attendant  <input type="radio"/> Health Officer Comm. / Town  <input type="radio"/> Other  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>406a. Have you ever received any advice from a health provider or community health volunteer/worker about when or at what age to introduce liquids, semi-solid and solid foods to \${firstname}, 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>406b. Did the health provider or community health volunteer/worker tell you a specific age when to introduce the liquids, semi-solid and solid foods to \${firstname}, 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>406c. What age did they tell you to introduce the liquids, semi-solids and solid foods, 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>406c warning: The value entered was higher than the expected range of 23 months or less. Please double check that the value entered is what the respondent said. If not, return and correct.</p>	

406d. How can you tell when a child is ready to eat liquids, semi-solid and solid foods to your child, other than breastmilk?

Select all that apply

- Baby can sit up well
- Baby does not push food out of mouth
- Baby is able to chew.
- Baby can pick up food with fingers
- Baby is eager to eat; may try to grab food and put it in his mouth.
- Baby cries a lot
- Do not know
- No response

406e.i. What information was shared about what liquids, semi-solid, and solid foods to give your child, other than breastmilk?

PROBE: From either a health provider at a facility or a community health volunteer/worker.

UNPROMPTED RESPONSES: Do not read answer options aloud, select all that apply.

- Introduce family foods when the baby reaches six months of age
- Continue breastfeeding until age 2
- Give variety of foods groups
- Give animal source foods specifically (e.g. eggs, milk, meat)
- A good frequency of meals
- Give fortified food with nutrients
- Good hygiene during food preparation
- Be responsive to child during feeding (attention/care)
- Continue breastfeeding and other foods during illness
- None of the above
- No response

Check here to acknowledge you considered all options.

406e.ii. What information was shared about what liquids, semi-solid, and solid foods to give your child, other than breastmilk?

PROBE: From either a health provider at a facility or a community health volunteer/worker.

PROMPTED RESPONSES: Read all aloud and select all that apply.

- Introduce family foods when the baby reaches six months of age
- Continue breastfeeding until age 2
- Give variety of foods groups
- Give animal source foods specifically (e.g. eggs, milk, meat)
- A good frequency of meals
- Give fortified food with nutrients
- Good hygiene during food preparation
- Be responsive to child during feeding (attention/care)
- Continue breastfeeding and other foods during illness
- None of the above
- No response

Check here to acknowledge you considered all options.	<input type="radio"/>
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Now I would like to ask you about foods and liquids that \${firstname} had yesterday during the day or at night. If other people fed \${firstname}, you may ask them to help answer these questions so that the responses are accurate.

406f. Were you present every time \${firstname} ate or drank something 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
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407. Now I will ask you about liquids that \${firstname} 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.*

407. Did \${firstname} eat or drink:				
	Y	N	DK	NR
a. Breast milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Plain water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Infant formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

407. Did \${firstname} eat or drink:				
	Y	N	DK	NR
d. Milk, such as tinned, powdered, or fresh animal milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

407. Did \${firstname} eat or drink:				
	Y	N	DK	NR
g. Juice or unsweetened juice drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Sweetened drinks like sugar-sweetened juices, soft drinks, soda, fizzy drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Clear broth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

407. Did \${firstname} eat or drink:				
	Y	N	DK	NR
j. Yogurt or mala (thin or thick, without sugar added)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Sugar-sweetened yogurt drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thin porridge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

m. Other (water-based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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407f&h.ii. Were any sweetened drinks \${firstname} had yesterday...				
	Y	N	DK	NR
Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

408a. How many times did \${firstname} 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.*

408b. How many times did \${firstname} drink infant formula yesterday?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

408c. How many times did \${firstname} eat yogurt or mala yesterday?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

409. Now I would like to ask you about foods that \${firstname} 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.*

409. Did \${firstname} eat or drink:				
	Y	N	DK	NR
a. Any fortified food like Cerelac?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. 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"/>

409. Did \${firstname} eat or drink:				
	Y	N	DK	NR
d. 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"/>
e. Sukumu wiki or any dark green, leafy vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ripe mangoes, pawpaw and fruits that are orange or yellow inside?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409. Did \${firstname} eat or drink:				
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	Y	N	DK	NR
g. Any other fruits or vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Liver, kidney, heart or other organ meats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Any meat, such as beef, pork, lamb, goat, chicken, duck?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Any insects such as ....?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409. Did \${firstname} eat or drink:				
	Y	N	DK	NR
k. Eggs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Fresh or dried fish or shellfish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Any foods made from beans, peas, lentils, or nuts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409. Did \${firstname} eat or drink:				
	Y	N	DK	NR
n. Cheese or other food made from milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Savory snacks like fried chips, crisps, puffs, samosas, or other fried foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409. Did \${firstname} eat or drink:				
	Y	N	DK	NR
q. Any other solid, semi-solid or soft food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409 CHECK: Did \${firstname} eat any solid, semi-solid, or soft foods?

PROBE: Any foods like the ones I named earlier in 409.

- Yes  
 No  
 No response

Return to 409 and enter relevant foods.

409o.ii. Were any sugary foods your child had yesterday... <i>Read responses aloud and select all that apply.</i>				
	Y	N	DK	NR
Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

409p.ii. Were any savory snacks your child had yesterday... <i>Read responses aloud and select all that apply.</i>				
	Y	N	DK	NR
Homemade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared by a local vendor merchant, or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed, packaged, a brand name product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

410a. How many times did  $\{firstname\}$  eat solid, semi-solid or soft foods yesterday during the day or at night?  
*Enter -88 for do not know, -99 for no response. 0 is a possible answer.*

410b. To  $\{interviewer\_name\}$ : Did other people help answer these questions?

Yes  
 No  
 No response

411a. In the last 2 weeks, did you seek advice or treatment from any source because  $\{firstname\}$  was sick?  
Probe: This can be for any illness, not just diarrhea.

Yes  
 No  
 Do not know  
 No response

411b. Where did you seek advice or treatment?  
Probe: Anywhere else?

National Hospital Center  
 Health and Social Services Center (public)  
 Regional Hospital Center  
 Medical Center with Surgery Unit (public)  
 Medical Center (public)  
 Fieldworker and community health worker [ $\{local\_name\}$ ]s (public)  
 Maternity  
 Mobile clinic (private)  
 Private hospital or clinic  
 Pharmacy  
 Private doctor  
 Health Agent from community  
 Store/market/supermarket/mobile vendors  
 Traditional healer  
 Other  
 Don't know  
 No Response

411c. During this visit, did the health provider or community health volunteer/worker talk to you about continuing to breastfeed your child when they are sick?

Yes  
 No  
 Do not know  
 No response

<p>411d. During this visit, did the health provider or community health volunteer/worker provider talk to you about feeding your sick child?</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>411e. What did the health provider or community health volunteer/worker tell you about feeding your sick child?</p>	<p> <input type="checkbox"/> Give the child zinc  <input type="checkbox"/> Administer ORS  <input type="checkbox"/> Continue breastfeeding  <input type="checkbox"/> More frequent breastfeeding  <input type="checkbox"/> Breastfeed on demand  <input type="checkbox"/> More other liquids  <input type="checkbox"/> More food  <input type="checkbox"/> Less food  <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>
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<p>412a. Has <math>\\${\text{firstname}}</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>
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<p>412b. Was <math>\\${\text{firstname}}</math> given any of the following at any time since <math>\\${\text{firstname}}</math> started having the diarrhea?  <i>Read all aloud and select all that apply.</i></p>				
	Y	N	DK	NR
A fluid made from a special packet called Dawa ya kuzuia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A pre-packaged ORS liquid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A government-recommended homemade fluid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc tablets or syrup?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>413. In the last six months, was <math>\\${\text{firstname}}</math> given a vitamin A dose like these?  <i>Show common types 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>
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<p>414a. In the last 30 days, did <math>\\${\text{firstname}}</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>	<p> <input type="checkbox"/> Micronutrient powder (sachet)  <input type="checkbox"/> Other multivitamin supplement  <input type="checkbox"/> No did not take         </p>
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[MNP.jpg]	<input type="checkbox"/> Don't know <input type="checkbox"/> No response
414b. For how many days in the last 30 days did \${firstname} take the supplements or powders? <i>Enter -88 for do not know, -99 for no response.</i>	
415a. In the last 30 days, has a health provider or community health volunteer/worker measured \${firstname}'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
415b. What did they tell you about your child's growth?	<input type="radio"/> Growing well / not malnourished <input type="radio"/> Not growing well / malnourished <input type="radio"/> Not told about child's growth <input type="radio"/> Do not know <input type="radio"/> No response
415c. After \${firstname} was measured, were they referred to a (another) facility or health worker?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. Has \${firstname} ever been enrolled in a program at health facility or in the community that provides food or special food supplements?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416b. For how many months did/has your child participate in this program?	
416c. 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"/> F75 or F100 milk <input type="checkbox"/> Special flour (Corn Soy Blend/CSB or others with added vitamins) <input type="checkbox"/> Food Basket with mix of products (for example, rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
416d. Is your child still receiving food or special food supplements?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>417. Did \${firstname} drink any milk-tea with sugar, 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>418a. Did \${firstname} drink any other sugar-sweetened drinks like sugar-sweetened juices or sodas (local list), or sugar-sweetened yogurt drinks 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>418b. Were any sweetened drinks \${firstname} had yesterday... <i>Read responses aloud and select all that apply.</i></p>	<p> <input type="checkbox"/> Homemade  <input type="checkbox"/> Prepared by a local vendor merchant, or restaurant  <input type="checkbox"/> Processed, packaged, a brand name product  <input type="checkbox"/> Do not know  <input type="checkbox"/> No response         </p>
<p>419a. Did \${firstname} 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>419b. Were any sugary foods snacks \${firstname} had yesterday... <i>Read responses aloud and select all that apply.</i></p>	<p> <input type="checkbox"/> Homemade  <input type="checkbox"/> Prepared by a local vendor merchant, or restaurant  <input type="checkbox"/> Processed, packaged, a brand name product  <input type="checkbox"/> Do not know  <input type="checkbox"/> No response         </p>
<p>420a. Did \${firstname} eat any savory snacks like fried chips, crisps, or salted biscuits 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>420b. Were any of the savory snacks \${firstname} had yesterday... <i>Read responses aloud and select all that apply.</i></p>	<p> <input type="checkbox"/> Homemade  <input type="checkbox"/> Prepared by a local vendor merchant, or restaurant  <input type="checkbox"/> Processed, packaged, a brand name product  <input type="checkbox"/> Do not know  <input type="checkbox"/> No response         </p>
<p>Child Anthropometry <i>Ask respondent to find the child and allow you to take some measurements.</i></p>	
<p>490. You should be attempting to measure \${firstname}. Is \${firstname} present?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>

<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 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>491. 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"/> Gourmantchema <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>