

Burkina Faso Nutrition Round 2: Household Questionnaire

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Région	<i>['A list of regions.']</i>
003b. Province	<i>['A list of provinces.']</i>
003c. Commune, village	<i>['A list of communes/villages.']</i>
004. Enumeration area	<i>['A list of EAs.']</i>
005. Structure number <i>Please record the structure number from the household listing form.</i>	
006. Household number <i>Please record the household number from the household listing form.</i>	
007. Check. Have you already sent a form for this structure and household? <i>Do not duplicate any form unless you are correcting a mistake in an earlier form.</i>	<input type="radio"/> Yes <input type="radio"/> No
WARNING: Contact your supervisor before sending this form again.	
008. CHECK: Why are you resending this form? <i>Choose all that apply.</i>	<input type="checkbox"/> There are new household members on this form <input type="checkbox"/> I am correcting a mistake made on a previous form <input type="checkbox"/> The previous form disappeared from my phone without being sent <input type="checkbox"/> I submitted the previous form and my supervisor told me that it was not

	received <input type="checkbox"/> Other reason(s)
WARNING: Each household should have ONLY ONE household roster with all household members listed on the same form. <i>Please contact your supervisor before sending this form.</i>	
009a. Is a member of the household and competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
009b. Did this household participate in a previous PMA2020 survey?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
INFORMED CONSENT <i>Find a competent member of the household. Read the greeting on the following screen.</i>	
010a. 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 about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. 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. I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 10 and 49 years. At this time, do you want to ask me anything about the survey?	
010a. Ask: May I begin the interview now? <i>Provide a paper copy of the Consent Form to the respondent and explain it.</i>	<input type="radio"/> Yes <input type="radio"/> No
010b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
Checkbox	<input type="radio"/>
WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox. <i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i>	
010c. Interviewer's name	

Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
011. Respondent's first name. <i>Please record the first name of the respondent.</i>	

Section 1 – Household Roster
I am now going to ask a series of questions about each usual member of the household or anyone who slept in the house last night.

Household member	
101. Name of household member / visitor <i>Start with the head of the household</i>	
101a. Is this person the respondent?	<input type="checkbox"/>
102. What is [NAME]'s relationship to the head of the household?	<input type="radio"/> Head <input type="radio"/> Wife/Husband <input type="radio"/> Son/Daughter <input type="radio"/> Son/Daughter-in-law <input type="radio"/> Grandchild <input type="radio"/> Parent <input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> Help <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
103. Is [NAME] Male or Female?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
104. How old was [NAME] at their last birthday? If less than one year old, enter 0 <i>If less than one year old, record 0</i>	
104b. What date 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:

104b ERROR.
 Age $\{age\}$ ($\{age_years_converted_to_months_low\}$ - $\{age_years_converted_to_months_high\}$ months) does not reconcile with birthdate in $\{age_under_10_lab\}$ ($\{age_under_10_lower\}$ to $\{age_under_10_upper\}$, or $\{age_in_months_low_lab\}$ - $\{age_in_months_high_lab\}$ months). Please go back and correct any values which were entered incorrectly.

104c. Does $\{firstname\}$'s natural mother live in this household?

Yes
 No
 Do not know
 No response

105. What is [NAME]'s marital status? If not married, probe to determine if they are divorced, widowed, or have never been married.
If not married, probe to determine if they have ever been married and, if so, if they are divorced/separated or widowed.

Married
 Living with a partner
 Divorced / separated
 Widow / widower
 Never married
 No response

106. Does [NAME] usually live here?

Yes
 No
 No response

107. Did [NAME] stay here last night?

Yes
 No
 No response

ERROR: Members on household roster must usually live here or must have stayed here last night.
 Go back and remove this household member.

This household has been randomly selected to have the female section of the Female-Child Questionnaire administered.
 Additionally, this person IS eligible for the Female-Child Questionnaire.

This person would normally be eligible for the female section of the Female-Child Questionnaire, but this household has not been randomly selected for that content.
 Please continue with the rest of the roster and the household questionnaire. If there are any eligible children, Female-Child Questionnaires for them will be generated.

This person IS eligible for the Female-Child Questionnaire.	
This person IS NOT eligible for the Female-Child Questionnaire.	
108. Are there any other usual members of your household or persons who slept in the house last night?	<input type="radio"/> Yes <input type="radio"/> No
There are other members of the household. Move forward and select "Add Group"	
There are no other members of the household. Move forward and select "Do Not Add"	
<p>ERROR: There is no household head. Go back, select a head. For each member, check that the relationship to the household head is accurate.</p>	
<p>ERROR: There are \${heads} household heads selected: \${head_name_joined} Go back, select only one head. For each member, check that the relationship to the household head is accurate.</p>	
<p>101a NO RESPONDENT ERROR. The checkbox for 101a (Is this person the respondent?) was never selected for any of the household members. The name of the respondent is \${respondent_firstname}. You entered the following household members: \${names}. <i>If the respondent was entered in the roster but never selected as the respondent in 101a: Please go back and select the checkbox in 101a for the correct respondent.</i> <i>If the respondent is a household member but left out of the list of household members: Add the respondent to the list.</i> <i>If the respondent is not a household member: Stop the interview. Find a household member and interview that person. Be sure to ask for consent.</i></p>	
<p>101a TOO MANY RESPONDENTS ERROR. The checkbox for 101a (Is this person the respondent?) was selected more than once. Please go back and make sure that it is only selected once.</p>	
<p>109. READ THIS CHECK OUT LOUD: There are [NUMBER OF HOUSEHOLD MEMBERS ENTERED] household members who are named [NAMES OF ENTERED HOUSEHOLD MEMBERS]. Is this a complete list of the household members? Remember to include all children in the household. <i>Remember to include all children in the household.</i></p>	<input type="radio"/> Yes <input type="radio"/> No

Section 2 – Household Characteristics
Now I would like to ask you a few questions about the characteristics of your household.

<p>201. Please tell me about items that your household owns. Does your household have: <i>Read out all types and select all that apply. Scroll to bottom to see all choices.</i> <i>If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise, do not select the item.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Electricity? <input type="checkbox"/> A radio? <input type="checkbox"/> A television? <input type="checkbox"/> A mobile phone? <input type="checkbox"/> A non-mobile telephone? <input type="checkbox"/> A refrigerator? <input type="checkbox"/> A solar panel? <input type="checkbox"/> A table? <input type="checkbox"/> A chair? <input type="checkbox"/> A sofa? <input type="checkbox"/> A bed? <input type="checkbox"/> A cupboard? <input type="checkbox"/> A clock? <input type="checkbox"/> A microwave oven? <input type="checkbox"/> A DVD player? <input type="checkbox"/> A cassette / CD player? <input type="checkbox"/> An air conditioner? <input type="checkbox"/> A watch? <input type="checkbox"/> A bicycle? <input type="checkbox"/> A motorcycle / scooter? <input type="checkbox"/> Animal-drawn cart? <input type="checkbox"/> A car / truck? <input type="checkbox"/> A boat with a motor? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

202a. Does this household own any livestock, herds, other farm animals, or poultry?
These livestock can be kept anywhere, not necessarily on the homestead.

- Yes
- No
- No response

<p>202b. How many of the following animals does this household own? <i>The household can keep the livestock anywhere, but must own the livestock recorded here.</i> <i>Zero is a possible answer.</i></p>	
<p>Pigs: <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Cows or bulls <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Horses, donkeys or mules <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Goats <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	

<p>Sheep <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Chickens <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Other: <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	

Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>301. Main material of the floor <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Earth / sand <input type="radio"/> Cow dung <input type="radio"/> Wooden boards <input type="radio"/> Palm / bamboo <input type="radio"/> Parquet or polished wood <input type="radio"/> Tapes vinyl / asphalt <input type="radio"/> Tiles <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Other <input type="radio"/> No response
<p>302. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No roof <input type="radio"/> Thatch / palm <input type="radio"/> Earth mottes <input type="radio"/> Mats <input type="radio"/> Palm / bamboo <input type="radio"/> Wooden boards <input type="radio"/> Cardboard <input type="radio"/> Sheet metal <input type="radio"/> Wood <input type="radio"/> Zinc / fiber cement <input type="radio"/> Tile <input type="radio"/> Cement <input type="radio"/> Shingles <input type="radio"/> Other <input type="radio"/> No response
<p>303. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No wall <input type="radio"/> Bamboo / cane / palm / trunk <input type="radio"/> Earth <input type="radio"/> Bamboo with mud <input type="radio"/> Stones with mud <input type="radio"/> Adobe not covered <input type="radio"/> Plywood

	<input type="radio"/> Cardboard <input type="radio"/> Recovered wood <input type="radio"/> Cement <input type="radio"/> Stones with lime / cement <input type="radio"/> Bricks <input type="radio"/> Cement blocks <input type="radio"/> Covered adobe <input type="radio"/> Wood board / shingles <input type="radio"/> Other <input type="radio"/> No response
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Section 4 – Water Sanitation and Hygiene
Now I would like to ask you a few questions about water, sanitation and hygiene.

<p>401a. We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?</p>	<input type="radio"/> Observed, fixed place <input type="radio"/> Observed, mobile <input type="radio"/> Not observed, not in dwelling/yard/plot <input type="radio"/> Not observed, no permission to see <input type="radio"/> Not observed, other reason <input type="radio"/> No response
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<p>401b. At the place where the household washes their hands, observe if: <i>Check all that apply.</i></p>	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above
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<p>402. Which of the following water sources does your household use on a regular basis for any part of the year for any purpose? <i>Read out all types and check all that are used. Scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Piped Water: Piped into dwelling/indoor <input type="checkbox"/> Piped Water: Pipe to yard/plot <input type="checkbox"/> Piped Water: Public tap/standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Dug Well: Protected Well <input type="checkbox"/> Dug Well: Unprotected Well <input type="checkbox"/> Water from Spring: Protected Spring <input type="checkbox"/> Water from Spring: Unprotected Spring <input type="checkbox"/> Rainwater <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Cart or Bicycle with Small Tank <input type="checkbox"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation)
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	Channel) <input type="checkbox"/> Bottled Water <input type="checkbox"/> Sachet Water <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

403a. What is the main source of drinking water for members of your household? Selections from Q402: [ODK will list water sources selected for Q402] Read out Q402 selections only.
Read out 402 selections only.

- Piped Water: Piped into dwelling/indoor
- Piped Water: Pipe to yard/plot
- Piped Water: Public tap/standpipe
- Tube well or borehole
- Dug Well: Protected Well
- Dug Well: Unprotected Well
- Water from Spring: Protected Spring
- Water from Spring: Unprotected Spring
- Rainwater
- Tanker Truck
- Cart or Bicycle with Small Tank
- Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)
- Bottled Water
- Sachet Water
- No response

403b. What is the main source of water used by your household for other purposes such as cooking and hand washing? Selections from Q402: [ODK will list water sources selected for Q402] Read out Q402 selections only.
Read out 402 selections only.

- Piped Water: Piped into dwelling/indoor
- Piped Water: Pipe to yard/plot
- Piped Water: Public tap/standpipe
- Tube well or borehole
- Dug Well: Protected Well
- Dug Well: Unprotected Well
- Water from Spring: Protected Spring
- Water from Spring: Unprotected Spring
- Rainwater
- Tanker Truck
- Cart or Bicycle with Small Tank
- Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)
- Bottled Water
- Sachet Water
- No response

<p>404. What is the main toilet facility used by members of your household?</p>	<ul style="list-style-type: none"> <input type="radio"/> Flush/pour flush toilets connected to: Piped sewer system <input type="radio"/> Flush/pour flush toilets connected to: Septic tank <input type="radio"/> Flush/pour flush toilets connected to: Pit Latrine <input type="radio"/> Flush/pour flush toilets connected to: Elsewhere <input type="radio"/> Flush/pour flush toilets connected to: Unknown / Not sure / Don't know <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab / open pit <input type="radio"/> Bucket toilet <input type="radio"/> Composting toilet <input type="radio"/> Hanging toilet /Hanging latrine <input type="radio"/> No facility / bush / field <input type="radio"/> Other <input type="radio"/> No response
<p>405. Do you share this toilet facility with other households or the public? \${sanitation_label}</p>	<ul style="list-style-type: none"> <input type="radio"/> Not shared <input type="radio"/> Shared with less than ten households <input type="radio"/> Shared with ten or more households <input type="radio"/> Shared with the public. <input type="radio"/> No response

<p>Section 5 - Fortified Foods</p> <p><i>Now I would like to ask you some questions about the types of food you purchase for your household. I would like to speak to the person who is in charge of purchasing and cooking food</i></p>

<p>501a. Does your household use cooking oil [vegetable oil or solid fat] to prepare foods or add to foods at home?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>501b. The last time your household got cooking oil [vegetable oil or solid fat], where did you get it from?</p>	<ul style="list-style-type: none"> <input type="radio"/> Purchased <input type="radio"/> Made it at home <input type="radio"/> Received from relative / friend / food aid <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>501c. The last time your household got cooking oil [vegetable oil or solid fat], what was the brand?</p>	<ul style="list-style-type: none"> <input type="radio"/> Not branded <input type="radio"/> Aoun

	<input type="radio"/> Aya <input type="radio"/> Boutton d'Or <input type="radio"/> Chief Pure <input type="radio"/> Delice d'Or <input type="radio"/> Dinor <input type="radio"/> Huil Or <input type="radio"/> Palme d'Or <input type="radio"/> Savor <input type="radio"/> SIATOL Tresor <input type="radio"/> Viking <input type="radio"/> Other <input type="radio"/> Branded, but unknown <input type="radio"/> Do not know <input type="radio"/> No response
<p>502a. Does your household prepare foods using wheat flour at home?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>502b. The last time your household got wheat flour, where did you get it from?</p>	<input type="radio"/> Purchased <input type="radio"/> Made it at home <input type="radio"/> Received from relative / friend / food aid <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>502c. The last time your household got wheat flour, what was the brand?</p>	<input type="radio"/> Not branded <input type="radio"/> Belle France <input type="radio"/> Etalon <input type="radio"/> Grand Moulin <input type="radio"/> La Minoterie de Faso <input type="radio"/> Lafia Boulangère <input type="radio"/> Other <input type="radio"/> Branded, but unknown <input type="radio"/> Do not know <input type="radio"/> No response
<p>504a. Does your household use salt?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>504b. The last time your household got salt, where did you get it from?</p>	<input type="radio"/> Purchased <input type="radio"/> Made it at home <input type="radio"/> Received from relative / friend / food aid <input type="radio"/> Other

	<input type="radio"/> Do not know <input type="radio"/> No response
504c. The last time your household got salt, what was the brand?	<input type="radio"/> Not branded <input type="radio"/> CEDO <input type="radio"/> BAOBAB <input type="radio"/> Sege Salt <input type="radio"/> RAMA <input type="radio"/> Georgina <input type="radio"/> La Baleine <input type="radio"/> CEREBOS <input type="radio"/> Branded, but unknown <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
507a. Have you ever seen this logo? <i>Show fortification logo to the respondent but do not explain what it means.</i> [fortify-kenya.png] [fortify-burkina.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
507b. What does this logo mean? <i>Do not read responses to respondent. Mark all that apply.</i>	<input type="checkbox"/> Fortified/enriched/added micronutrients <input type="checkbox"/> Good for health <input type="checkbox"/> Better quality <input type="checkbox"/> Bad quality <input type="checkbox"/> More expensive <input type="checkbox"/> The food tastes good <input type="checkbox"/> The food is good for growth and development of children <input type="checkbox"/> No meaning <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
507c. Does this logo influence your decision to buy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 6 - Food Security

Now I would like to ask you some questions about food. Please let me ask these questions to the person in the household who is primarily responsible for buying food and preparing meals. This could be the female head of household.

600. Who is the respondent for this section?
 \${all_roster_ppl}
 Enter the number corresponding to the respondent. Enter -77 if the person is not in the roster.

<p>600 AGE ERROR. The individual selected is younger than the upper bound limit set at 10 years of age.</p>	
<p>600 N/A WARNING. It was indicated that the respondent for this section did not appear in the household roster. If the appropriate person qualifies as a household member but is missing from the roster, please go back and enter him/her. Otherwise, please continue.</p>	
<p>601. During the last 12 MONTHS, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources? <i>This is about "worry"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>602. Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? <i>This is about "quality"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>603. During the last 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources? <i>This is about "variety"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>604. During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? <i>This is about "frequency"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>605. Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? <i>This is about "quantity"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>606. During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources? <i>This is about "availability"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>607. During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food? <i>This is about "hunger"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>608. During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources? <i>This is about "not eating for an entire day"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>609. Does your household currently receive a cash transfer or any social assistance?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
609. Are any members of this household currently fasting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Thank the respondent for his/her time.</p> <p><i>The respondent is finished, but there is still more for you to complete outside the home.</i></p>	

Location and Questionnaire Result

<p>096. Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	
097. How many times have you visited this household?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
098. In what language was this interview conducted?	<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>099. Questionnaire result</p> <p><i>Record the result of the household questionnaire.</i></p>	<input type="radio"/> Completed <input type="radio"/> No household member at home or no competent respondent at home at time of visit <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Dwelling vacant or address not a dwelling <input type="radio"/> Dwelling destroyed <input type="radio"/> Dwelling not found <input type="radio"/> Entire household absent for extended period