

Maternal/Female Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
IDENTIFICATION															
001a	<p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>IF NOT, RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p>	Yes 1 No..... 0	Always												
001b	<p>How many times have you visited this household to interview this female respondent?</p>	1 st time 1 2 nd time 2 3 rd time 3	001a=0												
002	<p>Your name: [Interviewer name from Household Questionnaire]</p> <p>Is this your name?</p>	Yes 1 No..... 0	Always												
	<p>Enter your name below. <i>Please record your name</i></p>	Interviewer's Name	002=0												
003	<p>Current date and time: Is this date and time correct?</p> <p>[ODK will display on screen]</p>	Yes 1 No..... 0	Always												
	<p>Record the correct date and time.</p>	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <th>Hours</th> <th>Min</th> <th>AM/PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Day	Month	Year				Hours	Min	AM/PM				003=0
Day	Month	Year													
Hours	Min	AM/PM													
004a	<p>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the Administrative Subdivisions, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.]</p> <p>Is the above information correct?</p>	Yes 1 No..... 0	Always												
004b	<p>GO TO THE RIGHT HOUSEHOLD OR UPDATE THE HOUSEHOLD ROSTER IF NEEDED.</p>		004a=0												
005	<p>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</p> <p><i>If misspelled, select "yes" here and update the name in question "011."</i></p> <p><i>If this is the wrong person, you have two options:</i></p> <p><i>(1) exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or</i></p> <p><i>(2) find and interview the person whose name appears above.</i></p>	Yes 1 No..... 0	Always												
006	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No..... 0	Always												

007	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted..... 2 Not well acquainted..... 3 Not acquainted 4	006 = 1
008	Has this respondent participated in any PMA2020 surveys before (including the family planning survey)?	Yes 1 No..... 0 Don't know -88 No response..... -99	006=1

INFORMED CONSENT
Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:

Hello. My name is _____ and I am working for 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 their family's 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?	Yes 1 No..... 0	006 =1
009b	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	GATHER SIGNATURE: Check box: <input type="checkbox"/>	009a = 1
010	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	009a = 1
011	Respondent's name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	<input type="text"/>	009a = 1

Section 1 – Birth History
Now I would like to ask about your background and socioeconomic conditions

101	In what month and year were you born? The age in the household roster is [AGE].	Month <input type="text"/> Year <input type="text"/>	009a=1
102	How old were you at your last birthday? <i>Must be more than 10.</i>	Age <input type="text"/>	009a=1
103	What is the highest level of school you attended?	Never Attended 0 Primary 1	009a=1

		Post-Primary/Vocational.....2 Secondary/'A' Level3 College (Middle Level)4 University5 No response..... -99	
104	Are you currently employed or working for money?	Yes 1 No..... 0 No response..... -99	009a=1
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>	Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No, never in union 5 No response..... -99	009a=1
106	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2 No response..... -99	105 ≠ 5
107	Does your husband / partner have other wives or does he live with other women as if married?	Yes 1 No..... 0 Don't know -88 No response..... -99	106 = 1 or 2
108	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent 1 Staying elsewhere..... 2 No response..... -99	105 = 1 or 2
109	Have you ever given birth?	Yes 1 No..... 0 No response..... -99	009a = 1
110a	How many times have you given birth?	Number of births <input type="text"/> No response..... -99	109=1
110b	Were all of those live births? PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	Yes 1 No..... 0 Don't know -88 No response..... -99	110a>0
	Go back to 110a and correct to only include live births		110b=0
111a	When was your FIRST birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	110a>1
111b	Did you have twins?	Yes 1 No..... 0 No response..... -99	111a!=- 99
111c	Is your first baby / child still alive?	Yes 1 No..... 0 Don't know -88 No response..... -99	111a!=- 99 AND 111< 59.9m

111d	When did your first baby/child die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	111c=0
111e	What is your first baby/child's name?	Name: _____	111a< 59.9m AND 111c=1
For twins, ask both names and random select 1 if both alive			
112a	When was your MOST RECENT live birth? PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	110a>0
112b	Did you have twins?	Yes 1 No..... 0 No response -99	112a!=- 99
112c	Is your last baby / child still alive?	Yes 1 No..... 0 Don't know -88 No response -99	112a!=- 99AND 112a< 59.9m
112d	When did your last baby/child die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	112c=0
112e	What is that child's name?	NAME: _____	112c=1
112c .1	Is the first twin still alive?	Yes 1 No..... 0 Don't know -88 No response -99	112b=1
112d .1	What is that child's name?	NAME: _____	112c.1=1
112e .1	When did that baby die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	112c.1=0
112c .2	Is the second twin still alive?	Yes 1 No..... 0 Don't know -88 No response -99	112b=1
112d .2	What is that child's name?	NAME: _____	112c.2=1
112e .2	When did that baby die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	112c.3=0

For twins, randomly select one child for follow-up questions in subsequent sections			
114a	Do you care for any other children that are not your biological children but that live with you currently?	Yes 1 No..... 0 No response..... -99	009a=1
114b	How old is the youngest of these children? <i>Enter -88 for don't know, -99 for No Response</i>	Age in months <input type="text"/> Age in years <input type="text"/>	114a=1
114c	Are there any other children that you care for that are not your biological children but that live with you currently?	Yes 1 No..... 0 No response..... -99	114a=1
114d	How old is the next youngest of these children? <i>Enter -88 for don't know, -99 for No Response</i>	Age in months <input type="text"/> Age in years <input type="text"/>	114c=1
Loop 114c-d until 114c=0 OR 114b: age>5 years			114a=1
115a	Are you pregnant now?	Yes 1 No..... 0 Unsure..... -88 No response -99	009a=1 and 118 ≠ 5,6,7
115b	How many months pregnant are you? The most recent birth was: [Date of most recent birth] <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i>	Number of months <input type="text"/>	115a=1
Section 2-Antenatal Care			
<i>Now I would like to talk about the care you received during your pregnancies that occurred during the last two years.</i>			
Section 2.1: Currently pregnant women only			
201a	Did you see anyone at a health facility for antenatal care during this pregnancy? <i>PROBE: Did you ever attend a pregnancy clinic?</i>	Yes 1 No..... 0 No response..... -99	115a=1
201b	Can you show me your mother baby book? <i>May be using a temporary replacement like an exercise book.</i> Probe: If no, do you have an exercise book or any other way to track your child's health records from the facility?	Yes, showed book..... 1 Yes, showed alternate record book 2 Reported, but did not show 3 Received, but does not currently have.... Never received a book 5 No response..... -99	201a=1
202	At your last visit to a health facility, who did you see for antenatal care?	Doctor/Clinical Officer 1/0 Nurse/midwife 1/0 Other 1/0 Don't know -88 No response -99	201a=1

203a	At your last visit to the facility for your pregnancy, did you receive information about how to take care of yourself during pregnancy?	Yes 1 No..... 0 Don't know -88 No response..... -99	201a=1
203b	How was that information shared? Select all that apply.	Group talk at start of clinic day 1/0 Other group education 1/0 One-to-one counseling/peer mentor1/0 Paper or booklet to take home 1/0 Poster/sign on wall 1/0 Television playing in facility 1/0 No response..... -99	203a=1
204a	At any time during this pregnancy, has a community health volunteer talked to you about how to take care of yourself during pregnancy ?	Yes 1 No..... 0 Don't know -88 No response..... -99	115a=1
204b	How was that information shared? Select all that apply.	Group education 1/0 One-to-one counseling..... 1/0 Paper or booklet to take home 1/0 No response..... -99	204a=1
205	What information or messages have you received about how to take care of yourself during pregnancy? Probe: From either a health provider at a facility or a community health volunteer.	Eat extra food during pregnancy (quantity) 1/0 Eat a variety of foods / foods rich with iron (quality) 1/0 Take iron tablets..... 1/0 Avoid heavy work, rest more..... 1/0 Sleep under a mosquito net 1/0 Take preventive malaria treatment 1/0 Go to ANC visits as soon as possible / at least 4 times 1/0 No response..... -99	203a=1 OR 204a=1
206a	At your last visit to the facility for your pregnancy, did you receive information about how to feed your newborn baby?	Yes 1 No..... 0 Don't know -88 No response..... -99	201a=1
206b	How was that information shared? Probe: Select all that apply.	Group talk at start of clinic day 1/0 Other group education 1/0 One-to-one counseling/peer mentor1/0 Paper or booklet to take home 1/0 Poster/sign on wall 1/0 Television playing in facility 1/0 No response..... -99	206a=1
207a	At any time during this pregnancy, has a community health volunteer talked to you about how to feed your newborn baby?	Yes 1 No..... 0 Don't know -88 No response..... -99	115a=1
207b	How was that information shared? Select all that apply.	Group education 1/0 One-to-one counseling..... 1/0 Paper or booklet to take home 1/0 No response..... -99	207a=1
208a	What information did you receive about how to feed your newborn baby?	Exclusive breastfeeding (<i>only feeding breast milk and nothing else except for prescribed medicine; no water</i>) 1/0 Immediate breastfeeding (<i>putting baby to breast immediately after birth/within 1 hour</i>) .. Prelacteal feeding (<i>not giving baby any</i>	206a=1 OR 207a=1

		<i>water, sugar water, tea or traditional preparation after birth) 1/0</i> Breastfeed on demand (<i>feeding whenever baby wants/signals</i>)..... 1/0 Proper positioning and attachment of baby during breastfeeding (<i>show you how to hold your baby while breastfeeding</i>)... What to do if experience pain or problems while breastfeeding 1/0 Encouraged use of infant formula or milk powder 1/0 Encouraged to feed other liquids or foods before 6 months 1/0 No response 1/0	
209a	At your last visit to the facility for this pregnancy, did the health provider weigh you?	Yes 1 No..... 0 Don't know -88 No response -99	201a=1
209b	Did your health provider share information / counsel you about <u>your</u> weight gain during this pregnancy?	Yes 1 No..... 0 Don't know -88 No response -99	209a=1
210a	At your last visit to the facility for this pregnancy, did your health provider measure your blood pressure?	Yes 1 No..... 0 Don't know -88 No response -99	201a=1
210b	Did your health provider share information / counsel you about <u>your</u> blood pressure during this pregnancy?	Yes 1 No..... 0 Don't know -88 No response -99	210a=1
211a	At your last visit to the facility for this pregnancy, were you given or did you buy iron-folic acid or iron tablets, iron syrup, or a multivitamin that contains iron? PROBE: if yes, given or purchased?	Given at clinic..... 1/0 Purchased 1/0 No, never given or purchased 1/0 Don't know -88 No response -99	115a=1
211b	Did the ANC provider ever write you a prescription for iron supplements or tell you to purchase them?	Yes 1 No..... 0 Don't know -88 No response -99	211a=3
211c	Did you take them yesterday?	Yes 1 No..... 0 No response -99	211a=1 or 2
211d	Do you have iron supplements available at home now?	Yes 1 No..... 0 No response -99	211c=0
211e	How many days in the last 7 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of days <input type="text"/>	211a=1 or 2
211f	How many days in the last 30 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of days <input type="text"/>	211a=1 or 2
212a	At your last visit to the facility for this pregnancy, were you given or did you buy calcium	Given at clinic..... 1/0 Purchased 1/0	115a=1

	supplements? <i>Show tablets or powder packages.</i> PROBE: If yes, given or purchased? Select all that apply. Calcium is for building strong bones or to prevent high blood pressure.	No, never given or purchased 1/0 Don't know -88 No response -99	
212b	Did the ANC provider ever write you a prescription for calcium supplements or tell you to purchase them?	Yes 1 No 0 Don't know -88 No response -99	212a=3
212c	Did you take them yesterday?	Yes 1 No 0 No response -99	212a=1 or 2
212d	Do you have calcium supplements available at home now?	Yes 1 No 0 No response -99	212c=0
212e	How many days in the last 7 days have you taken the calcium supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of <input type="text"/> days	212a=1 or 2
212f	How many days in the last 30 days have you taken the calcium supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of <input type="text"/> days	212a=1 or 2
213a	During this pregnancy, have you taken any drugs to keep you from getting malaria? <i>show tablet; Prompt: you may have taken this tablet during your ANC visit</i>	Yes 1 No 0 Don't know -88 No response -99	115a=1
213b	Did you sleep under an insecticide treated net (ITN) last night?	Yes 1 No 0 Don't know -88 No response -99	115a=1
213c	During this pregnancy, did you ever receive an insecticide treated net at the health facility when you went for ANC?	Yes 1 No 0 Don't know -88 No response -99	201a=1
214a	During this pregnancy, have you received food from a health facility or community program? PROBE: like flour, ready-to-use food, basket of oil, flour.	Yes 1 No 0 Don't know -88 No response -99	115a=1
214b	During this pregnancy, did you ever receive any of the following from a health facility or community program? <i>Read all aloud.</i>	RUTF/Plumpy' product (packaged peanut-paste) 1/0 Advantage/special flour packet 1/0 Corn Soy Blend (unpacked) 1/0 Food Basket with mix of products (rice, oil, beans) 1/0 Other 1/0 Don't know -88 No response -99	214a=1
214c	For how many days in the last 30 days have you personally consumed this food?	Days: Weeks: Don't know -88 No response -99	214a=1

215a	During this pregnancy, did you have difficulty seeing at night?	Yes 1 No..... 0 Don't remember.....-88 No response.....-99	115a=1
215b	For how many days did you have difficulty seeing at night?	Days: Weeks: Months: Don't know.....-88 No response..... -99	215a=1
Section 2.2: Most recent pregnancy completed in last 24 months			
220	You said your youngest child, [NAME from 112e] was born in [MONTH and YEAR from 112a]. Is that correct?	Yes 1 No..... 0	112a: age <24 m (most recent birth only)
Go back and correct birth history			220=0
221a	Did you see anyone at a health facility for antenatal care during that pregnancy? <i>PROBE: Did you ever attend a pregnancy clinic?</i>	Yes 1 No..... 0 Don't know -88 No response..... -99	220=1
221b	Can you show me your mother baby book? <i>May be using a temporary replacement like an exercise book.</i> Probe: if no, do you have an exercise book or any other way to track your child's health records from the facility?	Yes, showed book..... 1 Yes, showed alternate record book 2 Reported, but did not show 3 Received, but does not currently have.... Never received a book 5 No response..... -99	220=1
221c	During that pregnancy, who did you see for antenatal care? <i>Select all that apply</i> PROBE: Anyone else?	Doctor/Clinical Officer 1/0 Nurse/midwife 1/0 Community health volunteer 1/0 Traditional birth attendant 1/0 Other 1/0 Don't know -88 No response..... -99	221a=1
222a	During that pregnancy, did you ever receive any information at the health facility about how to take care of yourself during pregnancy?	Yes 1 No..... 0 Don't know -88 No response..... -99	221a=1
222b	How was the information shared? Probe: Select all that apply.	Group talk at start of clinic day 1/0 Other group education 1/0 One-to-one counseling/peer mentor1/0 Paper or booklet to take home 1/0 Poster/sign on wall 1/0 Television playing in facility 1/0 No response -99	222a=1
223a	At any time during that pregnancy, did a community health volunteer talk to you about how to take care of yourself during pregnancy?	Yes 1 No..... 0 Don't know -88 No response..... -99	220=1
223b	How was that information shared? Select all that apply.	Group education 1/0 One-to-one counseling..... 1/0 Paper or booklet to take home 1/0 No response..... -99	223a=1

224	<p>What information or messages did you received about how to take care of yourself during pregnancy? PROBE: From either a health provider at a facility or a community health volunteer. Select all that apply.</p>	<p>Eat extra food during pregnancy (quantity) 1/0 Eat a variety of foods / foods rich with iron (quality) 1/0 Take iron tablets..... 1/0 Avoid heavy work, rest more..... 1/0 Sleep under a mosquito net 1/0 Take preventive malaria treatment 1/0 Go to ANC visits as soon as possible / at least 4 times 1/0 No response -99</p>	223a=1
225a	<p>During that pregnancy, did a health provider at a facility share information about how to feed your newborn baby?</p>	<p>Yes 1 No..... 0 Don't know -88 No response -99</p>	221a=1
225b	<p>How was that information shared? Probe: Select all that apply.</p>	<p>Group talk at start of clinic day 1/0 Other group education 1/0 One-to-one counseling/peer mentor1/0 Paper or booklet to take home 1/0 Poster/sign on wall 1/0 Television playing in facility 1/0 No response -99</p>	225a=1
226a	<p>While you were still pregnant, did a community health volunteer share information with you about how to feed your newborn baby after delivery?</p>	<p>Yes 1 No..... 0 Don't know -88 No response -99</p>	220=1
226b	<p>How was that information shared? Probe: Select all that apply.</p>	<p>Group education 1/0 One-to-one counseling 1/0 Paper or booklet to take home 1/0 No response -99</p>	226a=1
227	<p>During your pregnancy, what information did you receive about how to feed your newborn baby?</p>	<p>Exclusive breastfeeding (<i>only feeding breast milk and nothing else except for prescribed medicine; no water</i>) 1/0 Immediate breastfeeding (<i>putting baby to breast immediately after birth/within 1 hour</i>) .. Prelacteal feeding (<i>not giving baby any water, sugar water, tea or traditional preparation after birth</i>) 1/0 Breastfeed on demand (<i>feeding whenever baby wants/signals</i>)..... 1/0 Proper positioning and attachment of baby during breastfeeding (<i>show you how to hold your baby while breastfeeding</i>)... What to do if experience pain or problems while breastfeeding 1/0 Encouraged use of infant formula or milk powder 1/0 Encouraged to feed other liquids or foods before 6 months 1/0 No response -99</p>	225a=1 OR 226a=1
228a	<p>During that pregnancy, did a health provider at the facility weigh you?</p>	<p>Yes 1 No..... 0 Don't know -88 No response -99</p>	221a=1
228b	<p>Were you weighed once or more than once?</p>	<p>Once..... 1 More than once 2</p>	228a=1

		Don't know -88 No response..... -99	
228c	Did your health provider give you information about <u>your</u> weight gain during that pregnancy?	Yes 1 No..... 0 Don't know -88 No response..... -99	228a=1
229a	During that pregnancy, did a health provider at the facility measure your blood pressure?	Yes 1 No..... 0 Don't know -88 No response..... -99	221a=1
229b	Was your blood pressure measured once or more than once?	Once..... 1 More than once 2 Don't know -88 No response..... -99	229a=1
229c	Did your health provider give you information about your blood pressure during that pregnancy?	Yes 1 No..... 0 Don't know -88 No response..... -99	229a=1
230a	During that pregnancy, did you ever receive or buy iron tablets, iron syrup or iron folic acid supplements, or a multivitamin that contains iron? PROBE: if yes, given, or purchased? Select all that apply <i>Show tablets: public facility IFA, public market iron</i>	Received at clinic 1/0 Purchased 1/0 No, never given, purchased or received..... 1/0 Don't know -88 No response..... -99	220=1
230b	Did the ANC provider ever write you a prescription for iron supplements or tell you to purchase them?	Yes 1 No..... 0 Don't know -88 No response..... -99	230a=3
230c	During that whole pregnancy, for how many days did you take the tablets or syrup?	Number of days <input type="text"/> Don't know -88 No response..... -99	230a=1-2
231a	During that pregnancy, did you ever receive or buy calcium supplements? Select all that apply. Calcium is for building strong bones or to prevent high blood pressure <i>Show tablets: public facility IFA, public market iron</i>	Receive at clinic 1/0 Purchased 1/0 No, never given, purchased or received..... 1/0 Don't know -88 No response..... -99	220=1
231b	Did the ANC provider ever write you a prescription for calcium supplements or tell you to purchase them?	Yes 1 No..... 0 Don't know -88 No response..... -99	231a=3
231c	During that whole pregnancy, for how many days did you take the calcium supplements?	Number of days <input type="text"/> Don't know -88 No response..... -99	231a=1-2

231d	During that pregnancy, did you take any drugs to keep you from getting malaria? <i>show tablet; Prompt: you may have taken this tablet during your ANC visit, called SP/Fansidar</i>	Yes 1 No..... 0 Don't know -88 No response..... -99	220=1
231e	How many times did you take drugs to prevent malaria during your pregnancy? <i>Enter -88 for do not know, -99 for no response</i>	Number of times <input type="text"/>	231d=1
231f	During that pregnancy, did you ever receive an insecticide treated net at the health facility when you went for antenatal care?	Yes 1 No..... 0 Don't know -88 No response..... -99	220=1
232a	During that pregnancy, did you ever receive food from a health facility or community program? PROBE: like flour, ready-to-use food, basket of oil, flour	Yes 1 No..... 0 Don't know.....-88 No response..... -99	112a: age<24m
232b	What kind of food did you receive? <i>Read list of country-specific supplementary food Select all that apply..</i>	RUTF/Plumpy' product (packaged peanut paste) 1/0 Advantage/special flour packet 1/0 Corn Soy blend (unpackaged) 1/0 Food Basket with mix of products (rice, oil, beans)..... 1/0 Other 1/0 Don't know -88 No response..... -99	232a=1
232c	For how many months during your pregnancy did you personally consume this food? <i>Enter -88 for do not know, -99 for no response.</i>	Months: _____	232a=1
233a	During this pregnancy, did you have difficulty seeing at night?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	112a: age<24m
233b	For how many days did you have difficulty seeing at night?	Days: _____ Weeks: _____ Months: _____ Don't know.....-99	233a=1
234	Where did you deliver (NAME)?	<u>Public sector</u> Govt. Hospital/polyclinic 11 Govt. Health center 12 Govt. Dispensary..... 13 Other public..... 16 <u>Private medical sector</u> Private hospital/clinic 23 Nursing/Maternity home 25 Faith-based, Church, Mission hospital/clinic..... 21 Other private medical sector 29 Home..... 1 Other 96 Don't know.....-88 No Response..... -99	112a: age <24 m

235	Who assisted with the delivery of (NAME)? <i>Select all that apply</i>	Doctor/Clinical officer 1/0 Nurse/midwife 1/0 Community health volunteer 1/0 Traditional birth attendant 1/0 Other 1/0 Don't know -88 No response -99	112a: age <24 m
236a	After delivering your baby and before you left the health facility, did someone give you (the mother) Vitamin A?	Yes 1 No 0 Don't know -88 No response -99	234 not equal to home or -88, -99 (facility birth)
236b	Within <u>one week</u> after delivery at home, did a health provider or community health volunteer give you (the mother) Vitamin A?	Yes 1 No 0 Don't know -88 No response -99	234=xx (home birth)
237a	After delivering your baby and before you left the health facility, did a health provider watch you breastfeed (NAME) to make sure it was happening properly?	Yes 1 No 0 Don't know -88 No response -99	234 not equal to home or -88, -99 (facility birth)
237b	Within <u>one week</u> after delivery at home, did a health provider or community health volunteer watch you breastfeed (NAME) to make sure it was happening properly?	Yes 1 No 0 Don't know -88 No response -99	234=xx (home birth)
238a	After delivering your baby and before you left the health facility, did a health provider talk to you about how to feed your newborn baby?	Yes 1 No 0 Don't know -88 No response -99	234 not equal to home or -88, -99 (facility birth)
238b	Within <u>one week</u> after delivery at home, did a health provider or community health volunteer talk to you about how to feed your newborn baby?	Yes 1 No 0 Don't know -88 No response -99	234=xx (home birth)
238c	What information was shared about how to feed your newborn baby? PROBE: From either a health provider at a facility or a community health volunteer.	Exclusive breastfeeding (<i>only feeding breast milk and nothing else except for prescribed medicine; no water</i>) 1/0 Immediate breastfeeding (<i>putting baby to breast immediately after birth/within 1 hour</i>) .. Prolactal feeding (<i>not giving baby any water, sugar water, tea or traditional preparation after birth</i>) 1/0 Breastfeed on demand (<i>feed whenever baby wants/signals</i>) 1/0 Proper positioning and attachment of baby during breastfeeding (<i>show you how to hold your baby while breastfeeding</i>)... What to do if experience pain or problems while breastfeeding 1/0 Encouraged use of infant formula or milk powder 1/0 Encouraged to feed other liquids or foods before 6 months 1/0 No response -99	236c=1 OR 237c=1
239	Immediately after delivery, was the baby placed	Yes 1	112a: age <24 m

	on your chest or side touching your skin? Prompt: Child cheek to mother's breast is NOT considered "skin to skin"	No..... 0 Don't know..... No response..... -99	
240	Did anyone at the facility give you infant formula or canned or powdered milk to use for the baby? Prompt: Could be for use in the clinic or to take home to feed baby	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age< 24m
241a	Have you ever breastfed (NAME)?	Yes..... 1 No..... 0 No response..... -99	112a: age<24m
241b	How long after birth did you first put (NAME) to the breast?	Less than one hour 1 Hours: <input type="text"/> Days <input type="text"/> No response..... -99	241a=1
242a	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	Yes..... 1 No..... 0 No response..... -99	112a: age< 12m
242b	What did (NAME) receive other than breast milk in the first three days after delivery? <i>Select all that apply.</i>	Plain water 1/0 Sugar water..... 1/0 Juice..... 1/0 Prescribed medicine..... 1/0 Oral rehydration solution..... 1/0 Tinned, powdered or fresh animal milk..... 1/0 Infant formula 1/0 Traditional medicine/dawa/tea 1/0 Porridge..... 1/0 Don't know -88 No response..... -99	242a=1
243	Within 1 week after delivery, did you take (NAME) to a health facility for a check-up, medications, or vaccinations?	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age<24m AND home birth
244a	Since delivery but within 30 days after (NAME)'s birth, did a health provider watch you breastfeed (NAME) to make sure it was happening properly during a facility or home visit? Prompt: This is after they have left facility but before child is one month old.	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age<24m AND facility birth
244b	From the first time since [NAME] saw a health provider until one month of life, did a health provider watch you breastfeed (NAME) to make sure it was happening properly during a facility or home visit? Prompt: This is the period between their first facility visit and 1 month of age.	Yes..... 1 No..... 0 Don't know -88 No response..... -99	243=1
244c	In the first month of life, did a health provider or community health volunteer watch you breastfeed (NAME) to make sure it was	Yes..... 1 No..... 0 Don't know -88	112a: age<24m AND home

	happening properly during a facility or home visit?	No response..... -99	birth 243=0
245a	Since delivery but within 30 days after (NAME)'s birth, did a health provider or community health volunteer talk to you about how to feed your newborn baby? Prompt: This is after they have left facility but before child is one month old.	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age<24m AND facility birth
245b	From the first time since [NAME] saw a health provider until one month of life, did a health provider or community health volunteer talk to you about how to feed your newborn baby? Prompt: This is the period between their first facility visit and 1 month of age	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age<24m AND home birth AND 243=1
245c	In the first month of life, did a health provider or community health volunteer talk to you about how to feed your newborn baby?	Yes..... 1 No..... 0 Don't know -88 No response..... -99	112a: age<24m AND home birth AND 243=0
246	What information was shared about breastfeeding? PROBE: From either a health provider at a facility or a community health volunteer.	Exclusive breastfeeding (<i>only feeding breast milk and nothing else for first 6 months</i>) 1/0 Continued breastfeeding (<i>continue breastfeeding for at least 24 months/2 years</i>) 1/0 Proper positioning and attachment Breastfeed on demand..... 1/0 What to do if experience pain or problems 1/0 Encouraged use of infant formula 1/0 Encouraged to feed other liquids or foods before 6 months 1/0 No response..... -99	245a=1 OR 245b=1 OR 245c=1
Section 3- Child Nutrition (Youngest Child under 2 years)			
<i>Now I would like to ask you about your children, starting with the youngest child.</i>			
301	You said the youngest child in the household that you care for is (NAME). Is that correct?	Yes..... 1 No..... 0	112a=age <5years AND 112c=a
302a	Are you currently breastfeeding (NAME)?	Yes..... 1 No..... 0	301a=1 AND 241a=1 AND 112a age: 0-23m AND 112c=1
302b	When you stopped breastfeeding [NAME], who made that decision?	Self alone 1 Husband/partner alone 2 Decide together..... 3 Baby 4 Mother/Mother-in-law 5	302a=0

		Health provider..... 6 Other 96 No response..... -99	
302c	When it comes to the decision to stop breastfeeding your youngest child [NAME] in the future, who will make that decision?	Self alone 1 Husband/partner alone 2 Decide together..... 3 Baby 4 Mother/Mother-in-law 5 Health provider..... 6 Other 96 No response..... -99	302a=1
303a	Has (NAME) ever had anything to drink other than breastmilk? PROBE: like milk, water, juice, tea, but not including medicine	Yes 1 No..... 0 Don't know -88 No response..... -99	236a=1 AND 112a: 0-8m AND 242a=0 AND 112c=1
303b	At what age did (NAME) first drink something other than breastmilk?	Age in months <input type="text"/>	303a=1
304a	Has (NAME) ever eaten solid, semi-solid, or soft foods before? PROBE: including yogurt, porridge, fruits, vegetables, and meat.	Yes 1 No..... 0 Don't know -88 No response..... -99	112a=age 0-23m AND 112c=1
304b	At what age did (NAME) first eat solid, semi-solid, or soft foods?	Age in months <input type="text"/> Don't know -88 No response..... -99	304a=1
305a	Did you ever receive any advice from a health worker at a facility about what liquids, semi-solid and solid foods to provide your child, other than breastmilk?	Yes 1 No..... 0 Don't know -88 No response..... -99	112a: 0-5.9m AND 112c=1
305b	What age did the health provider recommend that you introduce liquids, semi-solid and solid foods to your child, other than breastmilk?	Age in months <input type="text"/> Don't know -88 No response..... -99	305a=1
305c	In the last 30 days, did you receive any advice from a health provider at a facility about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?	Yes 1 No..... 0 Don't know -88 No response..... -99	112a: 6-11.9m AND 112c=a
305d	In the last 3 months, did you receive any advice from a health provider at a facility about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?	Yes 1 No..... 0 Don't know -88 No response..... -99	112a: 12-23.9m AND 112c=1
306a	Did you ever receive any advice from a community health volunteer about what liquids, semi-solid and solid foods to provide your child, other than breastmilk?	Yes 1 No..... 0 Don't know -88 No response..... -99	112a: 0-5.9m AND 112c=1

306b	What age did the health provider recommend that you introduce liquids, semi-solid and solid foods to your child, other than breastmilk?	<p style="text-align: center;">Age in months <input style="width: 100px; height: 20px;" type="text"/></p> <p>Don't know -88 No response.....-99</p>	306a=1
306c	In the last 30 days, did you receive any advice from <u>community health volunteer</u> about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?	<p>Yes 1 No..... 0 Don't know -88 No response..... -99</p>	112a: 6-11.9m AND 112c=1
306d	In the last 3 months, did you receive any advice from a <u>community health volunteer</u> about what liquids, semi-solid, and solid foods to provide your child, other than breastmilk?	<p>Yes 1 No..... 0 Don't know -88 No response..... -99</p>	112a: 12-23.9m AND 112c=1
306e	What information was shared about what liquids, semi-solid, and solid foods to give your child, other than breastmilk?	<p>Introduce family foods when the baby reaches six months of age 1/0 Continue breastfeeding until age 2 1/0 Give variety of foods groups 1/0 Prepare food in special way for young child (extra energy/nutrients)..... 1/0 Good hygiene during food preparation 1/0 Be responsive to child during feeding (attention/care)..... 1/0 Continue breastfeeding and other foods during illness 1/0 No response..... -99</p>	305a,c,d OR 306a,c,d= 1
Now I would like to ask you about foods and liquids that (NAME) had yesterday during the day or at night. If other people fed [NAME], you may ask them to help answer these questions so that the responses are accurate.			
307a	Were you present every time [NAME] ate or drank something yesterday during the day or at night?	<p>Yes 1 No..... 0 Don't know -88 No response..... -99</p>	112a: age 0-23m (youngest only) and 112c=1
307b	<p>Now I will you about liquids that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME) eat or drink:</p>	<p>Plain water..... 1/0 Natural juice..... 1/0 Juice or juice drinks..... 1/0 Clear broth..... 1/0 Milk tea..... 1/0 Milk such as tinned, powdered, or fresh animal milk..... 1/0 Infant formula..... 1/0 Any soft drinks, soda, fizzy drinks, or carbonated beverages..... 1/0 Any other liquids?..... 1/0 Yogurt or mala?..... 1/0 Porridge?..... 1/0 No response..... -99</p>	112: age 0-23m AND 112c=1 (youngest only)
308a	How many times did (NAME) drink other types of milk like tinned, powdered, or fresh animal milk yesterday?	<p style="text-align: center;">Number <input style="width: 100px; height: 20px;" type="text"/></p> <p>No response..... -99</p>	307: other milk=1

308b	How many times did (NAME) drink infant formula yesterday?	Number <input type="text"/> No response..... -99	307: infant formula=1
308c	How many times did (NAME) eat yogurt or mala yesterday?	Number <input type="text"/> No response..... -99	307: yogurt=1
309a	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME) eat or drink:</p>	Any fortified food like Cerelac Maize, rice, wheat, porridge, sorghum, bread, or other foods made from grains? 1/0 Pumpkin, carrots, squash or yellow sweet potatoes that are yellow or orange inside..... 1/0 Irish potatoes, yams, cassava, white sweet potatoes, or any other foods made from roots? 1/0 Sukumu wiki or any dark green, leafy vegetables? 1/0 Ripe mangoes, pawpaw, or fruits that are orange or yellow inside?..... 1/0 Any other fruits or vegetables?..... Liver, kidney, heart or other organ meats?..... 1/0 Any meat, such as beef, pork, lamb, goat, chicken, duck?..... 1/0 Eggs?..... 1/0 Fresh or dried fish or shellfish?..... 1/0 Any foods made from beans, peas, lentils, or nuts?..... 1/0 Cheese or other food made from milk?..... 1/0 Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies?..... 1/0 Savory snacks like fried chips, crisps, samosas, or other fried foods?..... 1/0 Any other solid, semi-solid or soft food?..... 1/0	112a: age 0-23m and 112c=1 (youngest only)
309b	<p>CHECK: Did (NAME) eat any solid, semi-solid, or soft foods yesterday or during the night?</p> <p><i>If tally from 309=0</i></p>	Yes 1 No..... 0 No response..... -99	Tally from 309a=0
309c	<p>What kinds of solid, semi-solid, or soft foods did (NAME) eat?</p> <p>PROBE: Any foods like the ones I named above. <i>Return to 309a and enter relevant foods.</i></p>		309b=1
310a	How many times did (NAME) eat solid, semi-solid or soft foods yesterday during the day or at night?	Number <input type="text"/> No response..... -99	Tally from 309a>0

310b	To [INTERVIEWER NAME]: Did other people help answer these questions?	Yes 1 No..... 0	Any answer to 307-309
311a	Has (NAME) had diarrhea in the last 2 weeks?	Yes 1 No..... 0 Don't know.....-88 No response..... -99	Age: 112a 0-24m AND 112c=1
311b	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea? <i>Read all aloud and select all that apply</i>	A fluid made from a special packet called ORS/Dawa ya kuzuia kuharisha 1/0 A pre-packaged ORS liquid..... 1/0 A homemade fluid 1/0 Zinc tablets..... 1/0 Breastmilk 1/0 Other treatment..... 1/0 Don't know.....-88 No response..... -99	311a=1
312a	In the last 2 weeks, did you seek advice or treatment from any source because (NAME) was sick?	Yes 1 No..... 0 Don't know.....-88 No response..... -99	Age: 112a<24m and 112c=1 (youngest)
312b	Where did you seek advice or treatment?	<u>Public sector</u> Govt. Hospital/polyclinic..... 1/0 Govt. Health center 1/0 Govt. Dispensary..... 1/0 Community Health Volunteer .. 1/0 Other public..... 1/0 <u>Private medical sector</u> Private hospital/clinic 1/0 Nursing/Maternity home 1/0 Faith-based, Church, Mission hospital/clinic..... 1/0 Other private medical sector ... 1/0 Shop..... 1/0 Traditional practitioner..... 1/0 Other 1/0 Don't know.....-88 No Response..... -99	312a=1
312c	During this visit, did the (HEALTH PROVIDER or COMMUNITY HEALTH VOLUNTEER) talk to you about continuing to breastfeed your child when they are sick?	Yes 1 No..... 0 Don't know.....-88 No response..... -99	312a=1
312d	During this visit, did the health provider talk to you about feeding your sick child?	Yes 1 No..... 0 Don't know.....-88 No response..... -99	312a=1 and age 6-23.9m
312e	What did the health provider tell you about feeding your sick child?	Give the child zinc Administer ORS More breastfeeding Patiently feeding to increase appetite Small frequent meals Simple foods (porridge, fruits) No response	312d=1

313	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? <i>Show common types ampules.</i>	Yes 1 No..... 0 Don't know.....-88 No response..... -99	Age: 112a<24 m AND 112c=a(yo ungest)
314a	In the last 30 days, did (NAME) ever take any of these multiple micronutrient supplements or powders? <i>Show common pills, powder packets. Select all that apply</i>	Micronutrient powder (sachet)..... 1/0 Other multivitamin supplement..... 1/0 No did not take 1/0 Don't know -88 No response -99	Age: 112a <24m AND 112c=1(yo ungest)
314b	For how many days in the last 30 days did (NAME) take the supplements or powders?	Number of days <input type="text"/>	314a=1
315a	In the last 30 days, has a health provider or community health volunteer measured [NAME]'s height, weight or arm (MUAC)? <i>Read all options aloud</i>	Height..... 1/0 Weight..... 1/0 MUAC..... 1/0 Don't know.....-88 No response.....-99	Age: 112 (youngest) 0-24m AND 112c=1
315b	After they were measured, did the community health volunteer or health provider tell you that [NAME] was malnourished or not growing well?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	315a!=- 88 AND 215a!=- 99
316a	Has [NAME] ever been enrolled in a program to treat malnutrition? PROBE: Where a health provider or community health volunteer gave them food or dawa.	Yes 1 No..... 0 Don't know.....-88 No response.....-99	Age: 112 (youngest) 0-24m AND 112c=1
316b	In the last 3 months, has your child been enrolled in a program at a health facility to treat malnutrition?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	316a=1
316c	Is your child still enrolled in this program to treat malnutrition?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	316b=1
316d	What kind of food did they receive from the health facility to treat malnutrition? <i>Read list of country-specific supplementary foods.</i>	RUTF/Plumpy' product (packaged peanut-paste) 1/0 First Foods/special flour packet ... 1/0 Corn Soy Blend (unpackaged)..... 1/0 Other 1/0 Don't know -88 No response -99	316b=1 OR 316a=1
316e	In the last 30 days, for how many days did your child consume this food?	Number of days <input type="text"/>	316c=1
YOUNGEST CHILD ANTHROPOMETRY			
<i>Ask to mother to find the child and allow you to take some measurements.</i>			
390	You should be attempting to measure [Name]. Is [Name] present?	Yes No..... 0	301=1
391	I would like your permission to measure your child's arm. If you say yes, I will measure around your child's arm and record the measurement in	MUAC <input type="text"/>	391=1 and age<=59 m

	<p>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?</p> <p><i>If yes, measure MUAC and thank participant.</i></p>	Refused..... -88	
Section 4- Child Nutrition (Older children)			
<i>Now I would like to ask you about the older children in the household that you care for.</i>			
Repeat Section 4 for each child in the household between 2-5 years old, including most recent child.			
400	<p>You said the next youngest child in the household that you care for is (NAME). Is that correct?</p>	<p>Yes..... 1 No..... 0</p>	113a=age <5years AND 113c=1
401	<p>In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? <i>show common type of capsules/syrups/ampules.</i></p>	<p>Yes..... 1 No..... 0 Don't know.....-88 No response.....-99</p>	400=1
402	<p>Did (NAME) eat any sugary foods such as jiggery (sukari nguru), sweet biscuits or candies, yesterday during the day or at night?</p>	<p>Yes..... 1 No..... 0 Don't know.....-88 No response.....-99</p>	400=1
403	<p>Did (NAME) eat any savory snacks like fried chips, crisps, or salted biscuits during the day or at night?</p>	<p>Yes..... 1 No..... 0 Don't know.....-88 No response.....-99</p>	400=1
404a	<p>In the last 30 days, did (NAME) ever take any of these multiple micronutrient supplements or powders? <i>Show common pills, powder packets. Select all that apply</i></p>	<p>Micronutrient powder (sachet)..... 1/0 Other multivitamin supplement..... 1/0 No did not take 1/0 Don't know -88 No response..... -99</p>	400=1
404b	<p>For how many days in the last 30 days did (NAME) take those supplements or powders?</p>	<p>Number of days <input type="text"/></p> <p>Don't know.....-88 No response.....-99</p>	404a=1 or 2
405a	<p>In the last 30 days, has a health provider or community health volunteer measured [NAME]'s height, weight or arm (MUAC)? <i>Read all options aloud</i></p>	<p>Height..... 1/0 Weight..... 1/0 MUAC..... 1/0 Don't know.....-88 No response.....-99</p>	400=1
405b	<p>After they were measured, did the health provider tell you that [NAME] was malnourished or not growing well?</p>	<p>Yes..... 1 No..... 0 Don't know.....-88 No response.....-99</p>	405a=1
406a	<p>Has [NAME] ever been enrolled in a program to treat malnutrition? PROBE: Where a health provider or community health volunteer gave them food or dawa.</p>	<p>Yes..... 1 No..... 0 Don't know.....-88 No response.....-99</p>	400=1
406b	<p>In the last 3 months, has your child been enrolled</p>	<p>Yes..... 1</p>	406a=1

	in a program at a health facility to treat malnutrition?	No..... 0 Don't know.....-88 No response.....-99	
406c	Is your child still enrolled in this program to treat malnutrition?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	406b=1
406d	What kind of food did they receive from the health facility to treat malnutrition? <i>Read list of country-specific supplementary foods.</i>	RUTF/Plumpy' product (packaged peanut-paste)..... 1/0 First Foods/special flour packet ... 1/0 Corn Soy Blend (unpackaged)..... 1/0 Other 1/0 Don't know -88 No response..... -99	406b=1
406e	In the last 30 days, for how many days did your child consume this food?	Number of <input type="text"/> days	406c=1
CHILD ANTHROPOMETRY <i>Ask the respondent to find the child and allow you to take some measurements.</i>			
490	You should be attempting to measure [Name]. Is [Name] present?	Yes No..... 0	401=1
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. If yes, measure MUAC and thank participant.</i>	MUAC <input type="text"/> Refused..... -88	491=1 and age<=59 m
Repeat Section 4 for each child in the household between 2-5 years old, including most recent child.			
Section 5- Maternal, Adolescent and Household			
<i>Now I am going to ask you some questions about yourself and your household in general.</i>			
501	Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. 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.	Any foods made from grains, like maize, rice, wheat, porridge, sorghum, bread..... 1/0 Any vegetables or roots that are orange or yellow inside like pumpkin, carrots, squash or yellow sweet potatoes . 1/0 Any white roots and tubers or plantains like Irish potatoes, yams, cassava, white sweet potatoes..... 1/0 Any dark green, leafy vegetables like sukumu wiki..... 1/0 Any fruits that are dark yellow or orange inside like ripe mangoes, pawpaw, guava 1/0 Any other fruits..... 1/0 Any other vegetables 1/0 Any meat made from animal organs like liver, kidney, heart..... 1/0 Any other meat, such as beef, pork,	009a=1

	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.	lamb, goat, chicken, duck, or dik dik 1/0 Eggs 1/0 Any fresh or dried fish or shellfish 1/0 Any foods made from beans, peas, lentils 1/0 Any nuts and seeds like groundnut or groundnut paste 1/0 Any milk or milk products like cheese or mala 1/0 Any savory and fried snacks like fried chips, crisps, samosas, or other fried foods 1/0 Sugary foods, jiggery (sukari nguru), mandaazi, donuts, cake, sweet biscuits or candies..... 1/0 Any sugar-sweetened beverages like sweet fruit drinks, fizzy drinks, sweet tea 1/0 Any condiments and seasonings used in small amounts for flavor, like spices, herbs, fish powder, tomato paste. 1/0 Other beverages and foods like unsweetened tea or coffee, clear broth, alcohol..... 1/0 No response.....-99	
502a	You said you were currently breastfeeding. Have you received any additional food from a health provider or community program in the last 30 days because you are breastfeeding?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	302a=1
502b	What kind of food did you receive? <i>Read list of country-specific supplementary foods.</i>	RUTF/Plumpy' product (packaged peanut-paste) 1/0 Advantage/special flour packet 1/0 Corn Soy Blend (unpackaged)..... 1/0 Food Basket with mix of products eg rice, oil, beans 1/0 Other 1/0 Don't know -88 No response..... -99	502a=1
502c	For how many days in the last 30 days have you consumed this food? <i>Enter -88 for do not know, -99 for no response.</i>	Days: Don't know.....-88 No response.....-99	502a=1
502d	Did a health provider or community health volunteer give you information about what you should eat while you are breastfeeding?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	502a=1
503a	In the last 30 days, did a health provider weigh you?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	302a=1
503b	Did your health provider share information or counsel you about your weight?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	503a=1
504a	Did you ever receive or buy iron-folic acid or iron tablets, iron syrup, or a multivitamin that	Given at clinic..... 1/0 Purchased 1/0	101: age>10 AND

	contains iron ? PROBE: if yes, given, or purchased? Select all that apply <i>Show tablets: public facility IFA, public market iron</i>	No never given or purchased 1/0 Don't know -88 No response -99	115a ≠1 AND 109 ≠1
504b	Did a health provider ever write you a prescription for iron supplements or tell you to purchase them?	Yes 1 No 0 Don't know -88 No response -99	504a=3
504c	Did you take them yesterday?	Yes 1 No 0 No response -99	504a=1 OR 2
504d	Do you have iron supplements available at home now?	Yes 1 No 0 No response -99	504c=0
504e	How many days in the last 7 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of days <input type="text"/>	504a=at least one option selected
504f	How many days in the last 30 days have you taken the iron supplements? <i>Enter -88 for do not know, -99 for no response.</i>	Number of days <input type="text"/>	504a=at least one option selected
505	When it comes to decisions about purchasing food for your children, who makes the decision?	Self alone 1 Husband/partner alone 2 Decide together 3 Other 96 No response -99	009a=1 and 109a=1
Adolescent and Adult Female Anthropometry			
590	CHECK: You should be attempting to measure [Name]. Is that correct? <i>If this is the wrong person, return to 401a and select the correct person, or find and measure the person whose name is displayed here.</i>	Yes No 0	009a=1
591	Is [Name] present?	Yes No 0	590=1
592	May I measure your arm? <i>If yes, measure MUAC and thank participant.</i>	MUAC (cm) <input type="text"/> Refused -99	591=1 and age>10y
Thank the respondent for her time <i>The respondent is finished, but there are still 3 more questions for you to complete outside the home.</i>			
LOCATION			
095	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	Always
QUESTIONNAIRE RESULT			
096	How many times have you visited this household	1 st time 1	Always

	to interview this female respondent?	2 nd time..... 2 3 rd time 3	
097	In what language was this interview conducted?	English Kiswahili Other 96	009a=1
098	Questionnaire result <i>Record the result of the Female Questionnaire</i>	Completed 1 Not at home..... 2 Postponed 3 Refused..... 4 Partly completed 5 Incapacitated..... 6	Always