HHID |___|___|___|___|___|___|___|___|___|___|
R – D – S – C – P – A – L – C – H – H

REACHING END USERS
FOLLOW-UP SURVEY – NUTRITION COMPONENT
SEPTEMBER – NOVEMBER 2009: UGANDA

AN. HOUSEHOLD IDENTIFICATION

	CODE
AN1 District (D):	☐
AN2 Subcounty (SC):	☐☐
AN3 Parish (PA):	☐☐
AN4 LC1 (LC):	☐☐
AN5 Number of household (HH) (Write the combined household code – 10 digits – in upper right corner)	☐☐
AN6 Name of reference child 5-7 yrs:	☐☐☐ ID IND
AN7 Name of reference child 6-35 mo (*if applicable*):	☐☐☐ ID IND
AN8 Name of mother/caretaker:	☐☐☐ ID IND
AN9 Name of father:	☐☐☐ ID IND
AN10 Name of enumerator:	☐☐

Check for completeness by team leaders:

MOD	Questionnaire	*Check if attached*
S	Anthropometry	
	○ For child 5-7 years old	
	○ For child 6-35 months old	
	○ For mother	
T	Food frequency	
	○ For child 5-7 years old	
	○ For child 6-35 months old	
U	24 hour recall	
	○ For child 5-7 years old	
	○ For child 6-35 months old	
	○ For mother	
V	Child Feeding Practices for child 6-35 months old	
W	Immunization & Morbidity	
	○ For child 5-7 years old	
	○ For child 6-35 months old	
BIO	**Blood collection** *(verify on biochemical data sheet)*	***Check if done***
	For child 5-7 years old	
	For mother	

QUALITY CONTROL

Was it necessary to return to household? ☐ 0-No 1-Yes (Callback)

	First Visit			Second Visit (Callback)		
	Day	Month	Year	Day	Month	Year
Date of Interview:	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

Date of first data entry: ☐☐ ☐☐ ☐☐

Date of second data entry: ☐☐ ☐☐ ☐☐

Team Leader's signature: _____ Date: _____

☐

AN26 TRACKING ATTRITION: If a household cannot be interviewed, enter HHID above and list reason here:

`Reference child moved outside sample area (permanently).....1` `Reference child died.....2`
`Reference child at boarding school.....3` `Reference child temporarily staying away, but not available.....4`
`Household refused interview.....5` `Other, specify.....9`