

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

**AN. HOUSEHOLD IDENTIFICATION**

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

*Check for completeness by team leaders:*

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

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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  |