

R-D-S-C-P-A-L-C-H-H

**REACHING END USERS
BASELINE SURVEY – NUTRITION COMPONENT
JULY – SEPTEMBER 2007: UGANDA**

AN. HOUSEHOLD IDENTIFICATION

CODE

AN1 District (D):	<input type="text"/>
AN2 Subcounty (SC):	<input type="text"/> <input type="text"/>
AN3 Parish (PA):	<input type="text"/> <input type="text"/>
AN4 LC1 (LC):	<input type="text"/> <input type="text"/>
AN5 Number of household (HH) (Write the combined household code – 10 digits – in upper right corner).....	<input type="text"/> <input type="text"/>
AN6 Name of reference child 3-5 yrs:	<input type="text"/> <input type="text"/> <input type="text"/> ID IND
AN7 Name of reference child 6-35 mo (<i>if applicable</i>):	<input type="text"/> <input type="text"/> <input type="text"/> ID IND
AN8 Name of mother/caretaker ¹ :	<input type="text"/> <input type="text"/> <input type="text"/> ID IND
AN9 Name of father:	<input type="text"/> <input type="text"/> <input type="text"/> ID IND
AN10 Name of enumerator:	<input type="text"/> <input type="text"/>

Check for completeness by team leaders:

Check for completeness by team leaders.		
MOD	Questionnaire	Check if attached
S	Anthropometry	
	o For child 3-5 years old	
	o For child 6-35 months old	
	o For mother	
T	Food frequency	
	o For child 3-5 years old	
	o For child 6-35 months old	
U	24 hour recall	
	o For child 3-5 years old	
	o For child 6-35 months old	
	o For mother	
V	Child Feeding Practices for child 6-35 months old	
W	Immunization & Morbidity	
	o For child 3-5 years old	
	o For child 6-35 months old	
BIO	Blood collection (verify on biochemical data sheet)	Check if done
	For child 3-5 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

¹ Make sure this is the mother or primary caretaker of the child/children. If she is not available, terminate the interview.

HHID

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S. ANTHROPOMETRYS01 Date of interview:

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S02 Measurer:

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S03 Assistant:

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Instructions:*Measure each child in the household for whom we assess dietary intake and/or collect blood**(Remember: reference child should be 36-71 months old, younger sibling 6-35 months old)**Measure the length (laying down) of children aged between 4 and 23 months and the standing height of children 24 months and older**(If the child's age is unknown, measure its length; if it is less than 85 cm, register it, and if it is greater or equal than 85 cm, measure the child's height)**The child should be undressed when weighed. Young children will be weighed while being held by the mother. Older children may be weighed by standing by themselves on the scale**Measure the height and weight of the mother or the principal female caretaker***1. Information on reference child/children**

ID IND (Identification Code)	Name of child (Surname, First Name)	Sex	Date of Birth			If S07-S09 other than "99", indicate source of information 1-Recall 2-Health Card	Age (in completed months)	Is he/she a twin (2 children)? 0-No 1-Yes
		1-M 2-F	DAY	MONTH	YEAR			
S04	S05	S06	S07	S08	S09	S10	S11	S12
	1							
	2							

2. Information on mother or primary caretaker

ID IND (Identification Code)	Name of mother/principal caretaker (Surname, First Name)	During your last pregnancy, were you given or did you buy any iron tablets? <i>SHOW TABLETS</i> 0-No 1-Yes	<i>If YES,</i> During the whole last pregnancy, for how many months did you consistently take the tablets?	Could you be currently pregnant? 0-No 1-Yes	<i>If YES, how many months?</i>	Are you breastfeeding? 0-No 1-Yes	<i>If YES, the breastfeeding child is how many months old?</i>
S13	S14	S15	S16	S17	S18	S19	S20
		9-don't know	99-don't know		99-don't know		99-don't know

HHID

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3. Information on vitamin A capsule dosing

IF CHILD/CHILDREN HAS/HAVE HEALTH CARD:

Check health card/immunization card and look for information recorded in the "VITAMIN A" column. IF NO INFORMATION RECORDED, go to next table. IF INFORMATION RECORDED, write down 1) the most recent and 2) the second most recent dates given. Then, record the most recent and second most recent dates indicated on the card for DEWORMING

ID IND.	First Name of child	VITAMIN A CAPSULE MOST RECENT DATE GIVEN Day/Month/Year	VITAMIN A CAPSULE SECOND MOST RECENT DATE GIVEN Day/Month/Year	DEWORMING MOST RECENT DATE GIVEN Day/Month/Year	DEWORMING SECOND MOST RECENT DATE GIVEN Day/Month/Year
S21	S21A	S22	S23	S24	S25
	1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

FOR VITAMIN A CAPSULE

If the most recent date given is in April/May 2007 (Child Health Day) and the second most recent date is in November/December 2006 (Child Health Day), skip to Q. S33 IF NOT, continue.

IF THERE IS NO HEALTH CARD OR NO INFORMATION RECORDED IN THE HEALTH CARD

Ask the following questions: Show capsule at Q. S27 and deworming pill/syrup at Q. S29!

ID IND.	First Name of child	Has (NAME) received a vitamin A capsule at the last child health day in April/May 2007? 0-No 1-Yes	If YES, How did (NAME) receive the vitamin A capsule? 1-Mother sought service at health facility 2-Outreach service by health personnel 3-Other	If YES, Did (NAME) receive a deworming pill/syrup at the same time? 0-No 1-Yes	What about last year – did (NAME) receive a vitamin A capsule at the child health day in November/December 2006? 0-No 1-Yes	If YES, How did (NAME) receive the vitamin A capsule? 1- Mother sought service at health facility 2- Outreach service by health personnel 3- Other	If YES, Did (NAME) receive a deworming pill/syrup at the same time? 0-No 1-Yes
S26	S26A	S27	S28	S29	S30	S31	S32
	1						
	2						

ID IND.	First name of child	Has (NAME) received a vitamin A capsule at any other venue in the last 12 months? 0-No 1-Yes	If YES, Where did (NAME) receive the vitamin A capsule? 1-Health Facility 2-Other:	If YES, When was this? MOST RECENT DATE Day/Month/Year	SECOND MOST RECENT DATE WITHIN LAST 12 MONTHS Day/Month/Year	In the last seven days, did (NAME) take iron pills, or iron syrup (like this/any of these)? SHOW TYPES 0-No 1-Yes
S33	S33A	S34	S35	S36	S37	S38
	1			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	2			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

If NO at Q. S34, skip to S38.

[illegible]

4. Weight of mother and child

4. Weight of mother and child										Weight (0,1kg)		Mother's clothes		Child's clothes	
Measurement mother alone					ID IND Child			First name of child		Measurement child		1-Light weight (<0,5kg) 2-Medium weight (0,5-1,5kg)		0-Undressed 1-Underwear 2-Light clothes	
S39					S40			S41		S42		S43		S44	
								1							
								2							

5. Mother's height

Mother's height (0,1 cm)					2. Measurement				
1. Measurement									
S45					S46				

6. Child's height or length

ID IND Child	First name of child	Height or length (0,1 cm)		1-Length 2-Height	HEIGHT or LENGTH for WEIGHT of child below threshold? 0-No 1-Yes
		1. Measurement	2. Measurement		
S47	S47A	S48		S49	S50
	1				
	2				

7. Diagnosis of CHILD WITHOUT informing the mother/caregiver

7. Diagnosis of CHILD WITHOUT informing the mother/caregiver					
			ID IND Child	ID IND Child	
			First Name	First Name	
			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
S52	Does the reference child show signs of malnutrition?	0-None 1-Some 2-Many			
If yes:					
S53	Swollen stomach?	0-No 1-Yes			
S54	Swollen face or other part of body?	0-No 1-Yes			
S55	Discoloration (lightening) of skin and hair?	0-No 1-Yes			
S56	Seem apathetic and without energy?	0-No 1-Yes			
S57	Extreme skin peeling or sores on the body?	0-No 1-Yes			
S58	Extremely thin body (showing bones) and loose skin (as for an old person)?	0-No 1-Yes			

T1. Food frequency with focus on vitamin A and fat sources

HHID

Name of reference child 3-5 yrs:

ID IND

Name of respondent:

ID IND

For each food listed below, ask the respondent:

During the past 7 days, how many days did (name of reference child) eat (food from list)

Meaning, how many days, starting with the (name the day) a week before yesterday, did the child eat (food)?

Explain to the mother that you want the number of DAYS, not the number of times. For example, if she gave the child maize and porridge twice on Wednesday it only counts as 1 day. Number of days can range from 0 to 7. If mother cannot remember/cannot respond enter "9".

Name of the food	Number of days child ate food in the last 7 days	Name of the food	Number of days child ate food in the last 7 days
1 Cassava - fresh or flour (any form)	<div>T01</div> <div>Enter a number</div>	21 Pumpkin leaves	<div>T01</div> <div>Enter a number</div>
2 Jackfruit	<div>from 0 to 7</div>	22 Liver - from any animal	<div>from 0 to 7</div>
3 Fresh/dried dark green leaves (of all kinds)	<div>in each box.</div>	23 Yams leaves	<div>in each box.</div>
4 Fresh/sour cows milk/goats milk	<div>Don't know = 9</div>	24 Passion Fruit	<div>Don't know = 9</div>
5 Carrots		25 Meat from cow/sheep/goat/rabbit/pig	
6 Ripe mango		26 Ghee	
7 Pumpkin		27 Beans (all kinds)	
8 Cow pea leaves		28 Bread/biscuits/cookies	
9 Ripe papaya		29 Bean leaves	
10 Porridge of sorghum/millet/maize/rice		30 Meals cooked/fried in oil or with oil	
11 Rice		31 Spiderplant leaves	
12 Amaranth leaves		32 Margarine (for example Blue Band, Kimbo, Tamu)	
13 White flesh sweet potato - fresh or dried		33 Yellow-flesh sweet potato - fresh or dried	
14 Eggs with yolk		34 Nakati (leaves)	
15 Small fish fresh/dried (with intact liver)		35 Sesame (simsim)	
16 Groundnuts or groundnuts paste			
17 Avocado			
18 Snacks fried in oil (Chapatis/Mandazis/Donuts/Pancakes etc.)			
19 Orange-flesh sweet potato (OFSP) - fresh or dried			
20 Chicken			

T2. Food frequency with focus on vitamin A and fat sources

HHID

Name of reference child 6-35 mo:

ID IND

Name of respondent:

ID IND

For each food listed below, ask the respondent:

During the past 7 days, how many days did (name of reference child) eat (food from list)

Meaning, how many days, starting with the (name the day) a week before yesterday, did the child eat (food)?

Explain to the mother that you want the number of DAYS, not the number of times. For example, if she gave the child maize and porridge

twice on Wednesday it only counts as 1 day.

Number of days can range from 0 to 7. If mother cannot remember/cannot respond enter "9".

Name of the food	Number of days child ate food in the last 7 days	Name of the food	Number of days child ate food in the last 7 days
1 Cassava - fresh or flour (any form)	<input type="text"/>	21 Pumpkin leaves	<input type="text"/>
2 Jackfruit	<input type="text"/>	22 Liver - from any animal	<input type="text"/>
3 Fresh/dried dark green leaves (of all kinds)	<input type="text"/>	23 Yams leaves	<input type="text"/>
4 Fresh/sour cows milk/goats milk	<input type="text"/>	24 Passion Fruit	<input type="text"/>
5 Carrots	<input type="text"/>	25 Meat from cow/sheep/goat/rabbit/pig	<input type="text"/>
6 Ripe mango	<input type="text"/>	26 Ghee	<input type="text"/>
7 Pumpkin	<input type="text"/>	27 Beans (all kinds)	<input type="text"/>
8 Cow pea leaves	<input type="text"/>	28 Bread/biscuits/cookies	<input type="text"/>
9 Ripe papaya	<input type="text"/>	29 Bean leaves	<input type="text"/>
10 Porridge of sorghum/millet/maize/rice	<input type="text"/>	30 Meals cooked/fried in oil or with oil	<input type="text"/>
11 Rice	<input type="text"/>	31 Spiderplant leaves	<input type="text"/>
12 Amaranth leaves	<input type="text"/>	32 Margarine (for example Blue Band, Kimbo, Tamu)	<input type="text"/>
13 White flesh sweet potato - fresh or dried	<input type="text"/>	33 Yellow-flesh sweet potato - fresh or dried	<input type="text"/>
14 Eggs with yolk	<input type="text"/>	34 Nakati (leaves)	<input type="text"/>
15 Small fish fresh/dried (with intact liver)	<input type="text"/>	35 Sesame (simsim)	<input type="text"/>
16 Groundnuts or groundnuts paste	<input type="text"/>		
17 Avocado	<input type="text"/>		
18 Snacks fried in oil (Chapatis/Mandazis/Donuts/Pancakes etc.)	<input type="text"/>		
19 Orange-flesh sweet potato (OFSP) - fresh or dried	<input type="text"/>		
20 Chicken	<input type="text"/>		

U. 24 HR. RECALL FOR REFERENCE CHILDREN AND MOTHER

Name of household head: ID IND Date of interview: //

Name of responding mother/principal caregiver: ID IND

Name of other respondent who gave food to the child/children yesterday: ID IND

Name of other respondent who gave food to the child/children yesterday: ID IND

Name of reference child 3-5 years: ID IND Name of enumerator:

Name of reference child 6-35 months: ID IND

Begin by telling the respondent that you would like to discuss what (reference child/children) and (mother/primary female caregiver of children) ate and drank yesterday, from the time they woke up until the time they went to sleep. We want to know about small snacks as well as about main meals.

Explain that first you will ask about everything the child/children ate and drank, and then you will ask about everything the mother ate and drank.

The person who cooked yesterday should be the one interviewed. If more than one person cooked, try to speak to the person who cooked each recipe or meal, and have them describe the recipe for the dish that they cooked.

Also, if more than one person fed the child/children, try to speak to each person who fed the child to determine the amount the child ate or drank each time, including meals and also small snacks.

However, first ask the MOTHER about the child's/children's appetite yesterday

For reference child 3-5 years old:

UC101. I would like to ask you about NAME's appetite yesterday. Was NAME's appetite:

- 1= Less than usual for NAME
2= Appetite was usual for NAME
3= More than usual for NAME

☐ *If less ask question UC102
If normal or more, skip to UC201 OR start
recall for child 3-5 years old*

UC102. Did NAME eat much less than usual, or just a little less than usual?

- 1= Much less than usual
2= A little less than usual
9= Don't know

☐

For reference child 6-35 months old:

UC201. I would like to ask you about NAME's appetite yesterday. Was NAME's appetite:

- 1= Less than usual for my child
2= Appetite was usual for my child
3= More than usual for my child

☐ *If less ask question UC202
If normal or more, skip to UC203*

UC202. Did NAME eat much less than usual, or just a little less than usual?

- 1= Much less than usual
2= A little less than usual
9= Don't know

☐

UC203. Was this child breastfed yesterday?

0= No
1= Yes

☐

If no water and/or other ingredients were added to the leftover, it is not considered as new recipe. Mark the page number and line number of leftover in the form of the original recipe (eaten a 2nd time as leftover). If water and/or other ingredients were added to the leftover, get a new recipe according to the following instructions: in first line of the ingredient list enter "name of mixed dish (UR09), Leftover from....., page number..... and line number..... of original dish (UR10)" and get total volume of the new preparation (UR08). If it is a leftover from the day before, get the recipe of the day before and mark under name of mixed dish (UR01) as well "recipe of day before".

HHID

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INTRODUCTION RECALL

1st recall - child 3-5 years old

*Ask the next questions for the 24-hour recall for the **first reference child (3-5 yrs)** ,
and record the information on the following pages.*

After going through the whole day for this child, get details on foods/recipes (2nd pass) and portion sizes (3rd pass).

FIRST PASS:

After _____ woke up, what was the first thing he/she had to eat or drink?

Did they have any other food or drink at that same time?

Continue asking until no more things are mentioned for that feeding episode

What did he/she eat or drink next?

Was this still in the morning?

Continue to ask to get all food and drinks listed during morning, mid-day, afternoon and evening

Before finishing the list of foods and drinks, ask again if this child had anything else at all before sleeping.

HHID

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INTRODUCTION RECALL

2nd recall - child 6-35 months old

*Ask the next questions for the 24-hour recall for the **second reference child (6-35 months)**, and record the information on the following pages.*

After going through the whole day for this child, get details on foods/recipes (2nd pass) and portion sizes (3rd pass).

FIRST PASS:

After _____ woke up, what was the first thing he/she had to eat or drink?

Did they have any other food or drink at that same time?

Continue asking until no more things are mentioned for that feeding episode

What did he/she eat or drink next?

Was this still in the morning?

Continue to ask to get all food and drinks listed during morning, mid-day, afternoon and evening

Before finishing the list of foods and drinks, ask again if this child had anything else at all before sleeping.

INTRODUCTION RECALL**3rd recall - mother/primary caretaker**

*Ask the next questions for the 24-hour recall for the **mother/primary caretaker**,
and record the information on the following pages.*

After going through the whole day for her, get details on foods/recipes (2nd pass) and portion sizes (3rd pass).

FIRST PASS:

After you woke up, what was the first thing you had to eat or drink?

Did you have any other food or drink at that same time?

Continue asking until no more things are mentioned for that feeding episode

What did you eat or drink next?

Was this still in the morning?

Continue to ask to get all food and drinks listed during morning, mid-day, afternoon and evening

Before finishing the list of foods and drinks, ask again if she had anything else at all before sleeping.

Codes for use with recall and recipe forms

A	B	C	D	E	F
1=Morning	01=Raw	1=Respondent mother/principal caregiver	1=Weight of actual food	1=Small	1=Respondent
2=Mid-day	02=Boiled in water, not drained	2=Other household member	2=Weight of playdough	2=Medium	2=Other household member
3=Afternoon	03=Boiled in water then drained	3=Neighbor/relative on other compound	3=Volume of food	3=Large	3=Neighbor/relative on other compound
4=Evening	04=Boiled without added water	4=No one fed -Child fed self	4=Volume by water method	4=Standard	4=Vendor (Purchased prepared food)
	05=Steamed	9=Don't know	5=Size	5=Yellow spoon (1 T)	9=Don't know
	06=Pan-fried in oil		6=Length	6=Violet spoon (1/2 T)	
	07=Deep fried in oil		7=Diameter	7=Green spoon (1 tsp)	
	08=Roasted			8=Small "Kendo"	
	09=Baked			9=Medium "Kendo"	
	10=Roasted & boiled			10=Large "Kendo"	
	11=Deep fried & boiled				
	12=Stir-fried & boiled				
	13=Steamed & deep fried				
	14=Deep fried & boiled				
	99=Don't know				

Instructions for filling out recipe form.

Copy name of food or recipe from 24-hour recall form. Be sure you copy the correct page number and line number for child and/or mother.

Find out who cooked the dish and use code list F above.

Estimate the total quantity of the recipe prepared using volume method. Record volume in milliliters.

During recall interview, after you measure or estimate quantity, write out quantity AND unit of measure in column UR13.

Immediately after the interview, fill in all codes and quantity and units in columns UR14-UR18A, but indicate FIRST the measurement method (UR13A).

WEIGHT IN GRAMS: If you used the scale to measure weight, fill in grams in UR14.

VOLUME OF FOOD: If you used rice or water to measure volume in beakers, fill in milliliters in column UR16.

VOLUME BY WATER METHOD: If you used the playdough and measured the water twice, fill in columns UR15 AND UR16.

NUMBER OF ITEMS OR FRACTIONS OF FOODS: Use column UR17 to record the number of the item

(for example, "2" for "2 bananas" or "1/2" for "one-half banana").

SIZE OF ITEM: If mother told you a size (small, medium, or large) or if it is a standard size, fill in column UR18 with code=1, 2, 3 or 4. If you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UR18 with code=5-10.

DIMENSION OF FOODS: For fish etc. use a ruler to measure length or diameter. Use UR18A to fill in the length or diameter.

24-hour recall: FIRST AND SECOND PASS for food items and recipes consumed by CHILD 3-5 years old

LIST 1-PAGE 2
1st & 2nd pass

Name of respondent: _____

ID IND

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Name of reference child: _____

ID IND

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Age of child (in months
OR years)

--	--

(circle months or years)

months years

FIRST PASS				SECOND PASS			
Codes A			Description	B		See food code list	C
Time period	Episode #	Food item or name of dish		Form when eaten		Code	Who fed to child
	UC104	UC105	UC106	UC108		UC109	UC110
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Fill in codes A, B and C
while doing the recallUC109 is filled in by
team leader**A**1=Morning
2=Mid-day
3=Afternoon
4=Evening**B**01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil07=Deep fried in oil 13=Steamed & deep fried
08=Roasted 14=Steamed & roasted
09=Baked 99=Don't know
10=Roasted & boiled
11=Deep fried & boiled
12=Stir-fried & boiled**C**1=Respondent mother/principal caregiver
2=Other household member
3=Neighbor/relative on other compound
4=No one fed -Child fed self
9=Don't know

24-hour recall: **THIRD PASS** for portion sizes of food and recipes consumed by **CHILD 3-5 years old****LIST 1-PAGE 3**
THIRD PASS**THIRD PASS**

Food item or name of dish		D Quantity consumed by CHILD (Served minus left on plate)							E Length or Diameter (cm)	
		Write out quantity and units	Measurement		Grams	Milliliters		Number		Size
			method							
	UC106	UC111	UC111A	UC112	UC113	UC114	UC115	UC116	UC116A	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

Copy name of food or recipe from previous page. Be sure you use the same line number.

During recall interview, after you estimate quantity, write out quantity AND unit of measure in column UC111.

Immediately after the interview, fill in quantity in columns UC112-UC116A, but indicate **FIRST** the measurement method (UC111A).a **WEIGHT IN GRAMS:** If you used the scale to measure weight, fill in grams in UC112.b **VOLUME OF FOOD:** If you used the rice or water to measure volume in beakers, fill in milliliters in column UC114.c **VOLUME BY WATER METHOD:** If you used the playdough and measured the water twice, fill in columns UC113 AND UC114.d **NUMBER OF ITEMS OR FRACTION:** Use column UC115 to record the number of the item
(for example, "2" for "2 bananas" or "1/2" for "one-half banana").e **SIZE OF ITEM:** If mother told you a size (small, medium, or large) or if it is a standard size fill in column UC116 with code=1, 2, 3 or 4. If
you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UC116 with code=5-10.f **DIMENSION OF FOODS:** For fish etc. use a ruler to measure length or diameter. Use UC116A to fill in the length or diameter.**D**

1=Weight of actual food

2=Weight of playdough

3=Volume of food

4=Volume by water method

5=Size

6=Length

7=Diameter

E

1=Small

2=Medium

3=Large

4=Standard

5=Yellow spoon (1 T)

6=Violet spoon (1/2 T)

7=Green spoon (1 tsp)

8=Small "Kendo"

9=Medium "Kendo"

10=Large "Kendo"

**DON'T FORGET: COLLECT
RECIPE INFORMATION!!!****REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES!**

24-hour recall: FIRST AND SECOND PASS for food items and recipes consumed by CHILD 3-5 years old

LIST 2-PAGE 4
1st & 2nd pass

FIRST PASS			SECOND PASS				
Codes A			Description	B		See food code list	C
Time period	Episode #	Food item or name of dish		Form when eaten		Code	Who fed to child
UC104	UC105	UC106	UC107	UC108		UC109	UC110
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in codes A, B and C while doing the recall

UC109 is filled in by team leader

A

1=Morning
2=Mid-day
3=Afternoon
4=Evening

B

01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil

07=Deep fried in oil
08=Roasted
09=Baked
10=Roasted & boiled
11=Deep fried & boiled
12=Stir-fried & boiled
13=Steamed & deep fried
14=Steamed & roasted
99=Don't know

C

1=Respondent mother/principal caregiver
2=Other household member
3=Neighbor/relative on other compound
4=No one fed -Child fed self
9=Don't know

24-hour recall: **THIRD PASS** for portion sizes of food and recipes consumed by **CHILD 3-5 years old****LIST 2-PAGE 5**
THIRD PASS**THIRD PASS**

Food item or name of dish		D						E	
		Quantity consumed by CHILD (Served minus left on plate)							
		Write out quantity and units	Measurement method	Grams	Milliliters	Number	Size	Length or Diameter (cm)	
UC106		UC111	UC111A	UC112	UC113	UC114	UC115	UC116	UC116A
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Copy name of food or recipe from previous page. Be sure you use the same line number.

During recall interview, after you estimate quantity, write out quantity AND unit of measure in column UC111.

Immediately after the interview, fill in quantity in columns UC112-UC116A, but indicate FIRST the measurement method (UC111A).

a **WEIGHT IN GRAMS:** If you used the scale to measure weight, fill in grams in UC112.b **VOLUME OF FOOD:** If you used the rice or water to measure volume in beakers, fill in milliliters in column UC114.c **VOLUME BY WATER METHOD:** If you used the playdough and measured the water twice, fill in columns UC113 AND UC114.d **NUMBER OF ITEMS OR FRACTION:** Use column UC115 to record the number of the item

(for example, "2" for "2 bananas" or "1/2" for "one-half banana").

e **SIZE OF ITEM:** If mother told you a size (small, medium, or large) or if it is a standard size fill in column UC116 with code=1, 2, 3 or 4. If you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UC116 with code=5-10.f **DIMENSION OF FOODS:** For fish etc. use a ruler to measure length or diameter. Use UC116A to fill in the length or diameter.**D**

1=Weight of actual food

2=Weight of playdough

3=Volume of food

4=Volume by water method

5=Size

6=Length

7=Diameter

E

1=Small

2=Medium

3=Large

4=Standard

5=Yellow spoon (1 T)

6=Violet spoon (1/2 T)

7=Green spoon (1 tsp)

8=Small "Kendo"

9=Medium "Kendo"

10=Large "Kendo"

**DON'T FORGET: COLLECT
RECIPE INFORMATION!!!****REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES!**

24-hour recall: FIRST AND SECOND PASS for food items and recipes consumed by CHILD 6-35 months old

LIST 1-PAGE 6
1st & 2nd pass

Name of respondent: _____

ID IND

--	--	--	--

Name of reference child: _____

ID IND

--	--	--	--

Age of child (in months
OR years)

--	--

 (circle months or
years)
months years

FIRST PASS				SECOND PASS			
Codes A			Description	B		See food code list	C
Time period	Episode #	Food item or name of dish		Form when eaten		Code	Who fed to child
	UC204	UC205	UC206	UC208		UC209	UC210
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Fill in codes A, B and C
while doing the recallUC209 is filled in by
team leader**A**1=Morning
2=Mid-day
3=Afternoon
4=Evening**B**01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil

07=Deep fried in oil

08=Roasted

09=Baked

10=Roasted & boiled

11=Deep fried & boiled

12=Stir-fried & boiled

13=Steamed & deep fried

14=Steamed & roasted

99=Don't know

C1=Respondent mother/principal caregiver
2=Other household member
3=Neighbor/relative on other compound
4=No one fed -Child fed self
9=Don't know

24-hour recall: THIRD PASS for portion sizes of food and recipes consumed by CHILD 6-35 months old

LIST 1-PAGE 7
THIRD PASS

THIRD PASS

Food item or name of dish		D Quantity consumed by CHILD (Served minus left on plate)						E	
		Write out quantity and units	Measurement	Grams	Milliliters		Number	Size	Length or Diameter (cm)
			method						
	UC206	UC211	UC211A	UC212	UC213	UC214	UC215	UC216	UC216A
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Copy name of food or recipe from previous page. Be sure you use the same line number.

During recall interview, after you estimate quantity, write out quantity AND unit of measure in column UC211.

Immediately after the interview, fill in quantity in columns UC212-UC216A, but indicate FIRST the measurement method (UC211A).

a WEIGHT IN GRAMS: If you used the scale to measure weight, fill in grams in UC212.

b VOLUME OF FOOD: If you used the rice or water to measure volume in beakers, fill in milliliters in column UC214.

c VOLUME BY WATER METHOD: If you used the playdough and measured the water twice, fill in columns UC213 AND UC214.

d NUMBER OF ITEMS OR FRACTION: Use column UC215 to record the number of the item

(for example, "2" for "2 bananas" or "1/2" for "one-half banana").

e SIZE OF ITEM: If mother told you a size (small, medium, or large) or if it is a standard size fill in column UC216 with code=1, 2, 3 or 4. If you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UC216 with code=5-10.

f DIMENSION OF FOODS: For fish etc. use a ruler to measure length or diameter. Use UC216A to fill in the length or diameter.

D

1=Weight of actual food

2=Weight of playdough

3=Volume of food

4=Volume by water method

5=Size

6=Length

7=Diameter

E

1=Small

2=Medium

3=Large

4=Standard

5=Yellow spoon (1 T)

6=Violet spoon (1/2 T)

7=Green spoon (1 tsp)

8=Small "Kendo"

9=Medium "Kendo"

10=Large "Kendo"

**DON'T FORGET: COLLECT
RECIPE INFORMATION!!!****REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES!**

24-hour recall: FIRST AND SECOND PASS for food items and recipes consumed by CHILD 6-35 months old

LIST 2-PAGE 8
1st & 2nd pass

FIRST PASS			SECOND PASS				
Codes A			Description	B		See food code list	C
Time period	Episode #	Food item or name of dish		Form when eaten		Code	Who fed to child
UC204	UC205	UC206	UC207	UC208		UC209	UC210
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in codes A, B and C
while doing the recallUC209 is filled in by team
leader**A**1=Morning
2=Mid-day
3=Afternoon
4=Evening**B**01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil
07=Deep fried in oil
08=Roasted
09=Baked
10=Roasted & boiled
11=Deep fried & boiled
12=Stir-fried & boiled13=Steamed & deep fried
14=Steamed & roasted
99=Don't know**C**1=Respondent mother/principal caregiver
2=Other household member
3=Neighbor/relative on other compound
4=No one fed -Child fed self
9=Don't know

24-hour recall: **THIRD PASS** for portion sizes of food and recipes consumed by **CHILD 6-35 months old****LIST 2-PAGE 9**
THIRD PASS**THIRD PASS**

	Food item or name of dish	D						E		
		Write out quantity and units	Measurement method	Quantity consumed by CHILD (Served minus left on plate)				Number	Size	Length or Diameter (cm)
				Grams	Milliliters					
	UC206	UC211	UC211A	UC212	UC213	UC214	UC215	UC216	UC216A	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

*Copy name of food or recipe from previous page. Be sure you use the same line number.**During recall interview, after you estimate quantity, write out quantity AND unit of measure in column UC211.**Immediately after the interview, fill in quantity in columns UC212-UC216A, but indicate FIRST the measurement method (UC211A).***a** *WEIGHT IN GRAMS: If you used the scale to measure weight, fill in grams in UC212.***b** *VOLUME OF FOOD: If you used the rice or water to measure volume in beakers, fill in milliliters in column UC214.***c** *VOLUME BY WATER METHOD: If you used the playdough and measured the water twice, fill in columns UC213 AND UC214.***d** *NUMBER OF ITEMS OR FRACTION: Use column UC215 to record the number of the item**(for example, "2" for "2 bananas" or "1/2" for "one-half banana").***e** *SIZE OF ITEM: If mother told you a size (small, medium, or large) or if it is a standard size fill in column UC216 with code=1, 2, 3 or 4. If you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UC216 with code=5-10.***f** *DIMENSION OF FOODS: For fish etc. use a ruler to measure length or diameter. Use UC216A to fill in the length or diameter.***D**

1=Weight of actual food

2=Weight of playdough

3=Volume of food

4=Volume by water method

5=Size

6=Length

7=Diameter

E

1=Small

2=Medium

3=Large

4=Standard

5=Yellow spoon (1 T)

6=Violet spoon (1/2 T)

7=Green spoon (1 tsp)

8=Small "Kendo"

9=Medium "Kendo"

10=Large "Kendo"

**DON'T FORGET: COLLECT
RECIPE INFORMATION!!!****REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES!**

24-hour recall: **FIRST AND SECOND PASS** for food items and recipes consumed by the **MOTHER****LIST 1-PAGE 10**

1st & 2nd pass

Name of respondent: _____

ID IND

--	--	--	--

FIRST PASS				SECOND PASS			
Codes A					B	See food code list	
	Time period	Episode #	Food item or name of dish	Description	Form when eaten		Code
	UM04	UM05	UM06	UM07	UM08		UM09
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Fill in codes A and B while doing the recall

UM09 is filled in by team leader

A1=Morning
2=Mid-day
3=Afternoon
4=Evening**B**01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil07=Deep fried in oil
08=Roasted
09=Baked
10=Roasted & boiled
11=Deep fried & boiled
12=Stir-fried & boiled13=Steamed & deep fried
14=Steamed & roasted
99=Don't know

24-hour recall: THIRD PASS for portion sizes of food and recipes consumed by the MOTHER

LIST 1-PAGE 11
THIRD PASS

THIRD PASS

	Food item or name of dish	D Quantity consumed by CHILD (Served minus left on plate)						E	
		Write out quantity and units	Measurement	Grams	Milliliters		Number	Size	Length or Diameter (cm)
			method						
	UM06	UM11	UM11A	UM12	UM13	UM14	UM15	UM16	UM16A
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Copy name of food or recipe from previous page. Be sure you use the same line number.

During recall interview, after you estimate quantity, write out quantity AND unit of measure in column UM11.

Immediately after the interview, fill in quantity in columns UM12-UM16A, but indicate FIRST the measurement method (UM11A).

a WEIGHT IN GRAMS: If you used the scale to measure weight, fill in grams in UM12.

b VOLUME OF FOOD: If you used the rice or water to measure volume in beakers, fill in milliliters in column UM14.

c VOLUME BY WATER METHOD: If you used the playdough and measured the water twice, fill in columns UM13 AND UM14.

d NUMBER OF ITEMS OR FRACTION: Use column UM15 to record the number of the item
(for example, "2" for "2 bananas" or "1/2" for "one-half banana").

e SIZE OF ITEM: If mother told you a size (small, medium, or large) or if it is a standard size fill in column UM16 with code=1, 2, 3 or 4. If you used the rice to measure volume in measuring spoons or "Kendos" (for oil), fill in column UM16 with code=5-10.

f DIMENSION OF FOODS: For fish etc. use a ruler to measure length or diameter. Use UM16A to fill in the length or diameter.

D

1=Weight of actual food

2=Weight of playdough

3=Volume of food

4=Volume by water method

5=Size

6=Length

7=Diameter

E

1=Small

2=Medium

3=Large

4=Standard

5=Yellow spoon (1 T)

6=Violet spoon (1/2 T)

7=Green spoon (1 tsp)

8=Small "Kendo"

9=Medium "Kendo"

10=Large "Kendo"

REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES WITH THE MOTHER: REVISION OF INFORMATION & USE OF PICTURE
CHECKLIST

24-hour recall: FIRST AND SECOND PASS for food items and recipes consumed by the MOTHER

LIST 2-PAGE 12
1st & 2nd pass

FIRST PASS				SECOND PASS			
Codes A					B		See food code list
	Time period	Episode #	Food item or name of dish	Description	Form when eaten		Code
	UM04	UM05	UM06	UM07	UM08		UM09
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in codes A and B while doing the recall

UM09 is filled in by
team leader

A
1=Morning
2=Mid-day
3=Afternoon
4=Evening

B

01=Raw
02=Boiled in water, not drained
03=Boiled in water then drained
04=Boiled without added water
05=Steamed
06=Stir-fried in oil

07=Deep fried in oil
08=Roasted
09=Baked
10=Roasted & boiled
11=Deep fried & boiled
12=Stir-fried & boiled

13=Steamed & deep fried
14=Steamed & roasted
99=Don't know

REMEMBER TO PROCEED TO 4TH PASS AFTER COMPLETING THE 3RD PASS INCLUDING RECIPES WITH THE MOTHER: REVISION OF INFORMATION & USE OF PICTURE CHECKLIST

V22. Do you usually prepare porridge for (NAME)?

0=No

1=Yes

If "NO" skip to V24.

☐

V23. The last time you made porridge for (NAME) what ingredients did you use and what did you add?

Enumerator: Code each food "1" if mentioned and "0" if not mentioned. Do not read the list of foods!!

Cassava

☐

Egg

☐

Mango

☐

Maize

☐

Milk

☐

Papaya

☐

Sorghum/Millet

☐

Pumpkin

☐

Orange

☐

Rice

☐

Fish

☐

Passion Fruit

☐

Dried beans (including soja)

☐

Small fish

☐

Other fruit

☐

Groundnuts or groundnuts paste

☐

Lemon/Tamarind juice

☐

Sugar/Honey

☐

Cashewnuts

☐

Fresh beans

☐

Cooking oil

☐

White-fleshed sweet potato

☐

Carrots

☐

Margarine (Blue Band etc.)

☐

Yellow-fleshed sweet potato

☐

Dark green leaves

☐

Sesame (simsim)

☐

Orange-fleshed sweet potato

☐

Feeding during diarrhea

V24. Has (NAME) ever had diarrhea?

0=No

1=Yes

9=Don't know

☐

If "NO" go to next module (morbidity)

If "YES" go to next page, questions V25-29

Enumerator: If "YES" to V24 (child had had diarrhea) tell mother you would like to ask about the last time the child had diarrhea

For all questions about feeding during and after diarrhea, please read the first four response options to the mother.
Ask her to choose the one that best describes what she did the last time the (NAME) had diarrhea.

Response options for questions V25-V29:

- 1=Less than usual
- 2=The same as usual
- 3=More than usual
- 4=Did not give any
- 5=First diarrhea episode (only for V28 + V29)
- 9=Does not remember/does not know

V25. The last time (NAME) had diarrhea, how often did you try to offer (NAME) liquids or drinks? (READ RESPONSES)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to offer liquids or drinks?]

☐

V26. The last time (NAME) had diarrhea, how often did you try to breastfeed (NAME)? (READ RESPONSES)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to breastfeed?]

☐

V27. The last time (NAME) had diarrhea, how often did you try to offer (NAME) food? (READ RESPONSES)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to offer food?]

☐

Enumerator: Tell mother "Now I would like to ask you about the time just after (NAME) had diarrhea, once he/she felt better

V28. During the two weeks after (NAME) had diarrhea, how often did you try to offer (NAME) liquids or drinks? (READ RESPONSES)

☐

V29. During the two weeks after (NAME) had diarrhea, how often did you try to offer (NAME) food? (READ RESPONSES)

☐

W1. Reference child 3-5 years old immunization and 2-week morbidity recall

Name of respondent: _____

IND ID

--	--	--

Name of reference child 3-5 years old: _____

IND ID

--	--	--

W101 Has the child at least got one vaccination recorded on his/her health card?

--

1=Yes

2=No → Probe

3=Does not have card → Probe

W102

Vaccination	How given	Maximum possible	Number W102
1-BCG	Right Upper arm	1	
2-Polio	Mouth Drops	4	
3-DPT-HebB+Hib	Left Upper thigh	3	
4-Measles	Left Upper arm	1	

*Fill in number of
each type of vaccination***X1. FERTILITY HISTORY OF MOTHER/CAREGIVER OF REFERENCE CHILD****X101** How many live births has she had?

--	--

X102 How many of those children died in the first 5 years?

--	--

Y1. OTHER DISEASES IN HOUSEHOLD/NEIGHBORHOOD**Y101** Is there currently anybody living in this household or in the close neighborhood who has been diagnosed Tuberculosis at a health facility since the beginning of this year AND/OR who is coughing for more than 3 weeks?

--

1=Yes

2=No

Y102 If yes, do you know whether this person has gone through treatment or is currently under treatment?

--

3=Don't know

W103: During the last two weeks, has the child had diarrhea? ☐

0-No
1-Yes
9=Don't know

W104: If Yes: When did it end (number of days ago)?

00=Not yet
99=Don't know
Maximum possible: 14

If W103=1, fill out BOX W11

→ If W103=0 or 9, skip to W111

Box W11 Gastro-Intestinal Symptoms

Gastro-Intestinal Symptoms 9=Don't remember/don't know					How many days did the diarrhea last?
How many times a day did the child defaecate in the beginning?	Did the diarrhea have mucus?	Was there blood in the faeces?	Did the child vomit at least once?	Did the child have fever?	Indicate number of days
W105	W106	W107	W108	W109	W110
<input type="text"/> <input type="text"/> 99=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> <input type="text"/> 99=Don't know

W111 During the past 2 weeks, has the child suffered from acute respiratory infection (cough, runny nose, rapid breathing)? ☐

0-No
1-Yes
9=Don't know

W112 If Yes, when did it end (number of days ago)?

00=Not yet
99=Don't know
Maximum possible: 14

If W111=1, fill out BOX W12

→ If W111=0 or 9, skip to W120

Box W12 Respiratory Symptoms

Respiratory Symptoms 9=Don't know			How severe was the respiratory infection? 1-Slight 2-Medium 3-Very	Fever? 0-No 1-Low 2-High	If cough (W113): How many days did it last? Indicate number of days	For other symptoms (runny nose and/or rapid breathing): How many days did the symptoms last? Indicate number of days
Cough?	Runny nose?	Rapid breathing?				
W113	W114	W115	W116	W117	W118	W119
<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> <input type="text"/> 99=Don't know 98=NA	<input type="text"/> <input type="text"/> 99=Don't know

W120 During the past 2 weeks, has the child suffered from fevers? ☐

0-No
1-Yes
9=Don't know

W121 If Yes, when did it end (number of days ago)?

00=Not yet
99=Don't know
Maximum possible: 14

W122 During the past 2 weeks, has the child suffered from any other disease? ☐

0-No
1-Yes
9=Don't know

W123 If Yes, when did it end (number of days ago)?

W124 During the past month, was the child admitted to a clinic/hospital? ☐

0-No
1-Yes
9=Don't know

W125 If yes, did the child receive any medical treatment?

☐ 0-No
1-Yes 9=Don't know

W126 If yes, specify medicine received: _____

W2. Reference child 6-35 months old immunization and 2-week morbidity recall

Name of respondent: _____

IND ID

Name of reference child 6-35 months old: _____

IND ID

--	--	--

W201 Has the child at least got one vaccination recorded on his/her health card?

1=Yes

2=No \longrightarrow Probe

3=Does not have card \rightarrow Probe

W202

Vaccination	How given	Maximum possible	Number W202
1-BCG	Right Upper arm	1	
2-Polio	Mouth Drops	4	
3-DPT-HebB+Hib	Left Upper thigh	3	
4-Measles	Left Upper arm	1	

Fill in number of
each type of vaccination

Only ask questions X2-Y2 if no interview was done for child 3-5 years old

X2. FERTILITY HISTORY OF MOTHER/CAREGIVER OF REFERENCE CHILD

X201 How many live births has she had?

--	--

X202 How many of those children died in the first 5 years?

--	--

Y2. OTHER DISEASES IN HOUSEHOLD/NEIGHBORHOOD

Is there currently anybody living in this household or in the close neighborhood
Y201 who has been diagnosed Tuberculosis at a health facility since the beginning of this
year AND/OR who is coughing for more than 3 weeks?

7

1=Yes

2=No

Y202 If yes, do you know whether this person has gone through treatment or is currently under treatment?

11

3=Don't know

W203: During the last two weeks, has the child had diarrhea? ☐

0=No
1=Yes
9=Don't know

W204: If Yes: When did it end (number of days ago)? ☐ ☐

00=Not yet

99=Don't know

Maximum possible: 14

If W203=1, fill out BOX W21 → If W203=0 or 9, skip to W211

Box W21 Gastro-Intestinal Symptoms

Gastro-Intestinal Symptoms 9=Don't remember/don't know					How many days did the diarrhea last?
How many times a day did the child defaecate in the beginning?	Did the diarrhea have mucus?	Was there blood in the faeces?	Did the child vomit at least once?	Did the child have fever?	
	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Low 2=High	Indicate number of days
W205	W206	W207	W208	W209	W210
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
99=Don't know	9=Don't know	9=Don't know	9=Don't know	9=Don't know	99=Don't know

W111 During the past 2 weeks, has the child suffered from acute respiratory infection (cough, runny nose, rapid breathing)? ☐

0=No
1=Yes
9=Don't know

W212 If Yes, when did it end (number of days ago)? ☐ ☐

00=Not yet

99=Don't know

Maximum possible: 14

If W211=1, fill out BOX W22 → If W211=0 or 9, skip to W220

Box W22 Respiratory Symptoms

Respiratory Symptoms 9=Don't know			How severe was the respiratory infection? 1-Slight 2-Medium 3-Very	Fever? 0=No 1=Low 2=High	If cough (W213): How many days did it last? Indicate number of days	For other symptoms (runny nose and/or rapid breathing): How many days did the symptoms last? Indicate number of days
Cough? 0=No 1=Yes	Runny nose? 0=No 1=Yes	Rapid breathing? 0=No 1=Yes				
W213	W214	W215	W216	W217	W218	W219
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9=Don't know	9=Don't know	9=Don't know	9=Don't know	9=Don't know	99=Don't know 98=NA	99=Don't know

W220 During the past 2 weeks, has the child suffered from fevers? ☐

0=No
1=Yes
9=Don't know

W221 If Yes, when did it end (number of days ago)? ☐ ☐

00=Not yet

99=Don't know

Maximum possible: 14

W222 During the past 2 weeks, has the child suffered from any other disease? ☐

0=No
1=Yes
9=Don't know

W223 If Yes, when did it end (number of days ago)? ☐ ☐

W224 During the past month, was the child admitted to a clinic/hospital? ☐

0=No
1=Yes
9=Don't know

W225 If yes, did the child receive any medical treatment?

☐ 0=No
1=Yes 9=Don't know

W226 If yes, specify medicine received: _____