**LIFT 2015 Nutrition Survey**

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| --- |
| **SHORT QUESTIONNAIRE – FOR THE ADDITIONAL HOUSHEOLDS FOR NUTRITION SAMPLE** |

## Questionnaire No.\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION 1: GENERAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questionnaire No | | |\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.1 | Village name | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.2 | Village MIMU code | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.3 | Village tract name | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.4 | Township name | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.5 | State/Region | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.6 | Household head name from village list | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | |
| 1.7 | Household number from village list | Delta 1  Dry 2  Hilly 3  Rakhine 4 | Village no | Reg. | Vill. | House No.  \_\_ | \_\_ \_\_ \_\_|\_\_ \_\_ \_\_| | |
| 1.8 | Interview date | DD\_\_\_\_\_/MM\_\_\_\_\_/201\_ | | | DD\_\_\_\_\_/MM\_\_\_\_\_/201\_ |
| **Ask if there are any children under 5 years of age in the household.**  **If answer is YES, then confirm the date of birth of the child using Question 1.9** | | | | | |
| 1.9 | **Ensure at least 1 child is under 5 years of age**  Date of birth of child | *Probe: What was his/her birthday*  (If mother/caretaker does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… | 2 | 0 |\_\_\_|\_\_\_| |
| **IF THERE ARE NO CHILDREN UNDER AGE 5 IN THE HOUSEHOLD THEN MOVE ON TO THE NEXT HOUSEHOLD AND END THE INTERVIEW. IF THERE ARE CHILDREN UNDER AGE 5 THEN CONTINUE WITH THE REST OF THE INTERVIEW** | | | | | |
|  | | | | | |
| 1.10 | Name of head of HH  (De jeure) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1.11 | Number of children under 5 | | | | |\_\_\_\_| |
| 1.12 | Total number of HH members  **Definition of HH members**: Has to have stayed in the HH at some time during the past 3 months and is normally considered to be a regular HH member. | | | | |\_\_\_\_| |
|  |  | **Name** | | | **Code** |
| 1.13 | Enumerator |  | | | |\_\_\_\_| |
| 1.14 | Anthroprometrist |  | | |  |
| 1.15 | Supervisor |  | | | |\_\_\_\_| |
| 1.16 | Editor |  | | | |\_\_\_\_| |
| 1.17 | Interview start time | \_\_\_\_\_:\_\_\_\_\_ | | | |\_\_\_\_\_\_\_\_\_\_\_\_| |
| 1.18 | Interview end time | \_\_\_\_\_:\_\_\_\_\_ | | | |\_\_\_\_\_\_\_\_\_\_\_\_| |
| 1.19 | Interview duration | \_\_\_\_\_:\_\_\_\_\_ | | | |\_\_\_\_\_\_\_\_\_\_\_\_| |

**INFORMED CONSENT AND INTRODUCTION**

**Informed consent:** it is necessary to introduce the household to the survey and obtain the consent of all prospective respondents to participate. If a prospective respondent (e.g. a woman decision maker) is not present at the beginning of the interview, be sure to return to this page and obtain consent before interviewing him or her. Ask to speak with a responsible adult in the household.

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with MSR/ICF. We are conducting a survey to determine the effectiveness of the LIFT program, which has been funded by people around the world.

We are interviewing households in 300 villages across Myanmar. These include some villages where LIFT organizations have been working and other villages where LIFT organizations have never worked. The households in each village have been selected randomly so that we can collect information on the livelihoods and the kinds of food households grow and eat to see whether LIFT’s support has been effective. Your household is among 48 households selected in your village and we would like to ask you as head of the household or spouse some questions about your household and its livelihoods and food situation. We would also like to measure the height and weight of any children under 5 years of age in your household. In total, this should take about 20 to 30 minutes of your time.

Your information will help LIFT know how best to provide support, and to understand if this assistance is helping households and children in this village. We ask for your open and honest information. The results will be summarized for all households interviewed.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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. In case you need more information about the survey, you may contact the person listed on this card.

We can return later today if you don't have time to finish all the questions now.

**GIVE CARD WITH CONTACT INFORMATION**

Do you have any questions about the study or about your participation?

**ELIGIBLE HOUSEHOLD MEMBERS:**

**Head of Household, Spouse or de facto head of household**

[NAME], do you agree to participate in the survey and allow that children under age 5 are weighed and measured?

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

**Additional mothers or caretakers for children under five years of age**

[NAME], do you agree to participate in the survey and allow that children under age 5 are weighed and measured?

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONDENT AGREED \_\_\_\_ RESPONDENT DID NOT AGREE \_\_\_\_

**My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.**

INTERVIEWER'S NAME AND CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_201\_

SIGNATURE AND DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_201\_

## SECTION 2: RESPONDENT’S INFORMATION – Ask head of household or spouse

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2.1 | Respondent’s name |  | | | |
| Criteria for the respondent | ***Only head of household or spouse can be used as respondents for sections 4, 5, 9 and 20.***  *The head of HH is a living member of the HH and determined by the HH members themselves. The head of HH can be female.*  *(If the head of household or spouse cannot provide information the interviewer can ask the de facto head of HH (e.g. member who earns main income.)* | | | |
| 2.2 | Position in the Household | Head of Household | 1 | | |\_\_\_\_| |
| Spouse | 2 | |
| De facto Head of Household | 3 | |
| Other (specify) | 4 | |
| 2.3 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| 2.4 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| 2.5 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| 2.6 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

## SECTION 4: EXPOSURE TO LIFT-SUPPORTED ACTIVITIES – Ask head of household or spouse

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Have you or anyone from your household participated or benefited from any of the following activities in the past 5 years? If yes, who provided those activities? (Multiple responses possible)** | Yes-1  No-2 | NGO  1 | Govt.  2 | Private Sector 4 | DK  8 |
|  | **4.1 TRAINING and/or RECEIVED ADVICE** | | | | | |
| 4.15 | In nutrition | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |
| 4.16 | In WASH/hygiene | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |
|  | **4.2 HOUSEHOLD INPUTS - Have you or anyone from your household received any of the following inputs in the past 5 years? (Multiple responses possible)** | | | | | |
| 4.25 | In nutrition – maternal cash transfer | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |
| 4.26 | In WASH/hygiene –   * Grants/materials for sanitation facilities * Grants/materials for sanitation facilities | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |
|  | **4.3 GROUP-BASED ACTIVITIES - Are you or anyone in the household currently a member of any of the following groups** in the last 5 years**? (Multiple responses possible)** | | | | | |
| 4.35 | In nutrition (e.g. mother-to-mother support groups) | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |
| 4.36 | In WASH/hygiene | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| | |\_\_\_\_| |

## SECTION 5: HH INCOME – Ask head of household or spouse

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.40 | What is the average total income for your household from all sources in a normal month/year? | | | |  |
| Less than Ks 25,000 monthly | or | Less than Ks 300,000 annually | 1 | |\_\_\_\_| |
| Ks 25,001 – Ks 50,000 monthly | or | Ks 300,001 – 600,000 annually | 2 |
| > Ks 50,001 – Ks 75,000 monthly | or | > Ks 600,001 – 900,000 annually | 3 |
| > Ks 75,001 – Ks 100,000 monthly | or | > Ks 900,001 – Ks 1,200,000 annually | 4 |
| > Ks 100,001 – Ks 150,000 monthly | or | > Ks 1,200,001 – Ks 1,800,000 annually | 5 |
| > Ks 150,001 – Ks 200,000 monthly | or | > Ks 1,800,001 – Ks 2,400,000 annually | 6 |
| > Ks 200,001 – Ks 250,000 monthly | or | > Ks 2,400,001 – Ks 3,000,000 annually | 7 |
| > Ks 250,001 – Ks 300,000 monthly | or | > Ks 3,000,001 – Ks 3,600,000 annually | 8 |
| > Ks 300,001 – Ks 350,000 monthly | or | > Ks 3,600,001 – Ks 4,200,000 annually | 9 |
| > Ks 350,001 – Ks 400,000 monthly | or | > Ks 4,200,001 – Ks 4,800,000 annually | 10 |
| > Ks 400,001 – Ks 450,000 monthly | or | Ks 4,800,001 – Ks 5,400,000 annually | 11 |
| > Ks 450,001 – Ks 500,000 monthly | or | Ks 5,400,001 – Ks 6,000,000 annually | 12 |
| > Ks 500,001 – Ks 550,000 monthly | or | Ks 6,000,001 – Ks 6,600,000 annually | 13 |
| > Ks 550,001 – Ks 600,000 monthly | or | Ks 6,600,001 – Ks 7,200,000 annually | 14 |
| Over Ks 600,001 monthly | or | Over Ks 7,200,001 annually | 99 |
| Don’t know/no response |  |  |  |

## SECTION 9: MONTHS OF ADEQUATE HOUSEHOLD FOOD PROVISIONING – Ask head of household or spouse

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Now I would like to ask you about your household’s food supply during different months of the year. Please think back over the last 12 months from now to the same time last year. | | | | | | |
| 9.1 | Were there months in the past 12 months in which your household did not have enough food to meet your household’s needs? This includes food from any source such as from your own production, purchase or exchange. | | | | | |
| Yes | | 1 |  | | |\_\_\_\_| |
| No | | 2 | ▶10.1 | |
|  | If yes, which were the months in the past 12 months during which your household did not have enough food? (Do not read out the list of months.) **(Multiple responses)** | | | | | |
|  | **Fill in Code “1” if the respondent identifies that month as one in which the household DID NOT HAVE enough food. If the respondent does not identify that month fill in Code “0”.** | | | | Inadequate—1 Adequate—0 | |
| 9.2 | December 2015 | Nadaw | | | |\_\_\_\_| | |
| 9.3 | November 2015 | Tazaungmon | | | |\_\_\_\_| | |
| 9.4 | October 2015 | Thadingyut | | | |\_\_\_\_| | |
| 9.5 | September 2015 | Tawthalin | | | |\_\_\_\_| | |
| 9.6 | August 2015 | Wagaung | | | |\_\_\_\_| | |
| 9.7 | July 2015 | Waso | | | |\_\_\_\_| | |
| 9.8 | June 2015 | Nayone | | | |\_\_\_\_| | |
| 9.9 | May 2015 | Kasone | | | |\_\_\_\_| | |
| 9.10 | April 2015 | Tagu | | | |\_\_\_\_| | |
| 9.11 | March 2015 | Tabaung | | | |\_\_\_\_| | |
| 9.12 | February 2015 | Tabodwe | | | |\_\_\_\_| | |
| 9.13 | January 2015 | Pyatho | | | |\_\_\_\_| | |

## SECTION 20: WATER AND SANITATION Ask head of household or spouse

|  |  |  |  |
| --- | --- | --- | --- |
| **20.1** | **What is currently the main source of drinking water for members of your household in the past 12 months in the rainy season?** |  |  |
|  | Piped water  Piped into home  Piped to yard/plot  Public tap/standpipe  Tubewell or borehole  Dug well  Protected well  Unprotected well  Water from spring  Protected spring  Unprotected spring  Water from pond  Protected pond  Unprotected pond  Rainwater  Tanker truck  Cart with small tank  Surface water (river/dam/lake/pond/stream/canal/irrigation channel)  Digging into a dry river bed  Bottled water  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11  12  13  21  31  32  41  42  51  52  61  71  81  82  91  92  96 | |\_\_\_\_| |
| 20.1a | Where is that water source located? |  |  |
|  | In own dwelling  In own yard/plot  Elsewhere | 1  2  3 | |\_\_\_\_| |
| 20.1b | How long does it take to go there, get water, and come back? |  |  |
|  | Minutes  Don’t know | \_\_ \_\_ \_\_  998 | |\_\_ \_\_ \_\_| |
| 20.1c | Is water available from this source all year round? |  |  |
|  | Yes  No  Don’t know | 1  2  8 | |\_\_\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| **20.2** | **What is the main source of drinking-water used by your household in the past 12 months in the winter season?** |  |  |
|  | Piped water  Piped into home  Piped to yard/plot  Public tap/standpipe  Tubewell or borehole  Dug well  Protected well  Unprotected well  Water from spring  Protected spring  Unprotected spring  Water from pond  Protected pond  Unprotected pond  Rainwater  Tanker truck  Cart with small tank  Surface water (river/dam/lake/pond/stream/canal/irrigation channel)  Digging into a dry river bed  Bottled water  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11  12  13  21  31  32  41  42  51  52  61  71  81  82  91  92  96 | |\_\_\_\_| |
| 20.2a | Where is that water source located? |  |  |
|  | In own dwelling  In own yard/plot  Elsewhere | 1  2  3 | |\_\_\_\_| |
| 20.2b | How long does it take to go there, get water, and come back? |  |  |
|  | Minutes  Don’t know | \_\_ \_\_ \_\_  998 | |\_\_ \_\_ \_\_| |
| 20.2c | Is water available from this source all year round? |  |  |
|  | Yes  No  Don’t know | 1  2  8 | |\_\_\_\_| |
| 20.2d | In the last two weeks, was water unavailable from this source for a day or longer? |  |  |
|  | Yes  No  Don’t know | 1  2  8 | |\_\_\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| **20.3** | **What is the main source of drinking-water used by your household in the past 12 months in the summer season?** |  |  |
|  | Piped water  Piped into home  Piped to yard/plot  Public tap/standpipe  Tubewell or borehole  Dug well  Protected well  Unprotected well  Water from spring  Protected spring  Unprotected spring  Water from pond  Protected pond  Unprotected pond  Rainwater  Tanker truck  Cart with small tank  Surface water (river/dam/lake/pond/stream/canal/irrigation channel)  Digging into a dry river bed  Bottled water  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11  12  13  21  31  32  41  42  51  52  61  71  81  82  91  92  96 | |\_\_\_\_| |
| 20.3a | Where is that water source located? |  |  |
|  | In own dwelling  In own yard/plot  Elsewhere | 1  2  3 | |\_\_\_\_| |
| 20.3b | How long does it take to go there, get water, and come back? |  |  |
|  | Minutes  Don’t know | \_\_ \_\_ \_\_  998 | |\_\_ \_\_ \_\_| |
| 20.3c | Is water available from this source all year round? |  |  |
|  | Yes  No  Don’t know | 1  2  8 | |\_\_\_\_| |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 20.4 | Do you treat your water in any way to make it safer to drink? | Yes 1 |  | |\_\_\_\_| | |
| No 2 | ▶20.6 |
| Don’t know 8 | ▶20.6 |
|  | If Yes, what do you usually do to the water to make it safer to drink? Anything else? **Record all items mentioned**. | | |  | |
| 20.5.1 | Boil | | | |\_\_\_\_| | |
| 20.5.2 | Add bleach/chlorine/iodine | | | |\_\_\_\_| | |
| 20.5.3 | Strain it through a cloth | | | |\_\_\_\_| | |
| 20.5.4 | Use a water filter (ceramic, sand, composite, etc.) | | | |\_\_\_\_| | |
| 20.5.5 | Solar disinfection | | | |\_\_\_\_| | |
| 20.5.6 | Let it stand and settle | | | |\_\_\_\_| | |
| 20.5.7 | Others (specify) --------------------------------------------- | | | |\_\_\_\_| | |
| 20.6 | What kind of toilet facility do members of your household usually use? | | |  | |
| Flush or Pour Flush Toilet  Flush to piped sewer system 11  Flush to septic tank 12  Flush to pit latrine 13  Flush to somewhere else 14  Flush, don't know where 15  Pit Latrine  Ventilated Improved Pit Latrine 21  Pit Latrine With Slab 22  Pit Latrine Without Slab/Open Pit 23  Bucket Toilet 41  No Facility/Bush/Field 61  Hanging Latrine (Pile) 71  Other 96 | | | | |\_\_\_\_| |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 20.7 | Does your household share the toilet facility with other households? | Yes 1  No 2 ▶20.9.1 | | | | | | |\_\_\_\_| |
| 20.8 | How many households share that toilet facility? | If less than 10 0 \_\_  10 or more households 95  Don’t know 98 | | | | | | |\_\_\_\_| |
|  | **When do you wash your hands?**  *(Circle one responses for each situation)* | **Code:**  0 = Never  1 = Rarely  2 = Sometimes or often  3 = Always  99 = No Answer / Don’t Know/NA | | | | | |  |
| 20.9.1 | After defecation and urination | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.2 | Before preparing meals | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.3 | Before feeding a child | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.4 | Before eating | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.5 | After eating | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.6 | After cleaning babies bottom | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.7 | After handling animals | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.9.8 | Other (specify):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 0 | 1 | 2 | 3 | 99 | | |\_\_\_\_| |
| 20.10 | **What do you use for washing hands?**  *(Most common method: only one response)* | | | | | | | |
|  | Do not wash hands | | | | 0 | | | |\_\_\_\_| |
| Water only | | | | 1 | | | |\_\_\_\_| |
| Water and soap | | | | 2 | | | |\_\_\_\_| |
| Water and ash | | | | 3 | | | |\_\_\_\_| |
| Other (specify): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | 96 | | | |\_\_\_\_| |
| No Answer / Don’t Know | | | | | | 99 | |
| 20.11 | Where do young children in your household defecate? **(only ask if have children under five years old)** | | | | | |  | |
|  | Open air 1  Nappies/cloth 2  Latrine/toilet 3  Bucket/bowl 4  Other 5 | | | | | | |\_\_\_\_| | |
| 20.12 | How do you dispose of your children’s feces? **(only ask if have children under five years old)** | | | | | |  | |
|  | Leave it on the ground 1  Bury it / cover with sand 2  Put it in the latrine 3  Put it the trash/garbage area 4  Wash the nappies / cloth in a river, well or pond 5  n/a (they go in the latrine or toilet) 6  Other (specify) 8 | | | | | | |\_\_\_\_| | |

## SECTION 21: MATERNAL AND CHILD HEALTH KNOWLEDGE Ask the male HH head and female caregiver ONLY if they are the parent of a child under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Ask MALE father/HH HEAD (FATHER OF CHILD UNDER 2 YEARS)**  **If no male HH head ▶female caregiver** | **Ask FEMALE CAREGIVER**  **(MOTHER OF CHILD UNDER 2 YEARS)** |
| K1 | In your opinion, do you think pregnant women overall need to eat more, less or the same amount of food as they did before they got pregnant? | More 1  Less 2  Same 3  Don’t know 8 | More 1  Less 2  Same 3  Don’t know 8 |
| K2 | How long after birth should a mother first put her baby to the breast? | Immediately 1  Less than 1 hour  after delivery 2  Some hours later but  less than 24 hours 3  1 day later 4  More than 1 day later 5  Baby should not be breastfed 6  Don’t know 8 | Immediately 1  Less than 1 hour  after delivery 2  Some hours later but  less than 24 hours 3  1 day later 4  More than 1 day later 5  Baby should not be breastfed 6  Don’t know 8 |
| K3 | How many months should a child be exclusively breastfed? | \_\_\_ \_\_\_  Don’t know 88 | \_\_\_ \_\_\_  Don’t know 88 |
| K4 | At what age should a breast-fed child be introduced to semi-solid or solid foods? | Age in months  \_\_\_ \_\_\_  Don’t know 88 | Age in months  \_\_\_ \_\_\_  Don’t know 88 |

## CHILD 1 - SECTION C1.1: RESPONDENT’S INFORMATION Ask the child’s primary caregiver

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C1.11 | Respondent’s name |  | | | |
| Criteria for the respondent | *The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.* | | | |
| C1.12 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| C1.13 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| C1.14 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| C1.15 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C1.16 | Relationship of primary caregiver to child under 5 | Mother | 1 | |\_\_\_\_| |
| Father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Aunty | 5 |
| Uncle | 6 |
| Older sister | 7 |
| Older brother | 8 |
| Female cousin | 9 |
| Male cousin | 10 |
| Other female relative | 11 |
| Other male relative | 12 |
| Female who is not a relative | 13 |
| Male who is not a relative | 14 |
| Other - specify | 88 |
| C1.17 | Highest level of education caregiver attended | No (formal) education | 1 | |\_\_\_\_| |
| Primary school (Grades 1–5) | 2 |
| Middle school (Grades 6-9) | 3 |
| High school (Grades 10-11) | 4 |
| Vocational education | 5 |
| Tertiary education (University) | 6 |
| Other - Specify | 88 |
| Don’t know | 99 |

## CHILD 1 - SECTION C1.2: CHILD ILLNESS Ask the child’s primary caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C1.21 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had diarrhea in the last 2 weeks?**  *(diarrhea = 3 or more loose stools in any 24 hour period)* | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C1.22 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a fever in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C1.23 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a cough or fast breathing in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C1.24 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had any other illness in the last 2 weeks?**  **If Yes, what illness or symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |

## CHILD 1 - SECTION C1.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET Ask ONLY if the child is under 2 years of age

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C1.31 | | Has [CHILD'S NAME] ever been breastfed? | Yes—1  No—2 ▶ C1.33  Don’t know - 8 | |\_\_\_\_| |
| C1.32 | | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | Yes—1▶ C1.34  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.33 | | Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.34 | | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.35 | | Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
|  | | Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have: | | |
| C1.36 | | Plain water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.37 | | Any kind of Infant formula?  IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN? | Yes—1  No—2▶C1.39  Don’t know - 8 | |\_\_\_\_| |
| C1.38 | | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | |\_\_\_\_\_\_| | |
| C1.39 | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA? | | Yes—1  No—2▶C1.311  Don’t know - 8 | |\_\_\_\_| |
| C1.310 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | | |\_\_\_\_\_\_| | |
| C1.311 | Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.? | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.312 | Clear broth? | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.313 | Yogurt? | | Yes—1  No—2▶C1.315  Don’t know - 8 | |\_\_\_\_| |
| C1.314 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | | |\_\_\_\_\_\_| | |
| C1.315 | Did [CHILD'S NAME] have any thin porridge (packaged or home-made)?  PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity  LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C1.319 | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.316 | Tea or coffee? | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.317 | Any other sweetened or flavored waters?  PROBES: Honey water, sugar water? | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C1.318 | Any other liquids not mentioned above? | | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C1.319-C1.336)?** | Yes- 1  No- 2  Don’t know 8 |
| C1.319 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C1.320 | Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C1.321 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C1.322 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C1.323 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C1.324 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C1.325 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C1.326 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C1.327 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C1.328 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C1.329 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C1.330 | Any foods made from beans, peas, lentils, groundnuts or other legumes? | |\_\_\_\_| |
| C1.331 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C1.332 | Cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C1.333 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C1.334 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C1.335 | Condiments for flavor, such as chilies, spices, herbs, fish paste? | |\_\_\_\_| |
| C1.336 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |
|  | Check categories C1.319-C1.336  If all “no” -🡪 Go to question “A”  If at least one “yes” or all “DK” 🡪 Go to question “B” |  |
| C1.337 | **Question “A”** : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night?  If “yes” probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C1.319-C1.336 and record foods eaten, then continue to question “B” | |\_\_\_\_| |
| C1.338 | **Question “B”** How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night  **Note: This question is asked only one time**  Number of times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know (88) | |\_\_\_\_| |

## CHILD 1 - SECTION C1.4: WOMAN'S DIETARY DIVERSITY Ask ONLY if the primary caregiver is the MOTHER of the child under 2 years of age

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C1.41-C1.418)?** | Yes- 1  No- 2  Don’t know 8 |
| C1.41 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C1.42 | Pumpkin, carrots, squash, orange sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C1.43 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C1.44 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C1.45 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C1.46 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C1.47 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C1.48 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C1.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C1.410 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C1.411 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C1.412 | Any foods made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other legumes? | |\_\_\_\_| |
| C1.413 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C1.414 | Milk, cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C1.415 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C1.416 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C1.417 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | |\_\_\_\_| |
| C1.418 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |

## CHILD 1 - Section C1.5: WOMAN'S MUAC Measure ONLY if the primary caregiver is the MOTHER of a child under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| C1.51 | Record mother’s MUAC to the nearest 0.1 cm  **If not the child’s biological mother, do not measure.** |  | |\_\_\_|\_\_\_|**.**|\_\_\_|cm |

## CHILD 1 - SECTION C1.6: ANTHROPOMETRIC MEASUREMENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C1.60 | **CHILD 1 Name** | ***………………………………………….*** | | | |
| C1.61 | Age in months(For example if the child is nine months old |\_0\_\_||\_9\_\_| | | | | |\_\_\_||\_\_\_| |
| C1.62 | Date of birth of Child 1 | *Probe: what was his/her birthday*  (If mother/career does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… |20 | |
| C1.63 | Date of birth source | Birth certificate 1  Health card 2  Home registry 3 | Father/mother testimony 4  Other (specify) 5  ………………………………… | | |\_\_\_| |
| C1.64 | Sex of child 1 | Male……………1  Female…………2 | | | |\_\_\_| |
| C1.65 | Record child’s weight | | | | |\_\_\_|\_\_\_|**.**|\_\_\_|kg |
| C1.66 | Record height / length for child 1  (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying) | | | | |\_\_\_|\_\_\_|\_\_\_|**.**|\_\_\_|cm |
| C1.67 | Record height measurement posture for child 1 | | | Standing 1  Lying 2 | |\_\_\_| |
| C1.68 | Results | Measured 1  Not present 2 | Refused 3  Other 4 ………………….. | | |\_\_\_| |
|  | **IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.**  **IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW.** | | | | |

## CHILD 2 – SECTION C2.1: RESPONDENT’S INFORMATION Ask child’s primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C2.11 | Respondent’s name |  | | | |
| Criteria for the respondent | *The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.* | | | |
| C2.12 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| C2.13 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| C2.14 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| C2.15 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C2.16 | Relationship of primary caregiver to child under 5 | Mother | 1 | |\_\_\_\_| |
| Father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Aunty | 5 |
| Uncle | 6 |
| Older sister | 7 |
| Older brother | 8 |
| Female cousin | 9 |
| Male cousin | 10 |
| Other female relative | 11 |
| Other male relative | 12 |
| Female who is not a relative | 13 |
| Male who is not a relative | 14 |
| Other - specify | 88 |
| C2.17 | Highest level of education caregiver attended | No (formal) education | 1 | |\_\_\_\_| |
| Primary school (Grades 1–5) | 2 |
| Middle school (Grades 6-9) | 3 |
| High school (Grades 10-11) | 4 |
| Vocational education | 5 |
| Tertiary education (University) | 6 |
| Other - Specify | 88 |
| Don’t know | 99 |

## CHILD 2 - SECTION C2.2: CHILD ILLNESS Ask the child’s primary caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C2.21 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had diarrhea in the last 2 weeks?**  *(diarrhea = 3 or more loose stools in any 24 hour period)* | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C2.22 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a fever in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C2.23 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a cough or fast breathing in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C2.24 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had any other illness in the last 2 weeks?**  **If Yes, what illness or symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |

## CHILD 2 - SECTION C2.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET Ask ONLY if the child is under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| C2.31 | Has [CHILD'S NAME] ever been breastfed? | Yes—1  No—2 ▶ C2.33  Don’t know - 8 | |\_\_\_\_| |
| C2.32 | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | Yes—1▶ C2.34  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.33 | Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.34 | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.35 | Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
|  | Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have: | | |
| C2.36 | Plain water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.37 | Any kind of Infant formula?  IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN? | Yes—1  No—2▶C2.39  Don’t know - 8 | |\_\_\_\_| |
| C2.38 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | |\_\_\_\_\_\_| | |
| C2.39 | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA? | Yes—1  No—2▶C2.311  Don’t know - 8 | |\_\_\_\_| |
| C2.310 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | |\_\_\_\_\_\_| | |
| C2.311 | Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.312 | Clear broth? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.313 | Yogurt? | Yes—1  No—2▶C2.315  Don’t know - 8 | |\_\_\_\_| |
| C2.314 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | |\_\_\_\_\_\_| | |
| C2.315 | Did [CHILD'S NAME] have any thin porridge (packaged or home-made)?  PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity  LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C2.319 | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.316 | Tea or coffee? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.317 | Any other sweetened or flavored waters?  PROBES: Honey water, sugar water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C2.318 | Any other liquids not mentioned above? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C2.319-C2.336)?** | Yes- 1  No- 2  Don’t know 8 |
| C2.319 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C2.320 | Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C2.321 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C2.322 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C2.323 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C2.324 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C2.325 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C2.326 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C2.327 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C2.328 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C2.329 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C2.330 | Any foods made from beans, peas, lentils, groundnuts or other legumes? | |\_\_\_\_| |
| C2.331 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C2.332 | Cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C2.333 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C2.334 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C2.335 | Condiments for flavor, such as chilies, spices, herbs, fish paste? | |\_\_\_\_| |
| C2.336 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |
|  | Check categories C2.319-C2.336  If all “no” -🡪 Go to question “A”  If at least one “yes” or all “DK” 🡪 Go to question “B” |  |
| C2.337 | **Question “A”** : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night?  If “yes” probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C2.319-C2.336 and record foods eaten, then continue to question “B” | |\_\_\_\_| |
| C2.338 | **Question “B”** How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night  **Note: This question is asked only one time**  Number of times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know (88) | |\_\_\_\_| |

## CHILD 2 - SECTION C2.4: WOMAN'S DIETARY DIVERSITY Ask ONLY if the primary caregiver is the MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman’s dietary diversity

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C2.41-C2.418)?** | Yes- 1  No- 2  Don’t know 8 |
| C2.41 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C2.42 | Pumpkin, carrots, squash, orange sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C2.43 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C2.44 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C2.45 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C2.46 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C2.47 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C2.48 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C2.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C2.410 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C2.411 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C2.412 | Any foods made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other legumes? | |\_\_\_\_| |
| C2.413 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C2.414 | Milk, cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C2.415 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C2.416 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C2.417 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | |\_\_\_\_| |
| C2.418 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |

## CHILD 2 - Section C2.5: WOMAN'S MUAC Measure ONLY if the primary caregiver is the MOTHER of a child under 2 years of age AND if the mother has NOT already been measured

|  |  |  |  |
| --- | --- | --- | --- |
| C2.51 | Record mother’s MUAC to the nearest 0.1 cm  **If not the child’s biological mother, do not measure.** |  | |\_\_\_|\_\_\_|**.**|\_\_\_|cm |

## CHILD 2 - SECTION C2.6: ANTHROPOMETRIC MEASUREMENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C2.60 | **CHILD 2 Name** | ***………………………………………….*** | | | |
| C2.61 | Age in months(For example if the child is nine months old |\_0\_\_||\_9\_\_| | | | | |\_\_\_||\_\_\_| |
| C2.62 | Date of birth of Child 2 | *Probe: what was his/her birthday*  (If mother/career does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… |20 | |
| C2.63 | Date of birth source | Birth certificate 1  Health card 2  Home registry 3 | Father/mother testimony 4  Other (specify) 5  ………………………………… | | |\_\_\_| |
| C2.64 | Sex of child 2 | Male……………1  Female…………2 | | | |\_\_\_| |
| C2.65 | Record child’s weight | | | | |\_\_\_|\_\_\_|**.**|\_\_\_|kg |
| C2.66 | Record height / length for child 2  (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying) | | | | |\_\_\_|\_\_\_|\_\_\_|**.**|\_\_\_|cm |
| C2.67 | Record height measurement posture for child 2 | | | Standing 1  Lying 2 | |\_\_\_| |
| C2.68 | Results | Measured 1  Not present 2 | Refused 3  Other 4 ………………….. | | |\_\_\_| |
|  | **IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.**  **IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW** | | | | |

## CHILD 3 – SECTION C3.1: RESPONDENT’S INFORMATION Ask child’s primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C3.11 | Respondent’s name |  | | | |
| Criteria for the respondent | *The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.* | | | |
| C3.12 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| C3.13 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| C3.14 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| C3.15 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C3.16 | Relationship of primary caregiver to child under 5 | Mother | 1 | |\_\_\_\_| |
| Father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Aunty | 5 |
| Uncle | 6 |
| Older sister | 7 |
| Older brother | 8 |
| Female cousin | 9 |
| Male cousin | 10 |
| Other female relative | 11 |
| Other male relative | 12 |
| Female who is not a relative | 13 |
| Male who is not a relative | 14 |
| Other - specify | 88 |
| C3.17 | Highest level of education caregiver attended | No (formal) education | 1 | |\_\_\_\_| |
| Primary school (Grades 1–5) | 2 |
| Middle school (Grades 6-9) | 3 |
| High school (Grades 10-11) | 4 |
| Vocational education | 5 |
| Tertiary education (University) | 6 |
| Other - Specify | 88 |
| Don’t know | 99 |

## CHILD 3 - SECTION C3.2: CHILD ILLNESS Ask the child’s primary caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C3.21 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had diarrhea in the last 2 weeks?**  *(diarrhea = 3 or more loose stools in any 24 hour period)* | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C3.22 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a fever in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C3.23 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a cough or fast breathing in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C3.24 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had any other illness in the last 2 weeks?**  **If Yes, what illness or symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |

## CHILD 3 - SECTION C3.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET Ask ONLY if the child is under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| C3.31 | Has [CHILD'S NAME] ever been breastfed? | Yes—1  No—2 ▶ C3.33  Don’t know - 8 | |\_\_\_\_| |
| C3.32 | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | Yes—1▶ C3.34  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.33 | Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.34 | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.35 | Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
|  | Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have: | | |
| C3.36 | Plain water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.37 | Any kind of Infant formula?  IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN? | Yes—1  No—2▶C3.39  Don’t know - 8 | |\_\_\_\_| |
| C3.38 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | |\_\_\_\_\_\_| | |
| C3.39 | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA? | Yes—1  No—2▶C3.311  Don’t know - 8 | |\_\_\_\_| |
| C3.310 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | |\_\_\_\_\_\_| | |
| C3.311 | Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.312 | Clear broth? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.313 | Yogurt? | Yes—1  No—2▶C3.315  Don’t know - 8 | |\_\_\_\_| |
| C3.314 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | |\_\_\_\_\_\_| | |
| C3.315 | Did [CHILD'S NAME] have any thin porridge (packaged or home-made)?  PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity  LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C3.319 | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.316 | Tea or coffee? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.317 | Any other sweetened or flavored waters?  PROBES: Honey water, sugar water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C3.318 | Any other liquids not mentioned above? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C3.319-C3.336)?** | Yes- 1  No- 2  Don’t know 8 |
| C3.319 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C3.320 | Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C3.321 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C3.322 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C3.323 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C3.324 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C3.325 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C3.326 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C3.327 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C3.328 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C3.329 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C3.330 | Any foods made from beans, peas, lentils, groundnuts or other legumes? | |\_\_\_\_| |
| C3.331 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C3.332 | Cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C3.333 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C3.334 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C3.335 | Condiments for flavor, such as chilies, spices, herbs, fish paste? | |\_\_\_\_| |
| C3.336 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |
|  | Check categories C3.319-C3.336  If all “no” -🡪 Go to question “A”  If at least one “yes” or all “DK” 🡪 Go to question “B” |  |
| C3.337 | **Question “A”** : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night?  If “yes” probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C3.319-C3.336 and record foods eaten, then continue to question “B” | |\_\_\_\_| |
| C3.338 | **Question “B”** How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night  **Note: This question is asked only one time**  Number of times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know (88) | |\_\_\_\_| |

## CHILD 3 - SECTION C3.4: WOMAN'S DIETARY DIVERSITY Ask ONLY if the primary caregiver is the MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman’s dietary diversity

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C3.41-C3.418)?** | Yes- 1  No- 2  Don’t know 8 |
| C3.41 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C3.42 | Pumpkin, carrots, squash, orange sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C3.43 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C3.44 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C3.45 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C3.46 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C3.47 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C3.48 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C3.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C3.410 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C3.411 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C3.412 | Any foods made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other legumes? | |\_\_\_\_| |
| C3.413 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C3.414 | Milk, cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C3.415 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C3.416 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C3.417 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | |\_\_\_\_| |
| C3.418 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |

## CHILD 3 - Section C3.5: WOMAN'S MUAC Measure ONLY if the primary caregiver is the MOTHER of a child under 2 years of age AND if the mother has NOT already been measured

|  |  |  |  |
| --- | --- | --- | --- |
| C3.51 | Record mother’s MUAC to the nearest 0.1 cm  **If not the child’s biological mother, do not measure.** |  | |\_\_\_|\_\_\_|**.**|\_\_\_|cm |

## CHILD 3 - SECTION C3.6: ANTHROPOMETRIC MEASUREMENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C3.60 | **CHILD 3 Name** | ***………………………………………….*** | | | |
| C3.61 | Age in months(For example if the child is nine months old |\_0\_\_||\_9\_\_| | | | | |\_\_\_||\_\_\_| |
| C3.62 | Date of birth of Child 3 | *Probe: what was his/her birthday*  (If mother/career does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… |20 | |
| C3.63 | Date of birth source | Birth certificate 1  Health card 2  Home registry 3 | Father/mother testimony 4  Other (specify) 5  ………………………………… | | |\_\_\_| |
| C3.64 | Sex of child 3 | Male……………1  Female…………2 | | | |\_\_\_| |
| C3.65 | Record child’s weight | | | | |\_\_\_|\_\_\_|**.**|\_\_\_|kg |
| C3.66 | Record height / length for child 3  (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying) | | | | |\_\_\_|\_\_\_|\_\_\_|**.**|\_\_\_|cm |
| C3.67 | Record height measurement posture for child 3 | | | Standing 1  Lying 2 | |\_\_\_| |
| C3.68 | Results | Measured 1  Not present 2 | Refused 3  Other 4 ………………….. | | |\_\_\_| |
|  | **IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.**  **IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW** | | | | |

## CHILD 4 – SECTION C4.1: RESPONDENT’S INFORMATION Ask child’s primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C4.11 | Respondent’s name |  | | | |
| Criteria for the respondent | *The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.* | | | |
| C4.12 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| C4.13 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| C4.14 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| C4.15 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C4.16 | Relationship of primary caregiver to child under 5 | Mother | 1 | |\_\_\_\_| |
| Father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Aunty | 5 |
| Uncle | 6 |
| Older sister | 7 |
| Older brother | 8 |
| Female cousin | 9 |
| Male cousin | 10 |
| Other female relative | 11 |
| Other male relative | 12 |
| Female who is not a relative | 13 |
| Male who is not a relative | 14 |
| Other - specify | 88 |
| C4.17 | Highest level of education caregiver attended | No (formal) education | 1 | |\_\_\_\_| |
| Primary school (Grades 1–5) | 2 |
| Middle school (Grades 6-9) | 3 |
| High school (Grades 10-11) | 4 |
| Vocational education | 5 |
| Tertiary education (University) | 6 |
| Other - Specify | 88 |
| Don’t know | 99 |

## CHILD 4 - SECTION C4.2: CHILD ILLNESS Ask child’s primary caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C4.21 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had diarrhea in the last 2 weeks?**  *(diarrhea = 3 or more loose stools in any 24 hour period)* | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C4.22 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a fever in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C4.23 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a cough or fast breathing in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C4.24 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had any other illness in the last 2 weeks?**  **If Yes, what illness or symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |

## CHILD 4 - SECTION C4.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET Ask ONLY if the child is under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| C4.31 | Has [CHILD'S NAME] ever been breastfed? | Yes—1  No—2 ▶ C4.33  Don’t know - 8 | |\_\_\_\_| |
| C4.32 | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | Yes—1▶ C4.34  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.33 | Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.34 | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.35 | Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
|  | Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have: | | |
| C4.36 | Plain water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.37 | Any kind of Infant formula?  IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN? | Yes—1  No—2▶C4.39  Don’t know - 8 | |\_\_\_\_| |
| C4.38 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | |\_\_\_\_\_\_| | |
| C4.39 | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA? | Yes—1  No—2▶C4.311  Don’t know - 8 | |\_\_\_\_| |
| C4.310 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | |\_\_\_\_\_\_| | |
| C4.311 | Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.312 | Clear broth? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.313 | Yogurt? | Yes—1  No—2▶C4.315  Don’t know - 8 | |\_\_\_\_| |
| C4.314 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | |\_\_\_\_\_\_| | |
| C4.315 | Did [CHILD'S NAME] have any thin porridge (packaged or home-made)?  PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity  LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C4.319 | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.316 | Tea or coffee? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.317 | Any other sweetened or flavored waters?  PROBES: Honey water, sugar water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C4.318 | Any other liquids not mentioned above? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C4.319-C4.336)?** | Yes- 1  No- 2  Don’t know 8 |
| C4.319 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C4.320 | Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C4.321 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C4.322 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C4.323 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C4.324 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C4.325 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C4.326 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C4.327 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C4.328 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C4.329 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C4.330 | Any foods made from beans, peas, lentils, groundnuts or other legumes? | |\_\_\_\_| |
| C4.331 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C4.332 | Cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C4.333 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C4.334 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C4.335 | Condiments for flavor, such as chilies, spices, herbs, fish paste? | |\_\_\_\_| |
| C4.336 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |
|  | Check categories C4.319-C4.336  If all “no” -🡪 Go to question “A”  If at least one “yes” or all “DK” 🡪 Go to question “B” |  |
| C4.337 | **Question “A”** : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night?  If “yes” probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C4.319-C4.336 and record foods eaten, then continue to question “B” | |\_\_\_\_| |
| C4.338 | **Question “B”** How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night  **Note: This question is asked only one time**  Number of times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know (88) | |\_\_\_\_| |

## CHILD 4 - SECTION C4.4: WOMAN'S DIETARY DIVERSITY Ask ONLY if the primary caregiver is the MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman’s dietary diversity

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C4.41-C4.418)?** | Yes- 1  No- 2  Don’t know 8 |
| C4.41 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C4.42 | Pumpkin, carrots, squash, orange sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C4.43 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C4.44 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C4.45 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C4.46 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C4.47 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C4.48 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C4.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C4.410 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C4.411 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C4.412 | Any foods made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other legumes? | |\_\_\_\_| |
| C4.413 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C4.414 | Milk, cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C4.415 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C4.416 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C4.417 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | |\_\_\_\_| |
| C4.418 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |

## CHILD 4 - Section C4.5: WOMAN'S MUAC Measure ONLY if the primary caregiver is the MOTHER of a child under 2 years of age AND if the mother has NOT already been measured

|  |  |  |  |
| --- | --- | --- | --- |
| C4.51 | Record mother’s MUAC to the nearest 0.1 cm  **If not the child’s biological mother, do not measure.** |  | |\_\_\_|\_\_\_|**.**|\_\_\_|cm |

## CHILD 4 - SECTION C4.6: ANTHROPOMETRIC MEASUREMENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C4.60 | **CHILD 4 Name** | ***………………………………………….*** | | | |
| C4.61 | Age in months(For example if the child is nine months old |\_0\_\_||\_9\_\_| | | | | |\_\_\_||\_\_\_| |
| C4.62 | Date of birth of Child 4 | *Probe: what was his/her birthday*  (If mother/career does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… |20 | |
| C4.63 | Date of birth source | Birth certificate 1  Health card 2  Home registry 3 | Father/mother testimony 4  Other (specify) 5  ………………………………… | | |\_\_\_| |
| C4.64 | Sex of child 4 | Male……………1  Female…………2 | | | |\_\_\_| |
| C4.65 | Record child’s weight | | | | |\_\_\_|\_\_\_|**.**|\_\_\_|kg |
| C4.66 | Record height / length for child 4  (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying) | | | | |\_\_\_|\_\_\_|\_\_\_|**.**|\_\_\_|cm |
| C4.67 | Record height measurement posture for child 4 | | | Standing 1  Lying 2 | |\_\_\_| |
| C4.68 | Results | Measured 1  Not present 2 | Refused 3  Other 4 ………………….. | | |\_\_\_| |
|  | **IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.**  **IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW** | | | | |

## CHILD 5 - SECTION C5.1: RESPONDENT’S INFORMATION Ask child’s primary caregiver and ONLY complete if the primary caregiver is a different caregiver from the caregiver already interviewed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C5.11 | Respondent’s name |  | | | |
| Criteria for the respondent | *The respondent must be the mother/primary caregiver of the child less than 5 years of age. No substitute respondents are allowed.* | | | |
| C5.12 | Sex | Male | 1 | | |\_\_\_\_| |
| Female | 2 | |
| C5.13 | Respondent’s ethnicity | Bamar | 1 | |\_\_\_\_| | |
| Kachin | 2 |
| Kayah | 3 |
| Kayin | 4 |
| Chin | 5 |
| Mon | 6 |
| Rakhine | 7 |
| Shan | 8 |
| Indian | 9 |
| Chinese | 10 |
| Mixed ethnicity | 11 |
| Pa-O | 12 |
| Palaung | 13 |
| Danu | 14 |
| Other ethnic group (specify\_\_\_\_\_) | 15 |
| Other ethnic group (specify\_\_\_\_\_) | 16 |
| C5.14 | Respondent’s religion | Buddhist | 1 | | |\_\_\_\_| |
| Christian | 2 | |
| Hindu | 3 | |
| Islam | 4 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 | |
| C5.15 | Age | \_\_\_\_\_\_\_ years | |\_\_\_\_| | | |
| **Specify age in years. If specific age is not known, round to the nearest 5 years upwards.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C5.16 | Relationship of primary caregiver to child under 5 | Mother | 1 | |\_\_\_\_| |
| Father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Aunty | 5 |
| Uncle | 6 |
| Older sister | 7 |
| Older brother | 8 |
| Female cousin | 9 |
| Male cousin | 10 |
| Other female relative | 11 |
| Other male relative | 12 |
| Female who is not a relative | 13 |
| Male who is not a relative | 14 |
| Other - specify | 88 |
| C5.17 | Highest level of education caregiver attended | No (formal) education | 1 | |\_\_\_\_| |
| Primary school (Grades 1–5) | 2 |
| Middle school (Grades 6-9) | 3 |
| High school (Grades 10-11) | 4 |
| Vocational education | 5 |
| Tertiary education (University) | 6 |
| Other - Specify | 88 |
| Don’t know | 99 |

## CHILD 5 - SECTION C5.2: CHILD ILLNESS Ask the child’s primary caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C5.21 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had diarrhea in the last 2 weeks?**  *(diarrhea = 3 or more loose stools in any 24 hour period)* | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C5.22 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a fever in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C5.23 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had a cough or fast breathing in the last 2 weeks?** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |
| C5.24 | **Has** *(name of child:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****)***had any other illness in the last 2 weeks?**  **If Yes, what illness or symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES | 1 | |\_\_\_\_| |
| NO | 2 |
| No Answer / Don’t Know | 99 |

## CHILD 5 - SECTION C5.3: EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET Ask ONLY if the child is under 2 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| C5.31 | Has [CHILD'S NAME] ever been breastfed? | Yes—1  No—2 ▶ C5.33  Don’t know - 8 | |\_\_\_\_| |
| C5.32 | Was [CHILD'S NAME] breastfed yesterday during the day or at night? | Yes—1▶ C5.34  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.33 | Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby.  Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.34 | Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.35 | Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
|  | Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Did [CHILD'S NAME] have: | | |
| C5.36 | Plain water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.37 | Any kind of Infant formula?  IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS DUMEX, DUPRO, SIMILAC, LACTOGEN? | Yes—1  No—2▶C5.39  Don’t know - 8 | |\_\_\_\_| |
| C5.38 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any formula? | |\_\_\_\_\_\_| | |
| C5.39 | Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk such as RED COW, DAWN or ONE TEA? | Yes—1  No—2▶C5.311  Don’t know - 8 | |\_\_\_\_| |
| C5.310 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk? | |\_\_\_\_\_\_| | |
| C5.311 | Did [CHILD'S NAME] have any juice or juice drinks, including, soft drinks, etc.? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.312 | Clear broth? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.313 | Yogurt? | Yes—1  No—2▶C5.315  Don’t know - 8 | |\_\_\_\_| |
| C5.314 | How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt? | |\_\_\_\_\_\_| | |
| C5.315 | Did [CHILD'S NAME] have any thin porridge (packaged or home-made)?  PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity  LIMIT TO PORRIDGE MIXED VERY THIN OR THICK DRINKS MADE FROM CEREAL. THICKER LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM C5.319 | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.316 | Tea or coffee? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.317 | Any other sweetened or flavored waters?  PROBES: Honey water, sugar water? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |
| C5.318 | Any other liquids not mentioned above? | Yes—1  No—2  Don’t know - 8 | |\_\_\_\_| |

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about (other) liquids or foods that (NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday, during the day and night, did [CHILD'S NAME] eat any (ASK QUESTIONS C5.319-C5.336)?** | Yes- 1  No- 2  Don’t know 8 |
| C5.319 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C5.320 | Pumpkin, carrots, squash, sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C5.321 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C5.322 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C5.323 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C5.324 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C5.325 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C5.326 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C5.327 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C5.328 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C5.329 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C5.330 | Any foods made from beans, peas, lentils, groundnuts or other legumes? | |\_\_\_\_| |
| C5.331 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C5.332 | Cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C5.333 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C5.334 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C5.335 | Condiments for flavor, such as chilies, spices, herbs, fish paste? | |\_\_\_\_| |
| C5.336 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |
|  | Check categories C5.319-C5.336  If all “no” -🡪 Go to question “A”  If at least one “yes” or all “DK” 🡪 Go to question “B” |  |
| C5.337 | **Question “A”** : Did (child name) eat any solid, semi-solid or soft foods yesterday during the day or at night?  If “yes” probe: What kind of solid, semi-solid or soft foods did (child name) eat? Go back to question C5.319-C5.336 and record foods eaten, then continue to question “B” | |\_\_\_\_| |
| C5.338 | **Question “B”** How many times did (child name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night  **Note: This question is asked only one time**  Number of times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know (88) | |\_\_\_\_| |

## CHILD 5 - SECTION C5.4: WOMAN'S DIETARY DIVERSITY Ask ONLY if the primary caregiver is the MOTHER of the child under 2 years of age AND complete only if the mother has NOT already been interviewed for woman’s dietary diversity

|  |  |  |
| --- | --- | --- |
| Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. 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. | | |
|  | **Yesterday during the day or night did you drink/eat any (ASK QUESTIONS C5.41-C5.418)?** | Yes- 1  No- 2  Don’t know 8 |
| C5.41 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | |\_\_\_\_| |
| C5.42 | Pumpkin, carrots, squash, orange sweet potatoes or any other dark yellow or orange fleshed roots, tubers and vegetables? | |\_\_\_\_| |
| C5.43 | Any white potatoes, cassava, yams, taro, or any food made from roots or tubers? | |\_\_\_\_| |
| C5.44 | Any dark green leafy vegetables such as spinach, watercress or any other local leafy greens? | |\_\_\_\_| |
| C5.45 | Any other vegetables, like tomato, eggplant, okra, onion, and other locally available vegetables? | |\_\_\_\_| |
| C5.46 | Ripe mangoes, ripe papaya, or other fruits that are dark yellow or orange inside? | |\_\_\_\_| |
| C5.47 | Any other fruits including wild fruits? | |\_\_\_\_| |
| C5.48 | Any liver, kidney, heart, or other organ meats from animals? | |\_\_\_\_| |
| C5.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | |\_\_\_\_| |
| C5.410 | Any eggs from chickens, quails, ducks or other birds? | |\_\_\_\_| |
| C5.411 | Fresh or dried fish, shellfish, crabs or seafood? | |\_\_\_\_| |
| C5.412 | Any foods made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other legumes? | |\_\_\_\_| |
| C5.413 | Any foods made from nuts and seeds such as sunflower seeds, sesame seeds, cashew nuts, walnuts, etc.? | |\_\_\_\_| |
| C5.414 | Milk, cheese, yogurt, or other milk products? | |\_\_\_\_| |
| C5.415 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat? | |\_\_\_\_| |
| C5.416 | Any sugar, jaggery, honey or other sugary foods such as cakes, candy, condensed milk candy, biscuits or sweetened soft drinks? | |\_\_\_\_| |
| C5.417 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | |\_\_\_\_| |
| C5.418 | Crickets, beetles, field snails, larvae, ants, ant eggs or other insects? | |\_\_\_\_| |

## CHILD 5 - Section C5.5: WOMAN'S MUAC Measure ONLY if the primary caregiver is the MOTHER of a child under 2 years of age AND if the mother has NOT already been measured

|  |  |  |  |
| --- | --- | --- | --- |
| C5.51 | Record mother’s MUAC to the nearest 0.1 cm  **If not the child’s biological mother, do not measure.** |  | |\_\_\_|\_\_\_|**.**|\_\_\_|cm |

## CHILD 5 - SECTION C5.6: ANTHROPOMETRIC MEASUREMENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C5.60 | **CHILD 5 Name** | ***………………………………………….*** | | | |
| C5.61 | Age in months(For example if the child is nine months old |\_0\_\_||\_9\_\_| | | | | |\_\_\_||\_\_\_| |
| C5.62 | Date of birth of Child 5 | *Probe: what was his/her birthday*  (If mother/career does not know the exact day of birth circle 15 for the day of the month) | | | Day of birth: |\_\_\_|\_\_\_|  DK day… 15  Month……… |\_\_\_|\_\_\_|  Year… |20 | |
| C5.63 | Date of birth source | Birth certificate 1  Health card 2  Home registry 3 | Father/mother testimony 4  Other (specify) 5  ………………………………… | | |\_\_\_| |
| C5.64 | Sex of child 5 | Male……………1  Female…………2 | | | |\_\_\_| |
| C5.65 | Record child’s weight | | | | |\_\_\_|\_\_\_|**.**|\_\_\_|kg |
| C5.66 | Record height / length for child 5  (measure children >=2 years standing, measure children <2 years lying down) (record whether standing or lying) | | | | |\_\_\_|\_\_\_|\_\_\_|**.**|\_\_\_|cm |
| C5.67 | Record height measurement posture for child 5 | | | Standing 1  Lying 2 | |\_\_\_| |
| C5.68 | Results | Measured 1  Not present 2 | Refused 3  Other 4 ………………….. | | |\_\_\_| |
|  | **IF THERE IS ANOTHER CHILD UNDER AGE 5, THEN GO TO THE NEXT SECTION.**  **IF THERE ARE NO MORE CHILDREN UNDER AGE 5, THEN END THE INTERVIEW** | | | | |