

## CMAM OUTCOME STUDY

### BASELINE QUESTIONNAIRE

Identifiers					
start_date start_time end_date end_time	Date of interview <b><u>CAPI Programmer:</u></b> Take time stamp to signal beginning and end of interview	DD / MM / YY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
team_id	Team identifier	<input type="text"/> <input type="text"/>	interviewer_id	Interviewer identifier	<input type="text"/> <input type="text"/>
lga_id	LGA	<input type="text"/> <input type="text"/>			
hf_id	Health facility	<input type="text"/> <input type="text"/>			
child_id	Individual child identifier	<input type="text"/> <input type="text"/>			

Good morning Sir/Madam,

My name is [NAME OF INTERVIEWER] and I work for Oxford Policy Management (OPM). We are conducting a study on health and nutrition outcomes of children in Sokoto who have received CMAM treatment.

Your child [name of the child] has been selected to be included in our study because he/she was discharged from the CMAM programme about two weeks ago.

Today, I would like to ask you some questions about you and your household. At the end I will measure the mid-upper arm circumference and height of the child to assess her/his nutritional status.

If you agree to be part of this study, we will visit your household every 2 weeks to collect information on your child's health status and take their MUAC measurements. We will do this once every 2 weeks for up to 6 months.

We are using a tablet for the survey to input data only will not be recording your voice. All of the information collected during the survey will be completely confidential.

Consent	Do I have your permission to include your child in this study and start this interview?	1 = Yes 2 = No → End interview 3=Yes but child is dead (triggers baseline interview without module CF (anthropometrics) and without child 14hrs dietary recall.	<input type="checkbox"/>
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## HOUSEHOLD QUESTIONNAIRE

**This questionnaire is to be administered to a member of the household (e.g. household head) who is knowledgeable about the household (members, assets, dwelling characteristics etc.)**

SECTION B: Household roster				
<p>We would like some information about the people who usually live in your household. Please include all family and non-family members (such as domestic servants, lodgers, or friends) who usually live together in the same dwelling and eat from the same pot of food. A member of the household must have lived in the household for at least 6 of the past 12 months. Start with the head of the household.</p> <p>Start by listing the head of the household, the spouse to the head of the household if applicable, all of their children, any other adults, and any other children.</p>				
Line no.	HB_01 Full name of household member	HB_02 What is [household member]'s relationship to the head?  1 = Head 2 = Spouse 3 = Son/daughter	HB_03 What is [household member]'s gender?  1= Male 2=Female	HB_04 How old is [name of household member]? (in years)

		<b>4 = Son/daughter in-law</b> <b>5 = Grandchild</b> <b>6 = Parent</b> <b>7 = Parent in-law</b> <b>8 = Brother/sister</b> <b>9 = Auntie/uncle</b> <b>10 = Nephew/ niece</b> <b>11 = Grandparent</b> <b>12 = Brother/sister in-law</b> <b>13 = Other relative of HH head or spouse of head</b> <b>14 = Domestic help or related to domestic help</b> <b>15 = Not related to HH head or spouse of the head</b>		
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION C Household characteristics			
Question number	Question and instructions	Answer codes	Answer
HC_01	Does [household head] do any work? This can be paid or unpaid.	1=Yes 2=No => Skip to HC_04	<input type="checkbox"/>
HC_02	What kind of work does [household head] mainly do?  <b>INTERVIEWER: Do not read out options.</b>	1 = Farming / herding mainly for subsistence 2 = Commercial farming / herding to sell produce 3 = Paid work 4 = Own business 97 = Other (specify) <input type="text"/>	<input type="checkbox"/>
HC_03	Does [name of household head] usually work throughout the year, or does work seasonally, or only once in a while?	1= Throughout the year 2= Seasonally/ part of the year 3= Once in a while	<input type="checkbox"/>
HC_04	What is [head of household] highest level of education?  <b>INTERVIEWER: probe - if [head of household] has had just Islamic education or did not complete primary school, code no education. If he/she received integrated Islamic education probe for the equivalent level for primary school completion (i.e. 6 years).</b>	1= No education (including some primary education and isalmia education) 2= Completed primary school 3=Completed secondary school 4= University	<input type="checkbox"/>
HC_05	Does your household have electricity?  <b>INTERVIEWER: This question refers to connection to the national grid.</b>	1 = Yes 2 = No	<input type="checkbox"/>
HC_06	What type of fuel do you mainly use for cooking?  <b>INTERVIEWER: Do not read out options.</b>	1 = electricity 2 = gas 3 = kerosene stove 4 = coal / lignite /charcoal 5 = fire wood 6 = straw / shrubs / grass 7 = animal dung 97 = Other (specify) <input type="text"/>	<input type="checkbox"/>
HC_07	Does [head of household] own or rent this house?	1 = Owned 2 = Rented 3 = Rent free 97 = Other (specify) <input type="text"/>	<input type="checkbox"/>

HC_08	How many rooms do you have in this house for sleeping? Please do not count storage rooms, bathrooms, kitchen or rooms for business except if these rooms double as sleeping space.	_	
HC_09	<p>What is the main source of drinking water for members of your household?</p> <p><b>INTERVIEWER: Do not read out options.</b></p>	<p>1 = Piped into dwelling  2 = Piped to yard/plot  3 = Public tap/standpipe  4 = Tube well/borehole  5 = Protected dug well  6 = Unprotected dug well  7 = Protected spring  8 = Unprotected spring  9 = Rainwater collection  10 = Bottled water/ sachet water =&gt; Skip HC_13  11 = Cart with small tank/drum  12 = Tanker-truck  13 = Surface water (river, dam, lake, pond, stream, canal, irrigation channels)  97 = Other (specify)  _____ </p>	_
HC_10	<p>How long does it take to go from your home to the main source of drinking water if you were walking one way?</p> <p><b>INTERVIEWER: This refers to ONE WAY distance and DOES NOT include time waiting to collect the water.</b></p>	<p>1 = Source is in own house/dwelling  2 = 0 – 30 minutes  3 = 30 – 60 minutes  4 = 1 -2 hours  5 = More than 2 hours  98 = Don't know</p>	_
HC_11	Do you treat the water in any way to make it safer to drink?	<p>1 = Yes  2 = No → HC_12  98 = Don't know → HC_12</p>	_

HC_12	<p>What do you do to treat the drinking water?</p> <p><b>INTERVIEWER: Select all that apply.</b></p>	<p>1 = Boil</p> <p>2 = Add bleach or chlorine</p> <p>3 = Strain it through a cloth</p> <p>4 = Strain it through a water filter (ceramic, sand, composite)</p> <p>5 = Solar disinfection</p> <p>6 = Let it stand still</p> <p>96 = Other (specify)  _____ </p>	<p> _  </p>
HC_13	<p>What is the main source of water used by your household for cooking and handwashing?</p> <p><b>INTERVIEWER: Do not read out options.</b></p>	<p>1 = Piped into dwelling</p> <p>2 = Piped to yard/plot</p> <p>3 = Public tap/standpipe</p> <p>4 = Tube well/borehole</p> <p>5 = Protected dug well</p> <p>6 = Unprotected dug well</p> <p>7 = Protected spring</p> <p>8 = Unprotected spring</p> <p>9 = Rainwater collection</p> <p>10 = Bottled water</p> <p>11 = Cart with small tank/drum</p> <p>12 = Tanker-truck</p> <p>13 = Surface water (river, dam, lake, pond, stream, canal, irrigation channels)</p> <p>97 = Other (specify)  _____ </p>	<p> _  </p>
HC_14	<p>What type of toilet facility do members of your household use?</p> <p><b>INTERVIEWER: Do not read out options.</b></p>	<p>1 = Flush/pour flush</p> <p>2 = Ventilated improved pit latrine (VIP)</p> <p>3 = Pit latrine with slab</p> <p>4 = Pit latrine without slab/open pit</p> <p>5 = Bucket</p> <p>6 = Hanging toilet/hanging latrine</p> <p>7 = No facilities or bush or field</p> <p>97 = Other (specify)  _____ </p> <p>98 = Don't know</p>	<p> _  </p>
<p><b>INTERVIEWER:</b> For the following question, observe the place where household members wash their hands and the construction material used and input answers accordingly to the questions.</p>			

HC_15	<p>Now I would like to see the place where members of your household most often wash their hands?</p> <p>Is there a place for handwashing that I can observe?</p> <p><b>INTERVIEWER:</b> If more than one place ask about one most frequently used. This can be a mobile or fixed station for handwashing.</p>	<p>1 = Yes, got permission to observe  2 = Yes, but did not get permission to observe → <b>HC_19</b>  3 = No → <b>HC_19</b></p>	<input type="checkbox"/>
HC_16	<p><b>INTERVIEWER: OBSERVATION ONLY</b></p> <p>Is there water present at the place for hand washing?</p>	<p>1 = Yes  2 = No</p>	<input type="checkbox"/>
HC_17	<p><b>INTERVIEWER: OBSERVATION ONLY</b></p> <p>Is there any soap, detergent or cleansing agent present at the place for handwashing?</p>	<p>1 = Yes  2 = No → <b>HC_19</b></p>	<input type="checkbox"/>
HC_18	<p><b>INTERVIEWER: OBSERVATION ONLY</b></p> <p>What type of cleansing agent is present at the place for handwashing?</p>	<p>1 = Soap or detergent  2 = Ash, mud, sand  97 = Other (specify)</p>	<input type="checkbox"/>
HC_19	<p><b>INTERVIEWER: OBSERVATION ONLY</b></p> <p>What is the primary construction material used to build the walls of this house?</p> <p><b>INTERVIEWER:</b> If there is more than one material, choose material that covers the largest area of the walls in the main room.</p>	<p>1 = Bricks (Baked), outside plastered (cement and lime)  2 = Bricks(Baked),outside un-plastered  3 = Un baked bricks  4 = Durable wood or wooden sheets  5 = Ordinary thin plywood and wood slides  6 = Thatch and sticks  7 = Galvanized tin sheets  8 = Mud  97 = Other (specify)   _____ </p>	<input type="checkbox"/>

HC_20	<p><b><u>INTERVIEWER:</u> OBSERVATION ONLY</b></p> <p>What is the primary construction material used to build the roof of this house?</p> <p><b><u>INTERVIEWER:</u> If there is more than one material, choose material that covers the largest area of the roof in the main room.</b></p>	<p>1 = No roof  2 = Mud / mud bricks  3 = Thatch  4 = Sod  5 = Palm/bamboo  6 = Wood planks / beams  7 = Cardboard  8 = Metal / corrugated iron sheets / Zinc  9 = Calamine/cement fibre  10 = Ceramic tiles  11 = Cement  12 = Roofing shingles  97 = Other (specify) _____</p>	<input type="text"/>
HC_21	<p><b><u>INTERVIEWER:</u> OBSERVATION ONLY</b></p> <p>What is the primary construction material used to build the floor of this house?</p> <p><b><u>INTERVIEWER:</u> If there is more than one material, choose material that covers the largest area of the floor in the main room.</b></p>	<p>1 = Earth / sand / mud  2 = Dung  3 = Wood planks  4 = Parquet / polished wood  5 = Vinyl / asphalt strips  6 = Ceramic tiles  7 = Cement / concrete  97 = Other (specify) _____</p>	<input type="text"/>

SECTION D: Household assets			
Question number	Question and instructions	Answer codes	Answer
HD_01	<p>Now I am going to ask you about the <b>functional assets</b> that <b>you or any household members</b> owns. Does any member of your household own any [asset name]?</p> <p><b>INTERVIEWER: Please select the functional assets owned by any household member.</b></p>		
	A. Radio	1 = Yes      2= No	<input type="text"/>
	B. Television	1 = Yes      2= No	<input type="text"/>
	C. Satellite dish/DSTV	1 = Yes      2= No	<input type="text"/>
	D. Mobile phone	1 = Yes      2= No	<input type="text"/>
	E. Fridge	1 = Yes      2= No	<input type="text"/>



	F. Mattress / Bed	1 = Yes      2= No	<input type="checkbox"/>
	G. Stove	1 = Yes      2= No	<input type="checkbox"/>
	H. Bicycle	1 = Yes      2= No	<input type="checkbox"/>
	I. Motor-cycle / scooter	1 = Yes      2= No	<input type="checkbox"/>
	J. Animal drawn cart	1 = Yes      2= No	<input type="checkbox"/>
	K. Car / truck	1 = Yes      2= No	<input type="checkbox"/>
	L. Motor boat	1 = Yes      2= No	<input type="checkbox"/>
	M. Canoe	1 = Yes      2= No	<input type="checkbox"/>
	N. Electricity Generator	1 = Yes      2= No	<input type="checkbox"/>
	O. Air Conditioner	1 = Yes      2= No	<input type="checkbox"/>
	P. Dish washer/Washing machine	1 = Yes      2= No	<input type="checkbox"/>
	Q. Computer / laptop	1 = Yes      2= No	<input type="checkbox"/>
	R. Electric Iron	1 = Yes      2= No	<input type="checkbox"/>
	S. Electric Fan	1 = Yes      2= No	<input type="checkbox"/>
HD_02	Does any household member own any farm land? <b>INTERVIEWER: This includes lands for farming, for home consumption or selling and land that is not used.</b>	1 = Yes      2= No → HD_04	<input type="checkbox"/>
HD_03	How many plots of farm land does the household own?	<input type="checkbox"/> plots	
HD_04	Does this household own any livestock, herds, other farm animals, or poultry?	1 = Yes      2= No → HD_06	<input type="checkbox"/>
HD_05	How many of the following animals does the household own?		
	A. Cows/bulls	Insert number of animals	<input type="checkbox"/>
	B. Goats	Insert number of animals	<input type="checkbox"/>
	C. Sheep	Insert number of animals	<input type="checkbox"/>
	D. Horses/donkeys/mules	Insert number of animals	<input type="checkbox"/>
	E. Chicken/other poultry	1= 1-9 chickens 2= 10-29 chickens 3= 30 and more chickens	<input type="checkbox"/>
	F. Other (specify) _____	Insert number of animals	<input type="checkbox"/>
HD_06	Does anyone in your household have a bank account?	1 = Yes 2 = No	<input type="checkbox"/>

## SECTION E: Household Food Insecurity Access Scale

I would now like to ask you some questions about your household access to food in the past 4 weeks.

Question number	Question and instructions	Answer codes	Answer
HE_01	In the past 4 weeks did you worry that your household would not have enough food?	1 = Yes 2 = No → HE_03	<input type="checkbox"/>
HE_02	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_03	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	1 = Yes 2 = No → HE_05	<input type="checkbox"/>
HE_04	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_05	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	1 = Yes 2 = No → HE_07	<input type="checkbox"/>
HE_06	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_07	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	1 = Yes 2 = No → Skip to HE_09	<input type="checkbox"/>
HE_08	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_09	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	1 = Yes 2 = No → Skip to HE_11	<input type="checkbox"/>
HE_10	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_11	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	1 = Yes 2 = No → Skip to HE_13	<input type="checkbox"/>
HE_12	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="checkbox"/>
HE_13	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	1 = Yes 2 = No → Skip to HE_15	<input type="checkbox"/>

HE_14	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="text"/>
HE_15	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	1 = Yes 2 = No → Skip to HE_17	<input type="text"/>
HE_16	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="text"/>
HE_17	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	1 = Yes 2 = No → HX_22	<input type="text"/>
HE_18	How often did this happen in the past 4 weeks?	1 = Rarely 2 = Sometimes (3-10 times) 3 = Often (more than 10 times)	<input type="text"/>

## SECTION X Deaths in the household

Now I would like to ask you a few additional questions about your household.

Question number	Question and instructions	Answer codes	Answer
HX_22	Think back over the past 6 months. Has any member of your household that usually support with money died in the last 12 months?	1 = Yes 2 = No  98= Don't know	<input type="text"/>
HX_24	Has any member of your household that usually support with childcare died in the last 12 months?	1 = Yes 2 = No  98= Don't know	<input type="text"/>
HX_26	Has any member of your household that usually support with farming activities died in the last 6 months?	1 = Yes 2 = No  98= Don't know	<input type="text"/>
HX_27	In total, how many household members that support with money, childcare or farming activities died in the last 12 months?	<input type="text"/> (SKIP if HX_22 &HX_24&HX_26 is "no")	

## MOTHER QUESTIONNAIRE

**INTERVIEWER:** This questionnaire is for the mother of [child name]. The questions cover information about the mother and child's health and nutrition status and nutrition related practices. Confirm whether the respondent is [name of mother] before continuing with the questionnaire.

SECTION A: Mother's employment			
Question number	Question and instructions	Answer codes	Answer
MA_01	Do you do any work? This can be paid or unpaid.	1=Yes 2=No => <b>Skip to MC_01</b>	_ _
MA_02	Have you been working in the last week?	1=Yes 2=No => <b>Skip to MC_01</b>	_ _
MA_03	What kind of work did you do in the last week? This can be paid or unpaid.  <b>Interviewer: Do not read out options.</b>	1 = Farming / herding mainly for subsistence 2 = Commercial farming / herding to sell produce 3 = Casual labour (paid work) 4 = Employee (paid work) 5 = Own business 96 = Other (specify) [_____]	_ _
MA_04	In the last week, when you did this work, on average, how many hours did you work in a day?	1 = Full day (8 hours) 2 = Half day (4 hours) 3 = Some hours (2 hours)	_

SECTION C: Access to health care			
Question number	Question and instructions	Answer codes	Answer
Now, I would like to ask you the nearest facility which you go to when you or any household member go to when you are sick to receive treatment.			

MC_01	<p>The last time you visited this health facility, what is the main transportation that you normally use to go to this health facility? Did you go:</p> <p><b>INTERVIEWER:</b> Read out options.</p> <p><b>INTERVIEWER:</b> If the transportation is not always the same, “main” refers to the one most often used. If the mother uses a combination of transportation, “main” refers to the mode of transport that takes the most time or covers the most distance.</p>	<p>1 = On foot  2 = On a car/van/taxi  3 = On a motorcycle  4 = On a public bus  5 = On an animal-drawn cart 96 = Other (specify) [_____]</p>	<p><input type="text"/></p>
MC_02	<p>The last time you visited this health facility, how much time did you spend to ARRIVE at this facility– on a ONE WAY TRIP using the transport method in MC_01?</p>	<p>1 = 0 minutes – less than 30 minutes  2 = 30 minutes - less than 60 minutes  3 = 1 hour - less than 2 hours  4 = 2 hour - less than 5 hours  5 = 5 hours or more  98= Don't know</p>	<p><input type="text"/></p>
MC_03	<p>The last time you visited this health facility, how much money did you spend to ARRIVE at this facility– on a ONE WAY TRIP?</p>	<p><input type="text"/><input type="text"/><input type="text"/> Nigerian Nairas  (0 if MC_01=1)</p>	
MC_04	<p>I would now like to ask you about EVENTS organised by the State Government programme THAT HAPPEN TWO TIMES A YEAR AT A NEARBY HEALTH FACILITY.</p> <p>At this health facility, many people come from all over TO RECEIVE IMMUNISATIONS AND MEDICINE. We're not talking about polio immunisations where people come house to house.</p> <p>Have you HEARD of this maternal and child health week?</p> <p>INTERVIEWER: probe this event usually goes on for about a week and small gifts are usually given to mother such a diapers, mosquito net or soap.</p>	<p>1 = Yes  2 = No =&gt; <b>Skip to MCB_00A</b></p>	<p><input type="text"/></p>
MC_05	<p>The previous maternal and child health week was in July.  Did you <u>ATTEND</u> this event?</p>	<p>1 = Yes  2 = No</p>	<p><input type="text"/></p>

## SECTION CB: CMAM experience

Question number	Question and instructions	Answer codes	Answer
<b>TREATMENT ONLY</b>  Now, I would like to ask you some questions about the health centre at which your child was given RUTF. This is also the health centre where our team first met you to recruit you and your child into our study.			
MCB_00A	The last time your child went to the health facility to received RUTF, were you the one taking him/her to the health facility?	1=Yes => <b>Skip to MCB_01</b> 2= No	<input type="text"/>
MCB_00B	Is the person who took your child to the health facility to received RUTF available today?  <b>INTERVIEWER: if the mother was not the one taking her child to the CMAM centre, ask to speak to the person who took the child.</b>	1=Yes 2= No => <b>Skip to MCB_17</b>	<input type="text"/>
MCB_01.	The last time you visited the health facility where you receive RUTF, what is the main transportation that you used to go to health centre where your child was given RUTF?  <b>INTERVIEWER: If the transportation is not always the same, “main” refers to the one most often used. If the mother uses a combination of transportation-, “main” refers to the mode of transport that takes the most time or covers the most distance.</b>	1 = On foot 2 = On a car/van/taxi 3 = On a motorcycle 4 = On a public bus 5 = On an animal-drawn cart 96 = Other (specify) [_____]	<input type="text"/>
MCB_02.	The last time you visited the health facility where you receive RUTF, how much time did you spend to ARRIVE at the health centre – on a ONE WAY TRIP using the transport method in MCB_01? Did you go:  <b>INTERVIEWER: Read out options.</b>	1 = 0 minutes – less than 30 minutes 2 = 30 minutes - less than 60 minutes 3 = 1 hour - less than 2 hours 4 = 2 hour - less than 5 hours 5 = 5 hours or more 98= Don't know	<input type="text"/>
MCB_03.	The last time you visited the health facility where you receive RUTF, how much money did you spend to ARRIVE at the health centre– on a ONE WAY TRIP?	<input type="text"/> <input type="text"/> Nigerian Nairas (0 if MCB_01=1)	
MCB_04.	At your last visit at the health facility where you receive RUTF, did somebody measure the weight of your child on a scale?	1 = Yes 2 = No 98=Don't know	<input type="text"/>

<b>MCB_20</b>	Apart from the last visit, where there days when you went to receive RUTF and the health worker did not measure your child's weight on a scale?	1 = Yes 2 = No 98=Don't know	<input type="text"/>
<b>MCB_05.</b>	At your last visit at the health facility where you receive RUTF, did somebody measure the arm of your child using a tape like this?  <b><u>INTERVIEWER:</u> Show MUAC tape.</b>	1 = Yes 2 = No 98=Don't know	<input type="text"/>
<b>MCB_21</b>	Apart from the last visit, where there days when you went to receive RUTF and the health worker the arm of your child using a tape like this?  <b><u>INTERVIEWER:</u> Show MUAC tape.</b>	1 = Yes 2 = No 98=Don't know	<input type="text"/>
<b>MCB_06.</b>	At your last visit at the health facility, how many RUTF sachets were you given?  <b><u>INTERVIEWER:</u> Ask the mother to show you the sachets (full or empty) if she has kept them and confirm.</b>	<input type="text"/>	
<b>MCB_22</b>	Apart from the last visit, where there days when you went home without RUTF?	1 = Yes 2 = No 98=Don't know	<input type="text"/>
<b>MCB_07.</b>	At your last visit at the health facility where you receive RUTF, were you asked to not come back to the health facility because your child was judged as no longer ill by the medical staff?	1 = Yes 2 = No	<input type="text"/>
<b>MCB_08.</b>	Did you agree with the decision that your child was fit for discharge?	1 = Yes 2 = No	<input type="text"/>
<p>Now, I would like to ask you about your overall experience at the the health facility where you receive RUTF.</p> <p>These questions are for the purpose of this research only and will not be shared with the health facility staff or the programme implementers. This is just for us to understand your experience when going to the health facility to received RUTF.</p> <p>I will first ask you about the advice that was given to you during your visits to the health facility where you receive RUTF.</p>			

		<b>MCB_09.</b> Did the staff give advice on... 1=Yes 2=No=> go to next item on the list  <b>INTERVIEWER: Read out all options.</b>	<b>MCB_010.</b> I will now ask you about how useful the advice given at the health facility where you received RUTF was. From very useful to not useful at all- how useful did you find the advice on [advice]? 1=Very useful 2= Useful 3=Neither useful nor not useful 4= Not useful 5= Not useful at all
A	How to breastfeed your child	<input type="checkbox"/>	<input type="checkbox"/>
B	What food to prepare for your child	<input type="checkbox"/>	<input type="checkbox"/>
C	How to treat diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
D	How to use RUTF rations	<input type="checkbox"/>	<input type="checkbox"/>
E	What to do if your child is ill again	<input type="checkbox"/>	<input type="checkbox"/>
Now- I will read you some statements about your experience at the health facility where you receive RUTF. From strongly agree to strongly disagree, to what extent do you agree with the following statements regarding your visits at the health facility where you received RUTF?			
<b>MCB_011.</b>	Health workers treated me respectfully  <b>INTERVIEWER:</b> Read statement as stated. Do not explain. If respondent is not clear, read slowly again.	1=Strongly agree 2= Agree 3=Neither agree nor disagree 4= Disagree 5= Strongly disagree	<input type="checkbox"/>
<b>MCB_013.</b>	Medical officer did not listen to my concerns during my child's examination.  <b>INTERVIEWER:</b> Read statement as stated. Do not explain. If respondent is not clear, read slowly again.	1=Strongly agree 2= Agree 3=Neither agree nor disagree 4= Disagree 5= Strongly disagree	<input type="checkbox"/>



<b>MCB_014.</b>	I was happy with the time dedicated to my child's examination.  <b>INTERVIEWER:</b> Read statement as stated. Do not explain. If respondent is not clear, read slowly again.	1=Strongly agree 2= Agree 3=Neither agree nor disagree 4= Disagree 5= Strongly disagree	<div style="text-align: center;"> _ </div>
<b>MCB_015.</b>	I would recommend to another mother to take their child to the CMAM centre.  <b>INTERVIEWER:</b> Read statement as stated. Do not explain. If respondent is not clear, read slowly again.	1=Strongly agree 2= Agree 3=Neither agree nor disagree 4= Disagree 5= Strongly disagree	<div style="text-align: center;"> _ </div>
<b>MCB_016.</b>	What is the <b>main</b> reason you stopped going to the CMAM centre to receive RUTF rations?	1= My child was discharged from the programme 2= CMAM centre was too far 3 = Attending CMAM took too much of my time 4 =Attending CMAM was too expensive 5 =Child was not ill 6 = Staff was rude 7 =Staff was not helpful 8 =Had other activities to attend 9 =Husband did not want the child to go back 10 =Other household member did not want the child to go back 11 = No particular reason 12= There was no RUTF the last time I went 13=Child died 96 =Other specify	<div style="text-align: center;"> _ </div>
<b>MCB_017.</b>	Since your last visit to the CMAM centre with your child and he/she received RUTF, has a community health worker or a community volunteer visited you <b>AT HOME</b> to follow up on the health status of your child?	1 = Yes 2 = No	<div style="text-align: center;"> _ </div>
<b>ALL:</b> I would like to ask you questions about community volunteers. Community volunteers are women within your community who are supporting mothers in dealing with malnutrition.			

<b>MCB_018.</b>	Has somebody EVER come to your home to measure the arm circumference of [CHILD NAME]? They will have used a tape like this.  <b>INTERVIEWER: Show MUAC tape.</b> <b>INTERVIEWER: This could be a CV or a CHEW for example.</b>	1 = Yes 2 = No	<input type="checkbox"/>
<b>MCB_019.</b>	Has somebody EVER come to your home for immunization of your child?  <b>INTERVIEWER: For example, to give polio vaccine.</b>	1 = Yes 2 = No	<input type="checkbox"/>

<b>SECTION EA: Knowledge, attitudes and practice</b>			
<b>B: Practices</b>			
Now, I would like to ask you about the times when you should wash your hands.			
<b>MEA_10</b>	When, if any, are the times when you think you should wash your hands?  <b>INTERVIEWER: Do not read out options. Select all answers mentioned.</b>	1= Before preparing food 2= Before eating 3= After eating 4= Before feeding young children 5= Before using toilet 6= After using toiler 7= After washing baby's bottom 8= Before prayer 9= When my hands are dirty 10= Whenever i feel like it 96= Other (specify) 98= Don't know	<input type="checkbox"/>
<b>MEA_13</b>	Now, I would like to ask you some more questions about choosing and preparing food for young children.  There is a village with two [BOYS/GIRLS] children aged 1 year. This is not your family, but two different families living in another village. Both [BOYS/GIRLS] are healthy and growing well. There is a difference in how their mothers are feeding them.  The mother of [BOY/GIRL] 1 is still breastfeeding him/her when he/she wants to. She also gives some food to the [BOY/GIRL] 3 – 4 times a day. She feeds him/her porridge, yam, or cassava. Sometimes, she adds some vegetables. [BOY/GIRL] 1 does not eat many eggs, rarely drinks animal milk, and never eats meat or chicken.	1= Baby 1 is heavier 2= Baby 2 is heavier 3=About the same 98= Don't know	<input type="checkbox"/>

	<p>The mother of [BOY/GIRL] 2 is still breastfeeding him/her when he/she wants to. She also gives him/her food 3 – 4 times a day. She feeds him/her porridge, yam, or cassava at every meal. [BOY/GIRL] 2 eats meat, chicken, or eggs at least once every day. The mother also makes the meals more colourful by adding beans, groundnuts, and other vegetables. [BOY/GIRL] 2 sometimes drinks animal milk.</p> <p>At 2 years old, which [BOY/GIRL] do you think is heavier?</p> <p><b>INTERVIEWER: If the woman starts referring to her own situation, remind her “We are talking now about another family living in another village, not your family or your children.”</b></p>		
MEA_14	<p>At 2 years old, which baby [BOY/GIRL] do you think is stronger?</p> <p><b>INTERVIEWER: If the woman starts talking about her own situation, remind her “We are talking now about another family living in another village, not your family or your children.”</b></p>	<p>1= Baby 1 is stronger 2=Baby 2 is stronger 3=About the same 98= Don't know</p>	<input type="checkbox"/>
MEA_15	<p>Which baby [BOY/GIRL] do you think falls sick less often?</p> <p><b>INTERVIEWER: If the woman starts talking about her own situation, remind her “We are talking now about another family living in another village, not your family or your children.”</b></p>	<p>1= Baby 1 is less often sick 2=Baby 2 is less often sick 3=About the same 98= Don't know</p>	<input type="checkbox"/>

SECTION EB: Mother networks			
MEB_01.	In the past 12 months, have you taken part in any health talk in your community? By this I mean meetings in a public place where someone, usually the CHEW or a CV talks about healthy food and nutrition, give advice on feeding or looking after yourself or your children.	1=Yes 2=No	<input type="checkbox"/>
MEB_02.	<p>Do you know mothers who have been to CMAM with their children?</p> <p><b>INTERVIEWER: For control mothers, explain what CMAM is. CMAM is a programme to treat malnutrition where children are being given RUTF.</b></p>	1=Yes 2= No	<input type="checkbox"/>
MEB_03.	Do you ever meet with other mothers in your community to talk about how to feed and take care of your child?	1=Yes 2= No	<input type="checkbox"/>

SECTION B: Reproductive history											
Question number	Question and instructions					Answer codes		Answer			
MB_00	How old are you? (in years)					_ _  age in years					
MB_01	What age were you when you first got married?  <b>INTERVIEWER: If woman has been married for several times, then ask for first marriage. Write age in completed years.</b>					Insert age  Insert 98 if respondent doesn't know		_ _  years			
MB_02	At what age did you first give birth to a <u>live</u> child – even if he or she lived only a few minutes or hours?  <b>INTERVIEWER: If woman does not know at what age she gave birth for the first time, use the age of the first born and/or the time between marriage and the first birth to <u>estimate</u> the age.</b>					Insert age		_ _  years			
MB_03	Do you have any sons or daughters to whom you have given birth to who are now living with you?					1=Yes 2=No		_			
MB_04	How many sons and daughters live with you?					_ _					
MB_05	Do you have any sons or daughters to whom you have given birth to who are alive but are not living with you?					1=Yes 2=No		_			
MB_06	How many sons and daughters do not live with you?					_ _					
MB_07	Have you ever given birth to a boy or a girl who was born alive but later died?					1=Yes 2=No 96=Refuses to Answer => <b>MB_10</b>		_			
MB_08	How many boy and girls died?					_ _					
Now I would like to record the names of all your births, whether still alive or not, starting with the last one you had. Do any of your children have birth certificates that I can look at?  <b>INTERVIEWER: Please remember to include all the children that have died.</b>  <b>INTERVIEWER: Please also ensure the study child is included.</b>											
MB_10	MB_11	MB_12		MB_14	MB_15	MB_16	MB_18 A	MB_18	MB_19	MB_20	

Birth history number	What is the name given to your (last/next) baby?	What is the sex of child?  1=Male 2=Female	Is [child] still alive?  1=Yes=> <b>MB_15</b> 2=No=> <b>MB_18A</b>	How old is [child] in years?  <b>INTERVIEWER:</b> <b>Write "00" if child is less than 1 year.</b> 98=don't know  <b>If ≥8 years old skip to MB_20</b>	What is [child] date of birth?  <b>INTERVIEWER:</b> <b>Ask to see birth certificate if there is.</b>  <b>Skip to MB_20</b>	How many years ago did [child name] die?	How old was [child] when he/she died? (in years)	In what month and what year did [child] die?	Were there any other live birth between [name of previous child] and [child] including any children who died after birth?  1=Yes=> <b>add another child</b> 2=No => <b>MB_21</b>
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M <input type="checkbox"/> <input type="checkbox"/> Y Y	<input type="checkbox"/>

07		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> M M <input type="checkbox"/> Y Y	<input type="checkbox"/>
08		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> M M <input type="checkbox"/> Y Y	<input type="checkbox"/>
09		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> M M <input type="checkbox"/> Y Y	<input type="checkbox"/>
10		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> M M <input type="checkbox"/> Y Y	<input type="checkbox"/>
11		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> M M Y Y		<input type="checkbox"/>	<input type="checkbox"/> M M <input type="checkbox"/> Y Y	<input type="checkbox"/>
Index child Serial Number	Select the serial number of the study child					<input type="checkbox"/>			
MB_21	Are you pregnant now?						1 = Yes 2 = No 98 = Don't know	<input type="checkbox"/>	
MB_22	Are you currently breastfeeding?						1 = Yes 2 = No	<input type="checkbox"/>	

## CHILD QUESTIONNAIRE

SECTION A: Antenatal and post-natal care			
I will now ask you questions about your child.			
Question number	Question and instructions	Answer codes	Answer
Now I will ask you questions about the time when you were pregnant with [CHILD NAME]...			
CA_01	<p>Did you see <b>a midwife, or sometimes with a doctor who specialises in pregnancy and birth</b> for antenatal care while you were pregnant with [CHILD NAME]</p> <p><b>Antenatal care is the routine care received by women from healthcare professionals during pregnancy.</b></p>	<p>1 = Yes 2 = No → CA_05</p>	<input type="text"/>
CA_02	<p>Who did you see for antenatal care while you were pregnant with [CHILD NAME]</p> <p><b>INTERVIEWER: Do not prompt respondent; select all that apply.</b></p>	<p>1 = Doctor 2 = Nurse/midwife 3 = Community health worker 4 = Traditional birth attendant 5 = Traditional healer 96 = Other (specify) 98 = Don't know</p>	<input type="text"/>
CA_03	How many months pregnant were you when you first received antenatal care while pregnant with [CHILD NAME]?	<p>Record number of completed months 98 = Don't know</p>	<input type="text"/>
CA_04	How many times did you receive antenatal care while you were pregnant with [CHILD NAME]?	<p>Record number of times 98 = Don't know</p>	<input type="text"/>
CA_05	<p>During the pregnancy, were you given or did you buy any iron tablets or iron syrup?</p> <p><b>INTERVIEWER: Show tablets/syrup.</b></p>	<p>1 = Yes 2 = No → CA_07 98 = Don't know → CA_07</p>	<input type="text"/>
CA_06	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p><b>INTERVIEWER: If the answer is given in months, multiply by 30 to calculate number of days.</b></p>	<p>Record number of days 998 = Don't know</p>	<input type="text"/>
Now I will ask you questions about the time when you gave birth to [CHILD NAME]			

CA_07	Where was [CHILD NAME] born?	1 = At home 2 = At the home of a TBA 3 = At a health centre/clinic 4 = At a hospital 96 = Other (specify) 98 = Don't know	
CA_08	Who assisted during the delivery of [CHILD NAME]?	1 = Doctor/midwife/nurse 2 = Community health extension worker 3 = Traditional birth attendant 4 = Family member 5 = Neighbour/friend 96 = Other (specify) 98 = Don't know	
CA_09	In the two months after [CHILD NAME] was born, did any health care provider or a traditional birth attendant check on his/her health (e.g. check cord, baby's temperature, baby feeding well)?  <b>INTERVIEWER: If the woman gave birth in a health facility, this question should not refer to the care she received at the facility immediately after birth, but to any care she might have received when returning to the facility after having been discharged.</b>	1 = Yes 2 = No	

## SECTION B: Infant and young child feeding

Question number	Question and instructions	Answer codes	Answer
I will ask you questions about [child name]...			
CB_01	Has [CHILD NAME] ever been breastfed?	1 = Yes → CB_03 if child is alive <b>Skip to CB_06 if child is dead</b> 2 = No	



<b>CB_02</b>	Why was [CHILD NAME] never breastfed?	1 = Mother/carer was sick → CB_09 2 = Mother/carer was away from the home → CB_09 3 = Mother/carer didn't want to breastfeed → CB_09 4 = Baby was given other liquids instead, no need to breastfeed → CB_09 97 = Other (specify) → CB_09 98 = Don't know → CB_09	<div> <div></div> <div></div> <div></div> <div></div> </div>
<b>CB_03</b>	Was [CHILD NAME] breastfed yesterday during the day or at night?	1 = Yes → <b>CB_04</b> 2 = No → <b>CB_06</b> 98 = Don't know → <b>CB_06</b>	<div> <div></div> <div></div> <div></div> <div></div> </div>
<b>CB_04</b>	Sometimes babies are fed with breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby.  Did [CHILD NAME] consume breast milk in any of these ways yesterday during the day or at night?	1 = Yes 2 = No 98 = Don't know	<div> <div></div> </div>
<b>CB_05</b>	Is [CHILD NAME] being fed with <u>other liquids</u> , such as water, or with <u>food</u> ?	1 = Yes 2 = No 98 = Don't know	<div> <div></div> </div>
<b>CB_06</b>	For how many months was [CHILD NAME] breastfed for in total? This includes both exclusive and non-exclusive breastfeeding.	Insert number of months 98 = Don't know	<div> <div></div> <div></div> <div></div> </div> months
<b>CB_07</b>	For how long was [CHILD NAME] exclusively breastfed?  <b>INTERVIEWER: explain exclusively breastfeeding means only giving the child breast milk and nothing else (except medicine is also allowed). If the baby is also given food, water, holy water (zamzam), herbs then it is NOT exclusively breastfed.</b>	00 = If less than 1 month 98 = Don't know	<div> <div></div> <div></div> <div></div> </div> months
<b>CB_08</b>	How long after birth did you first put [CHILD NAME] to the breast?	1 = 0 – 1 hour (immediately after birth) 2 = More than 1 hour - 24 hours after birth 3 = More than 1 day after birth 98 = Don't know	<div> <div></div> <div></div> <div></div> <div></div> </div>

CB_09	<p>During the first three days of [NAME]'s life, what was given to [NAME] other than breastmilk?</p> <p><b><u>INTERVIEWER:</u> Do not prompt respondent; select all that apply</b></p>	<p>A = Plain water  B = Infant formula  C = Milk such as tinned, powdered, or fresh animal milk (do not include breastmilk)  D = Clear broth  E = Juice or juice drinks  F = Yogurt  G = Thin porridge  H = Holy water / Islamic water (zamzam)  I = Honey / dates  J = Sugar water / glucose water / sugary drinks (e.g. Milo, Ovaltine)  K = Traditional herbs / tea / infusions  L = Gripe water  X= Other (specify)  _____   Y= Don't know  Z= Nothing</p> <p>ALL=&gt; Skip to CC_06Aif child is dead</p>	
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<b>SECTION C: Child feeding</b> Now- I would like to ask you some questions about what your child <b>ate yesterday during the day or the night.</b> I would like to ask you about any <u>liquids</u> you gave or place inside [CHILD NAME]'s mouth			
Question number	Question and instructions	Answer codes	Answer
		CC_01 Did [CHILD NAME] have [ITEM] <u>yesterday</u> during the day or at night?	CC_02 How many times <u>yesterday</u> did [CHILD NAME] have [liquid]?
	A. Plain water	1 = Yes 2 = No → next item	

	B. Infant formula	1 = Yes 2 = No → next item	<input type="checkbox"/>
	C. Milk such as tinned, powdered, or fresh animal milk	1 = Yes 2 = No → next item	<input type="checkbox"/>
	D. Juice or juice drinks	1 = Yes 2 = No → next item	<input type="checkbox"/>
	E. Clear broth	1 = Yes 2 = No → next item	<input type="checkbox"/>
	F. Yogurt	1 = Yes 2 = No → next item	<input type="checkbox"/>
	G. Thin porridge	1 = Yes 2 = No → next item	<input type="checkbox"/>
	H. Other liquids (e.g. sugar water, gripe water, tea, etc.)	1 = Yes 2 = No → next item	<input type="checkbox"/>
CC_03	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.  Was [CHILD NAME] given any vitamin drops or other medicines such as syrups yesterday during the day or at night?	1 = Yes 2 = No 98 = Don't know	<input type="checkbox"/>
CC_04	Was [CHILD NAME] given Oral Rehydration Salts (ORS) yesterday during the day or at night?	1 = Yes 2 = No 98 = Don't know	<input type="checkbox"/>
CC_06	<p>Now, I would like to ask you some questions about what your child and your household ate yesterday during the day or the night.</p> <p><b>Let's start with the household.</b></p> <p>Please describe everything that you or anyone else in your household <u>ate yesterday during the day and at night</u>. I am interested in everything your household ate, whether you or someone in the household.</p> <p><b>INTERVIEWER:</b> Include foods eaten by any member of the household, prepared in the home and consumed in the home or outside the home or purchased outside and consumed in the home. Exclude foods purchased and eaten outside the home. Probe the respondent to include all food (meals and snacks) consumed during the day at night. Start with the first food eaten after waking up and ask about each time of the day.</p> <p><b>INTERVIEWER:</b> After each item, probe: anything else? Until respondent says nothing else. Repeat this process until respondent says that all household members ate went to sleep until the next day.</p> <p><b>INTERVIEWER:</b> Once the respondent finishes recalling foods eaten, read each food group that was not circles and ask whether these items were eaten. If yes- select those items, if not move to the next question.</p>		

			<b>CC_06A Household</b> ⇒ <b>Skip to CD_01 if child is dead</b>	<b>CC_06B</b> Yesterday during the day or night did [child name] drink/consumed any of the following foods?  (after all items go to <b>CC_06C</b> )	<b>CC_06D.</b> Other items consumed by child
A.	Any bread, rice, noodles, spaghetti, biscuits, or any other foods made from millet, sorghum, maize, rice, corn, rye, semolina or wheat flour?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Any potatoes, yams, cocoyam, manioc, cassava or any other foods made from roots or tubers, or plantains?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Any food made from vegetables or root crops with yellow or orange flesh such as carrots, squash, pumpkin, sweet potatoes?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Any food made from dark green leafy vegetables such as kuka, spinach, ewedu leaves, ugu leaves, cassava leaves, potato leaves, kale and other locally available dark green leafy vegetables?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Any other vegetables, such as tomatoes, okra, cucumber?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Any food made from fruits with yellow or orange flesh such as ripe mango, ripe papaya/pawpaw, ripe passion fruit, peaches or apricot?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Any other fruits, such as bananas, apples, pineapple?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Any beef, pork, lamb, goat, rabbit, wild game, chicken, turkey, guinea fowl, duck, or other birds?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I.	Any liver, kidney, heart, or other organ meats?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Any eggs?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Any fresh or dried fish or shellfish?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Any cowpea, locust bean, pigeon pea, soya bean, or other foods made from beans, peas, lentils, or legumes?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.	Any groundnut, cashew, walnut, kola nut, sesame, shea nut, almond, ogbono, egusi or other foods made from nuts or seeds, including nut/seed butters or pastes?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	Any cheese, yoghurt or other foods made from milk or other milk products?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.	Any foods made with oil, fat, or butter?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.	Any foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	1 = Yes 2 = No → next item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CC_06C</b>	Did child eat anything else yesterday during the day or the night that was NOT eaten by the household?	1= Yes → CC06D 2=No → CC_07 if at least one item was consumed by child OR CC_05 if no item so far was consumed by child 98= Don't know	<input type="checkbox"/>		

CC_05	<p>If Did [CHILD NAME] EAT any <u>solid, semi-solid, or soft foods YESTERDAY</u> during the day or at night?</p> <p><b>INTERVIEWER: This does not include liquids like breast milk and water.</b></p>	<p>1 = Yes 2 = No → CD_01</p>	<p> _ </p>
CC_07	<p>How many times did [CHILD NAME] eat <u>solid, semi-solid, or soft foods YESTERDAY</u> during the day or at night?</p> <p><b>INTERVIEWER: This does not include liquids like breast milk, water.</b></p>	<p> _ _  times</p>	

## SECTION D: Immunization

Question number	Question and instructions	Answer codes	Answer
CD_01	<p>Now I would like to ask you some questions about vaccinations that [CHILD NAME] might have had.</p> <p>Do you have a Child Health Card where [CHILD NAME]'s vaccinations are written down?</p> <p><b>INTERVIEWER: sometimes vaccinations are written in a small notebook. This should be considered as a vaccination card.</b></p>	<p>11 = Yes and seen 12 = Yes but not seen ..... → CD_03 22 = No ..... → CD_03</p>	<p> _ _ </p>
CD_02	<p><b>INTERVIEWER: Use the vaccination card to identify which vaccinations the child has had. For each vaccination, if there is a date recorded on the card, then cross the box (☒) at that vaccine, if there is no date recorded then leave the box blank.</b></p>		
	A. BCG.....		<input type="checkbox"/>
	B. OPV 0 - Polio 0 (Polio at birth) .....		<input type="checkbox"/>
	C. OPV 1 - Polio 1.....		<input type="checkbox"/>
	D. OPV 2 - Polio 2.....		<input type="checkbox"/>
	E. OPV 3 - Polio 3.....		<input type="checkbox"/>
	F. DPT 1 .....		<input type="checkbox"/>
	G. DPT 2 .....		<input type="checkbox"/>
	H. DPT 3 .....		<input type="checkbox"/>
	I. Penta 1 .....		<input type="checkbox"/>

	J. Penta 2 .....	<input type="checkbox"/>
	K. Penta 3 .....	<input type="checkbox"/>
	L. Measles 1 (or MMR) .....	<input type="checkbox"/>
	M. Measles 2 .....	<input type="checkbox"/>
	N. HBV 0 - Hepatitis B 0 (at birth) .....	<input type="checkbox"/>
	O. HBV 1 - Hepatitis B 1 .....	<input type="checkbox"/>
	P. HBV 2 - Hepatitis B 2 .....	<input type="checkbox"/>
	Q. HBV 3 - Hepatitis B 3 .....	<input type="checkbox"/>
	R. PCV 1 - pneumococcal conjugate .....	<input type="checkbox"/>
	S. PCV 2 - pneumococcal conjugate .....	<input type="checkbox"/>
	T. PCV 3 - pneumococcal conjugate .....	<input type="checkbox"/>
	U. Yellow Fever .....	<input type="checkbox"/>
	V. Vitamin A 1 <sup>st</sup> Dose .....	<input type="checkbox"/>
	W. Vitamin A 2 <sup>nd</sup> Dose .....	<input type="checkbox"/>
	X. Conjugate A CSM .....	<input type="checkbox"/>
	Y. Rota 1 .....	<input type="checkbox"/>
	Z. Rota 2 .....	<input type="checkbox"/>
	AA. IPV .....	<input type="checkbox"/>
<b>CD_03</b>	Has [CHILD NAME] had any vaccinations to prevent him/her from getting diseases that are not recorded on this card, including vaccinations given in a national immunization day campaign?	<div> 1 = Yes..... → <b>CD_04</b>  2 = No→ Next section  98 = Don't Know ..... → <b>CD_04</b> </div> <div> <input type="checkbox"/> </div>
Please tell me if [CHILD NAME] had any of the following vaccinations.		

<b>CD_04</b>	<p>(Apart from the BCG vaccinations recorded on the card) Has [CHILD NAME] ever received a BCG vaccination (other BCG vaccinations) against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p> <p><b>INTERVIEWER: If any BCG vaccination was recorded (with date) on the vaccination card, this question should refer to any BCG vaccination on top of the one(s) recorded on the vaccination card.</b></p>	<p>1 = Yes 2 = No 98 = Don't Know</p>	<p> _ </p>
<b>CD_05</b>	<p>(Apart from the polio vaccines recorded on the card) Has [CHILD NAME] ever received a Polio vaccine (other polio vaccines), that is, drops in the mouth?</p> <p><b>INTERVIEWER: If any polio vaccination was recorded (with date) on the vaccination card, this question should refer to any polio vaccination on top of the one(s) recorded on the vaccination card.</b></p>	<p>1 = Yes 2 = No ..... → <b>CD_08</b> 98 = Don't Know ..... → <b>CD_08</b></p>	<p> _ </p>
<b>CD_06</b>	Was the first polio vaccine given in the first two weeks after birth or later?	<p>1 = Within first two weeks after birth 2 = More than two weeks after birth 98 = Don't Know</p>	<p> _ </p>
<b>CD_07</b>	How many times was the polio vaccine given in total?	<p>96 = too many to count 98 = Don't Know</p>	<p> _ _  times</p>
<b>CD_08</b>	<p>(Apart from the DPT or Penta vaccinations recorded on the card) Has [CHILD NAME] ever received a DPT or Penta vaccination (other DPT or Penta vaccinations) - that is, an injection given in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough or diphtheria?</p> <p><b>INTERVIEWER: If any DPT/PENTA vaccination was recorded (with date) on the vaccination card, this question should refer to any DPT/PENTA vaccination on top of the one(s) recorded on the vaccination card.</b></p>	<p>1 = Yes 2 = No ..... → <b>CD_10</b> 98 = Don't Know ..... → <b>CD_10</b></p>	<p> _ </p>
<b>CD_09</b>	How many times was the DPT or Penta vaccination given?	98 = Don't Know	<p> _  times</p>



CD_10	<p>(Apart from the Hepatitis B vaccination recorded on the card) Has [CHILD NAME] ever received a Hepatitis B vaccination (other Hepatitis B vaccinations) - that is, an injection in the thigh or buttocks to prevent him/her from getting Hepatitis B?</p> <p><b>INTERVIEWER:</b> If any Hepatitis B vaccination was recorded (with date) on the vaccination card, this question should refer to any Hepatitis B vaccination on top of the one(s) recorded on the vaccination card.</p> <p><b>INTERVIEWER:</b> Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as the polio and DPT vaccines.</p>	<p>1 = Yes  2 = No ..... → CD_13  98 = Don't Know ..... → CD_13</p>	<input type="text"/>
CD_11	Was the first Hepatitis B vaccine received within the first 24 hours after birth?	<p>1 = Yes  2 = No  98 = Don't Know</p>	<input type="text"/>
CD_12	How many times was a Hepatitis B vaccine received?	8 = Don't Know	<input type="text"/> times
CD_13	<p>(Apart from the measles or MMR injections recorded on the card) Has [CHILD NAME] ever received a measles injection or an MMR injection (other measles or MMR injections) - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p> <p><b>INTERVIEWER:</b> If any measles vaccination was recorded (with date) on the vaccination card, this question should refer to any measles vaccination on top of the one(s) recorded on the vaccination card.</p>	<p>1 = Yes  2 = No  98 = Don't Know</p>	<input type="text"/>
CD_14	<p>(Apart from the yellow fever vaccination recorded on the card) Has [CHILD NAME] ever received the yellow fever vaccination (other yellow fever vaccinations) – that is, a shot in the arm at the age of 9 months or older – to prevent him/her from getting yellow fever?</p> <p><b>INTERVIEWER:</b> If any yellow fever vaccination was recorded (with date) on the vaccination card, this question should refer to any yellow fever vaccination on top of the one(s) recorded on the vaccination card.</p> <p><b>INTERVIEWER:</b> Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine</p>	<p>1 = Yes  2 = No  98 = Don't Know</p>	<input type="text"/>

SECTION E: Child's health			
Question number	Question and instructions	Answer codes	Answer

CE_01	Has [CHILD NAME] had diarrhoea in the last 2 weeks?	1 = Yes 2 = No → <b>CE_08</b>	<input type="text"/>
CE_02	In the last episode of diarrhoea, what did it look like?	1 = Loose 2 = Watery 3 = Semi-formed	<input type="text"/>
CE_03	What was the frequency of diarrhoea per day?	Insert number of times per day	<input type="text"/> <input type="text"/> times
CE_04	In the last episode of diarrhoea, was there any blood in the stools?	1 = Yes 2 = No 98 = Don't know	<input type="text"/>
CE_05	During the last time [CHILD NAME] had diarrhoea, did you seek advice or treatment from any source?	1 = Yes 2 = No → <b>CE_07</b>	<input type="text"/>
CE_06	From where did you seek advice or treatment?  <b><u>INTERVIEWER:</u> Select all that apply.</b>	1 = Public sector government hospital 2 = Private sector hospital 3 = Government health centre 4 = Private doctor 5 = Pharmacy/Chemist 6 = Shop 7 = Community health worker 8 = Traditional practitioner 9 = Relative/friend 97 = Other (specify) <input type="text"/>	<input type="text"/>
CE_07	During the last time [child name] had diarrhoea, what treatment was [CHILD NAME] given?  <b><u>INTERVIEWER:</u> Read the options to the respondent and select all that apply.</b>	1 = Fluid made from ORS packet 2 = Homemade fluid 3 = Zinc fluid 4 = Child was not give any treatment 97 = Other (specify) <input type="text"/> 98 = Don't know	<input type="text"/>
CE_07A	The last time [child name] had diarrhoea, did you breastfeed him/her less than usual, about the same amount, or more than usual?	1= Less 2= Same 3= More 4= Child not breastfed 98= Don't know	<input type="text"/>

<b>CE_07B</b>	The last time [child name] had diarrhoea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	1= Less 2= Same 3= More 4= Nothing to drink 98= Don't know	<input type="text"/>
<b>CE_07C</b>	The last time [child name] had diarrhoea, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?	1= Less 2= Same 3= More 4= Nothing to eat 98= Don't know	<input type="text"/>
<b>CE_08</b>	Has [CHILD NAME] been ill with a fever at any time in the last 2 weeks?	1 = Yes 2 = No	<input type="text"/>
<b>CE_09</b>	Has [CHILD NAME] been ill with a cough at any time in the last 2 weeks?	1 = Yes 2 = No → <b>CE_16A</b>	<input type="text"/>
<b>CE_10</b>	When [CHILD NAME] had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	1 = Yes 2 = No → <b>CE_12</b>	<input type="text"/>
<b>CE_11</b>	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	1 = Chest only 2= Nose only 3 = Both 97= Other (specify) 98 = Don't know	<input type="text"/>
<b>CE_12</b>	During the last time [child name] had a fever/cough, did you seek advice or treatment from any source?	1= Yes 2 = No → <b>CE_16A</b>	<input type="text"/>

CE_13	<p>From where did you seek advice or treatment?</p> <p><b>INTERVIEWER: Select all that apply.</b></p>	<p>1 = Public sector government hospital  2 = Private sector hospital  3 = Government health centre  4 = Private doctor  5 = Pharmacy/Chemist  6 = Shop  7 = Community health worker  8 = Traditional practitioner  9 = Relative/friend  97 = Other (specify) [_____]</p>	<div></div>
CE_16A	<p>The last time [child name] had an illness with fever or cough, did you breastfeed him/her less than usual, about the same amount, or more than usual?</p>	<p>1= Less  2= Same  3= More  4= Child not breastfed  98= Don't know</p>	<div></div>
CE_16B	<p>The last time [child name] had an illness with fever or cough, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?</p>	<p>1= Less  2= Same  3= More  4= Nothing to drink  98= Don't know</p>	<div></div>
CE_16C	<p>The last time [child name] had an illness with fever or cough, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?</p>	<p>1= Less  2= Same  3= More  4= Nothing to eat  98= Don't know</p>	<div></div>
CE_16	<p>Apart from the above illnesses, was [CHILD NAME] taken to the clinic, health centre and/or hospital to seek treatment for any other illness in the LAST 2 WEEKS?</p>	<p>1 = Yes (Specify reason) [_____]  2 = No → <b>CF_01</b></p>	<div></div>

CE_17	Was the child hospitalized for overnight stay in a hospital in the LAST 2 WEEKS?	1 = Yes 2 = No	_
CE_18	Did [CHILD NAME] EVER have measles? That is has your child ever had fever and cough along with a rash spreading from the face all the way to the feet.	1 = Yes 2 = No 98 = Don't know	_
CE_19	Did [CHILD NAME] EVER have tuberculosis? That is has your child ever had a cough with pain in the chest along with a loss of appetite and a strong fever.	1 = Yes => Skip to end of child is dead 2 = No => Skip to end of child is dead 98 = Don't know => Skip to end of child is dead	_

## SECTION F: Child anthropometry

Now, I would like to take some measurements of your child.

Question number	CAPI Title	Question and instructions	Answer
<b>Child 1<sup>st</sup> Measurement</b>			
CF_01	MUAC	MUAC measurement of [CHILD'S NAME]  <b>INTERVIEWER:</b> Record measurement to the nearest 1 mm.	_ _ _ mm
CF_04	HEIGHT	HEIGHT/LENGTH of [CHILD'S NAME]  <b>INTERVIEWER:</b> If measurement not possible, write '999.9'. Record measurement to the nearest 0.1 cm.	_ _ _ _ cm
CF_05	HEIGHT	Was the child's height/length measured lying down or standing?	1= Lying down 2= Standing
<b>Child 2<sup>nd</sup> Measurement</b>			
CF_02	MUAC	MUAC measurement of [CHILD'S NAME]  <b>INTERVIEWER:</b> Record measurement to the nearest 1mm.	_ _ _ mm
<b>Child 2<sup>nd</sup> Measurement</b>			
CF_06	HEIGHT	HEIGHT/LENGTH of [CHILD'S NAME]  <b>INTERVIEWER:</b> If measurement not possible, write '999.9'. Record measurement to the nearest 0.1 cm.	_ _ _ _ cm
CF_07	HEIGHT	Was the child's height/length measured lying down or standing?	1= Lying down  _

			2= Standing	
Child 3rd Measurement- ONLY if difference between measurement 1 and 2: *MUAC: difference is larger than 3mm				
CF_03	MUAC	MUAC measurement of [CHILD'S NAME]  <b>INTERVIEWER: Record measurement to the nearest 1 mm.</b>	_ _ _ m m	MUAC
<b>Child 3rd Measurement- ONLY if difference is larger than 0.7cm</b>				
CF_08	HEIGHT	HEIGHT/LENGTH of [CHILD'S NAME]  <b>INTERVIEWER: If measurement not possible, write '999.9'. Record measurement to the nearest 0.1 cm.</b>	_ _ _ _ cm	
CF_09	HEIGHT	<b>Was the child's height/length measured lying down or standing?</b>	1= Lying down 2= Standing	_

Outcomes		
Status of interview	1=Completed 2=Referred to CMAM centre 3= Mother/Child not available 4=Child Dead 5= Partially completed (respondent refused to answer) 6= Consent not given 7=Not eligible 8=Household cannot be found at first visit 9= Household cannot be found at second visit 10= Revisit for child MUAC 11= Revisit for other reasons (specify) 12=Mother is dead 96= Other (specify)	<div></div>

**\*\*\* CHECK THE QUESTIONNAIRE & THANK THE RESPONDENT! \*\*\***