FOLLOW-UP QUESTIONNAIRE + EXIT QUESTIONNAIRE

NOTE: some modules in this questionnaire are administered at every follow up round while some are only administered at the exit round. Exit round is defined as the round in which the child either:

- **Relapses. This is defined as MUAC in CF_01 to CF_03=<112mm OR 112mm<MUAC<115mm for the second consecutive follow-up visit; or**
- **Reaches the end of the study (completes the 11th follow-up post baseline).**

Next to each module, it is indicated whether this module was administered at every round or at the exit round only.

INTERVIEWER: Confirm whether the respondent is the mother or the primary caregiver of the child before continuing with the questionnaire.

Consent	Do I have your permission to start this interview?	1 = Yes 2 = No or respondent not available → End interview 3=Yes but child is dead → **Tiiggers interview but WITHOUT child anthropometrics (section F), infant and young child feeding (section B), and child feeding (section C)**	|__|

CHILD QUESTIONNAIRE

SECTION F: Child anthropometry (administered at every follow up round)

I will start the interview by taking your child's MUAC and asking you some questions about your child's health.

Question number	CAPI Title	Question and instructions	Answer
Child 1ˢᵗ Measurement			
CF_01	MUAC	MUAC measurement of [CHILD'S NAME] **INTERVIEWER: Record measurement to the nearest 1 mm.**	|__|__|__|mm
Child 2ⁿᵈ Measurement			
CF_02	MUAC	MUAC measurement of [CHILD'S NAME] **INTERVIEWER: Record measurement to the nearest 1mm.**	|__|__|__|mm
Child 3rd Measurement- ONLY if difference between measurement 1 and 2: *MUAC: difference is larger than 2mm			
CF_03	MUAC	MUAC measurement of [CHILD'S NAME] **INTERVIEWER: Record measurement to the nearest 1 mm.**	|__|__|__|mm

SECTION E: Child's health (administered at every follow up round)

Question number	Question and instructions	Answer codes	Answer
CE_01	Has [CHILD NAME] had diarrhoea in the last 2 weeks?	1 = Yes 2 = No →**CE_08**	|__|
CE_02	In the last episode of diarrhoea, what did it look like?	1 = Loose 2 = Watery 3 = Semi-formed → **CE_05**	|__|
CE_03	What was the frequency of diarrhoea per day?	Insert number of times per day	|__| |__| times
CE_04	In the last episode of diarrhoea, was there any blood in the stools?	1 = Yes 2 = No 98 = Don't know	|__|
CE_05	During the last time [CHILD NAME] had diarrhoea, did you seek advice or treatment from any source?	1= Yes 2 = No → **CE_07**	|__|

CE_06	From where did you seek advice or treatment? **INTERVIEWER: Select all that apply.**	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) [_____]	|__|
CE_07	During the last time [child name] had diarrhoea, what treatment was [CHILD NAME] given? **INTERVIEWER: Read the options to the respondent and select all that apply.**	1 = Fluid made from ORS packet 2 = Homemade fluid 3 = Zinc fluid 4 = Child was not give any treatment 97 = Other (specify) [_____} 98 = Don't know	|__|
CE_07A	The last time (NAME) had diarrhoea, did you breastfeed him/her less than usual, about the same amount, or more than usual?	LESS... 1 SAME.. 2 MORE... 3 CHILD NOT BREASTFED............. 4 DON'T KNOW.............................. 98	|__|
CE_07B	The last time (NAME) had diarrhoea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS... 1 SAME.. 2 MORE... 3 NOTHING TO DRINK.................... 4 DON'T KNOW.............................. 98	|__|

CE_07C	The last time (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?	LESS... 1 SAME... 2 MORE... 3 NOTHING TO EAT....................... 4 DON'T KNOW............................. 98	|__|
CE_08	Has [CHILD NAME] been ill with a fever at any time in the last 2 weeks?	1 = Yes 2 = No	|__|
CE_09	Has [CHILD NAME] been ill with a cough at any time in the last 2 weeks?	1 = Yes 2 = No →**CE_12**	|__|
CE_10	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 → **CE_12**	|__|
CE_11	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	|__|
CE_12	During the last time [child name] had a fever/cough, did you seek advice or treatment from any source?	1= Yes 2 = No → **CE_16A**	|__|
CE_13	From where did you seek advice or treatment? **INTERVIEWER: Select all that apply.**	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) [_____]	|__|

CE_16A	The last time (NAME) had an illness with fever or cough, did you breastfeed him/her less than usual, about the same amount, or more than usual?	LESS... 1 SAME... 2 MORE... 3 CHILD NOT BREASTFED............. 4 DON'T KNOW.............................. 98	|__|
CE_16B	The last time (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?	LESS... 1 SAME... 2 MORE.. 3 NOTHING TO DRINK.................... 4 DON'T KNOW.............................. 98	|__|
CE_16C	The last time (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?	LESS... 1 SAME... 2 MORE.. 3 NOTHING TO EAT....................... 4 DON'T KNOW.............................. 98	|__|
CE_16	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?	1 = Yes (Specify reason) [_____] 2 = No → **CE_18**	|__|
CE_17	Was the child hospitalized for overnight stay in a hospital in the LAST 2 WEEKS?	1 = Yes 2 = No	|__|
CE_18 (only asked at the exit round)	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 (only asked at the exit round)	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 2 = No 98 = Don't know	|__|

SECTION B: Infant and young child feeding (administered at every follow up round)

Question number	Question and instructions	Answer codes	Answer
	I will ask you questions about what your child's breastfeeding status.		
CB_03	Was [CHILD NAME] breastfed yesterday during the day or at night?	1 = Yes 2 = No → **MA_02** 98 = Don't know → **MA_02**	|__|__|
CB_04	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	|__|
CB_05	Is [CHILD NAME] being fed with other liquids, such as water, or with food?	1 = Yes 2 = No 98 = Don't know	|__|

MOTHER AND HOUSEHOLD QUESTIONNAIRE

SECTION A: Mother's employment (administered at exit round only)

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

Question number	Question and instructions	Answer codes	Answer
MA_02	Have **you** been working **in the last week**?	1=Yes 2=No => **Skip HC_01**	|__|__|
MA_03	What kind of work did you do **in the last week**? This can be paid or unpaid.	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 X Deaths in the household (administered at exit round only)

Question number	Question and instructions	Answer codes	Answer
HC_01	Think back over the past 12 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	|__|
HC_02	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	|__|

HC_03	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	|__|
HC_04	In total, how many household members that support with money, childcare or farming activities died in the last 12 months?	|__| (SKIP to HE_01 if HC_01&HC_02&HC_03 is "no")	

SECTION E: Household Food Insecurity Access Scale (administered at exit round only)

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	|__|
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)	|__|
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	|__|
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)	|__|
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	|__|
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)	|__|
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	|__|
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)	|__|
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	|__|

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)	|__|
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	|__|
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)	|__|
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	|__|
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)	|__|
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	|__|
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)	|__|
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 → MEA_01	|__|
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)	|__|

SECTION EA: Knowledge, attitudes and practice (administered at exit round only)

	Now, I would like to ask you about the times when you should wash your hands.		
MEA_01.	When, if any, are the times when you think you should wash your hands? **INTERVIEWER: Do not read out options. Select all answers mentioned.**	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 11= Other (specify) 98= Don't know	|__|
MEA_02.	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. 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. At 2 years old, which [BOY/GIRL] do you think is heavier? **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."**	1= Baby 1 is heavier 2= Baby 2 is heavier 3=About the same 98= Don't know	|__|
MEA_03.	At 2 years old, which baby [BOY/GIRL] do you think is stronger?	1= Baby 1 is stronger 2=Baby 2 is stronger 3=About the same 98= Don't know	|__|

	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."**		
MEA_04.	Which baby [BOY/GIRL] do you think falls sick less often? 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."**	1= Baby 1 is less often sick 2=Baby 2 is less often sick 3=About the same 98= Don't know	|__|

SECTION EB: Mother networks (administered at exit round only)

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	|__|
MEB_02.	Do you know mothers who have been to CMAM with their children? INTERVIEWER: For control mothers, explain what CMAM is.	1=Yes 2= No	|__|
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	|__|

SECTION B: Reproductive history (administered at exit round only)

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

Question number	Question and instructions	Answer codes	Answer
MB_21	Are you pregnant now?	1 = Yes 2 = No 98 = Don't know	|__|
MB_22	Are you currently breastfeeding?	1 = Yes 2 = No	|__|
MB_23	Did you give birth to a child in the last month? INTERVIEWE: probe any baby that cried and showed signed of life that is either alive or later died.	1 = Yes 2 = No	|__|

CHILD QUESTIONNAIRE

SECTION C: Child feeding (administered at exit round only)

Now- I would like to ask you some questions about what your child ate yesterday during the day or the night.

Question number	Question and instructions	Answer codes	Answer
	Next I would like to ask you about any <u>liquids</u> you gave or place inside [CHILD NAME]'s mouth	**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	
	C. Milk such as tinned, powdered, or fresh animal milk	1 = Yes 2 = No → next item	|__|
	D. Juice or juice drinks	1 = Yes 2 = No → next item	|__|
	E. Clear broth	1 = Yes 2 = No → next item	|__|
	F. Yogurt	1 = Yes 2 = No → next item	|__|
	G. Thin porridge	1 = Yes 2 = No → next item	|__|
	H. Other liquids (e.g. sugar water, gripe water, tea, etc.)	1 = Yes 2 = No → next item	|__|
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	|__|

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	|__|	
CC_06	Now, I would like to ask you some questions about what your child and your household ate yesterday during the day or the night. **Let's start with the household.** 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 housheold. **INTERVIEWER: Include foods eaten by any member of the housheold, 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.** **INTERVIEWER**: **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.** **INTERVIEWER: 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.**			

			Household	**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	|__|	|__|
B.	Any potatoes, yams, cocoyam, manioc, cassava or any other foods made from roots or tubers, or plantains?	1 = Yes 2 = No → next item	|__|	|__|
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	|__|	|__|
D.	Any food made from dark green leafy vegetables such as kuka, spinach, ewedu leaves, ugwu leaves, cassava leaves, potato leaves, kale and other locally available dark green leafy vegetables?	1 = Yes 2 = No → next item	|__|	|__|
E.	Any other vegetables, such as tomatoes, okra, cucumber?	1 = Yes 2 = No → next item	|__|	|__|

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	|_|	|_|
G.	Any other fruits, such as bananas, apples, pineapple?	1 = Yes 2 = No → next item	|_|	|_|
H.	Any beef, pork, lamb, goat, rabbit, wild game, chicken, turkey, guinea fowl, duck, or other birds?	1 = Yes 2 = No → next item	|_|	|_|
I.	Any liver, kidney, heart, or other organ meats?	1 = Yes 2 = No → next item	|_|	|_|
J.	Any eggs?	1 = Yes 2 = No → next item	|_|	|_|
K.	Any fresh or dried fish or shellfish?	1 = Yes 2 = No → next item	|_|	|_|
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	|_|	|_|
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	|_|	|_|
N.	Any cheese, yoghurt or other foods made from milk or other milk products?	1 = Yes 2 = No → next item	|_|	|_|
O.	Any foods made with oil, fat, or butter?	1 = Yes 2 = No → next item	|_|	|_|
P.	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	1 = Yes 2 = No → next item	|_|	|_|

Q.	Any foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	1 = Yes 2 = No → next item	|__|	|__|
CC_05 *(only asked if no food items are reported above)*	Did [CHILD NAME] EAT any <u>solid, semi-solid, or soft foods YESTERDAY</u> during the day or at night? **INTERVIEWER: This does not include liquids like breast milk and water.**	1 = Yes 2 = No → End interview		
CC_07	<u>How many times</u> did [CHILD NAME] eat <u>solid, semi-solid, or soft foods YESTERDAY</u> during the day or at night? **INTERVIEWER: This does not include liquids like breast milk, water.**	|__|__| times		

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