

**Annex 3: SENS survey Questionnaires November 2017**  
**UNHCR Standardized Expanded Nutrition Survey (SENS) Questionnaire**  
**Kakuma Nutrition Survey, November 2017**

**Greeting and reading of rights:**

THIS STATEMENT IS TO BE READ TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSE BEFORE THE INTERVIEW. DEFINE A HOUSEHOLD AS A GROUP OF PEOPLE WHO LIVE TOGETHER AND ROUTINELY EAT OUT OF SAME POT. DEFINE HEAD OF HOUSEHOLD AS MEMBER OF THE FAMILY WHO MANAGES THE FAMILY RESOURCES AND IS THE FINAL DECISION MAKER IN THE HOUSE.

Hello, my name is \_\_\_\_\_ and I work with [MSF, KRCS, IRK, IRC]. We would like to invite your household to participate in a survey that is looking at the nutrition and health status of people living in this camp.

- Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time for any reason. If you stop being in this survey, it will not have any negative effects on how you or your household is treated or what aid you receive.
- If you agree to participate, I will ask you some questions about your family and I will also measure the weight and height of all the children in the household who are older than 6 months and younger than 5 years. In addition to these assessments, I will test a small amount of blood from the finger of the children and women to see if they have anaemia.
- Before we start to ask you any questions or take any measurements, we will ask you to state your consent on this form. Be assured that any information that you will provide will be kept strictly confidential.
- You can ask me any questions that you have about this survey before you decide to participate or not.
- If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

**1A. Kakuma Nutrition Survey, November 2017, Household Questionnaire- FOOD SECURITY: (This questionnaire is to be administered to the Main Caretaker WHO IS RESPONSIBLE FOR COOKING THE MEALS). TO BE ADMINISTERED IN EVERY SECOND HOUSEHOLDS-HALF OF HOUSEHOLDS**

Date of interview (dd/mm/yyyy)	Cluster Number	Team Number
_ _ / _ _ / _ _	_ _	_
Section/Village:  _ _  Zone/Neighbourhood:  _ _  Block/Compound:  _ _	Camp (tick) Kakuma  _ _  Kalobeyei  _ _  Household  _ _	

No	QUESTION	ANSWER CODES
<b>SECTION FS1</b>		
<b>FS1</b>	<b>Consent:</b>	Yes ..... 1 No ..... 2 Absent ..... 3
<b>FS2</b>	How many people live in this Household?	_
<b>FS3</b>	Does your household have a ration card?	Yes ..... 1 No..... 2
<b>FS4</b>	Why does your household not have a ration card?	Not given one at registration ..... 1 Lost card ..... 2 Traded card ..... 3 Not registered but eligible ..... 4 Not eligible ..... 5 Other ..... 98
<b>FS5</b>	Does your household have a <i>Bamba Chakula</i> sim card?	Yes ..... 1 No..... 2
<b>FS6</b>	Why does your household not have a sim card?	Not given one at registration ..... 1 Lost card ..... 2 Traded card ..... 3 Not registered but eligible ..... 4 Not eligible ..... 5 Other ..... 98
<b>FS7</b>	Did you use your Bamba Chakula voucher over the last one month?	Yes ..... 1 No..... 2

<b>FS8</b>	Why did you not use your Bamba Chakula voucher over the last one month?	No Bamba Chakula secret PIN ..... 1 Lost/damaged Bamba Chakula sim card .. 2 I am saving my Bamba Chakula voucher . 3 Other..... 98	
<b>FS9</b>	How many days did your food ration last from the July distribution cycle (general ration and <i>Bamba Chakula</i> )?		_    _
<b>FS10</b>	What was the main reason the general ration/Bamba Chakula did not last until the end of the month? (for FS5 <31)	Food was sold or exchanged.....1 Shared with kin/new arrivals .....2 Ration not big enough,.....3 Gave to livestock .....4 Lost due to theft.....5 Lost due to poor storage.....6 Others..... .....98	
<b>FS11</b>	Now I would like to ask about the food items you bought using <i>Bamba Chakula</i> . Did you buy the following food items?	Cereals (maize, wheat, sorghum, rice, spaghetti, patsta)..... 1 Pulses (peas, beans, lentils) .....2 Oil (Vegetable oil etc) .....3 Sugar .....4 Fruits/vegetables..... .....5 Milk..... .....6 Meat, fish..... .....7 Tea..... .....8 Salt..... .....9 Eggs..... .....10 Drinks/juice..... .....11	
<b>FS12</b>	In the last month, have you or anyone in your household borrow ed cash, food or other items?	Yes ..... 1 No .....2	_
<b>FS13</b>	In the last month, have you or anyone in your household sold any assets (furniture, seed stocks, tools, other NFI, livestock etc.)?	Yes ..... 1 No .....2	_

<b>FS14</b>	In the last month, have you or anyone in your household requested increased remittances or gifts as compared to normal?	Yes ..... 1 No ..... 2	<input type="checkbox"/>
<b>FS15</b>	In the last month, have you or anyone in your household reduced the quantity and/or frequency of meals?	Yes ..... 1 No ..... 2	<input type="checkbox"/>
<b>FS16</b>	In the last month, have you or anyone in your household begged?	Yes ..... 1 No ..... 2	<input type="checkbox"/>
<b>SECTION FS2</b>			

**Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. I am interested in knowing about meals, beverages and snacks eaten or drank inside or outside the home.**

<b>FS17</b>	<b>1. Cereals:</b> Any wheat, corn/maize, sorghum, rice or any foods made from these (e.g. bread, porridge) ( <i>Canjeero, chapati, Camb uulo, Basto, Baris; rooti, Iyo boorash, sarin, ugali/sor</i> )	1..... <input type="checkbox"/>
	<b>2. White roots and tubers:</b> Any green bananas, lotus root, parsnip, plantains, irish potatoes, white yam, white cassava, or other foods made from roots. ( <i>moos ceyriin, baradho</i> )	2..... <input type="checkbox"/>
	<b>3A. Vitamin A rich vegetables and tubers:</b> Any carrot, pumpkin, squash, or sweet potato that are orange inside + other locally available vitamin A rich vegetables (e.g. red sweet pepper) ( <i>karoot</i> )	3A..... <input type="checkbox"/>
	<b>3B. Dark green leafy vegetables:</b> Any dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as amaranth, arugula, cassava leaves, <i>spinach (Caleen Ambogi/sular, moxogta caleenteeda, cagaaran sida kosta gooman cagaar, sukuma wiki)</i>	3B..... <input type="checkbox"/>
	<b>3C. Other vegetables:</b> Any other vegetables (e.g., cabbage, green pepper, tomato, onion, eggplant, zucchini, okra/) <i>vegetables (tamata, basal, kabash, basbas cagaar ton, Baamiye, barbarooni, nyanyo)</i>	3C..... <input type="checkbox"/>
	<b>4A. Vitamin A rich fruits:</b> Any mango (ripe, fresh and dried), cantaloupe melon (ripe), apricot (fresh or dried), ripe papaya, passion fruit (ripe), dried peach, and 100% fruit juice made from A rich fruits ( <i>canbo kartay, cambe,, papaya,</i> )	4A..... <input type="checkbox"/>
	<b>4B. Other fruits:</b> Any other fruits such as apple, avocados, banana, coconut flesh, lemon, , including wild fruits and 100% fruit juice made from these ( <i>ananas, tufax, afkadho, moos, liin- iwm</i> )	4B..... <input type="checkbox"/>
	<b>5A. Organ meat:</b> Any liver, kidney, heart or other organ meats or blood-based foods. ( <i>ber, kilyo, wadna iwm</i> )	5A..... <input type="checkbox"/>
	<b>5B. Flesh meats:</b> Any beef, goat, lamb, mutton, chicken, duck, doves or other small wild bush meat ( <i>hilib xoola sida ari, lo' geel, ida, digaag ama hilib cidood ,hilib qooley-gaaleed</i> ).	5B..... <input type="checkbox"/>

**6. Eggs:** Any eggs from chicken, duck, guinea fowl or any other egg (*bet/ukun noc kasta*)

6.....|\_\_|

**7. Fish and seafood:** Any fresh or dried fish, canned fish (anchovies, tuna, sardines), or shellfish (*kaluun, kaluun laqalajjay,, tuna/kaluunka gasacadaha, iwm*).

7.....|\_\_|

**8. legumes, nuts and seeds:** Any dried peas, lentils, nuts, seeds or foods made from these (eg. hummus, peanut butter) (*Misir, sida digir , salbuko, digir soomali*).

8.....|\_\_|

**9. Milk and milk products:** Any milk, infant formula, cheese, yogurt or other milk products (e.g. kiefer) (*caano dhamaan, cano fadhi, garoor, susac* )

9.....|\_\_|

**10. Oils and fats:** Vegetable oil (*saliida lagabixiyo xarada –sida saliid cadeey*). (*saliida xarada aan lagabixinin-sida macsaro, sixin, subag iwm*)

10.....|\_\_|

**11. Sweets:** Any sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies, sweet biscuits and cakes. (*macmacaanka (sokor, malab, soda, cabitaan lamacaaneyay, nacnac, buskut, doolsha halwa*)

11.....|\_\_|

**12. Spices, condiments, beverages:** Any spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages. (*filfil madoow, cusba,heel, basbaas, shah, bun* )

12.....|\_\_|

**13. Food aid fortified blended food:** Have you or anyone else in your household eaten CSB or any food made from these yesterday during the day and at night? (*Boorash*)

Yes.....1  
No.....2  
DK.....8

**1B. Kakuma Nutrition Survey, November 2017, Household Questionnaire-WASH. TO BE ADMINISTERED IN EVERY HOUSEHOLD**

<b>Date of interview (dd/mm/yyyy)</b>	<b>Cluster Number</b>	<b>Team Number</b>
_ _ / _ _ / _ _	_ _	_
<b>Section/Village:</b>  _ _	<b>Camp (tick) Kakuma</b>  _ _  <b>Kalobeyei</b>  _ _  <b>Household</b>  _ _	
<b>Zone/Neighbourhood:</b>  _ _		
<b>Block/Compound:</b>  _ _		

No	QUESTION	ANSWER CODES
<b>SECTION WS1</b>		
<b>WS1</b>	How many people live in this household and slept here last night?	_ _
<b>WS2</b>	What is the <i>main</i> source of drinking water for members of your household?  <b>DO NOT READ THE ANSWERS</b>  <b>SELECT ONE ONLY</b>	Public tap/standpipe .....01 Small water vendor.....02 Surface water (e.g. river, pond) .....03 Other .....98 Don't know.....99   _ _
<b>WS3</b>	Are you satisfied with the water supply? THIS RELATES TO THE DRINKING WATER SUPPLY	Yes .....1 No.....2 Other .....6   _
<b>WS4</b>	What is the <i>main</i> reason you are not satisfied with the water supply?	Amount is not enough .....1 Long queue at the tap stand.....2 Water point is far .....3 Water tastes bad .....4 Inadequate water storage containers.....5 Other .....98
<b>WS5</b>	What kind of toilet facility does this household use?  <b>DO NOT READ THE ANSWERS</b>  <b>SELECT ONE ONLY</b>	Simple pit latrine with floor/slab .....02 Pit latrine without floor/slab.....03 No facility, field, bush, plastic bag.....04   _ _
<b>WS6</b>	How many <i>households</i> share this toilet?  <b>(THIS INCLUDES THE SURVEYED HOUSEHOLD)</b>	RECORD NUMBER OF HOUSEHOLDS IF KNOWN (RECORD 96 IF PUBLIC TOILET OR 98 IF UNKNOWN)   _ _ _  Households

		<b>SUPERVISOR SELECT ONE ONLY</b> Not shared (1 HH) .....1 Shared family (2 HH) .....2 Communal toilet (3 HH or more) .....3 Public toilet (in market or clinic etc.) .....4 Don't know .....8			
<b>WS7</b>	Did you receive soap in the last one month?	Yes .....1 No .....2			
<b>WS8</b>	Do you have children under three years old?	Yes .....1 No .....2			<input type="checkbox"/> <b>IF ANSWER IS 2 GO TO WS9</b>
<b>WS9</b>	The last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?  DO NOT READ THE ANSWERS  SELECT ONE ONLY	Child used toilet/latrine .....01 Put/rinsed into toilet or latrine .....02 Buried .....03 Thrown into garbage .....04 Put/rinsed into drain or ditch .....05 Left in the open .....06 Other .....96 Don't know .....98			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>WS10</b>	CALCULATE THE TOTAL AMOUNT OF WATER USED BY THE HOUSEHOLD PER DAY  THIS RELATES TO ALL SOURCES OF WATER (DRINKING WATER AND NON-DRINKING WATER SOURCES)	Please show me the containers you used yesterday for collecting water  ASSIGN A NUMBER TO EACH CONTAINER	Capacity in litres	Number of journeys made with each container	Total litres  <b>SUPERVISOR TO COMPLETE HAND CALCULATION</b>
		1 E.g. jerry can	25 L	1 x	25
		2 E.g. jerry can	10 L	2 x	20
		3 E.g. jerry can	5 L	2 x	10
		4 E.g. Jerry can	5 L	1 x	5
		5 E.g. bucket	50 L	1 x	50
		<b>Total litres used by household</b>			<b>110</b>
<b>WS11</b>	Please show me where you store your drinking water. <b>(ARE THE DRINKING WATER CONTAINERS COVERED OR NARROW NECKED?)</b>	All are .....1 Some are .....2 None are .....3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**1C. Kakuma Nutrition Survey, November 2017, Household Questionnaire-MOSQUITO NET. TO BE ADMINISTERED IN EVERY SECOND HOUSEHOLD (HALF OF HOUSEHOLDS)**

Date of interview (dd/mm/yyyy)	Cluster Number	Team Number
_ _ / _ _ / _ _	_ _	_
Section/Village:  _ _	Camp (tick) Kakuma  _ _  Kalobeyei  _ _	Household  _ _
Zone/Neighbourhood:  _ _		
Block/Compound:  _ _		

No	QUESTION	ANSWER CODES			
<b>SECTION TN1</b>					
<b>TN1</b>	How many people live in this household and slept here last night?  INSERT NUMBER				_ _
<b>TN2</b>	How many children 0-59 months live in this household and slept here last night?  INSERT NUMBER				_ _
<b>TN3</b>	How many pregnant women live in this household and slept here last night?  INSERT NUMBER				_ _
<b>TN4</b>	Did you have your house sprayed with insecticide in an indoor residual spray campaign in the past 6 months?	Yes..... 1	No ..... 2		_
<b>TN5</b>	Do you have mosquito nets in this household that can be used while sleeping?	Yes..... 1	No ..... 2		_  <b>IF ANSWER IS 2 STOP NOW</b>
<b>TN6</b>	How many of these mosquito nets that can be used while sleeping does your household have?  INSERT NUMBER	IF MORE THAN 4 NETS, ENTER THE NUMBER AND USE ADDITIONAL NET QUESTIONNAIRE SHEETS ENTERING THE NUMBER OF THE NETS SEQUENTIALLY AT THE TOP.			_  Nets
<b>TN7</b>	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF NETS ARE NOT OBSERVED → CORRECT TN6 ANSWER	NET # _ _	NET # _ _	NET # _ _	NET # _ _

<b>TN8</b>	OBSERVE NET AND RECORD THE BRANDNAME OF NET ON THE TAG. IF NO TAG EXISTS OR IS UNREADABLE RECORD 'DK' FOR DON'T KNOW.				
<b>TN9</b>	<b>For surveyor/supervisor only (not to be done during interview):</b>  WHAT TYPE OF NET IS THIS? BASED ON THE TAG INDICATE IF THIS IS A LLIN OR OTHER TYPE OF NET OR DK.	1=LLIN 2=Other/DK  <input type="checkbox"/>	1=LLIN 2=Other/DK  <input type="checkbox"/>	1=LLIN 2=Other/DK  <input type="checkbox"/>	1=LLIN 2=Other/DK  <input type="checkbox"/>
<b>TN10</b>	<b>For surveyor/supervisor only (not to be done during interview):</b>  RECORD THE TOTAL NUMBER OF LLINs IN HOUSEHOLD BY COUNTING THE NUMBER OF '1' IN TN9.				<input type="checkbox"/> LLINs

SECTION TN2							
Line no	Household members	Sex	Age	Pregnancy status	Slept under net	Which net	Type of net
#	COL1	COL2	COL3	COL4	COL5	COL6	COL7
	Please give me the names of the household members who live here and who slept here last night	Sex m/f	Age years	FOR WOMEN 15-49 YEARS, ASK: Is (NAME) currently pregnant?  (CIRCLE NOT APPLICABLE OR N/A'99' IF FEMALE <15- >49 YEARS OR MALE)  Yes No/DK N/A	Did (NAME) sleep under a net last night?  Yes No/DK	ASK THE RESPONDENT TO PHYSICALLY IDENTIFY WHICH OF THE OBSERVED NETS THEY SLEPT UNDER.  WRITE THE NUMBER CORRESPONDING TO THE NET THEY USED.	<b>For surveyor/supervisor only:</b>  BASED ON THE OBSERVED NET BRANDNAME RECORDED (TN8), INDICATE IF IT IS AN LLIN OR OTHER / DON'T KNOW (DK).  LLIN OTHER/DK
<b>01</b>		m f	<5 ≥5	1 0 99	1 0	<input type="checkbox"/>	1 2
<b>02</b>		m f	<5 ≥5	1 0 99	1 0	<input type="checkbox"/>	1 2

03		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
04		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
05		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
06		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
07		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
08		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
09		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
10		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
11		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
12		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
13		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
14		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2
15		m f	<5 ≥5	1 0 99	1 0	1 0	____	1 2

**Mosquito net summary (for surveyor / supervisor only, not to be done during interview)**

	Total household members		Total <5		Total Pregnant	
<b>Slept under a net of any type</b>	Count the number of '1' in COL5	<b>TN11</b> ____	For children < 5 (COL3 is '<5'), count the number of '1' in COL5	<b>TN13</b> ____	For pregnant women (COL4 is '1'), count the number of '1' in COL5	<b>TN15</b> ____
<b>Slept under an LLIN</b>	Count the number of '1' in COL7	<b>TN12</b> ____	For children <5 (COL3 is '<5'), count the number of '1' in COL7	<b>TN14</b> ____	For pregnant women (COL4 is '1'), count the number of '1' in COL7	<b>TN16</b> ____

2. Kakuma Nutrition Survey, November 2017, Women Questionnaire (women aged 15 - 49 years) TO BE ADMINISTERED IN EVERY SECOND HOUSEHOLD (HALF OF ALL HOUSEHOLDS)

Date of interview (dd/mm/yyyy)  _ _ / _ _ / _ _				Cluster Number  _ _			Team Number  _ _	
Section/Village:  _ _  Zone/Neighbourhood:  _ _  Block/Compound:  _ _				Camp (tick) Kakuma  _ _  Kalobeyi  _ _  Household  _ _				
WM1	WM2	WM3	WM4	WM5	WM6	WM7	WM8	WM9
ID	HH	Consent given 1=yes 2=no 3=absent	How old are you? (years)	Are you pregnant? 1=yes 2=no 8=DK	Are you currently breastfeeding a child below 6 months? 1=yes 2=no	Are you currently enrolled in the ANC programme? 1=yes 2=no 8=DK	Are you currently receiving iron-folate pills ( <b>SHOW PILL</b> )? 1=yes (STOP NOW) 2=no (STOP NOW) 8=DK	Hb (g/L or g/dL) Questionnaire be asked WM5=N DK

3. Kakuma Nutrition Survey, November 2017, Questionnaire for Children Aged 6-59 months  
**TO BE ADMINISTERED IN EVERY HOUSEHOLD**

Date of interview (dd/mm/yyyy)						Cluster Number						
_ _ / _ _ / _ _						_ _						
Section/Village:  _ _										Camp (tick) Kakuma  _ _		
Zone/Neighbourhood:  _ _												
Block/Compound:  _ _												
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
HH No	Child ID	Name of child	Consent 1=yes 2=no 3=absent	Sex (m/f)	Birthdate (dd/mm/yyyy)	Age (months)  If child is 0-5 months, GO TO IF7	Weight (kg)	Height (cm)	Bilateral oedema (y/n)	MUAC (mm)	IS CHILD ENROLED IN NUTRITION PROGRAM ?  1 = OTP; 2 = SFP; 3=BSFP 4 = None 5=Don't know	Measles Vaccination 9-59m  1=Yes with card 2=Yes by recall 3=No or don't know
	1											
	2											
	3											
	4											
	5											

4. Kakuma Nutrition Survey, November 2017, Questionnaire for children 0-23 months

IF1	IF2	IF3	IF4	IF5			IF6	IF7	IF8	IF9
Child No.	HH No.	Consent 1=yes 2=no 3=absent	Birthdate (dd/mm/yyyy)	Sex 1=male 2=female			Age (months)	Was [name] ever breastfed? 1=yes 2=no	How long after birth did you first put [name] to the breast? 1 = within 1 hr 2 = >1hr-<24 hrs 3 = 24 hrs or more 99 = don't know	Was [name] ever breastfed? 1 = 2 = 99 =
1										
2										

3										
4										
<b>IF10</b>	<b>IF11</b>	<b>IF12</b>	<b>IF13</b>	<b>IF14</b>			<b>IF16</b>	<b>IF17</b>	<b>IF18</b>	
Plain water  1 = yes 2 = no 99 = don't know	Infant formula: for example Mamex, Sahar, Nan, S26  1 = yes 2 = no 99 = don't know	Milk such as tinned, powdered or fresh animal milk ( <i>anchor, melody, hilwa</i> )  1 = yes 2 = no 99 = don't know	Juice or juice drinks e.g fresh juice or flavoured juices such as (Zeitun, Altuza, Mushakil, vimto, soda, afya, tamu, yahoo, savannah)  1 = yes 2 = no 99 = don't know	Clear broth 1 = yes 2 = no 99 = don't know			Thin porridge made from CSB+ or CSB++ 1 = yes 2 = no 99 = don't know	Tea or coffee black or white 1 = yes 2 = no 99 = don't know	Any other water, herbal fluids) 1 = yes 2 = no 99 = don't know	
<b>IF19</b>	<b>IF20</b>	Now I would like to ask you about some particular foods (child) may eat. I'm interested in whether he/she had the item even if it was combined with other foods. Yesterday during the day or at night, did (child) consume any of the following?	<b>IF21</b>	<b>IF22</b>	<b>IF23</b>	<b>IF24</b>	<b>IF25</b>	<b>IF26</b>	<b>IF27</b>	
Yesterday during the day and night, did (child) eat solid or semi-solid (soft, mushy) food?  1 = yes 2 = no 99 = don't know	Did (child) drink anything from a bottle with a nipple yesterday during the day or at night?  1 = yes 2 = no 99 = don't know		Flesh foods like <i>hibib, kaluun, digaag, beer, wada, kilyo iwim?</i>  1 = yes 2 = no 99 = don't know	CSB+?  1 = yes 2 = no 99 = don't know	CSB++  1 = yes 2 = no 99 = don't know	Why did \${NAME} not consume CSB++?  1=No more left in household 2=Child does not like CSB++ 3=Consumed by adults 4=Sold	Plumpy nut?  1 = yes 2 = no 99 = don't know	Plumpy sup?  1 = yes 2 = no 99 = don't know	Infant formula, e.g. Nan, mamix, cho anchor, S26 ( <i>caaboodhe, sahha</i> )?  1 = yes 2 = no 99 = don't know	