

8.3. Appendix 3: Questionnaires

UNHCR Standardised Expanded Nutrition Survey (SENS) Questionnaire

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 *[organisation/institution]*. 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.

- UNHCR is sponsoring this nutrition survey.
- Taking part in this survey is totally your choice. You can say no to take part and you can also stop at any time if you want to.
- We will measure your child's height and weight, and we will take blood from the finger to check for low blood in children and women. The blood is very small and quick, and we will only check for low blood.
- Do you have any questions?
- Thank you.

Household Control Sheet

Grey windows mean that those measurements should be skipped in that specific shelter.

Date: ____/ ____/ 2012							Team No:
HH No.	Children 0-59 months		Children 6-59 months BLOOD / HB		Women 15-49 years		Comments
	Number in HH	Number surveyed	Number in HH	Number surveyed	Number in HH	Number surveyed	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

PLEASE NOTE: If an eligible child or woman or entire HH are absent, team should re-revisit the household at least twice before leaving for the day to conduct the interview and/or measure the child or woman.

Household Form – CHILDREN

Date __/_/10_/2012			Camp			Team number		
# HH*	# Child*	Name	M/F	Age Child: 6-59 mo	Weight Child 6-59 mo	Height Child 6-59 mo	MUAC Child 6-59 mo	Hb g/dL Child 6-59 mo

* Give household and child same number as in the phone questionnaire.

Household Form - WOMEN

Date __ / 10_ / 2012			Camp	Team number
# HH*	# Woman*	Name	Age Women: 15-49 y	Hb g/dL Non-pregnant women only

* Give household and women same number as in the phone questionnaire.

WOMEN ANAEMIA:

(THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD)

Date of interview :				Camp	Block	Team number	
_ _ / 10 / 2012					_ _	_	
WM1	WM2	WM3	WM4	WM5	WM6	WM7	WM8
ID	HH	Consent given 1=yes 2=no 3=absent	Age (years)	Are you pregnant? 1=yes 2=no (GO TO HB) 8=DK (GO TO HB)	Are you currently <u>enrolled</u> in the ANC programme? 1=yes 2=no 8=DK	Are you currently <u>receiving</u> iron-folate pills (<i>SHOW PILL</i>)? 1=yes (STOP NOW) 2=no (STOP NOW) 8=DK (STOP NOW)	Hb* (g/dL) ONLY FOR NON-PREGNANT WOMEN

*If Hb<8 g/dl woman must be referred to health center for treatment.							

CHILDREN 6-59 MONTHS ANTHROPOMETRY, HEALTH AND ANAEMIA:

(THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL CARETAKERS OF A CHILD THAT LIVES WITH THEM AND IS BETWEEN 6 AND 59 MONTHS OF AGE)

Date of interview: _ _ / 10 / 2012					Camp				Block _ _			Team number _		
CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH11	CH12	CH13	CH14	CH15
ID	HH	Consent given 1=yes 2=no 3=absent	Sex (m/f)	Birth date* dd/mm/yyyy	Age** (months)	Weight (kg) ±100g	Height (cm) ±0.1cm	Oedema (y/n)	MUAC (mm)	Child enrolled 1=SFP 2=OTP 3=None	Measles 1=yes card 2=yes recall 3=no or don't know	Vit. A in past 6 months (SHOW CAPSULE) 1=yes card 2=yes recall 3=no or don't know	Diarrhoea in past 2 weeks 1=yes 2=no 8=DK	Hb*** (g/dL)
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*The exact birth date should only be taken from an age documentation showing day, month and year of birth. It is only recorded if official age documentation is available; if the mother recalls the exact date, this is not considered to be reliable enough. **Leave blank if no official age documentation is available.**

**If no age documentation is available, estimate age using local event calendar. If an official age documentation is available, record the age in months from the date of birth.

***If Hb<8 g/dl child must be referred to health center for treatment.

IYCF: 1 questionnaire per child 0-23 months

(THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MOTHER OR THE MAIN CAREGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE)

Camp	Block	Consent	
	_ _	yes / no / absent	
Date of interview	Team Number	HH Number	Infant number
_ _ / 10 / 2012	_	_ _	_ _

No	QUESTION	ANSWER CODES	
SECTION IF1			
IF1	Sex	Male.....1 Female2	_
IF2	Birthdate RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION	Day/Month/Year..... _ _ / _ _ / _ _ _ _	
IF3	Child's age in months	IF AGE DOCUMENTATION NOT AVAILABLE, ESTIMATE USING EVENT CALENDAR. IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH	_ _
IF4	Has [NAME] ever been breastfed?	Yes.....1 No2 DK.....8	_ IF ANSWER IS 2 or 8 GO TO IF7
IF5	How long after birth did you first put [NAME] to the breast?	Less than one hour.....1 Between 1 and 23 hours2 More than 24 hours3	_

		DK.....8	
IF6	Was [NAME] breastfed yesterday during the day or at night?	Yes.....1 No.....2 DK.....8	__
SECTION IF2			
IF7	Now I would like to ask you about liquids that [NAME] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] receive any of the following? ASK ABOUT EVERY LIQUID. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE. Yes No DK		
	7A. Plain water	7A.....1	2 8
	7B. Infant formula: for example SMA, Guigoz, Lactogen	7B.....1	2 8
	7C. Milk such as tinned, powdered, or fresh animal milk: for example Nido, Me & My, Carnation, Peak milk, Jargo	7C.....1	2 8
	7D. Juice or juice drinks such as fruit juice, powdered juice, Foster Clark, Icemax	7D.....1	2 8
	7E. Clear soup or rice water	7E.....1	2 8
	7F. Sour milk	7F.....1	2 8
	7G. Watery porridge	7G.....1	2 8
	7H. Tea or coffee with milk	7H.....1	2 8
	7I. Any other water-based liquids for example sodas, coconut water, plain tea	7I.....1	2 8

IF8	Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?	Yes.....1 No.....2 DK.....8	__
SECTION IF3			
IF9	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night?	Yes.....1 No.....2 DK.....8	__

SECTION IF4			
IF10	Is child aged 6-23 months? REFER TO IF2	Yes.....1 No.....2	__ IF ANSWER IS 2 STOP NOW
IF11	<p>Now I would like to ask you about some particular foods [NAME] may eat. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] consume any of the following?</p> <p>ASK ABOUT EVERY ITEM. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE. Yes No DK.</p>		
	11A. Meat, chicken, fish	11A.....1	2 8
	11B. CSB or cocodolo	11B.....1	2 8
	11D. Plumpy'Nut® (SHOW SACHET)	11D.....1	2 8
	11E. Plumpy'Sup® (SHOW SACHET)	11E.....1	2 8
	11F. Plumpy'Doz® (SHOW SACHET / POT)	11F.....1	2 8
	11G. Infant formula: for example SMA, Guigoz, Lactogen	11G.....1	2 8
	11H. Cerelac, rice cereal, corn cereal, Nutrition, Bird Custard	11H.....1	2 8