

APPENDIX 4: UNHCR SENS QUESTIONNAIRES

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 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 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 assistance 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 give us your verbal consent. Be assured that any information that you will provide will be kept strictly confidential.
- You can ask me any question 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.

Note that in some camps, the words 'block' and 'section' may not be used and other words may be used for these. Adapt the wording accordingly.

CAPITAL LETTERS refer to instructions for the surveyors and should not be read to the respondent.

CHILDREN 6-59 MONTHS ANTHROPOMETRY, HEALTH AND ANAEMIA: 1 questionnaire per / zones / sections (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 6 AND 59 MONTHS OF AGE)

Block code / Letter and number: _____ **Plot code/Letter and number** _____

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _ _ _					Cluster Number (<i>in cluster survey only</i>) _ _					Team number _ _				
CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH11	CH12	CH13	CH14	CH15
D	HH	Consent given 1=Yes 2=No 3=Absent	Sex (m/f)	Birthdate* 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 3=Don't know	Hb (g/L)
1				/ /										
2				/ /										
3				/ /										
4				/ /										
5				/ /										
6				/ /										
7				/ /										
8				/ /										
9				/ /										
				/ /										

The exact birth date should only be taken from an age documentation showing day, month and year of birth. It is only recorded if an 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.

WOMEN ANAEMIA: 1 questionnaire per cluster / zones / sections (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD)

Section code / number: _____ Block code / number: _____

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _ _ _				Cluster Number (<i>in cluster survey only</i>) _ _		Team number _	
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=Don't know (GO TO HB)	Are you currently enrolled in the ANC programme? 1=Yes 2=No 8=Don't know	Are you currently receiving iron-folate pills (<i>SHOW PILL</i>)? 1=Yes (STOP NOW) 2=No (STOP NOW) 8=Don't know (STOP NOW)	Hb (g/L)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
...							

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)

Section code / number: _____ Block code / number: _____ Consent : yes / no / absent

Date of interview (dd/mm/yyyy)	Cluster Number (in cluster survey only)	
_ _ / _ _ / _ _ _ _	_ _	
Team Number	ID Number	HH Number
_	_ _ _	_ _ _

No	QUESTION	ANSWER CODES	
SECTION IF1			
IF1	Sex	Male.....1 Female.....2	_
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 No.....2 Don't know8	_ 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 hour1 Between 1 and 23 hours.....2 More than 24 hours.....3 Don't know8	_
IF6	Was [NAME] breastfed yesterday during the day or at night?	Yes.....1 No.....2 Don't know8	_

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 DOES NOT KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE.

REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.

THE TEXT IN *ITALICS* NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE.

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 and My, Carnation, Peak milk, Jargo, Say milk, condensed milk]

7C.....1 2 8

7D. Juice or juice drinks, for example Fruit juice, Powdered juice, Foster Clark, Icemax]

7D.....1 2 8

7E. Clear broth

7E.....1 2 8

7F. Sour milk or yogurt, for example [INSERT LOCAL NAMES]

7F.....1 2 8

7G. Thin porridge, for example [Cocodolo, calama, soft rice Baca]

7G.....1 2 8

7H. Tea or coffee with milk

7H.....1 2 8

7I. Any other water-based liquids, for example [INSERT OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. *sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids, potato greens water*)

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
Don't know.....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 Don't know.....8	__
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SECTION IF4

IF10	IS CHILD AGED 6-23 MONTHS? REFER TO IF2 / IF3	Yes.....1 No.....2	__ IF ANSWER IS 2 STOP NOW
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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 DOES NOT KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE.</p> <p>REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.</p> <p>THE TEXT IN <i>ITALICS</i> NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE.</p> <p>IF A CATEGORY OF IRON-RICH FOOD (11A-11H) IS NOT AVAILABLE IN THE SETTING, DELETE IT FROM THE QUESTIONNAIRE BUT KEEP THE ORIGINAL QUESTION NUMBERS AND DO NOT CHANGE.</p> <p style="text-align: right;">Yes No DK</p>		
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11A. [INSERT COMMON MEAT, FISH, POULTRY AND LIVER/ORGAN FLESH FOODS USED THE LOCAL SETTING] (*e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart, snail, chicken fee, kiss meat, pig tail or feet, crab, thiamide (buckle bud), bush meat, cray fish, cat fish, bonie*))

11A.....1 2
8

11B. [INSERT FBF AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. CSB+, super gari)

11B.....1 2
8

11D. [INSERT RUTF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (*e.g. Plumpy'Nut®*, (SHOW SACHET)

11D.....1 2
8

11E. [INSERT RUSF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (*e.g. Plumpy'Sup®*,) (SHOW SACHET)

11E.....1 2
8

11F. [INSERT LNS PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (*e.g. Nutributter®*, *Plumpy'doz®*) (SHOW SACHET / POT)

11F.....1 2
8

	11G. [INSERT LOCALLY AVAILABLE BRAND NAMES OF <i>IRON FORTIFIED</i> INFANT FORMULA <i>ONLY</i>] (e.g. <i>Nan, S26 infant formula</i>)	11G.....1 2 8
	11H. [INSERT ANY <i>IRON FORTIFIED</i> SOLID, SEMI-SOLID OR SOFT FOODS DESIGNED SPECIFICALLY FOR INFANTS AND YOUNG CHILDREN AVAILABLE IN THE LOCAL SETTING THAT ARE DIFFERENT THAN DISTRIBUTED COMMODITIES AND USE LOCALLY AVAILABLE BRAND NAMES] (e.g. <i>Cerelac, Weetabix, Nutrilon, corn cereal, rice cereal</i>)	11H.....1 2 8
IF12	In a setting where micronutrient powders are used: Yesterday, during the day or at night, did [NAME] consume any food to which you added a [INSERT LOCAL NAME FOR MICRONUTRIENT POWDER OR SPRINKLES] like this? (SHOW MICRONUTRIENT POWDER SACHET)	Yes..... 1 No..... 2 Don't know.....8

|—|

WASH: 1 questionnaire per household (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MAIN CARETAKER OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD)

Section code / number: _____ Block code / number: _____ Consent : yes / no / absent

Date of interview (dd/mm/yyyy)	Cluster Number (<i>in cluster survey only</i>)
_ _ / _ _ / _ _ _ _	_ _
Team Number	HH Number
_	_ _ _

No	QUESTION	ANSWER CODES
SECTION WS1		
WS1	How many people live in this household and slept here last night?	_ _
WS2	What is the main source of drinking water for members of your household? ADAPT LIST TO LOCAL SETTING BEFORE SURVEY. WHEN ADAPTING THE LIST, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE. DO NOT READ THE ANSWERS SELECT ONE ONLY	Piped water 01 Public tap/standpipe 02 Tubewell/borehole (& pump) 03 Protected dug well 04 Protected spring 05 Rain water collection 06 Unprotected spring 08 Unprotected dug well 09 Bottled water 12 Surface water (e.g. river, pond) 13 Other 96 Don't know 98
WS3	Are you satisfied with the water supply? THIS RELATES TO THE DRINKING WATER SUPPLY	Yes 1 No 2 Partially 3 Don't know 8
WS4	What is the main reason you are not satisfied with the water supply?	Not enough 01 Long waiting queue 02

|_|
**IF ANSWER IS
1, 3 OR 8 GO
TO WS5**

	<p>ADAPT LIST TO LOCAL SETTING BEFORE SURVEY.</p> <p>DO NOT READ THE ANSWERS</p> <p>SELECT ONE ONLY</p>	<p>Long distance03</p> <p>Irregular supply.....04</p> <p>Bad taste.....05</p> <p>Water too warm06</p> <p>Bad quality07</p> <p>Have to pay.....08</p> <p>Other.....96</p> <p>Don't know98</p>	<p> _ _ </p>
WS5	<p>What kind of toilet facility does this household use?</p> <p>ADAPT LIST TO LOCAL SETTING BEFORE SURVEY. WHEN ADAPTING THE LIST, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE.</p> <p>DO NOT READ THE ANSWERS</p> <p>SELECT ONE ONLY</p>	<p>Flush to septic system02</p> <p>Pour-flush to pit.....03</p> <p>VIP/simple pit latrine with floor/slab.04</p> <p>Composting/dry latrine.....05</p> <p>Flush or pour-flush elsewhere.....06</p> <p>Pit latrine without floor/slab07</p> <p>Service or bucket latrine08</p> <p>No facility, field, bush, plastic bag10</p>	<p> _ _ </p> <p>IF ANSWER IS 10 GO TO WS7</p>
WS6	<p>How many households share this toilet?</p> <p>THIS INCLUDES THE SURVEYED HOUSEHOLD</p>	<p>RECORD NUMBER OF HOUSEHOLDS IF KNOWN (RECORD 96 IF PUBLIC TOILET OR 98 IF UNKNOWN)</p> <p>SUPERVISOR SELECT ONE ONLY</p> <p>Not shared (1 HH).....1</p> <p>Shared family (2 HH).....2</p> <p>Communal toilet (3 HH or more).....3</p> <p>Public toilet (in market or clinic etc.) .4</p> <p>Don't know8</p>	<p> _ _ </p> <p>Households</p>
WS7	<p>Do you have children under three years old?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p> _ </p> <p>IF ANSWER IS 2 GO TO WS9</p>
WS8	<p>The last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?</p> <p>DO NOT READ THE ANSWERS</p> <p>SELECT ONE ONLY</p>	<p>Child used toilet/latrine.....01</p> <p>Put/rinsed into toilet or latrine02</p> <p>Buried03</p> <p>Thrown into garbage04</p> <p>Put/rinsed into drain or ditch.....05</p> <p>Left in the open06</p> <p>Other.....96</p> <p>Don't know98</p>	<p> _ _ </p>

SECTION WS2

Observation Based Questions (*done after the initial questions to ensure the flow of the interview is not broken*)

No	OBSERVATION / QUESTION	ANSWER				
WS9	<p>CALCULATE THE TOTAL AMOUNT OF WATER USED BY THE HOUSEHOLD PER DAY</p> <p>THIS RELATES TO ALL SOURCES OF WATER (DRINKING WATER AND NON-DRINKING WATER SOURCES)</p>	<p>Please show me the containers you used yesterday for collecting water</p> <p>ASSIGN A NUMBER TO EACH CONTAINER</p>	Capacity in litres	Number of journeys made with each container	<p>Total litres</p> <p>SUPERVISOR TO COMPLETE HAND CALCULATION</p>	
		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	
		6				
		7				
		8				
		9				
		10				
		Total litres used by household				110
		WS10	<p>Please show me where you store your drinking water.</p> <p>ARE THE DRINKING WATER CONTAINERS COVERED OR NARROW NECKED?</p>	<p>All are.....1</p> <p>Some are..... 2</p> <p>None are 3</p>	<div style="border: 1px solid black; width: 50px; height: 30px; margin-left: auto;"></div>	

FOOD SECURITY: 1 questionnaire per household (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MAIN CARETAKER WHO IS RESPONSIBLE FOR COOKING THE MEALS)

Section code / number: _____ Block code / number: _____ Consent : yes / no / absent

Date of interview (dd/mm/yyyy)	Cluster Number (in cluster survey only)
_ _ / _ _ / _ _ _ _	_ _
Team Number	HH Number
_	_ _ _

No	QUESTION	ANSWER CODES	
SECTION FS1			
FS1	Does your household have a ration card?	Yes 1 No..... 2	_ IF ANSWER IS 1 GO TO FS3
FS2	Why do you not have a ration card?	Not given one at registration..... 1 Lost card..... 2 Traded/sold card..... 3 Not registered but eligible 4 Not eligible (not in targeting criteria) 5 Other..... 6	_ GO TO FS5
FS3	Does your household receive full or reduced ration? (OPTIONAL)	Full..... 1 Half..... 2 Other..... 6	_ IF ANSWER IS 2 OR 6 GO TO FS5
FS4	How many days did the food from the general food aid ration for February/March last?	RECORD THE NUMBER OF DAYS IF KNOWN (RECORD 98 IF UNKNOWN)	_ _
FS5	In the last month, have you or anyone in your household borrowed cash, food or other items with or without interest?	Yes 1 No..... 2 Don't know 8	_
FS6	In the last month, have you or anyone in your household sold any assets that you would not have normally sold (furniture, seed stocks, tools, other NFI, livestock etc.)?	Yes 1 No..... 2 Don't know 8	_

FS7	In the last month, have you or anyone in your household requested increased remittances or gifts as compared to normal?	Yes 1 No.....2 Don't know8	__
FS8	In the last month, have you or anyone in your household reduced the quantity and / or frequency of meals and snacks?	Yes 1 No.....2 Don't know8	__
FS9	In the last month, have you or anyone in your household begged?	Yes 1 No.....2 Don't know8	__
FS10	In the last month, have you or anyone in your household engaged in: [Stealing, commercial sex, hunting in restricted bushes] or any other risky or harmful activities?	Yes 1 No.....2 Don't know8	__

SECTION FS2

FS11 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 whether you or anyone else in your household had the item even if it was combined with other foods. I am interested in knowing about meals, beverages and snacks eaten or drank inside or outside the home.

READ THE LIST OF FOODS AND DO NOT PROBE. PLACE A *ONE* IN THE BOX IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION, PLACE A *ZERO* IN THE BOX IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.

REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.
THE TEXT IN *ITALICS* NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE.

1. Any [INSERT CEREALS LOCALLY AVAILABLE] (e.g. <i>wheat, corn/maize, corn soy blend, cocodolobuckwheat, oats, rice, ,</i>) or any foods made from these such as [INSERT LOCAL FOODS] (e.g. <i>bread, porridge, noodles, paste, kabato, moninggbayee, moningcalama, deker</i>)	1..... __
2. Any [INSERT WHITE ROOTS AND TUBERS LOCALLY AVAILABLE] (e.g. <i>green bananas, lotus root, taro, plantains, white potatoes, white yam, white cassava, white sweet potato, eddoes, plakalee, futubana, bitter root</i>) or any foods made from roots such as [INSERT LOCAL FOODS] <i>gaygbar/GB, acheke, Gari</i>	2..... __
3A. Any [INSERT VITAMIN A RICH VEGETABLES AND TUBERS LOCALLY AVAILABLE] (e.g. <i>carrot, pumpkin, squash, or sweet potato that are orange inside, red sweet pepper</i>)	3A..... __
3B. Any [INSERT DARK GREEN LEAFY VEGETABLES LOCALLY AVAILABLE INCLUDING WILD FORMS AND VITAMIN A RICH LEAVES] (e.g. <i>cassava leaves, , spinach, eddoo leaves, potato greens, callor greens, pumpkin leaves, palava sauce, okray, eggplant leaves</i>)	3B..... __

	3C. Any [INSERT ANY OTHER VEGETABLES LOCALLY AVAILABLE] (e.g. cabbage, green pepper, tomato, onion, eggplant, bitterball, union leaves, union leaves)	3C..... __
	4A. Any [INSERT VITAMIN A RICH FRUITS LOCALLY AVAILABLE], and 100% fruit juice made from these (e.g. mango (ripe, fresh and dried), water melon (ripe), grape, guava, sausau, cumcum, ripe papaya, passion fruit (ripe), dried peach (juice - pineapple, mango, lime, tropical, orange)	4A..... __
	4B. Any [INSERT ANY OTHER FRUITS LOCALLY AVAILABLE INCLUDING WILD FRUITS], and 100% fruit juice made from these (e.g. apple, avocados, banana, coconut flesh, lemon, orange)	4B..... __
	5A. Any [INSERT ORGAN MEAT OR BLOOD-BASED FOODS LOCALLY AVAILABLE] (e.g. liver, kidney, heart)	5A..... __
	5B. Any [INSERT FLESH MEAT LOCALLY AVAILABLE] (e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, cane rat, guinea pig, rat, agouti frogs, snakes, insects, bush meat)	5B..... __
	6. Any eggs from [INSERT EGGS LOCALLY AVAILABLE] (e.g. eggs from chicken, duck, guinea fowl, snake, bird, turtle)	6..... __
	7. Any [INSERT FRESH, DRIED OR CANNED FISH OR SHELLFISH LOCALLY AVAILABLE] (e.g. anchovies, tuna, sardines, shark, whale, roe/fish eggs, clam, crab, lobster, crayfish, mussels, shrimp, octopus, squid, sea snails, dorbor)	7..... __
	8. Any [INSERT LEGUMES, NUTS AND SEEDS LOCALLY AVAILABLE] (e.g. dried peas, dried beans, lentils, nuts, seeds) or any foods made from these such as [INSERT LOCAL FOODS] (e.g. hummus, peanut butter, benny seed)	8..... __
	9. Any [INSERT MILK AND MILK PRODUCTS LOCALLY AVAILABLE] (e.g. milk, infant formula, cheese, kiefer, yogurt)	9..... __
	10. Any [INSERT OILS AND FATS LOCALLY AVAILABLE] added to food or used for cooking (e.g. vegetable oil, ghee or butter, palm kennel oil, coconut oil, palm nuts)	10..... __
	11. Any [INSERT SWEETS, SWEETENED SODA OR JUICE DRINKS AND SUGARY FOODS LOCALLY AVAILABLE] (e.g. sugar, honey, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes)	11..... __
	12. Any [INSERT SPICES, CONDIMENTS AND BEVERAGES LOCALLY AVAILABLE] (e.g. black pepper, salt, chillies, soy sauce, hot sauce, fish powder, fish sauce, ginger, herbs, magi cubes, ketchup, mustard, coffee, tea, beer, alcoholic beverages like wine, hard spirits)	12..... __

MOSQUITO NET COVERAGE: 1 questionnaire per household (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD).

Section code / number: _____ Block code / number: _____ Consent : yes / no / absent

Date of interview (dd/mm/yyyy)	Cluster Number (in cluster survey only)
_ _ / _ _ / _ _ _ _	_ _
Team Number	HH Number
_	_ _ _

No	QUESTION	ANSWER CODES			
SECTION TN1					
TN1	How many people live in this household and slept here last night? INSERT NUMBER				_ _
TN2	How many children 0-59 months live in this household and slept here last night? INSERT NUMBER				_ _
TN3	How many pregnant women live in this household and slept here last night? INSERT NUMBER				_ _
TN5	Do you have mosquito nets in this household that can be used while sleeping?	Yes.....1 No2			_ IF ANSWER IS 2 STOP NOW
TN6	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
TN7	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF NETS ARE NOT OBSERVED → CORRECT TN6 ANSWER	NET # _	NET # _	NET # _	NET # _
TN8	OBSERVE NET AND RECORD THE BRANDNAME OF NET ON THE TAG. IF NO TAG EXISTS OR IS UNREADABLE				

	RECORD 'DK' FOR DON'T KNOW.				
TN9	For surveyor/supervisor only (not to be done during interview): 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"/>
TN10	For surveyor/supervisor only (not to be done during interview): 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.	For surveyor/ supervisor only: BASED ON THE OBSERVED NET BRANDNAME RECORDED (TN8), INDICATE IF IT IS AN LLIN OR OTHER / DON'T KNOW (DK). LLIN OTHER/DK
01		m f	<5 ≥5	1 0 99	1 0	_____	1 2
02		m f	<5 ≥5	1 0 99	1 0	_____	1 2
03		m f	<5 ≥5	1 0 99	1 0	_____	1 2
04		m f	<5 ≥5	1 0 99	1 0	_____	1 2
05		m f	<5 ≥5	1 0 99	1 0	_____	1 2
06		m f	<5 ≥5	1 0 99	1 0	_____	1 2
07		m f	<5 ≥5	1 0 99	1 0	_____	1 2
08		m f	<5 ≥5	1 0 99	1 0	_____	1 2
09		m f	<5 ≥5	1 0 99	1 0	_____	1 2
10		m f	<5 ≥5	1 0 99	1 0	_____	1 2
11		m f	<5 ≥5	1 0 99	1 0	_____	1 2
12		m f	<5 ≥5	1 0 99	1 0	_____	1 2
13		m f	<5 ≥5	1 0 99	1 0	_____	1 2
14		m f	<5 ≥5	1 0 99	1 0	_____	1 2
15		m f	<5 ≥5	1 0 99	1 0	_____	1 2
Mosquito net summary (for surveyor / supervisor only, not to be done during interview)							

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