

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 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.

WITH SENS STANDARD VARIABLE NAMES ADDED IN RED

ADDITIONAL VARIABLES ADDED IN BLUE (IT IS NOT NECESSARY TO ENTER THESE VARIABLES INTO THE DATABASE IN A CLUSTER SURVEY USING PAPER QUESTIONNAIRES; HOWEVER THEY MAY BE NECESSARY FOR A SURVEY USING MOBILE PHONES FOR DATA COLLECTION AND/OR IN A SURVEY USING SIMPLE RANDOM SAMPLING)

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 cluster / zones / sections (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 6 AND 59 MONTHS OF AGE)

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

SECTION

BLOCK

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _ _ _ SURVDATE					Cluster Number (in cluster survey only) _ _ CLUSTER					Team number _ _ TEAM				
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)	Birthdate* dd/mm/yyyy	Age** (months)	Weight (kg) ±100g	Height (cm) ±0.1cm	Oedema (y/n)	MUAC (mm)	Child enrolled 1=SBP 2=TFP 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 or g/dL)
ID	HH	CHCONST	SEX	BIRTHDAT	MONTHS	WEIGHT	HEIGHT	EDEMA	MUAC	ENROL	MEASLES	VITA	DIAR	CHHB
01				/ /										
02				/ /										
03				/ /										
...				/ /										

*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: _____

SECTION

BLOCK

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _ _ _ SURVDATE				Cluster Number (<i>in cluster survey only</i>) _ _ CLUSTER			Team number _ _ TEAM	
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 or g/dL)	
WMID	HH	WMCONST	WMAGE	PREGNANT	ANC	FEREC	WMHB	
01								
02								
03								
04								
05								
06								
...								

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
SECTION **BLOCK** **IFCONST**

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

No	QUESTION	ANSWER CODES	
SECTION IF1			
IF1	Sex SEX	Male..... 1 Female 2	_
IF2	Birthdate RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION. BIRTHDAT	Day/Month/Year..... _ _ / _ _ / _ _ _ _	
IF3	Child's age in months 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? EVERBF	Yes 1 No2 Don't know.....8	_ IF ANSWER IS 2 or 8 GO TO IF7
IF5	How long after birth did you first put [NAME] to the breast? INITBF	Less than one hour 1 Between 1 and 23 hours.....2 More than 24 hours.....3 Don't know.....8	_
IF6	Was [NAME] breastfed yesterday during the day or at night? YESTBF	Yes 1 No2 Don't know.....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 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
WATER 7A.....1 2 8

7B. Infant formula, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF INFANT FORMULA, ALL TYPES]
INFORM 7B.....1 2 8

7C. Milk such as tinned, powdered, or fresh animal milk, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF TINNED AND POWDERED MILK]
MILK 7C.....1 2 8

7D. Juice or juice drinks, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS]
JUICE 7D.....1 2 8

7E. Clear broth
BROTH 7E.....1 2 8

7F. Sour milk or yogurt, for example [INSERT LOCAL NAMES]
YOGURT 7F.....1 2 8

7G. Thin porridge, for example [INSERT LOCAL NAMES]
THINPOR 7G.....1 2 8

7H. Tea or coffee with milk
WHTACOF 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*)
WATLQD 7I.....1 2 8

IF8 Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?
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? BOTTLE	Yes.....1 No.....2 Don't know.....8	__
SECTION IF4			
IF10	IS CHILD AGED 6-23 MONTHS? REFER TO IF2 / IF3 CHELIG	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 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>		
			Yes No DK
	11A. [INSERT COMMON MEAT, FISH, POULTRY AND LIVER/ORGAN FLESH FOODS USED THE LOCAL SETTING] (<i>e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart</i>) FLESHFD	11A.....1	2 8
	11B. [INSERT FBF AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (<i>e.g. CSB+, WSB+</i>) FBF	11B.....1	2 8
	11C. [INSERT FBF++ AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (<i>e.g. CSB++, WSB++</i>) FBFSUPER	11C.....1	2 8
	11D. [INSERT RUTF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (<i>e.g. Plumpy'Nut®, eeZeePaste™</i>) (SHOW SACHET) RUTF	11D.....1	2 8
	11E. [INSERT RUSF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (<i>e.g. Plumpy'Sup®</i>) (SHOW SACHET) RUSF	11E.....1	2 8
	11F. [INSERT LNS PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (<i>e.g. Nutributter®, Plumpy'doz®</i>) (SHOW SACHET / POT) LNS	11F.....1	2 8

	<p>11G. [INSERT LOCALLY AVAILABLE BRAND NAMES OF <i>IRON FORTIFIED</i> INFANT FORMULA] (e.g. <i>Nan, S26 infant formula</i>)</p> <p>INFORMFE</p>	<p>11G.....1 2 8</p>	
	<p>11H. [INSERTST 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</i>)</p> <p>FOODFE</p>	<p>11H.....1 2 8</p>	
<p>IF12</p>	<p>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?</p> <p>(SHOW MICRONUTRIENT POWDER SACHET)</p> <p>MNP</p>	<p>Yes.....1 No.....2 Don't know.....8</p>	<p> __ </p>

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
SECTION **BLOCK** **WSCONST**

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

No	QUESTION	ANSWER CODES	
SECTION WS1			
WS1	How many people live in this household and slept here last night? HHSIZE		_ _
WS2	What is the <i>main</i> 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 SOURCE	Piped water.....01 Public tap/standpipe02 Tubewell/borehole (& pump).....03 Protected dug well04 Protected spring.....05 Rain water collection.....06 UNHCR Tanker07 Unprotected spring08 Unprotected dug well.....09 Small water vendor10 Tanker truck.....11 Bottled water12 Surface water (e.g. river, pond)13 Other96 Don't know98	_ _
WS3	Are you satisfied with the water supply? THIS RELATES TO THE DRINKING WATER SUPPLY SATISFY	Yes1 No2 Partially.....3 Don't know8	_ IF ANSWER IS 1, 3 OR 8 GO TO WS5
WS4	What is the <i>main</i> reason you are not satisfied with the water supply? ADAPT LIST TO LOCAL SETTING BEFORE SURVEY. DO NOT READ THE ANSWERS	Not enough01 Long waiting queue02 Long distance03 Irregular supply04 Bad taste.....05 Water too warm.....06 Bad quality07	_ _

	<p>SELECT ONE ONLY</p> <p>REASON</p>	<p>Have to pay08</p> <p>Other96</p> <p>Don't know 98</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>TOILET</p>	<p>Flush to piped sewer system 01</p> <p>Flush to septic system 02</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/slab 07</p> <p>Service or bucket latrine 08</p> <p>Hanging toilet/latrine 09</p> <p>No facility, field, bush, plastic bag..... 10</p>	<p> _ _ _ </p> <p>IF ANSWER IS 10 GO TO WS7</p>
WS6	<p>How many <i>households</i> 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>TOILSHR</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>TOILSHR_c</p>	<p> _ _ _ </p> <p>Households</p> <p> _ </p>
WS7	<p>Do you have children under three years old?</p> <p>CHILD</p>	<p>Yes1</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>STOOL</p>	<p>Child used toilet/latrine..... 01</p> <p>Put/rinsed into toilet or latrine..... 02</p> <p>Buried 03</p> <p>Thrown into garbage 04</p> <p>Put/rinsed into drain or ditch 05</p> <p>Left in the open 06</p> <p>Other 96</p> <p>Don't know 98</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			
<p>WS9</p> <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>LITRE</p>		<p>Please show me the containers you used yesterday for collecting water</p> <p>ASSIGN A NUMBER TO EACH CONTAINER</p>	<p>Capacity in litres</p>	<p>Number of journeys made with each container</p>	<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			
<p>WS10</p>	<p>Please show me where you store your drinking water.</p> <p>ARE THE DRINKING WATER CONTAINERS COVERED OR NARROW NECKED?</p> <p>STORE</p>	<p>All are 1</p> <p>Some are 2</p> <p>None are..... 3</p>	<p> __ </p>		

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
SECTION **BLOCK** **FCONST**

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

No	QUESTION	ANSWER CODES	
SECTION FS1			
FS1	Does your household have a ration card? RCARD	Yes..... 1 No..... 2	_ _ IF ANSWER IS 1 GO TO FS3
FS2	Why do you not have a ration card? YNORCARD	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) RSIZE	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 from the [INSERT] cycle of [INSERT MONTH] last? GFDLAST	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? BRW	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.)? SOLD	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? ASKMORE	Yes..... 1 No..... 2 Don't know 8	__
FS8	In the last month, have you or anyone in your household reduced the quantity and / or frequency of meals and snacks? LESSMEAL	Yes..... 1 No..... 2 Don't know 8	__
FS9	In the last month, have you or anyone in your household begged? BEG	Yes..... 1 No..... 2 Don't know 8	__
FS10	In the last month, have you or anyone in your household engaged in: [ADD LIST OF POTENTIALLY RISKY OR HARMFUL ACTIVITIES SUCH AS LOCAL ILLEGAL ACTIVITIES] or any other risky or harmful activities? RISKYACT	Yes..... 1 No..... 2 Don't know 8	__

SECTION FS2

FS11	<p>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.</p> <p>READ THE LIST OF FOODS AND DO NOT PROBE. PLACE A <i>ONE</i> IN THE BOX IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION, PLACE A <i>ZERO</i> IN THE BOX IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.</p> <p>REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT. 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>1. Any [INSERT CEREALS LOCALLY AVAILABLE] (<i>e.g. wheat, corn/maize, corn soy blend, barley, buckwheat, millet, oats, rice, rye, sorghum, teff</i>) or any foods made from these such as [INSERT LOCAL FOODS] (<i>e.g. bread, porridge, noodles, ugali, nshima, paste</i>) CRL</p>	1..... __
	<p>2. Any [INSERT WHITE ROOTS AND TUBERS LOCALLY AVAILABLE] (<i>e.g. green bananas, lotus root, parsnip, taro, plantains, white potatoes, white yam, white cassava, white sweet potato</i>) or any foods made from roots such as [INSERT LOCAL FOODS] WHTRT</p>	2..... __

	<p>3A. Any [INSERT VITAMIN A RICH VEGETABLES AND TUBERS LOCALLY AVAILABLE] (e.g. carrot, pumpkin, squash, or sweet potato that are orange inside, red sweet pepper) VITAVEG</p>	3A..... __
	<p>3B. Any [INSERT DARK GREEN LEAFY VEGETABLES LOCALLY AVAILABLE INCLUDING WILD FORMS AND VITAMIN A RICH LEAVES] (e.g. amaranth, arugula, cassava leaves, kale, spinach) GREENVEG</p>	3B..... __
	<p>3C. Any [INSERT ANY OTHER VEGETABLES LOCALLY AVAILABLE] (e.g. bamboo shoots, cabbage, green pepper, tomato, onion, eggplant, zucchini) OTHVEG</p>	3C..... __
	<p>4A. Any [INSERT VITAMIN A RICH FRUITS LOCALLY AVAILABLE], and 100% fruit juice made from these (e.g. mango (ripe, fresh and dried), cantaloupe melon (ripe), apricot (fresh or dried), ripe papaya, passion fruit (ripe), dried peach) VITAFRT</p>	4A..... __
	<p>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) OTHFRT</p>	4B..... __
	<p>5A. Any [INSERT ORGAN MEAT OR BLOOD-BASED FOODS LOCALLY AVAILABLE] (e.g. liver, kidney, heart) ORGMT</p>	5A..... __
	<p>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) FLSHMT</p>	5B..... __
	<p>6. Any eggs from [INSERT EGGS LOCALLY AVAILABLE] (e.g. eggs from chicken, duck, guinea fowl) EGGS</p>	6..... __
	<p>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) FISHSF</p>	7..... __
	<p>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) PULSE</p>	8..... __
	<p>9. Any [INSERT MILK AND MILK PRODUCTS LOCALLY AVAILABLE] (e.g. milk, infant formula, cheese, kiefel, yogurt) MILK</p>	9..... __

	<p>10. Any [INSERT OILS AND FATS LOCALLY AVAILABLE] added to food or used for cooking (<i>e.g. vegetable oil, ghee or butter</i>)</p> <p>FATS</p>	<p>10..... __ </p>
	<p>11. Any [INSERT SWEETS, SWEETENED SODA OR JUICE DRINKS AND SUGARY FOODS LOCALLY AVAILABLE] (<i>e.g. sugar, honey, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes</i>)</p> <p>SWTS</p>	<p>11..... __ </p>
	<p>12. Any [INSERT SPICES, CONDIMENTS AND BEVERAGES LOCALLY AVAILABLE] (<i>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</i>)</p> <p>SPICE</p>	<p>12..... __ </p>

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
SECTION **BLOCK** **TNCONST**

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

No	QUESTION	ANSWER CODES	
SECTION TN1			
TN1	How many people live in this household and slept here last night? INSERT NUMBER TOTHH		_ _ _
TN2	How many children 0-59 months live in this household and slept here last night? INSERT NUMBER TOTCH		_ _ _
TN3	How many pregnant women live in this household and slept here last night? INSERT NUMBER TOTPW		_ _ _
TN4	Did you have your house sprayed with insecticide in an indoor residual spray campaign in the past _ _ months? (OPTIONAL) HHIRS	Yes.....1 No.....2	_ _
TN5	Do you have mosquito nets in this household that can be used while sleeping? MOSNETS	Yes.....1 No.....2	_ _ 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 NUMNETS	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 __ LNTYPE1	1=LLIN 2=Other/DK __ LNTYPE2	1=LLIN 2=Other/DK __ LNTYPE3	1=LLIN 2=Other/DK __ LNTYPE4
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. TOTLN				__ 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 HH 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)

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 __ __ TOTSLPNT	For children < 5 (COL3 is '<5'), count the number of '1' in COL5	TN13 __ __ TOTCHNT	For pregnant women (COL4 is '1'), count the number of '1' in COL5	TN15 __ __ TOTPWNT
Slept under an LLIN	Count the number of '1' in COL7	TN12 __ __ TOTSLPLN	For children <5 (COL3 is '<5'), count the number of '1' in COL7	TN14 __ __ TOTCHLN	For pregnant women (COL4 is '1'), count the number of '1' in COL7	TN16 __ __ TOTPWLN