

Affix HOUSEHOLD label here
(starts with "H")

SIERRA LEONE NATIONAL MICRONUTRIENT SURVEY 2013

HOUSEHOLD QUESTIONNAIRE

1. Region East1 North2 South3 West4	2. Village/Place: _____
3. Location of this cluster Urban 1 Rural 2	
4. Cluster number <input type="checkbox"/> <input type="checkbox"/>	5. Cluster control form HH number <input type="checkbox"/> <input type="checkbox"/>
6. Name of head of household _____	7. Team number <input type="checkbox"/>
8. GPS Coordinates: North ____ ▪ _____ West ____ ▪ _____	

	Visit 1	Visit 2	Visit 3	9. Final visit <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Day Month Year
Date	___ / ___	___ / ___	___ / ___	
Interviewer no.	_____	_____	_____	10. Interviewer no. <input type="checkbox"/>
Next visit: Date Time	___ / ___ : ___	___ / ___ : ___	___ / ___ : ___	11. Number of visits <input type="checkbox"/>
Result	___	___	___	12. Final result code <input type="checkbox"/>

FINAL RESULT CODES:	Refused 4
Completed 1	Dwelling vacant / Address not a dwelling 5
No household member or no competent respondent at home at time of visit 2	Dwelling destroyed 6
Entire household absent for long period or moved away ... 3	Dwelling not found 7
	Other (specify) _____ 8

Note: Questions 13 and 15 should be filled in following the completion of the household roster. Questions 14 and 16 to be filled in after the completion of the individual questionnaires.

13. Number of children 0-59 months <input type="checkbox"/> <input type="checkbox"/>	14. Number of children with data0 1 (circle #)
15. Number of NPW <input type="checkbox"/> <input type="checkbox"/>	16. Number of NPW with data0 1 2 (circle #)

Hello. We are working with the Ministry of Health and Sanitation in Sierra Leone. We are conducting a national nutrition survey to better understand various types of nutritional problems such as anemia, and vitamin and mineral deficiencies in women and children. This information will help the government to plan for better health in the future. We would very much appreciate your household's participation in this survey. The survey usually takes about 45 minutes to 1 hour to complete, and includes answering questions and a visit to another place to take a small blood sample from the women and children in the household. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you do not want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. After these questions to you, I will speak with some of the women in your household and the women who take care of the children 0-59 months.

17. May I start now?

YES, PERMISSION IS GIVEN -> BEGIN THE INTERVIEW.

NO, PERMISSION IS NOT GIVEN -> COMPLETE THIS COVER PAGE. DISCUSS RESULT WITH TEAM LEADER.

First, I would like to ask you some general questions about the people who live in this household. Please tell me the name of each person who usually lives here, starting with the head of the household. List the head of the household in line 01. List all household members and their sex. Then ask: **Are there any others who live here, even if they are not at home now?** If yes, complete listing for questions 16-19. Then, ask questions starting with 18 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

Household Roster

18. Line No	19. Is (name) male or female?	20. What is (name)'s date of birth?		21. How old is (name)?	22. Women age 15-49	23. Pregnant	24. Children age < 5 years	25. Children < 5 years	
Line	Name	M	F	What is (name)'s date of birth?		Age	15-49	0-59	caregiver
				99 DK	9999 DK				
01	Household Head	1	2				01	01	01
02		1	2				02	02	02
03		1	2				03	03	03
04		1	2				04	04	04
05		1	2				05	05	05
06		1	2				06	06	06
07		1	2				07	07	07
08		1	2				08	08	08
09		1	2				09	09	09
10		1	2				10	10	10
11		1	2				11	11	11
12		1	2				12	12	12
13		1	2				13	13	13
14		1	2				14	14	14
15		1	2				15	15	15
16		1	2				16	16	16
17		1	2				17	17	17
18		1	2				18	18	18
19		1	2				19	19	19
20		1	2				20	20	20

Probe for additional household members. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

A household is defined a person or a group of persons, related or unrelated, who live together and share a common source of food and livelihood, and recognize one person as a head

To randomly select women and children from the household, use the information in this household roster to complete the following page. For each individual selected, prepare the first and last page of the questionnaire, including the labels. You should now have a separate questionnaire for each selected woman and child < 5 years in the household.

To randomly select women and children from the households, all eligible women and children from the household roster must be listed according to the instructions below. Follow the four steps in order.

Pregnant women

- List all eligible pregnant women (Q23) below.

1

Age	Name	Line number on HH roster



Prepare questionnaires for ALL pregnant women.

Non-pregnant women:

- List all eligible non-pregnant women (15-49 yrs) in order of increasing age.
- Record age in years (Q21), name, and line number (Q18) below.
- Consult Kish table and record line number of randomly selected women in Box A.

2

Age	Name	Line number on HH roster



Box A

Children and mothers or caregivers:

- List all eligible children (< 5 years) in order of increasing age.
- Record age in years (Q21), name, line number (Q18), and mother's or caregiver's number.
- Consult Kish table and record randomly selected child in box B.
- Fill in the line number of the corresponding mother or caregiver in box C.

3

Age	Name	Child's line number on HH roster	Mother's or caregiver's line number on HH roster



Box B Box C



4



Prepare questionnaires for:

- ALL pregnant women (step 1).
- ALL non-pregnant women and children in boxes A, B, and C (steps 2 & 3).

If the line numbers in boxes A and C are the same, prepare only one questionnaire.

If the woman listed in box C is pregnant, only prepare one questionnaire for this woman.

Now I would like to ask you about some basic questions about the household head

<p>26. What is the religion of the head of this household?</p>	<p>Christian 1 Muslim 2 Traditional 3 No religion 7 Other religion (specify) _____ .8 Don't know 9</p>																																	
<p>27. What is the first language of the head of this household?</p>	<p>Mende 1 Temne 2 Limba 3 Creole 4 Madingo 5 Loko 6 Sherbro 7 Kono 8 Other (specify) _____ 88 Don't know 99</p>																																	
<p>28. Has the head of this household ever attended school or preschool?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	<p>-> Next Q -> Q30 -> Q30</p>																																
<p>29. What is the highest level of school attended by the head of this household?</p> <p>How many years at this level did he/she complete?</p>	<table border="1"> <thead> <tr> <th></th> <th>Circle code</th> <th>Circle # years completed</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Kindergarten</td> <td>0</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Primary</td> <td>1</td> <td>0 1 2 3 4 5 6 7</td> <td>9</td> </tr> <tr> <td>JSS - Junior Secondary ..</td> <td>2</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>SSS - Senior Secondary .</td> <td>3</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Vocational/ commercial/ nursing/ technical/ teaching</td> <td>4</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Tertiary/college/univ</td> <td>5</td> <td>0 1 2 3 4 5 6</td> <td>9</td> </tr> <tr> <td>Don't know</td> <td>9</td> <td></td> <td></td> </tr> </tbody> </table>		Circle code	Circle # years completed	DK	Kindergarten	0	0 1 2 3	9	Primary	1	0 1 2 3 4 5 6 7	9	JSS - Junior Secondary ..	2	0 1 2 3	9	SSS - Senior Secondary .	3	0 1 2 3	9	Vocational/ commercial/ nursing/ technical/ teaching	4	0 1 2 3	9	Tertiary/college/univ	5	0 1 2 3 4 5 6	9	Don't know	9			
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Now I would like to ask you about some basic questions about the household's characteristics

<p>30. How many rooms in this household are used for sleeping?</p>	<p>Number of rooms <input type="text"/> <input type="text"/></p>	
<p>31. Main material of dwelling floor</p> <p><i>Record only 1 observation</i></p>	<p>Natural floor Earth / Sand 11 Dung..... 12 Stone..... 13 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (specify) _____ 88</p>	

<p>32. Main material of the roof</p> <p><i>Record only 1 observation</i></p>	<p>Natural roofing</p> <p>No Roof 11</p> <p>Thatch / Palm leaf 12</p> <p>Sod 13</p> <p>Rudimentary Roofing</p> <p>Rustic mat 21</p> <p>Palm / Bamboo 22</p> <p>Wood planks 23</p> <p>Cardboard 24</p> <p>Finished roofing</p> <p>Metal / Zinc..... 31</p> <p>Wood 32</p> <p>Calamine / Cement fibre 33</p> <p>Ceramic tiles 34</p> <p>Cement 35</p> <p>Roofing shingles 36</p> <p>Other (specify) _____ 88</p>	
<p>33. Main material of the exterior walls.</p> <p><i>Record only 1 observation</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks 12</p> <p>Dirt 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Uncovered mud brick 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Metal / Zinc 27</p> <p>Finished walls</p> <p>Cement 31</p> <p>Stone with lime / cement 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Covered mud brick 35</p> <p>Wood planks / shingles 36</p> <p>Other (specify) _____ .88</p>	
<p>34. What type of fuel does your household mainly use for cooking?</p> <p><i>Record only 1 response</i></p>	<p>Electricity 1</p> <p>Liquefied Petroleum Gas (LPG)..... 2</p> <p>Natural gas 3</p> <p>Biogas 4</p> <p>Kerosene 5</p> <p>Coal / Lignite 6</p> <p>Charcoal..... 7</p> <p>Wood..... 8</p> <p>Straw / shrubs / grass 9</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 77</p> <p>Other (specify: _____) 88</p> <p>Don't know 99</p>	

Now I would like to ask you some questions about things people in your household may own and things you may use at home.

<p>35. Does your household have _____?</p> <p><i>Ask about each item separately.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A. Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Non-mobile telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	A. Electricity?	1	2	B. A television?	1	2	C. A refrigerator?	1	2	D. Non-mobile telephone?	1	2	E. A radio?	1	2																						
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<p>36. Does anyone in your household own a _____?</p> <p><i>Ask about each item separately.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A. Watch?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Mobile phone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Bicycle?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Motorcycle?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Car / Truck?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Canoe?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. Boat with motor?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. Wheel barrow?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. Sprayer?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. Electric rice cutter?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. Sickle / Knife?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>L. Shovel / Hoe?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	A. Watch?	1	2	B. Mobile phone?	1	2	C. Bicycle?	1	2	D. Motorcycle?	1	2	E. Car / Truck?	1	2	F. Canoe?	1	2	G. Boat with motor?	1	2	H. Wheel barrow?	1	2	I. Sprayer?	1	2	J. Electric rice cutter?	1	2	K. Sickle / Knife?	1	2	L. Shovel / Hoe?	1	2	
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<p>37. Do you or someone living in this household own this dwelling?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>																																								
<p>38. Does any member of this household own any land that can be used for agriculture?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q40</p> <p>-> Q40</p>																																							
<p>39. If yes, how much agricultural land do members of this household own?</p> <p><i>Fill in agricultural land size for 1 category only.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">A. Plot</td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>B. Town lot.....</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>C. Acres</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Don't know</td> <td colspan="3" style="text-align: right;">999</td> </tr> </tbody> </table>	A. Plot	<input type="text"/>	<input type="text"/>	<input type="text"/>	B. Town lot.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	C. Acres	<input type="text"/>	<input type="text"/>	<input type="text"/>	Don't know	999																										
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<p>40. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q42</p> <p>-> Q42</p>																																							
<p>41. How many of the following animals does this household own?</p> <p><i>Ask about each item separately.</i></p> <p><i>If none, enter '00'</i></p> <p><i>If more than 95, enter '95'</i></p> <p><i>If unknown, enter '99'</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">A. Cattle, cows, bulls</td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>B. Horses, donkeys, mules</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>C. Goats</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>D. Sheep</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>E. Rabbits</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>F. Pigs</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>G. Fowl (Chickens, geese, ducks, turkeys)</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>H. Rodents to breed.....</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>I. Birds to sell.....</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>J. Bees (Number of Hives)</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>K. Other (.....)</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	A. Cattle, cows, bulls	<input type="text"/>	<input type="text"/>	B. Horses, donkeys, mules	<input type="text"/>	<input type="text"/>	C. Goats	<input type="text"/>	<input type="text"/>	D. Sheep	<input type="text"/>	<input type="text"/>	E. Rabbits	<input type="text"/>	<input type="text"/>	F. Pigs	<input type="text"/>	<input type="text"/>	G. Fowl (Chickens, geese, ducks, turkeys)	<input type="text"/>	<input type="text"/>	H. Rodents to breed.....	<input type="text"/>	<input type="text"/>	I. Birds to sell.....	<input type="text"/>	<input type="text"/>	J. Bees (Number of Hives)	<input type="text"/>	<input type="text"/>	K. Other (.....)	<input type="text"/>	<input type="text"/>							
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Now I would like to ask you about drinking water and sanitation in your household.

<p>42. What is the main source of <u>drinking</u> water for members of your household?</p> <p><i>Record only 1 response.</i></p>	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Tube well or borehole or handpump 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank or drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify) _____ 88 Don't know 99	
<p>43. Do you do anything at home to the water to make it safer to drink?</p>	Yes 1 No 2 Don't know 9	-> Next Q -> Q45 -> Q45
<p>44. What do you usually do to make the water safer to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>Record all responses mentioned.</i></p>	Boil A Add bleach or chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (specify) _____ Y Don't know Z	
<p>45. What is the main source of water used for washing utensils?</p> <p><i>Record only 1 response.</i></p>	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Tube well or borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank or drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify) _____ 88 Don't know 99	

<p>46. What kind of toilet facility do members of your household usually use?</p> <p><i>If "flush" or "pour flush", probe: Where does it flush to?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p> <p><u>Record only 1 response.</u></p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system..... 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/ not sure / don't know where 15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP)..... 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>Hanging toilet, Hanging latrine..... 51</p> <p>No facility, Bush, Field 61</p> <p>Other (<i>specify</i>) _____ 88</p> <p>Don't know 99</p>	<p>-> Q48</p> <p>-> Q48</p> <p>-> Q48</p>																					
<p>47. Do you share this facility with others who are not members of your household?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 9</p>																						
<p>48. Please show me where members of your household most often wash their hands.</p>	<p>Observed (Sink or fixed basin)..... 1</p> <p>Observed (Anywhere around dwelling)..... 2</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 3</p> <p>No permission to see 4</p> <p>Other reason (<i>specify</i>) _____ 8</p>	<p>-> Q51</p> <p>-> Q51</p> <p>-> Q51</p>																					
<p>49. <i>Observe presence of water at the specific place for handwashing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available..... 1</p> <p>Water is not available..... 2</p>																						
<p>50. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle 1 for Yes for each type of soap seen.</i></p> <p><i>Skip to Q52 if any soap or detergent code (A, B, or C) is YES. If D and E is circled YES, continue with next question.</i></p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>A. Bar soap</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Detergent</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Powder / Liquid / Paste)</td> </tr> <tr> <td>C. Liquid soap</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Ash / Mud / Sand</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. None</td> <td style="text-align: center;">1</td> <td></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	A. Bar soap	1	2	B. Detergent	1	2	(Powder / Liquid / Paste)			C. Liquid soap	1	2	D. Ash / Mud / Sand	1	2	E. None	1		<p>-> Q52</p> <p>-> Q52</p> <p>-> Q52</p> <p>-> Next Q</p> <p>-> Next Q</p>
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E. None	1																						
<p>51. Do you have any soap or detergent in your household for washing hands?</p> <p>If Yes: Can you please show it to me? <i>Circle Yes for each type of soap seen.</i></p> <p>If No, circle Yes for E.</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>A. Bar soap</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Detergent</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Powder / Liquid / Paste)</td> </tr> <tr> <td>C. Liquid soap</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Ash / Mud / Sand</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. None</td> <td style="text-align: center;">1</td> <td></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	A. Bar soap	1	2	B. Detergent	1	2	(Powder / Liquid / Paste)			C. Liquid soap	1	2	D. Ash / Mud / Sand	1	2	E. None	1		
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E. None	1																						

Now I would like to ask you some questions about the salt most commonly used in this household.

<p>52. Do you have salt in your house now?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q56</p> <p>-> Q56</p>
<p>53. May I have a small sample of the salt that you use for cooking?</p> <p>Collect approximately 20-30 grams of salt to be used for quantitative testing at central laboratory.</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>-> Collect Salt</p> <p>-> Q56</p>

54. SALT SPECIMEN COLLECTED?	Yes 1 No..... 2	
55. Does salt container show that it is iodized? <i>Observe the package that salt is in</i>	Yes, original package says iodized 1 Original package not mention iodization ... 2 Undetermined, not in original package 3 Undetermined for other reason 8	

56. How many times per day, week, or month do you usually purchase vegetable oil? <i>Fill in number of times for 1 time period only.</i>	Number of times a: A. <input type="text"/> times per Day B. <input type="text"/> <input type="text"/> times per Week C. <input type="text"/> <input type="text"/> times per Month I don't use it 00 Don't know / not sure 99	->Q58 ->Q58
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57. What quantity is usually obtained whenever vegetable oil is bought? <i>Fill in quantity for 1 unit of measure only</i>	A. Pint(s)..... <input type="text"/> <input type="text"/> B. Rubber(s)..... <input type="text"/> <input type="text"/> C. Gallon(s) <input type="text"/> <input type="text"/> D. Don't know / not sure 99	
--	---	--

58. What type of food products made with wheat flour do you eat <u>most often</u> in this household?	Bread..... 1 Pan cakes 2 Doughnuts..... 3 Other (specify _____) . 8 Unknown 9	-> Next Q -> END -> END -> END -> END
---	---	---

59. What type of bread do you eat most often in this household?	Factory white bread 1 Factory brown bread 2 Other bread from bakery or factory..... 3 Home-made 4 Other (specify _____) . 8 Unknown 9	
--	--	--

60. How many times per day, week, or month do you usually purchase bread? <i>Fill in number of times for only 1 time period.</i>	Number of times a: A. <input type="text"/> times per Day B. <input type="text"/> <input type="text"/> times per Week C. <input type="text"/> <input type="text"/> times per Month D. Don't know / not sure 99	
--	---	--

61. What quantity is usually obtained whenever bread is bought? <i>Fill in number of loaves for either full-size loaves, medium loaves, or small loaves, if BOTH is bought then fill BOTH</i>	A. Number of full-size loaves..... <input type="text"/> <input type="text"/> B. Number of medium loaves <input type="text"/> <input type="text"/> C. Number of small loaves (baguettes). <input type="text"/> <input type="text"/> D. Don't know / not sure 99	
---	---	--

Comments about data collection at this household:

The form was reviewed by: _____ Date: _____
Team leader's signature

Data entry clerk name: _____ Data entry clerk code number:

Affix HOUSEHOLD label here (starts with "H")	CHILD QUESTIONNAIRE	Affix CHILD label here (starts with "C")
1. Cluster number <input type="text"/> <input type="text"/>		2. Cluster control form HH number .. <input type="text"/> <input type="text"/>
3. Name of this child: _____		4. Child number..... <input type="text"/> <input type="text"/>
5. Interviewer number		<input type="text"/> <input type="text"/>
6. Date of data collection <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Day Month Year	7. Child's mother's woman number:... <input type="text"/> <input type="text"/>	
8. Final result of child data collection <input type="text"/>		
FINAL RESULT CODES: Completed interview and accepted participation in blood collection 1 Completed interview and refused participation in blood collection 2 Refused interview and all data collection 3 Child not at home at time of visit 4 Other (specify _____) ...8		

<p>Child questionnaire should be administered to the child's caregiver as identified by the household roster.</p> <p>Repeat greeting if not already read to this respondent.</p> <p>We are working with the Ministry of Health and Sanitation in Sierra Leone. We are conducting a national nutrition survey to better understand the various nutritional deficiencies, such as such as anemia, vitamins and minerals in women and children. This information will help the government to plan for better health in the future.</p>	<p>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</p> <p>Now I would like to talk to you more about (child's name)'s health and other topics. When I ask about (child's name), please think only of this child and answer only about this child. Try not to mix up other children in the household. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p> <p>The survey usually takes about 20 minutes to complete, and includes answering questions and a visit to (location of laboratory site) to take a small blood sample of (child's name).</p>
9. May I start now? <input type="checkbox"/> YES, PERMISSION IS GIVEN ->BEGIN THE INTERVIEW. <input type="checkbox"/> NO, PERMISSION IS NOT GIVEN ->COMPLETE THIS COVER PAGE. DISCUSS THIS RESULT WITH YOUR TEAM LEADER.	

Now I would like to ask you some basic questions about (NAME).

10. Is (NAME) a boy or girl?	Male 1 Female 2	
11. What is (NAME)'s date of birth? <i>Copy date of birth from document(or child health card) if available, or probe:</i> What month and year was (NAME) born?	D. Day <input type="text"/> <input type="text"/> (enter '99' if unknown) M. Month <input type="text"/> <input type="text"/> Y. Year..... <input type="text"/> <input type="text"/>	
12. How old is (NAME) in completed months? <i>If necessary, use local calendar to derive age. Record '99' if unknown. Compare date of birth above and stated age; correct one if necessary.</i>	Age (in months)..... <input type="text"/> <input type="text"/> (in completed months) (enter '99' if unknown)	
13. Was (NAME) weighed at birth?	Yes 1 No 2 Don't know 9	-> Next Q ->Q15 ->Q15

<p>14. How much did (name) weigh?</p> <p><i>Record weight from health card, if available</i></p>	<p>A. From card (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B. From recall (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't know 9.999 in B</p>	
<p>15. Did you give birth to this child?</p>	<p>Yes 1</p> <p>if "Yes", please note her line number on the household roster (Q18; HH questionnaire)</p> <p>A. Mother number <input type="text"/> <input type="text"/></p> <p>No 2</p>	<p>-> Q18</p> <p>-> Next Q</p>
<p>16. Is the woman who gave birth to (NAME) alive?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q18</p> <p>-> Q18</p>
<p>17. Does (NAME's) biological mother live in this household?</p>	<p>Yes 1</p> <p>if "Yes", please note her line number on the household roster (Q18; HH questionnaire)</p> <p>A. Mother number <input type="text"/> <input type="text"/></p> <p>No 2</p>	
<p>18. Is (NAME's) father alive?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	

Now I would like to ask you about illnesses (NAME) may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses (NAME) had before 2 week ago.

<p>19. At any time in the last 2 weeks, has (NAME) had diarrhoea?</p> <p><i>Diarrhoea = watery stool at least three times per day</i></p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q21</p> <p>-> Q21</p>
<p>20. Was there any blood in the stools?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	
<p>21. At any time in the last 2 weeks, has (NAME) been ill with a fever?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q24</p>
<p>22. At any time during this illness with fever, did (name) have blood taken from his/her finger or heel for malaria testing?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>->Next Q</p> <p>-> Q24</p> <p>-> Q24</p>
<p>23. Did that test show that (name) had malaria?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	
<p>24. At any time in the last 2 weeks, has (NAME) had an illness with a cough?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>->Next Q</p> <p>-> Q27</p> <p>->Q27</p>
<p>25. When (NAME) had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 9</p>	<p>-> Next Q</p> <p>-> Q27</p> <p>-> Q27</p>
<p>26. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (specify) 8</p> <p>Don't know 9</p>	

NOTE: Dietary questions (questions 27-37) are to be asked ONLY about children 0 – 23 months of age. Check the child's date of birth and age above. If the child is 24 months of age or older, skip to question 38.

Now I will ask you questions about (NAME)'s diet. Please answer only for (NAME). Do not confuse (NAME) with other young children in the household.

<p>27. Has (NAME) ever been breastfed? <i>Include giving breastmilk by spoon or bottle or breastfeeding by other women.</i></p>	<p>Yes 1 No..... 2 Don't know 9</p>	<p>-> Next Q -> Q32 -> Q32</p>
<p>28. How long after birth was (NAME) first put to the breast? <i>If respondent reports she put the infant to the breast immediately after birth, circle '00' for 'immediately'. If less than 1 hour, circle 'A' for hours and record '00' hours</i></p> <p><i>If less than 24 hours, circle 'A' and record number of completed hours, from 01 to 23.</i></p> <p><i>If 24 hours or longer, circle 'B' and record number of completed days</i></p> <p><i>If respondent does not know, circle "99".</i></p>	<p>Immediately 00</p> <p>or</p> <p>A. Hours <input type="text"/> <input type="text"/></p> <p>or</p> <p>B. Days..... <input type="text"/> <input type="text"/></p> <p>Don't know 99</p>	
<p>29. Is (NAME) still being breastfed?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	<p>-> NEXT Q -> Q32 -> Q32</p>
<p>30. Was (NAME) breastfed yesterday during the day or at night?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	
<p>31. Sometimes babies are fed 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.</p> <p>Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	

32. Next I would like to ask you about some liquids that (NAME) may have had yesterday during the day or at night. Did (NAME) have any (item from the list)?: <i>Read the list of liquids starting with 'Plain Water'</i> <i>Ask the mother to mention and tick from the list</i>	Yes	No	DK	33. How many times yesterday during the day or at night did (NAME) eat or drink any (item from list)? <i>Fill in B & C if "Yes" to Q32</i>
A. Plain water?	1	2	9	
B. Infant formula such as Lactogen, SMA gold/progressive/white, Guigoz 1 or 2, Nan, or Baby milk in tins or sachets?	1	2	9	B. <input type="checkbox"/> <input type="checkbox"/>
C. Milk (such as tinned, powdered, or fresh animal milk) or Yogurt?	1	2	9	C. <input type="checkbox"/> <input type="checkbox"/>
D. Juice or juice drinks?	1	2	9	
E. Clear broth (rice water, banana water)?	1	2	9	
F. Thin porridge (e.g. Light Pap)?	1	2	9	
G. Liquids such as sweet tea, herbal tea, or soda (e.g. coca cola, fanta), drinks, palm wine?	1	2	9	
H. Vitamin or mineral supplements or any medicines?	1	2	9	
I. ORS (oral rehydration solution)?	1	2	9	
J. Any other liquids?	1	2	9	

34. Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.

a) Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time? if yes: Please tell me everything (NAME) ate at that time.
Probe: "Anything else?" until respondent says nothing else. If no, continue to question b).

b) What did (NAME) do after that? Did (NAME) eat anything at that time? If yes: Please tell me everything (NAME) ate at that time.
*Probe: "Anything else?" until respondent says nothing else.
Repeat question b) above until respondent says the child went to sleep until the next day.
If respondent mentions mixed dishes like a porridge, sauce or stew, probe:*

c) What ingredients were in that (mixed dish)?
Probe: "Anything else?" until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food on the next page and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and circle '1' if respondent says yes, '2' if no and '9' if don't know:

Yesterday during the day or night, did (NAME) drink/eat any (food group items not already marked 1)?

Other foods:

	Yes	No	DK
A. Corn/maize, rice, sorghum, millet, or other foods made from these grains or any other grains (e.g. bread, noodles, porridge or other grain products, other local grains)	1	2	9
B. Pumpkin, carrots, squash, or orange peteteh?	1	2	9
C. Irish potatoes, white sweet potatoes, cassava, yam, garri, or any other foods made from roots?	1	2	9
D. Any dark green leafy vegetables (e.g. potato leaves, cassava leaves, krian-krain, green, or moringa)?	1	2	9
E. Ripe mango, ripe pawpaw, guava, or water melon?	1	2	9
F. Lemon, lime, grapefruit, orange, pineapple, banana, or plantain?	1	2	9
G. Any other fruits or vegetables (e.g. Pear, okroh, giblox, jakato, ball tamatis, or seed tamatis)?	1	2	9
H. Liver, kidney, heart, or other organ meats? <i>If "Yes", confirm with respondent that child actually consumed meats and not just sauce cooked with meat. If only sauce consumed, mark "No".</i>	1	2	9
I. Any meat, such as beef, pork, lamb, goat, chicken, or duck? <i>If "Yes", confirm with respondent that child actually consumed meats and not just sauce cooked with meat. If only sauce consumed, mark "No".</i>	1	2	9
J. Eggs	1	2	9
K. Fresh or dried fish, oysters, crabs, shrimp, cray fish or other seafood? <i>If "Yes", confirm with respondent that child actually consumed fish etc, and not just sauce cooked with fish etc. If only sauce consumed, mark "No".</i>	1	2	9
L. Any foods made from black eye binch, konscho binch, broad binch beans, grandnat, kushu, cowpea, benni, egusi, soya bean, lentils or any other seeds?	1	2	9
M. Cheese, yogurt, or other milk products?	1	2	9
N. Any oil, fats, or butter, or foods made with any of these?	1	2	9
O. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	2	9
P. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder	1	2	9
Q. Snails or insects	1	2	9
R. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	1	2	9
If all 'NO', go to Q35 If at least 1 'YES' or all 'DK' go to Q36			

35. Did (NAME) eat solid or semi-solid (soft, mushy) food yesterday (e.g. soft cooked rice, cooked potatoes, plasaspenmahun), during the day or night? <i>If YES for this question and all foods in question 34 above = NO, go back to probe.</i>	Yes 1 No 2 Don't know 9	->See instructions under Q35 ->Q37 ->Q37
36. How many times did (NAME) eat solid or semi-solid (soft, mushy) food yesterday (e.g. soft cooked rice, cooked potatoes, plasaspenmahun), during the day or night?	Number of times..... <input type="text"/> <input type="text"/>	
37. Yesterday, during the day or night, did (NAME) drink anything from a bottle with a nipple?	Yes 1 No 2 Don't know 9	

NOTE: Include the following questions for ALL children 0 – 59 months of age:

Now I would like to ask you about some additional foods and medicines (NAME) may have recently received.

<p>38. Now I would like to ask you about some particular foods (NAME) may have eaten. I am interested in whether your child had the item even if it was combined with other foods.</p> <p>Yesterday, during the day or night, did (NAME) consume any iron-fortified cookies or other foods which have added iron (e.g. Bennimix, Cerelac, Golden country, Nutrilac, Frescocem)?</p> <p><i>If "Yes", ask mother or care giver to show the package of the food for the interviewer to confirm</i></p>	<p>Yes 1 No..... 2 Don't know 9</p>	
<p>39. Yesterday, during the day or night, did (NAME) consume any Ready-to-use Therapeutic Food (RUTF) (e.g. Granat)?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	
<p>40. Yesterday, during the day or night, did (NAME) consume any infant formula containing extra iron, such as Guigoz, Lactogen, SMA, Nan etc?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	
<p>41. During the last six months was (NAME) given any iron tablets or syrup?</p> <p><i>Show iron tablets and syrup.</i></p>	<p>Yes 1 No..... 2 Not sure if it was iron 3 Don't know 9</p>	<p>-> Next Q ->Q45 ->Q45 ->Q45</p>
<p>42. For how long did (NAME) take iron tablets or syrup?</p>	<p>One week or less 1 More than 1 week less than 1 month..... 2 1 month or more..... 3 Don't know 9</p>	
<p>43. Is (NAME) still taking iron tablets or syrup?</p>	<p>Yes 1 No..... 2 Don't know 9</p>	<p>-> Q45 -> Next Q ->Q45</p>
<p>44. When did (NAME) stop taking iron tablets or syrup?</p>	<p>Less than 3 months ago..... 1 3 months ago or more..... 2 Don't know 9</p>	
<p>45. During the last six months was (NAME) given a vitamin A capsule?</p> <p><i>Show vitamin A capsule.</i></p>	<p>Yes 1 No..... 2 Not sure if it was vitamin A..... 3 Don't know 9</p>	
<p>46. During the last six months was (NAME) given any multi-vitamins, such as Abedic or Alion?</p> <p><i>Show capsule or example packages.</i></p>	<p>Yes 1 No 2 Not sure if it was multi-vitamin..... 3 Don't know 9</p>	
<p>47. During the last six month, was (NAME) given any drug for intestinal worms, such as vermoz/Zentel/Albendazole/mebendazole during the last <i>mami n pekinwel-bodi</i> week?</p>	<p>Yes 1 No 2 Don't know 9</p>	

Comments about data collection with this child:

The form was reviewed by: _____ Date: _____
Team leader's signature

Data entry clerk name: _____ Data entry clerk code number:

48. Written Consent for blood collection:

Now that we've finished the questions, we would like to draw a small amount of (child's name)'s blood. This small blood sample will be used to test for anemia and malaria. In addition, a small portion of blood will be collected to test for other vitamin problems, such as iron and vitamin A.

The anemia and malaria results will be provided in less than 15 minutes following the taking of blood. Should (child's name) be diagnosed with anemia or malaria, we will provide you with a referral slip to get adequate treatment at the nearest health facility. Other results (e.g. iron, vitamin A) will be used by national health officials to better understand the nutrition situation of children in Sierra Leone. All the information will be kept confidential and personal identities will not be revealed in any report.

Blood will be collected by trained technicians and they will use clean and sterile material. The risk for (child's name) is very minimal. At most there will be temporary discomfort where the blood will be taken. The blood draw will take less than 5 minutes.

The participation of (child's name) is entirely voluntary. You may choose not to participate and you may withdraw (child's name)'s participation or that of any household member at any time. Refusal to participate will not involve a penalty or loss of benefits of any kind.

Contact information: If you have any questions or concerns about this study or if any problems arise, please contact the field workers. You may also wish to contact the MoHS Nutrition Programme Director, Aminata Shamit Koroma, directly at 033 705866.

<p>Do you agree to have (child's name) participate in this part of the survey?*</p> <p>If "Yes", can you please sign this page?</p>	<p>Yes..... 1</p>
	<p>No 2</p>

 Mother's or
 caretaker's name
 (print)

 Mother's or
 caretaker's
 signature or fingerprint

****Note:** If respondent agrees to participate in the blood collection component of the survey, complete the heading of the following page and write below the location of the laboratory site. If the respondent does not agree to participate, end the interview.

Please take this form to the
 laboratory site.
 This is located at:

Write location of site here

Affix HOUSEHOLD label here (starts with "H")	Cluster number <input type="text"/> <input type="text"/>	Household number <input type="text"/> <input type="text"/>	Child number <input type="text"/> <input type="text"/>	Affix CHILD label here (starts with "C")
Address: _____ Family name: _____ Child's name: _____				
What is the age of the child?	0 – 5 months1	-> DO NOT collect blood -> Collect blood from HEEL -> Collect blood from FINGER		
	6 - 12 months2			
	13 – 59 months3			

Now we would like to take some blood from (NAME)'s heel (6-12 months) or finger (13-59 months)?

49. Hemoglobin concentration	Hb (g/dL)..... <input type="text"/> <input type="text"/> . <input type="text"/>	
50. Approximate volume of blood collected (µL)	µL..... <input type="text"/> <input type="text"/> . <input type="text"/>	
	No blood, unsuccessful blood draw . use 88.8	
51. Malaria status from rapid test kit	Positive 1	
	Negative 2	
52. Phlebotomist's code number:	Code number..... <input type="text"/> <input type="text"/>	

Comments about blood collection of this child:

The form was reviewed by: _____ Date: _____
Team leader's signature

Data entry clerk name: _____ Data entry clerk code number:

I would first like to ask you some questions about yourself.

<p>11. In what month and year were you born?</p>	<p>Month <input type="text"/> <input type="text"/></p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Don't know, enter '99' or '9999'</p>																																
<p>12. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>Compare month and year of birth and stated age; correct one if necessary</i></p>	<p>Age <input type="text"/> <input type="text"/></p> <p>(in completed years) (enter '99' if unknown)</p>																																	
<p>13. Have you ever attended school?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>->NEXT Q -> Q15 -> Q15</p>																																
<p>14. What is the highest level of school you <u>attended</u>?</p> <p>How many years at this level did you <u>complete</u>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Circle code</th> <th># years completed</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Kindergarten</td> <td>0</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Primary</td> <td>1</td> <td>0 1 2 3 4 5 6 7</td> <td>9</td> </tr> <tr> <td>JSS-Junior Secondary ...</td> <td>2</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>SSS-Senior Secondary ...</td> <td>3</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Vocational/ commercial/ nursing/ technical/ teaching</td> <td>4</td> <td>0 1 2 3</td> <td>9</td> </tr> <tr> <td>Tertiary/college/univ.....</td> <td>5</td> <td>0 1 2 3 4 5 6</td> <td>9</td> </tr> <tr> <td>Don't know</td> <td>9</td> <td></td> <td></td> </tr> </tbody> </table>		Circle code	# years completed	DK	Kindergarten	0	0 1 2 3	9	Primary	1	0 1 2 3 4 5 6 7	9	JSS-Junior Secondary ...	2	0 1 2 3	9	SSS-Senior Secondary ...	3	0 1 2 3	9	Vocational/ commercial/ nursing/ technical/ teaching	4	0 1 2 3	9	Tertiary/college/univ.....	5	0 1 2 3 4 5 6	9	Don't know	9			
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Tertiary/college/univ.....	5	0 1 2 3 4 5 6	9																															
Don't know	9																																	
<p>15. What does this say?</p> <p><i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i></p> <p>Can you read part of the sentence to me?</p>	<p>Cannot read at all..... 1 Able only to read only parts of sentence... 2 Able to read whole sentence..... 3 No sentence in required language (specify)..... 4 Blind, mute, visually/speech impaired..... 5</p>																																	
<p>16. What is your marital status now?</p>	<p>Never married, never lived with a man 1 Currently married 2 Living with a man, but not married 3 Divorced 4 Separated 5 Widowed 6</p>																																	
<p>17. What is your job outside the home?</p>	<p>No job 0 Unskilled labor 1 Skilled labor 2 Agriculture 3 Shop or office 4 Own business 5 Professional 6 Other (specify: _____) 8 Don't know 9</p>																																	
<p>18. Do you smoke cigarettes?</p>	<p>Yes 1 No 2</p>	<p>-> Next Q -> Q20</p>																																
<p>19. On average, how many cigarettes do you smoke per day?</p>	<p>Number <input type="text"/> <input type="text"/></p>																																	

WOMAN FORM	Cluster number	Household number	Woman number	Page 3
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
20. Are you pregnant now?	Yes 1	No 2	Unsure/ don't know 9	-> Next Q -> Q22 -> Q22
21. How many months pregnant are you?	Number of months <input type="text"/>			
22. How many times, in total, have you been pregnant? <i>If pregnant now, include this pregnancy. If never pregnant, enter "00".</i>	Number of times <input type="text"/> <input type="text"/>			00->Q26
	Don't know 99			
23. During your last pregnancy, did you take iron or folic acid supplements for 90 days or more?	Yes 1	No 2	Unsure/ don't know 9	
24. How many times, in total, have you given birth to a baby? <i>Include still births and live births</i>	Number of times <input type="text"/> <input type="text"/>			00->Q26
25. Are you currently breastfeeding a child?	Yes 1	No 2		

26. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.

a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you ate at that time.
Probe: "Anything else?" until respondent says nothing else. If no, continue to question b).

b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time.
*Probe: "Anything else?" until respondent says nothing else.
Repeat question b) above until respondent says she went to sleep until the next day.
If respondent mentions mixed dishes like a porridge, sauce or stew, probe:*

c) What ingredients were in that (mixed dish)?
Probe: "Anything else?" until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and circle '1' if respondent says yes, '2' if no and '9' if don't know:

Yesterday during the day or night, did you drink/eat any (food group items not already marked 1)?			
Other foods:			
	Yes	No	DK
A. Corn/maize, rice, sorghum, millet, or other foods made from these grains or any other grains (e.g. bread, noodles, porridge or other grain products, other local grains)	1	2	9
B. Pumpkin, carrots, squash, or orange peteteh?	1	2	9
C. Irish potatoes, white sweet potatoes, cassava, yam, garri, or any other foods made from roots?	1	2	9
D. Any dark green leafy vegetables (e.g. potato leaves, cassava leaves, krian-krain, green, or moringa)?	1	2	9
E. Ripe mango, ripe pawpaw, guava, or water melon?	1	2	9
F. Lemon, lime, grapefruit, orange, pineapple, banana, or plantain?	1	2	9
G. Any other fruits or vegetables (e.g. Pear, okroh, giblox, jakato, ball tamatis, or seed tamatis)?	1	2	9
H. Liver, kidney, heart, or other organ meats? If "Yes", confirm that respondent actually consumed meats and not just sauce cooked with meat. If only sauce consumed, mark "No".	1	2	9
I. Any meat, such as beef, pork, lamb, goat, chicken, cat, dog, monkey or duck? If "Yes", confirm that respondent actually consumed meats and not just sauce cooked with meat. If only sauce consumed, mark "No".	1	2	9
J. Eggs	1	2	9
K. Fresh or dried fish, oysters, crabs, shrimp, or cray fish or other seafood? If "Yes", confirm that respondent actually consumed fish etc, and not just sauce cooked with fish etc. If only sauce consumed, mark "No".	1	2	9
L. Any foods made from black eye binch, konsho binch, broad binch beans, grandnat, kushu, cowpea, benni, egusi, soya bean, lentils or any other seeds?	1	2	9
M. Cheese, yogurt, or other milk products?	1	2	9
N. Any oil, fats, or butter, or foods made with any of these?	1	2	9
O. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	2	9
P. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder	1	2	9
Q. Snails or insects, snakes	1	2	9
R. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	1	2	9

Now I would like to ask you about some foods which may contain extra nutrients.

<p>27. Have you heard about iodized salt (i.e. salt with added iodine)?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>-> Next Q -> Q29 -> Q29</p>
<p>28. Why do you think <u>iodized</u> salt is important? Do not prompt. <u>Mark all responses mentioned</u></p>	<p>Prevents goitre/Gehgeh A Improves intelligence B Prevents iodine deficiency .. C Improve health status D Other Y (specify: _____) Don't know Z</p>	
<p>29. Have you heard about <u>fortified</u> vegetable oil (i.e. oil with nutrients added)?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>-> NEXT Q -> Q31 -> Q31</p>
<p>30. Why do you think fortified oil (i.e. with added nutrients) is important? Do not prompt. <u>Mark all responses mentioned</u></p>	<p>Prevents blindness A Reduces mortality B Prevents vitamin deficiency C Improve health status D Other Y (specify: _____) Don't know Z</p>	

Now I would like to ask you some questions about vitamins or minerals you may be taking or have recently taken.

<p>31. During the last six months did you take any iron tablets or syrup, such as Dexorange, Dawn of Life, Pinoplex, Haemoforte, Rescofer Blood Tonic, HB 12? <i>Show iron tablets and syrup.</i></p>	<p>Yes 1 No..... 2 Not sure if it was iron 9</p>	<p>-> Next Q -> Q35 -> Q35</p>
<p>32. For how long did you take iron tablets or syrup?</p>	<p>One week or less 1 More than 1 week, less than 1 month..... 2 One month or more..... 3</p>	
<p>33. Are you still taking iron tablets or syrup?</p>	<p>Yes 1 No..... 2</p>	<p>-> Q35 -> Next Q</p>
<p>34. When did you stop taking iron tablets or syrup?</p>	<p>Less than 3 months ago..... 1 3 months ago or more..... 2 Don't know 9</p>	
<p>35. During the last six months did you take any folic acid tablets? <i>Show folic acid tablets.</i></p>	<p>Yes 1 No..... 2 Not sure if it was folic acid 9</p>	<p>-> Next Q -> Q39 -> Q39</p>
<p>36. For how long did you take folic acid tablets?</p>	<p>One week or less 1 More than 1 week, less than 1 month 2 One month or more..... 3</p>	
<p>37. Are you still taking folic acid tablets?</p>	<p>Yes 1 No..... 2</p>	<p>-> Q39 -> Next Q</p>
<p>38. When did you stop taking folic acid tablets?</p>	<p>Less than 3 months ago..... 1 3 months ago or more..... 2 Don't know 9</p>	
<p>39. Following your last pregnancy (i.e. after delivery), did you take any vitamin A capsules? <i>Show vitamin A capsule.</i></p>	<p>Yes 1 No..... 2 This woman has never been pregnant 3 Not sure if it was vitamin A.... 9</p>	
<p>40. During the last six months did you take any multi-vitamin supplements, such as Fefol, Vitamin B complex, Omega H3?</p>	<p>Yes 1 No..... 2 Not sure if it was a multi- vitamin 9</p>	<p>->CONSENT -> Consent -> Consent</p>

Comments about data collection with this woman:

The form was reviewed by: _____ Date: _____
Team leader's signature

Data entry clerk name: _____ Data entry clerk code number:

41. Written Consent for urine and/or blood collection:

Now that we've finished the questions, we would like to draw a small amount of blood. This small blood sample will be used to test for anemia and malaria. In addition, a small portion of blood will be collected to test for other vitamin problems, such as iron, vitamin A, folate, vitamin B12 and iodine. Also, we would like to ask you to provide a small amount of urine, which will also be used for iodine testing.

The anemia and malaria results will be provided in less than 15 minutes following the taking of blood. Should you be diagnosed with severe anemia or malaria, we will provide you with a referral slip to get adequate treatment at the nearest health facility. Other results (e.g. iron, vitamin A, etc) will be used by national health officials to better understand the nutrition situation of women in Sierra Leone. All the information will be kept confidential and personal identities will not be revealed in any report.

Blood will be collected by trained technicians and they will use clean and sterile material. The risk for you is very minimal. At most there will be temporary discomfort where the blood will be taken. The blood draw will take less than 5 minutes.

Your participation is entirely voluntary. You may choose not to participate and you may withdraw your participation or that of any household member at any time. Refusal to participate will not involve a penalty or loss of benefits of any kind.

Contact information: If you have any questions or concerns about this study or if any problems arise, please contact the field workers. You may also wish to contact the MoHS Nutrition Programme Director, Aminata Shamit Koroma, directly at 033 705866.

<p>Do you agree to participate in this part of the survey?*</p> <p>If "Yes", can you please sign this page?</p>	<p>Yes..... 1</p>
	<p>No2</p>

_____ Woman's name (print)

_____ Woman's signature or fingerprint

****Note:** If respondent agrees to provide urine only, blood only, or both urine and blood, circle "Yes" for Q41 above and complete the heading of the following page. Then give the respondent the labelled urine beaker and write below the location of the laboratory site. If the respondent does not agree to participate, end the interview.

Please take this form and the filled urine beaker to laboratory site. This is located at:

Write location of site here

Affix HOUSEHOLD label here (starts with "H")	Cluster number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Household number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Woman number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Affix WOMAN label here (starts with "W")	
Address: _____ Family name: _____ Woman's name: _____					
Is this woman pregnant?		Yes 1 No 2	->Take blood from finger and mark 9.9 for Q45 ->Take blood from vein		

Pregnant women: **Now we would like to do a fingerpick to measure anemia and malaria.**

Non-pregnant women: **Now we would like to take some blood from your vein for testing for vitamin levels.**

42. Urine beaker received?	Yes 1 No 2	
43. Hemoglobin concentration	Hb (g/dL) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	
44. Malaria status from rapid test kit	Positive 1 Negative 2	
45. Approximate volume of blood collected (ml)	ml <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> No blood, unsuccessful blood draw use 8.8 No blood, pregnant woman use 9.9	
46. Phlebotomist's code number:	Code number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

Comments about data collection with this woman:

The form was reviewed by: _____ Date: _____
 Team leader's signature

Data entry clerk name: _____ Data entry clerk code number: