SUSTAINABLE NUTRITIONAL IMPROVEMENT: PROVINCE OF ZAMBÉZIA
CONSUMPTION AND EXPENDITURE: CHUABO: AUGUST/OOCTOBER 2003
A. IDENTIFICATION OF HOUSEHOLD

A01. DISTRICT A02. LOCALITY: A03. VILLAGE A04. HH:

A05. NAME OF HEAD OF HOUSEHOLD:

A06. TYPE OF HOUSEHOLD HEAD: (1- HOMEM 2- MULHER COM APOIO 3- MULHER SEM APOIO): WAS PART B DONE? (0- FOI FEITO):

A07.	DATE OF 1º INTERVIEW			/			A11. INVESTIGATOR				A15. DATE OF 1º DATA ENTRY			/		
A08.	TIME AT START			:			A12. CONTROLLER				A16. 1º DIGITIZER					
A09.	TIME AT END			:			A13. WAS IT REDONE 0- No 1- Yes				A17. DATE OF 1º DATA ENTRY			/		
A10.	DATE OF 2º INTERVIEW						A14. INVESTIGATOR OR 2º				A18. 2º DIGITIZER					
PROBLEMS:							APPROVAL									

REFERENCE CHILD: INTERVIEW (PART B) DONE: WHEN WAS AGED (IN MONTHS):

MOTHER/CAREGIVER OF CHILD:

MEMBERS AGED 60 MONTHS OR MORE: (0- No 1- Yes)

# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|

MEMBERS LESS THAN 60 MONTHS OLD

0 SEX: 0 DATE OF BIRTH: DAY: MONTH: ANO: HAS A HEALTH CARD? MOTHER'S ID NUM: 0 FATHER'S ID NUM: 0 ALTER.: 99

A20A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|

0 SEX: 0 DATE OF BIRTH: DAY: MONTH: ANO: HAS A HEALTH CARD? MOTHER'S ID NUM: 0 FATHER'S ID NUM: 0 ALTER.: 99

A20A. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___|