

**A. IHH Members who are 60 months old or above**

We would like to ask you some questions about each member of your HH. We are going to start with members of your HH who are 60 months old or above. We want to find out what happened to each member during 2004.

DIST:  LOC:  ALD:  AF:  p. 2

|            |                     |                           |                     |
|------------|---------------------|---------------------------|---------------------|
| <b>A56</b> | 01- Self            | <b>Side of Head of HH</b> | <b>Spouses side</b> |
|            | 02- Spouse          | 15- Sibling               | 25- Sibling         |
|            | 03- Son/daughter    | 16- Parent                | 26- Parent          |
|            | 04- Grandchild      | 17- Nephew/Niece          | 27- Nephew/Niece    |
|            | 30- No relation     | 18- Cousin                | 28- Cousin          |
|            | 19- Other relatives | 29- Other relatives       |                     |

| LATITUDE<br>(Primary Residence) |  |     |  | LONGITUDE<br>(Primary Residence) |  |     |  |
|---------------------------------|--|-----|--|----------------------------------|--|-----|--|
| DEG                             |  | MIN |  | DEG                              |  | MIN |  |
|                                 |  |     |  |                                  |  |     |  |

| No. | Name | Is he/she still living in this house?<br>0- No<br>1- Yes | If he/she left:<br>Why?<br>Code | Where did he/she go or if passed away what was the cause?<br>Code | If did not leave:<br>If he/she studied in 2002 or is younger than 30 years of age:<br>Is he/she currently studying?<br>0- No<br>1- Yes<br>9- N/A | Current Scholastic Level<br>0- Never Studied<br>01 ... 12<br>13- Tertiary education<br>19- Literate | Verify Marital Status<br>1- Single<br>2- Married<br>3- Marital Union<br>4- Polygamous<br>5- Divorced or Separated<br>6- Widowed | Verify Relation to the current head of the HH | Since the start of 2004 has he/she:                |  |  |   |   |      |  |
|-----|------|--|---------------------------------|---|--|---|---|---|--|--|--|---|---|------|--|
|     |      |  |                                 |   |  |   |   |   | Undertaken salaried employment?<br>0- No<br>1- Yes | Done casual labour?<br>0- No<br>1- Yes | Been involved in petty trade?<br>0- No<br>1- Yes | Been involved in some other form of self-employment (e.g. fishing, wood cutting, masonry)?<br>0- No<br>1- Yes | If yes:<br>Describe the principle type of self-employed activity. | Code |  |
| ID  | NAME | A50  | A51                             | A52   | A53  | A54   | A55   | A56   | A57  | A58                                    | A59  | A60   | A61   | A62  |  |
| 01  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 02  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 03  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 04  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 05  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 06  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 07  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 08  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 09  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |
| 10  |      |  |                                 |   |  |   |   |   |  |  |  |   |   |      |  |

**A63** If the head of the HH was employed (A57=1 or A58=1) in a salaried job (agricultural or not) in 2004: What type of job did he/she have?

| AGRICULTURAL                              |                   |               | NON-AGRICULTURAL |                 |   |
|---|-------------------|---------------|------------------|-----------------|---|
| 01- Agricultural                          | 10- Civil Servant | 20- Manager   | 35- Construction | 50- Housekeeper | 60- Other specialised manual labour     |
| 02- Livestock                             | 11- Teacher       | 25- Secretary | 40- Miner        | 55- Cook        | 70- Other non-specialised manual labour |
| 03- Agricultural and livestock technician | 12- Health Sector | 30- Mechanic  | 45- Driver       |                 |   |

**IF THE INQUIRY WAS NOT CARRIED OUT: WHY?**

- 0- It was carried out
- 1- The reference child died
- 2- The household left the area
- 3- Is not a member of the group
- 4- Refused
- 5- Absent when tried to inquire
- 6- Very ill
- 7- Other reason (specify)

**A51**

**IF LEFT: WHY?**

- 01 Marriage
- 02 Illness
- 03 Got a job
- 04 Looking for a job
- 05 Studying
- 06 Divorce/Separation
- 07 Death due to accident
- 08 Death during childbirth
- 09 Death due to prolonged illness
- 10 Death due to acute illness
- 11 Death due to other reason
- 12 Other reason to leave (specify)

**A52**

**Where/Cause**

- 01 QUELIMANE
- 02 BEIRA
- 03 MOCUBA
- 04 MAMUTHO
- 05 POSTO CAMPO
- 06 LACK OF BREAST MILK
- 07 SITAO
- 08 CHIMOIO
- 09 DUGUDIUA
- 10 MEASLES
- 11 MAPUTO
- 12 NICURRUCUMA
- 13 NICOADALA
- 14 COUGH
- 15 TUBERCULOSIS
- 16 MACUSE
- 17 MACANA
- 18 FURQUIA
- 19 MAZARO
- 20 NAMATIDA RIO
- 21 YACOTA II
- 22 MEWENE
- 23 CONCAJU
- 24 CHANGAUE
- 25 HEPATITIS
- 26 NAMARIA
- 27 POSTO CAMPO
- 28 DIARRHEA
- 29 MALNUTRITION
- 30 MALARIA
- 31 LICUAR
- 32 MANALE
- 33 FEVERS
- 34 ZONA
- 35 CUNDINE
- 36 MARROMEU
- 37 CHIMUARA
- 38 FUNGANHA
- 39 BRONCHO-PNEUMONIA
- 40 HEADACHES
- 98 OTHER (specify)

**A62**

**Describe Other Self-Employment Activities**

- 01 Production and sale of homemade drinks
- 02 Production and sale of coal
- 03 Fishing
- 04 Production of blocks and bricks
- 05 Mason
- 06 Carpenter/Cabinet Maker
- 07 Taylor/Designer
- 08 Craftsman/Goldsmith
- 09 Making bread, or food prepared for sale
- 10 Blacksmith
- 11 Traditional medicine
- 12 Miner (small scale)
- 13 Mill operator
- 14 Other agro-processing activity
- 15 Bicycle repairman/mechanic
- 16 Shoemaker
- 17 Fish culture
- 18 Cutting and selling wood independently
- 19 Agricultural service (including rental of equipment)
- 20 Livestock services (e.g. Renting of animals)
- 21 Other (specify)

**D06**

**Why stop breast feeding**

- 01 Mother became pregnant
- 02 Mother fell ill
- 03 Child fell ill
- 04 When breast feeding the child vomited
- 05 The child stopped alone
- 06 The child was becoming stunted
- 07 The child bit the mother's breast
- 08 The child was already big
- 09 The mother died
- 10 The milk was cloudy (yellow)
- 11 The milk was off
- 12 The mother became crazy
- 14 Lack of milk in the mother's breast
- 15 Absence of the mother due to studies
- 16 The child did not want to eat

**D08**

**Why not eat SPOP**

- 01 It wasn't available in the fields
- 02 Wasn't enough time to collect it
- 03 The child did not like it
- 10 Other (specify)
- 88 Don't know



**D. EVALUATION OF THE NUTRITION PROGRAM BY PARTICIPANT WOMEN**

DIST:  LOC:  ALD:  AF:

**MOTHER/CAREGIVER OF THE SELECTED CHILD** IN THIS SECTION: ONLY INTERVENTION ZONES

**D01** NAME OF INTERVIEWEE \_\_\_\_\_ ID NO:

**D02** Among all the lessons you learned from the nutrition extensionist \_\_\_\_\_ what were the three most important pieces of information you learned that you didn't know before?

**D02A** \_\_\_\_\_

**D02B** \_\_\_\_\_

**D02C** \_\_\_\_\_

**D03.** Verify if the interviewee attended all of the group sessions held. Of the \_\_\_\_\_ sessions conducted, you missed \_\_\_\_\_. If the interviewee missed 2 or more sessions, ask the following question:  
It seems that you had difficulties in attending all of the sessions. Could you please tell me the reasons why you missed some sessions? Codes

**D03A** \_\_\_\_\_ #1

**D03B** \_\_\_\_\_ #2

**D04** During the meetings that were conducted, the project used various methods to help explain different topics.

I will list all of the different methods that were used and you need to tell me that when the extensionist or other persons used this method, whether or not you understood the message well, poorly, or somewhat.

|   |  |                         |           |                |        |                      |
|---|--|-------------------------|-----------|----------------|--------|----------------------|
| 1 | Talks using a single poster, such as the wheel of different foods  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 2 | Recipe demonstrations (for example, weaning foods, juice)  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 3 | Talks using drawings or pictures to tell a story, such as how to feed little John at various points in his life. | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 4 | Serial albums, such as the story of Ana's pregnancy  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 5 | Community theater  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 6 | Songs  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 7 | Puppet Shows   | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 8 | Programs about vitamin A and orange-flesh sweet potato on the radio  | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |
| 9 | Weighing of your child to monitor growth   | 0- Never heard/attended | 1- poorly | 2-more or less | 3-well | <input type="text"/> |

**D05A** Of all these methods mentioned, which was the most interesting to you?

**D05B** The second most interesting?

|                          |                             |                    |   |
|--------------------------|-----------------------------|--------------------|---|
| 0- None were interesting | 01- Talk with single poster | 02- Demonstrations | 03- Talks using pictures                        |
| 04- Albums               | 05- Community theater       | 06- Songs          | 07- Puppets                                     |
| 08- Radio programs       | 09- Weighing                | 88- Don't know     | 99- Not applicable, didn't attend many sessions |

**D06** Were you personally active in cultivating orange-flesh sweet potato in 2004? (0- No 1- Yes 9- Not applicable)

**D07** If not: Why not? \_\_\_\_\_

**D08** If you compare the time you spend and strength needed to produce a field of orange flesh sweet potato compared to the equivalent area under white flesh sweet potato production, do any differences exist? 0- No 1- Yes

**D09** If yes: Does the cultivation of orange flesh sweet potato demand more or less time and strength than the cultivation of white flesh sweet potato? 1- More 2- Less 3- Depends 9- N/A

**D10** Why? \_\_\_\_\_

**D07** WHY WASN'T ACTIVE

- 01- Was sick
- 02- Was pregnant

**E. WOMEN'S KNOWLEDGE ABOUT VITAMIN A**

DIST:  LOC:  ALD:  AF:

E01 NAME OF INTERVIEWEE: \_\_\_\_\_

ID:

E02 Have you heard of Vitamin A? ..... 0- No 1- Yes

If E02=0, skip to F01.

E04 Why is Vitamin A important for us? \_\_\_\_\_

E04A Does the answer mention that it protects the body? 0- No 1- Yes 8- Don't know   
 E04B Does the answer mention that it protects the eyes? 0- No 1- Yes 8- Don't know   
 E04C Does the answer mention any other correct fact? 0- No 1- Yes 8- Don't know

E06 Give 3 examples of foods rich in Vitamin A: (1)  (2)  (3)

E07 Only for the CONTROL areas: Where did you learn the names of Vitamin A rich foods?

- 01- Radio, programme in Chuabo 02- Radio, programme in Portuguese 03- Health Unit
- 04- Health Extensionist/Volunteer 05- Local Leader 06- Religious Leader 07- Friend
- 08- Relative 09- Sign in the market/elsewhere 10- Other, specify

E08 Give 3 examples of foods that provide concentrated energy: (1)  (2)  (3)

**F. NUTRITIONAL KNOWLEDGE, DIETARY HABITS AND PRACTICES: WOMEN**

1. Dietary Habits and Practices Now we are going to ask you some questions regarding your opinions about diet

F01 Is it good to breast feed your baby with the first milk (colostrum)? 0- No 1- Yes  8- Don't know  F02 Why yes or why not? \_\_\_\_\_

F03 Is it good to give water or other liquids besides breast milk to your baby during its first 4 months of life? 0- No 1- Yes  8- Don't know  F04 Why yes or why not? \_\_\_\_\_

F05 If yes: Then at what age do you start feeding your baby liquids other than breast milk?

**[It should be less than 4 months.]** Months  Days

F06 If no: At what age do you start feeding your baby liquids other than breast milk?

**[It should be 4 months or more!]** Months  Days

## KNOWLEDGE OF MEN AND WOMEN

for all questions 88= don't know

### F02/H02 WHY IS IT GOOD OR BAD TO GIVE THE FIRST MILK

- 10- Is healthy or gives strength
- 11- Has vitamins
- 12- Its the child's first food
- 13- It is healthy and has vitamins
- 14- There is no other food
- 15- It's the best milk
- 16- The child needs it to feed itself

Other POSITIVE reason: Will be codified later

- 30- It's dirty
- 31- Causes disease
- 32- Causes diarrhea
- 33- Causes vomiting
- 34- Causes vomiting and diarrhea
- 35- Causes stomach aches

Other NEGATIVE reason: Will be codified later

### F04/H04 WHY IS IT GOOD OR BAD TO GIVE OTHER LIQUIDS BEFORE 4 MONTHS OF AGE

- 10- It's healthy and gives strength
- 11- Has vitamins
- 12- Quenches thirst
- 13- Helps circulation of blood
- 14- Helps circulation of blood
- 15- Helps cool breast milk
- 15??? To open the throat so it doesn't dry 18
- 16- Helps to grow
- 17- To give appetite or strength
- 18- To wet the throat
- 19- The child needs liquids

Other POSITIVE reason: Will be codified later

- 30- It's not old enough to drink other liquids
- 31- Causes disease
- 32- Causes diarrhea
- 33- Causes vomiting
- 34- Causes vomiting and diarrhea
- 35- Water is dirty

Other NEGATIVE reason: Will be codified later

### F08/H08 Why is it good or bad to give breast milk when the mother is ill

- 10- It gives strength or is healthy
- 11- Has vitamins
- 12- It's not bad. Disease is not transmitted through milk
- 13- The child needs to breast feed, breast milk is important for the child
- 14- A child only feeds of breast milk
- 15- The child will die if it does not breast feed
- 16- When a child does not breast feed it loses weight
- 17- The child dies if it doesn't breast feed
- 18- A child should not starve to death because the mother is ill
- 19- Causes anemia

Other POSITIVE reason: Will be codified later

- 30- Will contaminate the child/the milk is infected by the mother's disease
- 31- Causes illnesses
- 32- Causes diarrhea
- 33- Causes vomiting
- 34- Causes vomiting and diarrhea
- 35- The milk becomes very warm
- 36- The milk is not good
- 37- The milk is not good enough
- 38- Causes fevers/malaria
- 39- Causes fevers and diarrhea
- 40- The milk is rotten/changed/alterd/dirty
- 41- It doesn't have vitamins
- 42- If you give it to the child it will loose weight/become malnourished

Other NEGATIVE reason: Will be codified later

- 50- Depends on the illness and how contagious it is

## KNOWLEDGE OF MEN AND WOMEN, CONT.

for all questions 88= Don't know

### F20/H17 WHY DOES THE CHILD BECOME VERY THIN

- 01- Bad food (ma alimentacao)
- 02- Not enough food/eats only a little
- 03- Lack of food with vitamins/doesn't have vitamins
- 04- Lack of breast milk
- 05- Is ill
- 06- Has diarrhea
- 07- Has anemia
- 08- Has malaria/fever
- 09- Has stomach aches
- 10- Has stomach aches and diarrhea
- 11- Has diarrhea and fever
- 12- Has bad food and poor hygiene
- 13- Has **viriga** (illness related to extra-marital relations)
- 14- Has AIDS
- 15- Has worms
- 16- Breast fed while the mother was pregnant
- 17- Eaten too much of cassava stiff porridge
- 18- Eats a lot of inadequate food/eats the same thing all the time
- 19- Only eats cassava flour
- 20- Cholera and hunger
- 21- Eats a lot
- 22- Doesn't have blood

Other NEGATIVE reason: Will be codified later

### F21/H18 WHY DOES A CHILD GET A SWOLLEN BELLY

- 01- Is anemic
- 02- Lack of blood
- 03- Lack of vitamins
- 04- Lack of blood and vitamins
- 05- Is ill
- 06- Bad food
- 07- Eats a lot of inadequate food/always eats the same thing
- 08- Only eats cassava flour
- 09- Has malaria
- 10- Has elephantitis
- 11- Has swellings and deformations on its body
- 12- Has a cough
- 13- Tem **viriga** (illness attributed to extra-marital relations)
- 14- Has AIDS
- 15- Has worms
- 16- Has tuberculosis
- 17- Has kwashiorkor
- 18- The child starting eating early

Other NEGATIVE reason: Will be codified later

### F10/H10 WHY IS IT GOOD OR BAD TO BREAST FEED WHEN THE MOTHER IS PREGNANT

- 10- Pregnancy does not alter the milk/it doesn't affect the child
- 11- The milk is for the breast feeding child
- 12- The child needs to eat
- 13- If it is not breast fed, the child loses weight
- 14- If it is not breast fed, the child will fall ill
- 15- Gives strength
- 16- The milk becomes watery

Other POSITIVE reason: Will be codified later

- 30- The milk is for the other baby/the milk is forming the other baby
- 31- Causes disease
- 32- Causes diarrhea
- 33- Induces vomiting
- 34- Causes vomiting and diarrhea
- 35- Causes stomach aches
- 36- Causes anemia
- 37- Causes weight loss/malnutrition
- 38- Causes fevers/malaria
- 39- Causes fever and diarrhea
- 40- The milk is rotten/changed/alterd/dirty
- 41- The mothers body is ill/the milk transmits the disease to the child
- 42- Causes weakness
- 43- Causes anemia and diarrhea
- 44- Becomes watery

Other NEGATIVE reason: Will be codified later

### F12/H12 WHY IS IT GOOD OR BAD TO BREAST FEED WHEN THE MILK STAYED IN THE BREAST

- 10- The milk is not affected (it does not go off)
- 11- It has vitamins
- 12- It is not unhealthy/it does not transmit disease
- 13- The child need to breast feed/The milk is very important for the child
- 14- If it is not given the child will become ill
- 15- The mother is not ill
- 16- It gives strength and is healthy

Other POSITIVE reason: Will be codified later

- 30- The milk becomes watery
- 31- Causes disease
- 32- Causes diarrhea
- 33- Causes vomiting
- 34- Causes vomiting and diarrhea
- 35- Causes stomach aches
- 36- Causes anemia
- 37- Causes weight loss/malnutrition
- 38- Causes fever/malaria
- 39- Causes fever/diarrhea
- 40- The milk is rotten/changed/alterd/dirty
- 41- The milk coagulates
- 42- Causes weakness/Provooca fraqueza
- 43- The milk becomes hot

Other NEGATIVE reason: Will be codified later

### F22 HOW TO AVOID DIARRHEA

- 01- Wash hands
- 02- Wash hands before eating
- 03- Wash hands after going to the bathroom
- 04- Wash hands before eating and after going to the bathroom
- 05- Keep drinking water covered
- 06- Keep food covered
- 07- Protect water/food from flies
- 08- Burry feces
- 09- Boil water
- 10- Boil drinking water and store in closed bottles
- 11- Take the child regularly for a check-up (at the health services)
- 12- Wash hands, keep water and food covered
- 13- Wash hands, boil water
- 14- Wash hands, boil water, keep food and water covered
- 15- Wash hands, boil water and burry feces
- 16- Sweep around the house
- 17- Wash dishes
- 18- Wash clothes and take baths
- 19- Build latrines and keep drinking water covered

Other reason(s): Will be codified later

**F. NUTRITIONAL KNOWLEDGE, ALIMENTARY HABITS AND PRACTICES, CONT.**  
**MOTHERS OR PRIMARY CAREGIVERS OF SELECTED CHILDREN**

DIST:  LOC:  ALD:  AF:  p. 6

- F07 When a mother is sick, is breast milk good or bad for the baby? 0- Bad 1- Good 8- Don't know
- F08 Why? \_\_\_\_\_
- F09 When a woman gets pregnant while still breast feeding, is the breast milk good or bad for the baby? 0- Bad 1- Good 8- Don't know
- F10 Why? \_\_\_\_\_
- F11 When the milk stays in the breast for a long time, is this good or bad for the baby? 0- Bad 1- Good 8- Don't know
- F12 Why? \_\_\_\_\_

- F13 At what age can one start giving the child foods other than breast milk? ..... Months  Days
- F14 At what age can the child start to eat normal family meals? ..... Months
- F15 When the child starts crawling, besides breast milk how many times a day should a child eat, counting both meals and snacks between meals? .....  88- Don't know

- F19 How many times does a 2 year old child who is no longer breast feeding eat counting main meals as well as snacks? .....
- F20 Why does a child become very thin? (Show the photo) [88- Don't know] \_\_\_\_\_
- F21 Why does a child get a swollen belly or swollen feet? (Show the photo) [88- Don't know] \_\_\_\_\_

**2. Practices Related to the Treatment of Diarrhea** **Now we want to talk about practices related to the prevention of diarrhea**

- F22 There are various ways to keep a child from getting diarrhea. Of all, which is the most important?  
 \_\_\_\_\_

- F24 When was the last time the reference child had diarrhea this year (2004)?  
 We want to talk about the last time the child had diarrhea
- 0- Never    1- Within the last 2 weeks    2- Within the last 2 months  
 3- within 3 to 6 months    4- More than 6 months

| (Read the options)         | When the child had diarrhea, what quantity of liquids did you give him/her? | During the 2 weeks after the diarrhea stopped, how much food did you give him/her? |
|----------------------------|---|--|
|                            | F25   | F27  |
| 1- As usual                | <input type="text"/>  | <input type="text"/>   |
| 2- More than usual         |   |  |
| 3- Less than usual         |   |  |
| 4- Didn't give him/her any |   |  |
| 5- Doesn't know/remember   |   |  |



**G. MEN'S KNOWLEDGE ABOUT VITAMIN A**

DIST:  LOC:  ALD:  AF:  p. 19

G01 NAME OF INTERVIEWEE: \_\_\_\_\_

G02 Have you heard of Vitamin A? ..... 0- No 1- Yes

G04 Why is Vitamin A important for us? \_\_\_\_\_

G04A \_\_\_\_\_

G04B \_\_\_\_\_

G04C \_\_\_\_\_

Does the answer mention that it protects the body? 0- No 1- Yes 8- Don't know

Does the answer mention that it protects the eyes? 0- No 1- Yes 8- Don't know

Does the answer mention any other correct fact? 0- No 1- Yes 8- Don't know

E06 Give 3 examples of foods rich in Vitamin A: (1)  (2)  (3)

E07 *Only for the CONTROL areas:* Where did you learn the names of Vitamin A rich foods?

- 01- Radio, programme in Chuabo 02- Radio, programme in Portuguese 03- Health Unit
- 04- Health Extensionist/Volunteer 05- Local Leader 06- Religious Leader 07- Friend
- 08- Relative 09- Sign in the market/elsewhere 10- Other, specify

E08 Give 3 examples of foods that provide concentrated energy: (1)  (2)  (3)

**H. MEN'S NUTRITIONAL KNOWLEDGE, DIETARY HABITS AND PRACTICES: HEADS OF HH**

1. **Dietary habits and practices** Now we want to ask you a few questions regarding your opinion regarding breast feeding.

H01 Is it good to feed your baby with the first breast milk (colostrum)? 0- No 1- Yes  8- Don't know  H02 Why yes or why not? \_\_\_\_\_

H03 Is it good to give you baby water or liquids other than breast milk during its first 4 months of life? 0- No 1- Yes  8- Don't know  H04 Why yes or why not? \_\_\_\_\_

H05 *If yes:* Then, at what age should you start feeding your child liquids other than breast milk? **[It should be at least than 4 months!]** Months  Days

H06 *If no:* At what age should you start feeding your child liquids other than breast milk? **[It should be at more than 4 months!]** Months  Days

H07 When a mother is sick, is breast milk good or bad for the child? 0- Bad 1- Good 8- Don't know

H08 Why? \_\_\_\_\_

H09 When a woman falls pregnant while still breast feeding, is the breast milk good or bad for the child? 0- Bad 1- Good 8- Don't know

H10 Why? \_\_\_\_\_

H11 When the milk stays in the breast for a long time, is it good or bad for the child? 0- Bad 1- Good 8- Don't know

H12 Why? \_\_\_\_\_

**H. NUTRITIONAL KNOWLEDGE, DIETARY HABITS AND PRACTICES, CONT.**

**FATHER/MALE RESPONSIBLE FOR THE SELECTED CHILD**

- H13 At what age should one start feeding a child foods other than breast milk? ... Months  Days
- H14 At what age can the child start eatin normal family meals ..... Months
- H15 When a child starts crawling, besides breast milk, how many times a day should the child eat counting both meals and snacks? .....  88- Don't know
- H16 How many times a day should a child of 2 years of age that has stopped breast feeding eat, including meals and snacks
- H17 Why does a child become very thin? (*Show the photo*) [88- Don't know] \_\_\_\_\_
- H18 Why does a child get a swollen a belly or swollen feet? (*Show the photo*) [88- Don't know] \_\_\_\_\_

**I. PARTICIPATION OF THE MEN IN THE EXTENSION PROGRAMME**

- I01 Did you participate rarely, sometimes, frequently or never in the lectures and demonstrations given by the agricultural extentionists?
- I02 Did you participate rarely, sometimes, frequently or never in the lectures and demonstrations given by the nutritional extentionist?   
0- never 1- rarely 2- sometimes 3-frequently 8- don't remember 9- N/A (no male head of HH)
- I03 Were you personally involved in the cultivation of the orange-flesh sweet potato? (0- No 1- Sim 9- N/A)
- I04 *If not:* Why not? \_\_\_\_\_
- I05 *If yes:* Did you or another family member abandon or diminish the amount of time spent cultivating another crop or changed the amount of time spent on another activity due to the amount of time dedicated to cultivating orange-flesh sweet potato? 0- No 1- Yes
- I06 *If yes:* Please elaborate \_\_\_\_\_
- I07 Did you cultivate orange-flesh sweet potato in your fields this year? 0- No 1- Yes 2- It was planted but lost
- I08 *If it was not cultivated or if it was lost: Why was it not cultivated in your fields?* \_\_\_\_\_
- I09 According to our measurements, you cultivated  square metres of orange-flesh sweet potato, equivalent to  beds of 10 mtrs. OR  of 5 mtrs.
- I10 Is this area correct? 0- No 1-Yes  I11 *If No:* Please calculate the estimated area used for cultivating orange-flesh sweet potato \_\_\_\_\_  square metres
- I12 What causes holes in sweet potato roots? (*If the initial response is insects, ask What type of insect?*) \_\_\_\_\_   
1- Sweet potato weevil 2- Insect (unspecified) 3- Insect (specified INCORRECTLY) 4- Other (specify) 8- Don't know

**L DESCRIPTION OF THE CONSUMPTION PATTERN OF A NEW CHILD**

*NEW CHILD SINCE JANUARY 2003. VERIFY WHETHER THERE IS A NEW CHILD WITHIN THE HH BORN AFTER THE REFERENCE CHILD OF THE SAME MOTHER*

DIST:  LOC:  ALD:  AF:  p. 8

**Section 1. FOR ALL NEW CHILDREN, EVEN IF THEY WERE INTERVIEWED IN MAY 2004**

L01 Name: \_\_\_\_\_ ID:

L02 Are you breast feeding the child? ..... 0- No 1- Yes

L03 IF YES: Yesterday, during the day was it more than 5 times? 0- No 1- Yes

L04 Did you breast feed at night? ..... 0- No 1- Yes

L05 IF NOT: At what age did this child stop breast feeding? ..... Years:

L06 [88- Don't know] Months:

L07 IF THE CHILD IS YOUNGER THAN 2 YEARS: Why did it stop breast feeding?

*Probel*

L08 If it was due to illness of the child: What illness? .....

L09 If it was due to the illness of the mother: What illness? .....

**Section 2. TO BE DONE ONLY IN THE CONTROL ZONES**

L10 When the child was born, did you give it the first milk (colostrum)? 0- No 1- Yes

L11 IF NOT: Why? \_\_\_\_\_

L12 What were the other liquids or traditional medicines given to the child during its first week of life other than breast milk?

L12A #1 \_\_\_\_\_

L12B #2 \_\_\_\_\_

L12C #3 \_\_\_\_\_

L13 Why? \_\_\_\_\_

L13B If it was based on somebody's recommendation, describe who this person is: \_\_\_\_\_

**Section 3. TO BE DONE ONLY IN THE CONTROL ZONES**

L14 Has the child started eating? ..... 0- No 1- Yes

L15A IF NOT: Why not? \_\_\_\_\_

IF YES: When did he/she start? J15B Month   J15C Year

L16 Once the child started eating, what would the mother feed it most often (LIST INGREDIENTS)?

L16A #1 \_\_\_\_\_

L16B #2 \_\_\_\_\_

L16C #3 \_\_\_\_\_

*If the new child is over 2 months old:*

L17 Your child is already \_\_\_\_\_ months old. How many times a day do you think he/she should eat? .....

**Section 4. TO BE DONE ONLY IN THE CONTROL ZONES**

L18 Has the child gotten ill since it was born? ..... 0- No 1- Yes  IF NOT

L19 IF YES: Has it ever had diarrhea that lasted for more than 1 day? ..... 0- No 1- Yes  JUMP TO

..... 0- No 1- Yes  J32

L20 IF YES: How many times has he/she had diarrhea that lasted for more than 3 days?

L21 IF YES: Any of the times that the child got diarrhea, did the mother treat it at home? 0- No 1- Yes

L22 IF YES: Describe the most recent treatment for diarrhea \_\_\_\_\_

L25 IF YES: Did the child continue breast feeding last time it had diarrhea? ..... 0- No 1- Yes

L29 IF YES: While having diarrhea did the child maintain a good appetite? 0- No 1- Yes

L32 Since the birth of this child has the mother gotten ill for more than one day while the child was breast feeding? ..... 0- No 1- Yes

L33 IF YES: Did she keep breast feeding the child? ..... 0- No 1- Yes

L34 IF YES: Did he/she breast feed the same as before, more than before or less than before? 1- same 2- more 3- less .....

L35 In your opinion, is this child growing up healthy? ..... 0- No 1- Yes

L36 Why? \_\_\_\_\_

M. MORBIDITY: REFERENCE CHILD

DIST:  LOC:  ALD:  HH:  p. 9

M01. REFERENCE CHILD \_\_\_\_\_

M02. AGE IN MONTHS

M03. In your opinion is your child growing up strong and healthy? ..... (0- No 1- Yes)

M04. Why? \_\_\_\_\_

M05 Since the beginning of 2004 did child \_\_\_\_\_ catch the measles? (0- No 1- Yes)

Box M1. Measles

| Month caught | Year caught | Lasted for how many days (see codes) | How many days were you unable to undertake normal activities due to the child's illness? | How many whole days did the child spend in bed? | Who was consulted and was the child given any medication to treat the illness? |                 |                                    |   |                       |                 |                                    |   | If nobody was consulted:<br>Why? |
|--------------|-------------|--------------------------------------|--|---|--|-----------------|------------------------------------|---|-----------------------|-----------------|------------------------------------|---|----------------------------------|
|              |             |                                      |  |   | 1 First consultation   |                 |                                    |   | 2 Second Consultation |                 |                                    |   |                                  |
|              |             |                                      |  |   | Who?   | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) | Who?                  | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) |                                  |
|              |             |                                      |  |   | 00- nobody   |                 | 0- No 1- Yes                       |   | 00- nobody            |                 | 0- No 1- Yes                       |   |                                  |
| M06          | M07         | M08                                  | M09  | M10   | M11  | M12             | M13                                | M14   | M15                   | M16             | M17                                | M18   | M19                              |
|              |             |                                      |  |   |  |                 |                                    |   |                       |                 |                                    |   |                                  |

M20. During the last 2 weeks has the child had diarrhea? 0- No 1- Yes  M21: If yes: When did it end? (Number of days ago) (00- Not yet ended)  Maximum number possible: 14

Box M2. Gastro-Intestinal Symptoms

| Gastro-Intestinal Symptoms                                    |                              |   |  | 8- Don't know                 |  | Did the child vomit at least once? | Was the amount of food or liquids ingested reduced? | Did the child have fever? | Did the child breast feed?                              |
|---|------------------------------|---|--|-------------------------------|--|------------------------------------|---|---------------------------|---|
| How many times a day did the child defecate in the beginning? | Did the diarrhea have mucus? | Fecal consistency: 1- very liquid 2- semi-liquid 3- pasty 8- don't know |  | Was there blood in the feces? |  | 0- No 1- Yes 8- Don't know         | 0- No 1- A little 3- A lot                          | 0- No 1- Slight 2- High   | 0- No 1- A little 2- A lot 9- N/A (doesn't breast feed) |
| M22   | M23                          | M24   |  | M25                           |  | M26                                | M27   | M28                       | M28B  |
|   |                              |   |  |                               |  |                                    |   |                           |   |

Box M3. Illness and treatment sought

| How many days did it last? Duration (see codes) | How many days were you unable to undertake normal activities due to the child's illness? | How many whole days did the child spend in bed? | Was the child given any treatment at home? | If yes: What was given?<br>1- rice water<br>2- water with salt and sugar<br>3- a packet of oral rehydration salts<br>4- traditional medicine<br>5- other (specify) | Who was consulted and was the child given any medication to treat the illness? |                 |                                    |   |                       |                 |                                    |   | If nobody was consulted:<br>Why? |
|---|--|---|--|--|--|-----------------|------------------------------------|---|-----------------------|-----------------|------------------------------------|---|----------------------------------|
|   |  |   |  |  | 1 First Consultation   |                 |                                    |   | 2 Second Consultation |                 |                                    |   |                                  |
|   |  |   |  |  | Who?   | How many times? | Did the child take the medication? | Total cost of the treatment? (CONTOS) (including transport costs) | Who?                  | How many times? | Did the child take the medication? | Total cost of the treatment? (CONTOS) (including transport costs) |                                  |
|   |  |   |  |  | 00- nobody   |                 | 0- No 1- Yes                       |   | 00- nobody            |                 | 0- No 1- Yes                       |   |                                  |
| M29   | M30  | M31   | M31B                                       | M31C M31M  | M32  | M33             | M34                                | M35   | M36                   | M37             | M38                                | M39   | M40                              |
|   |  |   |  |  |  |                 |                                    |   |                       |                 |                                    |   |                                  |

IF M34 OR M38=OTHER, SPECIFY \_\_\_\_\_

\*IF M17 OR M42=OTHER, SPECIFY \_\_\_\_\_

**M. MORBIDITY: REFERENCE CHILD, CONT.**

DIST:  LOC:  ALD:  HH:  P. 10  
 0- No 1- Yes  M42 When did it end?

**M41 During the past 2 weeks has the child suffered from acute respiratory infection?**

*IF M41=1, FILL OUT BOXES M3 AND M4*

(Number of days ago) (00- Not yet)  
 Maximum number possible: 14

**Box M4. Respiratory Symptoms**

| Respiratory Symptoms |  |              | 8 - Don't know |                  |  | How severe was the respiratory infection? |  |  | Fever?               |  |  |
|----------------------|--|--------------|----------------|------------------|--|---|--|--|----------------------|--|--|
| Cough?               |  | Runny nose?  |                | Rapid breathing? |  | 1- Slight 2- Medium 3- Very               |  |  | 0- No 1- Low 2- High |  |  |
| 0- No 1- Yes         |  | 0- No 1- Yes |                | 0- No 1- Yes     |  |   |  |  |                      |  |  |
| M43                  |  | M44          |                | M45              |  | M46                                       |  |  | M47                  |  |  |
|                      |  |              |                |                  |  |   |  |  |                      |  |  |

**Box M5. Illness and Treatment Sought**

| Illness or symptoms (see codes) | How many days did it last? (see codes) | How many days were you unable to undertake normal activities due to the child's illness? | How many whole days did the child spend in bed | Who was consulted and was the child given any medication to treat the illness? |                 |                                    |   |                       |                 |                                    |   | If nobody was consulted: Why? |
|---------------------------------|--|--|--|--|-----------------|------------------------------------|---|-----------------------|-----------------|------------------------------------|---|-------------------------------|
|                                 |  |  |  | 1 First consultation   |                 |                                    |   | 2 Second consultation |                 |                                    |   |                               |
|                                 |  |  |  | Who?   | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) | Who?                  | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) |                               |
| 00- nobody                      |  | 0- No 1- Yes   |  | 0- No 1- Yes   |                 | 0- No 1- Yes                       |   | 0- No 1- Yes          |                 |                                    |   |                               |
| M48                             | M49                                    | M50  | M51  | M52  | M53             | M54                                | M55   | M56                   | M57             | M58                                | M59   | M60                           |
|                                 |  |  |  |  |                 |                                    |   |                       |                 |                                    |   |                               |

**M61 During the past 2 weeks has the child suffered from fevers?** ..... 0- No 1- Yes

**M62 If Yes:** When did it end? (00- Not yet)

**M63 During the past 2 weeks has the child suffered from any other disease?** .. 0- No 1- Yes

**M64 If Yes:** When did it end? (00- Not yet)

*IF M61=1 AND/OR M63=1, FILL OUT BOX M6*

Maximum amount possible: 14

**Box M6. Illness and Treatment Sought**

| Illness or symptoms (see codes) | How many days did it last? (see codes) | How many days were you unable to undertake normal activities due to the child's illness? | How many whole days did the child spend in bed | Who was consulted and was the child given any medication to treat the illness? |                 |                                    |   |                       |                 |                                    |   | If nobody was consulted: Why? |
|---------------------------------|--|--|--|--|-----------------|------------------------------------|---|-----------------------|-----------------|------------------------------------|---|-------------------------------|
|                                 |  |  |  | 1 First consultation   |                 |                                    |   | 2 Second consultation |                 |                                    |   |                               |
|                                 |  |  |  | Who?   | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) | Who?                  | How many times? | Did the child take the medication? | Total cost of treatment? (CONTOS) (including transport costs) |                               |
| 00- nobody                      |  | 0- No 1- Yes   |  | 0- No 1- Yes   |                 | 0- No 1- Yes                       |   | 0- No 1- Yes          |                 |                                    |   |                               |
| M65                             | M66                                    | M67  | M68  | M69  | M70             | M71                                | M72   | M73                   | M74             | M75                                | M76   | M77                           |
|                                 |  |  |  |  |                 |                                    |   |                       |                 |                                    |   |                               |

*IF M52 OR M69=OTHER, SPECIFY:* \_\_\_\_\_

*\*IF M60 OR M77=OTHER, SPECIFY* \_\_\_\_\_

**M. MORBIDITY OF THE REFERENCE CHILD: SERIOUS ILLNESSES SINCE JANUARY 2004**

DIST:  LOC:  ALD:  HH:  P. 11  
 0- No 1- Yes 8- Don't know

**M78** Since the January this year has the reference child fallen seriously ill with any disease (except for measles) for more than 3 days?

Box M7. Illness and Treatment Sought *Fill out one line per disease in box M6*

| Identification number | Type of illness (see codes) | How many days did it last? (see codes) | When did it end? (number of days) 00- Not yet | How many days were you unable to undertake your normal activities due to the child's illness? | How many whole days did the child spend in bed? | Who was consulted and was the child given any medication to treat the illness? |                 |   |   |                       |                 |   |   | If nobody was consulted: Why? |
|-----------------------|-----------------------------|--|---|---|---|--|-----------------|---|---|-----------------------|-----------------|---|---|-------------------------------|
|                       |                             |  |   |   |   | 1 First consultation   |                 |   |   | 2 Second consultation |                 |   |   |                               |
|                       |                             |  |   |   |   | Who?   | How many times? | Did the child take the medication? 0- No 1- Yes | Total cost of treatment? (CONTOS) (including transport costs) | Who?                  | How many times? | Did the child take the medication? 0- No 1- Yes | Total cost of treatment? (CONTOS) (including transport costs) |                               |
| M79                   | M80                         | M81                                    | M82   | M83   | M84   | M85  | M86             | M87   | M88   | M89                   | M90             | M91   | M92   | M93                           |
|                       |                             |  |   |   |   |  |                 |   |   |                       |                 |   |   |                               |
|                       |                             |  |   |   |   |  |                 |   |   |                       |                 |   |   |                               |
|                       |                             |  |   |   |   |  |                 |   |   |                       |                 |   |   |                               |

\*IF M80=OTHER, SPECIFY: \_\_\_\_\_

\*IF M95=OTHER, SPECIFY \_\_\_\_\_

**N. MORBIDITY OF THE OTHER MEMBERS OF THE HOUSEHOLD DURING THE PAST 2 WEEKS**

**N01** During the past 2 weeks (14 days), has ANOTHER member of the HH had diarrhea? ..... 0- No 1- Yes 8- Don't know

**N02** During the past 2 weeks (14 days), has ANOTHER member of the HH had an acute respiratory infection? ..... 0- No 1- Yes 8- Don't know

**N03** During the past 2 weeks (14 days), has ANOTHER member of the HH had a fever (malaria)? ..... 0- No 1- Yes 8- Don't know

**N04** During the past 2 weeks (14 days), has ANOTHER member of the HH had any other disease? ..... 0- No 1- Yes 8- Don't know

**~~TO BE DONE ONLY IN CONTROL ZONES~~**

**N05** Do you think that your family is in better, the same, or worse economic conditions now compared to 3 years ago?  1- Better now than 3 years ago  
 2- Same as 3 years ago  
 3- Worse than 3 years ago

**N06** If it is better or worse: Why? \_\_\_\_\_

**O. LIVESTOCK AND FISH ASSETS**

| Animal      | How many do you currently have?           |
|-------------|---|
|             | O01 O02                                   |
| Cows .....  | <input type="text"/> <input type="text"/> |
| Goats ..... | <input type="text"/> <input type="text"/> |
| Sheep ..... | <input type="text"/> <input type="text"/> |
| Pigs .....  | <input type="text"/> <input type="text"/> |

| Animal           | How many do you currently have?           |
|------------------|---|
|                  | O01 O02                                   |
| Chickens .....   | <input type="text"/> <input type="text"/> |
| Rabbits .....    | <input type="text"/> <input type="text"/> |
| Ducks ...        | <input type="text"/> <input type="text"/> |
| Geese or Turkeys | <input type="text"/> <input type="text"/> |

Now I would like to talk to you about the livestock, fishing and agricultural activities you have undertaken this year.

**O03** Have you sold any kind of animal this year (2004)? 0- No 1- Yes

**O04** Have you sold fresh or dried fish this year (2004)? 0- No 1- Yes

**O05** Have you sold prawns, crabs or squid this year (2004)? 0- No 1- Yes

| Disease |                       |                             | Duration                  | Who was Consulted?                   | Why wasn't anyone consulted?        |
|---------|-----------------------|-----------------------------|---------------------------|--------------------------------------|-------------------------------------|
| 0 1     | Diarrhea              | 1 6 Typhoid fever           | 1 1 Day                   |                                      | 0 1 Lack of money                   |
| 0 2     | Disyntery             | 1 7 Tuberculosis            | 2 2 Days                  | 0 0 Nobody                           | 0 2 Lack of time                    |
| 0 3     | Respiratory infection | 1 8 AIDS                    | 3 3 Days                  | 0 1 Self                             | 0 3 Reluctance from the patient     |
| 0 4     | Cough                 | 1 9 Measles                 | 4 4 Days                  | 0 2 Health post                      | 0 4 Didn't know where to go         |
| 0 5     | Bad flu               | 2 0 Cholera                 | 5 5 Days                  | 0 3 Health centre                    | 0 5 Lack of facilities nearby       |
| 0 6     | Fever                 | 2 1 Tetanus                 | 6 6 Days                  | 0 4 Hospital                         | 0 6 Bad roads or lack of transport  |
| 0 7     | Malaria               | 2 2 Scabies                 | .                         | 0 5 Private clinic                   | 0 7 Reluctance from a family member |
| 0 8     | Cold                  | 2 3 Eye problems            | .                         | 0 6 Traditional midwife              | 0 8 Serious illness- cannot walk    |
| 0 9     | Head aches            | 2 4 Pneumonia               | .                         | 0 7 Witch doctor/traditional healer  | 0 9 Wasn't necessary                |
| 1 0     | Stomach problems      | 2 5 Worms/parasites         | 9 0 90 Days               | 0 8 Tratamento particular            | 1 0 Other (specify)                 |
| 1 1     | Hearing problems      | 2 6 Hepatitis               |                           | 0 9 Pharmacy                         | 9 9 N/A                             |
| 1 2     | Problems with teeth   | 2 7 Vomiting                | 9 1 3-6 months            | 1 0 General store                    |                                     |
| 1 3     | Anemia                | 2 8 Other pain              | 9 2 7-9 months            | 1 1 Husband/wife                     |                                     |
| 1 4     | Runny nose            | 2 9 Paralysis               | 9 3 9-12 months           | 1 2 Father/mother                    |                                     |
| 1 5     | Rheumatism            | 3 0 Mental disorder         | 9 4 more than 1 year      | 1 3 Grandparent                      |                                     |
|         |                       | 3 1 Marasmus                | 9 5 more than 2 years     | 1 4 Uncle/aunt                       |                                     |
|         |                       | 3 2 Kwashiokhor             | 9 6 more than 3 years     | 1 5 Mother/father in-law             |                                     |
|         |                       | 3 3 Hemorrhage              | 9 7 permanent condition   | 1 6 Brother/sister in-law            |                                     |
|         |                       | 3 4 Inflamed cheeks (virus) | 9 8 Doesn't remember/know | 1 7 Other relative                   |                                     |
|         |                       | 3 5 Accident                |                           | 1 8 Health volunteer or extentionist |                                     |
|         |                       | 3 6 Other (specify)         |                           | 1 9 Amigo/Amiga                      |                                     |
|         |                       |                             |                           | 2 0 Outro: Especificar               |                                     |

P. AGRICULTURAL PRODUCTION

P01 From November 2003, including all crops, how many fields did this HH cultivate?

In the lower zones: ....  In the higher zones....

P01B Was at least one of the fields irrigated manually, mechanically or by gravity?

0- No 1- Yes, manually 2- Yes, mechanically 3- Yes, gravity

P02 From 2003 have you used full-time or temporary workers for agricultural or livestock activities?

0- No 1- Only temporary workers 2- Only full-time workers 3- Both .....

P03 Over the past 12 months have you received any information about agricultural prices either by radio, publications or prices listed at the market?

0- No 1- Yes

Which of the following crops did your HH grow and/or sell during 2004?

| STAPLE CROPS     | Did your HH GROW this crop during 2004 | Did you lose part of or all of your crop? If yes: Describe the cause | Did your HH SELL this crop during 2004 | If it was sold: What was the total Value (CONTOS) of the sale? |
|------------------|--|--|--|--|
|                  | 0- No 1- Yes                           |  | 0- No 1- Yes                           |  |
| P04              | P05                                    | P06  | P07                                    | P08  |
| 01- Maize        | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 02- Rice         | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 03- Sorghum      | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 04- Cassava      | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 05- Sweet potato | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 06- Beans        | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |
| 07- Peanuts      | <input type="text"/>                   | <input type="text"/>   | <input type="text"/>                   | <input type="text"/>   |

P06 0- None 1- Lack of rain 2- Excess rain 3- Floods  
4- Disease 5- Insects 6- Animals (rats/birds)  
7- Wildfires 8- Rotting 9- Other

| OTHER CROPS     | Did your HH GROW this crop during 2004 | Did your HH SELL this crop during 2004 | If it was sold: What was the total Value (CONTOS) of the sale? |
|-----------------|--|--|--|
|                 | 0- No 1- Yes                           | 0- No 1- Yes                           |  |
| P29             | P30                                    | P31                                    | P32  |
| 11- Tobacco     | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 12- Paprika     | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 13- Chillies    | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 14- Pineapple   | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 15- Sunflower   | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 16- Sesame      | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 17- Sugar cane  | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 18- Cashew nuts | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |
| 19- Coconuts    | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>   |

P09 Regarding STAPLE CROPS, which provided the HIGHEST amount of production over the past 12 months? (Use the codes for crops outlined in the box)

If the most productive crop was neither sweet potato or cassava, fill in the following:

P10 Quantity WITH PEEL  ,  P12 WITHOUT PEEL or GRAIN

P11 Unit of measurement  P13 Unit of measurement

P14 Regarding STAPLE CROPS, which provided the SECOND HIGHEST amount of production over the past 12 months? (Use the codes for crops outlined in the box)

If the second most productive crop was neither sweet potato or cassava, fill in the following:

P15 Quantity WITH PEEL  ,  P17 WITHOUT PEEL or GRAIN

P16 Unit of measurement  P18 Unit of measurement

P19 If MAIZE was grown but wasn't the first or second in terms of quantity produced, ask the following: How much Maize was produced this year?

P20 EARS of Maize  ,  P22 GRAIN

P21 Unit of measurement  P23 Unit of measurement

P24 If RICE was grown but wasn't the first or second in terms of quantity produced, ask the following: How much rice was produced this year?

P25 Quantity with HUSK  ,  P27 GRAIN

P26 Unit of measurement  P28 Unit of measurement

P33 Note the code of the OTHER CROP with the highest MONETARY RETURN:

99- N/A (no sales)

(Use the codes for crops outlined in the box)

What quantity of this crop with higher monetary returns did your HH produce?

P34 Quantity WITH PEEL  ,  P36 WITHOUT PEEL or GRAIN

P35 Unit of measurement  P37 Unit of measurement

If the answer was coconut and the sold product was dried coconut flesh:

P38 DRIED COCONUT

P39 Unit of measurement

**G19**

## VARIETIES OF SWEET POTATO

- 01 KANDEE
- 02 JAPON
- 03 LO
- 04 TAIMUNG 64
- 05 JONATHAN
- 06 CN
- 07 RESISTO
- 08 CAROMEX
- 09 CORDNER
- 10 OTHER (SPECIFY)
- 68 DON'T KNOW - THIN LEAVES
- 78 DON'T KNOW - BROAD LEAVES
- 88 DON'T KNOW ANYTHING

**G59**

## PRACTICES TO AVOID HOLES

- 01 Plant clean or disinfected vines
- 02 Plant younger vines
- 03 Pile soil around the plant
- 04 Culture rotation
- 05 Eliminating crop waste and secondary re-growth
- 06 Plantation and harvest should be done in season
- 07 New sweet potato fields should be planted at a significant distance from old fields
- 08 Fill fissures (cracks) in the soil with soil
- 10 Other (specify)

**UNIT OF MEASUREMENT**

- 01- KG
- 02- UNIT
- 11- 100 KG BAGS (EQUIVALENT IN MAIZE)
- 12- 90 KG BAGS (EQUIVALENT IN MAIZE)
- 13- 70 KG BAGS (EQUIVALENT IN MAIZE)
- 14- 60 KG BAGS (EQUIVALENT IN MAIZE)
- 15- 50 KG BAGS (EQUIVALENT IN MAIZE)
- 16- 25 KG BAGS (EQUIVALENT IN MAIZE)
- 21- 25L CAN
- 22- 20L CAN
- 23- 10L CAN
- 24- 5L CAN
- 25- 1L CAN

**CULTURES**

- 01 MAIZE
- 02 RICE
- 03 SORGHUM
- 04 CASSAVA
- 05 SWEET POTATO
- 06 BEANS
- 07 PEANUTS
- 11 TOBACCO
- 12 PAPRIKA
- 13 CHILLIES
- 14 PINEAPPLE
- 15 SUNFLOWER
- 16 SESAME
- 17 SUGAR CANE
- 18 CASHEW NUT
- 19 COCONUT
- 31 ONION
- 32 KALE
- 33 WATERMELLON
- 34 CUCUMBER
- 35 TOMATO
- 36 PUMPKIN
- 37 OKRA
- 38 CARROT
- 39 CABBAGE
- 40 LETTUCE

**Q. SWEET POTATO PRODUCTION**

**IN THE INTERVENTION ZONES**

**IN THE CONTROL ZONES**

Q01A Did anyone in your HH produce orange-flesh sweet potato in 2004? 0- No 1- Yes

Q01B Did anyone in your HH grow sweet potato in 2004? 0- No 1- Yes

Q02 *If not:* Why wasn't it cultivated in your fields? \_\_\_\_\_

We would like to estimate your sweet potato production since December of 2004.

- a) During which months do your HH harvest the largest amounts? *Indicate with 2 in the box*
- b) During which months does your HH not harvest any sweet potato? *Indicate with 0 in the box*
- c) During what months does your HH harvest the smallest amounts? *Indicate with 1 in the box*

| Q03                  | Q04                  | Q05                  | Q06                  | Q07                  | Q08                  | Q09                  | Q10                  | Q11                  | Q12                  | Q13                  | Q14                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| DEC                  | JAN                  | FEB                  | MAR                  | APR                  | MAY                  | JUNE                 | JULY                 | AUG                  | SEPT                 | OCT                  | NOV                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| UNIT OF MEASUREMENT                  |          | 21- 25L CAN |
|--------------------------------------|----------|-------------|
| 01- KG                               | 02- UNIT | 22- 20L CAN |
| 11- 100 KG BAG (EQUIVALENT IN MAIZE) |          | 23- 10L CAN |
| 12- 90 KG BAG (EQUIVALENT IN MAIZE)  |          | 24- 5L CAN  |
| 13- 70 KGS BAG (EQUIVALENT IN MAIZE) |          | 25- 1L CAN  |
| 14- 60 KG BAG (EQUIVALENT IN MAIZE)  |          |             |
| 15- 50 KG BAG (EQUIVALENT IN MAIZE)  |          |             |
| 16- 25 KG BAG (EQUIVALENT IN MAIZE)  |          |             |

Estimate the total amount of orange-flesh sweet potato (OFSP) harvested from your fields in 2004.

...of mixed coloured flesh sweet potato in 2004.

...of white-flesh sweet potato in 2004?

Q15 Months with HIGHER quantities Amount     ,

Amount     ,

Amount     ,

Q16 Unit of measurement #1

Unit of measurement #1

Unit of measurement #1

Q17 Period: 1- Per week 2- Per month 3- Total 4- Per day

Period: 1- Per week 2- Per month 3- Total 4- Per day

Period: 1- Per week 2- Per month 3- Total 4- Per day

Q18 Months with LOWER quantities Amount     ,

Amount     ,

Amount     ,

Q19 Unit of measurement #1

Unit of measurement #1

Unit of measurement #1

Q20 Period: 1- Per week 2- Per month 3- Total 4- Per day

Period: 1- Per week 2- Per month 3- Total 4- Per day

Period: 1- Per week 2- Per month 3- Total 4- Per day

Q21 Did you dry a part of your sweet potato (of any kind) yield in 2004?  *If not, skip to Q25*

Q22 *If yes:* What is the TOTAL volume of OFSP dried in 2004?     ,

...of mixed coloured flesh     ,

...of white flesh     ,

Q23 Unit of measurement .....

Unit of measurement .....

Unit of measurement .....

Q24 **IF YOU DRIED ORANGE-FLESH SWEET POTATO:** Was it dried in direct sunlight or in the shade? ..... 1- in the shade 2- in the sun 3- both 9- N/A (didn't dry OFSP)

Q25 *If you did not dry any kind of sweet potato:* Why didn't you dry any part of your sweet potato yield? \_\_\_\_\_

Q26 How did you keep or try to safeguard sweet potato vines (either local or orange-flesh) to plant next season? \_\_\_\_\_

Note the following practices Q27 Left some sweet potatoes in the field to re-germinate? 0- No 1- Yes  Q28 Planted in the low zones? 0- No 1- Yes

Q29 Planted close to home? 0- No 1- Yes  Q30 Sometimes irrigated the fields? 0- No 1- Yes

Q31 **If you produced orange-flesh sweet potato but not white flesh sweet potato:** Did you use to produce white-flesh sweet potato? 0- No 1- Yes

Q32 **If yes:** Why did you stop growing white-flesh sweet potato? \_\_\_\_\_



**S. CASSAVA PRODUCTION**

S01 Did you cultivate cassava in 2003 or 2004? ..... 0- No 1- Yes   
 We want to estimate the cassava productions since December 2004

- a) Which are the main months in which your HH has larger cassava harvests? *Indicate with a 2 in the box*
- b) What are the months when there is no harvest of cassava? ..... *Indicate with a 0 in the box*
- c) What are the months when your HH make smaller harvests of cassava? ..... *Indicate with a 1 in the box*

| S02                      | S03                      | S04                      | S05                      | S06                      | S07                      | S08                      | S09                      | S10                      | S11                      | S12                      | S13                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DEC                      | JAN                      | FEB                      | MAR                      | APR                      | MAY                      | JUNE                     | JULY                     | AUG                      | SEPT                     | OCT                      | NOV                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Estimate the typical amount cultivated (...insert the frequency...) during the period of larger harvests?

S14 State: 1- Fresh 2- Dry   
 S15 Amount   
 S16 Unit of measurement   
 S17 Period: 1- Per week 2- Per month 3- Total 4- Per day

S18 Excluding the harvest, was cassava regularly taken for daily or immediate use during the months of the larger harvests?  
 0- No 1- Yes

*If Yes: How many times per day, week or month was cassava harvested for daily or immediate use?*

S19  S20 Period: 1- Per week 2- Per month 3- Total 4- Per day   
 S21 How much did you take each time? Amount   
 S22 Unit of measurement

Estimate the typical amount cultivated (...insert the frequency...) during the period of smaller harvests?

S23 State: 1- Fresh 2- Dry   
 S24 Amount   
 S25 Unit of measurement   
 S26 Period: 1- Per week 2- Per month 3- Total 4- Per day

S27 Excluding the harvest, was cassava regularly taken for daily or immediate use during the months of the smaller harvests?  
 0- Não 1- Sim

*If Yes: How many times per day, week or month was cassava harvested for daily or immediate use?*

S28  S29 Period: 1- Per week 2- Per month 3- Total 4- Per day   
 S30 How much did you take each time? Amount   
 S31 Unit of measurement

**T. HORTICULTURE AND FRUITS**

Which of the following horticultural crops did your HH produce in 2004?

| HORTICULTURAL CROPS | Did you HH PRODUCE this culture during the course of 2004 |
|---------------------|---|
| Horticulture        | 0- No 1- Yes  |
| T01                 | T02   |
| 31- Onion           | <input type="checkbox"/>                                  |
| 32- Kale            | <input type="checkbox"/>                                  |
| 33- Watermelon      | <input type="checkbox"/>                                  |
| 34- Cucumber        | <input type="checkbox"/>                                  |
| 35- Tomato          | <input type="checkbox"/>                                  |
| 36- Pumpkin         | <input type="checkbox"/>                                  |
| 37- Okra            | <input type="checkbox"/>                                  |
| 38- Carrots         | <input type="checkbox"/>                                  |
| 39- Cabbage         | <input type="checkbox"/>                                  |
| 40- Lettuce         | <input type="checkbox"/>                                  |

T03 Which horticultural crops produced the largest QUANTITY in 2004?   
*(Use the codes for the cultures provided in the box)*  
 T04 Amount   
 T05 Unit of Measurement

T06 Did you sell any horticultural crops in 2004? 0- No 1- Yes

FRUIT Did you HH produce \_\_\_\_\_ in 2004? 0- No 1- Yes  
*If yes: How many new trees were sowed since the start of the project?* \_\_\_\_\_ 0- No 1- Yes  
 Did you sell \_\_\_\_\_ in 2004? 0- No 1- Yes

|                   | T07                      | T08                      | T09                      |
|-------------------|--------------------------|--------------------------|--------------------------|
| 51- Avocado       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52- Banana        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53- Guava         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54- Orange        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55- Lemon         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56- Mango         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57- Passion fruit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58- Papaya        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59- Tangerine     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**U. REMITTANCES AND PENSIONS**

- U01 During 2004 did any member of this HH receive food, money or other goods from somebody living outside of the HH compound? ..... 0- No 1- Yes
- U02 During 2004 did any member of this HH send money to somebody living outside of the HH compound? ..... 0- No 1- Yes
- U03 During 2004 did any member of this HH send food or other goods to somebody living outside of the HH compound? ..... 0- No 1- Yes
- U04 Is anyone in your HH receiving a pension? ..... 0- No 1- Yes

**X. SERUM RETINOL OF BLOOD AND HEMOGLOBIN**

DIST:  LOC:  ALD:  AF:  P.20

X01 MEASURER:  X02 ASSISTANT:  X03 VERIFIER:

**REFERENCE CHILD**

MEASURER or CONTROLLER verifies

| Identification Number<br><br>(Put on the filter paper)<br><br>VILLAGE HH ID INDIV | NAME                 | AGE<br><br>MONTHS    | TEMPERATURE<br><br>Degrees C | Does he/she have a health card?<br>0-No<br>1-Yes | How many times has he/she received the vitamin A capsule?<br>0-No<br>1-Yes | LAST TIME VITAMIN A CAPSULE WAS RECEIVED |                            |                             | The child DID NOT receive the capsule in the last 5 months<br>(0- No 1- Yes) | Received a capsule outside of the Project<br>0-No<br>1-Yes | Should he/she get a capsule today?<br>0-No<br>1-Yes | Serum Retinol of the blood completed?<br>0-No<br>1- Yes | CHILD HEMOGLOBIN g/dl | RECEIVED IRON SULFATE?<br>0-No<br>1-Yes |
|---|----------------------|----------------------|------------------------------|--|--|--|----------------------------|-----------------------------|--|--|---|---|-----------------------|---|
|   |                      |                      |                              |  |  | Day/Month/Year on Health Card or MNS     | 99/99/99: Doesn't remember | 88/88/88: Never received it |  |  |   |   |                       |   |
| X04   | X05                  | X06                  | X07                          | X08  | X09  | X10                                      | X11                        | X12                         | X13  | X14  | X15   | X16   | X17                   | X18                                     |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/>         | <input type="text"/>                             | <input type="text"/>   | <input type="text"/>                     | <input type="text"/>       | <input type="text"/>        | <input type="text"/>   | <input type="text"/>                                       | <input type="text"/>                                | <input type="text"/>                                    | <input type="text"/>  | <input type="text"/>                    |

X19 MOTHER'S NAME:  ID:  X20 MOTHER'S HEMOGLOBIN (g/dl):  X21 Received Iron Sulfate? (0-No 1-Yes)

**OTHER NEW CHILD IN THE HOUSEHOLD BORN AFTER THE REFERENCE CHILD**

| Identification Number<br><br>VILLAGE HH ID INDIV | NAME                 | AGE<br><br>MONTHS    | Is he/she a twin?<br>0- No<br>1- Yes | Does he/she have a health card?<br>0-No 1-Yes | If yes: How many visits are registered? (total) | How many times has he/she received the vitamin A capsule? | LAST TIME VITAMIN A CAPSULE WAS RECEIVED |                            |                             | Is the child OVER 5 months old?<br>(0- No 1- Yes) | The child HAS NOT received the capsule within the past 5 months?<br>(0- No 1- Yes) | Should he/she receive the capsule today?<br>(0- No 1- Yes) |
|--|----------------------|----------------------|--------------------------------------|---|---|---|--|----------------------------|-----------------------------|---|--|--|
|  |                      |                      |                                      |   |   |   | Day/Month/Year on Health Card or MNS     | 99/99/99: Doesn't remember | 88/88/88: Never received it |   |  |  |
| Y01  | Y02                  | Y03                  | Y04                                  | Y05   | Y06   | Y07   | Y08                                      | Y09                        | Y10                         | Y11   | Y12  | Y13  |
| <input type="text"/>                             | <input type="text"/> | <input type="text"/> | <input type="text"/>                 | <input type="text"/>                          | <input type="text"/>                            | <input type="text"/>                                      | <input type="text"/>                     | <input type="text"/>       | <input type="text"/>        | <input type="text"/>                              | <input type="text"/>   | <input type="text"/>                                       |

**3. WEIGHT OF THE MOTHER AND THE NEW CHILD**

**6. HEIGHT OR LENGTH OF NEW CHILD AGED 3 MONTHS OR MORE**

SUPERVISOR:

| WEIGHT (0,1 kg)           |                        | Mother's clothes<br>1- Lightweight (<0,5 kg)<br>2- Medium weight (0,5-1,5 kgs) | Child's clothes<br>0- Undressed<br>1- Underwear<br>2- Light clothes | WEIGHT of the child within normal limits?<br>0- No<br>1- Yes | HEIGHT (0,1 CM) OR LENGTH |                      |                        | Is the HEIGHT or LENGTH of the within normal limits?<br>0- No 1- Yes | If a measurement is outside normal limits: RE-ESTIMATE THE DATE OF BIRTH<br>Date of Birth Re-Estimated<br>Day Month Year | Method Used          |                      |                      |
|---------------------------|------------------------|--|---|--|---------------------------|----------------------|------------------------|--|--|----------------------|----------------------|----------------------|
| 1 Measure of Mother alone | 2 Measure of the child |  |   |  | 1 Measurement             | 2 Measurement        | 1- Length<br>2- Height |  |  |                      | Y22                  | Y23                  |
| Y14                       | Y15                    | Y16  | Y17   | Y18  | Y19                       | Y20                  | Y21                    | Y22  | Y23  | Y24                  | Y25                  | Y26                  |
| <input type="text"/>      | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>   | <input type="text"/>      | <input type="text"/> | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Diagnosis of the NEW child WITHOUT informing the caretaker

Y27 Does the child show signs of malnutrition? 0- None 1- Some 2- Many

Y28 If yes: Swollen stomach? ..... 0- No 1-Yes

Y29 Swelling of other body parts, e.g. face, feet or legs? 0- No 1-Yes

Y30 Discolouration of the skin (lightening) and of the hair? 0- No 1-Yes

Y31 Apathetic or without energy? ..... 0- No 1-Yes

Y32 Extreme skin peeling or sores on the body? 0- No 1-Yes

Y33 Very thin body (very visible bones) and loose skin? 0- No 1-Yes

**Z. ANTHROPOMETRY**

DIST:  LOC:  ALD:  AF:  P.21

INSTRUCTIONS: DATE OF INTERVIEW  /  /  MEASURER  ASSISTANT

Weigh all children between 0 to 59 months old. For children under 4 months, only weigh them, (do not measure their length). The child should be undressed when being weighed.  
 Measure the length of children aged between 4 to 23 months old and the height of children thought to be older than 24 months. TIME  :   
 (If the child's age is unknown, measure its length (laying down), if it is less than 85 cm, register it, and if it is greater than or equal to 85 cm, measure the child's height. Measure the height and weight of the mother and father or equivalent caregiver

**1. REFERENCE CHILD: (INFORMATION FROM THE PREVIOUS QUESTIONNAIRE)**

| MEM                  | Child's Name         | Sex<br>1-M<br>2-F    | Date of Birth<br>88- don't know<br>Day Month Year                  | Age (in completed months) | Does he/she have a health card?<br>0- No<br>1- Yes | If yes:<br>How many health visits are registered since February 2004? |
|----------------------|----------------------|----------------------|--|---------------------------|--|---|
| Z01                  | Z02                  | Z03                  | Z04 Z05 Z06  | Z07                       | Z09  | Z10   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>      | <input type="text"/>                               | <input type="text"/>  |

**2. CHILD'S ARM CIRCUMFERENCE**

| ARM (0,1 CM)               |                            |
|----------------------------|----------------------------|
| 1 Measurement OF THE CHILD | 2 Measurement OF THE CHILD |
| Z11                        | Z12                        |
| <input type="text"/>       | <input type="text"/>       |

**4. WEIGHT OF MOTHER AND CHILD**

**SUPERVISOR:**

| 3. INFORMATION AND HEIGHT OF MOTHER OR PRIMARY CAREGIVER |                      | WOMEN:                              |                          |  | WEIGHT (0,1 kg)            |                      | Mother's clothes  | Child's clothes                                  | Child's WEIGHT within normal limits? |
|--|----------------------|-------------------------------------|--------------------------|--|----------------------------|----------------------|---|--|--------------------------------------|
| MEM  | NAME                 | Is she pregnant?<br>0- No<br>1- Yes | If yes: How many months? | If yes: how many times has she had a prenatal check-up? (verify on the card) | 1 Measurement Mother Alone | 2 Measurement Child  | 1- Light weight (<0,5 kg)<br>2- Medium weight (0,5-1,5 kgs) | 0- Undressed<br>1- Underwear<br>2- Light clothes | 0- No<br>1- Yes                      |
| Z13  | Z14                  | Z15                                 | Z16                      | Z17  | Z18                        | Z19                  | Z20   | Z21  | Z22                                  |
| <input type="text"/>                                     | <input type="text"/> | <input type="text"/>                | <input type="text"/>     | <input type="text"/>   | <input type="text"/>       | <input type="text"/> | <input type="text"/>  | <input type="text"/>                             | <input type="text"/>                 |

**5. CHILD'S HEIGHT OR LENGTH**

**SUPERVISOR:**

*Diagnosis of the child WITHOUT informing the caregiver*

| HEIGHT (0,1 CM) OR LENGTH |                      | 1-Length             | Is the height or length of the child within normal limits? |
|---------------------------|----------------------|----------------------|--|
| 1 Measurement             | 2 Measurement        | 2-Height             | 0- No 1- Yes   |
| Z23                       | Z24                  | Z25                  | Z26  |
| <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/>                                       |

- Z34 Does the child show signs of malnutrition? 0- None 1- Some 2- Many
- Z45 If yes: Swelling of the stomach? ..... 0- No 1-Yes
- Z26 Swelling of other body parts, e.g. the face, feet or legs? 0- No 1-Yes
- Z27 Discolouration of the skin (lightening) and of the hair? 0- No 1-Yes
- Z28 Apathetic or without energy? ..... 0- No 1-Yes
- Z30 Extreme skin peeling or sores on the body? 0- No 1-Yes
- Z31 Extremely thin body (very visible bones) with loose skin? 0- No 1-Yes

|                      |
|----------------------|
| <input type="text"/> |
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| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

**6. CAREGIVER NEW WOMAN**

| HEIGHT (0,1 CM)      |                      |
|----------------------|----------------------|
| 1 Measurement        | 2 Measurement        |
| Z32                  | Z33                  |
| <input type="text"/> | <input type="text"/> |

**7. HEIGHT AND WEIGHT OF THE FATHER OR MAIN MALE**

| MEM                  |                      | MEN:                 |   |
|----------------------|----------------------|----------------------|---|
| MEM                  | NAME                 | WEIGHT (0,1 kg)      | HEIGHT (0,1 CM)                           |
|                      |                      | 1 Measurement        | 2 Measurement                             |
| Z34                  | Z35                  | Z36                  | Z37 Z38                                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |