

ABIDJAN COVERAGE SURVEY 2014
HOUSEHOLD QUESTIONNAIRE

dateint	Date of interview	DD / MM / YY				<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
teamid	Team identifier	<input type="text"/>	<input type="text"/>	intid	Interviewer identifier				<input type="text"/>	<input type="text"/>			
commid	Commune	1. Abobo 2. Adjamé 3. Attécoubé 4. Cocody 5. Koumassi				6. Marcory 7. Plateau 8. Port-Bouet 9. Treichville 10. Yopougon				<input type="text"/>	<input type="text"/>		
neiname	Neighborhood name	_____											
psu	Cluster identifier	<input type="text"/>											
hh	Household identifier	<input type="text"/>											

Good morning / Good evening Madam / Sir,

My name is [NAME OF INTERVIEWER] and I work for the CSRS (Centre Suisse de Recherches Scientifiques en Côte d'Ivoire). We are currently conducting a survey in Abidjan on the use of different food products in the household and in particular among children under 2 years of age. We also want to gather some information on the coverage of fortified complementary foods developed through a partnership of Helen Keller International and Protein Kissè-La.

The first part of the interview will be focusing on the composition of the household, including all its members. Then, based on this information, I would like to interview the mother or caregiver of the child of less than 2 years of age. If there is more than one child of less than 2 years of age, I will select one at random. I will then ask the woman/caregiver of the child what she and the child have eaten yesterday, and some feeding practices. I will measure the mid-upper arm circumference of the child and the mother/caregiver to assess their nutritional status. At the end, I will ask for some oil and salt samples if available.

The questions to you will take about 15 minutes and the questions on the child will take about 40 minutes.

Do you agree to start with the first part of the interview?

cons1	Oral consent to fill in the household roster obtained ?	Yes / No	If yes , start If no , stop here
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HOUSEHOLD CHARACTERISTICS (1)

N°	QUESTIONS	ANSWERS	SKIPS
mpi1	Does your household have electricity?	Yes / No	
mpi2	<p>What fuel does your household <u>mainly</u> use for cooking?</p> <p><i>Circle only one choice.</i></p>	Electricity.....1 LPG.....2 Natural gas.....3 Biogas.....4 Kerosene.....5 Coal / Lignite.....6 Charcoal.....7 Wood.....8 Straw / Shrubs / Grass.....9 Agricultural crop.....10 Animal dung.....11 No food cooked in household.....12 Don't know.....88 Other: _____99	
mpi3	<p>What is the main material of the floor of the dwelling?</p> <p>Observation.</p> <p><i>Circle only one choice.</i></p>	Natural floor Earth / sand.....1 Dung.....2 Rudimentary floor Wood planks.....3 Palm / bamboo.....4 Finished floor Parquet / polished wood.....5 Vinyl / asphalt strips.....6 Ceramic tiles.....7 Cement.....8 Carpet.....9 Other: _____99	
dhs1	<p>What is the main material of the roof of the dwelling?</p> <p>Observation.</p> <p><i>Circle only one choice.</i></p>	Natural roofing No roofing.....1 Thatch / palm leaves.....2 Sod.....3 Rudimentary roofing Rustic mat.....4 Palm / bamboo.....5 Wood planks.....6 Cardboard.....7 Finished roofing Metal.....8 Wood.....9 Calamine / cement fiber.....10 Ceramic tiles.....11 Cement.....12 Roofing shingles.....13 Other: _____99	

HOUSEHOLD CHARACTERISTICS (2)

N°	QUESTIONS	ANSWERS	SKIPS																																														
dhs2	<p>What is the main material of the exterior walls of the dwelling?</p> <p>Observation.</p> <p>Circle only one choice.</p>	<p>Natural walls</p> <p>No walls.....1</p> <p>Cane / palm / trunks.....2</p> <p>Dirt.....3</p> <p>Rudimentary walls</p> <p>Bamboo with mud.....4</p> <p>Stone with mud.....5</p> <p>Uncovered adobe.....6</p> <p>Plywood.....7</p> <p>Cardboard.....8</p> <p>Reused wood.....9</p> <p>Finished walls</p> <p>Cement.....10</p> <p>Stone with lime / cement.....11</p> <p>Bricks.....12</p> <p>Cement blocks.....13</p> <p>Covered adobe.....14</p> <p>Wood planks / shingles.....15</p> <p>Other: _____99</p>																																															
dhs3	Do you or anyone in this household own this dwelling ?	Yes / No																																															
dhs4	In this household, how many rooms do you use for sleeping?	Number of rooms <input type="checkbox"/> <input type="checkbox"/>																																															
mpi4	<p>Does your household or anyone in the household have ... ?</p> <p>Prompt for each item; record all items owned by household or a member...</p> <p>Circle Yes or No for each item.</p>	<table border="1"> <tr><td>A. Radio</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>B. Television</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>C. Mobile telephone</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>D. Non-mobile telephone</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>E. TV5 antenna</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>F. Cable subscription</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>G. Video / CD / DVD player</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>H. Internet</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>I. Computer</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>J. Watch or clock</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>K. Bicycle or tricycle</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>L. Motorcycle or scooter</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>M. Car, truck, or jeep</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>N. Refrigerator</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>O. Dish washer / washing machine</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>P. Cooking stove (electric or gaz)</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>Q. Improved cooking space</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>R. Air conditioner</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>S. Canoe</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>T. Boat with motor</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>U. Cart</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>V. Animal-drawn cart</td><td style="text-align: center;">Yes / No</td></tr> <tr><td>W. Bank or post-office account</td><td style="text-align: center;">Yes / No</td></tr> </table>	A. Radio	Yes / No	B. Television	Yes / No	C. Mobile telephone	Yes / No	D. Non-mobile telephone	Yes / No	E. TV5 antenna	Yes / No	F. Cable subscription	Yes / No	G. Video / CD / DVD player	Yes / No	H. Internet	Yes / No	I. Computer	Yes / No	J. Watch or clock	Yes / No	K. Bicycle or tricycle	Yes / No	L. Motorcycle or scooter	Yes / No	M. Car, truck, or jeep	Yes / No	N. Refrigerator	Yes / No	O. Dish washer / washing machine	Yes / No	P. Cooking stove (electric or gaz)	Yes / No	Q. Improved cooking space	Yes / No	R. Air conditioner	Yes / No	S. Canoe	Yes / No	T. Boat with motor	Yes / No	U. Cart	Yes / No	V. Animal-drawn cart	Yes / No	W. Bank or post-office account	Yes / No	
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WASH, SANITATION, AND HYGIENE (WASH) (1)

N°	QUESTIONS	ANSWERS	SKIPS
w1	<p>What is the <u>main</u> source of drinking water for the members of your household?</p> <p><i>Circle only one choice.</i></p>	Piped water Piped into dwelling.....1 Piped to yard / plot.....2 Public tap / standpipe.....3 Tube well or borehole.....4 Dug well Protected dug well.....5 Unprotected dug well.....6 Water from spring Protected spring.....7 Unprotected spring.....8 Rainwater.....9 Tankertruck.....10 Cart with small tank.....11 Surface water (river / dam / lake / pond / stream / canal / irrigation channel).....12 Bottled / sachet water.....13 Don't know.....88 Other:99	
w2a	<p>Do you <u>usually</u> do anything to your drinking water to make it safer to drink?</p>	Yes / No	If No , skip to w3
w2b	<p>What do you <u>usually</u> do to the water to make it safer to drink?</p> <p><i>Do not prompt. Probe "Anything else?".</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	A. Boil Yes / No B. Add bleach / chlorine tablet Yes / No C. Strain through a cloth Yes / No D. Use a water filter (ceramic / sand / composite/...) Yes / No E. Solar disinfection Yes / No F. Let it stand and settle Yes / No G. Don't know Yes / No H. Other: Yes / No	
w3	<p>What kind of toilet facility do members of your household usually use?</p> <p><i>Do not prompt.</i></p> <p><i>Circle only one answer.</i></p>	Flush or pour flush toilet Flush or pour flush to piped sewer system.....1 Flush or pour flush to septic tank.....2 Flush or pour flush to pit latrine.....3 Flush or pour flush to elsewhere.....4 Flush or pour flush, don't know where.....5 Pit latrine Ventilated improved pit latrine.....6 Pit latrine <u>with</u> slab.....7 Pit latrine <u>without</u> slab / open pit.....8 Composting toilet.....9 Bucket toilet.....10 Hanging toilet / hanging latrine.....11 No facilities / bush / field.....12 Don't know.....88 Other:99	
w4	<p>Do you share this facility with other households?</p>	Yes / No	

WASH, SANITATION, AND HYGIENE (WASH) (2)

N°	QUESTIONS	ANSWERS	SKIPS
w5	<p>The <u>last time</u> [NAME OF CHILD] passed stools, what was done to dispose the stools?</p> <p><i>Do not prompt.</i></p> <p><i>Circle only one answer.</i></p>	Child used toilet / latrine.....1 Put into toilet / latrine.....2 Buried.....3 Put into drain or ditech.....4 Thrown into garbage.....5 Nothing / left in open.....6 Don't know / Don't remember8 Other:9	
w6	<p>Please tell me all of the occasions when it is important for you to wash hands...</p> <p><i>Do not prompt. Probe "Anything else?"</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	A. Before eating Yes / No B. Before feeding a child Yes / No C. Before cooking / preparing food Yes / No D. After defecation / urination Yes / No E. After cleaning a child that has defecated / changing nappes / washing diaper Yes / No F. Don't know Yes / No G. Other : Yes / No	

HOUSEHOLD HUNGER SCALE (FOOD SECURITY)

N°	QUESTIONS	ANSWERS	SKIPS
hh1	<p>How many times in the last month was there ever no food to eat of any kind in your house because of lack of resources to get food?</p> <p><i>If 'none', record 00.</i></p>	Number of times <input type="text"/> <input type="text"/>	
hh2	<p>How many times in the last month did you go to sleep at night hungry because there was not enough food?</p> <p><i>If 'none', record 00.</i></p>	Number of times <input type="text"/> <input type="text"/>	
hh3	<p>How many times in the last month did you go a whole day and night without eating anything at all because there was not enough food?</p> <p><i>If 'none', record 00.</i></p>	Number of times <input type="text"/> <input type="text"/>	

SHORT BIRTH HISTORY (MPI MORTALITY)

N°	QUESTIONS	ANSWERS	SKIPS
<p><i>The purpose of the short birth history (SBH) component is to determine whether any child that was recently born (during the last 3 births, during that last 5 years) to the respondent has died.</i></p>			
d1	<p><i>Tell the caregiver (mother) :</i></p> <ul style="list-style-type: none"> - I will be asking about your recent births. - I am interested in the three most recent births. - I am interested in all children that were <u>born alive</u>. <p><i>Ask the following questions :</i></p> <ul style="list-style-type: none"> - When was your most recent birth? <ul style="list-style-type: none"> - Where is this child now? - Did you have a birth before this most recent one? <ul style="list-style-type: none"> - Where is this child now? - Did you have a birth before that one? <ul style="list-style-type: none"> - Where is this child now? 	A recently born child has died? Yes / No / N/A	

INFANT AND YOUNG CHILD FEEDING (IYCF)

N°	QUESTIONS	ANSWERS	SKIPS
f1	Is [NAME OF CHILD] currently breastfed?	Yes / No	
f2	Does [NAME OF CHILD] take any food or drink other than breastmilk?	Yes / No	
f3	How many times was [NAME OF CHILD] fed mashed or pureed food or solid or semi-solid food as a meal or a snack since this time yesterday?	Number of times <input type="text"/> <input type="text"/>	

MOTHER AND CHILD DIETARY DIVERSITY

Since this time yesterday, what food did you and [NAME OF CHILD] eat?

Probe for items not mentioned: Did you and [NAME OF CHILD] have any of the following things to eat or drink?

Circle **Yes** if eaten since this time yesterday, and **No** if not eaten.

N°	ITEMS	A. Caregiver	B. Child
dd01	Plain water	Yes / No	Yes / No
dd02	Tinned or powdered milk Tinned or powdered infant formula (Bledilait, Nido, Nan, Lactogen, Eveil, Ninolac, Lailac, Célia, Dano) or any other milk (excluding breast milk)	Yes / No	Yes / No
dd03	Sweetened or flavoured water, minerals, malt drinks, tea, coffee, liquor, beer, soda	Yes / No	Yes / No
dd04	Any food made from grain (maize, millet, wheat, fonio, sorghum, rice)	Yes / No	Yes / No
dd05	Any food made from fruits or vegetables that have yellow or orange flesh (carrots, mangoes, papaya, squash, melon, and 100% fruit juices made from these fruits)	Yes / No	Yes / No
dd06	Any dark green leafy vegetables (spinach, cassava leaves, amaranth, potato leaves, moringa leaves, okra leaves)	Yes / No	Yes / No
dd07	Any food made from roots or tubers (potatoes, sweet potatoes, yams, cassava, malanga)	Yes / No	Yes / No
dd08	Any food made from beans, peas, nuts, or seeds (palm seed, peanuts, soybeans, sesame)	Yes / No	Yes / No
dd09	Any other fruits or vegetables (coconut, eggplant, tomatoes, peppers, zucchini, avocado, lemon, banana, plantain, orange, mandarin, apple, cucumber, okra, onion) and 100% fruit juices (orange, passion, roselle, lemon, ginger, baobab)	Yes / No	Yes / No
dd10	Liver, kidney, heart, or other organ meats	Yes / No	Yes / No
dd11	Any meat (beef, pork, lamb, mutton, goat, chicken, duck, guinea fowl)	Yes / No	Yes / No
dd12	Fresh or dried fish, shellfish, or seafood, snails, crabs (makerel, sea bream, capitaine, carp, shrimp fish, shrimps)	Yes / No	Yes / No
dd13	Cheese, yoghurt, or other milk products (Kiri, La Vache Qui Rit, Yoplait, Vigor, Petit Suisse, Elle & Vie)	Yes / No	Yes / No
dd14	Eggs (from chicken, quail)	Yes / No	Yes / No
dd15	Sugary foods (sugar cane, sweets, candies, chocolate, cakes, biscuits)	Yes / No	Yes / No
dd16	Any food made with oil, fat, or butter	Yes / No	Yes / No
dd17	Red palm oil	Yes / No	Yes / No

FORTIFIED COMPLEMENTARY FOODS (1)

N°	QUESTIONS	ANSWERS	SKIPS
cf1	<p>Have you ever seen or heard of Farinor or Nutribon?</p> <p><i>Show the pictures of Farinor and Nutribon.</i></p>	Yes / No	If No , skip to cf16
cf2	<p>Where did you hear of Farinor / Nutribon from?</p> <p><i>Do not prompt. Probe “Anything else?”.</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<p>A. TV Yes / No</p> <p>B. Radio Yes / No</p> <p>C. Billboards / wallpapers / painted walls Yes / No</p> <p>D. Mobile van activation Yes / No</p> <p>E. Church meeting Yes / No</p> <p>F. Crèche / nursery Yes / No</p> <p>G. Health clinic / health worker / IYCF mobiliser Yes / No</p> <p>H. Community leaders Yes / No</p> <p>I. Relative / friend / neighbour Yes / No</p> <p>J. Shopkeeper / pharmacy Yes / No</p> <p>K. Social media Yes / No</p> <p>L. Market place / Market Yes / No</p> <p>M. Don't know / Don't remember Yes / No</p> <p>N. Other: _____ Yes / No</p>	
cf3	<p>Have you ever given Farinor/Nutribon to [NAME OF CHILD] before?</p>	Yes / No	If Yes , skip to cf5
cf4	<p>Why have you never used Farinor/Nutribon before?</p> <p><i>Do not prompt. Probe “Anything else?”.</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<p>A. Too expensive Yes / No</p> <p>B. Not available in the market Yes / No</p> <p>C. Do not see a need for the product Yes / No</p> <p>D. Heard of bad experience of someone else Yes / No</p> <p>E. Advised not to use it Yes / No</p> <p>F. Not seen other mothers use it Yes / No</p> <p>G. Don't trust the product Yes / No</p> <p>H. Haven't seen it Yes / No</p> <p>I. Child too young Yes / No</p> <p>J. Other family members discourage using it Yes / No</p> <p>K. Don't know / Don't remember Yes / No</p> <p>L. Other: _____ Yes / No</p>	Skip to cf16
cf5	<p>When was the <u>last time</u> you fed [NAME OF CHILD] with Farinor/Nutribon?</p> <p><i>Start with '1' if days and '2' if months. If 'don't know', write in '888'.</i></p>	<p>... days or months ago</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </p>	

FORTIFIED COMPLEMENTARY FOODS (2)

N°	QUESTIONS	ANSWERS	SKIPS																
cf6	<p>This <u>last time</u> you fed [NAME OF CHILD] with Farinor/Nutribon, how much did you feed him?</p> <p><i>Start with '1' if soup spoon, '2' if tablespoon, and '3' if 50g sachet.</i></p> <p><i>If 'don't know', record '888'.</i></p>	<p>Quantity <input type="text"/> <input type="text"/> <input type="text"/></p>																	
cf7	<p>This <u>last time</u> you fed [NAME OF CHILD] with Farinor/Nutribon, at which mealtime(s) did you give it?</p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<table border="0"> <tr><td>A. Breakfast</td><td>Yes / No</td></tr> <tr><td>B. Morning snack</td><td>Yes / No</td></tr> <tr><td>C. Lunch</td><td>Yes / No</td></tr> <tr><td>D. Afternoon snack</td><td>Yes / No</td></tr> <tr><td>E. Dinner</td><td>Yes / No</td></tr> <tr><td>F. Evening snack</td><td>Yes / No</td></tr> <tr><td>G. Don't know / Don't remember</td><td>Yes / No</td></tr> <tr><td>H. Other: _____</td><td>Yes / No</td></tr> </table>	A. Breakfast	Yes / No	B. Morning snack	Yes / No	C. Lunch	Yes / No	D. Afternoon snack	Yes / No	E. Dinner	Yes / No	F. Evening snack	Yes / No	G. Don't know / Don't remember	Yes / No	H. Other: _____	Yes / No	
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cf8	<p>This <u>last time</u> you fed [NAME OF CHILD] with Farinor/Nutribon, did you add anything to it, apart from water?</p>	<p>Yes / No</p>	<p>If no, skip to cf10</p>																
cf9	<p>What did you add to Farinor/Nutribon, apart from water?</p> <p><i>Do not prompt. Probe "Anything else?"</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<table border="0"> <tr><td>A. Salt</td><td>Yes / No</td></tr> <tr><td>B. Sugar</td><td>Yes / No</td></tr> <tr><td>C. Milk</td><td>Yes / No</td></tr> <tr><td>D. Honey or jam</td><td>Yes / No</td></tr> <tr><td>E. Oil</td><td>Yes / No</td></tr> <tr><td>F. Don't know / Don't remember</td><td>Yes / No</td></tr> <tr><td>G. Other: _____</td><td>Yes / No</td></tr> </table>	A. Salt	Yes / No	B. Sugar	Yes / No	C. Milk	Yes / No	D. Honey or jam	Yes / No	E. Oil	Yes / No	F. Don't know / Don't remember	Yes / No	G. Other: _____	Yes / No			
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cf10a	<p>Does anybody else in the household currently eat Farinor/Nutribon?</p>	<p>Oui / Non</p>	<p>If no, skip to cf11</p>																
cf10b	<p>If yes, who else?</p> <p><i>Do not prompt. Probe "Anybody else?"</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<table border="0"> <tr><td>A. Other children in the household</td><td>Yes / No</td></tr> <tr><td>B. Adolescents in the household</td><td>Yes / No</td></tr> <tr><td>C. Me (mother / principal caregiver)</td><td>Yes / No</td></tr> <tr><td>D. Other adults in the household</td><td>Yes / No</td></tr> <tr><td>E. Don't know / Don't remember</td><td>Yes / No</td></tr> <tr><td>F. Other: _____</td><td>Yes / No</td></tr> </table>	A. Other children in the household	Yes / No	B. Adolescents in the household	Yes / No	C. Me (mother / principal caregiver)	Yes / No	D. Other adults in the household	Yes / No	E. Don't know / Don't remember	Yes / No	F. Other: _____	Yes / No					
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cf11	<p>The <u>last time</u> you got Farinor/Nutribon, where did you get it from?</p> <p><i>Circle only one answer.</i></p>	<p>Supermarket.....1</p> <p>Shop / superette.....2</p> <p>Boutique / Kiosk.....3</p> <p>Market / Street stand.....4</p> <p>Moving street vendor.....5</p> <p>Pharmacy.....6</p> <p>Neighbour / relatives / friends.....7</p> <p>Health worker.....8</p> <p>NGO / religious association.....9</p> <p>Don't know / Don't remember.....88</p> <p>Other: _____.....99</p>																	

FORTIFIED COMPLEMENTARY FOODS (3)

N°	QUESTIONS	ANSWERS	SKIPS																						
cf12	<p>The <u>last time</u> you got Farinor/Nutribon, how much did you get?</p> <p><i>Start with '1' if 400g box, '2' if 250g box, and '3' if 200g box or sachet, and '4' if 50g sachet. If 'don't know', record '888'.</i></p>	<p>Quantity □ □ □</p>																							
cf13	<p>The <u>last time</u> you got Farinor/Nutribon, how much did you pay?</p> <p><i>If 'gift', record 00000. If 'don't know', record 88888.</i></p>	<p>Francs CFA □ □ □ □ □</p>																							
cf14	<p>What do you like about Farinor/Nutribon?</p> <p><i>Do not prompt. Probe "Anything else?"</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">A. Taste</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>B. Packaging</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>C. Price</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>D. How it is promoted / advertised</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>E. Good for the health of children</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>F. Easy availability</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>G. Trustworthy source</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>H. Locally produced</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>I. Nothing</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>J. Don't know / Don't remember</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>K. Other: _____</td><td style="text-align: right;">Yes / No</td></tr> </table>	A. Taste	Yes / No	B. Packaging	Yes / No	C. Price	Yes / No	D. How it is promoted / advertised	Yes / No	E. Good for the health of children	Yes / No	F. Easy availability	Yes / No	G. Trustworthy source	Yes / No	H. Locally produced	Yes / No	I. Nothing	Yes / No	J. Don't know / Don't remember	Yes / No	K. Other: _____	Yes / No	
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cf15	<p>What do you <u>not</u> like about Farinor/Nutribon?</p> <p><i>Do not prompt. Probe "Anything else?"</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">A. Taste</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>B. Packaging</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>C. Price</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>D. How it is promoted / advertised</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>E. Not good for the health of children</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>F. Not easy availability</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>G. Untrustworthy source</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>H. Locally produced</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>I. Nothing</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>J. Don't know / Don't remember</td><td style="text-align: right;">Yes / No</td></tr> <tr><td>K. Other: _____</td><td style="text-align: right;">Yes / No</td></tr> </table>	A. Taste	Yes / No	B. Packaging	Yes / No	C. Price	Yes / No	D. How it is promoted / advertised	Yes / No	E. Not good for the health of children	Yes / No	F. Not easy availability	Yes / No	G. Untrustworthy source	Yes / No	H. Locally produced	Yes / No	I. Nothing	Yes / No	J. Don't know / Don't remember	Yes / No	K. Other: _____	Yes / No	
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K. Other: _____	Yes / No																								

FORTIFIED COMPLEMENTARY FOODS (4)

N°	QUESTIONS	ANSWERS	SKIPS
cf16	<p>Do you currently give any of these other products to [NAME OF CHILD]?</p> <p><i>Probe for items not mentioned.</i></p> <p><i>Circle Yes for each item mentioned and No for each item not mentioned.</i></p>	A. Cerelac	Yes / No
		B. Nutrilac	Yes / No
		C. France Lait	Yes / No
		D. Blédine / Blédina	Yes / No
		E. Ninolac	Yes / No
		F. Phosphatine	Yes / No
		G. Picot	Yes / No
		H. Lailac	Yes / No
		I. Celia	Yes / No
		J. Nutrilon	Yes / No
		K. Babylac	Yes / No
		L. Home-made gruel	Yes / No
		M. Mashed family foods	Yes / No

MOTHER AND CHILD HEALTH AND NUTRITION DATA

N°	QUESTIONS	ANSWERS	REMARKS
MOTHER			
fefol	Have you taken iron tablets during your pregnancy with [NAME OF CHILD]? <i>Circle 'N/A', if the caregiver is not the mother of the child.</i>	Yes / No / N/A	
muacm	<i>Take the MUAC of the mother on her left arm</i> <i>If 'refused,' write '666'.</i> <i>If arm is too big, write '777'.</i> <i>If the respondent is a man, write '555'.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	<i>If MUAC < 185mm → Refer!</i>
CHILD			
vas	Has [NAME OF CHILD] taken a vitamin A capsule in the past 6 months? <i>Show the vitamin A capsule.</i>	Yes / No / Don't know	
muacc	<i>Take the MUAC of the child on his/her left arm</i> <i>If 'refused' write 666.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	<i>If <6 months and MUAC < 110 mm OR >6 months and MUAC < 115 mm → Refer!</i>
bcg	<i>Check for BCG scar on left arm</i>	Yes / No	
oed	<i>Check for oedema</i>	Yes / No	<i>If oedema present → Refer!</i>
hc	<i>Check for child health booklet</i>	Yes / No	

After these questions concerning you and [NAME OF CHILD], I would now like to ask you a few questions that concern the WHOLE household again.

OIL FORTIFICATION COVERAGE (1)			
N°	QUESTIONS	ANSWERS	SKIPS
of1	<p>What is the <u>main</u> edible <u>oil</u> consumed by your household (<i>clarify with: the oil that you use on most days in most meals in the home</i>)?</p> <p>Circle only one answer.</p>	<p>Refined palm oil.....1 Soybean oil.....2 Arachnid oil.....3 Sunflower oil.....4 Olive oil.....5 Vegetable blend oil.....6 Don't know / Don't remember.....8 Other:9</p>	
of2	<p>Can you tell me where you usually get this [MAIN OIL TYPE]?</p> <p>Circle only one answer.</p>	<p>Purchased from supermarket.....1 Purchased from shop / superette.....2 Purchased from boutique / kiosk.....3 Purchased from market / street stand....4 Purchased from moving street vendor ...5 Made it at home.....6 Received from food aid.....7 Don't know / Don't remember.....8 Other:9</p>	<p>If 'Made it at home' (6), skip to next page</p>
of3	<p>This [MAIN OIL TYPE] that you consume, when you get it, is it usually packaged or open?</p> <p><i>Open means packaged in another bottle than the original one, in a sachet or from a big container.</i></p>	<p>Packaged.....1 Open.....2 Don't know / Don't remember.....8 Other:9</p>	
of4	<p>Can you tell me the brand of this oil?</p> <p>Circle only one answer.</p>	<p>Dinor.....1 Palme d'Or.....2 Goutte d'Or.....3 Huilor.....4 Casino.....5 Turna.....6 Borgesol.....7 Fleuriol.....8 Aromate.....9 Lesieur.....10 Viking.....11 Goudor.....12 Don't know / Don't remember.....88 Other:99</p>	

OIL FORTIFICATION COVERAGE (2)

N°	QUESTIONS	ANSWERS	SKIPS
of5	<p>The last time your household [MAIN OIL TYPE], how much did you get?</p> <p><i>Start with '1' if liters, '2' if milliliters, and '3' if FCFA.</i></p> <p><i>If 'don't know', record '8888'.</i></p>	<p>Quantity</p> <div style="text-align: right; margin-right: 50px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
of6	<p>How long does this amount usually last in your household?</p> <p><i>Start with '1' if days and '2' if months.</i></p> <p><i>If 'don't know', record '888'.</i></p>	<p>Duration</p> <div style="text-align: right; margin-right: 50px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
of7	<p>May I take a small sample?</p> <p><i>If yes, stick label, matching to sample, here.</i></p> <p><i>If no, please write the reason (e.g. no oil at the household at the present moment)</i></p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>STICK LABEL HERE</p> </div>	

FLOUR FORTIFICATION COVERAGE

N°	QUESTIONS	ANSWERS	SKIPS
ff1	<p>What is the <u>main</u> edible <u>flour</u> consumed by your household (<i>clarify with: the oil that you use on most days in most meals in the home</i>)?</p> <p><i>Circle only one answer.</i></p>	Wheat flour.....1 Maize flour.....2 Millet flour.....3 Sorghum flour.....4 Fonio flour.....5 Don't use.....7 Don't know / Don't remember.....8 Other:9	If 'Don't use' (7), skip to fc01 .
ff2	<p>Can you tell me where you usually get this [MAIN FLOUR TYPE]?</p> <p><i>Circle only one answer.</i></p>	Purchased from supermarket.....1 Purchased from shop / superette.....2 Purchased from boutique / kiosk.....3 Purchased from market / street stand....4 Purchased from moving street vendor ...5 Made it at home.....6 Received from food aid.....7 Don't know / Don't remember.....8 Other:9	If 'Made it at home' (6), skip to fc01
ff3	<p>Can you tell me the brand of this flour?</p> <p><i>Circle only one answer.</i></p>	GMA.....1 LMCI.....2 MMCI.....3 Casino.....4 Doucine.....5 Don't know / Don't remember.....8 Other:9	
ff4	<p>The <u>last time</u> your household [MAIN FLOUR TYPE], how much did you get?</p> <p><i>Start with '1' if kg, '2' if g, and '3' if CFA.</i></p> <p><i>If 'don't know', record '8888'.</i></p>	Quantity <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 	
ff5	<p>How long does this amount usually last in your household?</p> <p><i>Start with '1' if days and '2' if months.</i></p> <p><i>If 'don't know', record '888'.</i></p>	Duration <input type="text"/> <input type="text"/> <input type="text"/> 	

INDIVIDUAL FLOUR CONSUMPTION (1)

In the last 7 days, how many times did you and [NAME OF CHILD] eat products made from wheat flour, such as [food item]?

If frequency = 00, don't ask the portion size!

Usually how much of [food item] did you and [NAME OF CHILD] eat at one sitting? *Show pictures of portions!*

N°	ITEMS	A. Caregiver		B. Child	
		1. Frequency (# times)	2. Portion size	1. Frequency (# times)	2. Portion size
fc01	Baguette	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc02	Ball-bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc03	Campagne bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc04	Milk bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc05	Raisin bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc06	Croissant	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc07	Chocolate bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc08	Sweet bread 500F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc09	Sweet bread 200F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc10	Sweet bread 100F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc11	Sweet bread 50F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc12	Sweet white bread 50F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc13	Sweet rond bread	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc14	Cake 50F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc15	Cake 100F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc16	Galettes aller-retour	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc17	Galettes white	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc18	Galettes yellow 10 F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc19	Galettes yellow 25 F	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc20	Galettes (Gbofroto)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc21	Gbozon	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
fc22	Others: _____	<input type="text"/> <input type="text"/>	cfa	<input type="text"/> <input type="text"/>	<input type="text"/>

SALT FORTIFICATION COVERAGE

N°	QUESTIONS	ANSWERS	SKIPS
sf1	The <u>last time</u> your household purchased salt , how was it packaged?	Packaged salt.....1 Open salt.....2 Don't know / Don't remember.....8	
sf2	Can you tell me the brand? <i>Specify</i>	Salina.....1 SAGID.....2 Baleine.....3 Sea salt.....4 Don't know / Don't remember.....8 Other:.....9	
sf3	May I take a small sample? <i>If yes, stick label, matching to sample, here. If no, write in the reason (e.g. no salt available in the household)</i>	STICK LABEL HERE	

BOUILLON CUBE FORTIFICATION COVERAGE

N°	QUESTIONS	ANSWERS	SKIPS
bcf1	What is the main brand of bouillon cube consumed by your household (<i>clarify with: the brand of the bouillon cube that you use on most days in most meals in the home</i>)? <i>Specify</i>	Maggi.....1 Jumbo.....2 Doli.....3 Casino.....4 Adja.....5 Mamita.....6 Jocomo.....7 Maxi gout.....8 Don't use.....77 Don't know / Don't remember.....88 Other:.....99	If 'don't use', end here
bcf2	The last time your household got [BOUILLON CUBE BRAND], how much did you get? <i>If 'don't know', record '88'.</i>	Number of cubes/sachets <input type="text"/> <input type="text"/>	
bcf3	How long does this amount usually last in your household? <i>Start with '1' if days and '2' if months. If 'don't know', record '888'.</i>	Duration <input type="text"/> <input type="text"/> <input type="text"/>	

obs	<i>Please write in any other remarks</i>		
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***** CHECK THE QUESTIONNAIRE & THANK THE MOTHER!*****