# Household Questionnaire

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| **Start date/event of recall period: xxxxx** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. | Name | Sex (m/f) | Age (years) | Joined on or after | Left on or after | Born on or after | Died on or after |
| List all current household members\* |
| 1 | Head of household |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| List all household members which left since the start of the recall period |
| 1 |  |  |  |  | Y |  |  |
| 2 |  |  |  |  | Y |  |  |
| 3 |  |  |  |  | Y |  |  |
| 4 |  |  |  |  | Y |  |  |
| 5 |  |  |  |  | Y |  |  |
| List all household members which died since the start of the recall period |
| 1 |  |  |  |  |  |  | Y |
| 2 |  |  |  |  |  |  | Y |
| 3 |  |  |  |  |  |  | Y |
| 4 |  |  |  |  |  |  | Y |
| 5 |  |  |  |  |  |  | Y |

\*Household defined as all people eating from the same pot and living together (WFP definition)

# Household Questionnaire

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| **Q1. What is the household resident status?**1=Resident of this area2=Internally displaced3=Refugee4=Nomadic |  |
| **Q2. What is the main source of drinking water used by household members?***Record one of the options (the main source) according to the respondent*1=Piped household water connection 2=Public standpipe 3=Borehole/well with hand pump 4=Protected spring 5=Snow/rainwater collection 6=River/stream/canal water7=Pond/reservoir water8=Well with bucket9=Unprotected kanda/karez10=Unprotected spring98=Other (specify) |  |

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| **Q3. What foods have been eaten in the household in the last 7 days? On how many days of the last 7 days was the food eaten?** |
| *Food items are not read aloud, complete based on respondent’s account* | Number of days eaten of the last 7 days (0-7)  | Total |
| 1. Cereals or tubers (bread, wheat, rice, maize, potatoes, etc.)
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Pulses (beans, lentils, peas, etc.)
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Vegetables
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Fruit
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Meat, fish, or eggs
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Dairy (milk, yogurt, cheese, etc.)
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Sugar, honey
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Oil, fats
 |  ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |

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| **Q4. In the past 7 days, have there have been times when you did not have enough food or money to buy food? If yes, what did you do?** | Number of days of the last 7 days (0-7)  | Total |
| 1. Rely on less preferred and less expensive food
 | ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Borrow food, or rely on help from a friend or relative
 | ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Limit portion size at mealtimes
 | ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Restrict consumption by adults in order for small children to eat
 | ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |
| 1. Reduce number of meals eaten in a day
 | ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ ⃝ |  |

# Child Questionnaire 0-59 months

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Child ID** | **Sex**(f/m) | **Birthday**(dd/mm/yyyy) | **Age**(months) | **Weight**(00.0 kg) | **Height or length**(00.0 cm) | **Measure**(l/h)**\*** | **Bilateral edema** | **MUAC**(000 mm)*Left arm* | **With clothes**(y/n) |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |

\**Note only if length is measured for a child who is older than 2 years or height is measured for a child who is younger than 2 years, due to unavoidable circumstances in the field*

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| **Child (6-59 months) ID Number** |  |  |  |  |  |
| *For any child that is identified as acutely malnourished (WHZ, MUAC, or edema)***Q5. Is the child currently receiving any malnutrition treatment services?***Probe, ask for enrollment card, and observe the treatment food (RUTF / RUSF) to identify the type of treatment service*1=OPD SAM2=OPD MAM3=IPD SAM4=No treatment98=Don’t know |  |  |  |  |  |
| *If the child is not enrolled in a treatment program, refer to nearest appropriate treatment center***Q6. Did you refer the child?** 1=yes0=no |  |  |  |  |  |

# Child Questionnaire

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| **Child (18-59 months) ID Number** |  |  |  |  |  |
| **Q7. Has the child received two doses of measles vaccination?** (on the upper right arm)*Ask for vaccination card to verify if available*1=Received two doses as confirmed by vaccination card2=Received two doses as confirmed by caregiver recall3=Has not received two doses98=Don’t know |  |  |  |  |  |

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| **Child (<24 months) ID Number** |  |  |  |  |  |
| **Q8. How long after birth was the child first put to breast?** 1=Within one hour2=In the first day within 24 hours3=After the first day (>24 hours)98=Don’t know |  |  |  |  |  |
| **Q9. Was the child breastfed yesterday during the day or night?***This includes if the child was fed expressed breastmilk by cup, bottle, or by another woman (these are also considered “yes”)*1=Yes 0=No 98=Don’t know |  |  |  |  |  |
| **Q10. Did the child have any liquid drink other than breastmilk yesterday during the day or night?***Do not read options, probe by asking open questions and record all that apply. Vitamin drops, ORS, or medicine as drops are not counted*1=Yes 0=No |  |  |  |  |  |
| 1. Plain water
 |  |  |  |  |  |
| 1. Infant formula
 |  |  |  |  |  |
| 1. Powdered or fresh animal milk
 |  |  |  |  |  |
| 1. Juice or soft drinks
 |  |  |  |  |  |
| 1. Clear broth
 |  |  |  |  |  |
| 1. Yogurt
 |  |  |  |  |  |
| 1. Thin porridge
 |  |  |  |  |  |
| 1. Any other liquids (tea, coffee, etc.)
 |  |  |  |  |  |
| **Q11. Did the child have any solid, semi-solid, or soft foods yesterday during the day or night?**1=Yes 0=No 98=Don’t know |  |  |  |  |  |

# Caregiver Questionnaire

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| **Caregiver HH Member ID Number** |  |  |  |  |  |
| **Q12. Can you show me how you wash your hands?** *Observe the caregiver as they wash their hands. Do not probe or read the answers, record the most appropriate response*1=Yes0=No |  |  |  |  |  |
| 1. Uses soap or ash with water
 |  |  |  |  |  |
| 1. Uses only water
 |  |  |  |  |  |
| 1. Uses nothing
 |  |  |  |  |  |
| 1. Other (specify)
 |  |  |  |  |  |

|  |  |  |  |  |  |
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| **Caregiver HH Member ID Number** |  |  |  |  |  |
| **Q13. When do you usually wash your hands?** *Do not probe or read the answers, record all appropriate responses*1=Yes0=No |  |  |  |  |  |
| 1. After defecation
 |  |  |  |  |  |
| 1. After cleaning baby`s bottom
 |  |  |  |  |  |
| 1. Before food preparation
 |  |  |  |  |  |
| 1. Before eating
 |  |  |  |  |  |
| 1. Before feeding children (including breastfeeding)
 |  |  |  |  |  |

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| **Woman (15-49 years) HH Member ID Number** |  |  |  |  |  |
| **Q14.** Status of woman1=Pregnant2=Lactating3=Pregnant and lactating4=None  |  |  |  |  |  |
| MUAC measurement (mm) |  |  |  |  |  |

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| **General comments** (optional) |