

# WASH Benefits Common Module 1

## Birth date, age and sex

Version Number 3.0 (2011-09-07)

<b>IDENTIFICATION</b>	
<b>0.1. CLUSTER ID:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>0.2. HOUSEHOLD ID:</b>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>0.3. CHILD ID</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Administer to: Children < 36 months at baseline

<b>C.101</b> Interview date	DD/MM/YY	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<b>C.102</b> Child Status	1 = Present 2 = Not yet born (in utero) >> <b>Skip to C.108</b>	<input type="checkbox"/>
<b>C.103</b> Date of Birth (DOB)	DD/MM/YY	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<b>C.104</b> Source of Date of Birth	1 = Confirmed DOB by valid vaccination/health card 2 = Mother/Relative remembers DOB 3 = Both 1 & 2 4 = Estimated DOB with 2 and event calendar	<input type="checkbox"/>
<b>C.105</b> Reported Age	# Years, ## Months	A. <input type="text"/> Years
		B. <input type="text"/> <input type="text"/> Months
<b>C.106</b> Source of age used in the survey	1 Birth date (C.103) 2 Reported Age (C.105)	<input type="checkbox"/>

<b>C.107 Sex</b>	1 = Male 2 = Female	<input type="checkbox"/>
<b>For pregnant women:</b>		
<b>C.108 What was the date of your last menstrual period?</b>	88 / 88 / 88 = No menstruation since their last pregnancy  99 = Don't know / not sure	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> DD MM YY
<b>C.109 Estimated Length of the Pregnancy</b>	Record number of completed months  99 = Don't know / not sure	<input type="checkbox"/> Completed Months
<b>C.110 Source of Pregnancy Length</b>	1 = Estimated by mother only  2 = Estimated by mother and a health practitioner, no ultrasound (last prenatal visit)  3 = Estimated by mother and health practitioner, using ultrasound (last prenatal visit)	<input type="checkbox"/>

## WASH Benefits Common Module 2

### Diarrhea and symptoms of illness

Version Number 3.0 (2011-09-07)

Administer to: Children < 36 months living in a study compound at baseline

Respondent: Child's primary caregiver.

(The primary caregiver is the person that spends the most time with the child. This is often the mother.)

<b>IDENTIFICATION</b>	
0.1. CLUSTER ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
0.2. HOUSEHOLD ID:	<input type="text"/> <input type="text"/>
0.3. CHILD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		A	B	C	D
	Did [NAME] have [SYMPTOM] :	Today	Yesterday	Day before Yesterday	In the last 7 days (since this day last week)
C.201	Fever	1=Yes	1=Yes	1=Yes	1=Yes
C.202	Diarrhea	1=Yes	1=Yes	1=Yes	1=Yes
C.203	3 or more bowel movements in 24 hours	1=Yes	1=Yes	1=Yes	1=Yes
C.204	Number of bowl movements each day				
C.205	Watery or soft stool (unformed)	1=Yes	1=Yes	1=Yes	1=Yes
C.206	Blood in the stool	1=Yes	1=Yes	1=Yes	1=Yes
C.207	Skin rash (anywhere on the body)	1=Yes	1=Yes	1=Yes	1=Yes
		Today	Yesterday	Day before Yesterday	In the last 7 days (since this day last week)
C.208	Constant cough	1=Yes	1=Yes	1=Yes	1=Yes
C.209	Congestion / runny nose	1=Yes	1=Yes	1=Yes	1=Yes
C.210	Panting / wheezing / difficulty breathing	1=Yes	1=Yes	1=Yes	1=Yes
C.211	Bruising, scrapes or cuts	1=Yes	1=Yes	1=Yes	1=Yes
C.212	Toothache / teething	1=Yes	1=Yes	1=Yes	1=Yes

#### C.213

If answered Yes to C.202 (Diarrhea): When did the diarrhea start?

Record length of time in days or weeks. If < 14 days, record the response in days.

A   B

- 1 Days ago  
2 Weeks ago

## WASH Benefits Common Module 3

### Deworming

Version Number 5 (2012-01-21)

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Administer to:

Children < 36 months at enrollment

Pregnant mothers

School-aged children that provide stool specimens

Respondent: Child's primary caregiver or pregnant mother.

(The primary caregiver is the person that spends the most time with the child. This is often the mother.)

### Deworming

#### C.301.

☐ Within the last six months, has [NAME] received a pill or drug for intestinal worms?

1 Yes

2 No **(Done)**

99 Don't know / not sure **(Done)**

#### C.302.

☐ Where did [NAME] receive the drug for intestinal worms?

1 At home / in the village

2 At a hospital or health facility

3 At a school

99 Don't know / not sure

#### C.303.

☐ Did [NAME] receive the drug as part of a large campaign?

1 Yes

2 No

99 Don't know / not sure

**C.304.**

Approximately how long ago did [NAME] receive the drug?

*If more recent than 1 month, record weeks*

99 Don't know / not sure

A ☐ MONTHS (0 – 6)

B ☐ ☐ WEEKS

**C.305.**

Has the [NAME] eaten any dirt or soil?

*Ask for each recall period:*

1	Today	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 99 Don't know
2	Yesterday	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 99 Don't know
3	Day before yesterday	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 99 Don't know
4	In the past 7 days (since this day last week?)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 99 Don't know

## Common Module 3 Notes

These questions have not been piloted.

# WASH Benefits Common Module 4

## Anthropometry

Version Number 3.0 (2011-09-07)

Administer to: Children < 3 months at baseline

<b>IDENTIFICATION</b>	
0.1. CLUSTER ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
0.2. HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/>
0.3. CHILD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>C.401</b> <b>FRA ID</b>	##	<input type="text"/> <input type="text"/>
<b>C.402</b> <b>Name of FRA</b>	Full Name	
<b>C.403</b> <b>Is mother wearing heavy clothing during weight measurement?</b>	1 = Light clothing 2 = Light clothing plus sweater 3 = Heavy clothing	<input type="text"/>
<b>C.404</b> <b>Weight of Mother Measurement #1</b>	Weight (kg)	<input type="text"/> <input type="text"/> . <input type="text"/>
<b>C.405</b> <b>Weight of Mother Measurement #2</b>	Weight (kg)	<input type="text"/> <input type="text"/> . <input type="text"/>
<b>C.406</b> <b>Weight of Mother Measurement #3</b> (If difference between measures 1 & 2 is $\geq 0.1$ kg)	Weight (kg)	<input type="text"/> <input type="text"/> . <input type="text"/>

<b>C.407</b> <b>Is child wearing clothing during weight measurement?</b>	0 = No Clothes 1 = Only Shirt 2 = Only Pants 3 = Both Shirt & Pants	<div style="text-align: center;">□</div>
<b>C.408</b> <b>Weight of Mother + Child Measurement #1</b>	Weight (kg)	<div style="text-align: center;">□ □ . □</div>
<b>C.409</b> <b>Weight of Mother + Child Measurement #2</b>	Weight (kg)	<div style="text-align: center;">□ □ . □</div>
<b>C.410</b> <b>Weight of Mother + Child Measurement #3</b> (If difference between measures 1 & 2 is $\geq 0.1$ kg)	Weight (kg)	<div style="text-align: center;">□ □ . □</div>
<b>C.411 – C.413</b> reserved for child weight measurement without mother (follow-up visits)		
<b>C.414</b> <b>Length of Child Measurement #1</b>	Length (cm)	<div style="text-align: center;">□ □ □ . □</div>
<b>C.415</b> <b>Length of Child Measurement #2</b>	Length (cm)	<div style="text-align: center;">□ □ □ . □</div>
<b>C.416</b> <b>Length of Child Measurement #3</b> (If difference between measures 1 & 2 is $\geq 0.5$ cm)	Length (cm)	<div style="text-align: center;">□ □ □ . □</div>

<b>C.417</b> <b>Length Measurement Method</b>	Child was:  1 = lying (recumbent) 2 = standing	<input type="checkbox"/>
<b>C.418</b> <b>Head Circumference Measurement #1</b>	Circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> .
<b>C.419</b> <b>Head Circumference Measurement #2</b>	Circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> .
<b>C.420</b> <b>Head Circumference Measurement #3</b> (If difference between measures 1 & 2 is $\geq 0.5$ cm)	Circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> .
<b>C.421</b> <b>Does the child have swollen feet (bi-pedal edema)?</b>	1 = Yes (>> Referral) 2 = No	<input type="checkbox"/>

## Common Module 4 Notes

### Sources:

FANTA 2003 guidelines, Section 5.3 (Cogill 2003)

iLiNS Project Common Policies and Procedures

ICDDR B WASH Benefits EE Pilot Study

### C.401 – C.402

Interviewer ID may be an important source of variability in anthropometric measurement and should be recorded. In adjusted analyses it may improve the precision of our estimates. It can also be useful for monitoring data for quality control purposes.

### C.403

Mothers should be asked to remove heavy clothing. Shoes, if any, should be removed. A simple list of correction factors for clothing weight should be developed in each site (e.g.: light clothing, light clothing plus sweater, heavy clothing). This should be discussed during training of anthropometrists, and the data collection form should include a variable/codes to capture information about mother's clothing. The correction factor will be applied during data processing.



## WASH Benefits Common Module 5

### Vaccination History

Version Number 3.0 (2011-09-07)

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Administer to: Children < 3 months at enrollment

Respondent: Child's primary caregiver.

(The primary caregiver is the person that spends the most time with the child. This is often the mother.)

IDENTIFICATION	
0.1. CLUSTER ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
0.2. HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/>
0.3. CHILD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### C.501.

☐

Do you have a card where [NAME'S] vaccinations are written down? [If YES: May I see it please?]

- 1 Yes, seen **(Skip to C.504)**
- 2 Yes, not seen
- 3 No card

#### C.502.

☐

Did [NAME] ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?

- 1 Yes
- 2 No **(Done)**
- 99 Don't know / not sure **(Done)**

## WASH Benefits Common Module 6

### Food Frequency Questionnaire

Version Number 3.0 (2011-09-07)

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IDENTIFICATION	
0.1. CLUSTER ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
0.2. HOUSEHOLD ID:	<input type="text"/> <input type="text"/> <input type="text"/>
0.3. CHILD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Administer to: Children < 3 months at enrollment

Respondent: Child's primary caregiver.

(The primary caregiver is the person that spends the most time with the child. This is often the mother.)

#### Introduction

Now I would like to ask you some questions about feeding [NAME]. First I need to know if you will be able to tell me about feeding [NAME] yesterday and over the last week.

#### C.601.

Do you know what [NAME] consumed yesterday?

☐ 1 Yes

☐ 2 No

#### C.602.

*If No*, Is there someone else who knows what the child ate, who can sit with us today and help answer questions?

☐ 1 Yes

☐ 2 No

☐ 88 Not applicable (C.601 = 1)

#### C.603.

Respondent relationship to the participating child

☐ 1 Mother

☐ 2 Father

☐ 77 Other (specify) \_\_\_\_\_

**Breastfeeding, Liquids, and Foods Eaten by the Child****C.604.**

How long after the birth did you first put [name] to the breast?

- ☐ 0 Immediately
- ☐ 1 Within the first hour
- ☐ 2 More than one hour but less than 24 hours
- ☐ 3 More than 24 hours
- ☐ 88 Not Applicable
- ☐ 99 Don't know / not sure

**C.605.**

Is the baby still breastfeeding, or is he/she completely weaned?

- ☐ 1 Yes, breastfeeding **(Skip to C.606)**
- ☐ 2 No, weaned

**C.606.**

How old was [NAME] the last time he/she was breastfed?

99 Don't know / not sure

MONTHS

**C.607.**

Now I would like you to tell me how many times [NAME] breastfed yesterday. I am going to read you some answers and I want you to please tell me which you think is closest.

- ☐ 1 Not at all
- ☐ 2 Only at night
- ☐ 3 Very little, only 1 or 2 times during the day
- ☐ 4 Moderately, about 3 to 5 times during the day
- ☐ 5 Very often, at least 6 times during the day
- ☐ 99 Don't know / not sure

Now I would like to ask you about liquids that [NAME] may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods.

*For each item on the list, read the question below and tick the appropriate box.*

**C.608.**

Did [NAME] drink/have any [ITEM FROM LIST]? *Read question 6 times, once for each item*

Food Item	Drink / take / eat this item?
1. Water/ sugar water	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
2 Milk, including fresh milk, milk in tin or box, or powdered milk?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
3 Infant formula such as <b>Lactogen or NAN or Aspen?</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
4 Tea made with milk?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
5. Tea made without milk?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
6 Yogurt?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
7 Porridge?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know
<b>[optional: other local drink specified by country teams]</b> <b>For example: fruit juice, clear broth, chocolate drinks (with no milk), chocolate milks (with milk), soft drinks. The exact drinks or types of drinks should be adapted to locally consumed foods.</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't Know

Next I would like to ask you some questions about the foods that [NAME] ate yesterday during the day or at night. I would like to know everything that [NAME] ate, whether at home or someplace else.

*Use the separate page of instructions, with questions to help the mother remember. Do not read the list below. Let the mother tell you what the child ate. Circle each food (or ingredient) that the child ate, and tick "[X] 1 Yes" for that food group.*

**C.609.**

Foods/ingredients in recipes (may be in a sauce or porridge) eaten by the child yesterday															
1	Porridge						<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No					
2	Maize nsima/ugali	Rice Bread	Fried dough	Sorghum	Millet	Noodles	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No					
3	Pumpkin	Orange- or yellow-fleshed sweet potato	Carrots							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No		
4	Cassava	Cassava nsima/ugali	White yam	Irish potato	White-fleshed sweet potato	Plantain	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No					
5	Pumpkin leaves	Mustard leaves	Rape leaves	Bean leaves	Cassava leaves	Pigeon pea leaves	Other dark green	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No				
6	Ripe mango	Ripe papaya							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No			
7	Banana	Pineapple	Guava	Masau	Avocado	Orange	Malambe (Baobab)	Other fruit	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No			
8	Tomato	Onion	Mushroom	Okra	Fresh bean pea pod	Other vegetable						<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
9	Liver	Kidney	Heart	Other organ meat							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	
10	Any type of meat / flesh, including from birds and animals						<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No					
11	Any type of bird egg						<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No					
12	Fresh fish	Dried fish	Crab (freshwater)	Other fish / seafood							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	
13	Beans	Peas / Lentils	Soya	Groundnut	Cashew	Pounded groundnut	Any other legume or nut	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No				
14	Cheese	Yogurt	Chambiko (curdled milk)	Other milk products							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	
15	Vegetable oil	Animal fat	Margarine							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No		
16	Chocolate	Sweets / candies	Cake	Cookies / sweet biscuits							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	
17	Seasonings	Garlic	Spices	Spice/seasoning mix							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	
18	Snails	Any type of insect							<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No			
19	If not on list above, write food(s) here and at bottom														

**C.610.**

You mentioned that [NAME] ate [read back circled foods on previous page] yesterday during the day or at night.

Did [NAME] have any other food at all, including snacks?

☐ 1 Yes

☐ 2 No

*If “yes”, use the same probing questions and circle on the list on previous page.*

***At the end of the recall tick “[X] 2 No” if no food or ingredient is circled for that group.***

**NOTE;** C.610 NOT ADMINISTERED IN THE BASELINE SURVEY BECAUSE FEW CHILDREN WILL BE EATING SOLID FOODS.

Now I would like to ask you some questions about foods [NAME] ate in the last 7 days, since last [INTERVIEW DAY]. For each food I ask about, please tell me how many days in the last 7 days you think the child ate that food.

I would like to know if [NAME] had the food, even if it was combined with other foods. For example, if [NAME] ate a sauce or relish made with chicken, onions, and tomatoes, you should say “yes” when I ask about meat, and again “yes” when I ask about vegetables. However, if [NAME] only had the broth, not the chicken or vegetables, do not say “yes” because they did not eat it.

*For each item on the list, read the question below and fill in the number of days the respondent says (0-7).*

**C.611.**

How many days in the last 7 days did [NAME] have [ITEM FROM LIST]?

Foods (in groups) eaten by the child in the last seven days	<b>Number of days food was eaten by child (0-7)</b> Eaten, don't know how many days = 66 Don't know if eaten or not = 99
1 Porridge, nsima/ugali, rice, fried dough or bread?	_ _ _
2 Pumpkin, carrots, or sweet potatoes that are yellow or orange inside?	_ _ _
3 Cassava, plantains, white sweet potato, Irish potato, white yams, or any other root or tuber?	_ _ _
4 Any sauce or relish made with dark green leaves such as pumpkin leaves or mustard leaves?	_ _ _
5 Ripe mango or ripe papaya?	_ _ _
6 Any other fruit such as banana, guava, avocado, or any other fruit?	_ _ _
7 Any other vegetable such as tomato, onions, mushroom, fresh bean pod or any other?	_ _ _
8 Any type of meat, including from birds or from animals?	_ _ _
9 Any type of egg?	_ _ _
10 Any type of dried fish or fresh fish?	_ _ _
11 Any dishes made with beans, peas, lentils, groundnut, or other nuts, including pounded nuts?	_ _ _
12 Any milk, cheese, yogurt, chambiko or foods/drinks made with milk?	_ _ _
13 Vegetable oil, fat from animals, margarine, or any foods made with these?	_ _ _
14 Sweet foods such as chocolate, sweets/candies, cake or cookies/sweet biscuits?	_ _ _

Now I would like to ask you about infant formula and about some special foods that are sometimes given to infants and small children. Even if you already told me about the food, please tell me again so I can be sure to write down these special foods.

**C.612.**

On how many days in the last 7 days, since last [INTERVIEW DAY], did [NAME] have any [ITEM FROM LIST]?

Infant formula and special foods eaten by the child in the last seven days		Number of days food was eaten by child (0-7) Eaten, don't know how many days = 66 Don't know if eaten or not = 99
1	Infant formula such as <b>Lactogen or NAN or Aspen</b> ?	_ _ _
1.1	If Yes, What type? _____	
2	Porridge or other food made with <b>Likuni Phala or Rab's Sunshine</b> , of the type bought in stores	_ _ _
3	Other baby cereal such as <b>Baby's Best, Nestle Nestum, Cerelac</b> or other?	_ _ _
3.1	If Yes, What type? _____	
4	Foods to which you added a [powder or micronutrient sprinkles] such as [list brands or show common micronutrient powders available in the study area]?	_ _ _
4.1	If yes, what type? _____	
5	[Lipid-based nutrient supplement (LNS)] you received from us?	_ _ _  [Fill in "00" at enrollment. Fill in "07" if infant does not receive LNS from WASH Benefits]
6	Any other [Lipid-based nutrient supplement (LNS)]?	_ _ _
6.1	If Yes, ask to see and write name/type: _____	
7	<b>[Optional: include locally available LNS brand identified by country teams]</b>	_ _ _

Now I would like to ask you about vitamin/mineral pills or drops.

**C.613.**

On how many days did [NAME] have any vitamin/mineral pills or drops in the last 7 days, since last [INTERVIEW DAY]?

66 Child had, but number of days not known

99 Don't know if child had or not

DAYS (0 – 7)



## WASH Benefits Common Module 7

### Handwashing

Version Number 5 (2012-01-21)

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Administer to: All Households

Respondent: Caregiver of the target child

C7. HANDWASHING BEHAVIOR MEASURES (All households)											
IDENTIFICATION		0.1. CLUSTER ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0.2. HOUSEHOLD ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
INDICATOR 1: THREE-POINT HAND INSPECTION											
C.700	RECORD WHETHER THE RESPONDENT HAS WASHED HER HANDS AT ANY TIME BEFORE THIS QUESTION  [1] OBSERVED RESPONDENT WASHING HANDS [2] DID NOT OBSERVE RESPONDENT WASHING HANDS										
C.701.	<p>READ: Thank you. Now, I would like to do a quick inspection of your hands. I hope you don't mind. Can you please show me your hands?</p> <p>BOTH HANDS SHOULD BE SHOWN (NOT JUST ONE HAND). USE APPEARANCE CODES BELOW TO RECORD THE DESCRIPTION THAT BEST DESCRIBES THE DEFINITIONS THE LEVEL OF CLEANLINESS.</p> <p>ASK: Please show me [NAME]'s hands.</p> <p>ASK TO SEE THE HANDS OF THE RESPONDENT'S OLDEST CHILD 0-36 MONTHS (SEE C.1) IF RESPONDENT DOESN'T HAVE A CHILD 0-36 MONTHS → <b>SKIP TO NEXT PAGE.</b></p>	<p> MOTHER</p> <table border="1"> <thead> <tr> <th>Left Hand</th> <th>Right Hand</th> </tr> </thead> <tbody> <tr> <td>A   <input type="text"/>   FINGERNAILS</td> <td>D   <input type="text"/>   FINGERNAILS</td> </tr> <tr> <td>B   <input type="text"/>   PALMS</td> <td>E   <input type="text"/>   PALMS</td> </tr> <tr> <td>C   <input type="text"/>   FINGER PADS</td> <td>F   <input type="text"/>   FINGER PADS</td> </tr> </tbody> </table>		Left Hand	Right Hand	A   <input type="text"/>   FINGERNAILS	D   <input type="text"/>   FINGERNAILS	B   <input type="text"/>   PALMS	E   <input type="text"/>   PALMS	C   <input type="text"/>   FINGER PADS	F   <input type="text"/>   FINGER PADS
		Left Hand	Right Hand								
		A   <input type="text"/>   FINGERNAILS	D   <input type="text"/>   FINGERNAILS								
		B   <input type="text"/>   PALMS	E   <input type="text"/>   PALMS								
C   <input type="text"/>   FINGER PADS	F   <input type="text"/>   FINGER PADS										
<p> OLDEST CHILD 0-36 MONTHS</p> <table border="1"> <thead> <tr> <th>Left Hand</th> <th>Right Hand</th> </tr> </thead> <tbody> <tr> <td>G   <input type="text"/>   FINGERNAILS</td> <td>J   <input type="text"/>   FINGERNAILS</td> </tr> <tr> <td>H   <input type="text"/>   PALMS</td> <td>K   <input type="text"/>   PALMS</td> </tr> <tr> <td>I   <input type="text"/>   FINGER PADS</td> <td>L   <input type="text"/>   FINGER PADS</td> </tr> </tbody> </table>		Left Hand	Right Hand	G   <input type="text"/>   FINGERNAILS	J   <input type="text"/>   FINGERNAILS	H   <input type="text"/>   PALMS	K   <input type="text"/>   PALMS	I   <input type="text"/>   FINGER PADS	L   <input type="text"/>   FINGER PADS		
Left Hand	Right Hand										
G   <input type="text"/>   FINGERNAILS	J   <input type="text"/>   FINGERNAILS										
H   <input type="text"/>   PALMS	K   <input type="text"/>   PALMS										
I   <input type="text"/>   FINGER PADS	L   <input type="text"/>   FINGER PADS										

APPEARANCE CODES:



- [1] VISIBLE DIRT (DIRT/MUD/SOIL/ASH OR ANY OTHER MATERIAL IS VISIBLE)
- [2] UNCLEAR APPEARANCE (NO DIRT IS VISIBLE ON THIS PART OF THE HAND BUT, IN GENERAL, THIS PART OF THE HAND APPEARS UNCLEAR)
- [3] CLEAN (OBSERVED PART OF THE HAND IS CLEAN AS WOULD APPEAR AFTER SOMEONE WASHES HANDS OR TAKES A BATH)
- [88] N/A; OBSERVATION NOT POSSIBLE/REFUSED/NO CHILD 0-36 MONTHS

INDICATOR 2: SOAP AND WATER AT HANDWASHING PLACE				
C.702. Ask the respondent: "Can you please show me the place where you most often wash your hands?"				
<p>a. LOCATION OF HW PLACE: CIRCLE ONE</p> <p>[1] IN/NEAR MAIN HOUSE (≤2M/6 feet TO ENTRANCE)</p> <p>[2] IN/NEAR LATRINE (≤2M TO ENTRANCE)</p> <p>[3] IN/NEAR COOKING AREA (≤2M/6 feet TO ENTRANCE)</p> <p>[4] &gt;2M/6 feet AWAY FROM MAIN HOUSE, LATRINE AND COOKING AREA</p> <p>[5] NO SPECIFIC PLACE, multiple places used</p>	<p>b. (KENYA ONLY) TYPE OF HW DEVICE: CIRCLE ONE</p> <p>[1] TIPPY TAP</p> <p>[2] BASIN/PITCHER</p> <p>[3] OTHER (SPECIFY): _____</p> <p>[4] NO SPECIFIC DEVICE</p>	<p>c. MATERIALS PRESENT CIRCLE ALL THAT APPLY (KENYA INSTRUCTIONS: IF THERE IS NO SPECIFIC HW PLACE AND THE DEVICE IS A BASIN, NOTE WHICH MATERIALS ARE KEPT WITH THE BASIN.)</p> <p>[1] WATER</p> <p>[2] BAR SOAP (Body/hand Bar)</p> <p>[3] BAR SOAP (other)</p> <p>[4] POWDERED SOAP</p> <p>[5] SOAPY WATER</p> <p>[6] (B) LIQUID SOAP</p> <p>[7] (B) Ash</p> <p>[8] (B)Mud/Sand</p> <p>[9] (B) ICDDR,B Blue drum with tap</p> <p>[10] (B) Moisture below handwashing station</p> <p>[11] (B) ICDDR,B provided smaller bucket</p> <p>[12] (B) Other bucket</p> <p>[13] (B) Basin/Jug</p> <p>[14] NONE OF THE ABOVE</p> <p>[77] OTHER (SPECIFY): _____</p>	<p>c. DISTANCE TO COOKING AREA</p> <p>COUNT STEPS, RECORD/CONVERT TO METERS (KENYA ONLY: IF NO SPECIFIC PLACE, MEASURE FROM WHERE BASIN WAS STORED) IF MEASUREMENT NOT POSSIBLE, CODE "88"</p> <p><input type="text"/> <input type="text"/> M</p>	<p>d. DISTANCE TO LATRINE/PLACE OF DEFECATION</p> <p>SAME INSTRUCTIONS AS IN D. IF NO LATRINE, CODE "88"</p> <p><input type="text"/> <input type="text"/> M</p>
C.703. Do you have <u>another place</u> where you wash your hands? (CIRCLE) YES → Can you please show me? NO → SKIP TO C.704				
<p>a. LOCATION OF HW PLACE: CIRCLE ONE</p> <p>[1] IN/NEAR MAIN HOUSE (≤2M/6 feet TO ENTRANCE)</p> <p>[2] IN/NEAR LATRINE (≤2M/6 feet TO ENTRANCE)</p>	<p>b. (KENYA ONLY) TYPE OF HW DEVICE: CIRCLE ONE</p> <p>[1] TIPPY TAP</p> <p>[2] BASIN/PITCHER</p> <p>[3] OTHER (SPECIFY): _____</p>	<p>c. MATERIALS PRESENT CIRCLE ALL THAT APPLY (KENYA INSTRUCTIONS: IF THERE IS NO SPECIFIC HW PLACE AND THE DEVICE IS A BASIN, NOTE WHICH MATERIALS ARE KEPT WITH THE BASIN.)</p> <p>[1] WATER</p> <p>[2] BAR SOAP (Body/hand Bar)</p>	<p>c. DISTANCE TO COOKING AREA</p> <p>COUNT STEPS, RECORD/CONVERT TO METERS. (KENYA ONLY: IF NO SPECIFIC PLACE, MEASURE FROM</p>	<p>d. DISTANCE TO LATRINE/PLACE OF DEFECATION</p> <p>SAME INSTRUCTIONS AS IN D. IF NO LATRINE, CODE "88"</p>

<p>[3] IN/NEAR COOKING AREA (≤2M/6 feet TO ENTRANCE)</p> <p>[4] &gt;2M/6 feet AWAY FROM MAIN HOUSE, LATRINE AND COOKING AREA</p> <p>[5] NO SPECIFIC PLACE, multiple places used</p>	<p>_____</p> <p>_____</p> <p>[4] NO SPECIFIC DEVICE</p>	<p>[3] BAR SOAP (other)</p> <p>[4] POWDERED SOAP</p> <p>[5] SOAPY WATER</p> <p>[6] (B) LIQUID SOAP</p> <p>[7] (B) Ash</p> <p>[8] (B) Mud/Sand</p> <p>[9] (B) ICDDR,B blue drum with tap</p> <p>[10] (B) Moisture below HW station</p> <p>[11] (B) ICDDR,B provided smaller bucket</p> <p>[12] (B) Other bucket</p> <p>[13] (B) Basin/Jug</p> <p>[14] NONE OF THE ABOVE</p> <p>[77] OTHER (SPECIFY): _____</p>	<p>WHERE BASIN WAS STORED)</p> <p>IF MEASUREMENT NOT POSSIBLE, CODE "88"</p> <p><input type="text"/><input type="text"/> M</p>	<p><input type="text"/><input type="text"/> M</p>
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PREPARE YOUR STOPWATCH FOR TIMING.

INDICATOR 4: HANDWASHING DEMONSTRATION, SOAP PRESENCE		
C.704	Thank you. Please show me where you most often wash your hands after defecation. (Note: this may be the same place you already observed. Go to the place identified by the respondent and record location).	
a.	OBSERVE AND RECORD LOCATION OF HANDWASHING (CIRCLE ONE)	YES
1	IN/NEAR MAIN HOUSE ( $\leq 2$ M TO ENTRANCE)	[1]
2	IN/NEAR LATRINE ( $\leq 2$ M TO ENTRANCE)	[1]
3	IN/NEAR COOKING AREA ( $\leq 2$ M TO ENTRANCE)	[1]
4	>2 M FROM MAIN HOUSE, LATRINE AND COOKING AREA	[1]
5	NO SPECIFIC PLACE, MULTIPLE PLACES USED → (BANGLADESH: Stand at Latrine entrance) (KENYA: Stand by home entrance)	[1]
<b>PREPARE YOUR STOP WATCH FOR TIMING.</b>		
C.705	<p>Now, can you demonstrate how you normally clean your hands <u>after defecation</u>? Try in the same manner as you would if I wasn't here.</p> <p>TIME HOW LONG IT TAKES THE RESPONDENT TO BRING MATERIALS TO THAT PLACE (START AT THE MOMENT YOU FINISH ASKING THE QUESTION). WHEN RESPONDENT STARTS CLEANING HER HANDS, TIME DURATION OF RUBBING HANDS TOGETHER.</p>	<p>[1] DEMONSTRATED</p> <p>[2] COULD NOT DEMONSTRATE IF NOT → <b>RECORD REASON:</b></p> <p>_____</p> <p>_____</p> <p><b>AND SKIP TO C.705g</b></p>
b	OBSERVE AND RECORD TIME TO PRODUCE (Bangladesh: <u>SOAP</u> ) (Kenya: <u>ALL MATERIALS</u> ) FOR CLEANING HANDS MARK "00:00" IF SOAP IS ALREADY PRESENT AT HANDWASHING PLACE. (Bangladesh ONLY) MARK "88:88" IF SOAP IS NOT USED	____:____   mm:ss
c	OBSERVE AND RECORD LENGTH OF TIME RESPONDENT SPENDS <u>RUBBING HER HANDS TOGETHER</u> :	____:____   mm:ss
d	OBSERVE AND RECORD <u>ALL MATERIALS</u> USED FOR HAND CLEANSING (CIRCLE ALL THAT APPLY)	YES
1	WATER	[1]
2	BAR SOAP (Body/hand BAR)	[1]
3	BAR SOAP (other)	[1]
4	POWDERED SOAP	[1]
5	SOAPY WATER	[1]
6	CLOTH OR LEAVES	[1]
7	BASIN/PITCHER	[1]
8	ASH	[1]
9	MUD	[1]
10	OTHER (SPECIFY): _____	[1]
e	OBSERVE AND RECORD WHETHER BOTH HANDS WERE CLEANED	<p>[1] YES, BOTH HANDS CLEANED</p> <p>[2] NO, ONLY ONE HAND CLEANED</p>
f	OBSERVE AND RECORD HOW RESPONDENT DRIES HANDS	YES
1	DRIES BY WIPING HER HANDS ON HER CLOTHES	[1]
2	DRIES BY WIPING HER HANDS ON ANOTHER CLOTH	[1]

3	DRIES BY WIPING HER HANDS ON MATERIAL (NOT CLOTH)			[1]
4	DRIES BY SHAKING HER HANDS IN THE AIR			[1]
5	NOT DRIED			[1]
6	OTHER, SPECIFY _____			[1]
g	IF RESPONDENT <u>COULD NOT DEMONSTRATE</u> , OR <u>DID NOT USE SOAP</u> , ASK: Do you have soap in your house that you use for handwashing? Can you bring it to me?   OBSERVE AND RECORD TIME TO PRODUCE SOAP FOR WASHING HANDS MARK "88:88" IF ALREADY TIMED IN C.704a MARK "99:99" IF OBSERVATION NOT POSSIBLE OR SOAP NOT AVAILABLE			____:____   mm:ss
C.706 a	 OBSERVE: WAS THERE ANY OBVIOUS REACTIVITY DURING THE COURSE OF THIS DEMONSTRATION?			[1] YES [2] NO → skip to 707
b	Longer time spent cleaning/rubbing hands			[1]
c	Using soap where they otherwise would not			[1]
d	Other, (BRIEFLY explain) _____			[1]
DETERMINANTS OF HANDWASHING				
C.707	ASK: "Please tell me about <u>all of the times</u> you wash your hands <u>with soap</u> ." CIRCLE "1" IN COLUMN A IF CRITICAL TIME IS MENTIONED WITHOUT PROMPTING.  AFTER THE RESPONDENT FINISHES NAMING ALL THE TIMES ASK "IS THERE ANY OTHER TIME YOU WASH YOUR HANDS WITH SOAP?" AND STOP WHEN THE RESPONDENT SAYS THERE IS NO OTHER TIME.  FOR EACH TIME MENTIONED WITHOUT PROMPTING ASK COLUMN B.  FOR QUESTIONS C.707A-G WHERE [1] IS NOT CIRCLED IN COLUMN A, PROMPT BY ASKING: Do you usually wash your hands with soap and water [CRITICAL TIME]? IF THE RESPONDENT SAYS "YES" THEN IMMEDIATELY ASK HOW OFTEN AND MARK APPROPRIATE ANSWER CHOICE IN COLUMN C.			
	A. MENTIONED WITH <u>NO</u> PROMPTING	B. Only for times mentioned with <u>NO</u> PROMPTING, ask: How often do you wash your hands with soap and water [insert event]?  [1] ALWAYS [2] SOMETIMES [3] RARELY	C. REPLIED "AFTER BEING PROMPTED"  [1] ALWAYS [2] SOMETIMES [3] RARELY [4] NO	
a	BEFORE PREPARING FOOD	[1]	[1] [2] [3]	[1] [2] [3] [4]
b	BEFORE EATING	[1]	[1] [2] [3]	[1] [2] [3] [4]
c	AFTER EATING	[1]	[1] [2] [3]	[1] [2] [3] [4]
d	BEFORE FEEDING A CHILD	[1]	[1] [2] [3]	[1] [2] [3] [4]
e	AFTER CLEANING A CHILD'S ANUS	[1]	[1] [2] [3]	[1] [2] [3] [4]
f	AFTER DISPOSING OF CHILDREN'S FECES	[1]	[1] [2] [3]	[1] [2] [3] [4]
g	AFTER TOILETING/DEFECATION	[1]	[1] [2] [3]	[1] [2] [3] [4]

h	AFTER RETURNING FROM OUTSIDE THE COMPOUND	[1]		
i	AFTER TOUCHING A SICK PERSON	[1]		
j	AFTER HANDLING LIVESTOCK	[1]		
k	AFTER HANDLING COW-DUNG (OR ANY ANIMAL FECES)			
	KENYA ONLY (C.707l-n):			
l	AFTER GREETING A LOT OF PEOPLE (I.E. AT CHURCH OR A FUNERAL)	[1]		
m	AFTER WAKING UP IN THE MORNING	[1]		
n	AFTER WORKING IN THE SHAMBA	[1]		
o	OTHER (SPECIFY):	[1]		
p	RESPONDENT NEVER WASHES HANDS WITH SOAP	[1]		
<b>KENYA ONLY: (C.708-715)</b>				
C.708	Now, please tell me about all the times you expect <u>your neighbor</u> to wash his/her hands with soap.  DO NOT READ RESPONSES. PROBE UNTIL RESPONDENT HAS FINISHED. CIRCLE ALL THAT APPLY.	MENTIONED WITH <u>NO PROMPTING</u>		
a	BEFORE PREPARING FOOD	[1]		
b	BEFORE EATING	[1]		
c	AFTER EATING	[1]		
d	BEFORE FEEDING A CHILD	[1]		
e	AFTER CLEANING A CHILD'S ANUS	[1]		
f	AFTER DISPOSING OF CHILDREN'S FECES	[1]		
g	AFTER DEFECACTION	[1]		
h	AFTER RETURNING FROM OUTSIDE THE COMPOUND	[1]		
k	AFTER GREETING A LOT OF PEOPLE (I.E. AT CHURCH OR A FUNERAL)	[1]		
l	AFTER WAKING UP IN THE MORNING	[1]		
m	AFTER TOUCHING A SICK PERSON	[1]		
n	AFTER WORKING IN THE SHAMBA	[1]		
o	AFTER HANDLING LIVESTOCK	[1]		
j	OTHER (SPECIFY):	[1]		
i	RESPONDENT DOES NOT EXPECT NEIGHBORS TO WASH HANDS WITH SOAP	[1]		
C.709	About how many liters of water do you and your household use (for all purposes, including drinking, bathing, washing clothes, washing dishes, etc.) every day? CODE "999" IF DON'T KNOW.	_ _ _  LITERS/DAY		
C.710	About how many liters of water do you and your family use for <u>handwashing purposes</u> (not bathing or washing) every	_ _ _  LITERS/DAY		

	day? PROBE CAREFULLY. CODE "999" IF DON'T KNOW.	
C.711	About how much money do you spend on soap (for all purposes) every week? PROBE CAREFULLY. CODE "999" IF REFUSED OR DON'T KNOW.	_ _ _  KSH/WEEK
C.712	Do you think it's possible to get different diseases including diarrhea if you do not wash your hands with soap after defecation?  READ RESPONSES.	[1] DEFINITELY POSSIBLE [2] MIGHT BE POSSIBLE [3] PROBABLY NOT POSSIBLE [4] DEFINITELY NOT POSSIBLE
C.713	Do you think it's possible to get different diseases including diarrhea if you do not wash your hands with soap before preparing food?  READ RESPONSES.	[1] DEFINITELY POSSIBLE [2] MIGHT BE POSSIBLE [3] PROBABLY NOT POSSIBLE [1] DEFINITELY NOT POSSIBLE
C.714	Some people think soap is too expensive to use for handwashing purposes, and some people think it's worth spending the money. What do you think?  READ RESPONSES.	[1] DEFINITELY TOO EXPENSIVE [2] MAYBE TOO EXPENSIVE [3] NOT TOO EXPENSIVE [4] DEFINITELY NOT TOO EXPENSIVE
C.715	Some people think lack of soap near the toilet is one of the reasons people don't wash their hands with soap after defecation. Do you agree?  READ RESPONSES.	[1] DEFINITELY AGREE [2] SOMEWHAT AGREE [3] DON'T REALLY AGREE [4] DEFINITELY DON'T AGREE



## WASH Benefits Common Module 8

### Sanitation

Version Number 5 (2012-01-21)


#### Open Defecation

Administer to: All study households

*Ask questions C.801 – 804 separately for each group (A, then B, then C, then D, then E)*

		A	B	C	D	E
		Children < 3 years	Children 3 – 7 years	Children 8– 15 years	Men	Women
<b>C.801.</b>	Do [GROUP] in this household ever practice open defecation? 1 Daily 2 Occasionally 3 Never ( <b>Skip: Next Group</b> ) 88 Not Applicable ( <b>Skip: Next Group</b> ) 99 Don't Know ( <b>Skip: Next Group</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.802.</b>	Do [GROUP] go to more or less the same area every time? 1 Yes 2 No 99 Don't Know / Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.803.</b>	How long does it take to walk (one way) from your house to the most commonly visited place? MINUTES 99 Don't Know / Not Sure	<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"/>
<b>C.804.</b>	Is that place within the village? 1 Yes 2 No 99 Don't Know / Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Open Defecation Questions**

		Children < 3 years	Children 3 – 7 years	Children 8 – 15 years	Men	Women
<b>C.804a</b>	What are the main reasons that [GROUP] in your household practice open defecation?  DO NOT READ RESPONSES MARK ALL THAT APPLY					
	1 No choice (nothing else is available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Cannot control where children defecate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Habit / Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Prefer to use the bush rather than a toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Toilet not available at work / school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7 Choose not to share toilets with in-laws / extended family (or cannot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 Convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 Latrine overflowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13 Latrine broken (superstructure and /or slab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14 Fear of latrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 Don't know how to use the latrine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Too young to use latrine		<input type="checkbox"/>	<input type="checkbox"/>			
		<b>Children &lt; 3 years</b>	<b>Children 3 – 7 years</b>	<b>Children 8 – 15 years</b>	<b>Men</b>	<b>Women</b>
<b>C.X</b>	Do you know of other households in the community whose [GROUP] practice OD, even if they might have a toilet or latrine at their house? 1 Yes, Often 2 Yes, Sometimes 3 No, Never 99 Don't Know / Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.X</b>	Do you see that children's stools are disposed in the yard / surrounding / community in your neighborhood / river? 1 Yes, Often 2 Yes, Sometimes 3 No, Never 99 Don't Know / Not Sure				<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Facility

Administer to: All study households

### C.805.



Does your household have a toilet facility that is in use? Can I see it?

- 1 Yes have toilet, can observe
- 2 Yes have toilet, refused observation **(Skip to C.809)**
- 3 Yes have toilet, cannot observe **(Skip to C.809)**
- 4 No toilet facility **(Skip to C.815)**

## Toilet Details

### C.806.




Observation: Note the type, condition and apparent use of the toilet:

- 1 Yes
- 2 No
- 88 Not Applicable / Could not observe / cannot tell

Exterior Observations			
1	At least 3 walls around the toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
2	Bamboo fences around the toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
3	Door/curtain or walls that guarantee privacy around the toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
4	Roof over toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
5	Ventilation pipe	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
6	Path to the toilet suggests regular use (is clear, well-worn, etc.)	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
Interior Observations			
7	Toilet has a slab	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
8	Raised footings around hole	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
9	Flush or Pour Flush	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
9a	If Flush or Pour Flush:	[ 1 ] Functional water seal	
		[ 2 ] Broken water seal	
		[ 3 ] No water seal	
	Water seal condition:	[ 88 ] N/A / could not observe / cannot tell	


9b	If Flush or Pour Flush:	[ 1 ]	Piped sewer system
		[ 2 ]	Septic tank
	Flushes to:	[ 3 ]	Pit latrine (off set)
		[ 4 ]	Somewhere else (canal, ditch, river, etc.)
	(Ask / probe household members if necessary)	[ 88 ]	N/A
10	Main material of the floor ( <i>select 1</i> )	[ 1 ]	Mud
		[ 2 ]	Wood
		[ 3 ]	Cement
		[ 4 ]	Tile / brick
		[ 5 ]	Plastic
		[ 88 ]	N/A / could not observe / cannot tell
11	Bucket toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
12	Hanging toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
13	Latrine appears to be in use (by your best judgment)	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
14	Odor of feces in the latrine/bathroom	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
15	Odor of urine in the latrine/bathroom	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
16	Stool is visible on the slab or floor	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
17	Drop hole is covered	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
17a	If yes, cover is correctly placed over the drop hole so that flies cannot enter/exit	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
18	Flies present	[ 1 Yes ]	[ 2 No ] [ 88 N/A]
<b>General Characteristics</b>			
19	Single or double pit latrine	[ 1 ]	Single pit
		[ 2 ]	Double pit
		[ 88 ]	N/A / could not observe / cannot tell
20	Composting toilet	[ 1 Yes ]	[ 2 No ] [ 88 N/A]

**C.807.**

 Observation: Fullness of the pit – shine a light into the pit to see if solid waste is...

- 1 Very far from surface (>1 meter)
- 2 Within 1 meter
- 3 Very close to surface or full
- 88 Water seal latrine / non direct pit latrine / could not observe

**C.808.**

 Observation: What materials for anal cleansing are present inside or immediately outside the latrine?

1 Yes

2 No

88 Not Applicable / Could not observe

1	<input type="checkbox"/>	Leaves/grass
2	<input type="checkbox"/>	Twigs / sticks
3	<input type="checkbox"/>	Rag or cloth
4	<input type="checkbox"/>	Stones
5	<input type="checkbox"/>	Hygienic (toilet) paper
6	<input type="checkbox"/>	Water container / vessel
7	<input type="checkbox"/>	Water tap
8	<input type="checkbox"/>	Soap
9	<input type="checkbox"/>	Ash or soil for cleansing
10	<input type="checkbox"/>	Newspaper

**C.809.**

Please tell me about who in your family uses the toilet for defecation.

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 88 Not Applicable

1	Children < 3 years	<input type="checkbox"/>
2	Children 3 – 7 yrs	<input type="checkbox"/>
3	Children 8– 15 yrs	<input type="checkbox"/>
4	Men	<input type="checkbox"/>
5	Women	<input type="checkbox"/>

**C.810.**☐

Do you share this toilet with other households?

- 1 Yes
- 2 No **(Skip to C.813)**

**C.811.**☐ ☐

How many other households share this toilet? (Don't know = 99)

**C.812.**☐ ☐

How many people including children in your household use this toilet?

**C.813.**☐

Who owns the toilet?

- 1 Only for the household
- 2 Shared
- 3 Someone else
- 4 Public
- 88 Not Applicable

**C.814.**

How long have you had the present toilet in this place? (Don't know = 99)

A   Years

B   Months

**Child Potty Use**

Administer to: All households

**C.815.**

☐ Does your household have a potty that children use for defecation?

1 Yes

2 No **(Skip to Sani Scoop C.821)**

99 Don't know / not sure **(Skip to Sani Scoop C.821)**

**C.816.**

☐ In the last week, how often did your child use the potty?

[ If multiple children use the potty, ask about the youngest child ]

1 Every time

2 More than half of all defecation events, but not every time

3 Less than half of all defecation events

4 Used to use it, but no longer use it **(Skip to Sani Scoop C.821)**

5 Never **(Skip to Sani Scoop C.821)**

99 Don't know / not sure **(Skip to Sani Scoop C.821)**

**C.817.**


What is the age of the child (or children) who is using the potty? Mark All that Apply. Yes = 1

1	<input type="checkbox"/>	< 1 year
2	<input type="checkbox"/>	1 to < 3 years
3	<input type="checkbox"/>	3 to < 5 years
4	<input type="checkbox"/>	5 + years




**C.818.**

Could I please see the potty?

 Observation: *Record how long it takes to produce the potty.*

:  MINUTES : SECONDS (99:99 if could not measure)

**C.819.**

 Observation: Potty condition. Mark All that Apply. 1 = Yes

1	<input type="checkbox"/>	Easily accessible when needed by the child
2	<input type="checkbox"/>	Easily accessible when needed by the mother
3	<input type="checkbox"/>	Visible signs of feces inside / on the potty / removable pot
4	<input type="checkbox"/>	Potty was covered with the lid
5	<input type="checkbox"/>	Potty was covered with anything other than the lid
6	<input type="checkbox"/>	Dry
7	<input type="checkbox"/>	Broken so that it is unusable
8	<input type="checkbox"/>	Covered in dust / signs of non-use
9	<input type="checkbox"/>	Cannot produce a potty

**C.820.**

☐ Where do you usually dispose of feces from the potty?

- 1 Latrine
- 2 Open Pit / separate pit for child or animal feces
- 3 Bury it / Covered Pit
- 4 Undefined open site near the compound (including open garbage disposal sites / dumps)
- 5 Bush / forest / field
- 6 Nearby water (pond, canal, river)
- 77 Other (specify) \_\_\_\_\_

**Sani Scoop Use**

Administer to: All households

**C.821.**☐

Does your household have a dedicated tool [sani scoop] to clean up feces around your household?

- 1 Yes
- 2 No **(Skip to Feces Observed C.826)**
- 99 Don't know / not sure **(Skip to Feces Observed C.826)**

**C.822.**☐

How often do you use the [sani scoop]?


- 1 Multiple times per day
- 2 Once per day
- 3 A few times each week
- 4 Less than once per week
- 5 Used to use it, but no longer use it **(Skip to Feces Observed C.826)**
- 6 Never **(Skip to Feces Observed C.826)**

**C.823.**

What do you use the [sani scoop] for?  Do Not Read Responses. Mark All that Apply. 1 = Yes

1	<input type="checkbox"/>	Clean up animal feces
2	<input type="checkbox"/>	Clean up child feces
3	<input type="checkbox"/>	Clean up garbage
4	<input type="checkbox"/>	Take the scoop to the field (for work)
5	<input type="checkbox"/>	Digging / gardening
77	<input type="checkbox"/>	Other (specify) _____

**C.824.**

Could I please see the [sani scoop]?  Observation: Sani scoop condition. Mark All that Apply. 1 = Yes

1	<input type="checkbox"/>	Visible signs of feces on the sani scoop
2	<input type="checkbox"/>	Dry
3	<input type="checkbox"/>	Broken and needs repair
4	<input type="checkbox"/>	Easily accessible when needed by an adult
5	<input type="checkbox"/>	Signs that the sani scoop is not used
6	<input type="checkbox"/>	Cannot produce a sani scoop

### C.825.

**If answered YES to picking up animal or child feces in C.823:**

I'd like to ask a few more questions about the types of feces you pick up with the [sani scoop] and how you dispose of the different types of feces.

[Ask about each type of feces separately.].

A			Where do you dispose the feces?				
			B	C	D	E	F
	Feces	Use Sani Scoop for disposal?	Latrine	Open Pit	Bush. Farm	Surface Water	Dig Hole and cover
1	Child	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES
2	Cow	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES
3	Poultry / pigeons	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES
4	Goat	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES
5	Pig	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES
6	Dog or cat	<input type="checkbox"/>	1=YES	1=YES	1=YES	1=YES	1=YES

## Feces Observed in and Around the Compound

Administer to: All study households

👁 Observation: For the following:

*Record the number of piles of human feces you observe in each area (up to 10 piles)*

55 Too numerous to count (more than 10 piles)

99 Cannot tell / could not observe

👁 Within the courtyard

C.826.	<input type="checkbox"/> <input type="checkbox"/>	<b>Human</b> feces <u>within the courtyard</u> that could be considered open defecation
--------	---------------------------------------------------	-----------------------------------------------------------------------------------------

C.827.	<b>Animal</b> feces present <u>within the courtyard</u> (mark all that apply)	<input type="checkbox"/> 1 Poultry (chicken, duck, pigeon) <input type="checkbox"/> 2 Cow / Buffalo <input type="checkbox"/> 3 Goat / Sheep <input type="checkbox"/> 4 Pig <input type="checkbox"/> 5 Dog or Cat <input type="checkbox"/> 8 Other  <input type="checkbox"/> 9 NO FECES OBSERVED <input type="checkbox"/> 99 COULD NOT OBSERVE
--------	----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

👁 In the area where the target child spends the most time

*Probe and identify where the target child spends the most time. At baseline, the target child will not be present, so the search should be defined as the area where the pregnant mother spends the most time.*

C.828.	<input type="checkbox"/> <input type="checkbox"/>	<b>Human</b> feces <u>in the area where the target child spends the most time</u> that could be considered open defecation
--------	---------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

C.829.	<b>Animal</b> feces in the <u>area where the target child spends the most time</u> (mark all that apply)	<input type="checkbox"/> 1 Poultry (chicken, duck, pigeon) <input type="checkbox"/> 2 Cow / Buffalo <input type="checkbox"/> 3 Goat / Sheep <input type="checkbox"/> 4 Pig <input type="checkbox"/> 5 Dog or Cat <input type="checkbox"/> 8 Other  <input type="checkbox"/> 9 NO FECES OBSERVED <input type="checkbox"/> 99 COULD NOT OBSERVE
--------	-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

👁 Behind the study house

<b>C.830.</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>Human</b> feces <u>behind the house</u> that could be considered open defecation
<b>C.831.</b>	<b>Animal feces <u>behind the house</u></b> (mark all that apply)	<input type="checkbox"/> 1 Poultry (chicken, duck, pigeon) <input type="checkbox"/> 2 Cow / Buffalo <input type="checkbox"/> 3 Goat / Sheep <input type="checkbox"/> 4 Pig <input type="checkbox"/> 5 Dog or Cat <input type="checkbox"/> 8 Other  <input type="checkbox"/> 9 NO FECES OBSERVED <input type="checkbox"/> 99 COULD NOT OBSERVE

## Common Module 8 Notes

Sources:

ICDDRBR Sanitation Indicators

JMP Core Water and Sanitation Questions

WSP Impact Evaluation TSSM Questionnaire

Helpful illustrations for training on sanitation facilities from WHO / Unicef JMP (download):

<http://www.impact-evaluation.org/ben/jmp>

### C.826 – C.831

Counting human and animal feces in different areas around the target household. Within the house is defined as within the walls of the house.

Within the courtyard is defined as the common area clearly used by families between the household structures in the compound. The area should be in plain view (not behind the households).

The area where the target child spends the most time should be defined by the mother. This may overlap with the area of the courtyard (see example, below). At baseline the target child will not be present so this area should be defined as the area where the pregnant mother spends the most time.

The area behind the house is defined as the area adjacent to the target child's household that faces outward (away) from the center of the compound courtyard. This area is not included in the courtyard search (above).

**WASH Benefits Common Module 10**  
**Water Access, Storage, and Treatment**  
 Version Number 5 (2012-01-21)

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Administer to: All study households

**Water Access**

**C.1016**

☐

What type of water source does your household collect most of the water that you use from?

- 1 Piped into home
- 2 Piped into yard
- 3 Borewell in yard
- 4 Public tap
- 5 Public borewell
- 6 Shallow well with concrete reinforcement
- 7 Shallow well (no concrete)
- 8 River, lake, stream
- 9 Other: \_\_\_\_\_

**C.1017**

Can you tell me how long it takes you to walk one-way to this PRIMARY water source from your home?

Min:

☐

Hours:

☐

**C.1018**

Can you please tell me whether you use water from this source for...

1	[1] Yes [2] No	Drinking
2	[1] Yes [2] No	Cooking / washing dishes
3	[1] Yes [2] No	Laundry
4	[1] Yes [2] No	Bathing / handwashing
5	[1] Yes [2] No	Irrigating a garden or cropland
6	[1] Yes [2] No	Watering livestock

**C.1019**

☐

Does your household pay any money to use this source?

- 1 Yes
- 2 No

**C.1020**

☐

Does your household currently use a secondary water source? If so, what type is it?

- 1 Does not use a second source
- 2 Piped into home
- 3 Piped into yard
- 4 Borewell in yard
- 5 Public tap
- 6 Public borewell
- 7 Shallow well with concrete reinforcement
- 8 Shallow well (no concrete)
- 9 River, lake, stream
- 10 Other: \_\_\_\_\_

#### C.1021

Can you tell me how long it takes you to walk one-way to this SECONDARY water source from your home?

Min: ☐

Hours: ☐

#### C.1022

Can you please tell me whether you use water from this source for...

1	[1] Yes [2] No	Drinking
2	[1] Yes [2] No	Cooking / washing dishes
3	[1] Yes [2] No	Laundry
4	[1] Yes [2] No	Bathing / handwashing
5	[1] Yes [2] No	Irrigating a garden or cropland
6	[1] Yes [2] No	Watering livestock

#### C.1023

☐

Does your household pay any money to use this source?

- 1 Yes
- 2 No

#### C.1024

☐

Does your household collect rainwater?

- 1 Yes
- 2 No

**C.1025**☐

Is your household currently collecting rainwater?

- 1 Yes  
2 No

**C.1026**

Can you please tell me which of the following activities that you use RAINWATER for:

1	[1] Yes [2] No	Drinking
2	[1] Yes [2] No	Cooking / washing dishes
3	[1] Yes [2] No	Laundry
4	[1] Yes [2] No	Bathing / handwashing
5	[1] Yes [2] No	Irrigating a garden or cropland
6	[1] Yes [2] No	Watering livestock

**C.1027**

Thinking about ALL the water that your household obtains from ALL sources, approximately how many 20-litre containers of water would you say that your household uses IN TOTAL EACH DAY?

\*\*\*Encourage respondent to estimate. "Don't know"=999. Use decimals as needed (e.g. one half=0.5)

☐

10-liter containers per day

☐


20-liter containers per day



## Water Storage and Treatment

### C.1001.

☐

How do you store drinking water?  Ask the question and observe.

- 1 In plastic or metal containers (bucket, jerry can, jerkin, bottle, drum, etc...)
- 2 In clay pots
- 3 Roof tank or cistern
- 4 Do not store water


### C.1002.

☐

Is there a child < 3 years in this home who ever drinks water?

- 1 Yes
- 2 No

**C.1003.**

If your child < 3 years wanted a drink of water right now, could you show me how you would give it to him / her? [If the mother has no children < 3 years at baseline (or if her child is too young to drink water), ask: If you wanted a drink of water right now, could you show me how you would get it?]  Ask the question and observe.

1	IS WATER FOR DRINKING CURRENTLY AVAILABLE IN THE HOUSEHOLD?	[1] YES [2] NO → <b>SKIP TO C.1007</b>		
	WHAT DID RESPONDENT DO <u>BEFORE</u> TAKING THE WATER?	YES	NO	D/K
2	Rinsed glass / container with drinking water before filling	[1]	[2]	[88]
3	Washed hands with water before drinking water was obtained	[1]	[2]	[88]
4	Washed hands with soap before drinking water obtained	[1]	[2]	[88]
	<u>FROM WHERE</u> DID THE RESPONDENT TAKE THE WATER?	YES	NO	D/K
5	Brought directly from the water source	[1]	[2]	[88]
6	Brought directly from container	[1]	[2]	[88]
7	Brought directly from water filter	[1]	[2]	[88]
8	Stored water was covered	[1]	[2]	[88]
	<u>HOW DID SHE GET THE WATER INTO THE CUP?</u>			
9	Hands touched / contacted the drinking water	[1]	[2]	[88]
10	Container / glass dipped into water container	[1]	[2]	[88]
11	Ladle used to obtain water	[1]	[2]	[88]
12	Water poured from container	[1]	[2]	[88]
13	Water poured from tap	[1]	[2]	[88]

**C.1004.**

How long ago did you or somebody in your home collect this water? ( 99 = Don't know; 88 = No Water)

A   HOURS

B   DAYS

**C.1005.**
☐

Have you done anything to make this water less cloudy or safer to drink?

1 Yes

2 No **(Skip to C.1007)**

99 Don't know / not sure **(Skip to C.1007)**

**C.1006.**

How was this water treated?



Do Not Read Responses. Mark all that apply.

1	[1] Yes [2] No	Aquatabs <b>[B]</b> / Chlorine dispenser <b>[K]</b> (field code differs by country)
2	[1] Yes [2] No	Waterguard / bottled chlorine
3	[1] Yes [2] No	Boil
4	[1] Yes [2] No	Strain it through cloth or other material
5	[1] Yes [2] No	Water filter [ceramic, sand, composite]
6	[1] Yes [2] No	Solar disinfection (SODIS)
7	[1] Yes [2] No	Let it stand and settle
8	[1] Yes [2] No	Biosand filter
9	[1] Yes [2] No	Lifestraw Family Filter (Vestergaard Frandsen distributed) [Kenya only]
10	[1] Yes [2] No	Coagulant (alum)
11	[1] Yes [2] No	PUR (flocculant + disinfectant)


**C.1007.**
☐

Do you ever treat your drinking water or do anything to make it less cloudy?

1 Yes

2 No **(Skip to C.1014 chlorine test)**

**C.1008.**☐

When was the last time you treated your water?  Do Not Read Responses.

- 1 Today
- 2 Yesterday
- 3 Within the past Week
- 4 Within the past 2 weeks
- 5 Within the past Month
- 6 Within the past Year
- 99 Don't know / not sure

**C.1009.**

What are all the ways you treat your drinking water  Do Not Read Responses. Mark all that apply.

1	[1] Yes [2] No	Aquatabs <b>[B]</b> / Chlorine dispenser <b>[K]</b> (field code differs by country)
2	[1] Yes [2] No	Waterguard / bottled chlorine
3	[1] Yes [2] No	Boil
4	[1] Yes [2] No	Strain it through cloth
5	[1] Yes [2] No	Water filter [ceramic, sand, composite]
6	[1] Yes [2] No	Solar disinfection (SODIS)
7	[1] Yes [2] No	Let it stand and settle
8	[1] Yes [2] No	Biosand filter
9	[1] Yes [2] No	Lifestraw Family Filter (Vestergaard Frandsen distributed) [Kenya only]
10	[1] Yes [2] No	Coagulant (alum)
11	[1] Yes [2] No	PUR (flocculant / disinfectant)

**Aquatabs / Dispenser Use****1010 – 1013 Not asked in the baseline survey, only at follow-up.**

Administer to: Households that Report Using [Aquatabs / Dispenser] in C.1009

**C.1010.**☐

How frequently do you treat your water using [Aquatabs / Dispenser]?

Do Not Read Responses.

- 1 Every time they collect water
- 2 Sometimes / occasionally
- 3 Treated water in the beginning [of the program] but not any more
- 4 Never treated water with [Aquatabs / Dispenser] **(Skip to C.1012)**
- 99 Don't know / not sure

**C.1011.**☐

Is the drinking water stored in your household today treated with [Aquatabs / Dispenser]?

- 1 Yes, all of it
- 2 Yes, some of it
- 3 Not treated
- 4 No water in the house
- 99 Don't know

**C.1012.**☐

Ask to see the treated water. Observe: Is the water covered?

- 1 Yes
- 2 No
- 3 No water stored in the house
- 88 Not applicable / refused

**C.1013.**

Approximately how long ago did you treat the water with [Aquatabs / Dispenser]?

HH:MM □□:□□ ( 9 9 : 9 9 Don't know )

**Residual Chlorine Test**

Administer to: All study households

*Ask to collect a water sample from the source identified in C.1003. Explain that some (but not all) of the samples may be tested to see if there is any chlorine in the water.*

**C.1014.**☐

May I collect a small sample of your drinking water?

- 1 Yes
- 2 No / refused
- 3 No drinking water available to test

**C.1015.**

Collect a small water sample from stored drinking water for target children.

Test for free residual chlorine in a discrete location after you leave the household.

Only test samples collect from households who report to have treated their water with some form of chlorine (C.1009 = 1, 2, or 11). If the household did not report treating the water with chlorine, discard the sample without testing it and record 8 8 8 in the field below.

8 8 8 Did not report that the water was treated with chlorine

9 9 9 Could not test

Level of Free Residual Chlorine: . mg / L

## 18-19 MONTHS





### 25.7 Communication

START ►	👤 18-19 MONTHS	25.7.23 - 25.7.29	
25.7.23	Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” does your child say both words back to you? (MARK “YES” EVEN IF THE CAREGIVER RESPONDS THAT THE WORDS ARE DIFFICULT TO UNDERSTAND.)		2=YES 1=SOMETIMES 0=NOT YET
25.7.25	Does your child say two or three words that represent different ideas together, such as “See dog,” “Mommy come home,” or “Kitty gone”? (DO NOT COUNT WORD COMBINATIONS THAT EXPRESS ONE IDEA, SUCH AS “BYE-BYE,” “ALL GONE,” “ALL RIGHT,” AND “WHAT’S THAT?”) Please give an example of your child’s word combinations:		2=YES 1=SOMETIMES 0=NOT YET
25.7.24	Does your child say eight or more words in addition to “Mama” or “Dada”? (IF “YES,” ASK THE CAREGIVER TO NAME THE WORDS THE CHILD CAN SAY AND KEEP COUNT TO BE SURE THERE ARE AT LEAST EIGHT. DO NOT SUGGEST OR OFFER WORDS)		2=YES 1=SOMETIMES 0=NOT YET
25.7.26	Without showing him first, does your child point to the correct picture when you say, “Show me the kitty” or ask, “Where is the dog?” (HE NEEDS TO IDENTIFY ONLY ONE PICTURE CORRECTLY.)		2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE
25.7.26.1	GIVE THE PICTURE TO THE CAREGIVER AND ASK HER TO SHOW IT TO HER CHILD. SAY TO THE CAREGIVER: “I know children do not always do what they are asked, but let’s see if he will do this for us today. Go ahead and ask [CHILD] to show the kitty, dog, ball or shoes.” INSTRUCT THE CAREGIVER NOT TO POINT TO ANY PICTURES. YOU CAN ALLOW ABOUT ONE MINUTE FOR THE CHILD TO DEMONSTRATE THE BEHAVIOR.  NOTE: THE DIFFERENCE BETWEEN RESPONSES 2 AND 3 IS AS FOLLOWS: MARK “2” IF THE CHILD DID ENGAGE IN THE BEHAVIOUR – LOOKED AT THE PICTURES – BUT DID NOT DEMONSTRATE THE BEHAVIOUR IN QUESTION. MARK “3” IF THE CHILD REFUSED (E.G., TURNED AWAY, LOOKED ELSEWHERE, CRIED, ETC.) INSTEAD OF ATTEMPTING THE BEHAVIOUR. MARK “4” IF CHILD IS SLEEPING, ABSENT, TOO SICK TO ENGAGE OR OTHERWISE UNAVAILABLE.		1=YES CHILD DID IT 2=CHILD TRIED BUT FAILED 3=CHILD REFUSED 4=NOT AVAILABLE
25.7.27	If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, “What is this?” does your child correctly name at least one picture? (HE NEEDS TO NAME ONLY ONE PICTURE CORRECTLY.)		2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE
25.7.28	Without giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions? (PLEASE ASK ABOUT THESE DIRECTIONS ONLY. OBJECTS IN BRACKETS CAN BE SUBSTITUTED WITH THOSE MORE FAMILIAR TO THE CHILD.)  a. “Put the [TOY] on the table.”      b. “Close the door.”      c. “Bring me a [TOWEL].” d. “Find your [COAT].”              e. “Take my hand.”      f. “Get your [BOOK].”		2=YES 1=SOMETIMES 0=NOT YET
25.7.29	When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least seven body parts? She can point to part of herself, you, or a doll.		2=YES 1=SOMETIMES 0=NOT YET

ALWAYS USE THE FOLLOWING CODES FOR NON-RESPONSE: (-99) Don’t know. (-98) Refuse to answer. (-97) Not applicable. (-96) Other (Specify\_\_\_\_\_).


UPDATED 06/10/2010

## 25.8 Gross Motor Skills

START ►	👤 18-19 MONTHS	25.8.24 – 25.8.31	
25.8.24	Does your child walk well and seldom fall?		2=YES 1=SOMETIMES 0=NOT YET
25.8.28	Does your child run fairly well, stopping herself without bumping into things or falling? 		2=YES 1=SOMETIMES 0=NOT YET
25.8.25	Does your child climb on an object such as a chair (OR ROCK, ETC.) to reach something she wants?		2=YES 1=SOMETIMES 0=NOT YET
25.8.26	When you show him how to kick a large ball [OR OTHER OBJECT], does your child try to kick the ball by moving his leg forward or by walking into it? (IF CHILD ALREADY KICKS A BALL OR OTHER OBJECT, CHECK “YES” FOR THIS ITEM.) 		2=YES 1=SOMETIMES 0=NOT YET
25.8.31	Without holding onto anything for support, does your child kick a ball [OR SOME OTHER OBJECT] by swinging his leg forward? 		2=YES 1=SOMETIMES 0=NOT YET
25.8.27	Does your child walk down stairs (AT LEAST ONE STEP) if you hold onto one of her hands?		2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE
25.8.29	Does your child walk <b>either up or down at least two steps</b> by himself? (CHECK “YES” EVEN IF HE HOLDS ONTO THE WALL OR RAILING.) 		2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE

ALWAYS USE THE FOLLOWING CODES FOR NON-RESPONSE: (-99) Don't know. (-98) Refuse to answer. (-97) Not applicable. (-96) Other (Specify\_\_\_\_\_).



<b>25.8.30</b>	Does your child jump with both feet leaving the floor at the same time?  	2=YES 1=SOMETIMES 0=NOT YET
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## 25.9 Personal-Social

START ►	👤 18-19 MONTHS	25.9.23 – 25.9.230
<b>25.9.23</b>	While looking at himself in the mirror, does your child offer a toy to his own image?	2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE
<b>25.9.23.1</b>	<p>GIVE THE MIRROR TO THE CAREGIVER TO PRESENT TO THE CHILD.          SAY TO THE CAREGIVER: "I know children do not always do what they are asked, but let's see if he will do this for us today. Hold the mirror directly in front of [CHILD'S] face and see what he does. Please do not tell the child what to do." THE CAREGIVER SHOULD NOT TELL THE BABY WHAT TO DO. THE CHILD'S BEHAVIOR SHOULD BE SPONTANEOUS. GIVE THE CHILD A SMALL OBJECT, SUCH AS AN ERASER TO SEE IF HE WILL OFFER IT TO THE MIRROR. YOU CAN ALLOW ABOUT ONE MINUTE FOR THE CHILD TO DEMONSTRATE THE BEHAVIOR. CODE AS "1" IF BABY MAKES A CLEAR GESTURE BY MOVING THE TOY TOWARD HIS OWN IMAGE.</p> <p>NOTE: THE DIFFERENCE BETWEEN RESPONSES 2 AND 3 IS AS FOLLOWS: MARK "2" IF THE CHILD DID ENGAGE IN THE BEHAVIOUR – LOOKED AT THE MIRROR – BUT DID NOT DEMONSTRATE THE BEHAVIOUR IN QUESTION. MARK "3" IF THE CHILD REFUSED (E.G., TURNED AWAY, LOOKED ELSEWHERE, CRIED, ETC.) INSTEAD OF ATTEMPTING THE BEHAVIOUR. MARK "4" IF CHILD IS SLEEPING, ABSENT, TOO SICK TO ENGAGE OR OTHERWISE UNAVAILABLE.</p>	1=YES CHILD DID IT 2=CHILD TRIED BUT FAILED 3=CHILD REFUSED 4=NOT AVAILABLE
<b>25.9.24</b>	Does your child come to you when he needs your help with something, such as [WINDING UP A TOY] or opening something [A BOTTLE, BANANA, ORANGE, SOME OTHER KIND OF FOOD]?	2=YES 1=SOMETIMES 0=NOT YET
<b>25.9.25</b>	Does your child copy the activities you do, such as [WASH DISHES, COOK, PREPARE FOOD, CARE FOR ANIMALS, ETC. OR...] wipe up a spill, sweep, shave, or comb hair? [NOTE: CHILDREN DO NOT HAVE TO DO THE ACTIVITIES PERFECTLY. THE POINT IS THEY TRY TO COPY THEM.]	2=YES 1=SOMETIMES 0=NOT YET
<b>25.9.26</b>	Does your child drink without help from a cup or glass, putting it down again with little spilling? [CHILD CAN DRINK FROM A CUP WITHOUT SPILLING TOO MUCH]	2=YES 1=SOMETIMES 0=NOT YET
<b>25.9.27</b>	When playing with either a stuffed animal or doll [OR ITEM REPRESENTING THIS], does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? (THE PURPOSE OF THIS QUESTION IS WHETHER CHILD CARES FOR THE DOLL OR STUFFED ANIMAL AS IF IT WERE A PERSON. BOYS MAY NOT BE ENCOURAGED TO DO THIS. WE RECOMMEND KEEPING THE ITEM AND DROPPING IT LATER, DURING ANALYSES, IF IT APPEARS TO NOT WORK WITH BOYS AND GIRLS ALIKE. )	1= YES 2=NOT YET 3= SOMETIMES

ALWAYS USE THE FOLLOWING CODES FOR NON-RESPONSE: (-99) Don't know. (-98) Refuse to answer. (-97) Not applicable. (-96) Other (Specify\_\_\_\_\_).

<b>25.9.29</b>	If you do any of the following gestures, does your child copy at least one of them? (GESTURES MUST BE THESE EXACTLY; DO NOT SUBSTITUTE OTHER GESTURES.)  a. Open and close your mouth. b. Blink your eyes. c. Pull on your earlobe. d. Pat your cheek.	2=YES 1=SOMETIMES 0=NOT YET
<b>25.9.30</b>	Does your child push a little shopping cart, stroller, or wagon, [OR OTHER OBJECT WITH WHEELS] steering it around objects and backing out of corners if he cannot turn?	2=YES 1=SOMETIMES 0=NOT YET -97=NOT APPLICABLE

ALWAYS USE THE FOLLOWING CODES FOR NON-RESPONSE: (-99) Don't know. (-98) Refuse to answer. (-97) Not applicable. (-96) Other (Specify\_\_\_\_\_).

UPDATED 06/10/2010

## WASH Benefits WHO Motor Milestone Survey Form

### Identification

1. Cluster ID	___ _ _ _ _
2. Household ID	___ _ _
3. Child ID	___ _
4. Child Name	
5. Visit Number	___
6. Continued testing required?	[ 1 ] Yes [ 2 ] No
7. Visit date (D / M / Y)	___ _ / ___ _ / 2 0 ___ _
8. Field Officer code	___ _ _

### Test Items

	(A) Examiner Report	(B) Caregiver Reported Date of Achievement			(C) Type of Record
	( 1 ) No (inability) ( 2 ) Yes (-95) Refused (-99) Unable to test	<i>(Taken from the caregiver's record form). Only enter dates for milestones achieved for the first time between the previous visit and this visit.</i>			(1) Tested & recorded (2) Recalled
		D	M	Y	
1. Sitting without support	1 2 -95 -99	___ _	___ _	___ _	1 2
2. Hands-and-knees crawling	1 2 -95 -99	___ _	___ _	___ _	1 2
3. Standing with assistance	1 2 -95 -99	___ _	___ _	___ _	1 2
4. Walking with assistance	1 2 -95 -99	___ _	___ _	___ _	1 2
5. Standing alone	1 2 -95 -99	___ _	___ _	___ _	1 2
6. Walking alone	1 2 -95 -99	___ _	___ _	___ _	1 2

### Child's Emotional State

	(A) First Scale	(B) Second Scale
<i>Rate the child's emotional state during the testing of all the milestones. Circle a code for each scale.</i>	[ 1 ] Drowsy [ 2 ] Awake	[ 1 ] Calm [ 2 ] Fussy [ 3 ] Crying

## Diagrams for the 6 WHO Motor Milestones (Wijnhoven et al. 2004)



FIG. 1. Sitting without support

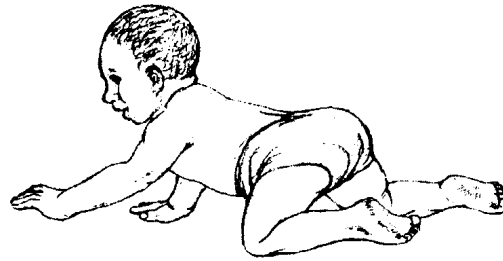


FIG. 2. Hands-and-knees crawling

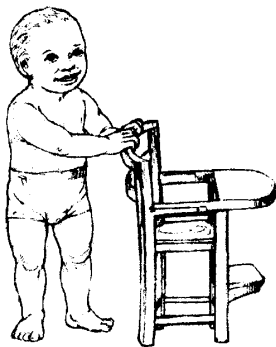


FIG. 3. Standing with assistance

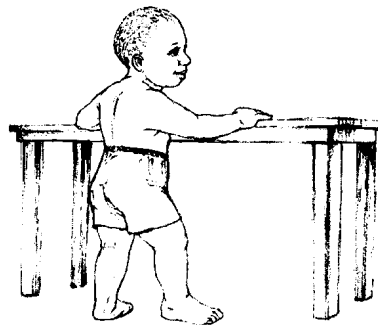


FIG. 4. Walking with assistance

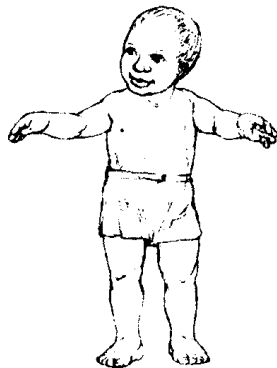


FIG. 5. Standing alone

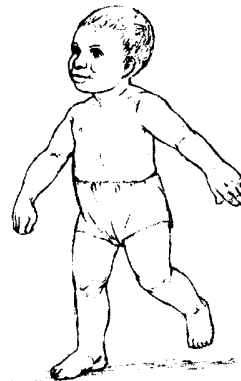


FIG. 6. Walking alone

### References:

Wijnhoven, T. M.; de Onis, M.; Onyango, A. W.; Wang, T.; Bjoerneboe, G.-E. A.; Bhandari, N.; Lartey, A. & al Rashidi, B. Assessment of gross motor development in the WHO Multicentre Growth Reference Study. *Food Nutr Bull*, **2004**, 25, S37-S45

WHO Motor Development Milestones website for all relevant articles:

[http://www.who.int/childgrowth/standards/motor\\_milestones/en/index.html](http://www.who.int/childgrowth/standards/motor_milestones/en/index.html)

### WASH Benefits Village Census

FO Instructions: Ask the Liguru to divide the village amongst all FO's, trying to avoid overlap. Acquire a guide for each FO. Make sure the Liguru shares village boundaries with all guides. *Separately* ask the Liguru and your guide how many compounds, people, and pregnant women he/she thinks are in their village. (No don't knows! Guesses are better than nothing.)

Visit every ECD, primary, or secondary school in the village. Record GPS, name, circle the type, and ask a school employee for an estimate of the number of students enrolled.

Visit every shopping center in the village. Record GPS, name, and count the number of shops. Ask a shop owner for an estimate of the number of sellers on an average day.

Visit every compound in the village. (Defer to the Liguru and the guide as to the boundaries of the village.) Draw a chalk mark on the gate to prevent double-counting. Record GPS coordinates of each compound, ask anyone at home for the number of households (nyumba with a mother/father, each separate house in the compound people eat/sleep together) in the compound, the total people (pregnant and children included) who currently live in the compound, number of pregnant women, and number of children under 5 years old. If there are any pregnant or under-5's, ask for ages of each, and for the water sources of the household. If no one is home, ask a neighbor, and if that doesn't work, just ask the guide for an estimate of the numbers.

For water sources (only in homes with pregnant or under-5's) ask:

What is the name of your primary drinking water source? [Record name and get ID off list]

Do you have a secondary drinking water source? [If yes, record name and get ID off list]

If source name/ID not on list, assign new ID and share with team leader.

For all information (school/shopping center/compound) first ask someone inside the location (e.g. teacher/shop owner/dweller) for the desired numbers. Write an "R" (for resident) in the first column if someone inside the school/shopping center/compound tells you the information. Write an "N" if a neighbor tells you, and write a "G" if your guide tells you.

Village Name /ID	_____ _____ _____ _____				
FO Name/ID	_____ _____ _____ _____				
Today's Date	__ __ / __ __ / __ __ __ __  (DD/MM/YYYY)		GPS Machine ID	__ __ __ __	
Liguru's estimated #Compounds:  __ __ __	Liguru's estimated #People:  __ __ __ __		Liguru's #Preg:  __ __		
Guide's estimated #Compounds:  __ __ __	Guide's estimated #People:  __ __ __ __		Guide's #Preg:  __ __		
Time at beginning of census:  __ __ : __ __  (24 Hr)			Was your guide the Liguru?  __  (1) Yes (2) No		
R/N/G	GPS N	GPS E	Name	Shops	Sellers
__ Shop1	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		__ __	__ __
If shops on boundary, name and ID of other village. 88 if NA.			_____ _____ _____ _____		
__ Shop2	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		__ __	__ __
If shops on boundary, name and ID of other village. 88 if NA.			_____ _____ _____ _____		
__ Shop3	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		__ __	__ __
If shops on boundary, name and ID of other village. 88 if NA.			_____ _____ _____ _____		
__ Sch1	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		ECD/Prim/Sec	Day/Board
If school on boundary, name and ID of other village. 88 if NA.			_____ _____ _____ _____		Students __ __ __ __
__ Sch2	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		ECD/Prim/Sec	Day/Board
If school on boundary, name and ID of other village. 88 if NA.			_____ _____ _____ _____		Students __ __ __ __
__ Sch3	N __ . __ __ __ __ __	E __ __ . __ __ __ __ __		ECD/Prim/Sec	Day/Board

[illegible]

## IPA WASH Back-Check Questionnaire – Baseline

Name of Respondent: \_\_\_\_\_ HH ID: |\_|\_|\_|\_| - |\_|\_|\_|\_|  
 Survey Date (dd/mm/yy) |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| Survey FO: |\_|\_|\_|\_|\_|  
 Back-Check Date (dd/mm/yy) |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| Time begin: (24hh) |\_|\_|\_| : |\_|\_|\_|  
 Back-Check STAFF ID: |\_|\_|\_|\_|\_|

### Part A

Did someone from IPA come and interview you last week/a few days ago?	Yes  _  No  _
Where did you and the officer from IPA sit to talk?	
Do you remember the name of that person? If not, was it a female or a male? Can you describe the person to me? Did (s)he have an IPA identification?	
What happened during the visit?	
How long was the visit?	
Was your child's weight and height measured?	
What were you given after finishing with the height / weight measurements?	
Did you feel comfortable with the manner in which you were treated?	

**FO: Now we would like to ask you a few questions to double-check our field officer's work. Please provide the same answers you provided during the first interview. If you cannot remember the question(s) being asked to you, feel free to tell me, and we will proceed to the next one(s). Thank you for your help.**

### Part B




**(Instructions to reviewers) These questions are meant to check whether the surveyors performed the interview and with the right respondents.**

A. CENSUS OF HOUSEHOLDS AND PEOPLE IN COMPOUND (All households)		
A.01	Kwanza ningependa kujua kuhusu nyumba katika boma hili. Ni nyumba ngapi tofauti ambazo watu hulala kila usiku wakati mwingi kwa mwaka?  INCLUDE <u>ALL HOUSEHOLDS WHERE PEOPLE ARE CURRENTLY LIVING</u> . MARK "99" IF DON'T KNOW/NOT SURE.	_ _ _  HOUSEHOLDS
READ	Sawa. Sasa ninaenda kukuuliza kuhusu nyumba yako. MARK "99" IF RESPONDENT DOESN'T KNOW THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS.	

	A.1	A.2	A.3	A.4	A.5	A.6
HH No.	Jina la mkuu wa nyumba ni nani ? FOR REFERENCE ONLY	Ni watu wazima wangapi ambao wana zaidi ya miaka <u>40</u> wanaoishi katika nyumba hii?	Ni watu wangapi kati ya miaka <u>(19-40)</u> wanaoishi katika nyumba hii?	Ni watoto wangapi wenye umri wa kwenda shule miaka <u>(4-18)</u> wanaoishi katika nyumba hii?	Ni watoto wangapi wachanga kati ya <u>(miaka 0-3)</u> wanaoishi katika nyumba hii?	CALCULATE THE <u>TOTAL NUMBER OF PEOPLE IN THIS HH</u> AND CONFIRM
1						

Thank you. Now I would talk about the house that you live in. First, I would like to observe the material your house is made of. Can I take a look at your house?

OBSERVE MAIN MATERIAL OF THE HOUSE:

B.1	MAIN MATERIAL OF THE FLOOR:   RECORD OBSERVATION	[1] EARTH [2] EARTH/DUNG [3] CONCRETE [77] OTHER: _____
B.2	MAIN MATERIAL OF THE ROOF:   RECORD OBSERVATION	[1] THATCH/PALM LEAF [2] CORRUGATED IRON (MABATI) [77] OTHER: _____
B.3	MAIN MATERIAL OF THE WALLS:   RECORD OBSERVATION	[1] MUD [2] CANE/PALM/BAMBOO w/MUD [3] CONCRETE [77] OTHER: _____

B.4	Do you have a living spouse or a partner?	[1] YES [2] NO	→ SKIP TO B.6
B.5	Do you stay with your spouse or partner in the same household?	[1] YES [2] NO	



B.6	In what year were you born? MARK "9999" IF DON'T KNOW/NOT SURE.	_ _ _ _
B.7	In what year was <u>your partner</u> born? MARK "8888" IF NO LIVING SPOUSE; "9999" IF DON'T KNOW/NOT SURE	_ _ _ _

B.8	How many biological children do you have?	_ _
B.9	For how many children are you the <u>primary caregiver</u> (i.e. you feed them and care for them in your household regularly)? IF "00" → <b>SKIP TO B.11</b>	_ _

B.13	What was the highest level of schooling you completed?	_ _  (FROM CODE SHEET)
B.14	What was the highest level of schooling <u>your partner</u> completed? MARK "88" IF NO LIVING SPOUSE; "99" IF DON'T KNOW/NOT SURE	_ _  (FROM CODE SHEET)

B.17	What is your current occupation? IF OTHER, DESCRIBE: _____	_ _ _  (FROM CODE SHEET)
B.18	What is the current occupation of <u>your partner</u> ? MARK "88" IF NO LIVING SPOUSE; "99" IF DON'T KNOW/NOT SURE IF OTHER, DESCRIBE: _____	_ _ _  (FROM CODE SHEET)


B.24	I'm going to read you a list of animals. Please tell me how many of each stays <u>in your compound</u> , and how many belong to <u>your household</u> . IF NONE, ENTER "00", IF UNKNOWN, ENTER "99"	COMPOUND	HOUSEHOLD
A	CATTLE	_ _ _	_ _ _
B	DONKEYS	_ _ _	_ _ _
C	GOATS	_ _ _	_ _ _
D	SHEEP	_ _ _	_ _ _
E	CHICKENS	_ _ _	_ _ _
F	PIGS (DO NOT ASK IF HOUSEHOLD IS MUSLIM)	_ _ _	_ _ _

C.1 BIRTH DATE, AGE AND SEX (Children < 36 months and in utero)			
FILL C.1 FOR EACH CHILD 0-36 MONTHS <u>OR IN UTERO</u> (NOT YET BORN) BELONGING TO THE RESPONDENT. BEGIN WITH THE STUDY CHILD.			
SAY	Thank you. Now, I would like to ask you about your children who are less than 36 months of age, <u>including any child who is not yet born</u> . Let's begin with the youngest child.		
	CHILD 1 (STUDY CHILD) A	CHILD 2 B	
	FIRST NAME WRITE "88" IF NOT YET BORN		
0.3	CHILD ID		
C.102	CHILD STATUS	[1] PRESENT [2] NOT YET BORN (IN UTERO) → <b>SKIP TO C.108</b>	[1] PRESENT [2] NOT YET BORN (IN UTERO) → <b>SKIP TO C.108</b>
ASK	Do you have a valid clinic card or baptism certificate for your child? Can I see it? USE DOCUMENT TO CONFIRM DOB, IF POSSIBLE. IF NO DOCUMENTATION, USE EVENT CALENDAR TO ESTIMATE.		
C.103	DATE OF BIRTH DD/MM/YY	_ _ _ / _ _ _ / _ _ _	_ _ _ / _ _ _ / _ _ _
C.104	SOURCE OF DOB	[1] CONFIRMED DOB BY VALID CLINIC CARD [2] MOTHER/RELATIVE REMEMBERS DOB [3] BOTH 1 & 2 [4] ESTIMATED USING EVENT CALENDAR	[1] CONFIRMED DOB BY VALID CLINIC CARD [2] MOTHER/RELATIVE REMEMBERS DOB [3] BOTH 1 & 2 [4] ESTIMATED USING EVENT CALENDAR
C.105	REPORTED AGE	A.  _ _  YEARS B.  _ _  MONTHS	A.  _ _  YEARS B.  _ _  MONTHS
OBSERVE	CALCULATE AGE USING DOB (C.103). IS THE DIFFERENCE BETWEEN DOB (C.103) AND REPORTED AGE (C.105) <u>LESS THAN ONE MONTH</u> ? IF YES → <b>SKIP TO C.107</b>		
C.106	WHICH SOURCE OF AGE IS MORE RELIABLE?	[1] BIRTH DATE (C.103) [2] REPORTED AGE (C.105)	[1] BIRTH DATE (C.103) [2] REPORTED AGE (C.105)
C.107	SEX	[1] MALE [2] FEMALE	[1] MALE [2] FEMALE

*(Instructions to reviewers) These questions are meant to check whether respondents give varying answers to survey questions because they do not understand the question or do not know the answers to the questions. The questions will also check whether the surveyors do not understand some questions or are not adhering to the survey protocol. Typically, the questions have a lot of examples, are skip questions or require the surveyor to categorize the respondent's answers. In the event of errors in these questions, it is obviously the case that it will be difficult to definitively tell whether they are surveyors' or the respondents'. But over time we hope patterns will emerge out of the errors and that will help us determine whether the fault is on the part of respondents or surveyors.*

5

0.3B1 CHILD 2 ID:  _ _ _ _ _ _ _ _  0.3B2 NAME: _____				
2200	Is [NAME] currently breastfeeding?	[1] YES [2] NO		
<b>Did [NAME] have [SYMPTOM]:</b> <b>1=YES, 2=NO, 99=DON'T KNOW</b>		<b>A</b>	<b>B</b>	<b>C</b>
		<b>Today</b>	<b>Yesterday</b>	<b>Day before yesterday</b>
2201	Fever			
2202	Diarrhea			
2203	3 or more defecation events in 24 hours			
2204	Number of defecation events each day ( <b>NO CODE</b> )			
2205	Watery or soft stool (unformed)			
2206	Blood in the stool			
2207	Skin rash (anywhere on the body)			
2208	Constant cough			
2209	Congestion / runny nose			
2210	Panting / wheezing / difficulty breathing			
2211	Bruising, scrapes or cuts			
2212	Toothache/teething			
2213	IF ANSWERED "YES" TO C.202 (DIARRHEA), ASK:  When did the diarrhea start?  _ _ _   IF < 14 DAYS, RECORD THE RESPONSE IN DAYS	[1] DAYS AGO [2] WEEKS AGO		

IA.2	ASK RESPONDENT TO SEE THE YELLOW BOOKLET THAT <u>IPA/THE IA</u> GAVE TO THEM  ASK:Tafadhali nionyeshe kijitabu cha yellow ambacho IA amekuwa akijaza kila anapokutembelea.   OBSERVE: EXAMINE YELLOW RECORDING BOOKLET AND COPY DATE OF EACH MODULE VISIT FROM	[A] IS THERE A YELLOW BOOKLET AVAILABLE TO OBSERVE? [1] YES → SKIP TO IA.2.C (JUST BELOW) [2] NO  [B] IF NO, ASK: Iko wapi? [1] IA's HOUSE [2] OTHER, specify: _____ , AFTER ANSWERING "Where is it?", →SKIP TO IA.3  [C] Module  _ _ / _ _ / _ _  DD      MM      YY
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	<p>IA (DD/MM/YY)</p> <p><b>USE CODE SHEET FOR VERIFYING MODULE TOPICS</b></p> <p>IF MODULE TOPIC IS LEFT BLANK, WRITE 7777</p>	<p>Module 2 topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p> <p>[D] Module  _ _ _ / _ _ _ / _ _ _ _ </p> <p>Module topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p> <p>[E] Module  _ _ _ / _ _ _ / _ _ _ _ </p> <p>Module topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p> <p>[F] Module  _ _ _ / _ _ _ / _ _ _ _ </p> <p>Module topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p> <p>[G] Module  _ _ _ / _ _ _ / _ _ _ _ </p> <p>Module topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p> <p>[H] Module  _ _ _ / _ _ _ / _ _ _ _ </p> <p>Module topic:  _ _ _ _ </p> <p>MUAC RECORDED? [1] YES [2] NO</p> <p>WEIGHT RECORDED? [1] YES [2] NO</p>
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