**Cambodia Nutrition and Sanitation Baseline Survey**

**For Primary Caregiver and Young Children**

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| --- | --- |
| **IDENTIFICATION** | |
| PROVINCE: | CODE: |\_\_\_|\_\_\_| |
| DISTRICT: | CODE: |\_\_\_|\_\_\_| |
| COMMUNE: | CODE: |\_\_\_|\_\_\_| |
| VILLAGE: | CODE: |\_\_\_|\_\_\_|\_\_\_| |

|  |  |
| --- | --- |
| **Screening questions** | |
| Q Is there a child aged 0 to 24 months living in this household? | 1. YES 2. NO 🡪 **stop INTERVIEW** |
| ***[ASK TO SPEAK WITH THE MOTHER OR PRIMARY CAREGIVER OF THE CHILDREN 0 TO 24 MONTHS]*** | |
| NAME OF RESPONDENT: | |
| PHONE NUMBER OF HOUSEHOLD CONTACT: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |

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| **INTERVIEW DETAILS** | | | | | | |
| **VISITS** | **DATE** | **TIME** | | **NEXT SCHEDULED VISIT** | | **RESULT FROM VISIT (\*)** |
| **START** | **END** | **DATE** | **TIME** |
| *FIRST* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | |\_\_\_|\_\_\_| |
| *SECOND* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | |\_\_\_|\_\_\_| |
| *THIRD* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ |  |  | |\_\_\_|\_\_\_| |

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| **\* CODES**  [11] Completed [44] Started, but incomplete [77] Dwelling vacant or not found  [22] Not home at time of visit [55] Absent for duration of study [88] Not eligible for survey  [33] Rescheduled [66] Refused to participate |

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| **QUALITY CONTROL** | | | |
| **INTERVIEWER** | **SUPERVISOR** | **OPERATOR** | **DATA ENTRY** |
| NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |
| DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
|  | CORRECTED? YES / NO | CORRECTED? YES / NO |  |

**Informed Consent Form**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with KHANA Center for Population Health Research, a research firm based in Phnom Penh, with approval from the Ministry of Health and the Provincial Health Department. We are conducting a survey about child nutrition in Battambang, Pursat, and Siem Reap. The information we collect will help inform development of targeted activities to improve child nutrition in your area. Your household was randomly selected to participate in the survey.

I would like to ask you some questions about your household. The questions usually take about 20 minutes. We would also like to collect height and weight measurements of all the children aged 0 to 24 months in your household.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. We do not anticipate any risks or discomfort to you by participating. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this information sheet.

*[GIVE PARTICIPANT INFORMATION SHEET]*

Do you have any questions?

|  |
| --- |
| **Q Do you understand and agree to participate in this survey?**   1. YES 2. NO 🡪 **stop INTERVIEW** |
| **Q For the children aged 0 to 24 months, may we weigh them and take their height measurement?**   1. YES 2. NO 🡪 **stop INTERVIEW** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent Date

*[ASK THE RESPONDENT TO PREPARE*

*THE CHILD’S YELLOW HEALTH CARD AND BIRTH CERTIFICATE IF AVAILABLE]*

**We will start this interview with a few questions to get basic information about you.**

|  |  |
| --- | --- |
| 1. **BASIC INFORMATION from Primary Caregiver** | |
| Q In what month and year were you born?  *[ASK FOR IDENTIFICATION CARD OR OTHER DOCUMENT TO CONFIRM DATE OF BIRTH]* | |\_\_\_|\_\_\_| Gregorian Month  88. Don’t Know Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Gregorian Year   1. Don’t Know Year |
| Q How old were you at your last birthday? | |\_\_\_|\_\_\_| Years |
| Q What is your religion? | 1. Buddhist 2. Moslem 3. Christian 4. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Q What is the highest level of school you attended? | 1. Never attended school 2. Primary (1 – 6) 3. Lower Secondary (7 – 9) 4. Upper Secondary (10 – 12) 5. Higher 6. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 7. Don’t Know |
| Q What is your current marital status? | 1. Married or living together 2. Divorced or separated   **🡪 SKIP TO Q10**   1. Widow 2. Never married |
| Q What is the highest level of school your (spouse/partner) ever attended? | 1. Never attended school 2. Primary (1 – 6) 3. Lower Secondary (7 – 9) 4. Upper Secondary (10 – 12) 5. Higher 6. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 7. Don’t Know |
| Q How many people currently live in this household, including yourself, other adults and all children who regularly sleep and eat in this household? | |\_\_\_|\_\_\_| People |
| Q Of the people who currently live in this household, how many are….:   1. Children under 18 years old? 2. Adults 18 years or older? | |\_\_\_|\_\_\_| Children  |\_\_\_|\_\_\_| Adults |

|  |
| --- |
| Q How many children aged 0 to 24 months live in this household? |\_\_\_|\_\_\_| Children |

**I would now like to ask you questions about these children aged 0 to 24 months. Let’s start with the name of each child.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **BASIC INFORMATION FOR ALL CHILDREN 0 TO 24 MONTHS** | | | |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| Q What is the child’s name? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Q Are you (CHILD NAME)’s mother? | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No |
| Q What is (CHILD NAME)’s gender? | 1. Male 2. Female | 1. Male 2. Female | 1. Male 2. Female |
| Q Was (CHILD NAME) ever breastfed? | 1. Yes 2. No 🡪 **SKIP TO Q18** | 1. Yes 2. No 🡪 **SKIP TO Q18** | 1. Yes 2. No 🡪 **SKIP TO Q18** |
| Q Is (CHILD NAME) still being breastfed? | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No |
| Q What is (CHILD NAME)’s birth date? | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| *[CONFIRM Q18 WITH BIRTH CERTIFICATE OR YELLOW CARD]* | 1. Confirmed 2. No birth certificate / card | 1. Confirmed 2. No birth certificate / card | 1. Confirmed 2. No birth certificate / card |
| Q What was (CHILD NAME)’s weight at birth? | KG |\_\_\_| **.** |\_\_\_|  [FROM CARD]  99. Card shown, birth weight not recorded  KG |\_\_\_| **.** |\_\_\_|  [FROM RECALL]   1. Don’t Know | KG |\_\_\_| **.** |\_\_\_|  [FROM CARD]  99. Card shown, birth weight not recorded  KG |\_\_\_| **.** |\_\_\_|  [FROM RECALL]   1. Don’t Know | KG |\_\_\_| **.** |\_\_\_|  [FROM CARD]  99. Card shown, birth weight not recorded  KG |\_\_\_| **.** |\_\_\_|  [FROM RECALL]   1. Don’t Know |
|  | **GO TO CHILD 2 OR IF NO MORE CHILDREN SKIP TO SECTION III.** | **GO TO CHILD 3 OR IF NO MORE CHILDREN SKIP TO SECTION III.** |  |

**Now I would like to take the height and weight measurements of all of these children aged 0 to 24 months.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **ANTHROPOMETRY MEASURES FOR SAME CHILDREN 0 TO 24 MONTHS** | | | | |
|  | **CHILD 1** | **CHILD 2** | | **CHILD 3** | |
| [REWRITE CHILD NAME IN THE SAME ORDER] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Q1 [FIRST TIME:  RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | |
| Q20.2 [SECOND TIME: RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | |
| [*IF YOU HAVE A SCALE THAT DOES NOT AUTOMATICALLY SHOW THE CHILD’S WEIGHT, PROCEED BELOW]* | | | | |
| Q20.1.1 [SECOND TIME: RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | |
| Q20.1.2 [SECOND TIME: RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER AND CHILD]  KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  [MOTHER ONLY] | |
| *[CONTINUE WITH HEIGHT MEASUREMENT BELOW]* | | | | |
| Q1 [FIRST TIME:  RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | |
| Q21.2 [SECOND TIME: RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | |
| Q21.3 [THIRD TIME: ONLY IF DIFFERENCE BETWEEN MEASUREMENTS IS GREATER THAN 1.0 CM  RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | |
|  | **GO TO CHILD 2 OR IF NO MORE CHILDREN SKIP TO SECTION IV.** | **GO TO CHILD 2 OR IF NO MORE CHILDREN SKIP TO SECTION IV.** |  | |

**Now I would like to ask you some health questions about the same (child/children) we just measured.**

|  |  |  |  |  |  |  |  |
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| 1. **HEALTH OF SAME CHILDREN 0 TO 24 MONTHS** | | | | | | | |
|  | | **CHILD 1** | | **CHILD 2** | | **CHILD 3** | |
| [REWRITE CHILD NAME IN THE SAME ORDER] | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Q In the last 7 days, did (CHILD NAME) vomit on one or more days? | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | |
| Q In the last two weeks, did (CHILD NAME) have abdominal pain? | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | |
| Q In the last 7 days, did (CHILD NAME) have diarrhea? *[SHOW CARD]* | | 1. Yes 🡪 **SKIP TO Q26** 2. No 3. Don’t Know | | 1. Yes 🡪 **SKIP TO Q26** 2. No 3. Don’t Know | | 1. Yes 🡪 **SKIP TO Q26** 2. No 3. Don’t Know | |
| Q In the last 2 weeks, did (CHILD NAME) have diarrhea? *[SHOW CARD]* | | 1. Yes 2. No 🡪 **SKIP TO**   **SECTION V**   1. Don’t Know | | 1. Yes 2. No 🡪 **SKIP TO**   **SECTION V**   1. Don’t Know | | 1. Yes 2. No 🡪 **SKIP TO**   **SECTION V**   1. Don’t Know | |
| Q During the time (CHILD NAME) had diarrhea, did (he/she) have fever on one or more days? | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | | 1. Yes 🡪   On how many days? |\_\_\_|\_\_\_| Days   1. No 2. Don’t Know | |
| Q During the time (CHILD NAME) had diarrhea, did (he/she) ever have blood in stools? | | 1. Yes 2. No 3. Don’t Know | | 1. Yes 2. No 3. Don’t Know | | 1. Yes 2. No 3. Don’t Know | |
| Q On the worst day of this diarrhea episode, how many bouts of diarrhea did (he/she) have? | | |\_\_\_|\_\_\_| Bouts  88. Don’t Know | | |\_\_\_|\_\_\_| Bouts  88. Don’t Know | | |\_\_\_|\_\_\_| Bouts  88. Don’t Know | |
| Q For how many days did (CHILD NAME) have 3 or more bouts? | | |\_\_\_|\_\_\_| Days  88. Don’t Know | | |\_\_\_|\_\_\_| Days  88. Don’t Know | | |\_\_\_|\_\_\_| Days  88. Don’t Know | |
|  | | **GO TO CHILD 2 OR**  **SKIP TO SECTION V** | | **GO TO CHILD 3 OR**  **SKIP TO SECTION V** | |  | |
|  | |  | |  | |  | |
| 1. **CHILD DIETARY DIVERSITY – ONLY YOUNGEST CHILD 6 – 24 MONTHS** | | | | | | | |
| *[CHOOSE THE RESPONDENT’S YOUNGEST CHILD BETWEEN 6 – 24 MONTHS OLD FOR THIS SECTION.*  *MARK WHICH CHILD FROM Q13 THIS REFERS TO.]* | | | 1. CHILD 1 2. CHILD 2 3. CHILD 3 4. No child 6 – 24 months **🡪 SKIP TO SECTION VI** | | | | |
| Q Now I would like you to please describe everything that your youngest child, (CHILD NAME), ate and drank yesterday during the day or night.   1. Think about when (CHILD NAME) first woke up yesterday. Did (he/she) eat anything at that time?   IF YES: Please tell me everything (he/she) at that time.  PROBE: Anything else?   1. What did (CHILD NAME) eat next?   IF YES: Please tell me everything (he/she) at that time.  PROBE: Anything else?  [CONTINUE UNTIL SHE SAYS NOTHING ELSE. DO THIS FOR THE ENTIRE DAY.  AS THE RESPONDENT RECALLS FOODS, CIRCLE THE “1” BY THE CORRESPONDING FOOD.  ONCE THE RESPONDENT FINISHES RECALLNG FOODS EATEN, READ EACH FOOD GROUP WHERE “1” WAS NOT ENTERED AND RECORD ANSWER.] | 1. Plain water? | | | | | | 1. Yes 2. No |
| 1. Instant formula? | | | | | | 1. Yes 2. No |
| 1. Milk such as tinned, powdered or fresh animal milk? | | | | | | 1. Yes 2. No |
| 1. Breastmilk? | | | | | | 1. Yes 2. No |
| 1. Juice or juice drinks? | | | | | | 1. Yes 2. No |
| 1. Plain soup broth? | | | | | | 1. Yes 2. No |
| 1. Borbor? | | | | | | 1. Yes 2. No |
| 1. Any other liquids? (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | 1. Yes 2. No |
| 1. Food made from rice, noodles, porridge or other grains? | | | | | | 1. Yes 2. No |
| 1. Beans? | | | | | | 1. Yes 2. No |
| 1. Nuts and seeds such as peanut, cashew nut | | | | | | 1. Yes 2. No |
| 1. Pumpkin, carrots, squash, sweet potatoes that are yellow or orange? | | | | | | 1. Yes 2. No |
| 1. White potatoes, white yams, or any other foods from roots? | | | | | | 1. Yes 2. No |
| 1. Dark green, leafy vegetables like amaranth leaves, moringa, morning glory, water spinach? | | | | | | 1. Yes 2. No |
| 1. Ripe mangoes, ripe papayas, jackfruit? | | | | | | 1. Yes 2. No |
| 1. Any other fruits or vegetables? (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | 1. Yes 2. No |
| 1. Liver, kidney, heart, or other organ meats? | | | | | | 1. Yes 2. No |
| 1. Flesh foods like beef, pork, lamb, goat, chicken, or duck? | | | | | | 1. Yes 2. No |
| 1. Wild animals like frogs, snails, crabs, and insects? | | | | | | 1. Yes 2. No |
| 1. Duck or chicken eggs? | | | | | | 1. Yes 2. No |
| 1. Fresh or dried fish? | | | | | | 1. Yes 2. No |
| 1. Small rice field fish? | | | | | | 1. Yes 2. No |
| 1. Any foods made from beans, nuts, or seeds? | | | | | | 1. Yes 2. No |
| 1. Cheese, yogurt, or other milk products? | | | | | | 1. Yes 2. No |
| 1. Any oil, fats, butter, or foods made with any of these? | | | | | | 1. Yes 2. No |
| 1. Any sugary foods such as sweets, candies, cakes, or biscuits? | | | | | | 1. Yes 2. No |
| 1. Any packaged snacks such as chips? | | | | | | 1. Yes 2. No |
| 1. Condiments for flavor, such as soy sauce or prahok? | | | | | | 1. Yes 2. No |
| [CHECK Q30 ABOVE, CATEGORIES “I” THROUGH “BB”:  IF ALL “NO” ………………………..◻ **🡪 CONTINUE TO Q31**  IF AT LEAST ONE “YES” ………..◻ **🡪 SKIP TO Q32** | | | | | | | |
| Q Did (CHILD NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?  *[IF ‘YES’ PROBE]:* What kind of solid, semi-solid or soft foods did he/she eat yesterday? | | | | | 1. Yes **🡪 GO BACK TO Q30 TO RECORD FOOD** 2. No **🡪 SKIP TO SECTION VI** | | |
| Q How many times did (CHILD NAME) eat solid, semi-solid, or soft foods yesterday, during the day or at night? | | | | | |\_\_\_|\_\_\_| Number of Times  88. Don’t know | | |

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| 1. **PREGNANCY AND CHILD BIRTHS** | |
| *[IS RESPONDENT THE MOTHER OF ANY OF THE CHILDREN AGED 0 – 24 MONTHS THAT YOU MEASURED?*  *CHECK IF ANSWERED “YES” TO ANY CHILD ON Q14.]* | 1. Yes 2. No **🡪 SKIP TO Q40** |
| Q Did you receive antenatal care during your most recent pregnancy? | 1. Yes 2. No |
| Q Are you pregnant now? | 1. Yes 2. No 3. Don’t Know |
| Q How many total births have you had in your life?  *[THIS INCLUDES BIRTHS TO CHILDREN WHO WERE BORN ALIVE BUT LATER DIED AND THOSE WHO CURRENTLY LIVE ELSEWHERE].* | |\_\_\_|\_\_\_| Total Births |

**Now let me ask you about each of the children you have given birth to. Let’s start with the name of each child, from the youngest to oldest.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD\_ID  *[RECORD NAME]* | Q Is (CHILD NAME) a boy or a girl? | Q In what month and year was (CHILD NAME) born? | Q Is (CHILD NAME) still alive? | Q How old was (CHILD NAME) when (he/she) died? |
| 1  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 02  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 03  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 04  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 05  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 06  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 07  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 08  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q40** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |

|  |  |
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| Q In the last 12 months, have you received : | |
| 1. [LOCAL NAME: MULTIPLE MICRONUTRIENT POWDER]? | 1. Yes 2. No |
| 1. [LOCAL NAME: READY TO USE THERAPEUTIC FOOD LIKE PLUMPY'NUT]? | 1. Yes 2. No |
| 1. [LOCAL NAME: READY TO USE SUPPLEMENTAL FOOD LIKE PLUMPY'DOZ]? | 1. Yes 2. No |
| 1. Home visits from a village health support group? | 1. Yes 2. No |
| 1. Enrollment to a conditional cash transfer program for health? | 1. Yes 2. No |
| 1. Voucher or other form of subsidy to purchase water filter? | 1. Yes 2. No |
| 1. Voucher or other form of subsidy to purchase latrine or materials for latrine? | 1. Yes 2. No |
| 1. Voucher for food basket? | 1. Yes 2. No |

|  |  |
| --- | --- |
| Q In the last 12 months, have you: | |
| 1. Participated in Community Led Total Sanitation activities? | 1. Yes 2. No |
| [*IF YES TO (A):]* Did you build a latrine as a result of this activity? | 1. Yes 2. No |
| 1. Participated in any first 1,000 days community dialogue? | 1. Yes 2. No |
| 1. Participation in any first 1,000 days caregiver group education sessions? | 1. Yes 2. No |
| 1. Heard or saw *Grow Together* campaign messages, or materials on TV or in print? | 1. Yes 2. No |

**Now I would like to ask you some questions about water and sanitation in your household.**

|  |  |
| --- | --- |
| 1. **HOUSEHOLD WATER AND SANITATION** | |
| Q What is the main source of drinking water for members of your household right now?  *[MARK ONE ANSWER ONLY]*  *[IF THE FAMILY FETCHES DRINKING WATER FROM MULTIPLE SOURCES, ASK WHAT IS THE SOURCE MOST USED NOW].* | 1. Piped into dwelling 2. Piped to yard or plot 3. Public tap / standpipe 4. Tube well or borehole 5. Protected dug well 6. Unprotected dug well 7. Protected spring 8. Unprotected spring 9. Rainwater 10. Tanker truck 11. Cart with small tank 12. Surface water (river, dam, lake, pond, canal, irrigation channel) 13. Bottled water 14. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| Q Where is that water source located? | 1. In own dwelling   **🡪 SKIP TO Q45**   1. In own yard/plot 2. Elsewhere |
| Q How long does it take to go there, get water, and come back? | |\_\_\_|\_\_\_|\_\_\_| Minutes 88. Don’t know |
| Q Do you do anything to the water to make it safer to drink? | 1. Yes, always 2. Yes, sometimes 3. No   **🡪 SKIP TO Q47**   1. Don’t know |
| Q What do you usually do to make the water safer to drink?  Anything else?  [RECORD ALL ANSWERS MENTIONED] | 1. Boil 2. Add bleach or chlorine 3. Strain through cloth 4. Use water filter (ceramic sand/composite/etc.) 5. Solar disinfection 6. Let it stand and settle 7. Buy purified water 8. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) 9. Don’t know |
| Q We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands? | 1. Observed, fixed place 2. Observed, mobile 3. Not observed, not in dwelling/yard/plot   **🡪 SKIP TO Q50**   1. Not observed, no permission to see 2. Not observed, other reason |
| Q PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION. | 1. Water is available 2. Water is not available |
| Q PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION | 1. Soap or detergent (bar, liquid, powder, paste) 2. Ash, mud, sand 3. None |
| Q What kind of toilet facility do members of your household usually use?  *[IF ANSWER 1 – 10:*   * *CONFIRM BY OBSERVATION* * ***ASK FOR PERMISSION TO TAKE A PHOTO OF THE TOILET FACILITY USED IN THE HOUSEHOLD.*** * *CHANGE PHOTO NAME TO QUESTIONNAIRE ID#. IF THIS IS NOT POSSIBLE, RECORD NOTES BELOW TO CHANGE NAME LATER.]*   *PHOTO DETAILS:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Flush or Pour Flush Toilet   1. Flush or pour flush to piped sewer system 2. Flush or pour flush to septic tank 3. Flush or pour flush to pit latrine 4. Flush our pour flush to somewhere else   Pit Latrine   1. Ventilated improved pit latrine 2. Pit latrine with slab 3. Pit latrine without slab / open pit 4. Composting toilet 5. Bucket toilet 6. Hanging toilet / hanging latrine 7. No facility / bush / field **🡪 SKIP TO Q53** 8. Use another household’s latrine **🡪 SKIP TO Q53** 9. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )   [ANSWER ABOVE IS CONFIRMED BY OBSERVATION]   1. Observed 2. Not Observed   [PHOTO TAKEN]   1. Yes 2. No 🡪 SPECIFY REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Q Do you share your toilet facility with other households? | 1. Yes 2. No 3. Don’t Know  **🡪 SKIP TO Q53** |
| Q How many other households use this toilet facility? | |\_\_\_|\_\_\_| Households 88. Don’t Know |
| Q The last time your youngest child passed stools in the past 24 hours, what was done to dispose of the stools? | 1. Child used toilet or latrine 2. Put / rinsed into toilet or latrine 3. Put / rinsed into drain or ditch 4. Thrown into garbage 5. Buried 6. Left in the open 7. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| Q Does your family have an ID Poor Card?  *[REQUEST TO SEE THE CARD]* | 1. Yes, observed card 2. Yes, not observed card 3. Yes, expired card 4. No 5. Don’t know |

**We are almost done. I will now ask you a few additional questions about your household.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **HOUSEHOLD CHARACTERISTICS** | | | | |
| Q Does your household have: | 1. Electricity? | | | 1. Yes 2. No | |
| 1. A radio? | | | 1. Yes 2. No | |
| 1. A television? | | | 1. Yes 2. No | |
| 1. A mobile telephone? | | | 1. Yes 2. No | |
| 1. A non-mobile telephone? | | | 1. Yes 2. No | |
| 1. A refrigerator? | | | 1. Yes 2. No | |
| 1. A wardrobe? | | | 1. Yes 2. No | |
| 1. A sewing machine or loom? | | | 1. Yes 2. No | |
| 1. A CD/DVD player? | | | 1. Yes 2. No | |
| 1. A generator / battery / solar panel? | | | 1. Yes 2. No | |
| Q What type of fuel does your household mainly use for cooking? | | 1. Electricity 2. LPG 3. Biogas 4. Kerosene 5. Coal, lignite 6. Charcoal 7. Wood 8. Straw / shrubs / grass 9. Agricultural crop 10. Animal Dung 11. No food cooked in household 12. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | |
| Q MAIN MATERIALS OF THE FLOORS  RECORD OBSERVATION | | 1. Earth / Sand / Clay 2. Dung 3. Wood planks 4. Palm / bamboo 5. Parquet or polished wood 6. Vinyl or asphalt strips 7. Ceramic tiles 8. Cement tiles 9. Cement 10. Floating house 11. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | |
| Q MAIN MATERIAL OF THE ROOF  RECORD OBSERVATION | | 1. No Roof 2. Bamboo / thatch / palm leaf 3. Rustic mat 4. Wood planks 5. Cardboard 6. Plastic sheet 7. Metal 8. Wood 9. Calamine / cement fiber 10. Ceramic tiles 11. Clay tiles 12. Cement 13. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| Q MAIN MATERIAL OF EXTERIOR WALLS  RECORD OBSERVATION | | 1. No walls 2. Palm / bamboo / thatch 3. Dirt 4. Bamboo with mud 5. Straw with mud 6. Stone with mud 7. Uncovered adobe 8. Plywood 9. Cardboard 10. Reused wood 11. Metal 12. Cement 13. Stone with lime/cement 14. Bricks 15. Cement blocks 16. Covered adobe 17. Wood planks / shingles 18. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | |
| Q How many rooms in this household are used for sleeping? | | | |\_\_\_|\_\_\_| Rooms 88. Don’t Know | |
| Q Does any member of this household own: | 1. Watch? | | | 1. Yes 2. No | |
| 1. Bicycle or cyclo? | | | 1. Yes 2. No | |
| 1. Motorcycle or motor scooter? | | | 1. Yes 2. No | |
| 1. Motorcycle cart? | | | 1. Yes 2. No | |
| 1. Oxcart or horsecart? | | | 1. Yes 2. No | |
| 1. Car, truck, tractor, or van? | | | 1. Yes 2. No | |
| 1. Boat with a motor? | | | 1. Yes 2. No | |
| 1. Boat without a motor? | | | 1. Yes 2. No | |

**That concludes our interview. Thank you for your time and participation.**

**Cambodia Nutrition and Sanitation Baseline Survey**

**For General Households**

|  |  |
| --- | --- |
| **IDENTIFICATION** | |
| PROVINCE: | CODE: |\_\_\_|\_\_\_| |
| DISTRICT: | CODE: |\_\_\_|\_\_\_| |
| COMMUNE: | CODE: |\_\_\_|\_\_\_| |
| VILLAGE: | CODE: |\_\_\_|\_\_\_|\_\_\_| |

|  |
| --- |
| ***[ASK TO SPEAK WITH THE HEAD OF HOUSEHOLD OR THE SPOUSE. IF NEITHER IS AVAILABLE ASK TO SPEAK WITH SOMEONE OVER 18 WHO IS KNOWELDGEABLE ABOUT THE WATER AND SANITATION CONDITION OF THE HOUSHEOLD]*** |
| NAME OF RESPONDENT: |
| PHONE NUMBER OF HOUSEHOLD CONTACT: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INTERVIEW DETAILS** | | | | | | |
| **VISITS** | **DATE** | **TIME** | | **NEXT SCHEDULED VISIT** | | **RESULT FROM VISIT (\*)** |
| **START** | **END** | **DATE** | **TIME** |
| *FIRST* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | |\_\_\_|\_\_\_| |
| *SECOND* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | |\_\_\_|\_\_\_| |
| *THIRD* | \_\_\_/\_\_\_/\_\_\_ | \_\_ \_\_:\_\_ \_\_ | \_\_ \_\_:\_\_ \_\_ |  |  | |\_\_\_|\_\_\_| |

|  |
| --- |
| **\* CODES**  [11] Completed [44] Started, but incomplete [77] Dwelling vacant or not found  [22] Not home at time of visit [55] Absent for duration of study [88] Not eligible for survey  [33] Rescheduled [66] Refused to participate |

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALITY CONTROL** | | | |
| **INTERVIEWER** | **SUPERVISOR** | **OPERATOR** | **DATA ENTRY** |
| NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |
| DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ | DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
|  | CORRECTED? YES / NO | CORRECTED? YES / NO |  |

**Informed Consent Form**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with KHANA Center for Population Health Research, a research firm based in Phnom Penh, with approval from the Ministry of Health and the Provincial Health Department. We are conducting a survey about access to water and sanitation facilities in your community and across Battambang, Pursat, and Siem Reap. The information we collect will help inform development of targeted activities to improve child nutrition in your area. Your household was randomly selected to participate in the survey.

I would like to ask you some questions about your household. The questions usually take about 10 minutes.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. We do not anticipate any risks or discomfort to you by participating. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this information sheet.

*[GIVE PARTICIPANT INFORMATION SHEET]*

Do you have any questions?

|  |
| --- |
| **Q Do you understand and agree to participate in this survey?**   1. YES 2. NO 🡪 **stop INTERVIEW** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent Date

**I will start this interview by asking you a few questions on your household’s water and sanitation situation.**

|  |  |
| --- | --- |
| **SECTiON I: HOUSEHOLD WATER AND SANITATION** | |
| Q What is the main source of drinking water for members of your household right now?  *[MARK ONE ANSWER ONLY]*  *[IF THE FAMILY FETCHES DRINKING WATER FROM MULTIPLE SOURCES, ASK WHAT IS THE SOURCE MOST USED NOW].* | 1. Piped into dwelling 2. Piped to yard or plot 3. Public tap / standpipe 4. Tube well or borehole 5. Protected dug well 6. Unprotected dug well 7. Protected spring 8. Unprotected spring 9. Rainwater 10. Tanker truck 11. Cart with small tank 12. Surface water (river, dam, lake, pond, canal, irrigation channel) 13. Bottled water 14. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| Q Where is that water source located? | 1. In own dwelling   **🡪 SKIP TO Q5**   1. In own yard/plot 2. Elsewhere |
| Q How long does it take to go there, get water, and come back? | |\_\_\_|\_\_\_|\_\_\_| Minutes 88. Don’t know |
| Q Do you do anything to the water to make it safer to drink? | 1. Yes, always 2. Yes, sometimes 3. No   **🡪 SKIP TO Q7**   1. Don’t know |
| Q What do you usually do to make the water safer to drink?  Anything else?  [RECORD ALL ANSWERS MENTIONED] | 1. Boil 2. Add bleach or chlorine 3. Strain through cloth 4. Use water filter (ceramic sand/composite/etc.) 5. Solar disinfection 6. Let it stand and settle 7. Buy purified water 8. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) 9. Don’t know |
| Q We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands? | 1. Observed, fixed place 2. Observed, mobile 3. Not observed, not in dwelling/yard/plot   **🡪 SKIP TO Q10**   1. Not observed, no permission to see 2. Not observed, other reason |
| Q PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION. | 1. Water is available 2. Water is not available |
| Q PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION | 1. Soap or detergent (bar, liquid, powder, paste) 2. Ash, mud, sand 3. None |
| Q What kind of toilet facility do members of your household usually use?  *[IF ANSWER 1 – 10:*   * *CONFIRM BY OBSERVATION* * ***ASK FOR PERMISSION TO TAKE A PHOTO OF THE TOILET FACILITY USED IN THE HOUSEHOLD.*** * *CHANGE PHOTO NAME TO QUESTIONNAIRE ID#. IF THIS IS NOT POSSIBLE, RECORD NOTES BELOW TO CHANGE NAME LATER.]*   *PHOTO DETAILS:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Flush to piped sewer system 2. Flush to septic tank 3. Flush to pit latrine 4. Flush to somewhere else 5. Flush, don’t know where 6. Ventilated improved pit latrine 7. Pit latrine with slab 8. Pit latrine without slab / open pit 9. Composting toilet 10. Bucket toilet 11. Hanging toilet / hanging latrine 12. No facility / bush / field **🡪 SKIP TO Q13** 13. Use another household’s latrine **🡪 SKIP TO Q13** 14. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )   [ANSWER ABOVE IS CONFIRMED BY OBSERVATION]   1. Observed 2. Not Observed   [PHOTO TAKEN]   1. Yes 2. No |
| Q Do you share your toilet facility with other households? | 1. Yes 2. No 3. Don’t Know  **🡪 SKIP TO Q13** |
| Q How many other households use this toilet facility? | |\_\_\_|\_\_\_| Households 88. Don’t Know |
| Q The last time your youngest child passed stools in the past 24 hours, what was done to dispose of the stools? | 1. Child used toilet or latrine 2. Put / rinsed into toilet or latrine 3. Put / rinsed into drain or ditch 4. Thrown into garbage 5. Buried 6. Left in the open 7. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| Q Does your family have an ID Poor Card?  *[REQUEST TO SEE THE CARD]* | 1. Yes, observed card 2. Yes, not observed card 3. Yes, expired card 4. No 5. Don’t know |

**That concludes our interview. Thank you for your time and participation.**