**Cambodia Nutrition and Sanitation Endline Survey**

**For Primary Caregiver of Young Children (1 – 28 months)**

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| **IDENTIFICATION** | |
| SUPERVISOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE: |\_\_\_|\_\_\_| | |
| INTERVIEWER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE: |\_\_\_|\_\_\_| | |
| INTERVIEW DATE: \_\_\_ / \_\_\_ / \_\_\_ START TIME: \_\_ \_\_ : \_\_ \_\_ END TIME: \_\_ \_\_ : \_\_ \_\_ | |
| PROVINCE: | CODE: |\_\_\_|\_\_\_| |
| DISTRICT: | CODE: |\_\_\_|\_\_\_| |
| COMMUNE: | CODE: |\_\_\_|\_\_\_| |
| VILLAGE: | CODE: |\_\_\_|\_\_\_|\_\_\_| |
| HOUSEHOLD GPS COORDINATES: |  |

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| **Screening questions** | |
| C Is there a child aged 1 to 28 months living in this household? | 1. YES 2. NO 🡪 **stop INTERVIEW** |
| ***[ASK TO SPEAK WITH THE MOTHER OR PRIMARY CAREGIVER OF THE CHILDREN 1 TO 28 MONTHS.***  ***CHECK DATE OF BIRTH ON CHILD’S BIRTH CERTIFICATE OR YELLOW HEALTH CARD BEFORE STARTING SURVEY.]*** | |
| C Has the eligible child/children lived in this village for his/her entire life? | 1. Yes **🡪 READ INFORMED CONSENT** 2. No |
| C Where did child live before? | 1. In another village within the same commune 2. Outside this commune 🡪 **stop INTERVIEW** |

**QID:** | \_\_ | \_\_ | \_\_ | \_\_ |\_\_ |

**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 gathering data for a research project conducted by Georgia Institute of Technology.

1. We are conducting a study 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.
2. Your household was randomly selected to participate in the survey.
3. We will ask you some questions about your household and your young children.
4. We would also like to weigh and measure all the eligible children in your household.
5. At the end of our visit, we will leave a plastic container for your child’s next stool and will come back tomorrow to collect it.
6. Your participation in this study is expected to last no more than 1 hour today and a brief visit (10 minutes) when we come back to collect the sample.
7. All of the answers you give will be **confidential** and your name will not be shared with others outside our research team.
8. Your participation in the study is completely **voluntary**, but we hope you will agree to answer the questions since your views are important.
9. 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.

*[AFTER READING THIS FORM, GIVE PARTICIPANT THE INFORMATION SHEET]*

Do you have any questions?

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

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Signature of Respondent Date

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

Signature of Enumerator Date

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| 1. **BASIC INFORMATION from Primary Caregiver**   **We will start this interview with a few questions to get basic information about you.** | |
| 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. Muslim 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 Q6b Q**Error! Reference source not found.   1. Widow 2. Never married |
| Qa 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 |
| Q6.b In the past 24 months, have you lived outside of this commune? | 1. Yes 2. No **🡪 SKIP TO Q1.7** |
| Q6.c For how many months did you live outside of this commune?  *[IF MORE THAN ONE TIME, ADD THE TOTAL TIME]* | |\_\_\_|\_\_\_| Months |
| 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 eligible children aged 1 to 28 months live in this household? |\_\_\_|\_\_\_| Children  *ELIGIBLE CHILDREN ARE AGED 1 TO 28 MONTHS LIVING IN THE SAME COMMUNE THEIR ENTIRE LIFE* | |

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| 1. **BASIC INFORMATION FOR ALL CHILDREN 1 TO 28 MONTHS**   **I would now like to ask you questions about these children aged 1 to 28 months. Let’s start with the order of the children, starting with the youngest.** | | | |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| Q What is the order of (CHILD NAME) (youngest = 01, second youngest = 02, etc.)? | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| Q What is (CHILD NAME)’s gender? | 1. Male 2. Female | 1. Male 2. Female | 1. Male 2. Female |
| Q Are you (CHILD NAME)’s mother? | 1. Yes 2. No **🡪 SKIP TO Q1.13** | 1. Yes 2. No | 1. Yes 2. No |
| Q12a. Did you receive antenatal care while you were pregnant with (CHILD NAME)? | 1. Yes 2. No **🡪 SKIP TO Q12c** | 1. Yes 2. No 🡪 **SKIP TO Q12c** | 1. Yes 2. No 🡪 **SKIP TO Q12c** |
| Q12b. How many times did you receive antenatal care while you were pregnant with (CHILD NAME)? | |\_\_\_|\_\_\_| # of Times | |\_\_\_|\_\_\_| # of Times | |\_\_\_|\_\_\_| # of Times |
| Q12c. Where did you give birth to (CHILD NAME)? | 1. Home, with traditional birth attendant 2. Home, with trained midwife 3. Public health center, clinic or hospital 4. Private clinic/hospital 5. Other (specify) | 1. Home, with traditional birth attendant 2. Home, with trained midwife 3. Public health center, clinic or hospital 4. Private clinic/hospital 5. Other (specify) | 1. Home, with traditional birth attendant 2. Home, with trained midwife 3. Public health center, clinic or hospital 4. Private clinic/hospital 5. Other (specify) |
| Q Was (CHILD NAME) ever breastfed? | 1. Yes 2. No 🡪 **SKIP TO Q1.15** | 1. Yes 2. No 🡪 **SKIP TO Q1.15** | 1. Yes 2. No 🡪 **SKIP TO Q1.15** |
| Q Is (CHILD NAME) still being breastfed? | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No |
| Q1 What is (CHILD NAME)’s birth date? | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| *Q15.2 [DOUBLE ENTER BIRTH DATE]* | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | Day |\_\_\_|\_\_\_|  Month |\_\_\_|\_\_\_|  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| *Q15.3 [SOURCE OF BIRTH DATE]* | 1. Official document (birth certificate / yellow card) 2. Self-reported, no birth certificate / card | 1. Birth certificate or yellow card 2. Self-reported, no birth certificate / card | 1. Birth certificate or yellow card 2. Self-reported, no birth certificate / card |
| Q1 What was (CHILD NAME)’s weight at birth? | KG |\_\_\_| **.** |\_\_\_|    88. Don’t Know | KG |\_\_\_| **.** |\_\_\_|    88. Don’t Know | KG |\_\_\_| **.** |\_\_\_|    88. Don’t Know |
| *Q16.2 [SOURCE OF WEIGHT AT BIRTH]* | 1. From yellow card 2. Self-reported, yellow available birth weight not recorded 3. Self-reported, no yellow card 🡪 **SKIP TO NEXT CHILD or Section III** | 1. From yellow card 2. Self-reported, yellow available but no recorded weight at birth 3. Self-reported, no yellow card 🡪 **SKIP TO NEXT CHILD or Section III** | 1. From yellow card 2. Self-reported, yellow available but no recorded weight at birth 3. Self-reported, no yellow card 🡪 **SKIP TO Section III** |
| *Q16.3*  *[WHAT IS THE LAST MONTH THE CHILD’S WEIGHT WAS PLOTTED ON THE CHILD’S YELLOW HEALTH CARD?]* | Month |\_\_\_|\_\_\_| | Month |\_\_\_|\_\_\_| | Month |\_\_\_|\_\_\_| |
|  | **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.** |  |

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| 1. **ANTHROPOMETRY MEASURES FOR SAME CHILDREN 1 TO 28 MONTHS**   **Now I would like to take the height and weight measurements of all of these children aged 1 to 28 months. Let’s start with the youngest child (CHILD 1).** | | | |
| Q17. *SELECT TYPE OF SCALE* | | 1. Type A 2. Type B | |
|  | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| [RECORD SAME CHILD ORDER (youngest = 01, second youngest = 02, etc.)] | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| *[USE THIS WEIGHT VERSION FOR SCALE TYPE A ONLY]* | | | |
| Q1 [FIRST TIME:  RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| |
| Q1.17.2 [SECOND TIME: RECORD **WEIGHT** IN KILOGRAMS] | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| | KG |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| |
| *[USE THIS WEIGHT VERSION FOR SCALE TYPE B ONLY]* | | | |
| Q1.17.1.1 [FIRST 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] |
| Q1.17.2.1 [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] |
| *[CONTINUE WITH HEIGHT MEASUREMENT BELOW]* | | | |
| Q1 [FIRST TIME:  RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| |
| Q1.18.2 [SECOND TIME: RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| |
| *ONLY IF DIFFERENCE BETWEEN MEASUREMENTS IS GREATER THAN 1.0 CM*  Q1.18.3 [THIRD TIME:  RECORD **HEIGHT** IN CENTIMETERS] | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | CM |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| |
| Q CONFIRM CHILD LAYING OR STANDING FOR MEASUREMENT | 1. Laying 2. Standing | 1. Laying 2. Standing | 1. Laying 2. Standing |
| Q CHECK IF (CHILD’S NAME) HAS EDEMA | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No |
|  | **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.** |  |

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| 1. **HEALTH OF SAME CHILDREN 1 TO 28 MONTHS**   **Now I would like to ask you some health questions about the same young child/children we just measured.**  *[ADMINISTER THESE QUESTIONS FOR EACH OF THE SAME CHILDREN 1 TO 28 MONTHS]* | | | | | |
| Q RECORD SAME CHILD ORDER (FROM Q1.10):  (youngest = 01, second youngest = 02, etc.) | | | **|\_\_\_|\_\_\_|** | | |
| Did [CHILD NAME] have [SYMPTOM]? | 1. **TODAY** | 1. **YESTERDAY** | | 1. **DAY BEFORE YESTERDAY** | 1. **IN THE LAST 7 DAYS (SINCE THIS DAY LAST WEEK)** |
| Q Vomit? | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know | | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know |
| Q Fever? | 1. Yes 2. No   88. Don’t Know | 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 Abdominal pain? | 1. Yes 2. No 3. Don’t Know | 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 Diarrhea? | 1. Yes 2. No 3. Don’t Know | 1. Yes 2. No 3. Don’t Know | | 1. Yes 2. No 3. Don’t Know | 1. Yes 2. No 3. Don’t Know |
| *IF ANSWERED “YES” TO Q1.25 (DIARRHEA):*  Q25a. For how many days did (CHILD NAME) have diarrhea? | | | | |\_\_\_|\_\_\_| Days 88. Don’t Know | |
| Did [CHILD NAME] have [SYMPTOM]? | 1. **TODAY** | 1. **YESTERDAY** | | 1. **DAY BEFORE YESTERDAY** | 1. **IN THE LAST 7 DAYS (SINCE THIS DAY LAST WEEK)** |
| Q Three or more bowel movements in one day? | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know | | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know |
| Q Number of bowel movements each day | |\_\_\_|\_\_\_|  88. Don’t Know | |\_\_\_|\_\_\_|  88. Don’t Know | |  |  |
| Q Watery or soft stool (unformed)? | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know | | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know |
| Q Blood in the stool? | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know | | 1. Yes 2. No   88. Don’t Know | 1. Yes 2. No   88. Don’t Know |
| Q Bruising, scrapes or cuts that occurred…? | 1. Yes 2. No   88. Don’t Know | 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 Toothache / teething  Q | 1. Yes 2. No   88. Don’t Know | 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 Since (CHILD NAME) was born, has he/she ever been given antibiotics as treatment for any illness?  *ENUMERATOR: SOME EXAMPLES OF COMMON ANTIBIOTICS ARE AMOXICILLIN, CLAMOXIL, PENICILLIN, TETRACYCLINE, AMPICILLIN, COTRIMOXAZOLE.*  *PARACETAMOL AND PANADOL ARE NOT AN ANTIBIOTIC.* | | | | 1. Yes 2. No   **🡪 SKIP TO SECTION V**  88. Don’t Know | |
| Q For what reason(s)?  *MARK ALL THAT APPLY* | | | | 1. Respiratory inflammation (difficulty breathing) 2. Cold or flu 3. Sore throat or cough 4. Diarrhea 5. Vomiting 6. Pain relief 7. Heal skin wound, burn, cuts, injuries 8. Intestinal inflammation or ulcer 9. Fever or high temperature 10. Dengue 11. Malaria 12. Other (specify) \_\_\_\_\_\_\_\_\_   88. Don’t know | |

**ADD NEXT ELIGIBLE CHILD OR IF NO MORE CHILDREN SKIP TO SECTION VI**

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| 1. **CHILD DIETARY DIVERSITY OF SAME CHILDREN 1 TO 28 MONTHS** | | | | |
| *[ADMINISTER THESE QUESTIONS FOR EACH OF THE SAME CHILDREN 1 TO 28 MONTHS]* | | | | |
| RECORD SAME CHILD ORDER (FROM Q1.10):  (youngest = 01, second youngest = 02, etc.) | | **|\_\_\_|\_\_\_|** | | |
| Q Now I would like you to please describe everything that your (CHILD NAME), ate and drank yesterday, during the day or night.  MARK ALL THAT APPLY   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) ate at that time.  PROBE: Anything else?   1. What did (CHILD NAME) eat next?   IF YES: Please tell me everything (he/she) ate 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.] | 1. Plain water? | | |  |
| 1. Instant formula? | | |  |
| 1. Milk such as tinned, powdered or fresh animal milk? | | |  |
| 1. Breastmilk? | | |  |
| 1. Fresh juice? | | |  |
| 1. Plain soup broth? | | |  |
| 1. Borbor? | | |  |
| 1. Juice drinks or carbonated drinks? | | |  |
| 1. Any other liquids? (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |  |
| 1. Food made from rice, noodles, or other grains? | | |  |
| 1. Beans? | | |  |
| 1. Nuts and seeds such as peanut, cashew nut | | |  |
| 1. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside? | | |  |
| 1. White potatoes, white yams, or any other foods from roots? | | |  |
| 1. Long beans? | | |  |
| 1. Any dark green, leafy vegetables like amaranth leaves, moringa, morning glory, water spinach? | | |  |
| 1. Ripe mangoes, ripe papayas, jackfruit? | | |  |
| 1. Any other fruits or vegetables? (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |  |
| 1. Liver, kidney, heart, or other organ meats? | | |  |
| 1. Flesh foods like beef, pork, lamb, goat, chicken, or duck? | | |  |
| 1. Wild animals like frogs, snails, crabs, insects? | | |  |
| 1. Duck or chicken eggs? | | |  |
| 1. Fresh or dried fish? | | |  |
| 1. Small rice field fish? | | |  |
| 1. Small fish powder? | | |  |
| 1. Any foods made from beans, nuts, or seeds? | | |  |
| 1. Cheese, yogurt, or other milk products? | | |  |
| 1. Any oil, fats, butter, or foods made with any of these? | | |  |
| 1. Non-sugary traditional snacks, such as banana coconut sticky rice, bean pork sticky rice, etc? | | |  |
| 1. Any sugary foods such as sweets, candies, cakes, or biscuits? | | |  |
| 1. Any packaged snacks such as chips? | | |  |
| 1. Condiments for flavor, such as soy sauce or prahok? | | |  |
| *[ONLY IF SELECTED “Y. SMALL FISH POWDER” IN Q35:*  *MARK ALL THAT APPLY*  Q35.Y1 You mentioned your child ate small fish powder, did you buy it or make it at home? | | | 1. Bought it 2. Made it at home 3. Received as gift   88. Don’t know | |
| 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 Q1.35**   **TO RECORD FOOD**   1. 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 | |

**ADD NEXT ELIGIBLE CHILD OR IF NO MORE CHILDREN SKIP TO SECTION VI**

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| 1. **HYGIENE PRACTICES**   **Can you show me the space where you usually prepare food for cooking?** | |
| Q OBSERVE WHETHER SURFACE FOR PREPARING FOOD (CHOPPING, CUTTING, ETC) IS A CLEANABLE MATERIAL  (WOOD, BAMBOO, GRASS MATS, PLASTIC MATS, OR ANOTHER POROUS MATERIAL IS NOT CLEANABLE)  *RECORD OBSERVATION* | 1. Yes, surface for preparing food is a cleanable material 2. No |
| Q OBSERVE WHETHER FOOD PREPARATION SURFACE IS ELEVATED OFF THE FLOOR  *RECORD OBSERVATION* | 1. Yes, elevated off the floor 2. No |
| Q OBSERVE WHETHER FOOD PREPARATION AREA IS CLEAN OF VISIBLE DIRT  *RECORD OBSERVATION* | 1. Yes, clean of visible dirt 2. No |
| Q OBSERVE WHETHER THERE ARE FLIES ON FOOD OR ON FOOD PREPARATION AREA  *RECORD OBSERVATION* | 1. Yes, flies observed 2. No flies observed |
| Q OBSERVE WHETHER A HANDWASHING STATION CAN BE FOUND WITHIN 10 METERS OF THE FOOD PREPARATION AREA  *RECORD OBSERVATION* | 1. Yes, handwashing station within 10 meters 2. No |
| Q Do you clean your cooking utensils before using them? | 1. Yes 2. No **🡪 SKIP TO Q1.45** |
| Q What do you clean your cooking utensils with? | 1. Water and soap 2. Water and ash/mud/sand 3. Water only 4. No water, dry cloth or towel only |
| Qa Do you clean food preparation surfaces ?  ENUMERATOR: THIS IS THE SAME SURFACE OBSERVED PREVIOUSLY | 1. Yes 2. No **🡪 SKIP TO Q1.46** |
| Q45.b What do you clean the food preparation surfaces with? | 1. Water and soap 2. Water and ash/mud/sand 3. Water only 4. No water, dry cloth or towel only |
| Q Do you have a container to store food? | 1. Yes 2. No **🡪 SKIP TO Q1.50** |
| Q Is the container you use to store food covered?  [CONFIRM BY OBSERVATION] | 1. Yes 2. No |
| Q Do you clean the container used for food storage between uses? | 1. Yes 2. No **🡪 SKIP TO Q1.50** |
| Q What do you clean it with? | 1. Water and soap 2. Water and ash/mud/sand 3. Water only 4. No water, dry cloth or towel only |
| Q Do you cook the food until boiling? | 1. Yes 2. No |
| *ASK Q51 – Q54 ONLY IF Q1.36=YES FOR ANY ELIGIBLE CHILD. OTHERWISE SKIP TO SECTION VII.*  *(CHILD WHO IS NO LONGER EXCLUSIVELY BREASTFEEDING)* | |
| Q Do you reheat the food before feeding your young child again?  *REFER TO ANY ONE OF THE ELIGIBLE CHILDREN NOT EXCLUSIVELY BREASTFEEDING* | 1. Yes 2. No |
| Q Do you clean the utensil/s used to feed your young child?  *REFER TO SAME ELIGIBLE CHILD FROM PREVIOUS QUESTION* | 1. Yes 2. No **🡪 SKIP TO Q1.54** |
| Q What do you clean these utensil/s with? | 1. Water and soap 2. Water and ash/mud/sand 3. Water only 4. Dry cloth or towel |
| Q Do you prepare your young child’s food separately from the other food?  *REFER TO SAME ELIGIBLE CHILD FROM PREVIOUS QUESTION* | 1. Yes, always 2. Yes, sometimes 3. No |

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| 1. **PREGNANCY AND CHILD BIRTHS** | |
| *[IS RESPONDENT THE MOTHER OF ANY OF THE CHILDREN AGED 1 TO 28 MONTHS THAT YOU MEASURED?*  *CHECK IF ANSWERED “YES” TO ANY CHILD ON Q1.12]* | 1. Yes 2. No **🡪 SKIP TO Q1.68** |
| Q Are you pregnant now? | 1. Yes 2. No   **🡪 SKIP TO Q1.58 Q**Error! Reference source not found.   1. Don’t Know |
| Q How many months pregnant are you?  *[RECORD COMPLETED MONTHS]* | |\_\_\_|\_\_\_| Months |
| Q *SOURCE OF PREGNANCY LENGTH*  *[**PROBE WHETHER SHE ESTIMATED THE PREGNANCY LENGTH ON HER OWN OR WITH THE HELP OF A HEALTH PRACTITIONER (WITH OR WITHOUT AN ULTRASOUND].* | 1. Estimated by respondent only 2. Estimated by respondent and health practitioner, no ultrasound 3. Estimated by respondent and health practitioner, using ultrasound   **🡪 CONTINUE TO Q1.60** |
| Q Have you been pregnant in the past 24 months? | 1. Yes 2. No   **🡪 SKIP TO Q1.60 TOTOQ**Error! Reference source not found.   1. Don’t Know |
| Q Did the pregnancy result in the child being born alive?  *ANSWER IS NO FOR MISCARRIAGE, ABORTION, OR IF CHILD WAS BORN DEAD (STILL BIRTH).* | 1. Yes 2. No |
| Qa 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 |
| Q60.b From those births, how many total children were born? | |\_\_\_|\_\_\_| Total Children |

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| **Now let me** **ask you about each of the children you have given birth to, starting from the youngest child to the oldest.** | | | | |
| CHILD\_ID  *[RECORD ORDER]* | Q Is (CHILD NAME) a boy or a girl? | Q In what month and year was (CHILD NAME) born?  Q | Q Is (CHILD NAME) still alive? | Q How old was (CHILD NAME) when (he/she) died?  *[88=Don’t Know]* |
| 01  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. // | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 02  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 03  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 04  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 05  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 06  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 07  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |
| 08  \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Boy 2. Girl | |\_\_\_|\_\_\_| Month  |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Year  88. Don’t Know | 1. Yes 🡪 **SKIP TO NEXT CHILD OR Q1.68** 2. No | |\_\_\_|\_\_\_| Days  |\_\_\_|\_\_\_| Months  |\_\_\_|\_\_\_| Years |

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| 1. **EXPOSURE AND PARTICIPATION** | | | | | |
| Qa  In the last 24 months, have you received: | 1. [LOCAL NAME: MULTIPLE MICRONUTRIENT POWDER]?   *[SHOW CARD]* | | | | 1. Yes 2. No |
| 1. [LOCAL NAME: READY TO USE THERAPEUTIC FOOD LIKE PLUMPY'NUT]?   *[SHOW CARD]* | | | | 1. Yes 2. No |
| 1. [LOCAL NAME: READY TO USE SUPPLEMENTAL FOOD LIKE PLUMPY'DOZ]?   *[SHOW CARD]* | | | | 1. Yes 2. No |
| 1. Voucher or other form of subsidy to purchase water filter? | | | | 1. Yes 2. No **🡪 SKIP TO E** |
| D2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | 1. NOURISH 2. Other program   88. Don’t know |
| 1. Voucher or other form of subsidy to purchase latrine or materials for latrine? | | | | 1. Yes 2. No **🡪 SKIP TO F** |
| E2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | 1. NOURISH 2. Other program   88. Don’t know |
| 1. Voucher for food basket? | | | | 1. Yes 2. No **🡪 SKIP TO Q68b** |
| F2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | 1. NOURISH 2. Other program   88. Don’t know |
| Q68b. In the last 24 months, have you enrolled in a conditional cash transfer program for health and nutrition? | | 1. Yes 2. No **🡪 SKIP TO Q1.69** | | | |
| Q68c. With which bank or program?  *MARK ALL THAT APPLY*  *PROBE WHERE THEY ENROLLED OR RECEIVED CASH TRANSFER. IF VILLAGE FAIR SELECT NOURISH* | | 1. AMK / NOURISH (*SHOW CCT CARD TO CONFIRM*) 2. WING / AT HEALTH CENTER 3. ACLEDA 4. Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 5. Don’t Know   **🡪 CONTINUE TO Q1.70** | | | |
| Q Do you have your own bank account, Wing account, or other money account? | | 1. Yes 2. No | | | |
| Q In the last 24 months, have you: | | | | | |
| 1. Heard or seen *Grow Together* campaign messages, or materials on TV, radio, or in print? *[show logo]* | | | | 1. Yes 2. No | |
| 1. Participated in a “first 1,000 days” community dialogue? | | | | 1. Yes 2. No **🡪 SKIP TO C** | |
| B2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | | 1. NOURISH 2. Other program   88. Don’t know |
| 1. Participated in a “first 1,000 days” caregiver group education sessions? | | | | | 1. Yes 2. No **🡪 SKIP TO D** |
| C2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | | 1. NOURISH 2. Other program   88. Don’t know |
| 1. Participated in a “first 1,000 days” village fair? | | | | | 1. Yes 2. No **🡪 SKIP TO E** |
| D2. Was it NOURISH or other program?  *[SHOW CARD]*  *MARK ALL THAT APPLY* | | | | | 1. NOURISH 2. Other program   88. Don’t know |
| 1. Participated in a community activity where VSHG weighs young children? | | | | | 1. Yes 2. No **🡪 SKIP TO Q70b** |
| E2. Was it NOURISH or other program?  *MARK ALL THAT APPLY* | | | | | 1. NOURISH 2. Other program   88. Don’t know |
| Q70b. In the last 24 months, have you received home health visits from a village health support group? | | 1. Yes 2. No **🡪 SKIP TO Q1.71** | | | |
| Q70c. Was this visit(s) for you when you were pregnant, for your child’s health, or for both? | | 1. Caregiver during pregnancy 2. Child’s health 3. Both   88. Don’t know | | | |
| Q In the last 24 months, have you received home garden support by a district agriculture officer? | | 1. Yes 2. No | | | |
| Q71b. Does your household grow any food that you consume at home? | | 1. Yes 2. No **🡪 SKIP TO Q1.72** | | | |
| Q71c. What do you grow throughout the year?  *MARK ALL GROWN AT DIFFERENT TIMES OF THE YEAR* | | 1. Ptee (Amaranth) 2. Moringa 3. Pumpkin 4. Sweet potato 5. Long bean 6. Eggplant 7. Jackfruit 8. Mango 9. Banana 10. Other   88. Don’t Know | | | |
| Q In the last 24 months, have you participated in Community Led Total Sanitation activities (village meeting on mapping open defecation and toilets)?  *[SHOW IMAGE OF CLTS ACTIVITY]* | | | 1. Yes 2. No **🡪 SKIP TO Q1.80** | | |
| Q Did other members of the community encourage you to construct a latrine after participating in the CLTS activities? | | | 1. Yes 2. No | | |
| Q Did you feel pressured to construct a latrine after participating in the CLTS activities? | | | 1. Yes 2. No | | |
| Q Did you build a latrine as a result of this CLTS activity? | | | 1. Yes **🡪 SKIP TO Q1.77** 2. No | | |
| Q What is the main reason that you did not construct your own latrine?  *[RECORD TOP REASON ONLY]* | | | 1. Lack of funds 2. No construction knowledge 3. Tough soil conditions 4. Open defecation is preferred 5. Lack of strength or illness 6. No time 7. Already had a latrine before 8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Don’t know   **🡪 CONTINUE TO Q1.80** | | |
| Q What is the main reason that you constructed a latrine?  *[RECORD TOP REASON ONLY]* | | | 1. Privacy 2. Security 3. Health 4. Hygiene 5. Comfort 6. Status 7. Others in my community also built a latrine 8. Someone told me to (specify: \_\_\_\_\_\_\_\_\_\_) 9. Open defecation is harmful 10. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   88. Don’t know | | |
| Q77b. Did you use a voucher to purchase the latrine or for materials to construct the latrine? | | | 1. Yes 2. No   88. Don’t know | | |
| Q Do you think you are more respected by your community because you have your own latrine? | | | 1. Yes 2. No 3. Don’t know | | |
| Q Who in your household or community inspired you the most to build your own latrine? | | | 1. Spouse 2. Children 3. Other family member 4. Neighbor 5. Chief/leader 6. VHSG 7. Other government officer 8. Other community member 9. NGO or other organization (specify:\_\_\_\_\_\_) 10. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |

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| 1. **HOUSEHOLD WATER AND SANITATION**   **Now I would like to ask you some questions about water and sanitation in your household.** | | | |
| 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 drinking water source located? | 1. In own dwelling   **🡪 SKIP TO Q1.83**   1. In own yard/plot 2. Elsewhere | | |
| Q How long does it take to go there, wait, get the drinking water, and come back? | |\_\_\_|\_\_\_|\_\_\_| Minutes 888. Don’t know | | |
| Q Do you do anything to the water to make it safer to drink? | 1. Yes 2. No   **🡪 SKIP TO Q1.86**   1. Don’t know | | |
| Q What do you usually do to make the water safer to drink?  Anything else?  *[RECORD ALL ANSWERS MENTIONED]* | | *[IF YES]*  Q How often do you [METHOD] your water to drink? |
| 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: \_\_\_\_\_\_ ) | | 1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely |

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| 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 Q1.90**   1. Not observed, no permission to see 2. Not observed, other reason |
| Q PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  *RECORD OBSERVATION* | 1. Yes, water is available 2. No, 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 When do you wash your hands?  *[RECORD ALL ANSWERS MENTIONED]* | 1. Before preparing or cooking food 2. Before eating 3. Before breastfeeding or feeding young child under 28 months 4. After defecating 5. After changing diapers / cleaning child feces 6. After cleaning animal feces 7. After cleaning toilet or potty 8. None of the above |
| Q What kind of toilet facility do members of your household usually use? | 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 Q1.102** 8. Use another household’s latrine **🡪 SKIP TO Q1.97** 9. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| ***ASK FOR PERMISSION TO TAKE A PHOTO OF THE TOILET FACILITY USED IN THE HOUSEHOLD.***  **Q*TAKE A PICTURE OF LATRINE SUPERSTRUCTRE FROM THE OUTSIDE, CAPTURING SEPTIC TANK IF PRESENT*** | Photo 1 Upload: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [PHOTO TAKEN]   1. Yes 2. No |
| **Q*TAKE A PICTURE OF THE LATRINE DROP HOLE*** | Photo 2 Upload: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [PHOTO TAKEN]   1. Yes 2. No |
| Q OBSERVE WHETHER THERE IS A SUPER-STRUCTURE THAT PROVIDES PRIVACY  *[PRIVACY: DOOR OR CURTAIN THAT CAN BE CLOSED AND A NO-SEE THROUGH SUPERSTRUCTURE]*  *RECORD OBSERVATION* | 1. Yes, there is a super-structure provides privacy 2. No super-structure |
| Q OBSERVE WHETHER THERE IS A CLEANABLE SLAB (PORCELAIN, PLASTIC, CONCRETE OR STONE)  *RECORD OBSERVATION* | 1. Yes, there is a cleanable slab **🡪 SKIP TO Q1.95** 2. No cleanable slab |
| Q94b. OBSERVE WHETHER LATRINE IS SAFE FOR SMALL CHILDREN.  [NOT SAFE IF CHILD CAN FALL IN OR GET INJURED BECAUSE DROP HOLE IS BIG, OR PLATFORM IS UNSTABLE] | 1. Yes, latrine is safe for small children 2. Not safe for small children |
| Q Do you share your toilet facility with other households? | 1. Yes 2. No 3. Don’t Know  **🡪 SKIP TO Q1.99** |
| Q How many other households use this toilet facility? | |\_\_\_|\_\_\_| Households 88. Don’t Know  **🡪 GO TO Q1.99** |
| *[IF USES ANOTHER HOUSEHOLD’S LATRINE: Q1.90=12], ASK:*  Q What kind of toilet facility is it? | 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 |
| Q How long does it take to get to the toilet facility? | |\_\_\_|\_\_\_|\_\_\_| Minutes 88. Don’t know |
| Q Are small children able to use the toilet easily and without assistance from someone else? | 1. Yes 2. No   88. Don’t Know |
| Qa Does the pit or toilet leak, overflow or flood at any time of the year? | 1. Yes 2. No   88. Don’t Know **🡪 SKIP TO Q1.101** |
| Q100.b How often does the pit or toilet leak, overflow or flood? | 1. It happened once 2. Rarely 3. Often 4. Always   88. Don’t know |
| Q Thinking of yourself and your household members, excluding small children unable to use the toilet, has anyone defecated in the bush or field in the last 7 days? | 1. Yes 2. No 3. Don’t Know **🡪 SKIP TO Q1.103** |
| Q Why didn’t you or members of your household use the latrine?  *IF RESPONDENT SAYS THEY DO NOT HAVE ONE, ASK WHY THEY DO NOT USE ANOTHER HOUSEHOLD’S LATRINE*  *MARK ALL THAT APPLY* | 1. Smell 2. Heat inside latrine 3. Too dirty/no hygiene 4. Fear of animals 5. Taboo 6. Flies 7. Fear of falling inside 8. Fear of infection 9. Harassment 10. Queue of people 11. Too far away 12. Latrine is damaged 13. Full pit 14. Open defecation is preferred 15. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   88. Don’t Know |
| Q Do you think there are community members from this village who have defecated in the bush or field in the last 7 days? | 1. Yes 2. No 3. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| Can you show me the space where the young children we measured usually play?  Q OBSERVE WHETHER ANIMALS ARE KEPT AWAY FROM WHERE CHILD PLAYS  *RECORD OBSERVATION* | 1. Animals are kept separate from play space 2. Animals are not kept separate from play space 3. No animals observed |
| Q OBSERVE WHETHER THERE IS GARBAGE OR HOUSEHOLD WASTE WHERE CHILD PLAYS  *RECORD OBSERVATION* | 1. Yes, Garbage or household waste observed 2. No garbage or household waste observed |
| Q OBSERVE WHETHER THERE ARE SHARP OBJECTS THAT CAN CAUSE HARM WHERE CHILD PLAYS  *RECORD OBSERVATION* | 1. Yes, Sharp objects that can cause harm are observed 2. No sharp objects observed |
| Q OBSERVE WHETHER THERE IS FECES AROUND THE HOUSEHOLD (animal or humans-children)  *RECORD OBSERVATION* | 1. Yes, Animal or human/child feces observed 2. No feces observed |
| Q Does your household 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 |

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| 1. **HOUSEHOLD CHARACTERISTICS**   **We are almost done. I will now ask you a few additional questions about your household.** | | | | |
| 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 9. 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. Finished 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 |

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| 1. **INSTRUCTIONS FOR STOOL SAMPLE COLLECTION** | |
| That concludes our interview. Thank you for participating in this survey and for your time and attention.  As I mentioned earlier, we would like to collect a stool sample from your children ages 1 to 28 months. This will help us to better understand the health of children in this area and to improve programming.  **Q For the children aged 1 to 28 months, may we collect a sample of their stool?**   1. YES 2. NO 🡪 **stop INTERVIEW** | |
| I will leave this labelled bag with supplies for you to collect your child’s stool and our team will return tomorrow to pick it up. When your child is going to defecate, please help your child to defecate into this plastic bowl. Then use the plastic spoon to collect the stool from the bowl and put into the plastic container. Then close the cap tightly and place the filled container in the bag and seal it.  [ENUMERATOR DEMONSTRATES HOW TO USE THE PLASTIC CONTAINER AND PUT IT IN BAG AND SEAL IT]  **Q SCAN BARCODE OF PLASTIC CONTAINER**  *[ENUMERATOR: LABEL THE LID WITH CHILD NUMBER AND EXPLAIN WHICH CONTAINER CORRESPONDS TO WHICH CHILD]*  CHILD 1: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  CHILD 2: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  CHILD 3: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |
| 1. **CONTACT INFORMATION FOR STOOL SAMPLE PICK-UP** | |
| Q At what time(s) will you likely be home tomorrow so our team can pick up the sealed bag with the stool sample?   1. FROM 🡪 |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM / PM 2. TO 🡪 |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM / PM | |
| May I please get your contact information for our team to contact you tomorrow? This information will not be shared with anyone outside our team and it will only be used for the purpose of picking-up the stool sample container. | |
| Q Respondent Name: |  |
| Q Telephone Number: |  |
| May I please get the contact information from a relative who lives nearby or a neighbor in case we cannot reach you? | |
| Q Name of Relative or Neighbor: |  |
| Q Relationship to You: |  |
| Q Telephone Number of Relative/Neighbor: |  |

**That concludes our visit. Thank you once again for your time and participation.**

**Cambodia Nutrition and Sanitation Endline Survey**

**For General Households**

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| **IDENTIFICATION** | |
| SUPERVISOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE: |\_\_\_|\_\_\_| | |
| INTERVIEWER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE: |\_\_\_|\_\_\_| | |
| INTERVIEW DATE: \_\_\_ / \_\_\_ / \_\_\_ START TIME: \_\_ \_\_ : \_\_ \_\_ END TIME: \_\_ \_\_ : \_\_ \_\_ | |
| PROVINCE: | CODE: |\_\_\_|\_\_\_| |
| DISTRICT: | CODE: |\_\_\_|\_\_\_| |
| COMMUNE: | CODE: |\_\_\_|\_\_\_| |
| VILLAGE: | CODE: |\_\_\_|\_\_\_|\_\_\_| |
| HOUSEHOLD GPS COORDINATES: |  |

|  |
| --- |
| ***[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: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

**QID:** | \_\_ | \_\_ | \_\_ | \_\_ |\_\_\_|

**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 gathering data for a research project conducted by Georgia Institute of Technology.

* 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.
* Your participation is **voluntary**, but we hope you will agree to answer the questions since your views are important.
* 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?

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

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

Signature of Respondent Date

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

Signature of Enumerator Date

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 drinking water source located? | 1. In own dwelling   **🡪 SKIP TO Q1.4**   1. In own yard/plot 2. Elsewhere | | | |
| Q How long does it take to go there, wait, get the drinking 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 2. No   **🡪 SKIP TO Q1.7**   1. Don’t know | | | |
| Q What do you usually do to make the water safer to drink?  Anything else?  *[RECORD ALL ANSWERS MENTIONED]* | | | *[IF YES]:*  Q How often do you [METHOD] your water to drink? |
| 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: \_\_\_\_\_\_ ) | | | 1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely  1. Always 2. Sometimes 3. Rarely |
| 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 Q1.10**   1. Not observed, no permission to see 2. Not observed, other reason | | |
| Q PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  *RECORD OBSERVATION* | | 1. Yes, water is available 2. No, 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? | | 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 Q1.221.103** 8. Use another household’s latrine **🡪 SKIP TO Q1.17** 9. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | |
| ***ASK FOR PERMISSION TO TAKE A PHOTO OF THE TOILET FACILITY USED IN THE HOUSEHOLD.***  Q ***TAKE A PICTURE OF LATRINE SUPERSTRUCTRE FROM THE OUTSIDE*** | | Photo 1 Upload: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [PHOTO TAKEN]   1. Yes 2. No | | |
| Q ***TAKE A PICTURE OF THE LATRINE DROP HOLE*** | | Photo 2 Upload: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [PHOTO TAKEN]   1. Yes 2. No | | |
| Q OBSERVE WHETHER THERE IS A SUPER-STRUCTURE THAT PROVIDES PRIVACY  *[PRIVACY: DOOR OR CURTAIN THAT CAN BE CLOSED AND A NO-SEE THROUGH SUPERSTRUCTURE]*  *RECORD OBSERVATION* | | 1. Yes, there is a super-structure provides privacy 2. No super-structure | | |
| Q OBSERVE WHETHER THERE IS A CLEANABLE SLAB (PORCELAIN, PLASTIC, CONCRETE OR STONE)  *RECORD OBSERVATION* | | 1. Yes, there is a cleanable slab **🡪 SKIP TO Q1.15** 2. No cleanable slab | | |
| Q14b. OBSERVE WHETHER LATRINE IS SAFE FOR SMALL CHILDREN  *[NOT SAFE IF CHILD CAN FALL IN OR GET INJURED BECAUSE DROP HOLE IS BIG, OR PLATFORM IS UNSTABLE]* | | 1. Yes, latrine is safe for small children 2. Not safe for small children | | |
| Q Do you share your toilet facility with other households? | | 1. Yes 2. No 3. Don’t Know  **🡪 SKIP TO Q1.99** | | |
| Q How many other households use this toilet facility? | | |\_\_\_|\_\_\_| Households 88. Don’t Know  **🡪 GO TO Q1.99** | | |
| *[IF USES ANOTHER HOUSEHOLD’S LATRINE: Q1.10=12], ASK:*  Q What kind of toilet facility is it? | | 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 | | |
| Q How long does it take to get to the toilet facility? | | |\_\_\_|\_\_\_|\_\_\_| Minutes 88. Don’t know | | |
| Q Are small children able to use the toilet easily and without assistance from someone else? | | 1. Yes 2. No   88. Don’t know | | |
| Qa Does the pit or toilet leak, overflow or flood at any time of the year? | | 1. Yes 2. No   88. Don’t know **🡪 SKIP TO Q1.101** | | |
| Q20.b How often does the pit or toilet leak, overflow or flood? | | 1. It happened once 2. Rarely 3. Regularly 4. All the time   88. Don’t know | | |
| Q Thinking about yourself and your household members, excluding small children unable to use the toilet, has anyone defecated in the bush or field in the last 7 days? | | 1. Yes 2. No 3. Don’t Know **🡪 SKIP TO Q1.103** | | |
| Q Why didn’t you or members of your household use the latrine?  *IF RESPONDENT SAYS THEY DO NOT HAVE ONE, ASK WHY THEY DO NOT USE ANOTHER HOUSEHOLD’S LATRINE*  *MARK ALL THAT APPLY* | | 1. Smell 2. Heat inside latrine 3. Too dirty/no hygiene 4. Fear of animals 5. Taboo 6. Flies 7. Fear of falling inside 8. Fear of infection 9. Harassment 10. Queue of people 11. Too far away 12. Latrine is damaged 13. Full pit 14. Open defecation is preferred 15. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   88. Don’t Know | | |
| Q Do you think there are community members from this village who have defecated in the bush or field in the last 7 days? | | 1. Yes 2. No 3. 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 household 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** | | | | | |
| Q25b. 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 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 9. 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. Finished 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 |
| Q Do you have your own bank account, Wing account, or other money account? | | | | 1. Yes 2. No | |

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