

Rapid Nutrition and needs assessment survey
for older people

SAMPLE ALL ELIGIBLE PERSONS IN THE SAMPLED HOUSEHOLD
USE ONE QUESTIONNAIRE PER PERSON

Administrative Data			
ad1	Date of data collection (DD/MM/YY)		__ __ / __ __ / __ __
ad2	Team number		__ __
ad3	Name of enumerator		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
ad4	Consent given	1 = Yes; 2 = No	__

If consent is not given then stop the interview and move to next respondent

Identifying Data			
psu	PSU (cluster) number		__ __ __
hh	Household identifier		__ __
id	Person identifier		__

Demography & Situation			
d1	Who is answering these questions?	1 = Subject 2 = Family carer 3 = Other carer 4 = Other	__
d2	How old are you (age in years)?	888 = DK / REFUSED	__ __ __
d3	Sex	1 = Male; 2 = Female	__
d4	Marital status	1 = Single (never married) 2 = Married 3 = Living together 4 = Divorced 5 = Widowed 6 = Other	__
d5	Do you live alone?	1 = Yes; 2 = No	__

***** Tear off and discard (or black-out name) after data are checked *****

ad5	Name of respondent	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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Food Intake			
f1	How many meals did you eat since this time yesterday (Ask about breakfast, lunch, dinner, and snacks)?	Number of meals	__
f2	Since this time yesterday did you eat any of the following foods ...		
f2a	Tinned, powdered or fresh milk?	1 = Yes; 2 = No	__
f2b	Sweetened or flavoured water, "soda" drink, alcoholic drink, beer, tea or infusion, coffee, soup, or broth?	1 = Yes; 2 = No	__
f2c	Any food made from grain such as millet, wheat, barley, sorghum, rice, maize, pasta, noodles, bread, pizza, porridge?	1 = Yes; 2 = No	__
f2d	Any food made from fruits or vegetables that have yellow or orange flesh such as carrots, pumpkin, red sweet potatoes, mangoes, and papaya?	1 = Yes; 2 = No	__
f2e	Any food made with red palm oil or red palm nuts?	1 = Yes; 2 = No	__
f2f	Any dark green leafy vegetables such as cabbage, broccoli, spinach, moringa leaves, cassava leaves?	1 = Yes; 2 = No	__
f2g	Any food made from roots or tubers such as white potatoes, white yams, false banana, cassava, manioc, onions, beets, turnips, and swedes?	1 = Yes; 2 = No	__
f2h	Any food made from lentils, beans, peas, groundnuts, nuts, or seeds?	1 = Yes; 2 = No	__
f2i	Any other fruits or vegetables such as banana, plantain, avocado, cauliflower, coconut?	1 = Yes; 2 = No	__
f2j	Liver, kidney, heart, black pudding, blood, or other organ meats?	1 = Yes; 2 = No	__
f2k	Any meat such as beef, pork, goat, lamb, mutton, veal, chicken, camel, or bush meat?	1 = Yes; 2 = No	__
f2l	Fresh or dried fish, shellfish, or seafood?	1 = Yes; 2 = No	__
f2m	Cheese, yoghurt, or other milk products?	1 = Yes; 2 = No	__
f2n	Eggs?	1 = Yes; 2 = No	__
f2o	Any food made with oil, fat, butter, or ghee?	1 = Yes; 2 = No	__
f2p	Any mushrooms or fungi?	1 = Yes; 2 = No	__
f2q	Grubs, snails, insects?	1 = Yes; 2 = No	__
f2r	Sugar, honey and foods made with sugar or honey such as sweets, candies, chocolate, cakes, and biscuits?	1 = Yes; 2 = No	__
f2s	Salt, pepper, herbs, spices, or sauces (hot sauce, soy sauce, ketchup) ?	1 = Yes; 2 = No	__

Hunger - Ration - Relief			
f3	In the past four weeks, how often was there ever no food to eat of any kind in your home because of lack of resources to get food?	0 = Never 1 = Rarely (1-2x) 2 = Sometimes (3-10x) 3 = Often (> 10x))	__
f4	In the past four weeks, how often did you go to sleep at night hungry because there was not enough food?	0 = Never 1 = Rarely (1-2x) 2 = Sometimes (3-10x) 3 = Often (> 10x))	__
f5	In the past four weeks, how often did you go a whole day and night without eating anything at all because there was not enough food?	0 = Never 1 = Rarely (1-2x) 2 = Sometimes (3-10x) 3 = Often (> 10x))	__
f6	Are you or anyone in your household receiving a food ration on a regular basis?	1 = Yes; 2 = No	__
f7	Have you or another member of your household received non-food relief items such as soap, bucket, water container, bedding, mosquito net, clothes, or plastic sheet in the previous four weeks?	1 = Yes; 2 = No	__

Disability (Washington Group)			
wg1	Do you have difficulty seeing, even if wearing glasses?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__
wg2	Do you have difficulty hearing, even if using a hearing aid?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__
wg3	Do you have difficulty walking or climbing steps?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__
wg4	Do you have difficulty remembering or concentrating?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__
wg5	Do you have difficulty with self-care such as washing all over or dressing?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__
wg6	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all	__

Activities of Daily Living			
a1	Do you need help with bathing more than one part of your body or getting in or out of the tub or shower?	1 = Yes; 2 = No	__
a2	Do you need help getting dressed partially or completely (not including tying of shoes)?	1 = Yes; 2 = No	__
a3	Do you need help going to the toilet or cleaning yourself after using the toilet or do you use a commode or bed-pan?	1 = Yes; 2 = No	__
a4	Do you need someone (i.e. not a walking aid) to help you move from a bed to a chair?	1 = Yes; 2 = No	__
a5	Are you partially or totally incontinent of bowel or bladder?	1 = Yes; 2 = No	__
a6	Do you need partial or total help with eating?	1 = Yes; 2 = No	__
a7	Is someone taking care of you or helping you with everyday activities such as shopping, cooking, bathing and dressing?	1 = Yes; 2 = No	__
a8	Do you have problems chewing food?	1 = Yes; 2 = No	__

Mental Health & Wellbeing			
k6a	About how often during the past four weeks did you feel nervous - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__
k6b	During the past four weeks, about how often did you feel hopeless - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__
k6c	During the past four weeks, about how often did you feel restless or fidgety - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__
k6d	During the past four weeks, about how often did you feel so depressed that nothing could cheer you up - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__
k6e	During the past four weeks, about how often did you feel that everything was an effort - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__
k6f	During the past four weeks, about how often did you feel worthless - all of the time, most of the time, some of the time, a little of the time, or none of the time?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 5 = None 6 = Don't know 7 = Refused	__

Dementia Screen

	This section can only be completed if the subject is answering for themselves. <i>If the respondent is not answering for themselves then record '8' as the answer for all questions below and continue with the interview. Write the reason why the subject is not answering for themselves in the OBSERVATIONS section at the end of the questionnaire.</i>		
ds0	<p>Say :</p> <p><i>I am going to tell you three words.</i></p> <p><i>I would like you to repeat them after me.</i></p> <p style="text-align: center;"><i>"CHILD"</i></p> <p style="text-align: center;"><i>"HOUSE"</i></p> <p style="text-align: center;"><i>"ROAD"</i></p> <p><i>Repeat the three words, up to a maximum of six (6) times, or until the person has remembered them all correctly.</i></p> <p>Say :</p> <p><i>Try to remember these words. I will ask about them later.</i></p>		
ds1	<p>Point to your nose and ask :</p> <p><i>What do we call this?</i></p>	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds2	<p>What do you do with a hammer?</p> <p><i>Accept answers such as :</i></p> <p><i>Drive a nail into something</i></p> <p><i>Straighten metal</i></p> <p><i>Hit a wedge or something else</i></p> <p><i>Use with a chisel</i></p>	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds3	What day of the week is it?	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds4	What is the season?	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds5	<p>Say:</p> <p><i>Please point first to the window and then to the door.</i></p>	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds6	Do you remember the three words I asked you to remember a few minutes ago?		
ds6a	CHILD	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds6b	HOUSE	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__
ds6c	ROAD	<p>1 = Correct 2 = Incorrect 8 = Not applicable</p>	__

Health Seeking & Healthcare			
h1	Do you suffer from a long term disease that requires you to take regular medication?	1 = Yes; 2 = No	__
??	<i>If NO jump to question h4 (below)</i>		
h2	Do you take drugs regularly for this?	1 = Yes; 2 = No	__
??	<i>If YES jump to question h4</i>		
h3	Why not? <i>Prompt for the main reason</i> <i>Record main reason only</i>	1 = No drugs available 2 = Too expensive / no money 3 = Too old to look for care 4 = Use traditional medicine 5 = Drugs don't help 6 = No-one to help me 7 = No need 8 = Other 9 = No reason given	__
h4	Have you been ill in the past two weeks?		
??	<i>If NO jump to question m1 (below)</i>		
h5	Did you go to the pharmacy, dispensary, health centre, health post, clinic, or hospital?	1 = Yes; 2 = No	__
??	<i>If YES then jump to question m1 (below)</i>		
h6	Why not? <i>Prompt for the main reason</i> <i>Record main reason only</i>	1 = No drugs available 2 = Too expensive / no money 3 = Too old to look for care 4 = Use traditional medicine 5 = Drugs don't help 6 = No-one to help me 7 = No need 8 = Other 9 = No reason given	__

Income			
m1	Do you have a personal source of income or money?	1 = Yes; 2 = No	__
??	<i>Continue to question m2 even if the subject reports having no personal income ...</i>		
m2	Where does your income or money come from? (prompt "Anything else?")		
m2a	Agriculture, livestock, or fishing	1 = Yes; 2 = No	__
m2b	Wages or salary	1 = Yes; 2 = No	__
m2c	Sale of charcoal, bricks, firewood, poles, &c.	1 = Yes; 2 = No	__
m2d	Trading (e.g. market, shop)	1 = Yes; 2 = No	__
m2e	Private pension, investments, interest, rents, &c.	1 = Yes; 2 = No	__
m2f	Spending savings Sale of household goods, personal goods, or jewellery Sale of livestock, land, or other assets	1 = Yes; 2 = No	__
m2g	Aid, gifts, charity (e.g. from church, mosque, temple), begging, borrowing, or sale of food aid or relief items	1 = Yes; 2 = No	__
m2h	Cash transfer (NGO, UNO, government) State pension, social security, benefits, welfare program	1 = Yes; 2 = No	__
m2i	Other	1 = Yes; 2 = No	__

Water, Sanitation, Hygiene

Water, Sanitation, Hygiene			
w1	What is your main source of drinking water?		
	Piped water into dwelling Piped water into compound Public tap / Standpipe Tube-well / Borehole Protected dug well Protected spring Rainwater collection system Bottled water / sachet water	{	1
w2	Unprotected dug well Unprotected spring Cart with small tank or drum Tanker-truck River, stream, dam, lake, pond, or puddle Canal or irrigation channel Other	{	2
	What do you usually do to the water to make it safer to drink?		
w3	Boil Add bleach / chlorine tablet Use a water filter (gravel / sand / ceramic) Solar disinfection	{	1
	Strain it through a cloth only Let it stand and settle only Nothing Other Don't know	{	2
w4	What kind of toilet facility do members of your household usually use?		
	Flush or pour flush to: Piped sewer system Septic tank Pit latrine Don't know	{	1
w4	VIP latrine Pit latrine with slab Composting toilet	{	1
	Flush or pour flush to: Elsewhere (anywhere not specified above)	{	2
w4	Pit latrine without slab Bucket Hanging latrine Bush or field No facilities	{	2
	Do you share this toilet facility with other households?	1 = Yes 2 = No 3 = NA (no facility)	1

Anthropometry / Screening Coverage			
as1	MUAC in mm	777 = Too large 888 = Refused	__ __ __
as2	Has someone measured your arm like this in the previous month?	1 = Yes; 2 = No	__
as3	Bilateral pitting oedema	1 = Yes; 2 = No	__
as4	Has someone examined your feet like this in the previous month?	1 = Yes; 2 = No	__

Visual Acuity			
val	Do you normally wear glasses? <i>If the person wears glasses, ask if they are more comfortable wearing their glasses to look at your chart at 2 meters. Let the person decide.</i> Demonstrate (close to the person) how to do the 'tumbling E' test: <i>Show the direction the E is pointing.</i> Ask the person if they understand. REPEAT if needed. Test with E at 2 meters: <i>Use the string to measure 2 meters from the person.</i> <i>Hold the card at eye level and 2 meters away from the person.</i> <i>Turn the card in four different directions. Hide the card in your back before turning it each time.</i>	1 = Correct 2 = Incorrect 3 = Refused 4 = Blind	__
	va2a First time	1 = Correct 2 = Incorrect 3 = Refused 4 = Blind	__
	va2b Second time	1 = Correct 2 = Incorrect 3 = Refused 4 = Blind	__
	va2c Third time	1 = Correct 2 = Incorrect 3 = Refused 4 = Blind	__
	va2d Fourth time	1 = Correct 2 = Incorrect 3 = Refused 4 = Blind	__

REVIEW QUESTIONNAIRE FOR COMPLETENESS AND CONSISTENCY

THANK THE SUBJECT FOR THEIR TIME

RECORD ANY OBSERVATIONS BELOW

Signature of enumerator: _____