



Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Nutrition Survey- 2002

Data collected through this survey is for statistical purposes only and considered as confidential (Based on the General Statistics Law 2000)

<b>IDH00-</b> Questionnaire serial number <input type="text"/>	<b>IDH05-</b> Number of household in the Building <input type="text"/>			
<b>IDH01-</b> Governorate <input type="text"/>	<b>IDH06-</b> Name of Household (HH) head <input type="text"/>			
<b>IDH02-</b> Locality <input type="text"/>	<b>IDH07-</b> Cell code <input type="text"/>			
<b>IDH03-</b> EA code in locality <input type="text"/>	<b>IDH08-</b> Is HH exists in HH list: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>			
<b>IDH04-</b> Building Number <input type="text"/>	<b>IDH09-</b> (If answer in IDH08 is Yes) HH Number in list <input type="text"/>			
<b>Interview Record</b>				
<b>IR01-</b> Visits Schedule	<b>Day</b> <input type="text"/>	<b>Month</b> <input type="text"/>	<b>Year</b> <input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	First visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Second visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Third visit
<b>IR02-</b> Total Number of Visits <input type="text"/>				
<b>IR03- Interview Result</b>				
	1	Interview is completed		
	2	Entire HH absent for extended period of time		
	3	Non at home		
	4	Refusal		
	5	Dwelling is vacant		
	6	Unit does not exist		
	7	Other (Specify) <input type="text"/>		
<b>IR04-</b> Line number of respondent of HH questions <input type="text"/>	<b>IR05-</b> Total members of HH <input type="text"/>			
<b>IR06-</b> Total of children aged 6-59 months <input type="text"/>	<b>IR07-</b> Total number of mothers or caretakers <input type="text"/>			
<b>IR08-</b> Number of eligible women aged 15-49 years <input type="text"/>				
<b>IR09-</b> Interviewer's Name <input type="text"/>		<b>IR10-</b> Interviewer's code <input type="text"/>		
<b>IR11-</b> Supervisor's Name <input type="text"/>		<b>IR12-</b> Supervisor's code <input type="text"/>		
<b>IR13-</b> Editor's Name <input type="text"/>		<b>IR14-</b> Editor's code <input type="text"/>		
<b>IR15-</b> Coder's Name <input type="text"/>		<b>IR16-</b> Coder's code <input type="text"/>		
<b>IR17-</b> Data Entry Person's Name <input type="text"/>		<b>IR18-</b> Data Entry Person's code <input type="text"/>		

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire



### Section 1: Household Roaster

							For eligible children (hr06)	
HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08	HR09
Line no.  Circle no. of respond- ent	Names of usual HH residents (Full names)  Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the birthday of (name) in day/ month/year?  <i>Interviewer: Birthday should be taken from official documents if possible.</i>  <div style="display: flex; justify-content: space-around;"><span>Day</span><span>Month</span><span>Year</span></div>	<i>Interviewer: Compute age from birthday in HR03 and record the answer in full years. In case that birthday is un- known, ask for age and record it. Record (00) if age is less than one year, and 97 if age is 97+.</i>  98 DK.	<i>Interviewer: From question HR04 and HR03 identify all children aged less than 5 years then compute their age in months</i>	<i>Interviewer: Circle line no. of children aged 6-59 months (eligible for interview)</i>	<i>Interviewer: Circle line no. of woman whose age is 15-49 years (eligible woman for interview)</i>	<i>Interviewer: From HR06, if there are eligible children, ask who is the caretaker and recod mother or caretaker line no.</i>	<i>Interviewer: From HR04, HR05, if</i>  1. <i>There are eligible children (complete the interview.</i>  2. <i>Eligible women only (go to women questionnaire</i>  3. <i>No eligible children and women (end)</i>
01		____/____/____	____	____	01	01	____	____
02		____/____/____	____	____	02	02	____	
03		____/____/____	____	____	03	03	____	
04		____/____/____	____	____	04	04	____	
05		____/____/____	____	____	05	05	____	
06		____/____/____	____	____	06	06	____	
07		____/____/____	____	____	07	07	____	
08		____/____/____	____	____	08	08	____	
09		____/____/____	____	____	09	09	____	
10		____/____/____	____	____	10	10	____	
11		____/____/____	____	____	11	11	____	
12		____/____/____	____	____	12	12	____	
13		____/____/____	____	____	13	13	____	
14		____/____/____	____	____	14	14	____	
15		____/____/____	____	____	15	15	____	
16		____/____/____	____	____	16	16	____	
17		____/____/____	____	____	17	17	____	

### Section 1: Household Roaster

					For persons 12 years and over						
HR01	HR02	HR10	HR11	HR12	HR13	HR14	HR15		HR16		
Line no.  Circle no. of respondent	Names of usual HH residents (Full names)  Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the relationship of (name) to the head of HH?  01 Head of HH 02 Husband/ Wife 03 Son/ Daughter 04 Father/ Mother 05 Brother/ Sister 06 Grand Father/ Mother 07 Grand Child 08 Daughter/ Son in Law 09 Other Relatives 10 Non Relatives	Is (name) Male or Female?  1 Male 2 Female	Does (name) have health insurance?  1 Yes, Governmental health insurance 2 Yes, Military health insurance 3 Yes, UNRWA health insurance 4 Yes, Social welfare health insurance 5 Yes, Private insurance 6 Without insurance	What is (name's) current marital status?  1 Never married 2 Legally married 3 Currently married 4 Divorced 5 Widowed 6 Separated	What is the educational status of (name)?  1 Illiterate 2 Can read and write 3 Elementary 4 Preparatory 5 Secondary 6 Associate diploma 7 Bachelor 8 High diploma 9 Master 10 Ph. D. 98 DK.	Employment status:  1 Employed from 1-14 hours 2 Employed for 15 hours or more 3 Unemployed, has ever worked 4 Unemployed, has never worked 5 Full time student 6 Housewife 7 Unable to work 8 Doesn't work and doesn't seek job. 9 Other  <i>Interviewer: If answer from 4 to 9 ⇒ h01</i>		What is the occupation of (name)?  <i>Interviewer: Ask this question if the person is working or unemployed ever worked.</i>		Profession Code
							Pre-intifada	Currently			
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											

Interviewer: To confirm that you recorded all HH. Members, ask this question:

Is there any other HH Member who usually live in your household such as children or infants not recorded, or is there any member of HH. Usually live in your HH, but he/she is currently absent or abroad for temporary period of time?    1. Yes    2. No    ☐ If yes add their names to the list and ask about them.

## Section II: Dwelling & Household economic status

<b>H01</b>	<b>Line No. of respondent</b>	Name of person: .....		_ _
<b>H02</b>	Type of dwelling you are living in?	1. Villa   2. House   3. Apartment   4. Separated Room   5. Tent   6. Marginal   7. Other/Specify		_
<b>H03</b>	How many rooms are there in dwelling?	Number of rooms		_ _
<b>H04</b>	Now I want to ask you few questions about dwelling you are living in.  What is the main source of drinking water for members of your HH.	1. Piped into dwelling 2. Piped into yard 3. Public tap 4. Rain water collection with connection in dwelling 5. Rain water collection without connection in dwelling 6. Springs/ streams 7. Tanker truck 8. Bottled water 9. Other (specify) _____		_
<b>H05</b>	What is the type of sewage in the household?	1. Public sewage system 2. Cesspit 3. Other 4. No sewage system		_
<b>H06</b>	What kind of toilette facility most does your household use?	1. Flush toilette 2. Traditional toilette 3. Both 4. Other (specify) 5. No facility		_
<b>H07</b>	Does your household possess the following?  1. Yes 2. No	A. Private car B. Solar Boiler C. Jawwal/Israeli Mobile D. Satallite E. Computer F. Dish washing machine G. TV H. Video I. Internet J. Cloth drying machine K. Automatic washing machine L. Radio M. Microwave		_   _   _   _   _   _   _   _   _   _   _   _
<b>H08</b>	What is the main source of income?	Pre- Intifada	Currently	<i>Choose one source from the list in question h09</i>
		_ _	_ _	
<b>H09</b>	What are the secondary sources of income? 1. Yes 2. No  <i>Interviwer: The selected main source should not be considered as secondary source.</i>	_   _   _   _   _   _   _   _   _   _	_   _   _   _   _   _   _   _   _   _	1. Farming, animal breeding and fishing 2. Households projects 3. Wages and government sallaries 4. Wages and private sector sallaries 5. Wages from Israeli work sector 6. Receiving remittances (internal) 7. Receiving remittances (abraod) 8. Receiving social aids 9. UNRWA wages and salaries 10. Others 11. Don't have source of income

<b>H10</b>	Does your family faced any difficulties in obtaining food supply during the Intifada?	1. Yes, always 2. Yes, Some times 3. No ( <b>Skip to H12</b> )	<input type="checkbox"/>																								
<b>H11</b>	Was that due to: 1. Yes 2. No	A. Seige B. Curfew C. Loss of main source of income D. Others/Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
<b>H12</b>	When you compare the nutritional mode for your family between the period before the Intifada and currently, does the following was affected? 1. Yes, decreased 2. Not affected 3. Yes, Increased <i>If the answer 2 or 3 skip to H14</i>	A. Food quality B. Monthly consumed meat (meat, fish, chicken) C. Monthly consumed fruit D. Monthly consumed milk and dairy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
<b>H13</b>	In order to adapt with the decrease in food consumption, does your family .....  1. Yes 2. No 3. Not applicable	A. Borrowing money B. Selling of savings C. Depending mainly on food aids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
<b>H14</b>	Do you have home garden farmed during the Intifada or you are currently farming it with fruits and vegetables?	1. Yes 2. No ( <b>skip to H16</b> )	<input type="checkbox"/>																								
<b>H15</b>	If the answer yes, what are you doing with the products?	1. Household use 2. Selling 3. Selling some and using the rest 4. Others/specify.....	<input type="checkbox"/>																								
<b>H16</b>	Does your household breed the following animals?  1. Yes 2. No  <i>Interviewer: If all answers are (no), then go to the next part.</i>	<table border="1"> <thead> <tr> <th>Type</th><th></th><th>Number</th></tr> </thead> <tbody> <tr> <td>A. Cows</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>B. Chicken</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>C. Goat</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>D. Sheep</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>E. Poultry</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>F. Rabbits</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr> <td>G. Others/specify.....</td><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> </tbody> </table>	Type		Number	A. Cows	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B. Chicken	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	C. Goat	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Sheep	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E. Poultry	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F. Rabbits	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G. Others/specify.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<b>H17</b>	What are you doing with their products?	1. Household use 2. Selling 3. Selling some and using the rest 4. Others/specify.....	<input type="checkbox"/>																								



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<b>IR1-</b> Visits Schedule	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>First visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Second visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Third visit</td> </tr> </tbody> </table>	Day	Month	Year		<input type="text"/>	<input type="text"/>	<input type="text"/>	First visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Second visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Third visit
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	7 Other (Specify) <input type="text"/>																
<b>IR4-</b> Total number of mothers or caretakers <input type="text"/>	<b>IR5-</b> Total number of interviewed mothers <input type="text"/>																
<b>IR6-</b> Line number of eligible woman from HH listing <input type="text"/>	<b>IR7-</b> Total number of eligible women 15-49 years <input type="text"/>																
<b>IR8-</b> Total number of interviewed eligible women 15-49 years <input type="text"/>																	

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

**Section IIIA: Hemoglobine level for women 15-49 years**

<b>WH01</b>	<i>Interviewer: Now I will measure your Hb level in the blood as part of this survey, in order to study malnutrition and anemia indicators, since anemia is considered one of the main health problems that women and children faced, that may resulted from malnutrition. I will take a drop of blood from your finger and you will get the result soon, taking into consideration the confidentiality of the data</i>
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			First woman	Second	Third
<b>WH01</b>	Name of eligible woman (15-49 years) from hr02		—	—	—
<b>WH02</b>	Line No. from hr01				
<b>WH03</b>	What is your marital status?	1. Single ( <b>Skip to WH09</b> ) 2. Married 3. Divorced 4. Widowed	/_/_	/_/_	/_/_
<b>WH04</b>	Have you ever had pregnancy?	1. Yes 2. No ( <b>Skip to WH06</b> )	/_/_	/_/_	/_/_
<b>WH05</b>	How old were you at first pregnancy	Age in complete years	/_/_/_	/_/_/_	/_/_/_
<b>WH06</b>	Interviewer: Only for married women. Are you currently pregnant?	1. Yes 2. No ( <b>Skip to WH09</b> )	/_/_	/_/_	/_/_
<b>WH07</b>	How many months pregnant are you?	Number of months 99. DK	/_/_/_	/_/_/_	/_/_/_
<b>WH08</b>	How many pregnancies do you have during your reproduction life including abortions?	Number of pregnancies	/_/_/_	/_/_/_	/_/_/_
<b>WH09</b>	Are you currently receiving iron tablets?	1. Yes 2. No ( <b>Skip to WH11</b> )	/_/_	/_/_	/_/_
<b>WH10</b>	How many days you received iron tablets?	Duration in days...	/_/_/_/_	/_/_/_/_	/_/_/_/_
<b>WH11</b>	Did you agree to test Hb in your blood?	1. Yes, agree 2. No, disagree ( <b>Skip to the second woman, if there is no other woman go to the next section</b> )	/_/_	/_/_	/_/_
<b>WH12</b>	Hb level in the blood g/dl		/_/_/_./_/_	/_/_/_./_/_	/_/_/_./_/_
<b>WH13</b>	Result	1. Hb level test was done 2. Others/specify.....	/_/_	/_/_	/_/_
<b>WH14</b>	Name of person who measured Hb		—		



### Section III B: Mothers

***Interviewer: The following questions for mothers or caretakers with children aged 6-59 months, use additional questionnaire if there is more than one mother with eligible children***

<b>W0A</b>	<b>Interviewer: Skip to HR08</b> 1. There are eligible women (continue)      2. No eligible women (end)		□	
<b>W00</b>	Name of mother or caretaker from hr02	—		
<b>W01</b>	Line No. of mother or caretaker from hr08	□□□		
<b>W02</b>	Does your family faced any difficulties in obtaining health services for children during the intifada?	1. Yes <b>2. No (Skip to W04)</b> <b>3. No need (Skip to W04)</b>	□	
<b>W03</b>	Was that due to? 1. Yes 2. No	a. Israeli closure b. Curfew c. Inability to pay d. No service e. Health service is far f. No medical staff g. Other/specify.....	 □ □ □ □ □ □ □	
<b>W04</b>	Does your family faced any difficulties in obtaining vaccinations for children during the intifada at time due to the following?  1. Yes 2. No 3. Not applicable	A. Inability to reach the clinic due to Israeli check points. B. No vaccine C. No medical staff D. Child was sick  E. Mother delayed for various causes  F. Other/specify.....	 □ □ □ □  □  □	
<b>W05</b>	When your child became sick, and need treatment, did you reach the following easily? 1. Yes 2. No	A. Hospital B. Health center C. Doctor clinic D. Pharmacy	 □ □ □ □	
<b>W06</b>	When your child became sick, and need treatment, what is the preferred health service that you choose?	1. Governmental hospital 2. Governmental health center/MCH 3. UNRWA Centers 4. Private clinic/Physician 5. Non-governmental health centers 6. Pharmacy 7. Other/specify.....	     □	
<b>W07</b>	Did you receive any time health education on child nutrition from the following?  1. Yes 2. No	A. Qualified medical staff B. Mother/Mother in law/Friends C. Mass media  D. Other/specify.....	 □ □ □  □	
<b>W08</b>	In your opinion, at what age should the child receive the following?  <b>Interviewer: Record child age in complete months in opposite to each type of food. Record 99 in case the mother doesn't know.</b>	1. Milled rice 2. Cerelac 3. Bread 4. Meat/Chicken/Liver 5. Egg 6. Fruits 7. Vegetables	 □ □ □ □ □ □ □	

[illegible]



<b>IDH00-</b> Questionnaire serial number <input type="text"/>	<b>IDH05-</b> Number of HH in the building <input type="text"/>			
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<b>CIR01-</b> Visits Schedule	<b>Day</b>	<b>Month</b>	<b>Year</b>	
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	6	Unit is not present		
<b>CIR04</b> – Total number of children age 6-59 months	<b>CIR05-</b> Line number of mother or caretaker <input type="text"/>			
<b>CIR06-</b> Total number of children aged 6-59 months and interviewed				

☐ To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

## Section IV: Child Health

### For children aged 6-59 months

			Last child	Next to last child	Second child next to last
<b>CH01</b>	Mother or caretaker line No. from HR08		_ _	_ _	_ _
<b>CH02</b>	Child line No. from HR01		_ _	_ _	_ _
<b>CH03</b>	Child name from HR02		-	-	-
<b>CH04</b>	Child sex from HR11		_ _	_ _	_ _
<b>CH05</b>	Child date of birth in Day/Month/Year from HR03		...../...../.....	...../...../.....	...../...../.....
<b>CH06</b>	Birth order		_ _	_ _	_ _
<b>CH07</b>	Date of birth for previous child  <i>Interviewer: Ask mother about date of birth for the child born before (child name) including dead children.</i>		...../...../.....	...../...../.....	...../...../.....
<b>CH08</b>	Date of birth for next child  <i>Interviewer: Ask mother about date of birth for the child born after (child name) including dead children.</i>		...../...../.....	...../...../.....	...../...../.....
<b>CH09</b>	Does (child name) suffer from one of the following chronic diseases?  1. Yes 2. No 3. DK	A. Diabetes B. Cardiac Diseases C. Asthma D. Epilepsy E. Congenital anomalies /inherited diseases F. Others/specify	_   _   _   _   _   _   _	_   _   _   _   _   _   _	_   _   _   _   _   _   _
<b>CH10</b>	Was duration of pregnancy less than 37 weeks?	1. Yes 2. No 3. DK	_	_	_
<b>CH11</b>	Was (name) weighed at birth?	1. Yes.... 2. No.... ( <b>Skip to CH13</b> )	_	_	_
<b>CH12</b>	How much did (name) weigh at birth?	Grams from card Grams from recall DK	1  _ _ _ _ _  2  _ _ _ _ _  3  9_ 9_ 9_ 9_	1  _ _ _ _ _  2  _ _ _ _ _  3  9_ 9_ 9_ 9_	1  _ _ _ _ _  2  _ _ _ _ _  3  9_ 9_ 9_ 9_
<b>CH13</b>	In the previous two weeks, did (name) suffer from any illness affected his health status?	1. Yes 2. No 3. DK	_	_	_

			Last child	Next to last child	Second child next to last
<b>CH14</b>	Did (child name) suffer from parasitic infection during the last six months	1. Yes 2. No 3. DK	<input type="checkbox"/> Freq. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Freq. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Freq. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>CH15</b>	Has (name) received vitamin A/D drops?  <i>Interviewer: Skip to CH17 if the answer 2 or 3</i>	1. Yes 2. No 3. DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CH16</b>	For how long of time did (name) continue receiving vitamin A/D drops?  <i>Record (00) if the period is less than one month</i>	Number of months Child still receiving vitamin A/D  DK	<input type="text"/> 95  98	<input type="text"/> 95  98	<input type="text"/> 95  98
<b>CH17</b>	Has (name) received iron syrup?  <i>Interviewer: Skip to CH19 if the answer 2 or 3</i>	1. Yes 2. No 3. DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CH18</b>	For how long of time did (name) continue receiving iron syrup?  <i>Record (00) if the period less than one month</i>	Number of months Child still receiving iron syrup  DK	<input type="text"/> 95  98	<input type="text"/> 95  98	<input type="text"/> 95  98
<b>CH19</b>	Has (name) received other vitamins other than vitamin A/D?  <i>Interviewer: Skip to CH21 if the answer 2 or 3</i>	1. Yes 2. No 3. DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CH20</b>	For how long of time did (name) continue receiving vitamins other than vitamin A/D?  <i>Record (00) if the period less than one month</i>	Number of months Child still receiving vitamin  DK	<input type="text"/> 95  98	<input type="text"/> 95  98	<input type="text"/> 95  98
<b>CH21</b>	Have you ever breast feed (name)?	1. Yes 2. No ( <b>Skip to CH23</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CH22</b>	How many months did you breast feed (name)?	Number of months..... 95. Child still breast feeding	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CH23</b>	Did you feed (name) with any other milk except your breast?	1. Yes 2. No ( <b>Skip to CH26</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CH24</b>	How old was (name) when you started giving him other milks except that from your breast?	Month  DK	<input type="text"/>  98	<input type="text"/>  98	<input type="text"/>  98
<b>CH25</b>	What type of milk did your child receive? 1. Yes 2. No	A. Child powdered milk B. Powdered milk (nido) C. Fresh milk D. Manufactured milk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>CH26</b>	Has (name) received the following during the first year of his age, and how old was (name) when you started giving him the food? 1. Yes 2. No 3. DK <i>Interviewer: Record child age if the answer is (yes), record (00) if child's age less than one month. Record (99) if the answer (no), and (98) if the answer is (DK).</i>		<b>Last child</b>	<b>Next to last child</b>	<b>Second child next to last</b>
			Age in month	Age in month	Age in month
		A. Milled rice/starch	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		B. Cerelac	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		C. Fruits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		D. Vegetables	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		E. Meat/chicken/fish	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		F. Eggs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		G. Family food	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	H. Others/specify	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>CH27</b>	Dose (name) takes the following? 1. One time a day 2. 2-3 times and more in a week 3. One time a week 4. One time each two weeks or more 5. Child don't take 6. DK	A. Eggs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		B. Milk and dairy	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		C. Fresh meat	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		D. Frozen meat	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		E. Liver	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		F. Chicken	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		G. Fresh fish	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		H. Frozen fish	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		I. Legumes	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		J. Green vegetables	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		K. Vegetables	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		L. Fresh fruit/fruit juice	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		M. Bread/Macaroni	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		N. Sweets	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<b>CH28</b>	Usually, does (name) drink tea?	1. Yes 2. No ( <b>skip to ch31</b> )	<input type="text"/> <input type="text"/>
<b>CH29</b>	Does (name) drink tea with meal or directly after meal?	1. Always 2. Often 3. No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>CH30</b>	How many time does (name) drink tea daily?	No. of times..... 98. DK	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>CH31</b>	Is (name) in comparison with his generation: 1. Yes 2. NO 3. DK <i>If the answer 2 or 3 skip to next section</i>	A. Thin	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		B. Short	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>CH32</b>	Did you consult the following? 1. Yes 2. No	A. Qualified medical staff	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		B. Nutritionist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		C. Others/specify	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

## Section V: Anthropometry and Hb level for children aged 6-59 months

**Interviewer:** Measurement of height and weight and hemoglobin level is taken for all children aged 6-59 months. Use additional questionnaire if there were more than 3 children.

**Interviewer:** Now I will measure the height and weight and hemoglobin level for your children aged 6-59 months, as part of this survey, in order to measure malnutrition indicators, since anemia is considered one of the health problems that children faced that may result from malnutrition. I will take a drop of blood from the child finger and you will get the result soon, taking into consideration the confidentiality of the data.

			<i>Last birth</i>	<b>Next to last birth</b>	<b>Second birth next to last</b>
<b>M01</b>	Mother line number from HR01		_ _ _	_ _ _	_ _ _
<b>M02</b>	Child line number from HR01		_ _ _	_ _ _	_ _ _
<b>M03</b>	Child name from HR02		_ _ _ _	_ _ _ _	_ _ _ _
<b>M04</b>	Child birth date from HR03	Day Month Year	_ _   _ _   _ _ _ _	_ _   _ _   _ _ _ _	_ _   _ _   _ _ _ _
<b>M05</b>	Child's length or height (in centimeters)		_ _ _ .  _	_ _ _ .  _	_ _ _ .  _
<b>M06</b>	Is child height is measured lying down/ standing up?	1. Lying down 2. Standing up	_	_	_
<b>M07</b>	Child's weight in kilograms		_ _ .  _	_ _ .  _	_ _ .  _
<b>M08</b>	<b>Result:</b> 1. Weight and height is measured 2. Weight is measured only 3. Height is measured only 4. Child not present 5. Child refused 6. Mother/ caretaker refused 7. Other (specify) _____		_	_	_
<b>M09</b>	Name and ID number of person who measured the child		Name and ID number of the assistant		
	_____  _ _ _ _		_____  _ _ _ _		

		<i>Last birth</i>	Next to last birth	Second birth next to last
<b>CHB01</b>	Did you agree to test Hb level for your child?  1. Yes, agree 2. No, disagree ( <b>skip to the second child or end</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHB02</b>	Hb level in the blood g/dl	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
<b>CHB03</b>	Result 1. Hb level test was done 2. Child is not at home 3. Child refused 4. Child is sick 5. Other/specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHB04</b>	Name of the person who measured Hb level —			



### **Interviewer Notes**

Notes on Respondents: -----  
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Notes on Certain Questions:-----  
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-----  
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Any Other Notes: -----  
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-----  
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Interviewer's Name: -----  
Interviewer's Code: -----

Date: / /

### **Supervisor Notes**

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Supervisor 's Name: -----  
Supervisor's Code: -----

Date: / /

### **Editor Notes**

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Editor 's Name: -----  
Editor 's Code:-----

Date: / /