



**ICH LIEBE FISCH | I LOVE FISH PROJECT**

**BASELINE SURVEY QUESTIONNAIRE**

**NOVEMBER, 2016.**

**QUESTIONNAIRE NUMBER:**

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**INFORMED CONSENT MODULE: REQUEST FOR CONSENT**

*How are you? My name is -----from the Lilongwe University of Agriculture and Natural Resources (Bunda Campus). We are conducting a research in randomly sampled fish farming communities in Mchinji and Nkhobotakota districts to understand how fish farming improves nutrition, health and socio-economic status of communities. Your household has been randomly selected to provide the information needed to assess the existing situation. The information collected will help to develop and test interventions to improve nutrition, health and incomes of these communities. I will ask you a number of questions regarding fish farming, income sources, child feeding, child morbidity, water and sanitation and household food security among other things. In addition, if you have a child aged between 6 and 59 months, we would like to take their weight, height and mid upper arm circumference to determine their nutritional status.*

*Please note that your participation is voluntary. However, we will be happy if you will be willing to participate. The answers you provide will be treated with confidentiality and names anonymously. Should you have any other questions relating to this exercise, feel free to call on any of the following numbers; 0997499385, 0995193629 and 0999103246.*

- *Are you willing to answer these questions and have any of the children you have measured?  
**YES / NO.***
- *Thank you for accepting to participate.*

*Time Interview started \_\_\_\_\_:\_\_\_\_\_ Hours*

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**BASELINE SURVEY QUESTIONNAIRE**

<b>MODULE A: IDENTIFICATION INFORMATION</b>			
A01	Research assistant CODE [ ]	A07	Village name _____
A02	Date of interview [dd/mm/yyyy] ____ / ____ / ____	A08	Name of respondent _____
A03	District name: [ ] <i>1=Mchinji, 2= Nkbotakota</i>	A09	Sex of respondent: [ ] <i>1=Male, 2=Female</i>
A04	EPA name _____	A10	Name of household Head _____
A05	Traditional Authority (TA) name _____	A11	What is the gendered household type? [ ] <i>1= Male beaded HH with female 2= Male beaded HH without female 3= Female beaded HH with male 4= Female beaded HH without male 5= Child beaded HH</i>
A06	Group Village Head (GVH) _____	A12	Household size (number of family members) [ ]
<b>TO BE COMPLETED AFTER INTERVIEW</b>			
A11	Is the questionnaire complete? [ ] <i>1=Yes, 2= No</i>	A15	Data entry clerk CODE [ ]
A12	Research supervisor CODE [ ]	A16	Date data was entered [dd/mm/yyyy] ____ / ____ / ____
A13	Date checked [dd/mm/yyyy] ____ / ____ / ____	A17	Data entry clerk's signature _____
A14	Supervisor's signature _____		

**MODULE B: DEMOGRAPHIC AND HOUSEHOLD PROFILE**

Please tell me the name of each person who usually lives here, starting with the head of the HH. FIRST LIST ALL THE NAMES IN NAME OF THE HH" COLUMN BELOW, WITH HEAD OF THE HH IN LINE 1 of B01. THEN ASK: Are there any others who live here, even if they are not at home now, e.g. children in school/boarding/hostel or adults at work? IF YES, LIST THEIR NAMES IN B02 BELOW. Please request for a health passport for all children under five.

Line No.	Name	Code B04	Years	Months	Code B06	Code B08	Code B09
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
<b>Code B04</b>	<i>1=Head, 2=Husband, 3=Wife, 4=Son/Daughter, 5=Father/Mother 6=Brother/Sister 7=Relative, 99=Other(specify).</i>						
<b>Code B06</b>	<i>0=Single, 1=Married (monogamy) 2=Married (polygamy) 3=Divorced, 4=Widow or widower, 5=Separated 98=Not applicable (for children)</i>						
<b>Code B08</b>	<i>0=Never went to school, 1=STD 1to STD 4, 3=STD 5to STD 8, 4=Form 1to Form 2 5=Form 3to Form 4, 6=Adult Literacy, 7=Tertiary 98=Not applicable (Under 5)</i>						
<b>Code B09</b>	<i>1=Farmer, 2=Business, 3=Artisan/Blacksmith, 4=Civil servant, 5=Trader/Shopkeeper, 6=Seasonal Agric. Laborer (seasonal ganyu), 7=Permanent agricultural labourer, 8=Other Casual labour, 9=Student, 10=Housework, 11=Retired, 99=Other specify, 98=N/A (for children under 5)</i>						

<b>MODULE C: HOUSEHOLD SOCIO-ECONOMIC CHARACTERISTICS</b>			
C01	What are the main materials of the walls of the main house? (Observe) <i>1=Grass, 2=Mud (yomata), 3=Compacted earth (yamdindo), 4=Mud brick (unfired), 5=Burnt bricks, 6=Concrete, 7=Wood, 8=Iron sheets, 99=Other (specify)..</i>		[__]
C02	What is the main material of the roof of the main house? (Observe) <i>1=Grass, 2=Iron sheets, 3=Clay tiles, 4=Concrete, 5=Plastic, 6=Sheeting, 99=Other (specify)..</i>		[__]
C03	What are the main materials of the floor of the main house? (Observe) <i>1=Sand, 2=Smoothed mud, 3=Smooth cement, 4=Wood, 5=Tile, 99=Other (specify).</i>		[__]
C04	What is the main source of energy for lighting? <i>1=Electricity, 2=Paraffin, 3=Charcoal, 4=Firewood/grass, 5=Candles, 6=Gas, 7=Battery/ dry cell (torch), 99=Other (specify).</i>		[__]
C05	Do you own land? <i>1=Yes, 2=No</i>		[__]
		<b>&gt;&gt; If No skip to C07</b>	[__]
C06	How much land ( <b>in Acres</b> ) do you have ownership or cultivation rights over (include crop land, fallow, virgin land, orchard, and land rented out, but exclude land rented in.)		[__]
<b>OWNERSHIP OF ASSETS IN THE HOUSEHOLD</b>			
List domestic assets possessed by the household, the quantity possessed, and their average unit value ( <i>If household does not possess write '0'</i> )			
No	Type of asset	Quantity	Year assets acquired (indicate range of years if across several years)
<b>C07</b>	<b>LIVESTOCK</b>		
C07.1	Bulls		
C07.2	Cows		
C07.3	Sheep		
C07.4	Goats		
C07.5	Pigs		
C07.6	Chicken		
C07.7	Duck		
C07.8	Guinea Fowl		
C07.9	Pigeon		
<b>C08</b>	<b>MEANS OF TRANSPORTATION</b>		
C08.1	Motorcycle		
C08.2	Bicycle		
C08.3	Ox – cart		
C08.4	Car		
<b>C09</b>	<b>ELECTRONICS</b>		
C09.1	Radio		
C09.2	Television		
C09.3	Cell phone		
C09.4	Telephone (Landline)		

<b>OWNERSHIP OF ASSETS IN THE HOUSEHOLD</b>			
List domestic assets possessed by the household, the quantity possessed, and their average unit value ( <i>If household does not possess write '0'</i> )			
No	Type of asset	Quantity	Year (s) assets acquired (indicate range of years if across several years)
<b>C10</b>	<b>AGRICULTURAL INPUTS</b>		
C10.1	Hoe		
C10.2	Plough		
C10.3	Bailing machine		
C10.4	Weighing scale		
C10.5	Motorized irrigation pump		
C10.6	Treadle pump		
C99.10	Other (specify) _____		
<b>C11</b>	<b>OTHER GOODS</b>		
C11.1	Mattress		
C11.2	Bed		
C11.3	Lantern (nyale)		
C11.4	Dining set		
C11.5	Sofa Set		
C11.46	Tables		
C99.1147	Other (specify) ) _____		
C12	What is the households main source of income <i>1=Farming, 2=Business, 3=Artisan/ Blacksmith, 4=Civil servant, 5=Trader/ Shopkeeper, 6=Seasonal Agric. Laborer (seasonal ganyu), 7=Permanent agricultural labourer, 8=Other Casual labour, 9=Remittances 10=Gifts 96=Other (specify)</i>		
C13	What is the estimated average monthly income for the household in Malawi Kwacha		MK _____
<b>MODULE D: WATER AND SANITATION</b>			
D01	What is the main source of drinking water? <b>Kodi madzi akumwa mumatunga kuti?</b> <i>1=Piped water in dwelling, 2=Piped into yard or plot, 3=Public tap, 4=Borehole with pump, 5=Protected dug well, 6=Protected spring, 7=Rainwater collection, 8=Unprotected dug well, 9=Unprotected spring, 10=Pond, river, lake or stream, 11=Tanker-truck, vendor, 99. Other (Specify): _____</i>		[___]
D02	How long does it take ( <b>Minutes</b> ) to go there, get water and come back? Mumatenga nthawi yayitali bwanji kupita, kutunga madzi ndi kubwerako?		[___]
D03	How do you treat your drinking water ? 1=Leave to settle, 2=Boil the water, 3=Add chemicals/reagents e.g. water guard, 4=Sift/sieve the water, 5= Do nothing, 99=Other (specify) _____		
D04	What type of toilet facility does your household use <b>(Research Assistant verify the toilet facility) Kodi chimbudzi chanu ndi chotani?</b>		[___]

	1=Flush to sewage system or septic tank, 2=Pour flush latrine (water seal type), 3=Improved pit latrine (e.g. VIP), 4=Traditional pit latrine, 5=Open pit, 6=Bucket, 7=No facilities or bush or field.  <b>&gt;&gt;If 6 or 7 Skip to D05</b>	
D05	Location of toilet facility 1=Within dwelling/yard/compound, 2=Outside dwelling/yard/compound	[__]
D06	Disposal of young children stools (for under 5) <b>Kodi mwana wanu amene sanakwanitse zaka zisanu akachita chimbudzi, mumatani/mumataya kuti?</b> 1=Children always use toilet or latrine, 2=Thrown into toilet or latrine, 3=Thrown outside the yard, 4=Buried in the yard, 99=Other (specify)_____, 98=NA (No young child)	[__]

<b>MODULE E: FISH PRODUCTION, PROCESSING &amp; MARKETING</b>			
E00	Do you have a pond 1=Yes (own) 2=Yes (group) 3=No		
E01	When did you start fish farming (Year)		[__]
E02	How many ponds do you have and their sizes? (please fill in the table)		
	<b>SN</b>	<b>Pond number</b>	<b>Pond size (m<sup>2</sup>)</b>
	E02.1		
	E02.2		
E02.3			
E03	What are the main fish species you culture in your ponds? (Multiple responses) 1=O. sbranus ( <b>Makumba</b> ), 2=O. karongae ( <b>Chambo</b> ), 3=T. rendalli ( <b>Chilunguni</b> ), 4=Catfish ( <b>Mlamba</b> ), 99=Others(Specify)_____		[__]
E04	What are the reasons for preference of the species you culture in your pond? (Multiple responses) 1=Faster growth, 2=Tasty, 3=High fecundity, 4=Easy to breed, 5=High resistance to local harsh environment, 6=Others (specify)_____		[__]
E05	Have you ever harvested fish from your pond? 1=Yes, 2=No  <b>&gt;&gt;If No, skip to I09</b>		
	How much fish did you harvest in your last harvest? (please fill in the table)		
	<b>SN</b>	<b>Fish species CODE</b>	<b>Amount harvested (Kg)</b>
	E05.1		
	E05.2		
E05.3			
<b>Codes for fish species:</b> 1=O. sbranus ( <b>Makumba</b> ), 2=O. karongae ( <b>Chambo</b> ), 3=T. rendalli ( <b>Chilunguni</b> ), 4=Catfish ( <b>Mlamba</b> ), 5=Others (Specify)_____			
E06	Do you sell your fish? 1=Yes, 2=No		[__]
E07	Where do you sell your fish? 1=At the farm, 2=Local market, 3=Vendors, 4=Restaurants, 5=Travelers/visitors 99=Other (specify)_____		[__]
E08	Of the harvested fish, how much did you consume and sell? (Please fill the table below using codes above & check consistency with amount harvested)		
	<b>SN</b>	<b>Fish species harvested CODE</b>	<b>Fish consumed (KG)</b>
	E08.1		
			<b>Fish sold (KG)</b>

	E08.2		
	E08.3		
E09	Have you ever used hybrid fingerlings before? 1=Yes, 2=No  <b>&gt;&gt;If Yes, skip to E11 &gt;&gt; if No, go to E10 then skip to E12</b>		[ ]
E10	Give reasons for not using hybrid fingerlings before? 1=No access to hybrid fingerlings, 2=Lack of money to buy hybrid fingerlings, 3=Health reasons, 4=Not aware of hybridized fingerlings 99=Other (specify) _____		[ ]
E11	What was/is source of the hybrid fingerlings. 1=Bunda, 2=National Aquaculture center (NAC), 3=MALDECO, 4=World Fish Center, 5= Research Project, 99=Others, (specify)_____		[ ]
E12	What in your opinion is the main advantage of using hybrid fingerlings		
E13	What in your opinion is the main disadvantage of using hybrid fingerlings		
<b>INTEGRATED AGRICULTURE AQUACULTURE TECHNOLOGY AND VALUE ADDITION</b>			
E14	Are you aware of Integrated Aquaculture-Agriculture technology? 1= Yes, 2= No  <b>&gt;&gt;If No, skip to E19</b>		[ ]
E15	What Integrated Aquaculture technology do you practice? 1= Fish-crops, 2= Fish-livestock, 3= Fish-horticulture (vegetables/fruits), 3= Fish-crops-livestock, 4= Fish-crops-livestock-horticulture 96=Other (specify)		[ ]
E16	Do you process any products from your Integrated Agriculture-Aquaculture system? 1= Yes, 2= No  <b>&gt;&gt;If No, skip to E17</b>		[ ]
	What value added products do you develop from your Integrated Agriculture-Aquaculture system? Please fill in the table below.		
	<b>SN</b>	<b>Value added product</b>	<b>Ingredients used</b>
	<b>E16.1</b>		
	<b>E16.2</b>		
<b>E16.3</b>			
E17	What are the advantages that you have observed in practicing Integrated Agriculture Aquaculture? <b>(Multiple response).</b>		
	<b>E17.1.</b> Reduced external inputs		[ ]
	<b>E17.2.</b> Increased farm productivity		[ ]
	<b>E17.3.</b> High economic returns		[ ]
	<b>E17.4.</b> Environmental friendly		[ ]
	<b>E99.</b> Others (specify)_____		[ ]
E18	Are there any agriculture clubs/ association in this area? 1= Yes, 2= No		
E19	Are you a member of any Agriculture club. 1= Yes, 2= No		
E20	If no why not 1=waste of time 2= biasness 3=no clubs in the area, 96=Other (specify) _____		
E21	If yes, what benefits do you see from your membership 1= trainings 2 = get information 3= gain access to resources 96=Other (specify)_____		

E22	How can you rate working in groups during development activities 1= best method. 2= don't mind (neutral) 3= don't like it
E23	What challenges do you face when working in groups during development activities 1= lack of organization 2= work is left to a few 3= others always take the lead 96=Other (specify) _____
E24	Have you ever received Agricultural training? 1=Yes 2=No
E25	Who provided the above training? 1=Lead farmer, 2=Agriculture extension worker, 3=NGO field worker, 3=NGO 96=Other (specify) _____



<b>MODULE F: MORBIDITY (ILLNESS RECALL) 0-59 MONTHS</b>			
Repeat for each child between 6 and 59 months		Child ID	Child ID
F01	B01. In the past 2 weeks, did (name) suffer from the following? <i>1=Yes, 2=No</i> <b>&gt;&gt;If No, skip to F05</b>		
	<b>F01a.</b> Had 3 or more semi-solid or liquid stools (acute diarrhea) in a 24-hour period? <i>anatssegulako m'mimba masabata awiri apita?</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F01b.</b> Experience any fever or chills	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F01c.</b> Have difficulties with breathing?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F01.99</b> Other illnesses? (specify)	<input type="checkbox"/>	<input type="checkbox"/>
F02	Where did you go to seek help from when (child name) was sick? <b>Panthawi imene mwana amatsegula m'mimba, munatani?</b>		
	<b>F02.1.</b> Church / preacher	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F02.2.</b> Traditional healer	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F02.3.</b> Health centre-post / hospital	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F02.4.</b> No one; went to buy medicine	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F02.99.</b> Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
F03	What treatment was given to (name) for the diarrhea? (indicate all that apply) <b>Mwanayi analandira chithandizo chanji atatsegula m'mimba</b> <b>&gt;&gt; Answer only if F01a is Yes</b>		
	<b>F03.1.</b> Salt –sugar solution for diarrhoea at home	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F03.2.</b> Oral rehydration therapy (ORT)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F03.3.</b> Zinc supplements	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F03.4.</b> Local/homemade syrups	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F03.5.</b> Continued breastfeeding or feeding	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F03.99.</b> Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
F04	When the child had diarrhea, were there any changes in the amount of either food or drink given to child (name)? <i>1=Yes, 2=No</i> <b>&gt;&gt;Only if F01.1=Yes, &amp; If F04=No, skip to F6</b>	<input type="checkbox"/>	<input type="checkbox"/>
F05	If yes for fluid, how did fluid intake change? <i>1=Less, 2&gt;About the same, 3=More 98=NA</i>	<input type="checkbox"/>	<input type="checkbox"/>
F06	If yes for food, how did the food intake change in relation to the usual amount? <i>1=Less, 2&gt;About the same, 3=More 98=NA</i>	<input type="checkbox"/>	<input type="checkbox"/>
F07	If child had other illnesses, what can you say about the overall amount of fluid/food given to (name) when he/she was sick ? <b>Multiple responses</b> <i>1=Less fluid than usual, 2=More fluid than usual, 3 =No change, 4=More fluid than usual, 5=More food that usual</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MODULE G: HOUSEHOLD FOOD SECURITY</b>			
<b>Household Food Insecurity Access Scale</b>			
Please ask the following questions on food situation in the household for the past month. Indicate 1=Yes or 2=No in the Y/N column followed by the frequency of occurrence in the past month (4 weeks)			
<b>Frequency codes: 1= rarely (1-2), 2=sometimes (3-10), 3=often (more than 10)</b>			
<b>No</b>	<b>Question</b>	<b>1=Yes 2=No</b>	<b>Frequency</b>
G1	In the past month, did you worry that your household would not have enough food? <b>Kodi mwezi wathawu munakhalako ndi nkhwawa kuti simukhala ndi chakudya chokwanira?</b>	[ ]	[ ]
G2	In the past month, were you or any household members not able to eat the kinds of food you prefer because of lack of resources? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anakhalapo osadya zakudya zomwe amakonda chifukwa chakusowa?</b>	[ ]	[ ]
G3	In the past month, did you or any household members have to eat a limited variety of foods due to a lack of resources? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano sanadye zokudya zosiyanasiyana chifukwa cha kusowa?</b>	[ ]	[ ]
G4	In the past month, did you or any other household members have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anadye zokudya zomwe samafuna chifukwa cha kusowa?</b>	[ ]	[ ]
G5	In the past month, did you or any household members have to eat a smaller meal than you felt you needed because there was not enough food? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anadye chokudya chochepa chifukwa cha kusowa?</b>	[ ]	[ ]
G6	In the past month, did you or any other household members have to eat fewer meals in a day because there was not enough food? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anadye mosakwanira monga kamodzi patsiku chifukwa cha kusowa?</b>	[ ]	[ ]
G7	In the past month, was there ever no food to eat of any kind in your household because of lack of resources/money to get food? <b>Kodi mwezi wathawu munakhalako opanda chakudya pakhomo pano?</b>	[ ]	[ ]
G8	In the past month, did you or any household member go to sleep at night hungry because there was not enough food? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anagonapo ndi njala chifukwa chakusowa zakudya?</b>	[ ]	[ ]
G9	In the past month, did you or any household member go a whole day and night without eating anything because there was not enough food? <b>Kodi mwezi wathawu inu kapena wina pakhomo pano anakhalapo tsiku lonse ndi kugona ndi njala chifukwa chakusowa zakudya?</b>	[ ]	[ ]
G10	If household experienced any hunger, what other coping strategies did you use to survive? <b>Mumagwilitsa ntchito ndondomeko zanzi zina kuti mupeze chakudya?</b> <i>1=Yes, 2=No</i>		
	<b>G10.1.</b> Going to work in other people's fields in exchange for food.		[ ]
	<b>G10.2.</b> Selling of household assets such as land, breeding stock (livestock).		[ ]
	<b>G10.3.</b> Cutting down of trees for sale as firewood or charcoal.		[ ]
	<b>G10.4.</b> Abandoning households' plots to become tenants in estates.		[ ]
	<b>G10. 99.</b> Others (Specify) _____		[ ]

	98. NA (No other strategies used)	[ ]
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<b>MODULE H: HOUSEHOLD DIETARY DIVERSITY</b>				
Mention all the foods consumed by you or any member of the household in the past 24 hours. List only foods consumed in the home. <b><u>Enumerator should probe for ingredients/preparation method and keep probing what else was eaten from morning till evening until respondent says nothing else.</u></b>				
Fotokozani zakudya zonse zomwe inu kapena ena pakhomo pano anadya dzulo, kuyambira m'mawa mpakana madzulo.				
SN	Food group	Examples	1=Yes 2=No	
H01	<i>Staples</i>	Cereals	Corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products) e.g. nsima, porridge or paste	[ ]
		White roots and tubers	White potatoes, white yam, white cassava, or other foods made from roots, mphonda	[ ]
H02	<i>Vegetables</i>	Vitamin a rich vegetables	Carrot , pumpkin or sweet potato leaves	[ ]
		Dark green leafy vegetables	Dark green leafy vegetables, including wild forms + locally available vitamin a rich leaves such as amaranth, cassava leaves, kale, spinach	[ ]
		Other vegetables	Other vegetables (e.g. tomato, onion, eggplant) + other locally available vegetables	[ ]
H03	<i>Fruits</i>	Vitamin a rich fruits	Ripe mango, peaches, papaya,	[ ]
		Other fruits	Other fruits, masuku, tangerines, guavas, pineapples, apples, watermelon including wild fruits and 100% fruit juice made from these	[ ]
H04	<i>Meat and Animal products</i>	Organ meat	Liver, kidney, heart or other organ meats or blood based foods	[ ]
		Flesh meats	Beef, pork, lamb, goat, rabbit, game, chicken, duck, other birds, insects	[ ]
		Eggs	Eggs from chicken, duck, guinea fowl or any other egg	[ ]
		Fish and sea food	Fresh or dried fish or shellfish	[ ]
		Milk and milk products	Milk, cheese, yoghurt or milk products	[ ]
H05	<i>Legumes</i>	Legume nuts and seeds	Dried beans, dried peas, khobwe, soya, pigeon peas, nuts, seeds, or foods made from these (Peanut butter)	[ ]
H06	<i>Oils And Fats</i>		Avocado pears, cooking oil and margarine	[ ]

MODULE I: INFANT AND YOUNG CHILD FEEDING PRACTICES				
Repeat for each child under 5 years		Child ID	Child ID	Child ID
		_____	_____	_____
I01	CAREGIVER'S ID CODE FROM B01		[ ]	
I02	CHILD'S ID CODE FROM THE HOUSEHOLD ROSTER-column B01	[ ]	[ ]	[ ]
I03	What is the child's sex? (Please ask the care giver) <i>1=Male, 2=Female</i>	[ ]	[ ]	[ ]
I04	What is the date of birth of the child? [dd/mm/yyyy] IF THE HEALTH PASSPORT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE PASSPORT.	__/_/_	__/_/_	__/_/_
I05	How many months old is the child? Record in completed months	[ ]	[ ]	[ ]
<b>EXCLUSIVE BREASTFEEDING AND MINIMUM ACCEPTABLE DIET 0 – 23 MONTHS</b>				
I06	Check question I05. Is the child under 2 years of age? <i>1=Yes, 2=No</i> <b>&gt;&gt;If No, skip to I24</b>	[ ]	[ ]	[ ]
I07	Has the child ever been breastfed? <i>1=Yes, 2=No</i> <b>&gt;&gt;If No, skip to I10</b>	[ ]	[ ]	[ ]
I08	Is the child still breastfeeding? <i>1=Yes, 2=No</i> <b>&gt;&gt;If No, skip to I10</b>	[ ]	[ ]	[ ]
I09	Was the child breastfed yesterday during the day or at night? <i>1=Yes, 2=No</i>	[ ]	[ ]	[ ]
I10	Did the child consume breast milk in any of the following ways yesterday during the day or at night; breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way? <i>1=Yes, 2=No</i>	[ ]	[ ]	[ ]
Please indicate whether the child received any of the following foods. <b>Codes:</b> <i>1=Yes, 2=No, 8=Don't know</i>				
I11	Plain water?, <b>Madzi akumwa?</b>	[ ]	[ ]	[ ]
I12	Infant formula such as lactogen? <b>Mkaka waufa wa mchitini (wogula kusitolo)?</b> <b>&gt;&gt;If No, skip to I14</b>	[ ]	[ ]	[ ]
I13	<b>How many times</b> did the child consume any formula yesterday during the day or at night? PROBE: ANY MORE? <b>Kodi (dzina la mwana) anamwa kangati mkaka wa wana wa mchitini (wogula ku sitolo)?</b>	[ ]	[ ]	[ ]
I14	Did the child drink any milk such as tinned, any powdered, or fresh animal milk?	[ ]	[ ]	[ ]

	<b>Kodi dzulo (dzina la mwana) anamwako mkaka waufa wamchitini monga Nido, kapena mkaka wa ng'ombe kapena wa mbuzi?</b> <b>&gt;&gt;If No, skip to I16</b>			
I15	<b>How many times</b> yesterday during the day or at night did the child consume any milk? PROBE: ANY MORE? <b>Kodi (dzina la mwana) dzulo anamwa kangati mkaka wina uliwonse?</b>	[ ]	[ ]	[ ]
I16	Did the child have any juice or juice drinks? 1=Yes, 2=No <b>Kodi (dzina la mwana) anamwako juwisi wina aliyense?</b>	[ ]	[ ]	[ ]
I17	Clear broth or msuzi? 1=Yes, 2=No <b>Anamwako nsuzi wina uliwonse?</b>	[ ]	[ ]	[ ]
I18	Yogurt or chambiko? 1=Yes, 2=No <b>Nanga yogati kapena chmbiko?</b> <b>&gt;&gt;If No, skip to I20</b>	[ ]	[ ]	[ ]
I19	<b>How many times</b> yesterday during the day or at night did the child consume any yogurt or chambiko? PROBE: ANY MORE? <b>Yogatiyu kapena chambiko anamwa kangati dzulo?</b>	[ ]	[ ]	[ ]
I20	Did the child drink any thin porridge? <b>Kodi (dzina la mwana) anamwako phala la losalimba (kapena ndi nene kuti lamadzimadzi?)</b>	[ ]	[ ]	[ ]
I21	Any other liquids such as thobwa? <b>Nanga chakumwa china chili chonse ngati thobwa?</b>	[ ]	[ ]	[ ]
I22	Any other liquids? <b>Nanga chakumwa china chili chonse poonjezera tatchula kale zija?</b>	[ ]	[ ]	[ ]
I23	At what age in months did you introduce plain water to the child?(indicate in months)			
I24	At what age in months did you introduce other fluids like tea and juices to the child?			
I25	At what age in months did you introduce other foods (solids) to the child? <b>Munayamba kumpatsa chakudya ali ndi mieyzi ingati?</b>	[ ]	[ ]	[ ]
I26	Do you attend Growth Monitoring and Promotion (GMP) sessions with child 1=Yes, 2=No			
<b>DIETARY DIVERSITY FOR CHILDREN 6-59 MONTHS</b>				
Ask the caregiver what the child ate in the morning, afternoon and evening. <b>Funsani kuti (dzina la mwana) anadya chani dzulo kuchokera mmamawa, masana ndi madzulo</b> <b>Codes: 1=Yes, 2=No, 8=Don't know</b>				
I27	Did [child's name] eat any solid, semi-solid, or soft foods yesterday during the day or at night? 1=Yes 2=No <b>Kodi dzulo mwanayu anadyako zakudya zili zonse zamadzimadzi kapena zofewa kupatula mkaka wa mawere?</b> <b>Ndi zakudya ziti zimene anadya dzulo?</b>	[ ]	[ ]	[ ]
I28	<b>How many times</b> did [child's name] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? <b>Anadya zakudya zimenezi kangati mwanayi?</b>	[ ]	[ ]	[ ]

I29a	IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did [child's name] eat? <b>Tick as food is being mentioned and indicate number of <u>times eaten</u> yesterday in the response column</b>  <b>CEREALS:</b> Food made from grains such as bread, rice, noodles, porridge, nsima, any other foods made from millet, sorghum, maize, etc	[ ]	[ ]	[ ]
I29b	<b>VITAMIN A RICH VEGETABLES AND TUBERS:</b> Pumpkin, carrots, squash, orange/yellow fleshed sweet potatoes, or other locally available orange/yellow fleshed vegetables and tubers	[ ]	[ ]	[ ]
I29c	<b>WHITE TUBERS AND ROOTS:</b> White potatoes, white yams, cassava, or any other foods made from roots and tubers	[ ]	[ ]	[ ]
I29d	<b>DARK GREEN LEAFY VEGETABLES:</b> Any dark green leafy vegetables such as cassava leaves, sweet potato leaves, amaranths, black jack leaves and any others.	[ ]	[ ]	[ ]
I29e	<b>OTHER VEGETABLES:</b> such as tomato, onion, eggplant) , including wild vegetables	[ ]	[ ]	[ ]
I29f	<b>VITAMIN A RICH FRUITS:</b> Ripe mangoes, ripe papayas or other local vitamin A-rich fruits.	[ ]	[ ]	[ ]
I29g	<b>OTHER FRUITS:</b> such as citrus, apples, white guavas or any other fruits including wild ones.	[ ]	[ ]	[ ]
I29h	<b>ORGAN MEATS (IRON-RICH):</b> Liver, kidney, heart, or other organ meats	[ ]	[ ]	[ ]
I29i	<b>FLESH MEATS:</b> beef, pork, lamb, goat, rabbit, mice, wild game, chicken, duck, pigeon or other birds.	[ ]	[ ]	[ ]
I29i	<b>EGGS:</b> from any birds including chicken, guinea fowl, turkey duck or any other birds	[ ]	[ ]	[ ]
I29j	<b>FISH:</b> Fresh or dried fish, shellfish, or sea	[ ]	[ ]	[ ]
I29k	<b>LEGUMES/LENTILS:</b> Any foods made from other beans, garden peas, cow peas, pigeon peas, lentils, nuts, etc.	[ ]	[ ]	[ ]
I29l	<b>MILK AND MILK PRODUCTS:</b> Cheese, yogurt, chambiko, or any other milk products	[ ]	[ ]	[ ]
I29m	<b>OILS AND FATS:</b> Any oil, fats, or butter, red palm oil, avocado or foods made with any of these	[ ]	[ ]	[ ]
I29n	<b>SWEETS:</b> Sugar, honey, or any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	[ ]	[ ]	[ ]
I29o	<b>BEVERAGES</b> Coffee, tea, thobwa, mahewu, soft drinks, sweetened soda, freezes, etc.	[ ]	[ ]	[ ]
I29p	<b>SPICES, CONDIMENTS</b> for flavour: Such as chilies, spices, herbs or fish powder	[ ]	[ ]	[ ]
I29q	<b>INSECTS:</b> Like insect larvae, flying ants, locusts, crickets, grasshoppers or any other edible insects	[ ]	[ ]	[ ]
<b>ANTHROPOMETRY CHILDREN 6-59 MONTHS OF AGE</b>				
I30	<b>Height in centimetres to the nearest 0.01cm</b> Children under 24 months should be measured lying down (Length); and the rest standing up (Height).	[ ]	[ ]	[ ]
	<b>Enumerator:</b> Indicate 1=Height, 2=Length	[ ]	[ ]	[ ]
I31	Weight in <b>kgs</b> to the nearest 0.1 kg.	[ ]	[ ]	[ ]

I32	Oedema 1=Yes, 2=No	[ ]	[ ]	[ ]
<b>VACCINATION:</b>				
<b>Codes:</b> 1=Yes, 2=No, 8=Don't know				
I33	Vitamin A supplementation	[ ]	[ ]	[ ]

**END OF INTERVIEW:** *Time Interview Ended* \_\_\_\_:\_\_\_\_

**Thank the respondent for participating in the survey**