



Household ID

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CLUSTER NUMBER

HH NUMBER

HOUSEHOLD QUESTIONNAIRE
KENYA NATIONAL MICRONUTRIENTS SURVEY 2011

IDENTIFICATION					
HH01. CLUSTER (EA) NAME.....		HH02. CLUSTER NUMBER: _____			
HH03. HOUSEHOLD NUMBER: _____		HH04. PROVINCE			
HH05. DISTRICT					
HH06. RESIDENCE (Rural = 1, Urban = 2): _____					
HH07. RESPONDENT NAME:		HH08. HOUSEHOLD HEAD NAME:			
HH09. INTERVIEWER		HH09. TEAM LEADER		HH10. SUPERVISOR	
NAME : _____		NAME : _____		NAME : _____	
CODE _____		CODE _____		CODE _____	
____ / ____ / ____		____ / ____ / ____		____ / ____ / ____	
DD MM YY		DD MM YY		DD MM YY	

INTERVIEWER VISITS		
VISIT 1	VISIT 2	FINAL VISIT
DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY
TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____
**RESULT.....	**RESULT.....	**RESULT.....
NEXT VISIT DATE: ____ / ____ / ____ DDMMYY	NEXT VISIT DATE: ____ / ____ / ____ DDMMYY	
TIME: ____:____	TIME: ____:____	
**Result Of HH Interview:		TOTAL NO. OF VISITS: _____
<ol style="list-style-type: none"> 1. COMPLETED 2. NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME 3. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4. POSTPONED 5. REFUSED 6. DWELLING VACANT OR ADDRESS NOT A DWELLING 7. DWELLING DESTROYED 8. DWELLING NOT FOUND 9. OTHER 		HH11: FINAL INTERVIEW RESULT: _____
HH12. TOTAL HOUSEHOLD MEMBERS: _____	HH13. TOTAL ELIGIBLE YOUNG CHILDREN 6-59 MO: _____ HH14. TOTAL ELIGIBLE PREGNANT WOMEN: _____ HH15. TOTAL ELIGIBLE WOMEN: _____	HH16. TOTAL ELIGIBLE CHILDREN 5-14 YR: _____ HH17. TOTAL ELIGIBLE MEN: _____
HH18. MORE THAN 8 HOUSEHOLD MEMBERS (Mark yes/no) _____		

FOR OFFICE USE	
<i>The following section will be filled in office during data entry:</i>	
DATA MANAGER: _____ NAME CODE	DATA KEYED BY: _____ NAME CODE
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY



MOPHS



SOCIO DEMOGRAPHIC CHARACTERISTICS

Now we would like some information about the people who usually live in your household

LINE NO	USUAL RESIDENT	RELATIONSHIP TO HH HEAD	SEX	AGE	If <5 years of age			IF 15 YRS OR OLDER	ELIGIBILITY						IF AGE 3 YEARS OR OLDER		
					Date of Birth (DOB)	AGE in Months	Source of DOB	MARITAL STATUS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 6-59 MONTHS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5 - 14	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PREGNANT WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	What is the highest grade of school (NAME) has completed?	
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? M=1 F=2	How old is (NAME)? (if >97, write 97)	Write Day / Month / Year	Write Age in months among 0-59 month children	Where did you obtain the DOB information? 1 Clinic card/book 2.Baptismal card 3 Birthcertificate 4 Recall 5 Other Specify	What is (NAME'S) current marital status? SEE CODES BELOW.							Yes=1 No=0 (0->SKIP H16, H17)	SEE CODES BELOW.	SEE CODES BELOW.
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17	
01	_____	<input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MO <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/>	IN MONTHS <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	01	01	01	01	01	<input type="text"/>	LEVEL <input type="text"/>	GRADE <input type="text"/> <input type="text"/>	
02	_____	<input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MO <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/>	IN MONTHS <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	02	02	02	02	02	<input type="text"/>	LEVEL <input type="text"/>	GRADE <input type="text"/> <input type="text"/>	

CODE QUESTION HL3

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NIECE /NEPHEW BY BLOOD
- 10 = NIECE/ /NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED /FOSTER/STEPCHILD
- 13 = NOT RELATED
- 88 = DON'T KNOW

CODE QUESTION HL9

- 1=SINGLE/NEVER MARRIED
- 2=MARRIED / LIVING TOGETHER MONOGAMOUS
- 3=MARRIED / LIVING TOGETHER POLYGAMOUS
- 4=DIVORCED / SEPARATED
- 5= WIDOWED

CODE QUESTION HL16

- 0 = Preschool
- 1 = Primary
- 2= Post primary/Vocational
- 3=Secondary, A Level
- 4=College (Middle Level)
- 5= University
- 7=Other
- 8= Don't know

CODE QUESTION HL17

- PRESCHOOL = 00**
- PRIMARY SCHOOL:**
- 01 = STD 1
- 02 = STD 2
- 03= STD 3
- 04 = STD 4
- 05 = STD 5
- 06 = STD 6
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- SECONDARY SCHOOL:**
- 09= FORM 1
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- UNIVERSITY:**
- 15 = UNIV 1
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2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

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SOCIO-ECONOMIC CHARACTERISTICS

NO	QUESTION	CODING CATEGORIES	Skip			
H1	What is the main source of drinking water for members of your household?	<u>Piped water</u> Piped into dwelling..... 01 Piped to compound/plot..... 02 Public tap/standpipe..... 03 Tube well or borehole..... 04 <u>Dug well</u> protected well..... 05 unprotected well..... 06 <u>Water from spring</u> protected spring..... 07 unprotected spring..... 08 Rainwater..... 09 Tanker truck..... 10 Cart with small tank..... 11 <u>Surface water</u> (river/dam/lake/pond/stream/canal/irrigation channel) Bottled water..... 12 Other _____ 13 (specify) _____ 77	01 → H6 02 → H6			
H2	What is the main source of water used by your household for other purposes such as cooking and hand washing?	<u>Piped water</u> Piped into dwelling..... 01 Piped to compound/plot..... 02 Public tap/standpipe..... 03 Tube well or borehole..... 04 <u>Dug well</u> protected well..... 05 unprotected well..... 06 <u>Water from spring</u> protected spring..... 07 unprotected spring..... 08 Rainwater..... 09 Tanker truck..... 10 Cart with small tank..... 11 <u>Surface water</u> (river/dam/lake/pond/stream/canal/irrigation channel) Other _____ 12 (specify) _____ 77	01 → H6 02 → H6 09 → H6			
H3	Where is that water source located?	In own dwelling..... 1 In own yard/plot..... 2 Elsewhere..... 3	1 → H6			
H4	How long does it take to go there, get water, and come back?	Minutes..... <table border="1"><tr><td></td><td></td><td></td></tr></table>				
H5	Who usually goes to this source to fetch the water for your household? (CIRCLE ALL THAT APPLY)	Adult woman..... 1 Adult man..... 2 Female child under 15 years old..... 3 Male child under 15 years old..... 4 Other (specify) _____ 7				
H6	Do you do anything to the water to make it safer to drink?	No 0 Yes 1	0 → H8			

H7	What do you usually do to make the water safer to drink?	Boil.....	01
		Waterguard.....	02
	Anything else?	Pur.....	03
		Aquatabs.....	04
	RECORD ALL MENTIONED.	Chlorine dispenser.....	05
		Aquaguard.....	06
		Other bleach/chlorine	07
		Strain through a cloth.....	08
		Chujio ceramic filter.....	09
		Lifestraw filter.....	10
		Biosand filter.....	11
		Other Ceramic filter	12
		Solar disinfection	13
		Aluminium sulfate (alum).....	14
		Let it stand and settle	15
		Filter.....	16
		Other _____	77
		<i>(specify)</i>	
Don't know		88	

H13	Main material of the (inside) walls of the house: RECORD OBSERVATION.	<u>Natural walls</u>			
		No walls.....	01		
		Cane/palm/trunks.....	02		
		Dirt/Mud/Dung	03		
		Bamboo with mud.....	04		
		<u>Rudimentary walls</u>			
		Stone with mud.....	05		
		Uncovered adobe.....	06		
		Plywood.....	07		
		Cardboard.....	08		
		Reused wood.....	09		
		<u>Finished walls</u>			
		Cement.....	10		
		Stone with lime/cement.....	11		
		Bricks.....	12		
Cement blocks.....	13				
Covered adobe.....	14				
Wood planks/shingles.....	15				
Other.....	77				
		<i>(specify)</i>			
H14	Does your household have:		No	Yes	
		Clock/watch	0	1	
		Electricity	0	1	
		Radio	0	1	
		Television	0	1	
		Mobile telephone	0	1	
		Fixed telephone	0	1	
		Refrigerator	0	1	
Solar panel.....	0	1			
H15	What type of fuel does your household mainly use for cooking?	Electricity.....	01		
		LPG/natural gas.....	02		
		Biogas.....	03		
		Kerosene.....	04		
		Coal, lignite.....	05		
		Charcoal.....	06		
		Wood.....	07		
		Straw/shrubs/grass.....	08		
		Agricultural crop (Biomass).....	09		
		Animal dung.....	10		
		No food cooked in household.....	11		
		Other.....	77		
		<i>(specify)</i>			
H16	Is the cooking usually done in the house, in a separate building, or outdoors?	In the house.....	01		
		In a separate building.....	02		
		Outdoors.....	03		
		Other.....	07		
		<i>(specify)</i>			
H17	Do you have a separate room which is used as a kitchen?	No	0		
		Yes	1		
H18	How many rooms in this household are used for sleeping?	Rooms	<input type="text"/>	<input type="text"/>	
H19	Does any member of this household own:		No	Yes	
		Bicycle.....	0	1	
		Motorcycle/scooter.....	0	1	
		Animal-drawn cart.....	0	1	
		Car/truck.....	0	1	
		Boat with motor.....	0	1	

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H20	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?	Owns..... 1 Pays rent/lease..... 2 No rent, w. Consent of owner..... 3 No rent, squatting..... 4																															
H21	Does your household own the land on which the structure (house, flat, stands, shack) sits?	Owns..... 1 Pays rent/lease..... 2 No rent,w. Consent of owner..... 3 No rent, squatting..... 4																															
H22	Does any member of this household own any agricultural land?	No 0 Yes 1	0→H24																														
H23	How many acres of land (altogether) are owned by the members of this family? IF MORE THAN 99, WRITE '100'. IF UNKNOWN, WRITE 888.	Less than 1 acre.....0 Number of acres <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Unknown888																															
H24	Does this household own any livestock, herds, other farm animals, or poultry?	No 0 Yes 1	0→H26																														
H25	If yes to H24, which animals? IF NONE, WRITE 000, IF MORE THAN 1,000, WRITE 999	Number of animals 1 Local cattle (Indigenous) 2 Milk cows or bulls 3 Horse/donkey/mule 4 Goats 5 Sheep 6 Poultry 7 Camels 8 Pigs 9 Rabbits	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																														
H26	At any time in the past 12 months, has anyone come into your house to spray the inside walls against mosquitoes?	No 0 Yes 1 Don't know 8	0→H28 8→ H28																														
H27	How many months ago was the house sprayed?	Months ago..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> IF LESS THAN ONE MONTH, WRITE '00'																															
H28	Does your household have any mosquito nets that can be used while sleeping?	No 0 Yes 1	0→ H31																														
H29	Did anyone sleep under these mosquito net(s) last night?	No 0 → H31 Yes1 Don't know.....8 → H31																															

H30	Who slept under this mosquito net last night?	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
	RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
H30z		GO BACK TO H29 FOR NEXT NET; OR, IF NO MORE NETS GO TO H31.	GO BACK TO H29 FOR NEXT NET; OR, IF NO MORE NETS GO TO H31.	GO TO H31.

FOOD FORTIFICATION

THANK YOU FOR YOUR RESPONSE NOW I WANT TO ASK YOU QUESTIONS RELATED TO FOOD			
MAIZE FLOUR FORTIFICATION			SKIP
H31	What type of maize flour do you use?	Do not use maize flour..... 0 Locally Milled (with husk - Grade 2)..... 1 Locally Milled (dehusked – Grade 1) 2 Processed/refined flour..... 3 Both (Milled and processed/refined)..... 4 Other (<i>specify</i>) 7	0→ H39
H32	How many Kg of maize flour does your household use daily? (on an average) (READ THE CATEGORIES ALOUD)	Less than 1 KG..... 0 1 to less than 2 KG..... 1 2 to less than 3 KG..... 2 3 to less than 4 KG..... 3 More than 4 KG..... 4	
H33	What brand of maize flour do you purchase most often?	No one purchases flour (from own production).... 0 No one purchases flour (other source)..... 1 Brand (<i>specify</i>) 2 Brandless maize flour..... 3 Don't know.....	0→H39 1→H35
H34	Where do you purchase your maize flour?	From the supermarket..... 1 From Kiosk/retail seller/posho mills..... 2 Other (<i>specify</i>) 7	
H35	Does the maize flour you use have added iron and other vitamins and minerals?	No 0 Yes 1 Don't know..... 8	
INTERVIEWER: Ask to see the maize flour			
H36	[Does the package of maize flour state that the maize flour is fortified?]	No, there is no label on the maize flour..... 0 Yes..... 1 No, has a label, but it does not say fortified..... 2 There is no maize flour in the household..... 3	3→ H39
H37	[What is the brand of maize flour in the house?]	Brand (<i>specify</i>) 1 Brandless flour..... 2 Other labeled type (<i>specify</i>) 7 Don't know..... 8	
CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING			

Household ID

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CLUSTER NUMBER HH NUMBER

INTERVIEWER: "We Would Like To Take A Sample Of Your Maize Flour For Testing For Added Vitamins In Our Laboratory". Collect a 15g sample (NO MIXED FLOURS)

H38	[Was a sample collected?]	No, no maize flour in household.....	0	
	[AFFIX LABEL ON SAMPLE COLLECTED]	No, only mixed maize flour in household.....	1	
		Yes.....	2	
		No, refused to give sample.....	9	

WHEAT FLOUR FORTIFICATION**SKIP**

H39	What type of wheat flour do you use?	Do not use wheat flour.....	0	0→H47
H40	How many Kg of wheat flour does your household use monthly? (on an average) (READ THE CATEGORIES ALOUD)	Whole wheat flour (unhusked).....	1	
		White wheat flour.....	2	
		Both (Milled and processed/refined).....	3	
		Other (<i>specify</i>).....	7	
H41	What brand of wheat flour do you purchase most often?	No one purchases flour (from own production)....	0	0→H47 1→H43
		No one purchases flour (from other source).....	1	
		Brand (<i>specify</i>).....	2	
		Brandless wheat flour.....	3	
H42	Where do you purchase your wheat flour?	Don't know.....	8	
H43	Does the wheat flour you use have added iron and other vitamins and minerals?	From the supermarket.....	1	
		From Kiosk/retail seller.....	2	
		Other (<i>specify</i>).....	7	
H43		No.....	0	
		Yes.....	1	
		Don't know.....	8	

INTERVIEWER: Ask to see the wheat flour

H44	[Does the package of wheat flour state that the wheat flour is fortified?]	No, there is no label on the wheat flour.....	0	3→H47
H45	[What is the brand of wheat flour in the house?]	Yes.....	1	
		No, has a label, but it does not say fortified.....	2	
		There is no wheat flour in the household.....	3	
		Brand (<i>specify</i>).....	1	
		Brandless flour.....	2	
		Other labeled type (<i>specify</i>).....	7	
		Don't know.....	8	

CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING

INTERVIEWER: "We would like to take a sample of your wheat flour for testing for added vitamins in our laboratory". Collect a 15g sample. (NO MIXED FLOURS)

H46	[Was a sample collected?]	No, no wheat flour in household.....	0	
	[AFFIX LABEL ON SAMPLE COLLECTED]	Yes.....	1	
		No, refused to give sample.....	9	

SALT FORTIFICATION**SKIP**

H47	Where do you purchase your household salt?	Do not use salt.....	0	0→H64 1→H55 2→H52
		Do not purchase salt (local natural source).....	1	
		Do not purchase salt (other source)	2	
		From a supermarket.....	3	
		From a kiosk.....	4	
		From weekly market.....	5	
		Other (<i>specify</i>).....	7	

H48	What brand of household salt do you purchase most often?	Brand (<i>specify</i>) 1 Brandless salt..... 2 Don't know..... 8	
H49	In what form do you buy salt? (MULTIPLE RESPONSES ALLOWED)	Loose..... 1 Packaged..... 2 Other (<i>specify</i>) 7	
H50	How often do you buy salt? (READ ALL RESPONSES)	More than once a month..... 0 Once a month..... 1 Once in 2 to less than 3 months..... 2 Once in 4 to less than 6 months..... 3 Other (<i>specify</i>) 7	
H51	On average, how much salt do you buy and what is the price?	Less than 100 g..... 1 a)Price...../100g 100 up to 250 g..... 2 b)Price...../250g More than 250g and up to 500 g..... 3 c)Price...../500g More than 500g and up to 1kg..... 4 d)Price...../Kg More than 1kg 5 e)Price...../Kg	
H52	Do you know if the salt that you use most often has added iodine?	No 0 Yes 1 Do not purchase salt..... 3	0→H55 3→H55
H53	Do you look/ask for salt with iodine added (iodized salt) when you purchase it for your home?	No 0 Yes 1	
H54	When were you last unable to buy iodized salt?	Never available..... 0 Always available..... 1 Not available within last one month..... 2 Not available within last 6 months 3 Not available within last 1 year..... 4 Other (Specify) 7	
H55	Are you aware of any regulations regarding the sale of salt?	No 0 Yes 1	
H56	Where do you keep salt?	Do not use salt..... 1 In the kitchen..... 2 In the store room..... 3 Outside the house..... 4 Other (Specify) 7	
H57	How do you store salt? (MULTIPLE CHOICES ALLOWED)	Container with lid..... 1 Container without lid..... 2 The same bag/packet in which salt is bought.... 3 Lying on the table/floor (uncovered)..... 4 Lying on the table/floor (covered)..... 5 Other (Specify) 7	
H58	Why do you store it the way you do? (MULTIPLE CHOICES ALLOWED)	Easier..... 1 Don't have any other place to store..... 2 Keeps it from getting wet..... 3 Other (specify) 7	
H59	Do you feed the same salt to livestock?	No livestock..... 0 No salt is given to livestock..... 1 Yes, HH salt same as livestock salt..... 2 Different salt is given to livestock..... 3	
H60	At what time do you add salt to food when cooking?	No salt added to food when cooking..... 0 When food is raw, before cooking..... 1 During cooking half way..... 2 After cooking, but before serving 3	

Household ID

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CLUSTER NUMBER HH NUMBER

INTERVIEWER: Ask to see the package of salt			
H61	[Does the package of table food salt say "iodized"?)	No, there is no label on the salt..... 0 Yes..... 1 No, has a label, but it does not say iodized..... 2 There is no package..... 3 No salt in the household..... 4	4→H64
H62	[What is the brand of salt in the house?]	Brand (specify)..... 1 Brandless salt..... 2 Other labeled type (specify)..... 7 _____ Don't know..... 8	
CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING			
INTERVIEWER: "We would like to take a sample of your salt for testing for added iodine in our laboratory".			
Collect a 50g sample.			
H63	[Was a sample collected?]	No, no salt in household..... 0 Yes..... 1	
	[Affix label on sample collected]	No, refused to give sample..... 9	
SUGAR FORTIFICATION			SKIP
"NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE SUGAR THAT YOU USE"			
H64	Do you use sugar in this household?	No 0 Yes..... 1	0→H72
H65	How many KG of sugar does your household use monthly? (on an average) (READ THE CATEGORIES ALOUD)	Less than 1/4 KG..... 0 1/4 to less than 1/2 KG..... 1 1/2 to less than 1 KG..... 2 1 to less than 2 KG..... 3 More than 2 KG..... 4	
H66	What brand of sugar do you purchase most often?	Do not purchase sugar..... 0 Brand (specify)..... 1 _____ Brandless sugar..... 2 Don't know..... 8	0→H68
H67	Where do you purchase your sugar?	From a supermarket..... 1 From a kiosk..... 2 Other (specify)..... 7	
H68	Does the sugar you use have added vitamin A?	No 0 Yes..... 1 Don't know..... 8	
Interviewer: Ask to see the package of sugar			
H69	[Does the package of sugar say "fortified"?)	There is no label on the sugar..... 0 Yes..... 1 No; has a label but it does not say fortified..... 2 There is no package..... 3 No sugar in the household..... 4	4→H72
H70	[What is the brand of sugar in the house?]	Brand (specify)..... 1 Brandless sugar..... 2 Other labeled type (specify)..... 7 _____ Don't know..... 8	
CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING			
INTERVIEWER: "We would like to take a sample of your sugar for testing for added vitamin A in our laboratory".			
Collect a 30g sample			
H71	[Was a sample collected?]	No, no sugar in household..... 0 Yes..... 1	
	[AFFIX LABEL ON SAMPLE COLLECTED]	No, refused to give sample..... 9	

OILS/FATS FORTIFICATION			SKIP
"NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE OIL/FAT THAT YOU USE"			
H72	What type of oil/fats do you use when cooking?	Do not use oil/fat..... 0 Animal fat..... 1 Plant oil/fat..... 2 Both (animal and plant)..... 3 Other (<i>specify</i>)..... 7	0→H80
H73	How many grams of oil/fat does your household use daily? (on average) (READ CATEGORIES OUT LOUD)	Less than 10g..... 0 20-30g..... 1 30-50g..... 2 50-100g..... 3 More than 100g..... 4	
H74	What brand of oil/fat do you purchase most often?	Do not purchase oil/fat (homemade)..... 0 Do not purchase oil/fat (other source)..... 1 Brand (<i>specify</i>)..... 2 Brandless oil/fat..... 3 Other labeled type (<i>specify</i>)..... 7 _____ Don't know..... 8	0→H80 1→H76
H75	Where do you purchase your oil/fat?	From supermarket..... 1 From Kiosk/retail seller..... 2 _____ Other (<i>specify</i>)..... 7	
H76	Does the oil/fat you use have added vitamin A?	No..... 0 Yes..... 1 Don't know..... 8	
INTERVIEWER: Ask to see the oil/fat			
H77	[Does the package of oil/fat state that the oil/fat is fortified?]	No, there is no label on the oil..... 0 Yes..... 1 No, has a label, but it does not say fortified..... 2 No oil/fat in the household..... 3	3→H80
H78	[What is the brand of oil/fat in the house?]	Brand (<i>specify</i>)..... 1 Brandless oil/fat..... 2 Other labeled type (<i>specify</i>)..... 7 _____ Don't know..... 8	
CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING			
INTERVIEWER: "We would like to take a sample of your oil for testing for added vitamin A in our laboratory".			
Collect a 10g sample			
H79	[Was a sample collected?] [AFFIX LABEL ON SAMPLE COLLECTED]	No, no oil in household..... 0 Yes..... 1 No, refused to give sample..... 9	

Ask the following questions directly to each woman of reproductive age (15-49 years) in all households
Mark all eligible pregnant women under the eligibility column in the Socio-demographic characteristics section

H80	LINE NUMBER	Are you pregnant now?	NO..... 0 YES..... 1 UNSURE..... 8	0→NEXT WOMAN 8→NEXT WOMAN;
H81		How many months pregnant are you?	MONTHS <input type="text"/> <input type="text"/>	IF NO OTHER WOMAN →H86
H82	LINE NUMBER	Are you pregnant now?	NO..... 0 YES..... 1	0→NEXT WOMAN

Household ID

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		CLUSTER NUMBER	HH NUMBER		
H83	How many months pregnant are you?	UNSURE..... 8	8 → NEXT WOMAN; IF NO OTHER WOMAN → H86		
		MONTHS <table border="1"><tr><td></td><td></td></tr></table>			
H84	LINE NUMBER Are you pregnant now?	NO..... 0 YES..... 1 UNSURE..... 8	0 → NEXT WOMAN 8 → NEXT WOMAN; IF NO OTHER WOMAN → H86		
H85	How many months pregnant are you?	MONTHS <table border="1"><tr><td></td><td></td></tr></table>			
H86	Record time: End of Interview (hour of the day in 24h code)	_____ : _____			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

TEAM LEADER'S OBSERVATIONS

NAME OF TEAM LEADER: _____ ID OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ ID OF EDITOR: _____ DATE: _____