

#### 1.1.1.1.1 Questionnaire for the Selection of HH member

## Section 1: Information about the interview

No.	Variable	Question	Response		Code	Instruction
101	HS_101	Interviewers Name and ID	_ _ _		Write down your Full Name and Id	
102	HS_102	Cluster Name and Code	_ _ _		Filled out before starting Interview	
104	HS_104	Union name and code	_ _ _			
106	HS_106	Upazilla name and code	_ _ _			
108	HS_108	District name and code	_ _ _			
110	HS_110	Division name and code	_ _ _			
112	HS_112	Household Code	_ _ _ _ _ _ _			
113	HS_113	Total member of Household	_ _ _			
114	HS_114	HH Head Name	_ _ _ _ _ _ _			
	HS_114A	HH head Father/Husband Name(Nick Name)	_ _ _ _ _ _ _			
104	HS_104A	House name	_ _ _ _ _ _ _			
	HS_104B	Village/Para Name	_ _ _ _ _ _ _			
115	HS_115A	How many member of your HH/Family	_ _ _		Exclude the HH member who are staying outside for a long time	
			A. Total	B. Sex		
	HS_115B	0-5 Years Child	_			
	HS_115BA	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115BB	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115BC	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115C	6-9 years of age child	_			
	HS_115CA	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115CB	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115CC	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115D	10-19 years Adolescent Boys and Girls	_			
	HS_115DA	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115DB	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115DC	Namet _ _ _ _ _ _ _		1 = Male 2 = Female		
	HS_115E	20-59 years of age Male/Female	_			
HS_115EA	Namet _ _ _ _ _ _ _		1 = Male			



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## Module-1:General Information

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## Section:1: General Information and HH Socioeconomic Status(SES)

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Do you have livestock or poultry currently at your household? If yes,how many you have?



No.	Variable	Question	Responses and code categories	Code	Instructions/Skip
113	SE_113	What is the main construction material used for the outer wall of respondent's house?  (Record based on your own observation)	<b>Natural walls</b> 1= No walls 2= Cane/ Palm/ Trunk 3= Dirt  <b>Rudimentary walls</b> 4= Bamboo with mud 5= Stone with mud 6= Playwood 7 = Cardboard/polythene	<b>Finished walls</b> 8= Tin 9=Bricks/ Cement 10= Stone with lime/ Cement 11= Wood planks/ Shingles 99 = Other (Specify)_____	(Record answer after observation)
114	SE_114	What is the main construction material used for the roof of respondent's house?  (Record based on your own observation)	<b>Natural Roofing</b> 1= No roof 2= Thatch/ Palm leaf  <b>Rudimentary roofing</b> 3= Bamboo/Mud 4= Wood Planks 5 = Cardboard/ polythene	<b>Finished roofing</b> 6= Tin 7= Wood 8= Ceramic Tiles 9=Bricks/ Cement 10=Wooden blade 99 = Other (Specify)____	
115	SE_115	What is the main construction material used for the floor of respondent's house?  (Record based on your own observation)	<b>Natural Floor</b> 1= Earth/Sand  <b>Rudimentary Floor</b> 2= Wood Planks 3= Palm/ Bamboo	<b>Finished Floor</b> 4= Ceramic Tiles 5=Bricks/ Cement 6=Mojaic 99 = Others (Specify)_____	
116	SE_116	How many living rooms does your household have (Including homemaker room)	_____		
117	SE_117	At present, any member of your household has been taking any advantage from the specified government program? (May be multiple answers,if coded "food for work"then justify,is it running government program?)	1 =Get nothing 2 =Money for education 3 =Freedom fighter allowance 4 =Elderly allowance 5 =V.G.D 6 =Widow allowance 7 = 100 days program(money for work,current program) 8 =V.G.F 9 =National service program 77 =Don,t know 99 Others (specify bellow) _____		
118	SE_118	Religion <i>Instruction:</i> Write down the religions of respondent	1 = Islam      2= Hindu 3 = Christian      4 = Buddhist 99 = Others (Specify)_____		
119	SE_119	What is your ethnicity?	_____		
<b>Codet</b> 1 =Chakma; 2 =Marma; 3 =Tripurav; 4 =Murong; 5 =Toncongav; 6 =Bom; 7 =Pankho; 8 =Chak; 9 =Khyangs; 10 =Khumi; 11 =Lusai; 12 =Koch; 13 =Saowtal; 14 =Daluy; 15 =Lusai; 16 =Rakhain; 17 =Monipuri; 18 =Garow; 19 =Hajong; 20 =Khasiyav; 21 =Mongs; 22 =Oraow; 23 =Bormon; 24 =Pahari; 25 =Mal pahari; 26 =Munda; 27 =Khol; 28 =Bangali; 99 = Others (Specify)_____					
120	SE_120	Did you receive money from anyone during last 6 month who are not in your HH (who	1 = No 2 = Yes 77 = Dont Know		If answer No then go to 122



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No.	Variable	Question	Responses and code categories	Code	Instructions/ Skip
		are from abroad or other area)			
121	SE_121	On average, How much amount you have received per month ? (Considering last 6 month)			
122	SE_122	What is your average monthly household income ?			



**Section 2: Household water, sanitation and Hygiene**

No.	Variable	Question	Response	Code	Instruction
201	WH_201	What is the main source of drinking water of your household?	<b>Piped Water</b> 1= Piped to dwelling 2= Piped to yard/plot 3= Public tap  <b>Tube Well or Borehole</b> 4= Shared 5 = Household  <b>Dug Well</b> 6= Protected 7= Unprotected 8= Rainwater <b>Groud water</b> 9= Surface water (Pond/ River/ Canal/Hawar/ irrigation channels) 10= Water tanker <b>Spring</b> 11 = Protected 12 = Unprotected 99 = Others (Specify)_____		
202	WH_202	Do you have any soap in your household?	1= Yes ; 2= No		
203	WH_203	Did you use soap within the last 24 hours?	1= Yes ; 2= No		If No, go to 205 question.
204	WH_204	If you used soap today or yesterday, then why you used soap?  <i>If the respondent answered, washed hand myself or my child then try to know other purpose of use, just probe it don't read out the answer code. (Multiple answers can be coded, Do not read out the answers code, ask "what else" until get right answer.)</i>	1= Washing cloths	1= Yes 2= No	
			2= Washing my body	1= Yes 2= No	
			3= Washing my children	1= Yes 2= No	
			4= Washing child's bottoms	1= Yes 2= No	
			5= Washing my children's hands	1= Yes 2= No	
			6= Washing hands after defecating	1= Yes 2= No	
			7= Washing hands after cleaning child	1= Yes 2= No	
			8= Washing hands before feeding child	1= Yes 2= No	
			9= Washing hands before preparing food	1= Yes 2= No	
			10= Washing hands before eating	1= Yes 2= No	
			11= Others (Specify)_____	1= Yes 2= No	
205	WH_205	What type of toilet used by your family members?  (Ensured after your own observation)	1= Piped sewer system 2= Septic tank 3= Ring slab with water seal 4= Ring slab without water seal 5= Pit latrine with slab 6= Pit latrine without slab 7= Hanging latrine 8= No facility (Bush/open field/river pond side) 99= Others (Specify)_____		If Answer '8', go to WH_207
206	WH_206	Is your toilet shared or a public toilet?  <i>(Ask regardless of location. A <b>shared</b> toilet is a joint asset between a set numbers of household. <b>Public</b> means the number of people sharing is not precisely know...i.e a community toilet)</i>	1= Not shared 2= Shared 3= Communal 4= Don't know		

No.	Variable	Question	Response	Code	Instruction
207	WH_207	Do you go to the toilet wearing shoes?	1= Yes ;          2= No		
208	WH_208	<p>Could you show me where you usually wash your hands?</p> <p><i>(Ask and observe)</i></p>	<p>0= Modern piped facilities in dwelling            1= Inside/near toilet facility            2= Inside/near kitchen/cooking place            3= Elsewhere in yard            4=Inside yard            5= Outside yard            6= No specific place            8= No permission to see</p>		<p>If Answer 6/8, then go to section 3A .</p>
209	WH_209	<p>Is there any soap or detergent or locally used cleansing agent? Circle the answer code after your observation.</p> <p>This item should be either in place or brought by the interviewee within one minute then code “yes”. If the item is not present within one minute check none, even if brought out later then code “5”.</p>	<p>1= Soap            2= Detergent            3= Ash            4= Mud/sand            5= None            99= Other            (Specify)_____</p>		
210	WH_210	<p>Is there water? Circle the answer code after your observation.</p> <p>Interviewer: turn on tap and/or a check container and note if water is present. This item should be either in place or brought by the interviewee within one minute.</p> <p>If the item is not present within one minute check no, even if brought out later.</p>	<p>1= Yes ;          2= No</p>		
211	WH_211	<p>Are there any hand washing materials such as a tap, basin, bucket, sink, or tippy tap? Please circle the answer code based on your observation.</p> <p>This item should be either in place or brought by the interviewee within one minute.</p> <p>If the item is not present within one minute check no, even if brought out later.</p>	<p>1= Yes ;          2= No</p>		



### Section 3A: Household Food Security and Coping Strategies (Last one month)

Now I would like to take a few minutes of your time to ask you about food security in your household. I am going to ask you to think back over the past four weeks and try to remember how often and in what ways your household experienced food insecurity. Please note that whenever I say "household" I mean a group of people who usually share food from the same cooking pots. If you have any questions at any time, please feel free to stop me and ask.

No.	Variable	Question	Response	Code	Instruction
301	FS_301	In the past four weeks, did you ever worry that your family would not have enough food due to lack of resources or money to buy food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
302	FS_302	In the past four weeks, were you or any family members ever not able to eat the kinds of foods you preferred because of a lack of resources or money to buy food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		"Preferred foods" might be things like <i>polao</i> , <i>biriyani</i> , fish, meat, yoghurt, sweets or anything your household prefers to eat.
303	FS_303	In the past four weeks, did you or any household member ever have to eat a limited variety of foods due to lack of resources?(e.g.onion,garlic	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
304	FS_304	In the last 4 weeks did you or any member of your family Had to eat any food that usually did not eat (such as wild/non food/ instead of rice any other food that usually does not eat) ?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
305	FS_305	In the past four weeks, did you or any household member ever have to eat a smaller meal at breakfast, lunch, or dinner than you felt you needed because there was not enough food for your family?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
306	FS_306	In the past four weeks, did you or any other household member ever have to eat fewer than three meals in a day because there were not enough resources or money to purchase food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
307	FS_307	In the past four weeks, did you or any household member ever go to sleep at night hungry because there was not enough money to purchase food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		
308	FS_308	In the past four weeks, did you or any household member ever go to sleep at night hungry because there was not enough money to purchase food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)		



No.	Variable	Question	Response			Code	Instruction
309	FS_309	In the past four weeks, did you or any household member ever go a whole day and night without eating anything because there was not enough money to purchase food?	0= Never 1= Rarely (Once or twice) 2= Sometimes (Three or ten times) 3= Often (More than ten times)				If answer 0 then go to 310.
310	FS_310	Did you (household) have to do the following activities to overcome food shortage during the last 4 weeks??	A. Sale/ Mortgage if assets	1= Yes	2 = No		
			B. Eat low quality food	1= Yes	2 = No		
			C. Eat less items of foods	1= Yes	2 = No		
			D. Stop schooling of HH members	1= Yes	2 = No		
			E. Borrow food	1= Yes	2 = No		
			F. Take loan	1= Yes	2 = No		

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মডিউল ৩: শিশুর (০-৫ বছর) প্রশ্নপত্র

পরিচ্ছেদ ১: সাধারণ তথ্যাবলী

No.	Variable	Question	Response	Code	Instruction
101	CI_101	Child Name (with nick name)	_____		
102	CI_102	Child Date of birth	____/____/20____ DD / MM / YYYY		
103	CI_103	Age of child (Write completed years of age)	A. ____ Year B. ____ Month		
104	CI_104	Sex of the child	1 = Male    2 = Female		
105	CI_105	Completed years of education of Child Mother  <b>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education]. Write down "00" if no formal education.]</b>	____ Years <ul style="list-style-type: none"> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Highersecondary/Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate=18</li> </ul>		
106	CI_106	Main occupation of Child Mother during last 12 month? <b>Instruction:</b> If the respondent involved more than one profession since last 12 months, then consider the main occupation which she spent most of the time and write down the answer code.	1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Unskilled day labor 5 = Skilled day labor 6 = Rickshaw puller/ van/Wheel barrow/Baby taxi/ Boatman 7 = Fisherman 8 = Employer 9 = Professionals 10 = Businessman 11 = Petty businessman 12 = House maid 13 = Zoom farmer 14 = Do not earn 15 = Poultry/dairy farmer 16 = Handicrafts 17 = Spinach vegetable 18 = Fishery 19 = Housewife 20 = Student 77 = Don't know 66 = Age below 06 years 99 = Others(specify below) .....		
107	CI_107	Completed years of education of Child (Child name) Father  <b>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education]. Write down "00" if no formal education.]</b>	____ Years <ul style="list-style-type: none"> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Highersecondary/Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate=18</li> </ul>		



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No.	Variable	Question	Response	Code	Instruction
108	CI_108	Main occupation of Child Father during last 12 month?	1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Unskilled day labor 5 = Skilled day labor 6= Rickshaw puller/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Professionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable 18=Fishery 19 = Housewife 20= Student 77 = Don,t know 66 =Age below 06 years 99 = Others(specify bellow) .....		

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### Section 3: Dietary diversity

No	Variable	Question	Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days, how many days did your child consume the following food items (B)	D
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Now I would like to request describing the food items that you have feed your child(child name) at home and outside of home during the last day of the study (from yesterday morning 6.00 am to today morning 6.00 am) .Please tell me,all types of food, drinks that fed your child (child name) at morning, noon, dinner, or breakfast / light breakfast. Remembering If you fed any of food during the cooking, please tell us including all.

Start the interview like, which food give your child at the morning time .

- What did you feed (child name) in the morning wake up ? Did you feed anything more?
- What did you feed more in the morning? Did you feed anything more?
- What did you feed at noon? Did you feed anything more?
- What did you feed at afternoon? Did you feed anything more?
- What did you feed at evening? Did you feed anything more?
- What did you feed at dinner? Did you feed anything more?

Record first the answer of the questions of column A. collect the answer for column B/C after recording the answer of the questions of A.

		Food Category	Food Type	(A)	(B)	
301	CDD_301 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodles,pasta	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
302	CDD_302 A/B/C	Starchy Staples/ (root,tubers,tissue)	potatoes, sweet potatoes,sagu, eranut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
303	CDD_303 A/B/C	Lentils/Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
304	CDD_304 A/B/C	Legumes and Nuts	Peanut, Pistachios, kazu or any kond of peanut, ciya seeds, til, tisi,sunflower seeds,sweet pumpkin seeds	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
305	CDD_305 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
306	CDD_306 A/B/C	Red/orange/yellow vegetables	Orange sweet potato,pumpkin, carrot or other yellow or orange vegetable	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
307	CDD_307 A/B/C	Red/orange/yellow fruits	Ripe mangoes, papaya, jackfruits other red/yellow or orange fruit	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
308	CDD_308 A/B/C	Vitamin C rich fruits	Guava, Strawberry, Lemon, Orange,grapes, Pineapple,raw mango,amalaki,kueue,tomatos	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
309	CDD_309 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
310	CDD_310 A/B/C	Other vegetables or fruits	peas, asparagas, bit,koci bash, cauliflower,selari,shawsha,brinjal,letus,masrum,mula,jukini	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>
311	CDD_311 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days	<input type="text"/>

No	Variable	Question		Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days, how many days did your child consume the following food items (B)	D
312	CDD_312 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
313	CDD_313 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
314	CDD_314 A/B/C	Flesh	Beef, Pork, Veal, Lamb, Goat, Chicken, Duck or flesh of any other animal	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
315	CDD_315 A/B/C	Small Fish	Small Fish Eaten Whole with Bones (i.e.Kachki, mola, dhela, chapila, batashi, small prawn, dried fish)	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
316	CDD_316 A/B/C	Large fish/sea food	Large Whole Fish and Shell Fish and dried fish	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
317	CDD_317 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
318	CDD_318 A/B/C	Insects and other protein foods	Fish egg, insect, snail	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
319	CDD_319 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, margarine, mayonnaise, palm oil, vegetable oil,	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
320	CDD_320 A/B/C	Savory and fried snacks	Crisps and chips, fried dough or other fried snacks singaru, samarcha	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
321	CDD_321 A/B/C	Sweets	Sugary foods, such as chocolates, candies, cookies/sweet biscuits and cakes, sweet pastries or ice cream, any kind of sweets ,honey ,halua , condensed milk,tiler khaza	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
322	CDD_322 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft drinks, juice, energy drinks,yogurt drinks,chocolate drinks, horlicks,moltova	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
323	CDD_323 A/B/C	Other beverages and foods	Tea or coffee if not sweetened, clear broth, alcohol, Pickles, olives and similar	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L
324	CDD_324 A/B/C	Condiments/spices	Spices, coriander leaves, sausage, garlic, ketchup, lemon juice, mint leaves, drinks, betel leaves, tobacco leaves, jars	1 = Yes 2 = No	<input type="text"/> <input type="text"/> days	L



#### Section 4: Child Morbidity:

I will ask you some questions about your child illness during the last 2 weeks (If information is collected on Wednesday then tell from the last wendsday to privious wendsday to yesterday)

No.	Variable	Question	Response	Code	Instruction
401	CM_401	Was your child (name) sick in the last 2 weeks/ 14 days?	1 = Yes 2 = No		If answer "2" go to 407
<b>Has your child (Name) been suffering from any of the following diseases/conditions from last 2 weeks/14 days?</b>					
402	CM_402A	Fever in the last two weeks( child name)	1 = Yes 2 = No 77= don't know		
	CM_402B	Runny Nose/ Cough in last 2 weeks(child name)	1 = Yes 2 = No 77= don't know		
	CM_402C	Difficulty breathing in the last 2 weeks (child name)	1 = Yes 2 = No 77= don't know		
	CM_402D	Diarrhea in the last 2 weeks (child name) Please use local term of diarrhea if needed.	1 = Yes 2 = No 77= don't know		
403	CM_403	In the last 2 weeks/14 days where did you seek treatment/ advice for any of these mentioned illnesses/diseases?	<b>GOVERNMENT PROVIDERS</b> 1= Govt. Field worker 2= Govt. satellite clinic/ EPI Outreach clinic 3= Govt. Community clinic 4=Govt. Health & Family Welfare Centre 5=Govt. Upazila Health Complex 6= Govt. Maternal & Child Welfare Centre Government 7=Other government Hospital <b>NGO PROVIDERS</b> 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) <b>PRIVATE PROVIDERS</b> 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer 14 = Homeopath 15= from none 99 = Others (Specify) _____		If not suffered by any disease within 14 days then skip this question
404	CM_404	How much amount of food, did you given to child (Name) when he/she was in sick/ill? Given less than usual/as usual amount, more than usual? (including breast milk)	1= Less 2= About same 3= More 4= Nothing to eat 5= Not yet began feeding 77 = Don't know		If no disease with in last 2 weeks, skip this question



No.	Variable	Question		Response		Code	Instruction
405	CM_405	(শিশুর নাম)Amount of drink did you given to child(Name) during diarrhoeal sickness? Given less than usual/as usual amount, more than usual? (including breast milk)		1= Less than usual 2= As usual 3= More than usual 4= Nothing to eat 5= yetn't started feeding 77= Don't know			If no occurred diarrhea then skip this question
406	CM_406	Did you give (child name) the following liquids/drinks during illness in diarrhea (last 14 days)?  (IF ORS packet was given ask to see it and code if the packet contained zinc)		Yes	No		If not diarrhea skip this question
			A.Packet saline (ORS)	1	2		
			B. Home made saline ( Salt molasses / Salt sugar s aline) (লবণ গুড়/ লবণ চিনির স্যালাইন)	1	2		
			C.Rice saline(packet)	1	2		
			D. Rice saline (home made)	1	2		
			E. Zinc syrup/tablet/ORS	1	2		
407	CM_407	Did your child(child name) eat Vitamin 'A' Capsule in the last six month?	1=Yes, National VAC day/ VAC campaign 2=Yes, other sources (specify)_____ 3=No 77= Don't know 88= Not applicable (< 6 month)_____				
408	CM_408	Did your child (name) received any allopathic deworming agents the last six month?	1=Yes, National VAC day/ VAC campaign 2=Yes, other sources (specify)_____ 3=No 77= Don't know 88= Not applicable (< 6 month)_____				
409	CM_409	Was (Child's name) the children suffered from Jaundice in the last six months	1 = Yes 2 = No 77= don't know				
410	CM_410	Is any your child identified (06 to 59 months) as SAM/MAM?	1= Yes (with card) 2= Yes, (without card) 3=No 77= Don't remember 88=Not applicable(< 6 month)				If 'no' or 8 go to next section
411	CM_411	Is any of your child (06 to 59 months) received any treatment who was/were suffering from SAM/MAM?	1 = Yes 2 = No 77= don't know				
412	CM_412	If answer "Yes" Ask from where you received the treatment?	1=SAM corner 2=MBBS doctor 3=CHCP/community clinic 99=Others (specify bellow).....				
413	CM_413	Sickness outcome?	1= Cured 2= Non-recovered 3= The treatment was not completed 4= Others (specify bellow).....				

#### Section 5: Child Anthropometry

No.	Variable	Question	Response(s)	Code	Instructions
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No.	Variable	Question	Response(s)	Code	Instructions
501	CA_501	Start Time Anthropometry	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hour : Minute</div>		Use 24 Hr Format
502	CA_502	Weight Scale ID	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>		
503	CA_5403	Height/length Scale ID	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>		
504	CA_504	Clothing type during weight measurement	1 = Light clothing 2 = Slightly heavy clothing 3 = Heavy clothing		
505	CA_505	Name of measurer			
506	CA_506	Code of Measurer	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>		

No	Variable	Measurement	Measurement 1	Measurement 2	Measurement 3
507	CA_507 A/B/C	Weight(Kg)	A.         .	B.         .	C.         .       If A and B differs more than 0.05 Kg, take 3 <sup>rd</sup> measurement
508	CA_508 A/B/C	Left hand circumference(MUAC) (Cm)	A.         .	B.         .	C.         .       If A and B differs more than 0.5 cm, take 3 <sup>rd</sup> measurement
509	CA_509 A/B/C	Length(Cm)	A.         .	B.         .	C.         .       If A and B differs more than 0.5 cm, take 3 <sup>rd</sup> measurement
510	CA_510	Length/height measured in system	1 = Standing position 2 = Recumbent position		
511	CA_511	Edema	1 = Yes   2 = No   77 = Don't know		
512	CA_512	Is the child co-operative	1 = Cooperative 2 = Non-cooperative 88= Not applicable		
513	CA_513	Interviewers comments about measurement			
514	CA_514	End Time of measurement	:         Hr : Min		Use 24 hr format

## Section 6: Referral

No.	Variable	Question	Responses and code categories	Code	Instructions
601	CA_601	Was the child referred?	1 = Yes    2 = No		If 'No', Skip to next section
602	CA_602 A/B/C /D/E/F	Reason of referral	A.  ____ ____     B.  ____ ____  C.  ____ ____  D.  ____ ____     E.  ____ ____  F.  ____ ____		Multiple reasons possible
<b>Cause of referral code</b> : 1= Weight for height Z score <- 2; 2= Weight for height Z score <- 3; 3= MUAC 12.4-11.5 cm; 4= MUAC <11.5 cm; 99 = Others (Specify) _____					
603	CA_603	Where referred?	1= Upazilla Health Complex 2= District Hospital 3= Medical College Hospital 4= Doctor's private chamber 99 = Others (Specify) _____		

## Section 1: General Information

82

82

[illegible]

No	Variable	Question	Response Options	Code	Instructions/ Skip
			17 =Spinach vegetable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 =Age below 06 years		

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National Nutrition Surveillance (NNS)

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National Nutrition Surveillance (NNS)

No	Variable	Question	Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
			condensed milk,tiler khaza		
222	ABD_22 2 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft drinks, juice, energy drinks,yogurt drinks,chocolate drinks, horlicks,moltova	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days <input type="text"/> times
223	ABD_22 3 A/B/C	Other beverages and foods	Tea or coffee if not sweetened, clear broth, alcohol, Pickles, olives and similar	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days <input type="text"/> times
224	ABD_22 4 A/B/C	Condiments /spices	Spices, coriander leaves, sausage, garlic, ketchup, lemon juice, mint leaves, drinks, betel leaves, tobacco leaves, jars	1 = Yes 2 = No	<input type="text"/> <input type="text"/> <input type="text"/> days <input type="text"/> times



## National Nutrition Surveillance (NNS)

The next, I will ask about the **fruits** and **vegetables** that you usually eat; I have a nutrition card/picture here that shows you some examples of local fruits and vegetables; Each picture represents the size of a serving; To answer these questions, please think of a typical week. (If 1-2 times/month then record it as "00.")

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bṁ^i	m~PK	cÖkœ	DĖi	‡KvW	wb‡'©kbv
<b>g~jt Zvgv‡Ki e'envi</b>					
GLb Avwg Avcbv‡K ZvgvK I ZvgvKRvZ `^te'i (†hgbt a~gcvb, †avuqvwenxb Zvgv‡Ki) e'envi mṁú‡K© wKQz cÖkœ wRÄvmv Kie					
301	ABR_301	Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i> , <i>hookah</i> , <i>cigars</i> or pipes?  <i>Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]</i>	1 = Yes; 2= No If No, go to ABR_304		
302	ABR_302	Do you <u>currently</u> smoke tobacco products <u>daily</u> ?  <i>Instruction: This question is applicable for those respondents who smoke tobacco product daily. Daily means "tobacco smoking is at least one time/day for almost one month or more than that. If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday."</i>	1 = Yes; 2= No		
303	ABR_303	How old were you when you <b>first started</b> smoking?	Age [ ] [ ] years 77 = Don't know		
304	ABR_304	Do you currently use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka? <i>Instruction: Ask respondent to think and answer whether h/she use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. Here, only betel quid, supari and lime will not be considered. It will be considered as smokeless tobacco if respondent use Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. [USE SHOWCARD]</i>	1 = Yes; 2= No  If No, go to ABR_307		
305	ABR_305	Do you <u>currently</u> use <u>smokeless tobacco</u> <u>daily</u> ? <i>Instruction: Daily means "using smokeless tobacco is at least one time/day for almost one month or more than that. If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday."</i>	1 = Yes; 2= No		
306	ABR_306	How old were you when you started smokeless tobacco?	Age [ ] [ ] years 77 = Don't know		
307	ABR_307	Which of your parents or guardians use any form of tobacco?	1= Neither 2= My father or male guardian 3= My mother or female guardian 4= Both 5= I do not know 99= Others (Specify) _____		
<b>Physical activity</b>					



Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

*Do not forget to demonstrate show card to the respondent which will help them to respond.*

**Vigorous intensity activity:** Such kind of physical activity that causes large increases in breathing or heart rate.

Now I would like to know about the 'Vigorous-intensity activities' you perform

'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work.

308	ABR_308	<p>Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve <u>vigorous-intensity activity</u> that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, harvesting paddy, fishing using net, running, football, Kabaddi, Dariabandha, Gollachut etc.] <u>for at least 10 minutes continuously?</u></p> <p><b>Instruction:</b> Ask participant to think about those <u>vigorous-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as vigorous-intensity activities that causes large increase in breathing or heart rate.</u> [USE SHOWCARD]</p>	<p>1 = Yes      2 = No</p> <p>[If 'No', please go to 311]</p>		
309	ABR_309	<p>In a typical week, on how many days do you do <u>vigorous- intensity activities/sports/fitness</u> as part of <u>daily work / professional work/ recreational activities?</u></p> <p><b>Instruction:</b> In a typical week refers to “activities performed by respondent in a typical week”. Valid response range is 1-7 days.</p>	<p>____ Day</p> <p>77 = Don't know</p> <p>[If 'Don't know', please go to ABR_311]</p>		
310	ABR_310	<p>How much time do you spend doing <u>vigorous-intensity activities/sports/fitness</u> at <u>daily work / professional work/recreational activities</u> on a typical day?</p> <p><b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed <u>vigorous-intensity activities as part of professional work/ recreational activities.</u> Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.</p>	<p>_____</p> <p>Minutes</p>		

'Moderate-intensity activity' performed as a part of daily work / professional work



311	ABR_311	Does your <u>daily work / professional work/ spots/fitness/ recreational (leisure) work</u> involve <u>moderate-intensity activity</u> that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, cycling, swimming, volleyball] for at least 10 minutes continuously? <b>Instruction:</b> Ask participant to think about those moderate-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as moderate-intensity activities that causes small increase in breathing or heart rate. [USESHOWCARD]	1 = Yes    2 = No [If 'No', please go to ABR_314]		
312	ABR_312	In a typical week, on how many days do you do <u>moderate- intensity activities</u> as part of your <u>daily work / professional work/sports/fitness or recreational work</u> ? <b>Instruction:</b> In a typical week refers to "activities done by respondent in a typical week". Valid response range is 1-7 days.	____ Day 77 = Don't know [If 'Don't know', please go to ABR_314]		
313	ABR_313	How much time do you spend doing <u>moderate-intensity activities</u> at <u>daily work / professional work/ sports/fitness or recreational work</u> on a typical day? <b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed moderate-intensity activities as part of professional work/recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.	_____ Minutes		
<b>Sedentary behavior</b> The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.					
314	ABR_314	How much time do you usually spend sitting or reclining on a typical day? <b>Instruction:</b> Ask respondent to think about time spent on sitting or reclining at work, office, study, watching television, computer use, at kitchen, during rest. Do not include time spent during sleeping.	_____ Minutes		
315	ABR_315	How much time do you watch television daily?	_____ Minutes		

#### Section 4: Mental Health

No	Variable	Question	Response Options	Code	Instructions
Over the last 2 weeks how often you have faced the following problems?					
401	ABM_401	Less interest or less joy to do something	0=Not at all 1=Some time 2=Most of the time 3= All time		
402	ABM_402	Feeling Upset, depressed, irritable, hopeless	0=Not at all 1=Some time 2=Most of the time 3= All time		
403	ABM_403	Difficulty to sleeping or sleeping too much	0=Not at all 1=Some time		

No	Variable	Question	Response Options	Code	Instructions
Over the last 2 weeks how often you have faced the following problems?					
			2=Most of the time 3= All time		
404	ABM_404	Tired or low strength	0=Not at all 1=Some time 2=Most of the time 3= All time		
405	ABM_405	Loss of appetite,weight loss or eat more	0=Not at all 1=Some time 2=Most of the time 3= All time		
406	ABM_406	Have a bad feeling about self, feel self as a failure, Making myself or my family smaller feel like this	0=Not at all 1=Some time 2=Most of the time 3= All time		
407	ABM_407	Difficulty to concentrate at the time of work at school,read something or watch television	0=Not at all 1=Some time 2=Most of the time 3= All time		
408	ABM_408	Talk so lightly or move around that others might notice or the opposite of this that means more severity or more movement than usual.	0=Not at all 1=Some time 2=Most of the time 3= All time		
409	ABM_409	It is better to die or hit yourself in any way feel like this	0=Not at all 1=Some time 2=Most of the time 3= All time		If "0" go to section 5

## Referral

No	Variable	Question	Response Options	Code	Instructions
410	ABM_410	Was the adolescent referred?	1 = Yes    2 = No		If 'No', Skip to next section
411	ABM_411	Where referred?	1= Upazilla Health Complex 2= District Hospital 3= Medical College Hospital 4= Doctor's private chamber 99 = Others (Specify)		

## Section 5: Anthropometry

No	Variable	Question	Responses and code categories	Code	Instructions
501	ABA_501	Start Time of anthropometry	<div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div> <div>Hr : Min</div>		Use 24 hr format
502	ABA_502	Weight Scale ID	<div> <div></div> <div></div> <div></div> </div>		
503	ABA_503	Height Scale ID	<div> <div></div> <div></div> <div></div> </div>		
504	ABA_504	Clothing type during weight measurement	1 = Light clothing 2 = Slightly heavy clothing 3 = Heavy clothing		
505	ABA_505	Name of measurer			
506	ABA_506	Code of measurer	<div> <div></div> <div></div> <div></div> </div>		
No	Measurement	Measurement 1	Measurement 2	Measurement 3	



No	Variable	Question	Responses and code categories	Code	Instructions
507	ABA_507 A/B/C	Height (Cm)	A. [ ] [ ] [ ] [ ] [ ] [ ] B. [ ] [ ] [ ] [ ] [ ] [ ]	C. [ ] [ ] [ ] [ ] [ ] [ ]	If A and B differs more than 0.5cm, take 3rd measurement
508	ABA_508 A/B/C	Weight (Kg)	A. [ ] [ ] [ ] [ ] [ ] [ ] B. [ ] [ ] [ ] [ ] [ ] [ ]	C. [ ] [ ] [ ] [ ] [ ] [ ]	If A and B differs more than 0.1kg, take 3rd measurement
509	ABA_509A/B/C	Fat%	A. [ ] [ ] [ ] [ ] [ ] [ ] B. [ ] [ ] [ ] [ ] [ ] [ ]		
510	ABA_510A/B/C	Water%	A. [ ] [ ] [ ] [ ] [ ] [ ] B. [ ] [ ] [ ] [ ] [ ] [ ]		
511	ABA_511 A/B/C	Waist circumference (Cm)	A. [ ] [ ] [ ] [ ] [ ] [ ] B. [ ] [ ] [ ] [ ] [ ] [ ]	C. [ ] [ ] [ ] [ ] [ ] [ ]	If A and B differs more than 0.5 cm, take 3rd measurement
512	ABA_512	Comment			
513	ABA_513	End Time of measurement	[ ] [ ] [ ] [ ] [ ] [ ] Hr : Min		Use 24 hr format

#### Module 5: Adolescent Girls Module

##### Section 1: General Information

No	Variable	Question	Response Options	Code	Instructions/Skip
101	AG_101	What's your name?(with nick name)	_____		
102	AG_102	What's your date of birth	[ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] / 20 [ ] [ ] [ ] [ ] DD / MM / YYYY		
103	AG_103	Age of the respondent (Write complete year)	[ ] [ ] [ ] year		
104	AG_104	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated 4 = Divorced 5 = Widowed 88 = Refused		
105	AG_105	Completed years of education the respondent completed  [Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]	[ ] [ ] [ ] Years  <ul style="list-style-type: none"> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Higher secondary/ Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate/kamil/dawra=18</li> </ul>		
106	AG_106	Occupation of the respondent(adolescent name) over the past 12 months If the participant has been	1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Un skild day labor 5 = Skiled day labor		



No	Variable	Question	Response Options	Code	Instructions/Skip
		employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down	6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Profesionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 =Age below 06 years		
107	AG_107	Completed years of education of the mother of the respondent (adolescent girls name)  <i>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]</i>	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>           Years         </div> <ul style="list-style-type: none"> <li>• Primary/Ebtedayee=5</li> <li>• Secondary/Dakhil=10</li> <li>• Higher Secondary/Diploma/Alim=12</li> <li>• Graduate/Fazil=16</li> <li>• Post graduate/kamil/dawra=18</li> </ul>		
108	AG_108	Mother's occupation of the respondent(adolescent name) over the past 12 months If the participant has been employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down	1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Un skild day labor 5 = Skiled day labor 6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Profesionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 =Age below 06 years		

## Section 2: Dietary diversity

82

**Record first the answer of the questions of column A. collect the answer for column B/C after recording the answer of the questions of column A.**

82



## National Nutrition Surveillance (NNS)

No	Variable	Question	Response Options	Code	Instructions/ Skip
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The next questions I will ask about the **fruits** and **vegetables** that you usually eat; I have a nutrition card/picture here that shows you some examples of local fruits and vegetables; Each picture represents the size of a serving; To answer these questions, please think of a typical week. (If 1-2 times/month then record it as "00.")

Section 3: Behavioral risk factor (Smoking/smokeless tobacco physical activity)Version 1.0/ 31 April 2019



**Physical activity**

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

***Instruction:*** Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time for travelling from one place to another and at last time spent during leisure period.

*Do not forget to demonstrate show card to the respondent which will help them to respond.*

*It is needed to let participant remember when answer the following things*

***Vigorous intensity activity:*** Such kind of physical activity that causes large increases in breathing or heart rate.

***Moderate-intensity activity:*** Such kind of physical activity that causes small increases in breathing or heart rate.

Now I would like to know about the 'Vigorous-intensity activities' you perform



'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work.					
308	AGR_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve <u>vigorous-intensity activity</u> that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, harvesting paddy, fishing using net, running, football, Kabaddi, Dariabandha, Gollachut etc.] for at least 10 minutes continuously? <b>Instruction:</b> Ask participant to think about those <u>vigorous-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as vigorous-intensity activities that causes large increase in breathing or heart rate.</u> [USE SHOWCARD]	1 = Yes    2 = No [If 'No', please go to 311]		
309	AGR_309	In a typical week, on how many days do you do <u>vigorous- intensity activities/sports/fitness</u> as part of <u>daily work / professional work/ recreational activities</u> ? <b>Instruction:</b> In a typical week refers to "activities performed by respondent in a typical week". Valid response range is 1-7 days.	____ Day 77 = Don't know [If 'Don't know', please go to ABR_311]		
310	AGR_310	<u>How much time</u> do you spend doing <u>vigorous-intensity activities/sports/fitness</u> at <u>daily work / professional work/recreational activities</u> on a typical day? <b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed <u>vigorous-intensity activities as part of professional work/ recreational activities.</u> Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.	_____ Minutes		
Now I would like to know about the 'Moderate-intensity activity' you perform					
'Moderate-intensity activity' performed as a part of daily work / professional work					
311	AGR_311	Does your <u>daily work / professional work/ spots/fitness/ recreational (leisure) work</u> involve <u>moderate-intensity activity</u> that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, cycling, swimming, volleyball] for at least 10 minutes continuously? <b>Instruction:</b> Ask participant to think about those <u>moderate-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as moderate-intensity activities that causes small increase in breathing or heart rate.</u> [USE SHOWCARD]	1 = Yes    2 = No [If 'No', please go to ABR_314]		
312	AGR_312	In a typical week, on how many days do you do <u>moderate- intensity activities</u> as part of your <u>daily work / professional work/sports/fitness or recreational work</u> ? <b>Instruction:</b> In a typical week refers to "activities done by respondent in a typical week". Valid response range is 1-7 days.	____ Day 77 = Don't know [If 'Don't know', please go to ABR_314]		



**Sedentary behavior** The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.

No	Variable	Question	Response Options	Code	Instructions/ Skip
401	AGM_401	When your menarche started?	<u>    </u> years		Write "00" if not started yet
402	AGM_402	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated; 4 = Divorced 5 = Widowed; 88 = Refused		If answer 1, go to 40
403	AGM_403	How many times you became pregnant in your life? (Including abortion, MR, stillbirth and live birth)?	<u>    </u> Times		If "0" go to section 5
404	AGM_404	Are you pregnant now?	1 = Yes      2=No 8=Unsure		
Menstrual Hygiene (Please ask the following questions if menarche/period started, if not then skip to anthropometry section)					
405	AGM_405	What material do you use during period/menstruation? Did you	1= Sanitary pad 2= Old cloth 3= New Cloth 99= Others(Specify)		

No	Variable	Question	Response Options	Code	Instructions
501	AGH_501	Did You deliver any live birth or stillbirth in the last 24 months?	1=Yes 2=No		If "No" go to section 6
502	AGH_502	Date of delivery of live birth or still birth.	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/20</div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>Day/Month/Year</div>		



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No	Variable	Question	Response Options	Code	Instructions
		Centre 5=Govt. Upazila Health Complex 6= Govt. Maternal & Child Welfare Centre Government 7=Other government Hospital	14 = Homeopath 17=Don't know 99 = Others (Specify)_____		
514	AGH_514	How many months did you consume Calciam tablet when you were pregnant?	_ _ _ Months		
515	AGH_515	How many tablet of Calciam did you consume in a week when you were pregnant?	_ _ _ Tablet		
516	AGH_516	Have any doctor or any other health care provider gave you nutrition related counseling when you were pregant?	1=Yes 2=No		
517	AGH_517	Advice on what matters ? 1 =Take enough food 2 =Enough rest 3 =Category of nutritional food 4 =Rules of iron and Folic acid tabet intake 5 =Rules of Calciam tablet intake			
If stillbirth, need not to ask following questions.					
518	AGH_518	Had your child been measured birth weight within 3 days after birth?	1=Yes 2=No 88=Not applicable		If not applicable go to next section
519	AGH_519	What was your child's birth weight?	_ _ . _ _ _  kg		
520	AGH_520	Afterwards had any doctor or any health care provider took your child's weight?	1=Yes 2=No 88=Not applicable		
521	AGH_521	Do you have any charts for your child's weight for age?	1=Yes 2=No		
522	AGH_522	After your baby is born, Have any doctor or any other health care provider gave you nutrition related counseling?	1=Yes 2=No		
523	AGH_523	Advice on what matters ? 1 =Take enough food 2 =Enough rest 3 =Category of nutritional food 4 =Rules of iron and Folic acid tabet intake 5 =Rules of Calciam tablet intake 6=Exclusive breastfeeding at first 6 months 7=Continue breastfeeding up to 2 years age 8=Rules of supplementary food intake 9=The rules for feeding the child at the time of illness 10=Do not feed the store food			

#### Section6: Mental Health

No	Variable	Question	Response Options	Code	Instructions
Over the last 2 weeks how often you have faced the following problems?					
601	AGM_601	Less interest or less joy to do something	0=Not at all 1=Some time 2=Most of the time 3= All time		
602	AGM_602	Feeling Upset, depressed,irritable,hopeless	0=Not at all 1=Some time 2=Most of the time 3= All time		

## Referral

## Section 7: Anthropometry

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Participant ID:   
National Nutrition Surveillance (NNS)

No	Variable	Question		Responses and code categories		Code	Instructions
707	AGA_707A /B/C	Height (Cm)	A.           	B.           	C.           If A and B differs more than 0.5 cm, take 3rd measurement		
708	AGA_708A /B/C	Weight (kg)	A.           	B.           	C.           If A and B differs more than 0.1kg, take 3rd measurement		
709	AGA_709A /B/C	Fat%	A.           	B.           			
710	AGA_710A /B/C	Water%	A.           	B.           			
711	AGA_711A /B/C	Waist circumfer ence (Cm)	A.           	B.           	C.           If A and B differs more than 0.5 cm, take 3rd measurement		
712	AGA_712	Comment					
713	AGA_713	End Time of measurement	 Hr : Min				Use 24 hr format

## Section 1: General Information

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No	Variable	Question	Response Options	Code	Instructions/Skip
		education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]	<ul style="list-style-type: none"> <li>Post graduate/kamil/dawra=18</li> </ul>		
108	AM_108	<p>Mother's occupation of the respondent over the past 12 months</p> <p>If the participant has been employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down</p>	<p>1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Un skild day labor 5 = Skiled day labor 6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Profesionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 =Age below 06 years</p>		
109	AM_109	<p>Completed years of education of the father of the respondent</p> <p>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]</p>	<p>[ ] [ ] Years</p> <ul style="list-style-type: none"> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Higher/ Secondary/ Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate/kamil/dawra=18</li> </ul>		
110	AM_110	<p>Father's occupation of the respondent over the past 12 months</p> <p>If the participant has been employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down</p>	<p>1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Un skild day labor 5 = Skiled day labor 6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Profesionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable</p>		

## Section 2: Dietary diversity

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	Variable	Question		Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
206	AMD_2 06 A/B/C	Red/orange/yellow vegetables	Orange sweet potato,pumpkin, carrot or other yellow or orange vegetable	1 = Yes 2 = No	_ _    days	_ _    times
207	AMD_2 07 A/B/C	Red/orange/yellow fruits	Ripe mangoes, papaya, jackfruits other red/yellow or orange fruit	1 = Yes 2 = No	_ _    days	_ _    times
208	AMD_2 08 A/B/C	Vitamin C rich fruits	Guava, Strawberry, Lemon, Orange,grapes, Pineapple,raw mango,amalaki,kueue,tomatos	1 = Yes 2 = No	_ _    days	_ _    times
209	AMD_2 09 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	_ _    days	_ _    times
210	AMD_2 10 A/B/C	Other vegetables or fruits	peas, asparagas, bit,koci bash, cauliflower,selari,shawsha,brinjal,letus, masrum,mula,jukini	1 = Yes 2 = No	_ _    days	_ _    times
211	AMD_2 11 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	_ _    days	_ _    times
212	AMD_2 12 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	_ _    days	_ _    times
213	AMD_2 13 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	_ _    days	_ _    times
214	AMD_2 14 A/B/C	Flesh	Beef, Pork, Veal, Lamb, Goat, Chicken, Duck or flesh of any other animal	1 = Yes 2 = No	_ _    days	_ _    times
215	AMD_2 15 A/B/C	Small Fish	Small Fish Eaten Whole with Bones (i.e.Kachki, mola, dhela, chapila, batashi, small prawn, dried fish)	1 = Yes 2 = No	_ _    days	_ _    times
216	AMD_2 16 A/B/C	Large fish/sea food	Large Whole Fish and Shell Fish and dried fish	1 = Yes 2 = No	_ _    days	_ _    times
217	AMD_2 17 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	_ _    days	_ _    times
218	AMD_2	Insects and other	Fish egg, insect, snail	1 = Yes	_ _	_ _

The next questions I will ask about the **fruits** and **vegetables** that you usually eat; I have a nutrition card/picture here that shows you some examples of local fruits and vegetables; Each picture represents the size of a serving; To answer these questions, please think of a typical week. (If 1-2 times/month then record it as "00.")



## National Nutrition Surveillance (NNS)

Section 3: Behavioral risk factor (Smoking/smokeless tobacco physical activity)Page 52 of 82



## National Nutrition Surveillance (NNS)

301	AMR_301	<p>Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i>, <i>hookah</i>, <i>cigars</i> or pipes?</p> <p><i>Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]</i></p>	<p>1 = Yes; 2= No If No, go to ABR_304</p>		
302	AMR_302	<p>Do you <u>currently</u> smoke tobacco products <u>daily</u>?</p> <p><i>Instruction: This question is applicable for those respondents who smoke tobacco product daily. Daily means" tobacco smoking is at least one time/day for almost one month or more than that If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday.</i></p>	<p>1 = Yes; 2= No</p>		
303	AMR_303	<p>How old were you when you <b>first started</b> smoking?</p>	<p>Age <u>    </u> years 77 = Don't know</p>		
304	AMR_304	<p>Do you currently use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka?</p> <p><b>Instruction:</b> Ask respondent to think and answer whether h/she use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. Here, only betel quid, supari and lime will not be considered. It will be considered as smokeless tobacco if respondent use Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. [USE SHOWCARD]</p>	<p>1 = Yes; 2= No If No, go to ABR_307</p>		
305	AMR_305	<p>Do you <u>currently</u> use <u>smokeless tobacco</u> <u>daily</u>?</p> <p><b>Instruction:</b> Daily means "using smokeless tobacco is at least one time/day for almost one month or more than that. If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday.</p>	<p>1 = Yes; 2= No</p>		
306	AMR_306	<p>How old were you when you started smokeless tobacco?</p>	<p>Age <u>    </u> years 77 = Don't know</p>		



No	Variable	Question	Response Options	Code	Instructions/ Skip
307	AMR_307	Which of your parents or guardians use any form of tobacco?	1= Neither 2= My father or male guardian 3= My mother or female guardian 4= Both 5= I do not know 99= Others (Specify) _____		
<b>Physical activity</b>					
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p> <p><b>Instruction:</b> Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time for travelling from one place to another and at last time spent during leisure period.</p> <p>Do not forget to demonstrate show card to the respondent which will help them to respond.</p> <p>It is needed to let participant remember when answer the following things</p> <p><b>Vigorous intensity activity:</b> Such kind of physical activity that causes <u>large increases</u> in breathing or heart rate.</p> <p><b>Moderate-intensity activity:</b> Such kind of physical activity that causes <u>small increases</u> in breathing or heart rate.</p> <p>Now I would like to know about the 'Vigorous-intensity activities' you perform</p> <p>'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work.</p>					
308	AMR_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve <u>vigorous-intensity activity</u> that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, harvesting paddy, fishing using net, running, football, Kabaddi, Dariabandha, Gollachut etc.] <u>for at least 10 minutes continuously?</u> <b>Instruction:</b> Ask participant to think about those <u>vigorous-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as vigorous-intensity activities that causes large increase in breathing or heart rate. [USE SHOWCARD]</u>	1 = Yes    2 = No [If 'No', please go to 311]		
309	AMR_309	In a typical week, on how many days do you do <u>vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational activities?</u> <b>Instruction:</b> In a typical week refers to "activities performed by respondent in a typical week". Valid response range is 1-7 days.	____ Day 77 = Don't know [If 'Don't know', please go to ABR_311]		
310	AMR_310	<u>How much time</u> do you spend doing <u>vigorous-intensity activities/sports/fitness at daily work / professional work/recreational activities</u> on a typical day? <b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed vigorous-intensity activities as part of professional work/ recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.	_____ Minutes		



Now I would like to know about the 'Moderate-intensity activity' you perform					
'Moderate-intensity activity' performed as a part of daily work / professional work					
311	AMR_311	Does your daily work / professional work/ spots/fitness/ recreational (leisure) work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, cycling, swimming, volleyball] for at least 10 minutes continuously? <i>Instruction: Ask participant to think about those moderate-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as moderate-intensity activities that causes small increase in breathing or heart rate. [USESHOWCARD]</i>	1 = Yes    2 = No [If 'No', please go to ABR_314]		
312	AMR_312	In a typical week, on how many days do you do moderate- intensity activities as part of your daily work / professional work/sports/fitness or recreational work? <i>Instruction: In a typical week refers to "activities done by respondent in a typical week". Valid response range is 1-7 days.</i>	____ Day 77 = Don't know [If 'Don't know', please go to ABR_314]		
313	AMR_313	How much time do you spend doing moderate-intensity activities at daily work / professional work/ sports/fitness or recreational work on a typical day? <i>Instruction: Ask respondent to think about a single day (which can be remembered easily) s/he performed moderate-intensity activities as part of professional work/recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.</i>	_____ Minutes		
<b>Sedentary behavior</b> The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.					
314	AMR_314	How much time do you usually spend sitting or reclining on a typical day? <i>Instruction: Ask respondent to think about time spent on sitting or reclining at work, office, study, watching television, computer use, at kitchen, during rest. Do not include time spent during sleeping.</i>	_____ Minutes		
315	AMR_315	How much time do you watch television daily?	_____ Minutes		

#### Section 4: Chronic Disease

No	Variable	Question	Response Options	Code	Instructions/ Skip
401	MCD_401	Has a health care provider ever told you that you have high blood pressure also called hypertension (other than during pregnancy)?	1 = Yes 2 = No		
402	MCD_402	Has a health care provider ever told you that you have heart disease?	1 = Yes 2 = No		
403	MCD_403	Has a health care provider ever told you that you have asthma/bronchitis?	1 = Yes 2 = No		

## Section 5: Blood Pressure

**Referral:**

## Section 6: Anthropometry

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## National Nutrition Surveillance (NNS)

No	Variable	Measurement	Measurement 1	Measurement 2	Measurement 3
607	AMA_607A /B/C	Height (Cm)	A.	B.	C.                 If A and B differs more than 0.5 cm, take 3rd measurement
608	AMA_608A /B/C	Weight (kg)	A.	B.	C.                 If A and B differs more than 0.1kg, take 3rd measurement
609	AMA_609A /B/C	Fat%	A.	B.	
610	AMA_610A /B/C	Water%	A.	B.	
611	AMA_611A /B/C	Waist circumfer ence (Cm)	A.	B.	C.                 If A and B differs more than 0.5 cm, take 3rd measurement
612	AMA_612	Comment			
613	AMA_613	End Time of measurement		 Hr : Min	Use 24 hr format

## Section 1: General Information

No	Variable	Question	Response Options	Code	Instructions/ Skip
101	AW_101	What's your name?(with nick name)	_____		
102	AW_102	What's your date of birth	<div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div>20</div> <div></div> <div></div> </div> <div>DD / MM / YYYY</div>		
103	AW_103	Age of the respondent (Write complete year)	_ _  year		
104	AW_104	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated 4 = Divorced 5 = Widowed 88 = Refused		
105	AW_105	Completed years of education the respondent completed  <b>[Instruction: Write down in total, the years the respondent</b>	<div> _ _  Years</div> <ul style="list-style-type: none"> <li>• Primary/Ebte dayee=5</li> <li>• Secondary/Dakhil=10</li> </ul>		



No	Variable	Question	Response Options	Code	Instructions/Skip
		spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]	<ul style="list-style-type: none"> <li>Higher secondary/ Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate/kamil/dawra=18</li> </ul>		
106	AW_106	<p>Occupation of the respondent over the past 12 months</p> <p>If the participant has been employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down</p>	<p>1 = Agricultural work(paddy)</p> <p>2 = Agricultural work(without paddy)</p> <p>3 = Agricultural day labor</p> <p>4 = Un skild day labor</p> <p>5 = Skiled day labor</p> <p>6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman</p> <p>7=Fisherman</p> <p>8=Employer</p> <p>9=Profesionals</p> <p>10=Businessman</p> <p>11= Petty businessman</p> <p>12= House maid</p> <p>13=Zoom fermar</p> <p>14= Do not earn</p> <p>15=Poultry/dairy fermar</p> <p>16=Handicrafts</p> <p>17 =Spinach vegetable</p> <p>18=Fishery</p> <p>19 = Homemaker</p> <p>20= Student</p> <p>77 = Don,t know</p> <p>66 =Age below 06 years</p>		
107	AW_107	<p>Completed years of education of the mother of the respondent</p> <p><b>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]</b></p>	<p>____ Years</p> <ul style="list-style-type: none"> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Higher Secondary/Diploma/Alim=12</li> <li>Graduate/Fazil=16</li> <li>Post graduate/kamil/dawra=18</li> </ul>		
108	AW_108	<p>Mother's occupation of the respondent over the past 12 months</p> <p>If the participant has been employed more than one occupation in the last 12 months, consider the profession that he has spent most of his time as the main occupation and write it down</p>	<p>1 = Agricultural work(paddy)</p> <p>2 = Agricultural work(without paddy)</p> <p>3 = Agricultural day labor</p> <p>4 = Un skild day labor</p> <p>5 = Skiled day labor</p> <p>6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman</p> <p>7=Fisherman</p> <p>8=Employer</p> <p>9=Profesionals</p> <p>10=Businessman</p> <p>11= Petty businessman</p> <p>12= House maid</p> <p>13=Zoom fermar</p> <p>14= Do not earn</p>		

## Section 2: Dietary diversity

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		Food Category	Examples of foods	A	B	C
201	AWD_2 01 A/B/C	Starchy Staples/ Food made from grains	Rice, flour bread, wheat, muri, maize, kichuri, barli, oot, kinoya, noodles, pasta	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
202	AWD_2 02 A/B/C	White roots and tubers and plantains	potatoes, sweet potatoes, sagu, erarut, cave, shalgam, kuchu, wiggler, ripe banana shaloo	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
203	AWD_2 03 A/B/C	Pulses	Dal/khichuri, peas, moor, soybean, tofu peanuts, humas	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
204	AWD_2 04 A/B/C	Legumes and Nuts	Peanut, Pistachios, kaju or any kind of peanut, ciya seeds, til, tisi, sunflower seeds, sweet pumpkin seeds	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
205	AWD_2 05 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo, kuchu, kalmi) Brooklyn	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
206	AWD_2 06 A/B/C	Red/orange/yellow vegetables	Orange sweet potato, pumpkin, carrot or other yellow or orange vegetable	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
207	AWD_2 07 A/B/C	Red/orange/yellow fruits	Ripe mangoes, papaya, jackfruits other red/yellow or orange fruit	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times
208	AWD_2 08 A/B/C	Vitamin C rich fruits	Guava, Strawberry, Lemon, Orange, grapes, Pineapple, raw mango, amalaki, kueue, tomatoes	1 = Yes 2 = No	<input type="checkbox"/> <input type="checkbox"/>   days	<input type="checkbox"/> <input type="checkbox"/>   times

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## National Nutrition Surveillance (NNS)

Section 3: Behavioral risk factor (Smoking/smokeless tobacco physical activity)Version 1.0/ 31 April 2019



## Physical activity



Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

*Do not forget to demonstrate show card to the respondent which will help them to respond.*

**Vigorous intensity activity:** Such kind of physical activity that causes large increases in breathing or heart rate.

Now I would like to know about the 'Vigorous-intensity activities' you perform

'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work.

308	AWR_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve <u>vigorous-intensity activity</u> that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, harvesting paddy, fishing using net, running, football, Kabaddi, Dariabandha, Gollachut etc.] <u>for at least 10 minutes continuously?</u> <b>Instruction:</b> Ask participant to think about those vigorous-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as vigorous-intensity activities that causes large increase in breathing or heart rate. [USE SHOWCARD]	1 = Yes      2 = No [If 'No', please go to 311]		
309	AWR_309	In a typical week, on how many days do you do <u>vigorous- intensity activities/sports/fitness</u> as part of <u>daily work / professional work/ recreational activities?</u> <b>Instruction:</b> In a typical week refers to "activities performed by respondent in a typical week". Valid response range is 1-7 days.	<u>      </u> Day 77 = Don't know [If 'Don't know', please go to ABR_311]		
310	AWR_310	How much time do you spend doing <u>vigorous-intensity activities/sports/fitness</u> at daily work / professional work/recreational activities on a typical day? <b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed vigorous-intensity activities as part of professional work/ recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.	<u>                        </u> Minutes		

'Moderate-intensity activity' performed as a part of daily work / professional work



311	AWR_311	Does your <u>daily work / professional work/ spots/fitness/ recreational (leisure) work</u> involve <u>moderate-intensity activity</u> that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, cycling, swimming, volleyball] for at least 10 minutes continuously? <i><b>Instruction:</b> Ask participant to think about those moderate-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as moderate-intensity activities that causes small increase in breathing or heart rate. [USESHOWCARD]</i>	1 = Yes    2 = No [If 'No', please go to ABR_314]		
312	AWR_312	In a typical week, on how many days do you do <u>moderate- intensity activities</u> as part of your <u>daily work / professional work/sports/fitness or recreational work</u> ? <i><b>Instruction:</b> In a typical week refers to "activities done by respondent in a typical week". Valid response range is 1-7 days.</i>	<u>    </u> Day 77 = Don't know [If 'Don't know', please go to ABR_314]		
313	AWR_313	How much time do you spend doing <u>moderate-intensity activities</u> at <u>daily work / professional work/ sports/fitness or recreational work</u> on a typical day? <i><b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed moderate-intensity activities as part of professional work/recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.</i>	<u>                    </u> Minutes		
<b>Sedentary behavior</b> The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.					
314	AWR_314	How much time do you usually spend sitting or reclining on a typical day? <i><b>Instruction:</b> Ask respondent to think about time spent on sitting or reclining at work, office, study, watching television, computer use, at kitchen, during rest. Do not include time spent during sleeping.</i>	<u>                    </u> Minutes		
315	AWR_315	How much time do you watch television daily?	<u>                    </u> Minutes		

#### Section 4: Chronic Disease

No	Variable	Question	Response Options	Code	Instructions/ Skip
401	WCD_401	Has a health care provider ever told you that you have high blood pressure also called hypertension (other than during pregnancy)?	1 = Yes 2 = No		
402	WCD_402	Has a health care provider ever told you that you have heart disease?	1 = Yes 2 = No		
403	WCD_403	Has a health care provider ever told you that you have asthma?	1 = Yes 2 = No		
404	WCD_404	Has a health care provider ever told you that you have Kidney Disease?	1 = Yes 2 = No		

No	Variable	Question	Response Options	Code	Instructions/Skip
405	WCD_405	Has a health care provider ever told you that you have Diabetes?	1 = Yes 2 = No		
406	WCD_406	Has a health care provider ever told you that you have stroke?	1 = Yes 2 = No		
407	WCD_407	Has a health care provider ever told you that you have cancer?	1 = Yes 2 = No		
408	WCD_408	Has a health care provider ever told you that you have mental problem?	1 = Yes 2 = No		

## Section 5: Reproductive history, menstruation/Menopause, menstrual hygiene

I would like to ask some questions regarding your reproductive history, menstruation, menopause and menopausal hygiene. This information is collecting for the surveillance purpose and I am ensuring you the confidentiality of your information. Can I ask?

No	Variable	Question	Response Options	Code	Instructions/ Skip
501	AWM_501	When your menarche started?	_ _ _ Years		Write "00" if not started yet
502	AWM_502	What material do you use during period/menstruation?	1= Sanitary pad 2= Old cloth 3= New Cloth 99= Others (Specify)____		
503	AWM_503	How many times you became pregnant in your life? (Including abortion, MR, still birth and live birth)?	_ _ _ Number		If "0" go to 505
504	AWM_504	How many times you delivered live birth in your life	_ _ _ Number		
505	AWM_505	Are you currently in menstruation?	1= Yes      2=No		If "Yes" go to 507
506	AWM_506	What is the reason for your not being menstruation?	1 = I am pregnant 2 = I may become pregnant 3 = <b>menopause</b> 99= others (specify below)____		
507	AWM_507	What is your Last date of menstruation (LMP)	_ _ _ / _ _ _ /20 _   _ _  DD / MM / YY		
508	AWM_508	Year of menopause	_ _ _ Years		

## Section 6 : Health Care

No	Variable	Question	Response Options	Code	Instructions
601	AWH_601	Did You deliver any live birth or stillbirth in the last 24 months ?	1=Yes 2=No		If "No" go to section 6
602	AWH_602	Date of delivery of live birth or still birth.	_ _ _ / _ _ _ /20 _ _ _  Day/Month/Year		
603	AWH_603	Does your child is living now ?	1=Yes 2=No 88=Not applicable		
604	AWH_604	Have you been registered as a pregnant	1=Yes 2=No		



No	Variable	Question	Response Options	Code	Instructions
		woman when you were pregnant?			
605	AWH_605	How many times you took ante natal care (ANC) when you were pregnant?	_ _ Times		
606	AWH_606	From whom you usually took the ANC service when you were pregnant?  (may be multiple answer)	1 =Passed doctor 2 =Nurses/Midwives/Paramedics 3 = FWV 4 = Medical assistant/Sub assistant 5 = NGO health worker 6 = Skilled midwife 7 = Trained conventional midwife 8 = Conventional midwife 77 =Don't know 99 = Others (specify bellow)_____		
607	AWH_607	Have you been measured your weight when you were pregnant?	1=Yes 2=No		
608	AWH_608	Have you eaten Iron and Folic acid tablet when you were pregnant?	1=Yes 2=No		If "No" go to 512
609	AWH_609	From where you got Iron and Folic acid tablet when you were pregnant?  (may be multiple answer)	<b>GOVERNMENT PROVIDERS</b> 1= Govt. Field worker 2= Govt. satellite clinic/ EPI Outreach clinic 3= Govt. Community clinic 4=Govt. Health & Family Welfare Centre 5=Govt. Upazila Health Complex 6= Govt. Maternal & Child Welfare Centre Government 7=Other government Hospital  <b>NGO PROVIDERS</b> 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) <b>PRIVATE PROVIDERS</b> 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer 14 = Homeopath 17=Don't know 99 = Others (Specify)_____		
610	AWH_610	How many months did you consume Iron and Folic acid tablet when you were pregnant?	_ _ Months		
611	AWH_611	How many tablet of Iron and Folic acid did you consume in a week when you were pregnant?	_ _ Tablet		
612	AWH_612	Did you consume calcium tablet when you were pregnant?	1=Yes 2=No		If "No" go to 516
613	AWH_513	From where you got Calcium tablet when you were pregnant?  (may be multiple answer)	<b>GOVERNMENT PROVIDERS</b> 1= Govt. Field worker 2= Govt. satellite clinic/ EPI Outreach clinic 3= Govt. Community clinic 4=Govt. Health & Family Welfare Centre 5=Govt. Upazila Health Complex 6= Govt. Maternal &  <b>NGO PROVIDERS</b> 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) <b>PRIVATE PROVIDERS</b> 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer 14 = Homeopath 17=Don't know 99 = Others		



## National Nutrition Surveillance (NNS)

## Section 7: Blood Pressure

Version 1.0/ 31 April 2019



## National Nutrition Surveillance (NNS)

**Referral:**

## Section 8: Anthropometry

Version 1.0/ 31 April 2019



## National Nutrition Surveillance (NNS)

## Module 8: Elderly Men/Women Module

No	Variable	Question	Response Options	Code	Instructions/Skip
101	EM_101	Name of the respondent(with nick name)	_____		
102	EM_102	Date of birth of the respondent	_ _ _ / _ _ _ /20 _ _ _  DD / MM / YYYY		
103	EM_103	Age in completed years	_ _ _  Years		
104	EM_104	Sex of respondent	1 = Male      2 = Female		
105	EM_105	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated;      4 = Divorced 5 = Widowed;      88 = Refused		
106	EM_106	Completed years of education the respondent completed <b>[Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed years) [Excluding pre-school and informal education). Write down "00" if no formal education.]</b>	_ _ _  Years <ul style="list-style-type: none"> <li>• Primary/Ebtedayee=5</li> <li>• Secondary/Dakhil=10</li> <li>• Higher secondary/Diploma/Alim=12</li> <li>• Graduate/Fazil=16</li> <li>• Post graduate/kamil/dawra=18</li> </ul>		
107	EM_107	Occupation of the respondent over the past 12 months	1 = Agricultural work(paddy) 2 = Agricultural work(without paddy) 3 = Agricultural day labor 4 = Un skild day labor 5 = Skiled day labor 6= Driver of Rickshaw/ van/Wheel barrow/Baby taxi/ Boatman 7=Fisherman 8=Employer 9=Profesionals 10=Businessman 11= Petty businessman 12= House maid 13=Zoom fermar 14= Do not earn 15=Poultry/dairy fermar 16=Handicrafts 17 =Spinach vegetable 18=Fisherv		JICA Q: C8

## Section 2: Dietary diversity

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	Variable	Question		Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
204	EDD_204 A/B/C	Legumes and Nuts	Peanut, Pistachios, kazu or any kond of peanut, ciya seeds, til, tisi,sunflower seeds,sweet pumpkin seeds	1 = Yes 2 = No	_____   days	_____   times
205	EDD_205 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	_____   days	_____   times
206	EDD_206 A/B/C	Red/orange/yellow vegetables	Orange sweet potato,pumpkin, carrot or other yellow or orange vegetable	1 = Yes 2 = No	_____   days	_____   times
207	EDD_207 A/B/C	Red/orange/yellow fruits	Ripe mangoes, papaya, jackfruits other red/yellow or orange fruit	1 = Yes 2 = No	_____   days	_____   times
208	EDD_208 A/B/C	Vitamin C rich fruits	Guava, Strawberry, Lemon, Orange,grapes, Pineapple,raw mango,amalaki,kueue,tomatos	1 = Yes 2 = No	_____   days	_____   times
209	EDD_209 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	_____   days	_____   times
210	EDD_210 A/B/C	Other vegetables or fruits	peas, asparagas, bit,koci bash, cauliflower,selari,shawsha,brinjal,letus, masrum,mula,jukini	1 = Yes 2 = No	_____   days	_____   times
211	EDD_211 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	_____   days	_____   times
212	EDD_212 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	_____   days	_____   times
213	EDD_213 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	_____   days	_____   times
214	EDD_214 A/B/C	Flesh	Beef, Pork, Veal, Lamb, Goat, Chicken, Duck or flesh of any other animal	1 = Yes 2 = No	_____   days	_____   times
215	EDD_215 A/B/C	Small Fish	Small Fish Eaten Whole with Bones (i.e.Kachki, mola, dhela, chapila, batashi, small prawn, dried fish)	1 = Yes 2 = No	_____   days	_____   times
216	EDD_216 A/B/C	Large fish/sea food	Large Whole Fish and Shell Fish and dried fish	1 = Yes 2 = No	_____   days	_____   times
217	EDD_217 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	_____   days	_____   times

	Variable	Question		Yesterday during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
218	EDD_218	Insects and other protein foods	Fish egg, insect, snail	1 = Yes 2 = No	_____   days	_____   times
219	EDD_219 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, margarine, mayonnaise, palm oil, vegetable oil,	1 = Yes 2 = No	_____   days	_____   times
220	EDD_220 A/B/C	Savory and fried snacks	Crisps and chips, fried dough or other fried snacks singaru, samarcha	1 = Yes 2 = No	_____   days	_____   times
221	EDD_221 A/B/C	Sweets	Sugary foods, such as chocolates, candies, cookies/sweet biscuits and cakes, sweet pastries or ice cream, any kind of sweets ,honey ,halua , condensed milk,tiler khaza	1 = Yes 2 = No	_____   days	_____   times
222	EDD_222 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft drinks, juice, energy drinks,yogurt drinks,chocolate drinks, horlicks,moltova	1 = Yes 2 = No	_____   days	_____   times
223	EDD_223 A/B/C	Other beverages and foods	Tea or coffee if not sweetened, clear broth, alcohol, Pickles, olives and similar	1 = Yes 2 = No	_____   days	_____   times
224	EDD_224 A/B/C	Condiments/spices	Spices, coriander leaves, sausage, garlic, ketchup, lemon juice, mint leaves, drinks, betel leaves, tobacco leaves, jars	1 = Yes 2 = No	_____   days	_____   times
No	Variable	Question		Response Options	Code	Instructions/ Skip
<p>The next questions I will ask about the <b>fruits and vegetables</b> that you usually eat; I have a nutrition card/picture here that shows you some examples of local fruits and vegetables; Each picture represents the size of a serving; To answer these questions, please think of a typical week.(If 1-2 times/month then record it as "00.")</p>						
225	EDD_225	<p>In a <u>typical week</u>, on how many <u>days</u> do you <u>eat fruit</u>?</p> <p><b>Instruction:</b> Demonstrate fruit's show card and ask the participant to think about it. Do not consider packaged fruit juice but consider fruit juice prepared at home using fresh fruits. A typical week refers to "A usual week except religious event or any other festival. If 1-2 times/month then record it as "00." [USE SHOWCARD]</p>		<p>Number of days _____ 77 = Don't Know [If '00' days, go to ABD_227]</p>		

Section 3: Behavioral risk factor (Smoking/smokeless tobacco physical activity)Tobacco Use

Now I am going to ask you some questions about tobacco (Smoke tobacco and smokeless tobacco) use.



## National Nutrition Surveillance (NNS)

No	Variable	Question	Response Options	Code	Instructions/ Skip
301	ER_301	Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i> , <i>hookah</i> , cigars or pipes?  <i>Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]</i>	1 = Yes; 2= No If No, go to ABR_304		
302	ER_302	Do you <u>currently</u> smoke tobacco products <u>daily</u> ?  <i>Instruction: This question is applicable for those respondents who smoke tobacco product daily. Daily means" tobacco smoking is at least one time/day for almost one month or more than that</i> <i>If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday.</i>	1 = Yes; 2= No		
303	ER_303	How old were you when you <b>first started</b> smoking?	Age <u>    </u> years 77 = Don't know		
304	ER_304	Do you currently use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka? <b>Instruction:</b> Ask respondent to think and answer whether h/she use any smokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. Here, only betel quid, supari and lime will not be considered. It will be considered as smokeless tobacco if respondent use Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, gutka. [USE SHOWCARD]	1 = Yes; 2= No If No, go to ABR_307		
305	ER_305	Do you <u>currently</u> use <u>smokeless tobacco</u> <u>daily</u> ? <b>Instruction:</b> Daily means "using smokeless tobacco is at least one time/day for almost one month or more than that. <i>If that is the case respondent started somoking from 25 days and still running, that is regarded as everyday.</i>	1 = Yes; 2= No		
306	ER_306	How old were you when you started smokeless tobacco?	Age <u>    </u> years 77 = Don't know		

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Now I would like to know about the 'Moderate-intensity activity' you perform					
'Moderate-intensity activity' performed as a part of daily work / professional work					
311	ER_311	Does your <u>daily work / professional work/ spots/fitness/ recreational (leisure) work</u> involve <u>moderate-intensity activity</u> that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, cycling, swimming, volleyball] for at least 10 minutes continuously? <b>Instruction:</b> Ask participant to think about those moderate-intensity activities performed as a part of professional work/ recreational activities. Those activities will be considered as moderate-intensity activities that causes small increase in breathing or heart rate. [USESHOWCARD]	1 = Yes    2 = No [If 'No', please go to ABR_314]		
312	ER_312	In a typical week, on how many days do you do <u>moderate- intensity activities</u> as part of your <u>daily work / professional work/sports/fitness or recreational work</u> ? <b>Instruction:</b> In a typical week refers to "activities done by respondent in a typical week". Valid response range is 1-7 days.	<u>    </u> Day 77 = Don't know [If 'Don't know', please go to ABR_314]		
313	ER_313	How much time do you spend doing <u>moderate-intensity activities</u> at <u>daily work / professional work/ sports/fitness or recreational work</u> on a typical day? <b>Instruction:</b> Ask respondent to think about a single day (which can be remembered easily) s/he performed moderate-intensity activities as part of professional work/recreational activities. Respondent will consider only those activities that are performed for at least 10 minutes or more continuously. Check unusual (more than 04 hours) values.	<u>                    </u> Minutes		
<b>Sedentary behavior</b> The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.					
314	ER_314	How much time do you usually spend sitting or reclining on a typical day? <b>Instruction:</b> Ask respondent to think about time spent on sitting or reclining at work, office, study, watching television, computer use, at kitchen, during rest. Do not include time spent during sleeping.	<u>                    </u> Minutes		
315	ER_315	How much time do you watch television daily?	<u>                    </u> Minutes		

#### Section 4: Chronic Disease

No	Variable	Question	Response Options	Code	Instructions/ Skip
401	ECD_401	Has a health care provider ever told you that you have high blood pressure also called hypertension (other than during pregnancy)?	1 = Yes 2 = No		
402	ECD_402	Has a health care provider ever told you that you have heart disease?	1 = Yes 2 = No		
403	ECD_403	Has a health care provider ever told you that you have asthma/bronchitis?	1 = Yes 2 = No		



## National Nutrition Surveillance (NNS)

### Section 5: Nutritional Assessment Screening question

Section 6: Quality of Life (QoL)82



## Section 7: Blood Pressure(BP)

Referral:

No.	Variable	Question	Responses and code categories	Code	Instructions/Skip
708	EBP 708	Referral needed?	1 = Yes    2 = No		If 2, go to section 8



National Nutrition Surveillance (NNS)

## Section 8: Anthropometry

## Module 9: Planned Modules

No.	Variable	Question	Responses and code categories		Code	Instructions/Skip
101	PM_101	Modules to be completed	A= Module 2 : Household module	1= Yes 2= No		
			B= Module 3 : Child module	1= Yes 2= No		
			C= Module 4 : Adolescent boys module	1= Yes 2= No		
			D= Module 5 : Adolescents girls module	1= Yes 2= No		
			E= Module 6 : Adult men module	1= Yes 2= No		
			F= Module 7 : Adule women module	1= Yes 2= No		
			G= Module 8 : Elderly person module	1= Yes 2= No		
102	PM_102	Completed modules	A= Module 2 : Household module	1= Yes 2= No		
			B= Module 3 : Child module	1= Yes 2= No		
			C= Module 4 : Adolescent boys module	1= Yes 2= No		
			D= Module 5 : Adolescents girls module	1= Yes 2= No		
			E= Module 6 : Adult men module	1= Yes 2= No		
			F= Module 7 : Adule women module	1= Yes 2= No		
			G= Module 8 : Elderly person module	1= Yes 2= No		
103	PM_103	Revisit needed	1= Yes ;                  2= No			
104	PM_104	Date of revisit	_ _ _ / _ _ _ /20 _ _ _  DD / MM / YYYY			
105	PM_105	Date of interview completion	_ _ _ / _ _ _ /20 _ _ _  DD / MM / YYYY			
106	PM_106	Time of interview completion	_ _ _ : _ _ _  HH : MM			Use 24H format
107	PM_107	Comment of interviewer				

**Thank you for your participation and cooperation**