

# 1.1.1.1.1Questionnaire for the Selection of HH member

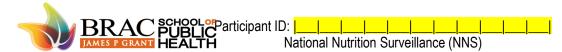
# Section 1: Information about the interview

No.	Variable	Question	Res	sponse	Code	Instruction
101	HS_101	Interviewers Name and ID			N	down your Full ame and Id
102	HS_102	Cluster Name and Code			Filled o	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	<u>   </u>			
113	HS_113	Total member of Household	<u> </u>	_		
	HS_114	HH Head Name				
114	HS_114A	HH head Father/Husband Name(Nick Name)				
104	HS_104A	House name				
104	HS_104B	Village/Para Name				
	HS_115A	How many member of your HH/Family	<u></u>		e the HH member e staying outside ng 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		
115	HS_115CB	Namet		1 = Male 2 = Female		
	HS_115CC	Namet		1 = Male 2 = Female		
	HS_115D	10-19 years Adolecent Boys and Girls	i			
	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		

No.	Variable	Question	Re	sponse	Code	Instruction
				2 = Female		
	HS_115EB	Namet		1 = Male 2 = Female		
	HS_115EC	Namet		1 = Male 2 = Female		
	HS_115F	60 or more than 60 years Male/Female				
	HS_115FA	Namet		1 = Male 2 = Female		
	HS_115FB	Namet		1 = Male 2 = Female		
	HS_115FC	Namet		1 = Male 2 = Female		
116	HS_116	Household Head Contact No			_  _	
117	HS_117	Household Head Contact Alternative No	e			
118	HS_118	Do you need reinterview ?		1 = Yes 2 = No		If No,go to next section
119	HS_119	Cause of reinterview	1 = Absent= Ir 99 =Others (pl	ncomplete Interview lease specify)		

Module-1:General Information

	ule-1:General					
No	Variable	Question	Response	•	Code	Instruction
101	GI_101	Interviewers Name and ID		_		Write down Full Name and Code
102	GI_102	Date of Interview	_ /  /20   Day / Month / Year			Fill out the section from scheduler
103	GI_103	HH Number				
104	GI_104	Information would be taken from Module ?	A= Module 2 : HH Information B= Module 3 : Child Information C= Module 4 : Adolocent Boy D= Module 5 : Adolocent Girl E= Module 6 : Adult Male F= Module 7 : Adult Female G = Module 8: Elderly	1 = Yes 2 = No 1 = Yes 2 = No		
105	GI_105	Interview Start Time	:   Hour : M	_   1inute		Use 24 Hr Formate



# Module 2: Household Head Questionnaire Section:1: General Information and HH Socioeconomic Status(SES)

No.	Variable	Question		desponses and code categories	Code	Instructions/ Skip
101	SE_101	Interviewer's name and ID				your full name and code
102	SE_102	Name of the household head (with nick name)				
103	SE_103	Sex of the household head	1 = Male 2 = Fem			
104	SE_104	Date of birth of household head	_ Day	/   /20    / / month / year		
105	SE_105	Age of household head (full year)		year		
106	SE_106	Total years of institutional education, you have completed? (Write in completed years  Not acceptable below the class one and preschool educations are not accepted.) Instruction:Write down, Total years of institutional education,respondent has completed.If not completed any institutional education,write 00		ot Primary education/ebtedayee=5 secondary/Dakhil=10 Higher  years of ordent ted any  Primary education/ebtedayee=5 Secondary/Dakhil=10 Graduete/Fazil=16  Primary education/ebtedayee=5 Secondary/Dakhil=10 Graduete/Fazil=16		
107	SE_107	What is your main occupation from last 12 month? Instruction: If the respondent involved more than one profession since last 12 months, then consider the main occupation which he spent most of the time and write down the answer code.	2 = A padd 3 = A 4 = U 5 = S 6= R van/V Boati 7=Fis 8=En 10=B 11= I 12= I 15=F 16=H 17 = S 18=F 19 = S 77 = 66 = A	ogricultural day labor Jnskilled day labor Skilled day labor ickshaw puller/ Wheel barrow/Baby taxi/		



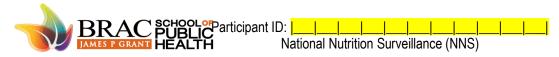
108		Question		Responses and o	code categories	Code	Instructions/ Skip
	SE_108	Amount of Own HH land		_	decimal		
109	SE_109	Amount of own cultivating land			decimal		
110	SE_110	What type of fuel did you usually use for cooking?	1= Electricity 2= LPG 3= Piped Natural gas 4= Kerosene 5= Coal/Lignate 6= Charcoal 7= Wood 8= Straw/grass/agri waste/leaves 9= Animal dung 10 = Bio-gas 99 = Others (Specify)				
	D	o you have livestock or poul			old? If yes,how many yo	u have?	
		Be you have invested an pounty of		A. 1 = Yes 2 = No	B. Number (If Yes)		
	SE_111A	SE_111A   Cow/ Buffalo		1= Yes 2 = No			
	SE_111B	Sheep/Goat/pig		1 = Yes 2 = No			
111	SE_111C	Chickens/ Duck/Geese		1 = Yes 2 = No			
	SE_111D	Small game (rabbits, pigeon etc)		1 = Yes 2 = No			
	SE_111E	Others (Specify)		1 = Yes 2 = No			
		Which of the follow	ving ite	ms are currently activ	e at your household?		
	SE_112A	Electricity		1= Yes	s 2= No		
	SE_112B	Solar Electricity		1= Yes	s 2= No		
	SE_112C	Radio/ Television		1= Yes	s 2= No		
	SE_112D	Telephone/Mobile teleph	hone	1= Yes	s 2= No		
	SE_112E	Electric fan		1= Yes	s 2= No		
	SE_112F	Bedstead		1= Yes			
	SE_112G	Almirah/wardrobe		1= Yes			
	SE_112H	Refrigerator		1= Yes			
	SE_112I	Table/chair		1= Yes	s 2= No		
	SE_112J	Watch/ wall clock		1= Yes	s 2= No		
	SE_112K	Bicycle		1= Yes			
112	SE_112L	Motorcycle / motor scooter/tempu		1= Yes			
	SE_112M	Animal powered cars		1= Yes	s 2= No		
	SE_112N	Car/truck		1= Yes			
	SE_1120	Boat		1= Yes			
	SE_112P	Ingine powered boats?		1= Yes			
	SE_112Q	Rickshaw/ van		1= Yes			
	SE_112R	Power tiler		1= Yes			
	SE_112S	Water pump		1= Yes			
	SE_112T	Plow		1= Yes			
	SE_112U	IPS/generator ?		1= Yes			
	SE_112V	Net for fishing		1= Yes			

No.	Variable	Question		Respor	nses 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)	Natural walls 1= No walls 2= Cane/ Palm/ Trunk 3= Dirt  Rudimentary walls 4= Bamboo with mud 5= Stone with mud 6= Playwood 7 = Cardboard/polythene		<b>alls</b> mud ud	Finished walls 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)	Natura 1= No 2= Tha Rudim 3= Bar 4= Wo	Natural Roofing 1= No roof 2= Thatch/ Palm leaf Rudimentary roofing 3= Bamboo/Mud 4= Wood Planks 5 = Cardboard/ Finished ro 6= Tin 7= Wood 8= Ceramic 9=Bricks/ Ce 10=Wooden 4= Wood Planks 99 = Other (Specify)		7= Wood 8= Ceramic Tiles 9=Bricks/ Cement 10=Wooden blade		
115	SE_115	What is the main construction material used for the floor of respondent's house?  (Record based on your own observation)	Natura 1= Ear Rudim Floor 2= Wo	Natural Floor Finished Floor  1= Earth/Sand 4= Ceramic Tiles				
116	SE_116	How many living rooms household have (Includ room)						
117	SE_117	At present, any membe your household has be taking any advantage fi the specified governme program? ((May be multiple answ coded "food for work"th justify,is it running government program?)	en rom ent vers,if ien	4 = Elderli 5 = V.G.D 6 = Widow 7 = 100 d work,curr 8 = V.G.F	y for eduction fighte by allowand vallowand lays programal service t know	r allowance ce ce ram(money for am) e program		
118	SE_118	Religion Instruction: Write down the religion respondant	s of	1 = Islam 3 = Chris 99 = Othe	tian	2= Hindu 4 = Buddhist		
119	SE_119	What is your ethnicity?			_			
=Khum	ni; <mark>11 =Lusai</mark> ; 12 iyav; 21 =Mong	=Marma; 3 =Tripurav; 4 = N 2 =Koch; 13 =Saowtal; 14 = s; 22 =Oraow; 23 =Bormo	=Daluy; 1	15 =Lusai;	16 =Rakl	nain; 17 =Monipuri; 18 =0	Garow; 19	=Hajong; 20
120	SE_120	Did you receive money anyone during last 6 m who are not in your HH	onth			1 = No 2 = Yes = Dont Know		If answer No then go to 122

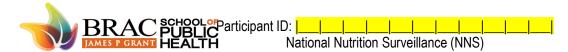
No.	Variable	Question	Responses and code categories	Code	Instructions/ Skip
		are from abroad or othe	r area)		
121	SE_121	On average, How much amount you have received per month? (Considering last 6 month)	        Taka		
122	SE_122	What is your average monthly household income ?	Taka 88 = Disagreed		

Section 2: Household water, sanitation and Hygiene

		ehold water, sanitation a	and mygiche	D		Ondo	Instructio
No.	Variable	Question		Response		Code	n
201	WH_201	What is the main source of drinking water of your household?	Piped Water 1= Piped to dwelling 2= Piped to yard/plo 3= Public tap  Tube Well or Borehole 4= Shared 5 = Household	er (Pond/ awar/ irrigation er ed pecify)			
202	WH_202	Do you have any soap i	n 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.
			1= Washing cloths		1= Yes 2= No		•
		If you used soap	2= Washing my bod	у	1= Yes 2= No		
		today or yesterday,then why	3= Washing my child	1= Yes 2= No			
		you used soap?  4= Washing child's bottoms					
		If the respondent	5= Washing my child	2= No 1= Yes			
		answered, washed hand myself or my	,	2= No			
204	WH_204	child then try to know	6= Washing hands a	after defecating	1= Yes 2= No		
		other purpose of use, just probe it don't read	7= Washing hands a	1= Yes 2= No			
		out the answer code. (Multiple answers can be coded, Do not read	8= Washing hands b	efore feeding child	1= Yes 2= No		
		out the answers code,	9= Washing hands b	pefore preparing	1= Yes 2= No		
		ask "what else" until get right answer.)	10= Washing hands	before eating	1= Yes		
		,	11= Others (Specify	)	2= No 1= Yes		
			, , , ,		2= No		
205	WH_205	What type of toilet used by your family members?  (Ensured after your own observation)	1= Piped sewer syst 2= Septic tank 3= Ring slab with wa 4= Ring slab without 5= Pit latrine with sla 6= Pit latrine without 7= Hanging latrine 8= No facility (Bush/ 99= Others (Specify		If Answer '8' ,go to WH_207		
206	WH_206	(Ask regardless of locate joint asset between a see household.  Public means the number not precisely knowi.e.	ion. A <b>shared</b> toilet is a 2= Shared 3= Communal 4= Don't know				



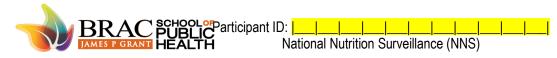
No.	Variable	Question	Re	sponse		Code	Instructio n
207	WH_207	Do you go to the toilet wea	aring shoes?	1= Yes ;	2= No		
208	WH_208	Could you show me where you usually wash your hands?  (Ask and observe)	0= Modern piped for 1= Inside/near toile 2= Inside/near kitch 3= Elsewhere in ya 4=Inside yard 5= Outside yard 6= No specific place 8= No permission to	t facility nen/cooking place rd			If Answer 6/8,then go to section 3A
209	WH_209	Is there any soap or deter cleansing agent? Circle th your observation.  This item should be either the interviewee within one If the item is not present whome, even if brought out	in place or brought by a minute then code "yes".	1= Soap 2= Detergent 3= Ash 4= Mud/sand 5= None 99= Other (Specify)	_		
210	WH_210	Is there water? Circle the observation. Interviewer: turn on tap ar and note if water is preser either in place or brought one minute. If the item is not present woo, even if brought out later	answer code after your nd/or a check container nt. This item should be by the interviewee within within one minute check	1= Yes ;	2= No		
211	WH_211	Are there any hand washing tap, basin, bucket, sink, on the answer code based or This item should be either the interviewee within one on the item is not present who, even if brought out later	r tippy tap? Please circle n your observation. in place or brought by minute. vithin one minute check	1= Yes ;	2= No		



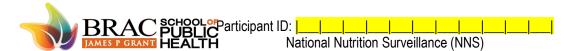
# Section 3A: Household Food Security and Coping Strategies (Last one month)

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 polao, biriyani, 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)		

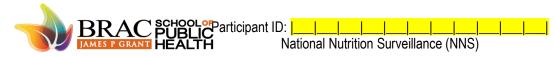


No.	Variable	Questio	n	Re	Response			Instruction
309	FS_309	In the past four weeks any household memb whole day and night v eating anything becau was not enough mone purchase food?	per ever go a without use there	ever go a 0= Never out 1= Rarely (Once there 2= Sometimes (				If answer 0 then go to 310.
		Did you (household)		tgage if assets	1= Yes	2 = No		
		have to do the	B. Eat low quality food		1= Yes	2 = No		
240	F0 240	following activities to overcome food shortage during the	ollowing activities to C. Eat less it		1= Yes	2 = No		
310	FS_310		D. Stop scho members	ooling of HH	1= Yes	2 = No		
		last 4 weeks??	E. Borrow fo	od	1= Yes	2 = No		
			F. Take loar	1	1= Yes	2 = No		

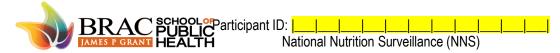


Section 4: Household consumption of cooking oil and Salt

No.	Variable	old consumption of coo Question	king on and		oonse	Code	Instruction
401	OS_401	What type of cooking oil you use in your househo	do do ld?	Supper/Palm 4= Coconut 5=Sunflower oil6=canola oil 7= Rice brand oil 99= Others (Specify)			
402	OS_402	Which kind of cooking oil you buy?	did 2= 3=	1= Brand oil			If "2" go to 406
402	OS_402A	Which brand of cooking of you buy for household cooking?	2= 3=	1= Teer 2= Fresh 3= Rupchanda 99= Others (Specify)			
403	OS_403	Which brand you used for Is it Vitamin A" fortified?	r cooking, 1 = Yes 2= No 77 =Don't know				Please check for the labeling on HH oil container
404	OS_404	Which brand you used for cooking, Is it Vitamin D"		1 = Yes 77 =	2= No Don't know		Please check for the labeling on HH oil container
405	OS_405	Which brand you used fo cooking,Is it Vitamin E" f		1 = Yes 77 =	2= No Don't know		Please check for the labeling on HH oil container
406	OS_406	Cooking oil sample colle	cted	1 = Yes 77 =	2= No Don't know		If answer 2 then go to 408
407	OS_407	Sample label/ID					
		What type of salt used in your	Open salt		1 = Yes 2= No		If answer for
408	OS_408 A/B/C	household? (Read the following type and answer Yes	Packing sabrand)	alt (Without	1 = Yes 2= No		Open salt is 'No' then go to
		or No Code)	Packing s	alt (Brand)	1 = Yes 2= No		410
409	OS_409	Which brand used in your household.	1 =Molla Salt 2 =ACI 3 =Brac Salt 4 =Tir Salt 5= Fresh Salt 6=Confidence 99=Others(specify				
410	OS_410	How much salt required household for food and for			_    gm		



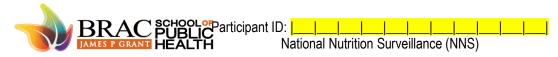
No.	Variable	Question	Response	Code	Instruction
411	OS_411	We want to test your household salt for iodine presence status. Can I get some salt from you which you used for your household food last night[To see the result after test then circle code]	1 = No Iodine presence(0 ppm) 2 = less than 15 PPM 3 = 15 or more 4 = less than 25 ppm 5 = less than 50 6 = less than 75ppm 7 = 100 or more Zvi †ekx 8 = Not testified		



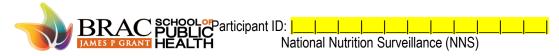
# মডিউল ৩: শিশুর (০-৫ বছর) প্রশ্নপত্র

#### পরিচ্ছেদ ১ঃসাধারণ তথ্যাবলী

No.	Variabl e	Question	Response	Code	Instr uctio n
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.		
104	CI_104	Sex of the child	1 = Male 2= Female		
105	CI_105	Completed years of education of Ch Mother  [Instruction: Write down in total, th the respondent spent in school for for education (Is completed years) [Exc pre-school and informal education). down "00" if no formal education.]	<ul> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Highersecondary/Diploma/Alim</li> <li>=12</li> </ul>		
106	CI_106	Main occupation of Child Mother during last 12 month? Instruction: If the respondent involved more that one profession since last 12 months then consider the main occupation which she spent most of the time art write down the answer code.	12= House maid 13=Zoom fermar		
107	CI_107	Completed years of education of Ch (Child name) Father [Instruction: Write down in total, th years the respondent spent in school formal education (Is completed year [Excluding pre-school and informal education). Write down "00" if no for education.]	Primary/Ebtedayee=5 Secondary/Dakhil=10 Highersecondary/Diploma/Alim= 12 Graduate/Fazil=16		

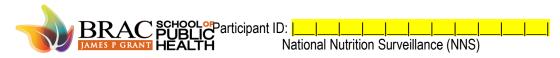


No.	Variabl e	Questi	on	Response	Code	Instr uctio n
108	CI_108	Main occupation of Child Father during last 12 month?	3 = Agricultura 4 = Unskilled of 5 = Skilled day	al work(without paddy) al day labor day labor day labor v labor puller/ van/Wheel barrow/Baby taxi/ Boatman  ls nan nessman nid nar arn ry fermar s egitable e		



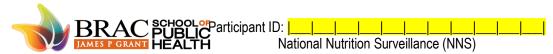
# Section 2: Infant and Young Child Feeding

No.	Variable		Question			Response		Code	Instruction
201	IF_201	Mention Child Age	group?			nonths months er 24 months	<b>3</b>		If answer"3" go to section 3
202	IF_202	Have you ever bre	astfed your child?		1= Yes	2= No			
203	IF_203	to your infant,?  If respondent repo infant immediately 'Immediately'. ANI If less than 1 hour, RECORD "00" hou	h, When you gave breastmil  rts she gave brestmilk to the after birth, circle "0" For 0 RECORD "00" circle "1" for hours AND urs.lf less than 24 hours, rd number of completed	0 = lmm 1 =   2=	nediately Or   Ho Or _  Or				
		hours, from 01 to 2 record number of o	23.Otherwise, circle '2" and completed days.		1= Yes				
204	IF_204	Did you give colos	trums to your baby?		2 = No	n't know			
205	IF_205	Did you give any formouth before the f	od or drink into (name's) est breastmilk?		1= Yes 2 = No 77= Doi	n't know			
206	IF_206	mouth within 6 mo	oid you give any food or drink into (name's) nouth within 6 months after birth? Excluding breastfeeding)		8 :	1 = Yes 2 = No = Don't knov	N		If answer "2" go to 208
				A	.1=Yes,2=	=No		umber if Yes'	A 1=Yes 2=No
	IF_207A		Breastmilk		1 = Yes	2 = No		_	2
	IF_207B		Only water		1 = Yes	2 = No			
	IF_207C		Sugar water		1 = Yes	2 = No		_	
	IF_207D		Infant formula (ie. Serelac,lactogen)		1 = Yes	2 = No		_	
	IF_207E	Did your child (Name) take any	Tinted, powder or fresh animal milk(cow, goat, Sheep, Buffalo)		1 = Yes	2 = No	<u> </u>	_	
	IF_207F	of the following food/drinks yesterday during	Juice , Juice drink, green coconut		1 = Yes	2 = No			
	IF_207G	the day and	Yogurt		1 = Yes	2 = No		_	
	IF_207H	night?	ORS		1 = Yes	2 = No			
	IF_207I		Thin soup		1 = Yes	2 = No			
	IF_207J		ORS Thin sugary		1 = Yes	2 = No		_	
	IF_207K		Vitamin/drop of medicine/syrup		1 = Yes	2 = No			
208	IF_208		e day or night did child ning from a bottle with a			Yes 2 = 77= Don't kr			



No.	Variable	Question		Response	Code	Instruction
209	IF_209	During the last one month, did you hear/see/read any message/inform Child breast-feeding or supplemen	ation about	1 = Yes 2 = No 77= Don't know		
210	IF_210	If yes, where did you hear/see/read the message?	6 =Poster/lifle 7 =Neighbour 99 =Others(sp	phone alth worker/nurse t/bilboard pecify bellow)		
	When did ye	ou start to give the following foods/di	rinks to your (<	24 month) baby(if < 1 month	/0-29 days	; code 0)
	IF_211A	Water				
	IF_211B	tea, fruit juice etc)				
	IF_211C	Cow/goat/buffalo milk				
	IF_211D	Suji, smashed rice				
	Semi solid foods (smashed rice, hochpoch, smashed potato, ripe banana, smashed family foods etc)					
	IF_211F	etc)				
211	IF_211G					
	IF_211H	Meat (chicken, beef, mutton etc)				
	IF_211I	Egg				
	IF_211J	Pluses (lentil, peas, peas daletc)		_		
	IF_211K	Green leafy vegetables				
	IF_211L	Snacks (chanachur, Chips, biscuit,	nuts etc)			
	IF_211M	Monimix, Micronutrient powder				
	After 5 mor	/ithin 30 days (in 0 month); 1= After oth; 6= After 6 month; 7= After 7 mor onth; 12 = After 12 month; 13 = Yetn'	nth; 8 = After 8	month; 9 = After 9 month; 10		
212	IF_212	Yesterday, during the day or night, did your child (name) eat solid, ser foods other than liquids at home or (exclude liquids)?	ni-solid, or soft			
213	IF_213	Yesterday, did your child (name) containing iron drops or tablets (incoprinkles/monimix)?		1 = Yes 2 = No 77 = Don't know		
214	IF_214	From the last 7 days, did your child (name) consume any food with added any nutrient powder (sprinkles/Monimix)?  1 = Yes 2 = No 77 = Don't know				
215	IF_215	Did (name) you ever fed your child which you added a nutrient powder kles/Monimix)?				If answer "2" go to section 3
216	IF_216	If yes, then how long times? Please	e specify	w`b		If 201Answer 1,then go to section 4

Section 3: Dietary diversity



No	Yesterday during the day or night, did your child consume the following food items? (A)	Variable	ariable Question during the day or night, did your child consume the following food food the follow food its	7 ow ays ur ne	D d m
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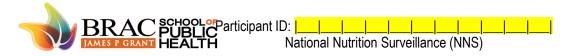
Now I would like to requst describing the food items that you have feed your child(child name) at home and outside of home during the last day of from yesterday morning 6.00 am to today morning 6.00 am). Please tell me, all types of food, drinks that fed your child (child name) at morning, not dinner, 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 .

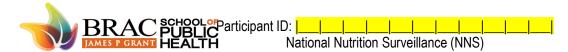
- -What did you feed (child name) in the morning wake up ? Did you feed anything more?
- -What did you feed more in the morning? Did you feed anything more?
- -What did you feed at noon? Did you feed anything more?
- -What did you feed at afternoon? Did you feed anything more?
- -What did you feed at 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	 days	_
302	CDD_302 A/B/C	Starchy Staples/ (root,tubers,tissue)	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	 days	L
303	CDD_303 A/B/C	Lentils/Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	days	
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	days	L
305	CDD_305 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	   days	
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	_  days	<u> </u>
307	CDD_307 A/B/C	Red/orange/yellow fruits	Ripe mangoes, papaya, jackfruits other red/yellow or orange fruit	1 = Yes 2 = No	ll_days	
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	days	
309	CDD_309 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	days	
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	days	
311	CDD_311 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	 days	_



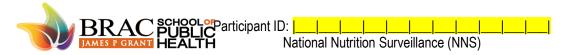
No	Variable		Question			d m: c
312	CDD_312 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	ll days	L
313	CDD_313 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	ll days	
314	CDD_314 A/B/C	Flesh	Beef, Pork, Veal, Lamb, Goat, Chicken, Duck or flesh of any other animal	1 = Yes 2 = No	ll days	
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	days	_
316	CDD_316 A/B/C	Large fish/sea food	Large Whole Fish and Shell Fish and dried fish	1 = Yes 2 = No	ll days	I_
317	CDD_317 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	ll days	L
318	CDD_318 A/B/C	Insects and other protein foods	Fish egg, insect, snail	1 = Yes 2 = No	   days	I_
319	CDD_319 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, margarine, mayonnaise, palm oil, vegetable oil,	1 = Yes 2 = No	ll days	
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	ll 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	 days	_
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	ll days	<u> </u>
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	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	 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)

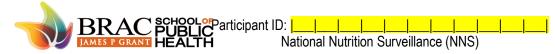
No.	Variable	Quest	ion		Response	C	Code	Instruction
401	CM_401	Was your child (name) s weeks/ 14 days?	sick in the last 2		1 = Yes 2 = No			If answer "2" go to 407
Has	your child (N	ame) been suffering fro	m any of the fo	ollowing dise	eases/conditions fron	n last 2	weeks	/14 days?
	CM_402A	Fever in the last two we	eeks( child nam	e)	1 = Yes 2 = No 77= don't know			
	CM_402B	Runny Nose/ Cough in	last 2 weeks(ch	nild name)	1 = Yes 2 = No 77= don't know			
402	CM_402C	Difficulty breathing in the name)	the last 2 weeks (child 1 = Yes 2 = No 77= don't know					
	CM_402D	Diarrhea in the last 2 w Please use local term of						
403	CM_403	In the last 2 weeks/14 days where did you seek treatment/ advice for any of these mentioned illnesses/diseases?	GOVERNME  1= Govt. Field  2= Govt. sate  3= Govt. Com  4=Govt. Heali  5=Govt. Upaz  6= Govt. Mate Government  7=Other gove  NGO PROVII  8= NGO heali  9=NGO Field  10= Commun  PRIVATE PR  11 = Private of 12 = Pharmace 13 = Tradition 14 = Homeop 15= from non 99 = Others (6)	d worker Illite clinic/ EF Inmunity clinic th & Family V Illia Health Co Inmunity Clinic th & Family V Illia Health Co Inmunity Clinic Inmunit		ai wit th	ot suffered by ny disease hin 14 days en skip this question	
404	CM_404	How much amount of for given to child (Name) was in sick/ill? Given less than usual amount, more that (including breast milk)	ood, did you when he/she al/as usuall 1= Less 2= About same				we	no disease ith in last 2 eks,skip this question



No.	Variable	Question	1			Respons	ie .	1	Code	Instruction		
405	CM_405	given to child(Name) duri diarrhoeal sickness? Given less than usual/as	ng 2= As usuall 3= More than usuall usuall 4= Nothing to eat				given to child(Name) during diarrhoeal sickness?  Given less than usual/as usuall amount, more than usual?  2= As usuall 3= More than usuall 4= Nothing to eat 5= yetn't started feeding					
406	CM_406	Did you give (child name) the following liquids/drinks during illness in diarrhea (last 14 days?	A.Packet saline (ORS) B. Home made saline ( Salt molasses / Salt sugar s aline) (লবণ গুড়/ লবণ চিনির স্যালাইন) C.Rice saline(packet) D. Rice saline (home made) E. Zinc syrup/tablet/ORS		ne ( t sugar	Yes 1	No 2 2		If no			
		(IF ORS packet was given ask to see it and code if the packet contained zinc)			1 1	2 2 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)									
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 = 77= don'i							
410	CM_410	Is any your child identified (06 to 59 months) as SAM/MAM?	3=No 77= Don'	without ca t rememb	•	)				o' or 8 go to ext 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?		ecovered eatment v	vas not con							

**Section 5: Child Anthropometry** 

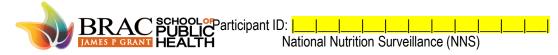
	No.	Variable	Question	Response(s)	Code	Instructions
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No.	Variable	Question	n	Resp	onse(s)	Code	Instructions
501	CA_501	Start Time Anthropo	ometry	_ Hour	:   : Minute		Use 24 Hr Format
502	CA_502	Weight Scale ID		<u> </u>			
503	CA_5403	Height/length Scale	: ID				
504	CA_504	Clothing type during measurement	g weight	2 = Slightly he	1 = Light clothing 2 = Slightly heavy clothing 3 = Heavy clothing		
505	CA_505	Name of measurer		•	•		
506	CA_506	Code of Measurer			_		
No	Variable	Measurement	Measu	rement 1	Measureme	nt 2	Measurement 3
507	CA_507 A/B/C	Weight(Kg)	A.  _	.	B.	C.	
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 measure	ed in system	1 = Standing	g position ent position		cm, take 5" measurement
511	CA_511	Edema			2 = No 77 =		
512	CA_512	Is the child co-operativ	е	1 = Coopera 2 = Non-coo 88= Not app	perative		
513	CA_513	Interviewers comments measurement	about				
514	CA_514	End Time of measuren	nent		_  :   Hr : Min		Use 24 hr format

#### Section 6: Referral

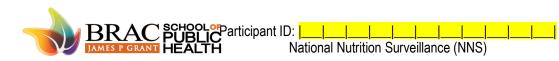
No.	Variable	Question	Responses and code categories	Code	Instructions
601	CA_601	Was the child referred?	1 = Yes 2 = No		If 'No', Skip to next section
602	CA_602 A/B/C /D/E/F	Reason of referral	A.    B.   C.  D.   E.		Multiple reasons possible
			core <- 2; 2= Weight for height Z score <- 3; 3=	MUAC 12	2.4-11.5 cm; 4=
MUAC <	11.5 cm; 99 =	Others (Specify)	<u> </u>		
603	CA_603	Where referred?	1= Upazilla Health Complex 2= District Hospital 3= Medical College Hospital 4= Doctor's private chamber 99 = Others (Specify)		



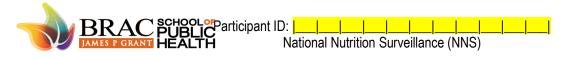
# Module 4: Adolescent Boys Module

# Section 1: General Information

No	Variable	Question	Response Options	Code	Instructions/ Skip
101	AB_101	What's your name?(with nick name)			
102	AB_102	What's your date of birth	/   /20    DD / MM / YYYY		
103	AB_103	Age of the respondent (Write complete year)	year		
104	AB_104	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated 4 = Divorced 5 = Widowed 88 = Refused		
105	AB_105	Completed years of education of respondent [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  Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher secondary/ Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		
106	AB_106	Main Occupation of the respondent(adolescent name) over the last 12 months Instruction: 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 = 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 vegitable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 = Age below 06 years		
107	AB_107	Completed years of education of the respondent mother <b>Instruction:</b> If the respondent involved more than one profession since last 12 months, then consider the main	Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher Secondary/Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		



No	Variable	Question	Response Options	Code	Instructions/ Skip
		occupation which she spent most of the time and write down the answer code			
108	AB_108	Respondent(adolescent name) Mother main occupation over the last 12 months? Instruction :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 vegitable 18 = Fishery 19 = Homemaker 20 = Student 77 = Don,t know 66 = Age below 06 years		
109	AB_109	Completed years of education of the father of the respondent [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.]	Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher/ Secondary/ Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		
110	AB_110	Father's occupation of the respondent over the past 12 months Instruction: 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		



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

Section 2: Dietary diversity of adolescent boys

		any anteresty or aderestees no pe			
N o	Variabl e	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 consum e the followin g food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)

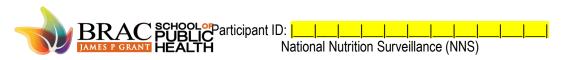
Now I would like to requst describing the food items that you ate at home and outside of home during the last day or night( from yesterday morning 6.00 am to today morning 6.00 am). Please tell me, all types of food, drinks that ate you at morning, noon and dinner, or breakfast / light breakfast. Remembering If you ate any of food during the cooking, please tell us including all.

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

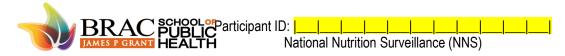
- -What did you eat in the morning wake up? Did you eat anything more?
- -What did you eat more in the morning? Did you eat anything more?
- -What did you eat at noon? Did you eat anything more?
- -What did you eat at afternoon? Did you eat anything more?
- -What did you eat at evening? Did you eat anything more?
- -What did you eat at dinner? Did you eat 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 column A.

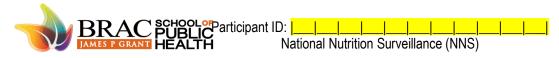
o q		00101111171				
		Lvevi aiY	Lvevi bgybv			
201	ABD_20 1 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodl es,pasta	1 = Yes 2 = No	 days	 times
202	ABD_20 2 A/B/C	Starchy Staples/ (root,tubers, tissue)	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle, ripe banana shaloo	1 = Yes 2 = No	 days	 times
203	ABD_20 3 A/B/C	Lentils/Puls es	Dal/khicuri,peas,motor,soybean,tof u peanuts, humas	1 = Yes 2 = No	 days	l   times
204	ABD_20 4 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	lll times
205	ABD_20 5 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	_  days	l   times
206	ABD_20 6 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	ABD_20 7 A/B/C	Red/orange/ yellow fruits		1 = Yes 2 = No	ll_days	l  times



N o	Variabl e		Question	or night, di consume tl	uring the day d your child he following ems? (A)	During the last 07 days how many days did your child consum e the followin g food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
208	ABD_20 8 A/B/C	Vitamin C rich fruits	Guava, Strawberry, Lemon, Orange,grapes, Pineapple,raw mango,amalaki,kueue,tomatos	1 = ` 2 =		 days	l  times
209	ABD_20 9 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = ` 2 =		_  days	l  times
210	ABD_21 0 A/B/C	Other vegetables or fruits	peas, asparagas, bit,koci bash, cauliflower,selari,shawsha,brinjal,letu ula,jukini	cauliflower,selari,shawsha,brinjal,letus,masrum,m		_  days	l _l times
211	ABD_21 1 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit  1 = Yes 2 = No		_  days	l  times	
212	ABD_21 2 A/B/C	Eggs	Hen/duck, other birds,		1 = Yes 2 = No	 days	l  times
213	ABD_21 3 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kid	ney	1 = Yes 2 = No	 days	l  times
214	ABD_21 4 A/B/C	Flesh	Beef, Pork, Veal, Lamb, Goat, Chicke flesh of any other animal	en, Duck or	1 = Yes 2 = No	_  days	l  times
215	ABD_21 5 A/B/C	Small Fish	Small Fish Eaten Whole with Bones mola, dhela, chapila, batashi, small p fish)		1 = Yes 2 = No	 days	l  times
216	ABD_21 6 A/B/C	Large fish/sea food	Big whole Fish and Shell Fish and dr	ied fish	1 = Yes 2 = No	_  days	l _l times
217	ABD_21 7 A/B/C	Dairy	Milk, cheese, yogurt or other milk pro	ducts	1 = Yes 2 = No	 days	l _l times
218	ABD_21 8 A/B/C	Insects and other protein foods	Fish egg, insect, snail		1 = Yes 2 = No	 days	l  times
219	ABD_21 9 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, marga mayonnaise, palm oil, vegetable oil,	rine,	1 = Yes 2 = No	 days	l  times
220	ABD_22 0 A/B/C	Savory and fried snacks	Crisps and chips, fried dough or othe snacks singaru, samarcha		1 = Yes 2 = No	 days	l  times
221	ABD_22 1 A/B/C	Sweets	Sugary foods, such as chocolates, ca cookies/sweet biscuits and cakes, sw or ice cream, any kind of sweets ,hor	eet pastries	1 = Yes 2 = No	 days	l  times

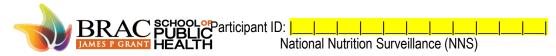


N o	Variabl e		Question	or night, di consume t	uring the day d your child he following ems? (A)	During the last 07 days how many days did your child consum e the followin g food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
			condensed milk,tiler khaza				
222	ABD_22 2 A/B/C		Tea with suger, soft drinks, juice, en drinks, yogurt drinks,chocolate drinks horlicks,moltova		1 = Yes 2 = No	 days	l  times
223	ABD_22 3 A/B/C	DEVELOUS	Tea or coffee if not sweetened, clear alcohol, Pickles, olives and similar	broth,	1 = Yes 2 = No	 days	l  times
224	ABD_22 4 A/B/C		Spices, coriander leaves, sausage, g ketchup, lemon juice, mint leaves, dr leaves, tobacco leaves, jars		1 = Yes 2 = No	_  days	ll times

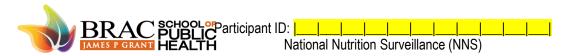


No	Variable	Question	Response Options	Code	Instructions/ Skip
some	examples of	about the <u>fruits</u> and <u>vegetables</u> that you usual local fruits and vegetables; Each picture repres	ents the size of a serving; To an		at shows you
pleas	e think of a ty ABD_225	In a typical week, on how many days do you eat fruit?  Instruction: 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	"00.")  Number of days    77 = Don't Know [If '00' days, go to ABD_227]		
226	ABD_226	festival. If 1-2 times/month then record it as "00." [USE SHOWCARD]  How many servings of fruit do you eat on one of those days? (USE SHOWCARD)  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied bowl and show card to measure servings.	Number of servings    .   77.7 = Don't Know		
227	ABD_227	In a typical week, on how many days do you eat vegetables?  Instruction:Demonstrate vegetable's show card and ask the participant to think about it. Do not consider potato as vegetables.  Demonstrate serving with the help of supplied cup and show card as cooked and uncooked vegetables. Consider only vegetables serving in case of cooked vegetables with fish. 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]	Number of days   _  77 = Don't Know [If '0' days, go to ABD_229]		
228	ABD_228	How many <b>servings</b> of vegetables do you eat on one of those days?  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied cup and show card to measure serving.[USE SHOWCARD]	Number of servings      77.7 = Don't Know		
229	ABD_229	Are you eating any tablet, capsul,syrup which contaned vitamin/minarels currently.	1=Yes 2=No		If Answer No ,go to next section
230	ABD_230	Write the name of medicine by observed the prescription and medication	A B C		

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



b¤^i	m~PK	cÖkœ		DËi	‡KvW	wb‡`©kbv
g∼jt Zvg	v‡Ki e¨envi					•
		ŋvK I ZvgvKRvZ `ª‡e¨i (†hgbt a~	gcvb, †avuqvwenxb Z	vgv‡Ki) e¨envi m¤ú‡K©	wKQz cÖ	kœ
wRÄvmv	Kie	1=		Г		Π
301	ABR_301	Do you <u>currently</u> smoke any such as cigarettes, <i>bidis</i> , <i>hoc Instruction: Demonstrate sho participant and ask which smoothed to the product of the upon ILISE SHOW.</i>	w card to the loke tobacco	1 = Yes; 2= No If No, go to ABR_304		
		products/he use. [USE SHO\] Do you currently smoke toba				
302	ABR_302	Instruction: This question is a respondents who smoke tobate Daily meanus" tobacco smoke time/day for almost one mone of that is the case respondent from 25 days and still running everyday.	acco product daily. ing is at least one th or more than that t started somoking	1 = Yes; 2= No		
303	ABR_303	How old were you when you smoking?	first started	Age  years  years  77 = Don't know		
304	ABR_304	Do you currently use anysmon products such as Betel quid wonly or zarda with supari, Bete sadapata, pan masala withto chewing, gul, Khoinee, Nossi Instruction: Ask respondent whether h/she use any smok products such as Betel quid wonly or zarda with supari, Betel quid with the chewing, gul, Khoinee, Nossi betel quid, supari and lime will will be considered as smok respondent use Betel quid woor zarda with supari, Betel qui pan masala with tobacco, say Khoinee, Nossi, gutka. [USE	with zarda, zarda tel quid with bacco, sadapata i, gutka? to think and answer eless tobacco with zarda, zarda tel quid with bbacco, sadapata i, gutka. Here, only ill not be considered. reless tobacco if ith zarda, zarda only uid with sadapata, dapata chewing, gul,	1 = Yes; 2= No If No, go to ABR_307		
305	ABR_305	Do you <u>currently</u> use <u>smokele</u> <i>Instruction</i> : Daily means "us tobacco is at least one time/o month or more than that.  If that is the case respondant from 25 days and still running everyday.	ess tobacco daily? sing smokeless day for almost one t started somoking	1 = Yes; 2= No		
306	ABR_306	How old were you when you smokeless tobacco?	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 3= My mother or female 4= Both 5= I do not know 99= Others (Specify)			
		P	hysical activity		1	



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.

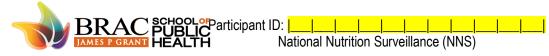
Instruction: Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time 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 <u>large increases</u> in breathing or heart rate. **Moderate-intensity activity**: Such kind of physical activity that causes <u>small increases</u> in breathing or heart rate.

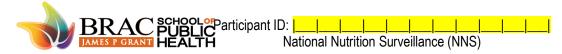
Now I would like to know about the 'Vigorous-intensity activities' you perform 'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work. Does your daily work / professional work, sports. fitness or recreational(leisure) activities involve vigorous-intensity activity 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, 1 = Yes 2 = football, Kabaddi, Dariabandha, Gollachut etc.] for No 308 **ABR 308** at least 10 minutes continuously? [If 'No', please go Instruction: Ask participant to think about those to 311] 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] In a typical week, on how many days do you do vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational 77 = Don't know 309 **ABR 309** activities? [If 'Don't know', **Instruction:** In a typical week refers to "activities please go to performed by respondent in a typical week". Valid ABR 3111 response range is 1-7 days. How much time do you spend doing vigorousintensity activities/sports/fitness at daily work / professional work/recreational activities on a typical day? Instruction: Ask respondent to think about a single day (which can be remembered easily) s/he 310 **ABR 310** performed vigorous-intensity activities as part of Minutes 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. 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	ABR_311	Does your daily work / professional work/spots/fitness/ recreational (leisure) work involvemoderate-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?  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]	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 moderate- intensity activities as part of your daily work / professional work/sports/fitness or recreational work?  Instruction: 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 moderate- intensity activities at daily work / professional work/ sports/fitness or recreational work on a typical day? 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.	Minutes	
friend	ls including tir	<b>or</b> The following question is about sitting or reclining at me spent sitting at a desk, sitting with friends, traveling in, but do not include time spent sleeping.		
314	ABR_314	How much time do you usually spend sitting or reclining on a typical day?  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.	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 0=Not at all				
402	ABM_402	Feeling Upset, depressed,irritable,hopeless	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				



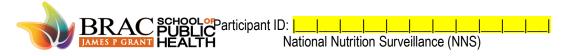
No	Variable	Question	Response Options	Code	Instructions
		Over the last 2 weeks how often you have faced	I the following problems?		
			2=Most of the time		
			3= All time		
			0=Not at all		
404	ADM 404	Tired or law strength	1=Some time		
404	ABM_404	Tired or low strength	2=Most of the time		
			3= All time		
			0=Not at all		
405 AI	ADM 405	Loop of annetite weight loop or out more	1=Some time		
	ABM_405	Loss of appetite, weight loss or eat more	2=Most of the time		If "0" go to section 5
			3= All time		
			0=Not at all		
406	ADM 400	Have a bad feeling about self, feel self as a failure,	1=Some time		
406	ABM_406	Making myself or my family smaller feel like this	2=Most of the time		
			3= All time		
			0=Not at all		
407	ADM 407	Difficulty to concentrate at the time of work at	1=Some time		
407	ABM_407	school,read something or watch television	2=Most of the time		
			3= All time		
		Talk so lightly or move around that others might	0=Not at all		
408	ADM 400	notice or the opposite of this that means more	1=Some time		
400	ABM_408	severity or more movement than usual.	2=Most of the time		
		coverny of more movement than accusing	3= All time		
			0=Not at all		
400	ADM 400	It is better to die or hit yourself in any way feel like	1=Some time		If "0" go to
409	ABM_409	this	2=Most of the time		
			3= All time		

# 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	Qı	uestion	Respon	nses and code categories	Code	Instructions
501	ABA_501	Start Time of an	thropometry		:    Hr : Min		Use 24 hr format
502	ABA_502	Weight Scale ID	)				
503	ABA_503	Height Scale ID					
504	ABA_504	Clothing type during weight measurement		2 = Sligh	t clothing ntly heavy clothing vy clothing		
505	ABA_505	Name of measu	rer				
506	ABA_506	Code of measur	er				
No	Measurement		Measurement	1	Measurement 2	Me	easurement 3

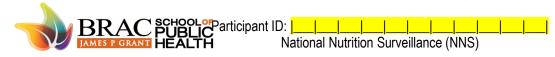


No	Variable	Qı	uestion	Resp	onses and code	categories	Code	Instructions
507	ABA_507 A/B/C	Height (Cm)	A.	.	B.	.	than	.   .
508	ABA_508 A/B/C	Weight (Kg)	A.	.	B.	.	than	 nd B differs more 0.1kg, take 3rd neasurement
509	ABA_509A/B/C	Fat%	A.	.	B.	.		
510	ABA_510A/B/C	Water%	A.	.	B.	.		
511	ABA_511 A/B/C	Waist circumference (Cm)	A.	_ .	B.  _	_ .	If A ar	.      nd B differs more 0.5 cm, take 3rd neasurement
512	ABA_512	Comment	-					
513	ABA_513	End Time of me	easurement		:    :    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	<u> </u>  /  <u> </u>  /20  <u> </u>   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 year [Excluding pre-school and informal education). Write downward in formal education.]	<ul> <li>   Years</li> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Higher secondary/Diploma/Alim=12</li> <li>Graduate/Fazil=16</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 vegitable 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)  [Instruction: Write down in total, the years the respondent spent in school for formal education (Is completed year [Excluding pre-school and informal education). Write down "00" if no formal education.]	<ul> <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 vegitable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 = Age below 06 years		



No	Variable	Question	Response Options	Code	Instructions/ Skip
109	AG_109	Completed years of education the father of the respondent [Instruction: Write down in the years the respondent spacehool for formal education (completed years) [Excluding school and informal education Write down "00" if no formal education.]	<ul> <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	AG_110	Father's occupation of the respondent 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 11 = Petty businessman 12 = House maid 13 = Zoom fermar 14 = Do not earn 15 = Poultry/dairy fermar 16 = Handicrafts 17 = Spinach vegitable 18 = Fishery 19 = Homemaker 20 = Student 77 = Don,t know 66 = Age below 06 years		

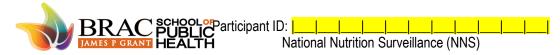
Section 2: Dietary diversity

	Variable	Question	Yesterda y 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)
--	----------	----------	--	---	---

Now I requst you to describe the food that you have eaten at home and out of home during the day or night( yesterday morning 6.00 am to today morning 6.00 am) yesterday. Please tell all types of food, drinks that you have eaten with morning, noon and dinner, or have breakfast / light breakfast. Tell us by think if you ate any food while preparing food.

Get started with what you ate yesterday morning.

- -What did you eat in the morning wake up? Did you eat anything more?
- -What did you eat more in the morning? Did you eat anything more?
- -What did you eat at noon? Did you eat anything more?
- -What did you eat at afternoon? Did you eat anything more?
- -What did you eat at evening? Did you eat anything more?

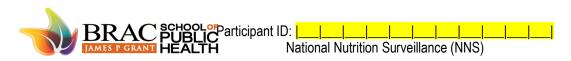


food items? (A)  food items (B)  (C)
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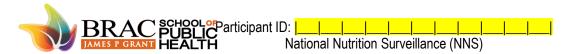
<sup>-</sup>What did you eat at dinner? Did you eat anything more?

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 column A.

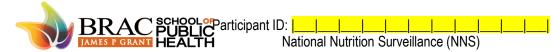
of the questions of column A.									
		Food Category	Examples of foods	Α	В	С			
201	AGD_2 01 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodles,p asta	1 = Yes 2 = No	   days	_   times			
202	AGD_2 02 A/B/C	White roots and tubers and plantains	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	   days	_   times			
203	AGD_2 03 A/B/C	Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	   days	_   times			
204	AGD_2 04 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	AGD_2 05 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	   days	_   times			
206	AGD_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	AGD_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	AGD_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	AGD_2 09 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	   days	_   times			
210	AGD_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	AGD_2 11 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	_   days	_   times			



	Variable		Question			During the last 07 dayshow many times did your child consume the following food items (C)
212	AGD_2 12 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	   days	_   times
213	AGD_2 13 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	   days	_   times
214	AGD_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	AGD_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	AGD_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	AGD_2 17 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	   days	_   times
218	AGD_2 18	Insects and other protein foods	Fish egg, insect, snail	1 = Yes 2 = No	   days	_   times
219	AGD_2 19 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, margarine, mayonnaise, palm oil, vegetable oil,	1 = Yes 2 = No	   days	_   times
220	AGD_2 20 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	AGD_2 21 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	AGD_2 22 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	AGD_2 23	Other beverages and foods	Tea or coffee if not sweetened, clear broth, alcohol, Pickles, olives and	1 = Yes 2 = No	   days	_   times



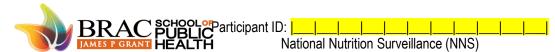
	Variable	Question				eterda uring e day night, your hild sume the owing ood ms? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
	A/B/C		similar					
224	AGD_2 24 A/B/C	Condiments/spices	Spices, coriander leave garlic, ketchup, lemon leaves, drinks, betel lea leaves, jars	juice, mint		= Yes = No	   days	_   times
No	Variable	Qu	estion	Response Option	ons	Code	Instructi	ons/ Skip
show	s you some e	In a typical week, or you eat fruit?  Instruction: Demorand ask the participe not consider package consider fruit juice package the fresh fruits. A typical week except of the festival. If 1-2 record it as "00." [US How many servings one of those days?  Instruction: Ask the about any one of the week. Use supplied measure servings.	prepared at home using all week refers to "A ABD_227] treligious event or any 2 times/month then		ne size			
227	AGD_227	you eat vegetables  Instruction:Demonshow card and ask a about it. Do not convegetables. Demonshelp of supplied cup cooked and uncook. Consider only veget of cooked vegetable week refers to "A us religious event or ar	strate vegetable's the participant to think sider potato as strate serving with the and show card as ed vegetables. tables serving in case es with fish. A typical	Number of day     77 = Don't Kno [If '0' days, go ABD_229]	w			



	Variable	Question		Yest y du the or ni did y ch cons th follor iten		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)
228	AGD_228	How many <b>servings</b> of vegetables do you eat on one of those days?  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied cup and show card to measure serving.[USE SHOWCARD]	Number of serving   .  77.7 = Don't Kn	<u> </u>			
229	AGD_229	Do you currently eat any tablet, capsul, syrup contaning vitamin/minarels	1=Yes 2=No				" go to section
230	AGD_230	Write the name of medicine by observed the prescription and medication	A B C				

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

Secu	Section 3: Behavioral risk factor (Smoking/smokeless tobacco physical activity)									
No	Variable	Question	Response Options	Code	Instructions/ Skip					
	Tobacco Use Now I am going to ask you some questions about tobacco (Smoke tobacco and smokeless tobacco) use.									
301	AGR_301	Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i> , <i>hookah</i> , <i>cigars</i> or pipes?  Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]	1 = Yes; 2= No If No, go to ABR_304		9, 4651					
302	AGR_302	Do you <u>currently</u> smoke tobacco products <u>daily?</u> Instruction: This question is applicable for those respondents who smoke tobacco product daily.  Daily meanus" tobacco smoking is at least one time/day for almost one month or more than that  If that is the case respondant started somoking from 25 days and still running, that is regarded as everyday.	1 = Yes; 2= No							
303	AGR_303	How old were you when you first started smoking?	Age L years 77 = Don't know							



No	Variable	Question		Response Options	Code	Instructions/ Skip
304	AGR_304	Do you currently use anysmokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala withtobacco, sadapata chewing, gul, Khoinee, Nossi, gutka?  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]		1 = Yes; 2= No If No, go to ABR_307		
305	AGR_305	Do you <u>currently</u> use <u>smokeless tobacco</u> <u>daily?</u> 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 respondant started somoking from 25 days and still running, that is regarded as everyday.		1 = Yes; 2= No		
306	AGR_306	How old were you when you starte smokeless tobacco?	ed	Age LLL years 77 = Don't know		
307	AGR_307	Which of your parents or guardians use any form of tobacco?	3= My mo guardian 4= Both 5= I do no	her or male guardian other or female		

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.

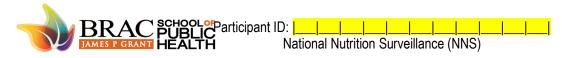
Instruction: Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time 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 <u>large increases</u> in breathing or heart rate. **Moderate-intensity activity**: Such kind of physical activity that causes <u>small increases</u> in breathing or heart rate.

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



'Vio	orous-intensi	ity activities' performed as a part of daily work / professio	nal work/ outside daily	work / prof	essional work.
308	AGR_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve vigorous-intensity activity 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?  Instruction: 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	AGR_309	In a typical week, on how many days do you do vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational activities?  Instruction: 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	How much time do you spend doing vigorous- intensity activities/sports/fitness at daily work / professional work/recreational activities on a typical day? Instruction: 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-inte	l nsity activity' you perfo	orm	
		'Moderate-intensity activity' performed as a part of da			
311	AGR_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? 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]	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 moderate- intensity activities as part of your daily work / professional work/sports/fitness or recreational work?  Instruction: 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]		

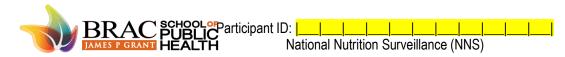
313	AGR_313	How much time do you spend doing moderate- intensity activities at daily work / professional work/ sports/fitness or recreational work on a typical day? Instruction: Ask respondent to think about a single day (which can be remembered easily) s/he performed moderate-intensity activities as 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.	Minutes			
friend	<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	AGR_314	How much time do you usually spend sitting or reclining on a typical day?  Instruction: Ask the respondent to think about time spent on sitting or reclining at work, office, study, watching television, computer use, at the kitchen, during rest.Do not include time spent during sleeping.	Minutes			
315	AGR_315	How much time do you watch television daily?	Minutes			

Section 4: Reproductive history, menstrual hygiene

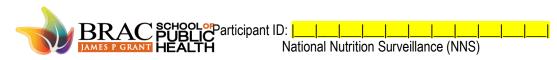
No	Variable	Question	Response Options	Code	Instructions/ Skip
401	AGM_401	When your menarche started?	L years		Write "00" if not started yet
402	AGM_402	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated; 4 = Divorced 5 = Widowed; 88 = Refused		If answer 1, go to 40
403	AGM_403	How many times you became pregnant in your life? (Including abortion, MR, stillbirth and live birth)?	L Times		If "0" go to section 5
404	AGM_404	Are you pregnant now?	1 = Yes 2=No 8=Unsure		
Menst	rual Hygiene (l	Please ask the following questions if	menarche/period started, if not then	skip to anthr	ropometry 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)		

Section5: Health Care(Ask these questions only for married women)

0000	oections. Health care Ask these questions only for married women								
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.	/  /20   Day/Month/Year						



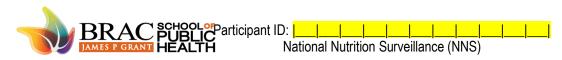
No	Variable	Quest	stion		Response Options	Code	Instructions
503	AGH_503	Does your child is livi	na now 2		es 2=No		
303	AGI1_303	,		88=1	Not applicable		
504	AGH_504	Have you been regis woman when you we	ere pregnant?		1=Yes 2=No		
505	AGH_505	How many times you (ANC) when you wer	e pregnant?		Times		
506	AGH_506	From whom you usual took the ANC service when you were pregnant?  (may be multiple answer)					
507	AGH_507	Have you been meas weight when you wer	e pregnant?	1=Y	es 2=No		
508	AGH_508	Have you eaten Iron tablet when you were	pregnant?	1=Y	es 2=No		If" No" go to 512
509	AGH_509	From where you got Iron and Folic acid tablet when you were pregnant?  (may be multiple answer)	GOVERNMENT PROVIDERS  1= Govt. Field word 2= Govt. satellite clinic/ EPI Outreact clinic 3= Govt. Communic clinic 4=Govt. Health & Family Welfare Centre 5=Govt. Upazila Health Complex 6= Govt. Maternal Child Welfare Cent Government 7=Other government Hospital	h ty & :re	NGO PROVIDERS 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) PRIVATE PROVIDERS 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer 14 = Homeopath 17=Don't know 99 = Others (Specify)		
510	AGH_510	How many months di Iron and Folic acid ta were pregnant?	blet when you		Months		
511	AGH_511	How many tablet of li you consume in a we pregnant?		d	Tablet		
512	AGH_512	Did you consume cal you were pregnant?	ciam tablet whwen		1=Yes 2=No		If" No" go to 516
513	AGH_513	From where you got Calciam tablet when you were pregnant?  (may be multiple answer)	GOVERNMENT PROVIDERS 1= Govt. Field worker 2= Govt. satellite clinic/ EPI Outreac clinic 3= Govt. Commur clinic 4=Govt. Health & Family Welfare		NGO PROVIDERS 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) PRIVATE PROVIDERS 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer		



No	Variable	Quest	ion	Re	esponse Options	Code	Instructions
			Centre 14 = Homeopath 5=Govt. Upazila 17=Don't know 99 = Others 6= Govt. Maternal & (Specify) Child Welfare Centre Government 7=Other government Hospital				
514	AGH_514	How many months di tablet when you were	d you consume Calc	ciam	Months		
515	AGH_515	How many tablet of C in a week when you	Calciam did you cons	sume	Tablet		
516	AGH_516	Have any doctor or a provider gave you nu when you were prega	trition related counse ant?	eling	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?		88	1=Yes 2=No 8=Not applicable		If not applicable go to next section
519	AGH_519	What was your child's	s birth weight?		.   kg		
520	AGH_520	Afterwards had any d provider took your ch	ild's weight?		1=Yes 2=No 88=Not applicable		
521	AGH_521	Do you have any cha age?	•		1=Yes 2=No		
522	AGH_522	After your baby is bor other health care procounseling?			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 tabe intake 5 =Rules of Calciam tablet intake	first 6 r 7=Con 2 years 8=Rule intake 9=The child a	lusive breastfeeding at months tinue breastfeeding up to s age es of supplementary food rules for feeding the t the time of illness 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					



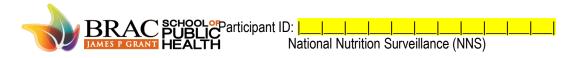
No	Variable	Question	Response Options	Code	Instructions
		Over the last 2 weeks how often you have faced	I the following problems?		
603	AGM_603	Difficulty to sleeping or sleeping too much	0=Not at all 1=Some time 2=Most of the time 3= All time		
604	AGM_604	Tired or low strength	0=Not at all 1=Some time 2=Most of the time 3= All time		
605	AGM_605	Loss of appetite,weight loss or eat more	0=Not at all 1=Some time 2=Most of the time 3= All time		
606	AGM_606	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		
607	AGM_607	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		
608	AGM_608	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		
609	AGM_609	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

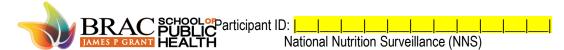
No.	Variable	Question	Responses and code categories	Code	Instructions/Skip
610	AGM_610	Referral needed?	1 = Yes 2 = No		If 2, go to section 7
611	AGM_611	Where referred?	1 = Upazila Health Complex 2 = District Hospital 3 = Medical College Hospital 4 = Doctor's private chamber 99 = Others (Specify)		

# Section 7: Anthropometry

No	Variable	Question	Resp	onses and code categories	Code	Instructions
701	AGA_701	Start Time of anthropometry		:    Hr : Min		Use 24 hr format
702	AGA_702	Weight Scale ID				
703	AGA_703	Height Scale ID		<u>  </u>		
704	AGA_704	Clothing type during weight measurement	1 = Light o 2 = Slightl 3 = Heavy	y heavy clothing		
705	AGA_705	Name of measurer				
706	AGA_706	Code of measurer				
No	Variable	Measurement Measure	ment 1	Measurement 2	M	easurement 3



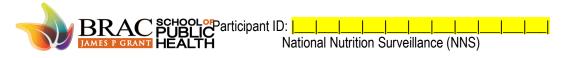
No	Variable		Question	Resp	onses and code categories	Code	Instructions
707	AGA_707A /B/C	Height (Cm)	A.  _	_  .	B.   .	0.	B differs more than compart than compart than seasurement
708	AGA_708A /B/C	Weight (kg)	A.	_  .	B.  _ .	If A and	 B differs more than ke 3rd measurement
709	AGA_709A /B/C	Fat%	A.	_  .	B.  _ .		
710	AGA_710A /B/C	Water%	A.  _	_  .	B.   .		
711	AGA_711A /B/C	Waist circumfer ence (Cm)	A.  _	_ .	B.  .	0.	   B differs more than 5 cm, take 3rd neasurement
712	AGA_712	Comment					
713	AGA_713	End Time of measurement			:   Hr : Min		Use 24 hr format



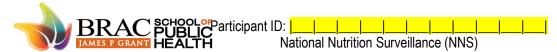
# Module 6: Adult Men Module

#### **Section 1: General Information**

Section	Section 1: General Information					
No	Variable	Question	Response Options	Code	Instructions/ Skip	
101	AM_101	What's your name?(with nick name)			•	
102	AM_102	What's your date of birth	<u>     /     /20   </u> DD / MM / YYYY			
103	AM_103	Age of the respondent (Write complete year)	year			
104	AM_104	What is your marital status?	1 = Never married 2 = Currently married 3 = Separated 4 = Divorced 5 = Widowed 88 = Refused			
105	AM_105	Completed years of education the respondent completed  [Instruction: Write down in total, the years the responded spent in school for formal education (Is completed year [Excluding pre-school and informal education). Write downward in the formal education.]	Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher secondary/ Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18			
106	AM_106	Occupation of the respondent 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 vegitable 18 = Fishery 19 = Homemaker 20 = Student 77 = Don,t know 66 = Age below 06 years			
107	AM_107	Completed years of education of the mother of the respondent  [Instruction: Write down in total, the years the respondent spent in school for formal	<ul> <li>Primary/Ebtedayee=5</li> <li>Secondary/Dakhil=10</li> <li>Higher</li> </ul>			



No	Variable	Question	Response Options	Code	Instructions/ Skip
		education (Is completed year [Excluding pre-school and informal education). Write down "00" if no formal education.]	Post graduate/kamil/dawra=18		
108	AM_108	Mother's occupation of the respondent 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 vegitable 18 = Fishery 19 = Homemaker 20 = Student 77 = Don,t know 66 = Age below 06 years		
109	AM_109	Completed years of education the father of the respondent [Instruction: Write down in to the years the respondent speschool for formal education (I completed years) [Excluding school and informal education Write down "00" if no formal education.]	otal, ent in s Higher/ Secondary/ Diploma/Alim=12		
110	AM_110	Father's occupation of the respondent 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 vegitable		



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

Section 2: Dietary diversity

	Variable	Question	Yesterda y 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)
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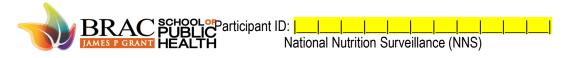
Now I requst you to describe the food that you have eaten at home and out of home during the day or night( yesterday morning 6.00 am to today morning 6.00 am) yesterday. Please tell all types of food, drinks that you have eaten with morning, noon and dinner, or have breakfast / light breakfast. Tell us by think if you ate any food while preparing food.

Get started with what you ate yesterday morning.

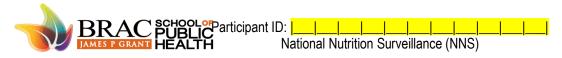
- -What did you eat in the morning wake up? Did you eat anything more?
- -What did you eat more in the morning? Did you eat anything more?
- -What did you eat at noon? Did you eat anything more?
- -What did you eat at afternoon? Did you eat anything more?
- -What did you eat at evening? Did you eat anything more?
- -What did you eat at dinner? Did you eat 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 column A.

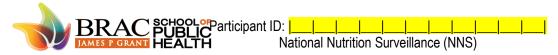
		Food Category	Examples of foods	Α	В	С
201	AMD_2 01 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodles,p asta	1 = Yes 2 = No	   days	_   times
202	AMD_2 02 A/B/C	White roots and tubers and plantains	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	   days	_   times
203	AMD_2 03 A/B/C	Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	   days	_   times
204	AMD_2 04 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	AMD_2 05 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	_   days	_   times



	Variable	Question		Yesterda y 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		



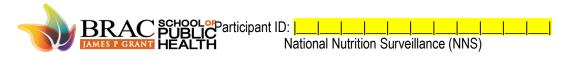
	Variable		Question			During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
	18	protein foods			( <b>A</b> ) 2 = No	days	times
219	AMD_2 19 A/B/C	Edible Oil	Ghee, butter,cream, so margarine, mayonnaise vegetable oil,		1 = Yes 2 = No	   days	_   times
220	AMD_2 20 A/B/C	Savory and fried snacks	Crisps and chips, fried fried snacks singaru, sa		1 = Yes 2 = No	   days	_   times
221	AMD_2 21 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	AMD_2 22 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft dri energy drinks,yogurt dr drinks, horlicks,moltova	inks,chocolate	1 = Yes 2 = No	   days	_   times
223	AMD_2 23 A/B/C	Other beverages and foods	Tea or coffee if not swe broth, alcohol, Pickles, similar		1 = Yes 2 = No	   days	_   times
224	AMD_2 24 A/B/C	Condiments/spices	Spices, coriander leave garlic, ketchup, lemon j leaves, drinks, betel lea leaves, jars	juice, mint	1 = Yes 2 = No	_   days	   times
No	Variable	Qu	estion	Response Option	ons Code	Instructi	ons/ Skip
shows	s you some e	examples of local fruits think of a typical week.	uits and vegetables that and vegetables; Each pi (If 1-2 times/month then	cture represents th			
225	AMD_225	and ask the participa not consider packag consider fruit juice p fresh fruits. A typica	estrate fruit's show card ant to think about it. Do ned fruit juice but repared at home using I week refers to "A eligious event or any times/month then	Number of day      77 = Don't Kno [If '00' days, go ABD_227]	w		



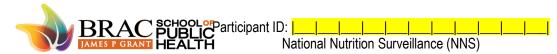
	Variable	Question		Yester y duri the di or nig did yo child consul the followi food items (A)	ng ay ht, our d me ing	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
226	AMD_226	How many <u>servings</u> of fruit do you eat on <u>one</u> of those days? (USE SHOWCARD)  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied bowl and show card to measure servings.	Number of servi	ngs			
227	AMD_227	In a typical week, on how many days do you eat vegetables?  Instruction:Demonstrate vegetable's show card and ask the participant to think about it. Do not consider potato as vegetables. Demonstrate serving with the help of supplied cup and show card as cooked and uncooked vegetables. Consider only vegetables serving in case of cooked vegetables with fish. 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]	Number of day      77 = Don't Kno [If '0' days, go ABD_229]	)W			
228	AMD_228	How many <b>servings</b> of vegetables do you eat on one of those days?  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied cup and show card to measure serving.[USE SHOWCARD]	Number of servi    . 77.7 = Don't Kn	_			
229	AMD_229	Do you currently eat any tablet, capsul, syrup contaning vitamin/minarels	1=Yes 2=No				" go to section
230	AMD_230	Write the name of medicine by observed the prescription and medication	A B C				

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

No	Variable	Question	Response Options	Code	Instructions/ Skip				
Toba	Tobacco Use								
Now	Now I am going to ask you some questions about tobacco (Smoke tobacco and smokeless tobacco) use.								



No	Variable	Question	Response Options	Code	Instructions/ Skip
301	AMR_301	Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i> , <i>hookah</i> , <i>cigars</i> or pipes?  Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]	1 = Yes; 2= No If No, go to ABR_304		
302	AMR_302	Do you <u>currently</u> smoke tobacco products <u>daily</u> ?  Instruction: This question is applicable for those respondents who smoke tobacco product daily.  Daily meanus" tobacco smoking is at least one time/day for almost one month or more than that  If that is the case respondant started somoking from 25 days and still running, that is regarded as everyday.	1 = Yes; 2= No		
303	AMR_303	How old were you when you <b>first started</b> smoking?	Age L years 77 = Don't know		
304	AMR_304	Do you currently use anysmokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala withtobacco, sadapata chewing, gul, Khoinee, Nossi, gutka?  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]	1 = Yes; 2= No If No, go to ABR_307		
305	AMR_305	Do you <u>currently</u> use <u>smokeless tobacco</u> <u>daily?</u> 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 respondant started somoking from 25 days and still running, that is regarded as everyday.	1 = Yes; 2= No		
306	AMR_306	How old were you when you started smokeless tobacco?	Age  years 77 = Don't know		



No	Variable	Question		Response Options	Code	Instructions/ Skip			
307	AMR_307	Which of your parents or guardians use any form of tobacco?	3= My mo guardian 4= Both 5= I do no	her or male guardian other or female					
	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.

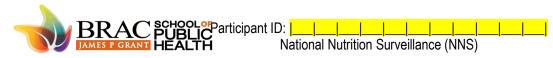
Instruction: Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time 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 <u>large increases</u> 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	AMR_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve vigorous-intensity activity 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?  Instruction: 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	AMR_309	In a typical week, on how many days do you do vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational activities? Instruction: 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	How much time do you spend doing vigorous- intensity activities/sports/fitness at daily work / professional work/recreational activities on a typical day? Instruction: 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-inte	nsity activity' you perfo	orm	
		'Moderate-intensity activity' performed as a part of da	aily 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? 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]	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?  Instruction: 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	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? 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.	Minutes		
friend	ls including ti	ior The following question is about sitting or reclining at was spent sitting at a desk, sitting with friends, traveling in but do not include time spent sleeping.			
314	AMR_314	How much time do you usually spend sitting or reclining on a typical day?  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.	Minutes		
315	AMR_315	How much time do you watch television daily?	Minutes		

#### **Section 4: Chronic Disease**

No	7		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		

No	Variable	Question	Response Options	Code	Instructions/ Skip
404	MCD_404	Has a health care provider ever told you that you have Kidney Disease?	1 = Yes 2 = No		New
405	MCD_405	Has a health care provider ever told you that you have Diabetes?	1 = Yes 2 = No		New
406	MCD_406	Has a health care provider ever told you that you have stroke?	1 = Yes 2 = No		New
407	MCD_407	Has a health care provider ever told you that you have cancer?	1 = Yes 2 = No		New
408	MCD_408	Has a health care provider ever told you that you have mental problem?	1 = Yes 2 = No		New

#### Section 5: Blood Pressure

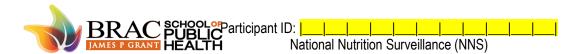
No.	Variable	Question		Resp	onses and code ca	tegories	Instructions/Skip		
501	MBP_501	Start Time of measuring bl	lood pressure           :			Use 24 hr format			
Meas	Measurement -1 (Take the first measurement considering at least 15 minutes rest)								
No.	Variable	Measurement Name	Systolic	;	Diastolic	Time	of Measurement		
502	MBP_502A/ B/C	Blood Pressure (mm of Hg)	A.		B.  _  C.		:   Hr : Min		
Meas	urement - 2 (Al	low 3 minutes' interval between	een two measur	ements	3)				
			Systolic	;	Diastolic	Time	of Measurement		
503	MBP_503 A/B/C	Blood Pressure (mm of Hg)	A.		B.  _	C.	:   Hr : Min		
	urement - 3 (If urement for Block	difference of between 1st ar od Pressure)	nd 2nd measurer	ment is	more than 10 mm of	Hg, then ta	ake 3rd		
	MDD 504	Dlood Droopure /mm of	Systolic	;	Diastolic	Time	of Measurement		
504	MBP_504 A/B/C	Blood Pressure (mm of Hg)	A.  _		B.  _	C.	:   Hr : Min		
505	MBP_505	Blood pressure measuring	machine ID						
506	MBP_506	Measurer's Name and Coo					Write your full name and code		
507	MBP_507	End Time of measuring blo	ood pressure     :    Hr : Min			Use 24 hr format			
	[Duri	ng any measurement, If Sy refer the res			of Hg, Diastolic BP te health center]	≥ 90 mm c	of Hg		

#### Referral:

No.	Variable	Question	Responses and code categories	Code	Instructions/Skip
508	MBP_508	Referral needed?	1 = Yes 2 = No		If 2, go to section 6
509	MBP_509	Where referred?	1 = Upazila Health Complex 2 = District Hospital 3= Medical College Hospital 4= Doctor's private chamber 99 = Others (Specify)		

**Section 6: Anthropometry** 

00011					
No	Variable	Question	Responses and code categories Code		Instructions
601	AMA_601	Start Time of anthropometry	:    Hr : Min		Use 24 hr format
602	AMA_602	Weight Scale ID	_		
603	AMA_603	Height Scale ID			



No	Variable		Question		Respo	onses and code categories	Code	Instructions
604	AMA_604	Clothing ty measurem	pe during weigh ent	TIL .	1 = Light c 2 = Slightly 3 = Heavy	y heavy clothing		
605	AMA_605	Name of m	easurer					
606	AMA_606	Code of me	easurer					
No	Variable	Measure	ment Mea	asurem	ent 1	Measurement 2	M	easurement 3
607	AMA_607A /B/C	Height (Cm)	A.  _	_	.	B.  _ .	0.	.
608	AMA_608A /B/C	Weight (kg)	A.  _	_	.	B.   .		B differs more than ke 3rd measurement
609	AMA_609A /B/C	Fat%	A.  _	_	.	B.   .		
610	AMA_610A /B/C	Water%	A.  _	_	<u> - - </u>	B.   .		
611	AMA_611A /B/C	Waist circumfer ence (Cm)	A.  _	.	_	B.  .	0.	
612	AMA_612	Comment						
613	AMA_613	End Time of measurem	-			:   Hr : Min		Use 24 hr format

#### Module 7: Adult Women Module

#### **Section 1: General Information**

Occii	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	_ /  _ /20   DD / MM / YYYY					
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  [Instruction: Write down in total, the years the responded]	<ul><li>   Years</li><li>Primary/Ebtedayee=5</li></ul>					



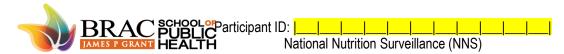
No	Variable	Question		Response Options	Code	Instructions/ Skip
		spent in school for formal education (Is completed yea [Excluding pre-school and informal education). Write do "00" if no formal education.]	•	Higher secondary/ Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		
106	AW_106	Occupation of the respondent 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	2 = Agricu 3 = Agricu 4 = Un ski 5 = Skiled 6= Driver obarrow/Ba 7=Fisherm 8=Employ 9=Profesion 10=Busine 11= Petty 12= House 13=Zoom 14= Do no 15=Poultry 16=Handion 17 = Spina 18=Fisher 19 = Home 20= Stude 77 = Don,	of Rickshaw/ van/Wheel aby taxi/ Boatman  nan er conals essman businessman e maid fermar ot earn y/dairy fermar crafts ach vegitable y emaker ent		
107	AW_107	Completed years of education of the mother of the respondent  [Instruction: Write down in total, the years the responded spent in school for formal education (Is completed year [Excluding pre-school and informal education). Write down "00" if no formal education.]	• F • S • H	L_L_J Years Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher Secondary/Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		
108	AW_108	Mother's occupation of the respondent 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	2 = Agricu 3 = Agricu 4 = Un ski 5 = Skiled 6= Driver obarrow/Ba 7=Fisherm 8=Employ 9=Profesio 10=Busine	of Rickshaw/ van/Wheel lby taxi/ Boatman han er chals essman businessman e maid fermar		



No	Variable	Question	Response Options	Code	Instructions/ Skip
			15=Poultry/dairy fermar 16=Handicrafts 17 = Spinach vegitable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 = Age below 06 years		
109	AW_109	Completed years of education the father of the respondent [Instruction: Write down in the years the respondent spacehool for formal education completed years) [Excluding school and informal education write down "00" if no formal education.]	<ul> <li>total, ent in (Is pre-on).</li> <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	AW_110	Father's occupation of the respondent 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 vegitable 18=Fishery 19 = Homemaker 20= Student 77 = Don,t know 66 = Age below 06 years		

Section 2: Dietary diversity

000	ion 2. Dietai	arrororey			
	Variable	Question	Yesterda y 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)



	Variable	Question	Yesterda y 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)
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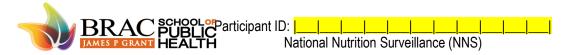
Now I request you to describe the food that you have eaten at home and out of home during the day or night( yesterday morning 6.00 am to today morning 6.00 am) yesterday. Please tell all types of food, drinks that you have eaten with morning, noon and dinner, or have breakfast / light breakfast. Tell us by think if you ate any food while preparing food.

Get started with what you ate yesterday morning.

- -What did you eat in the morning wake up? Did you eat anything more?
- -What did you eat more in the morning? Did you eat anything more?
- -What did you eat at noon? Did you eat anything more?
- -What did you eat at afternoon? Did you eat anything more?
- -What did you eat at evening? Did you eat anything more?
- -What did you eat at dinner? Did you eat anything more?

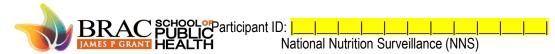
Record first the answer of the questions of column A. collect the answer for column B/C after recording the answer of the questions of column A.

of the	of the questions of column A.							
		Food Category	Examples of foods	Α	В	С		
201	AWD_2 01 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodles,p asta	1 = Yes 2 = No	   days	_   times		
202	AWD_2 02 A/B/C	White roots and tubers and plantains	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	   days	_   times		
203	AWD_2 03 A/B/C	Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	   days	_   times		
204	AWD_2 04 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	AWD_2 05 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	_   days	_   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	   days	_   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	_   days	_   times		
208	AWD_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		



	Variable	Question		Yesterda y 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)
209	AWD_2 09 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	   days	   times
210	AWD_2 10 A/B/C	Other vegetables or fruits	ples or peas, asparagas, bit,koci bash, cauliflower,selari,shawsha,brinjal,letus, masrum,mula,jukini		_   days	_   times
211	AWD_2 11 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	_   days	_   times
212	AWD_2 12 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	   days	_   times
213	AWD_2 13 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	_   days	_   times
214	AWD_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	AWD_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	AWD_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	AWD_2 17 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	   days	_   times
218	AWD_2 18	Insects and other protein foods	Fish egg, insect, snail	1 = Yes 2 = No	_   days	_   times
219	AWD_2 19 A/B/C	Edible Oil	Ghee, butter,cream, sour, fat, margarine, mayonnaise, palm oil, vegetable oil,	1 = Yes 2 = No	   days	_   times
220	AWD_2 20 A/B/C	Savory and fried snacks	Crisps and chips, fried dough or other fried snacks singaru, samarcha 2 =		   days	_   times
221	AWD_2 21	Sweets	Sugary foods, such as chocolates, candies, cookies/sweet biscuits and	1 = Yes 2 = No	_   days	_   times

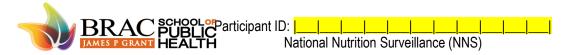
	Variable		Question		Yesterda y during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
	A/B/C		cakes, sweet pastries of kind of sweets ,honey , condensed milk,tiler kh	,halua ,			
222	AWD_2 22 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft dri energy drinks,yogurt dr drinks, horlicks,moltova	rinks,chocolate	1 = Yes 2 = No	   days	_   times
223	AWD_2 23 A/B/C	Other beverages and foods	Tea or coffee if not swe broth, alcohol, Pickles, similar		etened, clear		   times
224	AWD_2 24 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	Que	estion	Response Option	ons Code	Instructi	ions/ Skip
show	s you some e	examples of local fruits	<u>uits</u> and <u>vegetables</u> tha and vegetables; Each pi (If 1-2 times/month then	cture represents th			
225	AWD_225	In a typical week, or you eat fruit?  Instruction: Demonand ask the participa not consider package consider fruit juice p fresh fruits. A typical usual week except rother festival. If 1-2 record it as "00." [US	n how many days do estrate fruit's show card ant to think about it. Do ned fruit juice but repared at home using I week refers to "A religious event or any times/month then SE SHOWCARD]	Number of day	w		
226	AWD_226	one of those days?  Instruction: Ask the about any one of tho	e participant to think	Number of serving           .	<u>.</u>		
227	AWD_227	In a typical week, or you eat vegetables  Instruction: Demonshow card and ask to about it. Do not cons	? strate vegetable's he participant to think	Number of day     77 = Don't Kno [If '0' days, go	w		



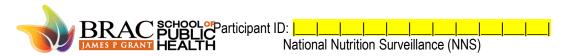
	Variable	Question		y d the or did c cor foll f	sterda luring e day night, I your shild nsume the owing ood ems? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
		help of supplied cup and show card as cooked and uncooked vegetables. Consider only vegetables serving in case of cooked vegetables with fish. 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]					
228	AWD_228	How many servings of vegetables do you eat on one of those days?  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied cup and show card to measure serving.[USE SHOWCARD]	Number of servir    .  77.7 = Don't Kno	_			
229	AWD_229	Do you currently eat any tablet, capsul, syrup contaning vitamin/minarels	1=Yes 2=No				" go to section
230	AWD_230	Write the name of medicine by observed the prescription and medication	A B C	_			

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

	Section 3. Denayloral risk factor (Sinoking/Sinokeless tobacco physical activity)							
No	Variable	Question	Response Options	Code	Instructions/ Skip			
Toba	Tobacco Use							
Now	am going to	ask you some questions about tobacco (Smo	ke tobacco and smokeles	ss tobacc	o) use.			
301	AWR_301	Do you <u>currently</u> smoke any tobacco products, such as cigarettes, <i>bidis</i> , <i>hookah</i> , <i>cigars</i> or pipes?  Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]	1 = Yes; 2= No If No, go to ABR_304					
302	AWR_302	Do you <u>currently</u> smoke tobacco products <u>daily</u> ?  Instruction: This question is applicable for those respondents who smoke tobacco product daily.  Daily meanus" tobacco smoking is at least one time/day for almost one month or more than that  If that is the case respondant started	1 = Yes; 2= No					



No	Variable	Question		Response Options	Code	Instructions/ Skip
		somoking from 25 days and still ru that is regarded as everyday.	ınning,			
303	AWR_303	How old were you when you <b>first</b> smoking?	started	Age L years 77 = Don't know		
304	AWR_304	Do you currently use anysmokelest tobacco products such as Betel quarda, zarda only or zarda with su Betel quid with sadapata, pan mas withtobacco, sadapata chewing, g Khoinee, Nossi, gutka? Instruction: Ask respondent to the answer whether h/she use any sm tobacco products such as Betel quarda, zarda only or zarda with su Betel quid with sadapata, pan mas with tobacco, sadapata chewing, g Khoinee, Nossi, gutka. Here, only quid, supari and lime will not be considered. It will be considered a smokeless tobacco if respondent uset betel quid with zarda, zarda only owith supari, Betel quid with sadapata chewing, g Khoinee, Nossi, gutka. [USE SHOWCARD]	uid with pari, sala ul, ink and pokeless uid with pari, sala gul, betel presserved press	1 = Yes; 2= No If No, go to ABR_307		
305	AWR_305			1 = Yes; 2= No		
306	AWR_306	How old were you when you started smokeless tobacco?		Age LLL years 77 = Don't know		_
307	AWR_307	Which of your parents or guardians use any form of tobacco?	3= My mo guardian 4= Both 5= I do no	her or male guardian other or female ot know rs (Specify)		



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.

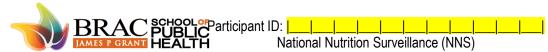
Instruction: Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time 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 <u>large increases</u> in breathing or heart rate. **Moderate-intensity activity**: Such kind of physical activity that causes <u>small increases</u> in breathing or heart rate.

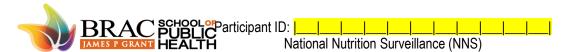
Now I would like to know about the 'Vigorous-intensity activities' you perform 'Vigorous-intensity activities' performed as a part of daily work / professional work/ outside daily work / professional work. Does your daily work / professional work, sports. fitness or recreational(leisure) activities involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, 1 = Yes harvesting paddy, fishing using net, running, football, 2 = Kabaddi, Dariabandha, Gollachut etc.] for at least 10 308 AWR 308 minutes continuously? [If 'No', please go Instruction: Ask participant to think about those to 311] 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] In a typical week, on how many days do you do vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational 77 = Don't know 309 **AWR 309** activities? [If 'Don't know', **Instruction:** In a typical week refers to "activities please go to performed by respondent in a typical week". Valid ABR 3111 response range is 1-7 days. How much time do you spend doing vigorousintensity activities/sports/fitness at daily work / professional work/recreational activities on a typical day? Instruction: Ask respondent to think about a single day (which can be remembered easily) s/he 310 **AWR 310** performed vigorous-intensity activities as part of Minutes 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. 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	AWR_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? 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]	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 moderate- intensity activities as part of your daily work / professional work/sports/fitness or recreational work?  Instruction: 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	AWR_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? 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.	Minutes	
friend	ls including tir	or The following question is about sitting or reclining at we spent sitting at a desk, sitting with friends, traveling in but do not include time spent sleeping.		
314	AWR_314	How much time do you usually spend sitting or reclining on a typical day?  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.	Minutes	
315	AWR_315	How much time do you watch television daily?	Minutes	

# **Section 4: Chronic Disease**

No	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		2p
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?

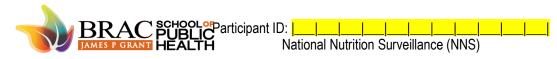
ask?					
No	Variable	Question	Response Options	Code	Instructions/ Skip
501	AWM_501	When your menarche started?	Years		Write "00" if not started yet
502	AWM_502	What material do you use during period/menstruation?	1= Sanitary pad 2= Old cloth 3= New Cloth 99= Others (Specify)		
503	AWM_503	How many times 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 = menopause 99= others (specify below)		
507	AWM_507	What is your Last date of menustration (LMP)			
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 p					
605	AWH_605	How many times you too		)	Times		
	7.1111_000	(ANC) when you were pr From whom you usually	1 =Passed o		•		
606	AWH_606	took the ANC service when you were pregnant?  (may be multiple answer)	Ily 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)		tant/Sub assistant vorker fe entional midwife midwife		
607	AWH_607	Have you been measure weight when you were pr		1=Y	es 2=No		
608	AWH_608	Have you eaten Iron and tablet when you were pre	l Folic acid	1=Y	es 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)  GCPR 1= 2= clir clir 3= clir 4= Fa Ce 5= He 6= Ch Gc 7=	OVERNMENT ROVIDERS Govt. Field work Govt. satellite nic/ EPI Outreach nic Govt. Communi	n ty & re	NGO PROVIDERS 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) PRIVATE PROVIDERS 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 lron and Folic acid tablet were pregnant?			Months		
611	AWH_611	How many tablet of Iron a you consume in a week ware pregnant?	when you were	d	Tablet		
612	AWH_612	Did you consume calcian you were pregnant?			1=Yes 2=No		If" No" go to 516
613	AWH_513	From where you got Calciam tablet when you were pregnant?  (may be multiple answer)  PI 1= Wo 2= cli cli 3= Cli 4= Fa Co 5= He	OVERNMENT ROVIDERS = Govt. Field orker = Govt. satellite inic/ EPI Outreac inic = Govt. Commun inic =Govt. Health & amily Welfare entre =Govt. Upazila ealth Complex = Govt. Maternal	ity	NGO PROVIDERS 8= NGO health clinic and hospital 9=NGO Field Worker 10= Community Nutrition Promoter (CNP) PRIVATE PROVIDERS 11 = Private doctor/clinic/hospital 12 = Pharmacy 13 = Traditional healer 14 = Homeopath 17=Don't know 99 = Others		



No	Variable	Quest	tion	Re	esponse Options	Code	Instructions
			Child Welfare Cen Government 7=Other governme Hospital	` '	cify)		
614	AWH_614	tablet when you were	How many months did you consume Calciam tablet when you were pregnant?				
615	AWH_615	How many tablet of C in a week when you	were pregnant?		Tablet		
616	AWH_616	Have any doctor or a provider gave you nu when you were prega	trition related couns		1=Yes 2=No		
617	AWH_617	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.							
618	AWH_618	Had your child been measured birth weight within 3 days after birth?		8	1=Yes 2=No 8=Not applicable		If not applicable go to next section
619	AWH_619	What was your child's	s birth weight?		.   kg		
620	AWH_620	Afterwards had any o		care	1=Yes 2=No 88=Not applicable		
621	AWH_621	Do you have any cha age?			1=Yes 2=No		
622	AWH_622	After your baby is bo other health care pro counseling?			1=Yes 2=No		
623	AWH_623	Advice on what matters ?	1 =Take enough food 2 =Enough rest 3 =Category of nutritional food 4 =Rules of iron and Folic acid tabe intake 5 =Rules of Calciam tablet intake	first 6 f 7=Con 2 year 8=Rule intake 9=The child a	lusive breastfeeding at months atinue breastfeeding up to sage es of supplementary food a rules for feeding the to the time of illness on the feed the store food		

# Section 7: Blood Pressure

Section 7: Blood Pressure									
No.	Variable	Question		Responses and code categories		Instructions/Skip			
701	WBP_701	Start Time of measuring bloo pressure	d	<u> </u>	:    Hr : Min	Use 24 hr format			
Measurement -1 (Take the first measurement considering at least 15 minutes rest)									
No.		Measurement Name	Sys	tolic	Diastolic	Time of Measurement			
702	WBP_702 A/B/C	Blood Pressure (mm of Hg)	A.		B.  _	C.   :   Hr : Min	_		
Meas	urement - 2 (A	Allow 3 minutes' interval between	en two mea	asurements	3)				
			Sys	tolic	Diastolic	Time of Measurement			
703	WBP_703 A/B/C	Blood Pressure (mm of Hg)	A.  _		B.  _	C.   :   Hr : Min	_		

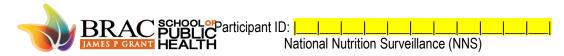
		f difference of between 1st and	2nd meas	surement is	more than 10 mm of	Hg,	then take 3rd	
meas	urement for Blo	ood Pressure)						
			Sys	tolic	tolic Diastolic		Time of Measurement	
704	WBP_704 A/B/C	Blood Pressure (mm of Hg)	A.  _		B.  _	C.  :		
705	WBP_705	Blood pressure measuring m ID	achine					
706	WBP_706	Measurer's Name and Code					Write your full name and code	
707	WBP_707	End Time of measuring blood pressure	ţ	:    Hr : Min			Use 24 hr format	
	[During any measurement, If Systolic BP ≥ 140 mm of Hg, Diastolic BP ≥ 90 mm of Hg - refer the respondent to appropriate health center]							

# Referral:

No.	Variable	Question	Responses and code categories	Code	Instructions/Skip
708	WBP_708	Referral needed?	1 = Yes 2 = No		If 2, go to section 8
709	WBP_709	Where referred?	1 = Upazila Health Complex 2 = District Hospital 3= Medical College Hospital 4= Doctor's private chamber 6 = Others (Specify)		

**Section 8: Anthropometry** 

Secu	Section 8: Anthropometry									
No	Variable		Question	Resp	onses and code categories	Code	Instructions			
801	AWA_801	Start Time	of anthropometry		:    Hr : Min		Use 24 hr format			
802	AWA_802	Weight Sca	ale ID							
803	AWA_803	Height Sca	le ID							
804	AWA_804	Clothing tyl	pe during weight ent	1 = Light clothing 2 = Slightly heavy clothing 3 = Heavy clothing						
805	AWA_805	Name of m	easurer							
806	AWA_806	Code of me	easurer							
No	Variable	Measurer	ment Measurer	ment 1	Measurement 2	Me	easurement 3			
807	AWA_807A /B/C	Height (Cm)	A.	_ .	B.  .  .	0.	B differs more than 5 cm, take 3rd neasurement			
808	AWA_808A /B/C	Weight (kg)	A.	_ .	B.  .  .		 B differs more than ke 3rd measurement			
809	AWA_809A /B/C	Fat%	A.		B.  .  .					
810	AWA_810A /B/C	Water%	A.	_ .	B.  _ .					

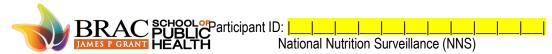


No	Variable	Question	Resp	onses and code categories	Code	Instructions
811	AWA_811A /B/C	Waist circumfer ence (Cm)	.	B.  .	0.	 B differs more than 5 cm, take 3rd neasurement
812	AWA_812	Comment				
813		End Time of measurement		:   Hr : Min		Use 24 hr format

# Module 8: Elderly Men/Women Module

#### Section 1: General Information

Secti	on 1: Genera	al Information			
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 [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  Primary/Ebtedayee=5 Secondary/Dakhil=10 Higher secondary/Diploma/Alim=12 Graduate/Fazil=16 Post graduate/kamil/dawra=18		
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 vegitable 18 = Fishery		JICA Q: C8



No	Variable	Question	Response Options	Code	Instructions/ Skip
			19 = Homemaker 20= Student 77 = Don,t know 66 = Age below 06 years		
108	EM_108	Do you get pension from government or non government institution?	1 =Yes 2 =No		
109	EM_109	Do you get any kind of adult allowance?	1 =Yes 2 =No		
110	EM_110	What is your monthly income from all sources?			if no income write "00"

Section 2: Dietary diversity

	Variable	Question	Yesterda y 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)
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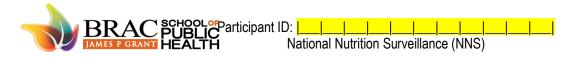
Now I requst you to describe the food that you have eaten at home and out of home during the day or night( yesterday morning 6.00 am to today morning 6.00 am) yesterday. Please tell all types of food, drinks that you have eaten with morning, noon and dinner, or have breakfast / light breakfast. Tell us by think if you ate any food while preparing food.

Get started with what you ate yesterday morning.

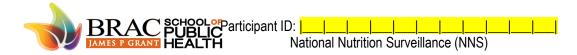
- -What did you eat in the morning wake up? Did you eat anything more?
- -What did you eat more in the morning? Did you eat anything more?
- -What did you eat at noon? Did you eat anything more?
- -What did you eat at afternoon? Did you eat anything more?
- -What did you eat at evening? Did you eat anything more?
- -What did you eat at dinner? Did you eat 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 column A.

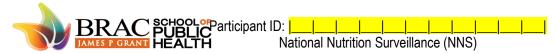
		Food Category	Examples of foods	Α	В	С
201	EDD_20 1 A/B/C	Starchy Staples/ Food made from grains	Rice,flour bread, wheat, muri, maize,kichuri,barli,oot,kinoya,noodles,p asta	1 = Yes 2 = No	   days	_   times
202	EDD_20 2 A/B/C	White roots and tubers and plantains	potatoes, sweet potatoes,sagu, erarut,cave,shalgam,kuchu,wiggle,ripe banana shaloo	1 = Yes 2 = No	   days	_   times
203	EDD_20 3 A/B/C	Pulses	Dal/khicuri,peas,motor,soybean,tofu peanuts, humas	1 = Yes 2 = No	_   days	   times



	Variable		Question	Yesterda y 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_20 4 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_20 5 A/B/C	Dark green leafy vegetables	All kinds of leafy vegetables (poo,kuchu, kalmi) Brooklyn	1 = Yes 2 = No	_   days	   times
206	EDD_20 6 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_20 7 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_20 8 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_20 9 A/B/C	Vitamin C rich vegetables	Raw tomato,chilli pepper, brussels sprouts,cauliflower,cabbage	1 = Yes 2 = No	_   days	_   times
210	EDD_21 0 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_21 1 A/B/C	Other fruits	Apple, avakado,bam, cherry,ripe jackfruit	1 = Yes 2 = No	   days	_   times
212	EDD_21 2 A/B/C	Eggs	Hen/duck, other birds,	1 = Yes 2 = No	   days	   times
213	EDD_21 3 A/B/C	Organ meat	Cheeks, liver, Stomach, Ridpind, Kidney	1 = Yes 2 = No	_   days	_   times
214	EDD_21 4 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_21 5 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_21 6 A/B/C	Large fish/sea food	Large Whole Fish and Shell Fish and dried fish	1 = Yes 2 = No	   days	_   times
217	EDD_21 7 A/B/C	Dairy	Milk, cheese, yogurt or other milk products	1 = Yes 2 = No	_   days	_   times



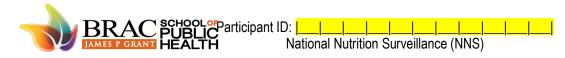
	Variable		Question		Yesterda y during the day or night, did your child consume the following food items? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
218	EDD_21 8	Insects and other protein foods	Fish egg, insect, snail		1 = Yes 2 = No	_   days	   times
219	EDD_21 9 A/B/C	Edible Oil	Ghee, butter,cream, so margarine, mayonnaise vegetable oil,		1 = Yes 2 = No	   days	_   times
220	EDD_22 0 A/B/C	Savory and fried snacks	Crisps and chips, fried fried snacks singaru, sa	•	1 = Yes 2 = No	_   days	_   times
221	EDD_22 1 A/B/C	Sweets	candies, cookies/sweet	-		   days	_   times
222	EDD_22 2 A/B/C	Miscellaneous (Sweet drinks)	Tea with suger, soft dri energy drinks, yogurt dr drinks, horlicks, moltova	inks,chocolate	1 = Yes 2 = No	_   days	_   times
223	EDD_22 3 A/B/C	Other beverages and foods	Tea or coffee if not swe broth, alcohol, Pickles, similar		1 = Yes 2 = No	   days	_   times
224	EDD_22 4 A/B/C	Condiments/spices	Spices, coriander leave garlic, ketchup, lemon j leaves, drinks, betel lea leaves, jars	juice, mint	1 = Yes 2 = No	   days	_   times
No	Variable	Qu	estion	Response Option	ons Code	Instructi	ons/ Skip
show	s you some	examples of local fruits	uits and vegetables that and vegetables; Each pi (If 1-2 times/month then	cture represents th			
225	In a typical week, on how many days do you eat fruit?  Instruction: Demonstrate fruit's show card and ask the participant to think about it. Do		ow				



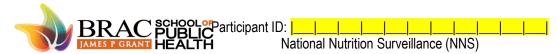
	Variable	Question		y condictions of the condictions	sterda during e day night, d your shild nsume the owing ood ems? (A)	During the last 07 days how many days did your child consume the following food items (B)	During the last 07 dayshow many times did your child consume the following food items (C)
226	EDD_226	How many <u>servings</u> of fruit do you eat on <u>one</u> of those days? (USE SHOWCARD)  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied bowl and show card to measure servings.	Number of serving           .	_			
227	EDD_227	In a typical week, on how many days do you eat vegetables?  Instruction:Demonstrate vegetable's show card and ask the participant to think about it. Do not consider potato as vegetables. Demonstrate serving with the help of supplied cup and show card as cooked and uncooked vegetables. Consider only vegetables serving in case of cooked vegetables with fish. 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]	Number of day      77 = Don't Kno [If '0' days, go ABD_229]	W			
228	EDD_228	How many <b>servings</b> of vegetables do you eat on one of those days?  Instruction: Ask the participant to think about any one of those days of a typical week. Use supplied cup and show card to measure serving.[USE SHOWCARD]	Number of serving	_[			
229	EDD_229	Do you currently eat any tablet, capsul, syrup contaning vitamin/minarels	1=Yes 2=No				go to section
230	EDD_230	Write the name of medicine by observed the prescription and medication	A B C				

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

No	Variable	Question	Response Options	Code	Instructions/ Skip
	cco Use am going to	ask you some questions about tobacco (Smo	oke tobacco and smokele	ss tobaco	co) use.



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> , <i>cigars</i> or pipes?  Instruction: Demonstrate show card to the participant and ask which smoke tobacco products/he use. [USE SHOWCARD]	1 = Yes; 2= No If No, go to ABR_304		
302	ER_302	Do you currently smoke tobacco products daily?  Instruction: This question is applicable for those respondents who smoke tobacco product daily.  Daily meanus" tobacco smoking is at least one time/day for almost one month or more than that  If that is the case respondant started somoking from 25 days and still running, that is regarded as everyday.	1 = Yes; 2= No		
303	ER_303	How old were you when you first started smoking?	Age LLL years 77 = Don't know		
304	ER_304	Do you currently use anysmokeless tobacco products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala withtobacco, sadapata chewing, gul, Khoinee, Nossi, gutka?  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]	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> <i>Instruction:</i> Daily means "using smokeless tobacco is at least one time/day for almost one month or more than that.  If that is the case respondant started somoking from 25 days and still running, that is regarded as everyday.	1 = Yes; 2= No		
306	ER_306	How old were you when you started smokeless tobacco?	Age  years 77 = Don't know		



No	Variable	Question		Response Options	Code	Instructions/ Skip	
307	ER_307	Which of your parents or guardians use any form of tobacco?	3= My mo guardian 4= Both 5= I do no	her or male guardian other or female			
	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.

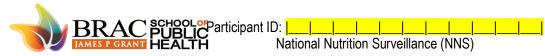
Instruction: Please read out the above statement for respondent. Do not drop this part. At first respondent will must think about his/her daily activities (Paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment). Then will think time 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.

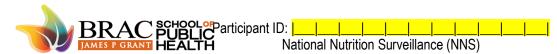
	Now I would like to know about the 'Vigorous-intensity activities' you perform							
'Vig	orous-intens	sity activities' performed as a part of daily work / profession	nal work/ outside daily	work / prof	essional work.			
308	ER_308	Does your daily work / professional work, sports, fitness or recreational(leisure) activities involve vigorous-intensity activity 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?  Instruction: 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	ER_309	In a typical week, on how many days do you do vigorous- intensity activities/sports/fitness as part of daily work / professional work/ recreational activities?  Instruction: 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	ER_310	How much time do you spend doing vigorous- intensity activities/sports/fitness at daily work / professional work/recreational activities on a typical day? Instruction: 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-inte					
		'Moderate-intensity activity' performed as a part of da	aily work / protessiona	work			
311	ER_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?  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]	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 moderate- intensity activities as part of your daily work / professional work/sports/fitness or recreational work?  Instruction: 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	ER_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? 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.					
friend	s including ti	rior The following question is about sitting or reclining at a me spent sitting at a desk, sitting with friends, traveling in hour do not include time spent sleeping.					
314	ER_314	How much time do you usually spend sitting or reclining on a typical day?  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.	Minutes				
315	ER_315	How much time do you watch television daily?	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		



No	Variable	Question	Response Options	Code	Instructions/ Skip
404	ECD_404	Has a health care provider ever told you that you have Kidney Disease?	1 = Yes 2 = No		
405	ECD_405	Has a health care provider ever told you that you have Diabetes?	1 = Yes 2 = No		
406	ECD_406	Has a health care provider ever told you that you have stroke?	1 = Yes 2 = No		
407	ECD_407	Has a health care provider ever told you that you have cancer?	1 = Yes 2 = No		
408	ECD_408	Has a health care provider ever told you that you have mental problem?	1 = Yes 2 = No		
409	ECD_409	Has a health care provider ever told you that you have high closterol in your blood?	1 = Yes 2 = No		

Section 5: Nutritional Assessment Screening question

Secti	Section 5: Nutritional Assessment Screening question								
No	Variable	Question	Response Options	Code	Instructions/ Skip				
501	EMN_501	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0 = Severe decrease in food intake 1 = Moderate decrease in food intake 2 = No decrease in food intake						
502	EMN_502	Weight loss during the last 3 months	0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3 = no weight loss						
503	EMN_503	Mobility	0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out						
504	EMN_504	Has suffered psychological stress or acute disease in the past 3 months?	1 = Yes 2 = No						
505	EMN_505	Neuropsychological problems	0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems						

Section 6: Quality of Life (QoL)

No	Variable	Question	Response Options	Code	Instructions/ Skip
601	EQL_601	Mobility	1= I have no problems in walking about 2= I have slight problems in walking about 3= I have moderate problems in walking about 4= I have severe problems in walking about 5= I am unable to walk about		
602	EQL_602	Self-Care	1= I have no problems washing or dressing myself 2= I have slight problems washing or dressing myself 3= I have moderate problems washing or dressing myself 4= I have severe problems washing or dressing myself 5= I am unable to wash or dress myself		

No	Variable	Question	Response Options	Code	Instructions/ Skip	
603	EQL_603	Usual activities (e.g. work, study, housework, family or leisure activities)	1= I have no problems doing my usual activities 2= I have slight problems doing my usual activities 3= I have moderate problems doing my usual activities 4= I have severe problems doing my usual activities 5= I am unable to do my usual activities			
604	EQL_604	Pain/ Discomfort	1= I have no pain or discomfort 2= I have slight pain or discomfort 3= I have moderate pain or discomfort 4= I have severe pain or discomfort 5= I have extreme pain or discomfort			
605	EQL_605	Anxiety/ Depression	1= I am not anxious or depressed 2= I am slightly anxious or depressed 3= I am moderately anxious or depressed 4= I am severely anxious or depressed 5= I am extremely anxious or depressed			
Now we would like to know how good or bad your health is today. This scale is numbered from 0 to 100.100 means the best health you can imagine. 0 means the worst health you can imagine. Mark an X on the scale to indicate how your health is today.  [Show the EQVAS scale to the respondant and ask to mark X]						

# Section 7: Blood Pressure(BP)

Health Score

**EQL\_605** 

No.	Variable	Question		Responses and code categories			Instructions/Skip	
701	EBP_701	Start Time of measuring bloopressure	od	:    Hr : Min			Use 24 hr format	
Meas	Measurement -1 (Take the first measurement considering at least 15 minutes rest)							
No.	Variable	Measurement Name	Sys	tolic	Diastolic		Time of Measurement	
702	EBP_702 A/B/C	Blood Pressure (mm of Hg)	A.			.  :   Hr : Min		
Meas	urement - 2 (/	Allow 3 minutes' interval between	en two m	easuremen	ts)			
	EBP_703	Blood Pressure (mm of	Systolic		Diastolic		Time of Measurement	
703	A/B/C	Hg)			B.  _		C.   :   Hr : Min	
	urement - 3 (I	f difference of between 1st an ood Pressure)	d 2nd mea	asurement i	s more than 10 mm of	f Hg,	then take 3rd	
	EBP 704	Plead Pressure (mm of	Sys	tolic	Diastolic		Time of Measurement	
704	A/B/C	Blood Pressure (mm of Hg)	A.		B.  _	С	.  :   Hr : Min	
705	EBP_705	Blood pressure measuring n	nachine					
706	EBP_706	Measurer's Name and Code	1	Write			Write your full name and code	
707	EBP_707	End Time of measuring bloo pressure	d   <u>   </u> :  <u> </u> Hr:Min			Use 24 hr format		
	[During any measurement, If Systolic BP ≥ 140 mm of Hg, Diastolic BP ≥ 90 mm of Hg - refer the respondent to appropriate health center]							

Responses and code categories

2 = No

1 = Yes

EBP\_708 Referral needed?

Question

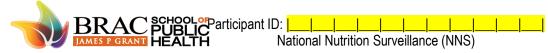
Variable

Referral: No. V

Instructions/Skip

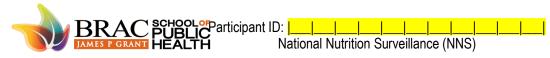
If 2, go to section 8

Code



709	EBP_709	Where referred?	1 = Upazila Health Complex 2 = District Hospital 3 = Medical College Hospital 4 = Doctor's private chamber 99 = Others (Specify)	

<u> </u>			99 -	Others (Specif	y)			
		nropometry	"					
No	Variable	Que	stion	Responses and code categories			ode	Instructions
801	EA_801	Start Time of and	thropometry	:      :    Hr : Min			Use 24 hr format	
802	EA_802	Weight Scale ID						
803		Height Scale ID						
804	FΔ 804	Clothing type du measurement	ring weight	1 = Light clothing; 2 = Slightly heavy clothing 3 = Heavy clothing				
805	EA_805	Name of measur	rer					
806	EA_806	Code of measure	er					
No	Variable	Measurement	Measure	ment 1	Measurement 2	Me	asure	ment 3
807	EA_807 A/B/C	Height (Cm)	A.	.	B.   .	C. <u> </u> I t	A and	.
808	EA_808 A/B/C	Weight (Kg)	A.		B.  _ .		C.         .  If A and B differs mo than 0.1kg, take 3rd measurement	
809	EA_809A /B/C	Fat%	A.	.	B.   .			
810	EA_810A /B/C	Water%	A.  <u> </u>	.	B.   .	l		
811	EA_811A /B/C	MUAC	A.	.	B.   .		han 0	.
812	EA_812 A/B/C	Calf circumference (Cm)	A.  _	_ .	B.  .	If	han 0	
813	EA_813A /B/C	Waist circumference (Cm)	A.  _	_ .	B.  .		han 0	.   d B differs more 5 cm, take 3rd asurement
814	EA_814	Comment						
815	EA_815	End Time of mea	asurement		:   Hr : Min			Use 24 hr format



No.	Variable	Question	Responses and code categories			Cod e	Instructions/Skip
			A= Module 2 : Household modul	е	1= Yes 2= No		
			B= Module 3 : Child module		1= Yes 2= No		
			C= Module 4 : Adolescent boys module		1= Yes 2= No		
101	PM_101	Modules to be completed	D= Module 5 : Adolescents girls module		1= Yes 2= No		
		Completed	E= Module 6 : Adult men module	Э	1= Yes 2= No		
			F= Module 7 : Adule women mo	dule	1= Yes 2= No		
			G= Module 8 : Elderly person me	odule	1= Yes 2= No		
	PM_102	2 Completed modules	A= Module 2 : Household module	1= Ye 2= No			
			B= Module 3 : Child module		1= Yes 2= No		
			C= Module 4 : Adolescent boys module		1= Yes 2= No		
102			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= Ye	1= Yes 2= No		
			G= Module 8 : Elderly person module	1= Ye 2= No	= Yes != No		
103	PM_103	Revisit needed	1= Yes ; 2	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