

Nawiri Longitudinal Survey

Metadata

| | | |
|------------|---|---|
| Z1 | Household ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Z2 | Household ID again | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Z3 | Enumerator ID | <input type="text"/> <input type="text"/> |
| Z4 | Supervisor ID | <input type="text"/> |
| Z5 | Interview date (DD/MM/YY) | <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Z6 | County code | <input type="text"/> <input type="text"/> |
| Z7 | Ward code | <input type="text"/> |
| Z8 | Sub-location | <input type="text"/> |
| Z9 | Community/village code | <input type="text"/> <input type="text"/> |
| Z10 | Interview start-time (use 24-hour clock, HH:MM) | <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |

Read Voluntary Consent Form

| | | | |
|------------|---------------------------------|-------------------|----------------------|
| Z11 | Was voluntary consent received? | 0 = no 1 = yes | <input type="text"/> |
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A Household Information: Livelihoods

In this section, we are going to ask you some questions about your household's livelihood. Please only tell us about what you are doing currently, rather than at other times of the year.

| # | question | Options | code | Skip pattern |
|----|--|--|----------------------|--------------|
| A1 | What is your <u>male household head's</u> primary source of food or income for food right now ? | 1 = own cultivation (stores or sales) 2 = livestock activity 3 = own fishing 4 = casual labor 5 = own business 6 = government, private, or NGO 7 = none 8 = other -77 = No male head of household -88 = Don't Know -99 = Refused to Answer | <input type="text"/> | |
| A2 | What is <u>your</u> primary source of food or income for food right now ? | 1 = own cultivation 2 = livestock activity (sale or trade) 3 = own fishing 4 = casual labor 5 = own business 6 = government, private, or NGO 7 = none 8 = other -88 = Don't Know -99 = Refused to Answer | <input type="text"/> | |
| A3 | Last week, on average, how many hours a day did you practice this livelihood? | <i>Write number of hours</i> | <input type="text"/> | |

B Household Information: Water and Sanitation

In this section, we are going to ask you some questions about your household access to water and sanitation. Please only tell us about what you are doing currently, rather than at other times of the year.

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| B1 | Yesterday, what was your household's most commonly used source of water for household consumption (drinking and cooking)? | 1 = borehole 2 = protected spring 3 = unprotected spring 4 = rainwater harvesting tank 5 = rainwater 6 = river/lake/surface water 7 = public tap/piped water 8 = bottled water 9 = other -88 = Don't Know -99 = Refused to Answer | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| B2 | How far is this water source from your home? | Write # of kilometers | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| B4 | Yesterday, did someone in your household use or collect water from any other source? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | If no → B6 |
| B5 | If yes, what sources? <i>(multiple responses possible)</i> | 1 = borehole 2 = protected spring 3 = unprotected spring 4 = rainwater harvesting tank 5 = rainwater (i.e. surface pools or roof collection) 6 = river/lake/surface water 7 = public tap/piped water 8 = bottled water 9 = other -88 = Don't Know | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |

-99 = Refused to Answer

B6

Yesterday, what type of toilet did your household members use?

1 = /bush/garden/open defecation

2 = unimproved pit latrine

3 = improved pit latrine

4 = flush toilet

5 = other

-88 = Don't Know

-99 = Refused to Answer

C Household Information: Livestock

In this section, we are going to ask you some questions about your household's livestock. Please only tell us about what you are doing currently, rather than at other times of the year.

C1

Does your household own livestock?

0 = no

1 = yes

-88 = Don't Know

-99 = Refused to Answer

If no → D1

C2

Does your household own any cattle, camel, sheep, or goat?

(multiple responses possible)

0 = none

1 = cattle

2 = camel

3 = sheep

4 = goat

If none → D1

C3a

If cattle, where are these livestock currently?

(multiple responses possible)

1 = in the village/community/homestead

2 = within 5 km of the settlement

3 = close grazing zone: within 5-10 km of the settlement

4 = distant grazing zone: greater than 10 km

-88 = Don't Know

-99 = Refused to Answer

If C2==1

| | | | | |
|------------|--|--|--|-----------------|
| C3b | <p>If camel, where are these livestock currently? <i>(multiple responses possible)</i></p> | <p>1 = in the village/community/homestead 2 = within 5 km of the settlement 3 = close grazing zone: within 5-10 km of the settlement 4 = distant grazing zone: greater than 10 km -88 = Don't Know -99 = Refused to Answer</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | If C2==2 |
| C3c | <p>If sheep, where are these livestock currently? <i>(multiple responses possible)</i></p> | <p>1 = in the village 2 = within 5 km of the settlement 3 = close grazing zone: within 5-10 km of the settlement 4 = distant grazing zone: greater than 10 km -88 = Don't Know -99 = Refused to Answer</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | If C2==3 |
| C3c | <p>If goat, where are these livestock currently? <i>(multiple responses possible)</i></p> | <p>1 = in the village/community/homestead 2 = within 5 km of the settlement 3 = close grazing zone: within 5-10 km of the settlement 4 = distant grazing zone: greater than 10 km -88 = Don't Know -99 = Refused to Answer</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | If C2==4 |
| C4 | <p>If any livestock are in the village/community/homestead or within 5 km of the village/community/homestead, where do they currently get water right now? <i>(multiple responses possible)</i></p> | <p>1 = borehole 2 = protected spring 3 = unprotected spring 4 = rainwater harvesting tank 5 = rainwater 6 = river/lake/surface water 7 = public tap/piped water 8 = bottled water -88 = Don't Know</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

-99 = Refused to Answer

D Household Information: Food Security

In this section, we are going to ask you some questions about your household's food security.

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| D1 | In the past four weeks did you have any wedding or other celebrations at your household at which you served large amount of food to guests? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> <input type="text"/> <input type="text"/> | |
| D2a | In the past four weeks, did you worry that your household would not have enough food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> <input type="text"/> <input type="text"/> | If no → D3a |
| D2b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| D3a | In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> <input type="text"/> <input type="text"/> | If no → D4a |
| D3b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| D4a | In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> <input type="text"/> <input type="text"/> | If no → D5a |
| D4b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input type="text"/> <input type="text"/> <input type="text"/> | |

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|------------|--|--|--|-------------------|
| D5a | In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | If no→D6a |
| D5b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | |
| D6a | In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | If no→D7a |
| D6b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | |
| D7a | In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | If no→D8a |
| D7b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | |
| D8a | In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | If no→D9a |
| D8b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | |
| D9a | In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | If no→D10a |

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| D9b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| D10a | In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| D10b | If yes, how often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks) | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

If no → D11

E Maternal Health

In this section, we are going to ask you some questions about maternal health as well as take some measurements.

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|------------|-----------------------|--|--|
| E1a | Are you pregnant? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| E1b | Are you lactating? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| E2a | MUAC (in millimeters) | | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| E2b | MUAC (in millimeters) | | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| E2c | MUAC (in millimeters) | | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

F Child Health

In this section, we are going to ask you some questions about child health as well as take some measurements. We will do this for every child between the ages of 0 and 59 months but take measurements only for children 6-59 months. For weight, height, and MUAC, we will take the measurement three times to guarantee greater accuracy.

| | | | | |
|-----------|---|--|----------------------|--------------------|
| F1 | Unique Child ID | | <input type="text"/> | |
| F2 | Child sex | 0 = male 1 = female | <input type="text"/> | |
| F3 | Child age (in months) | | <input type="text"/> | |
| F4 | In the past 2 weeks, has the child been sick? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> | If no→E6 |
| F5 | If yes, what was the child sick with? <i>(multiple responses possible)</i> | 1 = respiratory illness 2 = fever 3 = malaria 4 = watery diarrhea 5 = bloody diarrhea 6 = measles 7 = skin rash 8 = other | <input type="text"/> | |
| F6 | In the past two weeks, has the child been taken for any treatment? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input type="text"/> | If no→E8 |
| F7 | If yes, what kind of treatment? | 1 = in-patient treatment 2 = out-patient treatment 3 = herbal (at home) 4 = traditional healer | <input type="text"/> | |
| F8 | Is the child available for measurement? | 0 = no 1 = yes -88 = Don't Know | <input type="text"/> | If yes→E10a |

-99 = Refused to Answer

0 = sick

1 = absent

-88 = Don't Know

-99 = Refused to Answer

F9 If no, why not?

Go to Z12

F10a Weight (in kilograms)

Children 6-59 months

F10b Weight (in kilograms)

Children 6-59 months

F10c Weight (in kilograms)

Children 6-59 months

F11a Height (in centimeters)

Children 6-59 months

F11b Height (in centimeters)

Children 6-59 months

F11c Height (in centimeters)

Children 6-59 months

F12a MUAC (in millimeters)

Children 6-59 months

F12b MUAC (in millimeters)

Children 6-59 months

F12c MUAC (in millimeters)

Children 6-59 months

F13 Presence of bilateral edema?

0 = no
1 = yes

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Children 6-59 months

Now I would like to ask you about the types of foods that child ate yesterday during the day and at night.

F14 Grains?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F15 Roots and tubers?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F16 Vitamin A Rich Fruits and Vegetables

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F17 Other fruits and vegetables?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F18 Meat, poultry, offal?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F19 Eggs?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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F20 Fish?

0 = no
1 = yes
-88 = Don't Know
-99 = Refused to Answer

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| F21 | Legumes and nuts? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F22 | Animal milk? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F23 | Other dairy products? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F24 | Fermented foods? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F25 | Water? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F26 | Breastmilk? | 0 = no 1 = yes -88 = Don't Know -99 = Refused to Answer | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| F27 | Is there another child in the house between the age of 6-59 months? | 0 = no 1 = yes | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |

If child < 24 months

If yes, repeat section F with the child.

The interview ends here. Please thank your respondent for their time and leave the residence.

Z End of Interview



Take GPS coordinates.

Only if they agreed to it in the consent process.

Z12 Time at the end of the interview (use 24-hour clock HH :MM)

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Z13 Any problems with the interview?

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Z14 Other comments?

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