

1.1 : FSNA Questionnaire

Please seek consent from interviewee as follows:

"My name is _____. I am part of a team of the United Nations World Food Programme. We are conducting a survey to assess the Food Security and Nutrition situation. I would like to ask you some questions which will take about 30 minutes.

We will not record your name and any information that you provide is confidential, but will be analyzed with information provided in the same way by others participating in this survey so that the outcome will not be attributed to you or others who take part in the survey.

Your participation is voluntary, but we hope you will participate since your views are important.

Do you have any questions?

May I begin the interview now?" (If response is "NO", go to the next Household)

GENERAL INFORMATION			
District			
Sub-county			
Village			
Cluster ID			
Household ID			
SECTION A – HOUSEHOLD INFORMATION			
A household is defined as a group of people who routinely eat out of same pot and live on the same compound (or physical location). It is possible that they may live in different structures			
A.1	Who is the head of household? Is it a man or a woman?	<input type="checkbox"/> Male <input type="checkbox"/> Female	
A.2	What is the age of the household head?	_ _ years	
A.3	Is the head of household disabled, chronically ill or able bodied?	<input type="checkbox"/> Disabled <input type="checkbox"/> Chronically ill <input type="checkbox"/> Able bodied	
A.4	Household head number of completed years of formal education	_ _ Years	
A.5 and A.6	Please record the number of people currently living in the household in each category.	A.5 Male	A.6 Female
	0 – 4 years	_	_

	5 - 10 years	__	__
	11 - 17 years	__	__
	18 - 29 years	__	__
	30 - 64 years	__	__
	Elderly (+ 65 years)	__	__
	TOTAL	__	__
A.7	How many primary school-aged children are in this household?	Girls __	Boys __
A.8	How many children attended primary school in the last academic year?	Girls __	Boys __
A.9	How many children did not regularly attend school in the past 6 months?	Girls __	Boys __
A.10	What was the main reason for these children not attending regularly?	Girls	Boys
	1= Illness/handicap 2= Cannot pay school fees, uniforms, textbooks 3= Cannot pay transportation/ far away 4= Early marriage 5= Absent teacher/ poor quality teaching 6= Poor school facilities (<i>building, desk, etc.</i>) 7= Domestic household chores (<i>e.g. child care, washing etc.</i>) 8= Child work for cash or food (<i>e.g. casual work, petty trade, begging etc.</i>) 9= Not interested 10= Other reasons _____	A.10.1	__ A.10.2 __
A.11	Have you or a member of your household participated in any of the following development programmes by government or partners in the last one year? <i>[Check all that apply]</i>	1. Food aid rations 2. NUSAF 3. MCHN 4. Farmer Field Schools 5. WASH project 6. School feeding 7. Adult literacy programmes 8. Livelihood Improvement Programme 9. Other (Specify): _____ 10. None of the above	

SECTION B – HOUSEHOLD HEALTH

B.1	What is the MAIN source of drinking water for your household?	1. Piped water through a tap 2. Water from open well/spring
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	<i>(Circle one)</i>	3. Water from protected well/spring 4. Water from borehole fitted with a hand pump 5. Surface water (river, dam, run off, etc) 6. Rain water collected in a tank 7. Other
B.2	Does your household treat its drinking water? <i>(Circle one)</i>	1=Yes 0=No
B.3	How do you treat drinking water?	1. By chlorination (by adding water guard, aquatab, etc) 2. By boiling 3. Other. Please specify:
B.4	What is the amount of water (20 litres jerry cans) used per day in your household most of the time? (State number of jerry cans full of water)	_ _ _ . _ _ Jerry cans
B.5	What kind of toilet do you use? <i>Circle one</i>	1. Private latrine 2. Community latrine 3. Bush (Open air) 4. Neighbor's latrine 5. Other. Please specify:
B.6	Where do you and members of your household MOSTLY go for treatment when sick? <i>Circle one</i>	1. Main Hospital 2. Health center 3. Private Clinic 4. Traditional healer 5. Village Health Team (VHT) 6. Drug shop 7. Other. Please specify:
B.7	What is the type of fuel MOSTLY used by your household for cooking/preparing food? <i>Circle one</i>	1. Electricity 2. NPG/Natural Gas 3. Biogas 4. Kerosene/Paraffin 5. Charcoal 6. Firewood 7. Straw/shrubs/grass 8. Animal dung 9. No food is cooked in the household 10. Other. Please specify:

SECTION C – LIVESTOCK PRODUCTION					
C.1	Does your household own any livestock? If 'No' skip to section D	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C.2	How many of the following livestock does your household currently own?	1.	Cattle	_ _ _ _	
		2.	Sheep	_ _ _ _	
		3.	Goat	_ _ _ _	
		4.	Pig	_ _ _ _	
		5.	Poultry	_ _ _ _	

		6.	Donkey	_ _ _	
		8.	Other.		
C.3	What is the MAIN constraint for livestock and livestock production for your household? <i>Circle one</i>	0=No constraints			
		1=Poor breed		6=Lack of veterinary services	
		2=Parasites/diseases		7=Insecurity	
		3=Inadequate labour		8=Theft	
		4=Shortage of pasture/feed		9=Lack of market for livestock	
		5=Shortage of water		10=Other (<i>specify</i>):	

SECTION D – FOOD AVAILABILITY		
D.1	Do you have access to agricultural land (arable land for cultivation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Go to Section E</i>)
D.2	What is the size of land you have to?	_____ acres
D.3	What was the biggest constraint to agriculture in the past six months?	0=No constraints 1=Insecurity 2=I have been prohibited by the clan 3=I have been prohibited by my husband 4=The land is infertile/marginal 5=I have been prohibited by the government 6=Sickness or physical inability 7=I did not have adequate seeds and tools 8=I do not have sufficient family/household labour 9=We are not agriculturalists 10= Land conflicts 11= Drought/Low rainfall 12=Other. Please specify:
D.4	Do you have any food stocks in your household at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.5	What was the source of these stocks?	<input type="checkbox"/> WFP/Partner food distribution <input type="checkbox"/> Own production <input type="checkbox"/> Gifts <input type="checkbox"/> Markets <input type="checkbox"/> Other. Please specify:
D.6	How long will these stocks last your household?	_ _ Weeks

SECTION 5 – MAIN INCOME SOURCE	
E.1	How many members of the household earn an income? ___
E.2.1	During the past 30 days, what were your household's most important livelihood sources? (<i>use income source codes, up to 3 activities</i>)
E.2.2	Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each source (%)

A	Most important	_ _	_ _ _
B	Second (leave blank if none)	_ _	_ _
C	Third (leave blank if none)	_ _	_ _
Income source codes: 1 = Food crop production/sales (e.g. maize) 2 = Cash crop production/sale (e.g. coffee) 3 = Income derived from sale of livestock and / or animal products 4 = Agricultural wage labor		5 = Non-agricultural wage labor (construction...) 6 = Sale of firewood/charcoal 7 = Petty trade (market, whackers, etc.) 8 = Pension, government allowances 9 = Salary	10 = Fishing / Hunting 11 = Handicrafts 12 = Gifts/begging 13 = Food assistance 14 = Brewing 15 = Remittances 16 = Other
E.3. If answer to question is 15, please indicate where the remittances were received from		1. Main town in the district 2. Neighboring district 3. Other district/town within Uganda 4. Country outside Uganda 5. Other. Please specify:	

SECTION F— EXPENDITURES				
Food Expenditure				
	F.1 – Did you purchase any of the following items during the last 30 days for domestic consumption? If ‘no’, enter ‘0’ and proceed to the next food-item. If ‘yes’, ask the respondent to estimate the total cash and credit expenditure on the item for the 30 days . <i>(register the expenses according to local currency)</i>			F.2 – During the last 30 days , did your household consume the following foods without purchasing them? If so, estimate the value of the non-purchased food items consumed during the last 30 days
		(Cash, UGX)	(Credit, UGX)	(Local currency)
1.	Cereals (maize, rice, sorghum, wheat, bread)			
2.	Tubers (sweet potatoes, cassava)			
3.	Pulses (beans, peas, groundnuts)			
4.	Fruits & vegetables			
5.	Fish/Meat/Eggs/Poultry			
6.	Oil, fat, butter			
7.	Milk, cheese, yogurt			
8.	Sugar/salt			
9.	Tea/Coffee			
10.	Other meals/snacks consumed outside the home			
Non Food expenditure				
	F.3 – Did you purchase the following items during the	F.3.1 – Estimate expenditure	F.3.2 – In the past 6 months how much money have you	F.3.3 – Estimate expenditure

SECTION F— EXPENDITURES

last 30 days for domestic consumption? <i>If none, write 0 and go to next item</i>		during the last 30 days (register the expenses according to the currency in which it was done) (local currency)	spent on each of the following items or service? <i>Use the following table, write 0 if no expenditure.</i>		during the last six months (local currency)
1	Alcohol/Palm wine & Tobacco		10	Medical expenses, health care	
2	Soap & HH items		11	Clothing, shoes	
3	Transport		12	Education, school fees, uniform...	
4	Fuel (wood, paraffin, etc.)		13	Debt repayment	
5	Water		14	Celebrations/social events	
6	Electricity/Lighting		15	Agricultural inputs	
7	Communication (phone)		16	Savings	
9	Rent		17	Constructions/house repairs	
F.4	Do you have any debt or credit to repay at the moment?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No', go to section G</i>		
F.5	If yes, approximate the amount of current debt in Uganda shillings	UgX		
F.6	Do you have to pay interest on your current loan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
F.7	If yes, how much is the total interest you owe on the loan?	UgX		
F.8	What was the main reason for new debts or credit? 1= To buy food 2= To cover health expenses 3= To pay school, education costs 4= To buy agricultural inputs (seed, tools...) 5= To buy animal feed, fodder, veterinary 6= To buy or rent land 7= To buy or rent animals 8= To buy or rent or renovate a flat/ house 9= To pay for social events / ceremonies 10= To invest for other business 11= Other. Specify:		Main reason		

F.9	Who is the main source of credit for all debts and loans? 1= Relatives 2= Traders/shop-keeper 3= Bank/ Credit institution/Micro-credit project 4= Money lender 5= Other. Specify:		Main source		

SECTION G— FOOD SOURCES AND CONSUMPTION

Could you please tell me how many days in the **past one week** (seven days) your household has eaten the following foods and what the main source was (*use codes at the bottom of the table, write 0 for items not eaten over the last 7 days*)

ASK LINE BY LINE FOR EACH ITEM BOTH QUESTIONS

	<i>Food Item</i>	<i>a. # Of days Eaten during last 7 days</i>	<i>b. Main Source (use Food source codes at the bottom of the table)</i>
7.1	Cereals and grain: Rice, bread / cake and / or donuts, sorghum, millet, maize, chapatti.	_	_
7.2	Roots and tubers: potato, yam, cassava, sweet potato, and / or other tubers	_	_
7.3	Legumes/Nuts: ground nuts, peanuts, sim-sim, coconuts or other nuts, beans, cowpeas, lentils, soy, pigeon pea	_	_
7.4	Vegetables (orange, green and others): carrot, red pepper, pumpkin, orange sweet potatoes, spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves, bean leaves, pea leaves onion, tomatoes, cucumber, radishes, green beans, peas, lettuce, cabbage, etc	_	_
7.5	Fruits: mango, papaya, apricot, peach, banana, apple, lemon, tangerine	_	_
7.6	Meat: goat, beef, chicken, pork (meat consumed in large quantities not as a condiment). Liver, kidney, heart and / or other organ meats and blood	_	_
7.7	Fish / Shellfish: fish, including canned tuna, and/or other seafood (fish consumed in large quantities not as a condiment)	_	_
7.8	Eggs	_	_
7.9	Milk and other dairy products: fresh milk / sour, yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)	_	_
7.10	Oil / fat / butter: vegetable oil, palm oil, shea butter, margarine, other fats / oil	_	_
7.11	Sugar, or sweet: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks)	_	_
7.12	Condiments / Spices: tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, condiments including small amount of milk / tea coffee.	_	_

Food source codes

- 1= *own production (crops, animal)*
- 2= *Fishing / Hunting*
- 3= *Gathering*
- 4= *Borrowed*
- 5= *Market (purchase with cash)*
- 6= *Market (purchase on credit)*
- 7= *Beg for food*
- 8= *Exchange labor or items for food*
- 9= *Gift (food) from family relatives or friends*
- 10= *Food aid from civil society, NGOs, government, WFP etc.*

SECTION 8— SHOCKS AND COPING

<p><i>WHAT HAVE BEEN YOUR MAIN DIFFICULTIES OR SHOCKS IN THE PAST 30 DAYS</i> DO NOT LIST, LEAVE THE HOUSEHOLD ANSWER SPONTANEOUSLY. ONCE DONE, ASK THE HOUSEHOLD TO RANK THE 2 MOST IMPORTANT ONES</p>		1ST DIFFICULTY		2nd Difficulty		
1 = Loss employment/reduced salary/wages 2 = Crop Loss due to Rodents 3 = Death household member/funerals 4 = High food prices 5 = High fuel/transportation prices 6= Debt to reimburse 7 = Floods, heavy rains, drought, land slides 8 = Sickness/disease 9= Other. Please Specify 99= No difficulty mentioned		8.1	__	8.2	__	
Reduced Coping Strategies Index During the last 7 days, how many times (in days) did your household have to employ one of the following strategies to cope with a lack of food or money to buy it? READ OUT STRATEGIES				Frequency (number of days from 0 to 7)		
H.3	Relied on less preferred, less expensive food			__		
H.4	Borrowed food or relied on help from friends or relatives			__		
H.5	Reduced the number of meals eaten per day			__		
H.6	Reduced portion size of meals			__		
H.7	Reduction in the quantities consumed by adults/mothers for young children			__		
X.X	Have you/your children taken any type of alcohol to cope with the lack of food or money to buy food?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Livelihood Coping Strategies Index During the last 30 days, did anyone in your household have to engage in any of the following activities because there was not enough food or money to buy food			1=Yes 2= No, because it wasn't necessary 3=No, because i already sold those assets or did this activity and cannot continue 4=No, because i never had the possibility to do so			
H.8	STRESS	Sold more animals (non-productive) than usual			__	
H.9		Sold household goods (radio, furniture, refrigerator, television, jewelry etc.)			__	
H.10		Spent savings			__	
H.11		Borrowed money			__	
H.12	EMERGENCIES	Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, goats, cows, etc.)			__	
H.13		Reduced essential non-food expenditures such as education, health, etc...			__	
H.14		Consume seed stock held for next season			__	
H.15	CRISIS	Sold house or land			__	
H.16		Illegal income activities (theft, smuggling, prostitution)			__	
H.17		Begged			__	

SECTION 10 : CROSS CUTTING INDICATORS

M.1	In the last 6 months, did this household receive the following from WFP – circle all that apply	1. Food aid 2. Cash 3. No assistance from WFP (If “No Assistance”, STOP here)
M.2	Regarding the last WFP distribution, Who (men, women or both) decides what to do with the cash/voucher given by WFP, such as when, where and what to buy?	1. Women 2. Men 3. Women and Men Together
M.3	Regarding the last WFP distribution, Who (men, women or both) decides what to do with the food given by WFP, such as whether to sell, trade, lend or share a portion of it?	1. Women 2. Men 3. Women and Men Together
M.4	How many HH members went (or tried to go) to the WFP programme site during the last 2 months?	_
M.5	Have any of these HH member(s) experienced safety problems 1) going to WFP programme sites, 2) at WFP programme sites, and/or 3) going from WFP programme sites during the last 2 months?	1=Yes 0= No (If no, skip question 11.6)
M.6	If yes, could you let me know where the problem occurred (select all that are relevant):	a) Going to the WFP programme site _ b) At the WFP programme site _ c) Going from the WFP programme site _

GENERAL INFORMATION

District	
Sub-county	
Parish	
Village	
Cluster ID	
Household ID	

SECTION J: MOTHER / CAREGIVER 1 (WITH CHILDREN 0-59 MONTHS OLD)

J.1	Respondent relationship to children <i>Circle one</i>	1=Mother 2= Care giver
J.2	Age of mother/caregiver	_ _ years
J.3	Mother/Caregiver number of completed years of formal education	_ _ years
J.4	Number of live births by this mother/Care giver	_ _

J.5	Is mother/caretaker pregnant or breast feeding?	1. Pregnant 2. Breastfeeding (lactating) 3. Pregnant and breastfeeding 4. None of the above
J.6	Weight (kg) _ _ _ _ . _ kg	(Only for non-pregnant women with children 0 to 59 months)
J.7	Height (cm) _ _ _ _ . _ cm	(Only for non-pregnant women with children 0 to 59 months)
J.8	MUAC (cm) _ _ _ _ . _ cm	(For ALL women with children 0 to 59 months)

SECTION J: CHILD HEALTH AND NUTRITION (CHILDREN 0-59 MONTHS OLD): MOTHER / CAREGIVER 1

Please ask Mother/Caregiver 1 all questions about Child 1 and write the answers before moving to Child 2, 3, etc.

		Child 1				Child 2				Child 3			
J.9	Sex of the child? <i>Circle one</i>	1=Male 2=Female				1=Male 2=Female				1=Male 2=Female			
J.10	Date of birth (Day/month/year)	_ _ _ / _ _ / _ _ _ _				_ _ _ / _ _ / _ _ _				_ _ _ / _ _ / _ _ _			
J.11	Age of the child? (in months)	_ _				_ _				_ _			
J.12	Has (mention child's name) been taken for immunization, de-worming or supplementation?	Measles	DPT3	De-worming	Vitamin A	Measles	DPT3	De-worming	Vitamin A (6 months)	Measles	DPT3	De-worming	Vitamin A (6 months)
	Use the following codes 1= Yes with card 2= Yes without card 3= No with card 4= No without card												
J.13	What did the child aged 0-6 months feed on in your household in the last 24 hours? <i>Select all that apply</i>									1= Breast milk only 2= Breast milk and other foods or fluids 3= Bottled or milk in cup (cow or formula) 4= Other foods only			
9a.14	How long after birth did you put the baby to the breast? (Circle one)	1. Within first 1 hour 2. After 1 hour 3. Did not breast fed at all 4. Don't know				1. Within first 1 hour 2. After 1 hour 3. Did not breast fed at all				1. Within first 1 hour 2. After 1 hour 3. Did not breast fed at all 4. Don't know			

SECTION J: CHILD HEALTH AND NUTRITION (CHILDREN 0-59 MONTHS OLD): MOTHER / CAREGIVER 1

			4. Don't know	
9a.15	Since birth, for how long (in months) was your child continuously breast-fed? <i>(if still breastfeeding, tick box)</i>	_ _ months Type '999' if still breastfeeding	_ _ months Type '999' if still breastfeeding	_ _ months Type '999' if still breastfeeding
9a.16	Mention the diseases your child has suffered in the last 2 weeks. <i>Circle all that apply</i>	1 = Fever/malaria 2 = measles 3 = diarrhea 4 = ARI/cough 5 = skin diseases 6 = Eye disease 7 = other 8 = No Illness	1 = Fever/malaria 2 = measles 3 = diarrhea 4 = ARI/cough 5 = skin diseases 6 = Eye disease 7 = other 8 = No Illness	1 = Fever/malaria 2 = measles 3 = diarrhea 4 = ARI/cough 5 = skin diseases 6 = Eye disease 7 = other 8 = No Illness
9a.17	Did the child sleep under a mosquito net last night? CIRCLE	1= YES 0= NO	1= YES 0= NO	1= YES 0= NO
Questions 9a.18 to 9a.23iv apply only to children 6 to 23 months				
9a.18	At what age of your child did you introduce Liquid/solid foods	_ _ months	_ _ months	_ _ months
9a.19	Was your child 6-23 months breastfed yesterday during the day or night	1 = Yes 2 = No 3 = Don't know	1 = Yes 2 = No 3 = Don't know	1 = Yes 2 = No 3 = Don't know
9a.20	How many times during the day or night did your child 6-23 months consume any of....	1 = Infant formula _ times 2 = Milk such as tinned, powdered, or fresh animal milk _ .times 3 = Yogurt _ times 4=Thin porridge _ times	1 = Infant formula _ times 2 = Milk such as tinned, powdered, or fresh animal milk _ .times 3 = Yogurt _ times 4=Thin porridge _ times	1 = Infant formula _ times 2 = Milk such as tinned, powdered, or fresh animal milk _ .times 3 = Yogurt _ times 4=Thin porridge _ times
9a.21	What foods did your child 6-23 months eat	Grains, roots, and tubers <i>eg porridge, bread, rice, posho, potatoes, cassava, etc</i>	1 = Grains, roots, and tubers <i>eg porridge, bread, rice, posho, potatoes, cassava, etc</i>	1 = Grains, roots, and tubers <i>eg porridge, bread, rice, posho, potatoes, cassava, etc</i>

SECTION J: CHILD HEALTH AND NUTRITION (CHILDREN 0-59 MONTHS OLD): MOTHER / CAREGIVER 1

	in the last 24 hours? Circle all that apply	Legumes and nuts <i>eg beans, peas, ground nuts. etc</i> Dairy products <i>eg milk yoghurt, cheese</i> Flesh foods <i>eg meat, fish, poultry, liver, organ meats, blood</i> Eggs Vitamin A rich fruits and vegetables <i>eg carrots, ripe mangoes, papaya, etc</i> Other fruits and vegetables Fortified foods	2 = Legumes and nuts <i>eg beans, peas, ground nuts. etc</i> 3 = Dairy products <i>eg milk yoghurt, cheese</i> 4 = Flesh foods <i>eg meat, fish, poultry, liver, organ meats</i> 5 = Eggs 6 = Vitamin A rich fruits and vegetables <i>eg carrots, ripe mangoes, papaya, etc</i> 7 = Other fruits and vegetables 8 = Fortified foods (WFP fortified products)	2 = Legumes and nuts <i>eg beans, peas, ground nuts. etc</i> 3 = Dairy products <i>eg milk yoghurt, cheese</i> 4 = Flesh foods <i>eg meat, fish, poultry, liver, organ meats</i> 5 = Eggs 6 = Vitamin A rich fruits and vegetables <i>eg carrots, ripe mangoes, papaya, etc</i> 7 = Other fruits and vegetables 8 = Fortified foods (WFP fortified products)
9a.22	How many times did your child 6-23 months eat solid, semi-solid or soft foods during the previous day?	__ times Don't know	__ times Don't know	__ times Don't know
9a.23i	Is this child 6-23 months enrolled in the MCHN Programme <i>(Note: MCHN beneficiaries receive Premix of CSB, Oil and Sugar at health facilities)</i>	1= YES 0= NO (Skip to 9a.23iv)	1= YES 0= NO(Skip to 9a.23iv)	1= YES 0= NO(Skip to 9a.23iv)
9a.23ii	May I see your programme participation card ? <i>Tick the response provided</i>	1 = Card present 2 = Card absent	1 = Card present 2 = Card absent	1 = Card present 2 = Card absent
9a.23iii	Why do you not have a programme participation card?	1 = I was not given one 2= Did not know I needed one 3 = I lost/misplaced my card 4 = Other	1 = I was not given one 2= Did not know I needed one 3 = I lost/misplaced my card 4 = Other	1 = I was not given one 2= Did not know I needed one 3 = I lost/misplaced my card 4 = Other
9a.23iv	If child 6-23 months is not enrolled, what is the main reason for not enrolling the child?	I don't know about the programme Too much time required to participate The distribution site was too far	1 = I don't know about the programme 0 = Too much time required to participate= 1 The distribution site was too far	1 = I don't know about the programme 0 = Too much time required to participate= 1 The distribution site was too far

SECTION J: CHILD HEALTH AND NUTRITION (CHILDREN 0-59 MONTHS OLD): MOTHER / CAREGIVER 1

		No transportation to reach the distribution site I had other commitments that prevented enrolling the child Other – Specify	4 = No transportation to reach the distribution site 5 = I had other commitments that prevented enrolling the child 6 = Other – Specify	4 = No transportation to reach the distribution site 5 = I had other commitments that prevented enrolling the child 6 = Other – Specify
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Questions 9a.24 to 9a.27 apply only to all children 6 to 59 months

9a.24	Does the child have oedema? <i>(If yes, skip 10a.25-10a.27)</i>	1 = YES 0 = NO	1 = YES 0 = NO	1 = YES 0 = NO
9a.25	Weight (Kg) of the child	_ _ _ . _ kg	_ _ _ . _ kg	_ _ _ . _ kg
9a.26	Height (cm) of the child	_ _ _ _ . _ cm	_ _ _ _ . _ cm	_ _ _ _ . _ cm
9a.27	MUAC (cm) of the child	_ _ _ _ . _ cm	_ _ _ _ . _ cm	_ _ _ _ . _ cm