

FACT

FORTIFICATION ASSESSMENT COVERAGE TOOLKIT (FACT) HOUSEHOLD QUESTIONNAIRE TEMPLATE

This document provides a template for a standard FACT household questionnaire. The template must be adapted to the context in which the survey is being conducted.

The template questionnaire must be adapted to the context in which the survey is being conducted before use.

This document should be read in conjunction with the following accompanying tools:

- “FACT Household Questionnaire Customization Guidelines,” which provide the principles and guidelines for customizing the questionnaire and describes how the questionnaire should be read and what its main features are;
- “FACT Fieldwork Manual for the Household Assessment Template,” which provides a template for the fieldwork manual of a FACT household assessment and gives instructions on how the modules in the questionnaire should be administered.

Instructions or questions for the interviewer are in blue italics.

Instructions or notes to the user (for adapting the template questionnaire) are in red italics.

Version: 2019

Household Identifying Information			
N°	QUESTIONS	ANSWERS	
HH1	Region	REGION 1 REGION 2 REGION 3 REGION N	1 2 3 N
HH2	District	DISTRICT 1 DISTRICT 2 DISTRICT 3 DISTRICT N	1 2 3 N
HH3	Cluster number	Cluster number..... <input type="text"/> <input type="text"/> <input type="text"/>	
HH4	Cluster type	Urban.....1 Rural2	
HH5	Structure number	Structure number..... <input type="text"/> <input type="text"/> <input type="text"/>	
HH6	Household number	Household number..... <input type="text"/> <input type="text"/>	

Introduction And Consent			
N°	QUESTIONS	ANSWERS	SKIPS
	<p><i>Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may interview a child aged 15–17 only if there is no adult member of the household or if all adult members are incapacitated. You may not interview a child under the age of 15.</i></p>		
	<p>Good morning / Good evening Madam / Sir,</p> <p>My name is [name of interviewer], and I work for [name of organization]. We are currently conducting a survey on the coverage of fortified foods, and your household was randomly selected to participate in the survey.</p> <p>All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or wish to stop the interview, please let me know. We hope you can participate in this survey since the opinions of your household are very important.</p> <p>The first part of the interview will be about the composition of the household, including all its members. Then, based on this information, I would like to interview the mother or caregiver of the child less than 5 years of age. If there is more than one child less than 5 years of age then I will select one at random. I will then ask the mother/caregiver of the child some questions about what she and the child ate yesterday and foods purchased and prepared in the household. At the end I will measure the mid-upper-arm circumference of the woman and the child to assess their nutritional status.</p> <p>The interview will take about 1 hour.</p> <p>Do you have any questions?</p> <p>Do you agree to start with the first part of the interview?</p>		
HH13	Oral consent to fill in the household roster obtained?	Yes.....1 No.....2	If 2, end interview and go to HH14.

Visit Information

QUESTIONS		ANSWERS		
N°		Visit 1	Visit 2	Visit 3
HH7	<i>Team number</i>	□□	□□	□□
HH8	<i>Interviewer's number</i>	□□	□□	□□
HH9	<i>Date of interview</i>	□□, □□, □□	□□, □□, □□	□□, □□, □□
HH10	<i>Start time of interview</i>	□□:□□	□□:□□	□□:□□
HH11	<i>GPS coordinates: Longitude</i>	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□
HH12	<i>GPS coordinates: Latitude</i>	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□	DDD.DDDDD° (Decimal Degrees format) □□□□.□□□□□□
HH14	<i>End time of interview (TO BE COMPLETED AT THE END OF THE INTERVIEW)</i>	□□:□□	□□:□□	□□:□□
HH15	<i>Outcome of the visit (TO BE COMPLETED AT THE END OF THE INTERVIEW)</i>	Completed1 Partially completed (revisit)2 Partially completed (refused after starting interview)3 Refused4 No household member/eligible respondent at home or no competent respondent at home at time of visit5 Entire household/eligible caregiver absent for extended period of time..6 Dwelling vacant or address not a dwelling...7 Dwelling destroyed.....8 Dwelling not found.....9 Household ineligible.....10 Selected caregiver <15 years.....11 Other (specify):96	Completed1 Partially completed (revisit)2 Partially completed (refused after starting interview)3 Refused4 No household member/eligible respondent at home or no competent respondent at home at time of visit5 Entire household/eligible caregiver absent for extended period of time..6 Dwelling vacant or address not a dwelling...7 Dwelling destroyed.....8 Dwelling not found.....9 Household ineligible.....10 Selected caregiver <15 years.....11 Other (specify):96	Completed1 Partially completed (revisit)2 Partially completed (refused after starting interview)3 Refused4 No household member/eligible respondent at home or no competent respondent at home at time of visit5 Entire household/eligible caregiver absent for extended period of time..6 Dwelling vacant or address not a dwelling...7 Dwelling destroyed.....8 Dwelling not found.....9 Household ineligible.....10 Selected caregiver <15 years.....11 Other (specify):96

Household Roster

We would like some information about the people who usually live in your household. Please include all family and non-family members (such as domestic servants, lodgers, or friends) who usually live together in the same dwelling and eat from the same pot of food. A member of the household must have lived in the household for at least 6 of the past 12 months. Start with the head of the household.

Start by listing the head of the household, the spouse to the head of the household (if applicable), all of their children, any other adults, and any other children.

First complete HR2 and HR3 for all members of the household. Then make sure to probe for additional members: those who are not currently at home, any infants or small children, and any others who may not be family (such as servants, friends) but who usually live in the household. Then proceed by completing questions HR4–HR9 for each household member one at a time.

HR1. <i>Line number</i>	HR2. Please tell me the names of all the people who usually live in your household and eat from the same pot of food, starting with the head of the household.	HR3. What is [name]'s relationship to the head of the household?	HR4. What is [name]'s gender?	HR5. How old is [name] in completed years? <i>Please indicate age in completed years.</i>	ONLY for persons aged <5 years. HR6. How old is [name] in completed months? <i>Please indicate age in completed months.</i>	ONLY for persons aged ≥5 years. HR7. Is [name] currently attending school or university/college?	ONLY for persons aged ≥8 years. HR8. Has [name] completed at least five years of schooling?	ONLY for persons aged <5 years. HR9. Who is [name]'s primary caregiver? <i>Record line number of caregiver.</i>
01	Head of household	Head 1 Spouse 2 Son/daughter 3 Son/daughter-in-law 4 Parent 5 Parent-in-law 6 Grandchild 7 Brother/sister 8 Brother/sister-in-law 9 Grandparent 10 Aunt/uncle 11 Nephew/niece 12 Adopted/foster/stepchild 13 Other relative of HH head or spouse of head 14 Domestic help or related to domestic help 15 Not related to HH head or spouse of the head 16 Don't know 98	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
02	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>

03	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
04	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
05	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
06	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
07	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
08	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
09	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
10	-----	[see above options]	Male.....1 Female.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>
Note: Add a new page if more people in the household								

Check the roster for completion!

Respondent Selection			
N°	QUESTIONS	ANSWERS	SKIPS
HR10	Record the line number of the respondent who answered the household roster.	Line number... <input type="text"/> <input type="text"/>	
HR11	Record the total number of children under 5 years old in the household.	Number of cu5. <input type="text"/> <input type="text"/>	
HR12	Complete the Kish grid below to randomly select one child under 5 and his/her caregiver. Then record the line number of the randomly selected child.	Line number... <input type="text"/> <input type="text"/>	
HR13	Record the line number of the caregiver of the randomly selected child.	Line number... <input type="text"/> <input type="text"/>	
<p><i>If the selected caregiver is less than 15 years of age, end the interview and go to HH14. If the selected caregiver is aged 15–17, you may interview her/him only if you have the assent of the caregiver and the consent of another member of the household who is at least 18 years of age.</i></p>			
HR14	Is [name of caregiver] available for the interview?	Yes.....1 No.....2	If 2, end interview and go to HH14.
<p>Good morning / Good evening Madam / Sir, My name is [name of interviewer], and I work for [name of organization]. We are currently conducting a survey on the coverage of fortified foods and your household was randomly selected to participate in the survey. I would like to ask you some questions about the characteristics of your household, what you and the child ate yesterday, and foods purchased and prepared in the household. At the end I will measure your mid-upper-arm circumference and that of the child to assess your nutritional status. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or wish to stop the interview, please let me know. We hope you can participate in this survey since the opinions of your household are very important. The interview will take about 1 hour. Do you have any questions?</p>			
HR15	Has [name of caregiver]'s oral consent/assent been obtained?	Yes.....1 No.....2	If 2, end interview and go to HH14.
HR16	Has the oral consent of a household member ≥18 years of age been obtained?	Yes.....1 No.....2	ONLY if caregiver ≥ 15 and ≤18 years If 2, end interview and go to HH14.
HR17	Record the line number of the household member who gave consent for the caregiver to be interviewed.	Line number.....	ONLY for caregivers ≥ 15 and ≤18 years

Random selection of child and caregiver → Kish grid

Age of child (months)	Name of child	Line number of child (from roster)

Household Characteristics And Assets			
N°	QUESTIONS	ANSWERS	SKIPS
HC1	Does your household have electricity? <i>CIRCLE ONLY ONE ANSWER.</i>	Yes 1 No 2	
HC2	What fuel does your household mainly use for cooking? <i>CIRCLE ONLY ONE ANSWER.</i>	FUEL 1 1 FUEL 2 2 FUEL 3 3 FUEL 4 4 FUEL N N NO FUEL COOKED IN HOUSEHOLD N + 1 Other (specify): _____ . .96 Don't know98	
HC3	<i>What is the main material of the floor of the dwelling?</i> (OBSERVATION) <i>CIRCLE ONLY ONE ANSWER.</i>	FLOOR MATERIAL 1 1 FLOOR MATERIAL 2 2 FLOOR MATERIAL 3 3 FLOOR MATERIAL 4 4 FLOOR MATERIAL N N Other (specify): _____ . .96	
HC4	<i>What is the main material of the roof of the dwelling?</i> (OBSERVATION) <i>CIRCLE ONLY ONE ANSWER.</i>	NO ROOFING 1 ROOF MATERIAL 1 2 ROOF MATERIAL 2 3 ROOF MATERIAL 3 4 ROOF MATERIAL 4 5 ROOF MATERIAL N N + 1 Other (specify): _____ . .96	
HC5	<i>What is the main material of the exterior walls of the dwelling?</i> (OBSERVATION) <i>CIRCLE ONLY ONE ANSWER.</i>	NO WALLS 1 WALL MATERIAL 1 2 WALL MATERIAL 2 3 WALL MATERIAL 3 4 WALL MATERIAL 4 5 WALL MATERIAL N N + 1 Other (specify): _____ . .96	
HC6	Now I'm going to ask if you or anyone in your household owns any of the following items. Do you or anyone in your household own a ... ? <i>PROMPT FOR EACH ITEM.</i> <i>CIRCLE ONLY ONE ANSWER FOR EACH ITEM.</i>	[A] ASSET 1 Yes.....1 No.....2 [B] ASSET 2 Yes.....1 No.....2 [C] ASSET 3 Yes.....1 No.....2 [D] ASSET 4 Yes.....1 No.....2 [E] ASSET 5 Yes.....1 No.....2 [F] ASSET 6 Yes.....1 No.....2	
HC7	Does any member of your household own any agricultural land?	Yes1 No2	
HC8	Does this household own any livestock, herds, other farm animals, or poultry?	Yes1 No2	If 2, skip to HC10.
HC9	How many [animal] does the household own? <i>PROMPT FOR EACH ANIMAL.</i> <i>IF NONE, RECORD "00."</i> <i>IF MORE THAN 95, RECORD "95."</i> <i>IF UNKNOWN, RECORD "98."</i>	[A] ANIMAL 1 <input type="checkbox"/> <input type="checkbox"/> [B] ANIMAL 2 <input type="checkbox"/> <input type="checkbox"/> [C] ANIMAL 3 <input type="checkbox"/> <input type="checkbox"/> [D] ANIMAL 4 <input type="checkbox"/> <input type="checkbox"/> [E] ANIMAL 5 <input type="checkbox"/> <input type="checkbox"/> [F] ANIMAL 6 <input type="checkbox"/> <input type="checkbox"/> [G] Other (specify): _____ <input type="checkbox"/> <input type="checkbox"/> [H] Other (specify): _____ <input type="checkbox"/> <input type="checkbox"/>	
HC10	Does any member of this household have a bank account?	Yes1 No2 Don't know8	

Water, Sanitation, And Hygiene (Wash)			
N°	QUESTIONS	ANSWERS	SKIPS
W1	<p>What is the main source of drinking water for the members of your household?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Water piped into dwelling 1 Water piped to yard or plot 2 Water piped into neighbor's dwelling /yard/plot 3 Public tap/standpipe 4 Tube well/borehole 5 Protected dug well 6 Unprotected dug well. 7 Protected spring. 8 Unprotected spring 9 Rainwater10 Tanker truck.... .11 Cart with small tank/drum12 Surface water (river/dam/lake/pond/stream/canal/ irrigation channels)13 Bottled water14 Sachet water.15 Other (specify): _____ 96 Don't know98</p>	<p>If 1 or 2, skip to W4. If 3, skip to W3.</p>
W2	<p>Where is that water source located?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>In own dwelling 1 In own yard/plot. 2 Elsewhere 3</p>	<p>If 1 or 2, skip to W4.</p>
W3	<p>How long does it take to go there, get water, and come back?</p> <p><i>WRITE IN THE NUMBER.</i></p> <p><i>IF WATER IS DELIVERED AT HOME, RECORD "000."</i> <i>IF DON'T KNOW, RECORD "998."</i></p>	<p>Minutes <input type="text"/> <input type="text"/></p>	
W4	<p>What kind of toilet facility do members of your household usually use?</p> <p><i>DO NOT PROMPT.</i></p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Flush to septic tank 1 Flush to piped sewer 2 Flush to pit latrine. 3 Flush to somewhere else... 4 Flush, don't know where 5 Ventilated improved pit latrine. 6 Pit latrine <u>with</u> slab 7 Pit latrine <u>without</u> slab/open pit 8 Composting toilet/ecosan. 9 Bucket toilet.10 Hanging toilet/hanging latrine.11 No facilities/bush/field12 Other (specify): _____ 96 Don't know98</p>	<p>If 12, skip to Short Birth History Module.</p>
W5	<p>Do you share this toilet facility with other households?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Yes 1 No 2</p>	

Short Birth History			
N°	QUESTIONS	ANSWERS	SKIPS
BH1	<p>Altogether, how many live births have there been in your household in the past 5 years? Please include any baby who cried or showed other signs of life at birth/delivery.</p> <p><i>Include all the live births in this household in the past 5 years whether they are from the same mother or from different mothers.</i></p> <p><i>WRITE IN THE NUMBER.</i></p> <p><i>IF NONE, RECORD "00."</i> <i>IF DON'T KNOW, RECORD "98."</i></p>	<p>Number of live births..... <input type="text"/> <input type="text"/></p>	<p>If 00 or 98, skip to Household Hunger Scale Module.</p>
BH2	<p>Is this child/are these children still alive?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>All alive 1 One or more has died in the past 5 years 2 Don't know 8</p>	

Household Hunger Scale			
N°	QUESTIONS	ANSWERS	SKIPS
HHS1	<p>How many times in the past 30 days was there ever no food to eat of any kind in your house because of lack of resources to get food?</p> <p><i>WRITE IN THE NUMBER.</i> <i>IF NONE, RECORD "00."</i></p>	Number of times..... <input type="text"/> <input type="text"/>	
HHS2	<p>How many times in the past 30 days did you or any household member go to sleep at night hungry because there was not enough food?</p> <p><i>WRITE IN THE NUMBER.</i> <i>IF NONE, RECORD "00."</i></p>	Number of times..... <input type="text"/> <input type="text"/>	
HHS3	<p>How many times in the past 30 days did you or any household member go a whole day and night without eating anything at all because there was not enough food?</p> <p><i>WRITE IN THE NUMBER.</i> <i>IF NONE, RECORD "00."</i></p>	Number of times..... <input type="text"/> <input type="text"/>	

Child Feeding Practices			
N°	QUESTIONS	ANSWERS	SKIPS
CF1	<p>Is [name of child] currently breastfed?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	Yes.....1 No.....2	If 2, skip to CF3.
CF2	<p>Does [name of child] take any food or drink, including water, other than breast milk?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	Yes.....1 No.....2	If 2, skip to Dietary Diversity Module.
CF3	<p>How many times was [name of child] fed mashed or pureed food or solid or semisolid foods other than liquids from the time [name of child] woke up yesterday to when [name of child] woke up today? Include the number of times he/she was fed any type of food as a meal or snack.</p> <p><i>WRITE IN THE NUMBER.</i> <i>IF NONE, RECORD "00."</i> <i>IF DON'T KNOW, RECORD "98."</i></p>	Number of times..... <input type="text"/> <input type="text"/>	

Dietary Diversity			
<p>Since the time you woke up yesterday to when you woke up today, did you and [name of child] have any of the following things to eat or drink? I am interested in whether you had the item I mention, even if it was combined with other foods. For example, if you ate a rice porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder); I will ask you about those foods separately.</p> <p><i>READ ALL QUESTIONS. CIRCLE ONLY ONE ANSWER FOR EACH.</i></p>			
N°	ITEMS	A. Care-giver	B. Child
DD01	Plain water?		Yes.....1 No.....2
DD02A	Tinned, powdered, or fresh milk, or any other milk?	Yes.....1 No.....2	
DD02B	Tinned, powdered, or fresh milk, tinned or powdered infant formula such as [INSERT EXAMPLES OF LOCALLY AVAILABLE INFANT FORMULA], or any other milk (excluding breast milk)?		Yes.....1 No.....2
DD03	Any foods made from grains, like porridge, bread, rice, pasta/noodles, [INSERT ANY LOCAL FOODS], or other foods made from grains?	Yes.....1 No.....2	Yes.....1 No.....2
DD04	Any white roots and tubers or plantains, such as white potatoes, white yams, cocoyam, manioc/cassava/yucca, taro, [INSERT ANY LOCAL FOODS], or any other foods made from white-fleshed roots or tubers, or plantains?	Yes.....1 No.....2	Yes.....1 No.....2
DD05	Any vegetables or roots that are orange-colored inside, like carrots, squash, pumpkin, sweet potatoes, or [INSERT OTHER LOCALLY AVAILABLE VITAMIN A-RICH VEGETABLES] that are yellow or orange inside?	Yes.....1 No.....2	Yes.....1 No.....2
DD06	Any dark green leafy vegetables, such as cassava leaves, bean leaves, spinach, kale, or [INSERT ANY LOCAL MEDIUM TO DARK GREEN LEAFY VEGETABLES, INCLUDING WILD/FORAGED LEAVES]?	Yes.....1 No.....2	Yes.....1 No.....2
DD07	Any other vegetables, such as tomatoes, okra, eggplant, cucumber, or [INSERT ANY LOCAL FOODS]?	Yes.....1 No.....2	Yes.....1 No.....2
DD08	Any fruits that are dark yellow or orange inside, like ripe mango, ripe papaya, ripe passion fruit, peach, apricot, or [INSERT OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]?	Yes.....1 No.....2	Yes.....1 No.....2
DD09	Any other fruits, such as bananas, apples, pineapple, or [INSERT ANY LOCAL FOODS]?	Yes.....1 No.....2	Yes.....1 No.....2
DD10	Any meat made from animal organs, such as liver, kidney, heart, or other organ meats or blood-based foods, including from wild game?	Yes.....1 No.....2	Yes.....1 No.....2
DD11	Any other types of meat or poultry, like beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, or other birds?	Yes.....1 No.....2	Yes.....1 No.....2
DD12	Any eggs?	Yes.....1 No.....2	Yes.....1 No.....2
DD13	Any fresh or dried fish, shellfish, or seafood?	Yes.....1 No.....2	Yes.....1 No.....2
DD14	Any beans or peas, such as mature beans or peas (fresh or dried seed), lentils, or bean/pea products, including hummus, tofu, tempeh, or [INSERT ANY LOCAL FOODS]?	Yes.....1 No.....2	Yes.....1 No.....2
DD15	Any nuts or seeds, like any tree nut, groundnut/peanut, certain seeds, nut/seed "butters" or pastes, or [INSERT ANY LOCAL FOODS]?	Yes.....1 No.....2	Yes.....1 No.....2
DD16	Any milk products, such as cheese, yoghurt, or other milk products, but NOT including butter, ice cream, cream, or sour cream?	Yes.....1 No.....2	Yes.....1 No.....2
DD17	Any oils and fats, such as oil, fats, or butter added to food or used for cooking, including extracted oils from nuts, fruits, and seeds, and all animal fat?	Yes.....1 No.....2	Yes.....1 No.....2
DD18	Any condiments and seasonings, such as ingredients used in small quantities for flavor, such as chilies, spices, herbs, fish powder, tomato paste, flavor cubes, or seeds?	Yes.....1 No.....2	Yes.....1 No.....2
DD19	Any other beverages and foods?	Yes.....1 No.....2	Yes.....1 No.....2

[Insert Food Vehicle] Fortification Coverage			
(This Module Is Repeated For Each Food Vehicle That Is Included In The Fortification Program)			
N°	QUESTIONS	ANSWERS	SKIPS
Now I'm going to ask you some questions about food items including [INSERT FOOD VEHICLES THAT ARE INCLUDED IN THE FORTIFICATION PROGRAM THAT THE SURVEY IS ASSESSING]. If you have any of these food items in your household, could you please bring them out here now?			
FV1	<p>Now, I would like to talk with you about [INSERT FOOD VEHICLE].</p> <p>Does your household use [INSERT FOOD VEHICLE]? / Does your household use [INSERT FOOD VEHICLE] to prepare foods at home?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Yes... 1</p> <p>No 2</p>	If 2, skip to Potential Food Vehicle Fortification Coverage Module.
FV2	<p>What is the main type of [INSERT FOOD VEHICLE] that your household uses on most days? (<i>This question is asked only for food vehicles that have different types, such as oil and wheat flour, and where the fortification standards in the country are different for the different types.</i>)</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>TYPE 1. 1</p> <p>TYPE 2. 2</p> <p>TYPE 3. 3</p> <p>TYPE N N</p> <p>Other (specify): _____ .96</p>	
FV3	<p>The last time your household got [INSERT FOOD VEHICLE], where did you get it from?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Purchased 1</p> <p>Made it at home 2</p> <p>Received from relative/friend or food aid. . 3</p> <p>Other (specify): _____ . 96</p> <p>Don't know/don't remember 98</p>	If 2, skip to Potential Food Vehicle Fortification Coverage Module.
FV4	<p>The last time your household got [INSERT FOOD VEHICLE], did you get it in its original package or not?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Original package 1</p> <p>Not in original package 2</p> <p>Other (specify): _____ . 6</p> <p>Don't know/don't remember 8</p>	
FV5	<p>The last time your household got [INSERT FOOD VEHICLE], what was the brand? (<i>Recommended to add brands in alphabetical order so that it is easier for the interviewer to find and record the reported brand.</i>)</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>BRAND 1 1</p> <p>BRAND 2 2</p> <p>BRAND 3 3</p> <p>BRAND 4 4</p> <p>BRAND N N</p> <p>Bulk/open source with no brand name N + 1</p> <p>Other (specify): _____ . 96</p> <p>Don't know/don't remember 98</p>	
FV6	<p>The last time your household got [INSERT FOOD VEHICLE], what quantity did you get?</p> <p><i>A. WRITE IN THE NUMBER.</i></p> <p><i>B. CIRCLE THE UNIT.</i></p> <p><i>IF DON'T KNOW, CIRCLE "98."</i></p>	<p>[A] Quantity <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>[B]. Unit</p> <p>UNIT 1. 1</p> <p>UNIT 2. 2</p> <p>UNIT N N</p> <p>Other (specify): _____ . 96</p> <p>Don't know 98</p>	
FV7	<p>The last time your household got that amount of [INSERT FOOD VEHICLE], how much did it cost?</p> <p><i>IF RECEIVED FROM RELATIVE/FRIEND OR FOOD AID, RECORD "9999."</i></p> <p><i>IF DON'T KNOW, RECORD "9998."</i></p>	<p>Cost in [INSERT LOCAL CURRENCY]..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p>	
FV8	<p>How long does this amount usually last in your household?</p> <p><i>A. WRITE IN THE NUMBER.</i></p> <p><i>B. CIRCLE THE UNIT.</i></p>	<p>[A] Duration... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>[B]. Unit</p> <p>Day(s) 1</p> <p>Week(s) 2</p> <p>Month(s) 3</p>	

<p>FV9</p>	<p>Do you have this [INSERT FOOD VEHICLE] in your home now? <i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Yes. 1 No. 2</p>	<p>If 2, skip to Potential Food Vehicle Fortification Coverage Module.</p>
<p>FV10</p>	<p><i>ASK TO SEE THE [INSERT FOOD VEHICLE] PACKAGE AND LOOK FOR FORTIFICATION LOGO OR WORDS SUCH AS IODIZED OR FORTIFIED.</i> <i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>[INSERT FOOD VEHICLE] is in its original package and logo or words were observed . . . 1 [INSERT FOOD VEHICLE] is in its original package and logo or words were NOT observed... 2 [INSERT FOOD VEHICLE] is not in its original package.... .3</p>	
<p>FV11</p>	<p>Can I take a sample of [INSERT FOOD VEHICLE]? <i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Yes, sample taken. 1 No, sample not taken. 2</p>	<p>If 2, skip to Potential Food Vehicle Fortification Coverage Module.</p>
<p>FV12</p>	<p><i>RECORD [INSERT FOOD VEHICLE] SAMPLE IDENTIFICATION NUMBER</i></p>	<p><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p>	

[Insert Potential Food Vehicle] Fortification Coverage			
(Repeat this module for each food vehicle that is being assessed for potential inclusion in the program.)			
N°	QUESTIONS	ANSWERS	SKIPS
PFV1	<p>Now, I would like to talk with you about [INSERT FOOD VEHICLE].</p> <p>Does your household use [INSERT FOOD VEHICLE]? / Does your household use [INSERT FOOD VEHICLE] to prepare foods at home?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Yes.....1</p> <p>No.....2</p>	If 2, skip to Individual Consump- tion Module.
PFV2	<p>What is the main type of [INSERT FOOD VEHICLE] that your household uses on most days? (<i>This question is asked only for food vehicles that have different types, such as oil and wheat flour.</i>)</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>TYPE 1.1</p> <p>TYPE 2.2</p> <p>TYPE 3.3</p> <p>TYPE NN</p> <p>Other (specify): _____ .96</p>	
PFV3	<p>The last time your household got [INSERT FOOD VEHICLE], where did you get it from?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Purchased1</p> <p>Made it at home2</p> <p>Received from relative/friend or food aid. .3</p> <p>Other (specify): _____ .96</p> <p>Don't know/don't remember98</p>	If 2, skip to Individual Consump- tion Module.
PFV4	<p>The last time your household got [INSERT FOOD VEHICLE], did you get it in its original package or not?</p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>Original package1</p> <p>Not in original package2</p> <p>Other (specify): _____ .6</p> <p>Don't know/don't remember8</p>	
PFV5	<p>The last time your household got [INSERT FOOD VEHICLE], what was the brand?</p> <p><i>(Recommended to add brands in alphabetical order so that it is easier for the interviewer to find and record the reported brand.)</i></p> <p><i>CIRCLE ONLY ONE ANSWER.</i></p>	<p>BRAND 11</p> <p>BRAND 22</p> <p>BRAND 33</p> <p>BRAND 44</p> <p>BRAND NN</p> <p>Bulk/open source with no brand name . N+1</p> <p>Other (specify): _____ .96</p> <p>Don't know/don't remember98</p>	
PFV6	<p>The last time your household got [INSERT FOOD VEHICLE], what quantity did you get?</p> <p>A. WRITE IN THE NUMBER. B. CIRCLE THE UNIT.</p> <p><i>IF DON'T KNOW, CIRCLE "98."</i></p>	<p>[A] Quantity <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>[B]. Unit</p> <p>UNIT 1.1</p> <p>UNIT 2.2</p> <p>UNIT NN</p> <p>Other (specify): _____ .96</p> <p>Don't know98</p>	
PFV7	<p>The last time your household got that amount of [INSERT FOOD VEHICLE], how much did it cost?</p> <p><i>IF RECEIVED FROM RELATIVE/FRIEND OR FOOD AID, RECORD "9999."</i> <i>IF DON'T KNOW, RECORD "9998."</i></p>	<p>Cost in [INSERT LOCAL CURRENCY] <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p>	
PFV8	<p>How long does this amount usually last in your household?</p> <p>A. WRITE IN THE NUMBER. B. CIRCLE THE UNIT.</p>	<p>[A] Duration <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>[B]. Unit</p> <p>Day(s)1</p> <p>Week(s)2</p> <p>Month(s)3</p>	

Individual [Insert Food Vehicle] Consumption							
<p>Now I would like to ask about how often and how much you and [name of child] consume specific foods made from [INSERT FOOD VEHICLES].</p> <p>IC1. In the last 7 days, did you and [name of child] eat [food item]?</p> <p><i>REPEAT QUESTION FOR EACH FOOD ITEM LISTED BELOW BEFORE MOVING ON TO IC2.</i></p> <p>IC2. In the last 7 days, how many times did you and [name of child] eat [food item]?</p> <p><i>REPEAT QUESTION FOR EACH FOOD ITEM LISTED BELOW BEFORE MOVING ON TO IC3. IF THEY DID NOT HAVE THE FOOD ITEM, DO NOT ASK FOR FREQUENCY.</i></p> <p>IC3. Usually, how much of [food item] did you and [name of child] eat at one sitting?</p> <p><i>SHOW PICTURES OF PORTIONS FOR EACH FOOD ITEM, AND REPEAT QUESTION FOR EACH FOOD ITEM LISTED BELOW. INSERT THE CODE OF THE PHOTOGRAPH, WHICH CAN BE FOUND ON THE LEFT-HAND SIDE OF EACH PHOTO. (See example of portion photograph catalogue in the annex that shows the pictures of portions. A full photograph catalogue that has photos of portions for all food items must be developed and used by the interviewer when administering this module.)</i></p> <p><i>IF THEY DID NOT HAVE THE FOOD ITEM, DO NOT ASK FOR PORTION SIZE.</i></p>							
N°	FOOD ITEMS	A. Caregiver			B. Child		
		Had the food item?	Frequency	Portion size	Had the food item?	Frequency	Portion size
01	FOOD ITEM 1	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	FOOD ITEM 2	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	FOOD ITEM 3	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	FOOD ITEM 4	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	FOOD ITEM 5	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	FOOD ITEM 6	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	FOOD ITEM 7	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	FOOD ITEM 8	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	FOOD ITEM 9	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
N	FOOD ITEM N	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Fortification Knowledge			
N°	QUESTIONS	ANSWERS	SKIPS
FK1	Have you ever heard about fortified foods? <i>CIRCLE ONLY ONE ANSWER.</i>	Yes. 1 No. 2	If 2, skip to Health and Nutrition Module.
FK2	Where did you hear about it? <i>DO NOT READ RESPONSES TO RESPONDENT.</i> <i>CIRCLE ALL RESPONSES THAT APPLY.</i>	Television 1 Radio 2 Newspaper/magazine 3 Campagin of department of health. 4 Health facility/clinic 5 Community workers 6 Friends/family. 7 Other (specify): _____ 96	
FK3	What does fortified mean? <i>DO NOT READ RESPONSES TO RESPONDENT.</i> <i>CIRCLE ALL RESPONSES THAT APPLY.</i>	Enriched/added micronutrients 1 Good for health 2 Better quality. 3 Bad quality 4 More expensive. 5 The food tastes good... 6 The food is good for growth and development of children. 7 No meaning. 8 Other (specify): _____ 96 Don't know. 98	


OR

Fortification Knowledge			
(This module can be used in place of the one above in settings where there are fortification logos in the country of study that communities are familiar with. Repeat questions FK1–FK3 for each logo that is in use in the country.)			
N°	QUESTIONS	ANSWERS	SKIPS
FK1	SHOW [INSERT NUTRIENT] FORTIFICATION LOGO TO THE RESPONDENT. Have you ever seen this logo? <i>CIRCLE ONLY ONE ANSWER.</i>	Yes. 1 No. 2	If 2, skip to Health and Nutrition Module.
FK2	What does this logo mean? <i>DO NOT READ RESPONSES TO RESPONDENT.</i> <i>CIRCLE ALL RESPONSES THAT APPLY.</i>	Fortified/enriched/added micronutrients . . 1 Good for health 2 Better quality 3 Bad quality 4 More expensive. 5 The food tastes good. 6 The food is good for growth and development of children. 7 No meaning. 8 Other (specify): _____ 9 Don't know 98	
FK3	Does this logo influence your decision to buy? <i>DO NOT READ RESPONSES TO RESPONDENT.</i> <i>CIRCLE ONLY ONE ANSWER.</i>	No. 1 Yes, it motivates me to buy the product . . 2 Yes, it discourages me to buy the product . 3 Other (specify): _____ . 96 Don't know 98	

Health And Nutrition			
N°	QUESTIONS	ANSWERS	SKIPS
HN1	Are you currently pregnant? <i>CIRCLE ONLY ONE ANSWER.</i>	Yes. 1 No. 2 Don't know 8 Caregiver is a male 9	
HN2	Are you currently breastfeeding any child? <i>CIRCLE ONLY ONE ANSWER.</i>	Yes. 1 No. 2 Caregiver is a male 9	
HN3	Now I would like to check your and [name of child]'s nutritional status. May I measure your arm circumference? <i>TAKE THE MUAC OF THE CAREGIVER.</i> <i>IF ARM IS TOO BIG TO MEASURE, RECORD "666." IF REFUSED, RECORD "777." IF CAREGIVER IS A MALE, RECORD "999."</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $\geq 195\text{mm}$, skip to HN6.
HN4	<i>TAKE SECOND MEASUREMENT OF THE ARM CIRCUM-FERENCE OF THE CAREGIVER.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $ \text{HN3}-\text{HN4} \leq 5\text{mm}$, skip to HN6. If $< 185\text{mm}$ → Refer caregiver to health facilities!
HN5	<i>TAKE THIRD MEASUREMENT OF THE ARM CIRCUM-FERENCE OF THE CAREGIVER.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $< 185\text{mm}$ → Refer caregiver to health facilities!
HN6	May I measure [name of child]'s arm circumference? <i>TAKE THE MUAC OF THE CHILD ON HIS/HER LEFT ARM.</i> <i>IF REFUSED, RECORD "777." IF CHILD IS NOT AVAILABLE, RECORD "999."</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $\geq 125\text{mm}$, skip to HH14.
HN7	<i>TAKE SECOND MEASUREMENT OF THE ARM CIRCUM-FERENCE OF THE CHILD ON HIS/HER LEFT ARM.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $ \text{HN6}-\text{HN7} \leq 5\text{mm}$, skip to HH14. If $< 110\text{mm}$ and child < 6 months → Refer child to health facilities! If $< 115\text{mm}$ and child ≥ 6 months → Refer child to health facilities!
HN8	<i>TAKE THIRD MEASUREMENT OF THE ARM CIRCUM-FERENCE OF THE CHILD ON HIS/HER LEFT ARM.</i>	mm <input type="text"/> <input type="text"/> <input type="text"/>	If $< 110\text{mm}$ and child < 6 months → Refer child to health facilities! If $< 115\text{mm}$ and child ≥ 6 months → Refer child to health facilities!

*** CHECK THE QUESTIONNAIRE & THANK THE RESPONDENT! ***

Annex A Example of a photograph catalogue

Chapati / Roti	
	<p>4. 1 piece</p>
	<p>3. 1/2 piece</p>
	<p>2. 1/4 piece</p>
	<p>1. 1/8 piece</p>
	<p>6. 2 pieces</p>
	<p>5. 1 1/8 piece</p>