SUSTAINABLE NUTRITIONAL IMPROVEMENT: MID-TERM: CHUABO: MAR/APR 2004

A. IDENTIFICATION OF HOUSEHOLD

A01. DISTRICT: A02. LOCALITY: A03. VILLAGE: A04. HH:

A05. HEAD OF HOUSEHOLD: IF MOVED: NEW VILLAGE:

A06. TYPE OF HEAD CURRENTLY: (1- MAN 2- WOMAN WITH SUPPORT 3- WOMAN WITHOUT SUPPORT): |___| IN ROUND 2 WAS:

A07. HAS CHILD CHANGED RESIDENCE SINCE ROUND 2? (0- NO 1- YES) |___| A08. *IF MOVED:* LOCAL: |___||___| VILLAGE:_____|___|___|

A09	DATE OF 1ºINTERVIEW			/			A13. INVESTIGATOR				A17. DATE OF 1º DATA ENTRY			/		
A10.	TIME AT START			:			A14. CONTROLLER				A18. 1º DIGITIZER					
A11.	TIME AT END			:			A15. WAS THER E A CALL-BACK	0- No 1- Yes			A19. DATE OF 2º DATA ENTRY			/		
A12	DATE OF 2ºINTERVIEW						A16. INVESTIGATOR OF 2º	COMPLETED?			A20. 2º DIGITIZER					
PROBLEMAS:											A21. *WHY NOT DONE: (0- WAS DONE)*					

REFERENCE CHILD: DATE OF INTERVIEW (ROUND 2):

BREAST FED IN ROUND 2: (0- No 1- Yes): *IF STOPPED:* AGE: YEARS: MONTHS: WHY STOPPED:

MOTHER/CAREGIVER:

A22. *IF CAREGIVER CHANGED:* NEW FEMALE CAREGIVER: |____|____| _____

REFER TO THE REFERENCE LIST FOR MEMBERS OF THE HH PRESENTS IN ROUND 2:

1. FOR MEMBERS OVER 60 MONTHS: COPY THEIR NAMES ON PAGE 2 AND VERIFY THE INFORMATION.
2. FOR CHILDREN UNDER 60 MONTHS AT THE BEGINNING OF THE STUDY, COPY THEIR NAMES BELOW AND NOTE IF STILL RESIDENT:

CHILDREN UNDER 60 MONTHS:

IDNO		NAME	IS RESIDENT? 0- No 1-Yes	IF LEFT: WHY?	code		WHERE/WHY	code	*If deceased: Date he/she died* Day		Month		Year	