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

A. IDENTIFICATION OF HOUSEHOLD

<table>
<thead>
<tr>
<th>A01. DISTRICT:</th>
<th>A02. LOCALITY:</th>
<th>A03. VILLAGE:</th>
<th>A04. HH:</th>
</tr>
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</table>

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 / A10. TIME AT START: / A11. TIME AT END:

A12. DATE OF 2ºINTERVIEW / A13. INVESTIGATOR / A14. CONTROLLER / A15. WAS THERE A CALL-BACK:

A16. INVESTIGATOR OF 2º COMPLETED?

A17. DATE OF 1ºDATA ENTRY / A18. 1ºDIGITIZER / A19. DATE OF 2ºDATA ENTRY / A20. 2ºDIGITIZER

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:

<table>
<thead>
<tr>
<th>IDNO</th>
<th>NAME</th>
<th>IS RESIDENT?</th>
<th>IF LEFT: WHY?</th>
<th>WHERE/WHY</th>
<th>Code</th>
<th>If deceased: Date he/she died</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0- No 1-Yes</td>
<td></td>
<td>code</td>
<td>WHERE/WHY</td>
<td>code</td>
</tr>
</tbody>
</table>

If deceased: Date he/she died