

**SUSTAINABLE NUTRITIONAL IMPROVEMENT: PROVINCE OF ZAMBÉZIA
 CONSUMPTION AND EXPENDITURE: CHUABO: AUGUST/OCTOBER 2003
 A. IDENTIFICATION OF HOUSEHOLD**

A01. DISTRICT A02. LOCALITY: A03. VILLAGE A04. HH:
 A05. NAME OF HEAD OF HOUSEHOLD:
 A06. TYPE OF HOUSEHOLD HEAD: (1- HOMEM 2- MULHER COM APOIO 3- MULHER SEM APOIO): WAS PART B DONE? (0- FOI FEITO):

A07.	DATE OF 1° INTERVIEW			/			A11. INVESTIGATOR				A15. DATE OF 1° DATA ENTRY			/		
A08.	TIME AT START			:			A12. CONTROLLER				A16. 1° DIGITIZER					
A09.	TIME AT END			:			A13. WAS IT REDONE 0- No 1- Yes				A17. DATE OF 1° DATA ENTRY			/		
A10.	DATE OF 2° INTERVIEW						A14. INVESTIGATOR OR 2°				A18. 2° DIGITIZER					
PROBLEMS:							APPROVAL									

REFERENCE CHILD: INTERVIEW (PART B) DONE: WHEN WAS AGED (IN MONTHS):
 MOTHER/CAREGIVER OF CHILD:

MEMBERS AGED 60 MONTHS OR MORE:

(0- No 1- Yes)

# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>
# 0	SEX: 0	RELATION: 0	AGE: 0	RESIDENT PT B: 0	A19A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERS LESS THAN 60 MONTHS OLD

# 0	SEX: 0	DATE OF BIRTH: DAY:	MONTH:	ANO:	HAS A HEALTH CARD?	MOTHER'S ID NUM: 0	FATHER'S ID NUM: 0	ALTER.: 99
		A20A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>	
# 0	SEX: 0	DATE OF BIRTH: DAY:	MONTH:	ANO:	HAS A HEALTH CARD?	MOTHER'S ID NUM: 0	FATHER'S ID NUM: 0	ALTER.: 99
		A20A. IS RESIDENT?	<input type="checkbox"/>	IF LEFT: WHY:	_____	<input type="checkbox"/>	<input type="checkbox"/>	