SUSTAINABLE NUTRITIONAL IMPROVEMENT : ROUND 2 – NUTRITIONAL STATUS: CHUABO: NOV/DEC 2003
A. IDENTIFICATION OF HOUSEHOLD

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

A05. HEAD OF HOUSEHOLD: **A06. CONFIRM HEAD OF HH:** _____|___|___|

A07. TYPE OF HEAD CURRENTLY: (1- MAN   2- WOMAN WITH SUPPORT 3-WOMAN WITHOUT SUPPORT): |___| IN PART A WAS:

A08. HAS CHILD CHANGED RESIDENCE SINCE PART B? (0- NO 1-YES) |___| *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 2 Only blood		A19. DATE OF 2º DATA ENTRY			/	
A12	DATE OF 2ºINTERVIEW					A16. INVESTIGATOR OF 2º			A20. 2º DIGITIZER				
PROBLEMAS:									**A21. *WHY NOT DONE:* (0- WAS DONE)**				

REFERENCE CHILD: **AGE (ON 1ST DEZ 2003):**   **DATE OF INTERVIEW (PARTE B):**

BREAST FED IN PART B: (0- No 1- Yes): *IF STOPPED:* **AGE:** PT A: YEARS: MONTHS: OR PT B: YEARS: MONTHS: **CORRECT IS: YEARS: |___| MONTHS: |___||___|**

HAD MEASLES (PT A) (0- No 1- Yes):   **WAS ACUTELY MALNOURISHED (PT B) (0- No 1- Yes):**

MOTHER/CAREGIVER: **FATHER/PRINCIPAL MALE:**   **NUM. OF RADIOS:**

MEMBERS AGED 60 MONTHS OR OLDER: **(0- No 1- Yes)**   **WHY?**   **WHERE/WHY**

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:*_____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

\#   SEX: RELA: AGE: RES_PTB: **A22. IS RESIDENT? |___|** *IF LEFT:* _____ |___|___| _____|___|___|

MEMBERS LESS THAN 60 MONTHS OLD

\#   SEX: DATE OF BIRTH: DAY: MONTH: YEAR: RESIDENT IN PT B?   ID MOTHER: ALTER.:   ID FATHER: ALTER.:

     A23. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___| WHERE/WHY: _____|___|___|

\#   SEX: DATE OF BIRTH: DAY: MONTH: YEAR: RESIDENT IN PT B?   ID MOTHER: ALTER.:   ID FATHER: ALTER:

     A23. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___| WHERE/WHY: _____|___|___|

\#   SEX: DATE OF BIRTH: DAY: MONTH: YEAR: RESIDENT IN PT B?   ID MOTHER: ALTER.:   ID FATHER: ALTER:

     A23. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___| WHERE/WHY: _____|___|___|

\#   SEX: DATE OF BIRTH: DAY: MONTH: YEAR: RESIDENT IN PT B?   ID MOTHER: ALTER.:   ID FATHER: ALTER::

     A23. IS RESIDENT? |___| *IF LEFT:* WHY: _____ |___|___| WHERE/WHY: _____|___|___|