

## SMS\_children\_questionnaire (English)

Variable Name	Question Text	Saved Value																				
start	Hidden from user	Timestamp of form open																				
end	Hidden from user	Timestamp of form save																				
today	Hidden from user	Today's date																				
deviceid	Hidden from user	Device ID (IMEI, Wi-Fi MAC, Android ID)																				
phonenumber	Hidden from user	Phone number of SIM																				
tn	Team number	User entered integer																				
in1	Interviewer name	<table border="1"> <tbody> <tr> <td>1</td> <td>SL - Ilyas Abdirahman Hussein</td> </tr> <tr> <td>2</td> <td>SL - Khadar Abdi Siciid</td> </tr> <tr> <td>3</td> <td>SL - Hana Ismail Ali</td> </tr> <tr> <td>4</td> <td>SL - Samira Mohamed Issa</td> </tr> <tr> <td>5</td> <td>SL - Asma Mohamoud Jama</td> </tr> <tr> <td>6</td> <td>SL - Fadumo Ali Farah</td> </tr> <tr> <td>7</td> <td>SL - Ifrah Omar Muuse</td> </tr> <tr> <td>8</td> <td>SL - Umayma Mohmed Mohamud</td> </tr> <tr> <td>9</td> <td>CSZ - Shafie Adan Farah</td> </tr> <tr> <td>10</td> <td>CSZ - Amal Abdullahi Ali</td> </tr> </tbody> </table>	1	SL - Ilyas Abdirahman Hussein	2	SL - Khadar Abdi Siciid	3	SL - Hana Ismail Ali	4	SL - Samira Mohamed Issa	5	SL - Asma Mohamoud Jama	6	SL - Fadumo Ali Farah	7	SL - Ifrah Omar Muuse	8	SL - Umayma Mohmed Mohamud	9	CSZ - Shafie Adan Farah	10	CSZ - Amal Abdullahi Ali
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10	CSZ - Amal Abdullahi Ali																					

		<table border="1"> <tr> <td>11</td> <td>CSZ - Abdirahman Khaliif Mohamud</td> </tr> <tr> <td>12</td> <td>CSZ - Ali Mohamud Ahmed</td> </tr> <tr> <td>13</td> <td>CSZ - Ahmed Mohamed Ali</td> </tr> <tr> <td>14</td> <td>CSZ - Na'ima Ahmed Adow</td> </tr> <tr> <td>15</td> <td>CSZ - Muhidin Adan Ibrahim</td> </tr> <tr> <td>16</td> <td>CSZ - Abdulkadir Mohamed Gure</td> </tr> <tr> <td>17</td> <td>CSZ - Hawa Mohamud Omar</td> </tr> <tr> <td>18</td> <td>CSZ - Abdikadir Adam Mohamed</td> </tr> <tr> <td>19</td> <td>CSZ - Marian Mahad Ahmad</td> </tr> </table>	11	CSZ - Abdirahman Khaliif Mohamud	12	CSZ - Ali Mohamud Ahmed	13	CSZ - Ahmed Mohamed Ali	14	CSZ - Na'ima Ahmed Adow	15	CSZ - Muhidin Adan Ibrahim	16	CSZ - Abdulkadir Mohamed Gure	17	CSZ - Hawa Mohamud Omar	18	CSZ - Abdikadir Adam Mohamed	19	CSZ - Marian Mahad Ahmad
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16	CSZ - Abdulkadir Mohamed Gure																			
17	CSZ - Hawa Mohamud Omar																			
18	CSZ - Abdikadir Adam Mohamed																			
19	CSZ - Marian Mahad Ahmad																			
a	Hidden from user																			
day	Day	User entered integer																		
mon	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August		
1	January																			
2	February																			
3	March																			
4	April																			
5	May																			
6	June																			
7	July																			
8	August																			

		<table border="1"> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> </table>	9	September	10	October	11	November	12	December
9	September									
10	October									
11	November									
12	December									
yr	Year	User entered integer								
I001	Value for "Day" or "Month" not correct. Please go back and check!	User entered text								
I002	Value for "Day" or "Month" not correct. Please go back and check!	User entered text								
cn1	CID1. Cluster number	User entered integer								
cn2	CID1. Cluster number	User entered integer								
hhn1	CID2. Household number on cluster control form	User entered integer								
hhn2	CID2. Household number on cluster control form	User entered integer								
hhln1	CID3. Household label number	User entered text								
hhln2	CID3. Household label number	User entered text								
elwm	How many eligible children <span style="color:gray">(i.e. children 0-59 months of age)</span> are in this household?	User entered integer								
I1	There are no eligible children to interview	User entered text								
ig_01	Hidden from user									
cnm_01	CID4. Name of this child	User entered text								
clnr_01	CID5. \${5}'s line number from HH roster	User entered integer								
cgln_01	CID6. \${5}'s caregiver's line number from HH roster	User entered integer								
cln1_01	CID7. \${5}'s label number	User entered text								
cln2_01	CID7. \${5}'s label number	User entered text								
cag_01	CID8. Age of \${5} in completed months	User entered integer								
cid9_01	CID9. Is \${5} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female				
1	Male									
2	Female									
avl_01	Is \${5}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
ocg_01	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission</td> </tr> </table>	1	Yes, permission is given	0	No, permission				
1	Yes, permission is given									
0	No, permission									

		is not given						
b_01	Hidden from user							
cdi1_01	CDI1. Was \${5} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_01	CDI2. How much did \${5} weigh? (in kg)	User entered decimal						
cdi2a_01	CDI2a. How was \${5}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_01	CDI3. Is the woman who gave birth to \${5} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_01	CDI4. Does \${5}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_01	CDI4a. \${5}'s mother's line number	User entered integer						
cdi5_01	CDI5. Is \${5}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_01	Hidden from user							
I003_01	CHILD ILLNESS	User entered text						
I004_01	Now I would like to ask you about illnesses \${5} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${5} had before 2 week ago.	User entered text						
d_01	Hidden from user							
cil1_01	CIL1. At any time in the last 2 weeks, has \${5} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cil2_01	CIL2. During the diarrheal episodes, what was \${5}'s pattern of feeding?	<table border="1"> <tr> <td data-bbox="1305 149 1344 247">1</td> <td data-bbox="1344 149 1510 247">Less than normal</td> </tr> <tr> <td data-bbox="1305 247 1344 346">2</td> <td data-bbox="1344 247 1510 346">The same as normal</td> </tr> <tr> <td data-bbox="1305 346 1344 445">3</td> <td data-bbox="1344 346 1510 445">More than normal</td> </tr> <tr> <td data-bbox="1305 445 1344 499">4</td> <td data-bbox="1344 445 1510 499">No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_01	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td data-bbox="1305 562 1344 617">1</td> <td data-bbox="1344 562 1510 617">Yes</td> </tr> <tr> <td data-bbox="1305 617 1344 672">0</td> <td data-bbox="1344 617 1510 672">No</td> </tr> <tr> <td data-bbox="1305 672 1344 726">9</td> <td data-bbox="1344 672 1510 726">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_01	CIL4. At any time in the last 2 weeks, has \${5} been ill with a fever?	<table border="1"> <tr> <td data-bbox="1305 795 1344 850">1</td> <td data-bbox="1344 795 1510 850">Yes</td> </tr> <tr> <td data-bbox="1305 850 1344 905">0</td> <td data-bbox="1344 850 1510 905">No</td> </tr> <tr> <td data-bbox="1305 905 1344 959">9</td> <td data-bbox="1344 905 1510 959">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_01	CIL5. At any time during this illness with fever, did \${5} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td data-bbox="1305 1029 1344 1083">1</td> <td data-bbox="1344 1029 1510 1083">Yes</td> </tr> <tr> <td data-bbox="1305 1083 1344 1138">0</td> <td data-bbox="1344 1083 1510 1138">No</td> </tr> <tr> <td data-bbox="1305 1138 1344 1192">9</td> <td data-bbox="1344 1138 1510 1192">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_01	CIL6. Did that test show that \${5} had malaria?	<table border="1"> <tr> <td data-bbox="1305 1262 1344 1316">1</td> <td data-bbox="1344 1262 1510 1316">Yes</td> </tr> <tr> <td data-bbox="1305 1316 1344 1371">0</td> <td data-bbox="1344 1316 1510 1371">No</td> </tr> <tr> <td data-bbox="1305 1371 1344 1425">9</td> <td data-bbox="1344 1371 1510 1425">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_01	CIL7. At any time in the last 2 weeks, has \${5} had an illness with a cough?	<table border="1"> <tr> <td data-bbox="1305 1495 1344 1549">1</td> <td data-bbox="1344 1495 1510 1549">Yes</td> </tr> <tr> <td data-bbox="1305 1549 1344 1604">0</td> <td data-bbox="1344 1549 1510 1604">No</td> </tr> <tr> <td data-bbox="1305 1604 1344 1659">9</td> <td data-bbox="1344 1604 1510 1659">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil8_01	CIL8. When \${5} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td data-bbox="1305 1728 1344 1782">1</td> <td data-bbox="1344 1728 1510 1782">Yes</td> </tr> <tr> <td data-bbox="1305 1782 1344 1837">0</td> <td data-bbox="1344 1782 1510 1837">No</td> </tr> <tr> <td data-bbox="1305 1837 1344 1892">9</td> <td data-bbox="1344 1837 1510 1892">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									

cil9_01	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td data-bbox="1304 92 1344 180">1</td> <td data-bbox="1344 92 1515 180">Problem in chest only</td> </tr> <tr> <td data-bbox="1304 180 1344 317">2</td> <td data-bbox="1344 180 1515 317">Blocked or runny nose only</td> </tr> <tr> <td data-bbox="1304 317 1344 375">3</td> <td data-bbox="1344 317 1515 375">Both</td> </tr> <tr> <td data-bbox="1304 375 1344 434">8</td> <td data-bbox="1344 375 1515 434">Other</td> </tr> <tr> <td data-bbox="1304 434 1344 493">9</td> <td data-bbox="1344 434 1515 493">Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_01	Specify other reason for \${5}'s the fast or difficult breathing	User entered text										
I005_01	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_01	CDD1. Has \${5} ever been breastfed?	<table border="1"> <tr> <td data-bbox="1304 659 1344 718">1</td> <td data-bbox="1344 659 1515 718">Yes</td> </tr> <tr> <td data-bbox="1304 718 1344 777">0</td> <td data-bbox="1344 718 1515 777">No</td> </tr> <tr> <td data-bbox="1304 777 1344 835">9</td> <td data-bbox="1344 777 1515 835">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_01	Hidden from user											
cdd2_01	CDD2. How long after birth was \${5} first put to the breast?	<table border="1"> <tr> <td data-bbox="1304 953 1344 1062">1</td> <td data-bbox="1344 953 1515 1062">Immediately after birth</td> </tr> <tr> <td data-bbox="1304 1062 1344 1157">2</td> <td data-bbox="1344 1062 1515 1157">Less than 1 hr after birth</td> </tr> <tr> <td data-bbox="1304 1157 1344 1251">3</td> <td data-bbox="1344 1157 1515 1251">1 to 24 hrs after birth</td> </tr> <tr> <td data-bbox="1304 1251 1344 1346">4</td> <td data-bbox="1344 1251 1515 1346">24 hrs or more after birth</td> </tr> <tr> <td data-bbox="1304 1346 1344 1404">9</td> <td data-bbox="1344 1346 1515 1404">Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_01	Specify time in hours \${5} was first put to the breast after birth	User entered integer										
cddd_01	Specify number of completed days \${5} was first put to the breast after birth	User entered integer										
cby_01	CDD3. Was \${5} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td data-bbox="1304 1579 1344 1638">1</td> <td data-bbox="1344 1579 1515 1638">Yes</td> </tr> <tr> <td data-bbox="1304 1638 1344 1696">0</td> <td data-bbox="1344 1638 1515 1696">No</td> </tr> <tr> <td data-bbox="1304 1696 1344 1755">9</td> <td data-bbox="1344 1696 1515 1755">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
f_01	Hidden from user											
I006_01	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given	User entered text										

	breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby							
cdd4_01	Did \${5} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_01	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_01	Hidden from user							
generated_table_list_label_74	.	User entered text						
I1	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_76		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_01	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_01	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_01	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_01	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b5_01	E. Contains important nutrients	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b6_01	F. Babies benefit emotionally	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							

		0	No
cdd5b7_01	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_01	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_01	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_01	J. Other	1	Yes
		0	No
cdd5a_o_01	Specify other advantage(s) of breastfeeding	User entered text	
g_01	Hidden from user		
generated_table_list_label_88	.	User entered text	
I007_01	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_01	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_91		1	Yes
		0	No
cdd4_a_01	A. Doctor	1	Yes
		0	No
cdd4_b_01	B. Nurse / midwife	1	Yes
		0	No
cdd4_c_01	C. Health worker	1	Yes
		0	No
cdd4_d_01	D. Mother-in-law	1	Yes



		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No				
0	No							
cdd4_e_01	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_f_01	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_g_01	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_01	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_01	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_01	Hidden from user							
cdd6_01	CDD6. Yesterday, during the day or night, did \${5} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_01	CDD7. Did \${5} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_01	CDD8. Did \${5} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
i_01	Hidden from user							
generated_table_list_label_106	.	User entered text						
I009_01	CDD9. Next, I would like to ask you about (other) liquids that \${5} may have had yesterday during the day or the night. I am interested to know whether \${5} had the item even if combined with other foods. Please include liquids	User entered text						

	consumed outside of your home.							
I010_01	Did \${5} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_109		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_01	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_01	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_01	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_01	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_01	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_01	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_01	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know
cdd9_h_01	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	1 Yes 0 No 9 Don't Know
cdd9_i_01	I. Any other liquids?	1 Yes 0 No 9 Don't Know
cdd9_o_01	Specify any other liquid	User entered text
cddb_n_01	CDD10 How many times yesterday during the day or at night did \${5} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer
cddc_n_01	CDD10 How many times yesterday during the day or at night did \${5} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer
cddf_n_01	CDD10 How many times yesterday during the day or at night did \${5} consume any Yogurt?	User entered integer
j_01	Hidden from user	
I011_01	CDD11. Please describe everything that \${5} ate yesterday during the day or night, whether at home or outside the home.	User entered text
I012_01	a) Think about when \${5} first woke up yesterday. Did \${5} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${5} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text
I013_01	b) What did \${5} do after that? Did \${5} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${5} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I014_01	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text
I015_01	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I016_01	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food</span>	User entered text

	groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>							
I017_01	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_01	Hidden from user							
generated_table_list_label_132	.	User entered text						
I018_01	Yesterday during the day or night, did \${5} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_134		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_01	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_01	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_01	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_d_01	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_01	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_f_01	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangalow, grape fruit ( citrus fruit )?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_01	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_h_01	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_01	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_01	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_01	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_01	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_01	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_n_01	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_01	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_01	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_01	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_01	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_01	Specify other foods	User entered text						
cdd11_a_01_1	Hidden from user							
cdd11_b_01_1	Hidden from user							
cdd11_c_01_1	Hidden from user							
cdd11_d_01_1	Hidden from user							
cdd11_e_01_1	Hidden from user							
cdd11_f_01_1	Hidden from user							
cdd11_g_01_1	Hidden from user							
cdd11_h_01_1	Hidden from user							
cdd11_i_01_1	Hidden from user							
cdd11_j_01_1	Hidden from user							
cdd11_k_01_1	Hidden from user							
cdd11_l_01_1	Hidden from user							

cdd11_m_01_1	Hidden from user							
cdd11_n_01_1	Hidden from user							
cdd11_o_01_1	Hidden from user							
cdd11_p_01_1	Hidden from user							
cdd11_q_01_1	Hidden from user							
cdd11_r_01_1	Hidden from user							
cddcal_01	Hidden from user							
cdd12_01	CDD12. Did {5} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_01	Please go back to CDD11 and probe again	User entered text						
cdd13_01	CDD13. How many times did {5} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_01	CDD14. Yesterday, during the day or night, did {5} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_01	Hidden from user							
I020_01	Now I would like to ask you about some particular foods {5} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_01	CFS1. Yesterday, during the day or night, did {5} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs2_01	CFS2. Yesterday, during the day or night, did {5} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs3_01	CFS3. Yesterday, during the day or night, did {5} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cfs4_01	CFS4. Yesterday, during the day or night, did \${5} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																		
1	Yes																									
0	No																									
9	Don't Know																									
cfs5_01	CFS5. Is \${5} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know														
0	No																									
1	Yes, SFP																									
2	Yes, TFC/SC																									
3	Yes, OTP																									
9	Don't know																									
cfs6_01	CFS6. During the last six months was \${5} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know																
1	Yes																									
0	No																									
2	Not sure if it was vitamin A																									
9	Don't know																									
m_01	Hidden from user																									
l021_01	CFS7. When did \${5} receive a vitamin A capsule?	User entered text																								
dy1_01	Day	User entered integer																								
mn1_01	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									



yr1_01	Year	User entered integer				
I022_01	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I023_01	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I024_01	Vitamin A date is not correct. Please check date again.	User entered text				
vita_01	Do you know the benefits of vitamin A?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
n_01	Hidden from user					
generated_table_list_label_196	.	User entered text				
I025_01	CFS8. Could you please tell me benefits of vitamin A?	User entered text				
I026_01	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_199		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_a_01	A. Protect from "night blindness"	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_b_01	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_01	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_01	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_01	Specify other benefits of vitamin A	User entered text				
vacal_01	Hidden from user					
o_01	Hidden from user					
generated_table_list_label_206	.	User entered text				
I027_01	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				

I028_01	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_209		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_01	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_01	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_01	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_01	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_e_01	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_f_01	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_g_01	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_h_01	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_i_01	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_o_01	Specify other source(s) of information about the advantages of vitamin A	User entered text				

rslt_01	Final result (for \${5})	<table border="1"> <tr> <td data-bbox="1300 94 1344 409">1</td> <td data-bbox="1344 94 1511 409">Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td data-bbox="1300 409 1344 783">2</td> <td data-bbox="1344 409 1511 783">Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td data-bbox="1300 783 1344 1121">3</td> <td data-bbox="1344 783 1511 1121">Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td data-bbox="1300 1121 1344 1297">4</td> <td data-bbox="1344 1121 1511 1297">Refused interview and all data collection</td> </tr> <tr> <td data-bbox="1300 1297 1344 1354">9</td> <td data-bbox="1344 1297 1511 1354">Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_01	Specify other reason	User entered text										
ig_02	Hidden from user											
cnm_02	CID4. Name of this child	User entered text										
clnr_02	CID5. \${1}'s line number from HH roster	User entered integer										
cgln_02	CID6. \${1}'s caregiver's line number from HH roster	User entered integer										
cln1_02	CID7. \${1}'s label number	User entered text										
cln2_02	CID7. \${1}'s label number	User entered text										
cag_02	CID8. Age of \${1} in completed months	User entered integer										
cid9_02	CID9. Is \${1} male or female?	<table border="1"> <tr> <td data-bbox="1300 1862 1344 1934">1</td> <td data-bbox="1344 1862 1511 1934">Male</td> </tr> <tr> <td data-bbox="1300 1934 1344 1990">2</td> <td data-bbox="1344 1934 1511 1990">Female</td> </tr> </table>	1	Male	2	Female						
1	Male											
2	Female											

avl_02	Is \${1}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_02	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_02	Hidden from user							
cdi1_02	CDI1. Was \${1} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_02	CDI2. How much did \${1} weigh? (in kg)	User entered decimal						
cdi2a_02	CDI2a. How was \${1}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_02	CDI3. Is the woman who gave birth to \${1} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_02	CDI4. Does \${1}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_02	CDI4a. \${1}'s mother's line number	User entered integer						
cdi5_02	CDI5. Is \${1}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_02	Hidden from user							

I003_02	CHILD ILLNESS	User entered text								
I004_02	Now I would like to ask you about illnesses \${1} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${1} had before 2 week ago.	User entered text								
d_02	Hidden from user									
cil1_02	CIL1. At any time in the last 2 weeks, has \${1} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_02	CIL2. During the diarrheal episodes, what was \${1}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_02	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_02	CIL4. At any time in the last 2 weeks, has \${1} been ill with a fever?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_02	CIL5. At any time during this illness with fever, did \${1} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_02	CIL6. Did that test show that \${1} had malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_02	CIL7. At any time in the last 2 weeks, has \${1} had an illness with a cough?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know						
0	No											
9	Don't Know											
cil8_02	CIL8. When \${1} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_02	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td>1</td> <td>Problem in chest only</td> </tr> <tr> <td>2</td> <td>Blocked or runny nose only</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_02	Specify other reason for \${1}'s the fast or difficult breathing	User entered text										
I005_02	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_02	CDD1. Has \${1} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_02	Hidden from user											
cdd2_02	CDD2. How long after birth was \${1} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_01	Specify time in hours \${1} was first put to the breast after birth	User entered integer										
cddd_02	Specify number of completed days \${1} was first put to the breast after birth	User entered integer										

cby_02	CDD3. Was \${1} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
f_02	Hidden from user							
I006_02	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text						
cdd4_02	Did \${1} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_02	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_02	Hidden from user							
generated_table_list_label_272	.	User entered text						
I2	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_274		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_02	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_02	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_02	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_02	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

		0	No
cdd5b5_02	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_02	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_02	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_02	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_02	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_02	J. Other	1	Yes
		0	No
cdd5a_o_02	Specify other advantage(s) of breastfeeding	User entered text	
g_02	Hidden from user		
generated_table_list_label_286	.	User entered text	
I007_02	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_02	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_289		1	Yes
		0	No
cdd4_a_02	A. Doctor	1	Yes
		0	No
cdd4_b_02	B. Nurse / midwife		



		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_c_02	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_d_02	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_e_02	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_f_02	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_g_02	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_02	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_02	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_02	Hidden from user							
cdd6_02	CDD6. Yesterday, during the day or night, did \${1} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_02	CDD7. Did \${1} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_02	CDD8. Did \${1} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know		
0	No							
9	Don't Know							
i_02	Hidden from user							
generated_table_list_label_304	.	User entered text						
I009_02	CDD9. Next, I would like to ask you about (other) liquids that \${1} may have had yesterday during the day or the night. I am interested to know whether \${1} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_02	Did \${1} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_307		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_02	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_02	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_02	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_02	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_02	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd9_f_02	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_02	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_02	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_02	I. Any other liquids?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_o_02	Specify any other liquid	User entered text						
cddb_n_02	CDD10 How many times yesterday during the day or at night did \${1} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer						
cddc_n_02	CDD10 How many times yesterday during the day or at night did \${1} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer						
cddf_n_02	CDD10 How many times yesterday during the day or at night did \${1} consume any Yogurt?	User entered integer						
j_02	Hidden from user							
I011_02	CDD11. Please describe everything that \${1} ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I012_02	a) Think about when \${1} first woke up yesterday. Did \${1} eat anything at that time? <span style="color:gray">If yes</span>: Please tell me everything \${1} ate at that time. <span style="color:gray">Probe</span>: Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b). </span>	User entered text						
I013_02	b) What did \${1} do after that? Did \${1} eat anything at that time? <span style="color:gray">If yes</span>: Please tell me everything \${1} ate at that time. <span style="color:gray">Probe</span>: Anything else? <span	User entered text						

	style="color:gray">Until respondent says nothing else. </span>							
I014_02	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe: </span>	User entered text						
I015_02	c) What ingredients were in that (MIXED DISH)?<span style="color:gray">Probe</span>: Anything else? <span style="color:gray">Until respondent says nothing else. </span>	User entered text						
I016_02	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text						
I017_02	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_02	Hidden from user							
generated_table_list_label_330	.	User entered text						
I018_02	Yesterday during the day or night, did \${1} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_332		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_02	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_02	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_02	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_d_02	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_02	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_f_02	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangelow, grape fruit ( citrus fruit )?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_02	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_h_02	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_02	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_02	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_02	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_02	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered	<table border="1"> <tr><td></td><td></td></tr> </table>						

	sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_02	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_n_02	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_02	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_02	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_02	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_02	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_02	Specify other foods	User entered text						
cdd11_a_02_1	Hidden from user							
cdd11_b_02_1	Hidden from user							
cdd11_c_02_1	Hidden from user							
cdd11_d_02_1	Hidden from user							

cdd11_e_02_1	Hidden from user							
cdd11_f_02_1	Hidden from user							
cdd11_g_02_1	Hidden from user							
cdd11_h_02_1	Hidden from user							
cdd11_i_02_1	Hidden from user							
cdd11_j_02_1	Hidden from user							
cdd11_k_02_1	Hidden from user							
cdd11_l_02_1	Hidden from user							
cdd11_m_02_1	Hidden from user							
cdd11_n_02_1	Hidden from user							
cdd11_o_02_1	Hidden from user							
cdd11_p_02_1	Hidden from user							
cdd11_q_02_1	Hidden from user							
cdd11_r_02_1	Hidden from user							
cddcal_02	Hidden from user							
cdd12_02	CDD12. Did \${1} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_02	Please go back to CDD11 and probe again	User entered text						
cdd13_02	CDD13. How many times did \${1} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_02	CDD14. Yesterday, during the day or night, did \${1} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_02	Hidden from user							
I020_02	Now I would like to ask you about some particular foods \${1} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_02	CFS1. Yesterday, during the day or night, did \${1} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cfs2_02	CFS2. Yesterday, during the day or night, did \${1} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs3_02	CFS3. Yesterday, during the day or night, did \${1} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs4_02	CFS4. Yesterday, during the day or night, did \${1} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs5_02	CFS5. Is \${1} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know
0	No											
1	Yes, SFP											
2	Yes, TFC/SC											
3	Yes, OTP											
9	Don't know											
cfs6_02	CFS6. During the last six months was \${1} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know		
1	Yes											
0	No											
2	Not sure if it was vitamin A											
9	Don't know											
m_02	Hidden from user											
I021_02	CFS7. When did \${1} receive a vitamin A capsule?	User entered text										
dy1_02	Day	User entered integer										
mn1_02	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> </table>	1	January	2	February	3	March	4	April	5	May
1	January											
2	February											
3	March											
4	April											
5	May											



		<table border="1"> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	6	June	7	July	8	August	9	September	10	October	11	November	12	December
6	June															
7	July															
8	August															
9	September															
10	October															
11	November															
12	December															
yr1_02	Year	User entered integer														
I022_02	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I023_02	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I024_02	Vitamin A date is not correct. Please check date again.	User entered text														
vita_02	Do you know the benefits of vitamin A?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
n_02	Hidden from user															
generated_table_list_label_394	.	User entered text														
I025_02	CFS8. Could you please tell me benefits of vitamin A?	User entered text														
I026_02	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text														
reserved_name_for_field_list_labels_397		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_a_02	A. Protect from "night blindness"	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_b_02	B. Protect from illness and death from childhood infections	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_c_02	C. Support the health and growth of child	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_d_02	D. Other	<table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes												
1	Yes															

		0	No
cfs8_o_02	Specify other benefits of vitamin A	User entered text	
vacal_02	Hidden from user		
o_02	Hidden from user		
generated_table_list_label_404	.	User entered text	
I027_02	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text	
I028_02	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text	
reserved_name_for_field_list_labels_407		1	Yes
		0	No
cfs9_a_02	Doctor	1	Yes
		0	No
cfs9_b_02	Nurse / midwife	1	Yes
		0	No
cfs9_c_02	Patronage nurse	1	Yes
		0	No
cfs9_d_02	Mother or Father	1	Yes
		0	No
cfs9_e_02	Mother-in-law/Father-in-law	1	Yes
		0	No
cfs9_f_02	Friend	1	Yes
		0	No
cfs9_g_02	Mass media	1	Yes
		0	No

cfs9_h_02	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_i_02	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_o_02	Specify other source(s) of information about the advantages of vitamin A	User entered text										
rslt_02	Final result (for \${1})	<table border="1"> <tr> <td>1</td> <td>Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td>2</td> <td>Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_02	Specify other reason	User entered text										
ig_03	Hidden from user											

cnm_03	CID4. Name of this child	User entered text						
clnr_03	CID5. \${8}'s line number from HH roster	User entered integer						
cgln_03	CID6. \${8}'s caregiver's line number from HH roster	User entered integer						
cln1_03	CID7. \${8}'s label number	User entered text						
cln2_03	CID7. \${8}'s label number	User entered text						
cag_03	CID8. Age of \${8} in completed months	User entered integer						
cid9_03	CID9. Is \${8} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female		
1	Male							
2	Female							
avl_03	Is \${8}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_03	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_03	Hidden from user							
cdi1_03	CDI1. Was \${8} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_03	CDI2. How much did \${8} weigh? (in kg)	User entered decimal						
cdi2a_03	CDI2a. How was \${8}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_03	CDI3. Is the woman who gave birth to \${8} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_03	CDI4. Does \${8}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

		0 No								
cdi4a_03	CDI4a. \${8}'s mother's line number	User entered integer								
cdi5_03	CDI5. Is \${8}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
c_03	Hidden from user									
I003_03	CHILD ILLNESS	User entered text								
I004_03	Now I would like to ask you about illnesses \${8} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${8} had before 2 week ago.	User entered text								
d_03	Hidden from user									
cil1_03	CIL1. At any time in the last 2 weeks, has \${8} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_03	CIL2. During the diarrheal episodes, what was \${8}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_03	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_03	CIL4. At any time in the last 2 weeks, has \${8} been ill with a fever?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_03	CIL5. At any time during this illness with fever, did \${8} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know						
0	No											
9	Don't Know											
cil6_03	CIL6. Did that test show that \${8} had malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil7_03	CIL7. At any time in the last 2 weeks, has \${8} had an illness with a cough?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil8_03	CIL8. When \${8} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_03	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td>1</td> <td>Problem in chest only</td> </tr> <tr> <td>2</td> <td>Blocked or runny nose only</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_03	Specify other reason for \${8}'s the fast or difficult breathing	User entered text										
I005_03	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_03	CDD1. Has \${8} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_03	Hidden from user											
cdd2_03	CDD2. How long after birth was \${8} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr						
1	Immediately after birth											
2	Less than 1 hr											

		<table border="1"> <tr> <td></td> <td>after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>		after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
	after birth									
3	1 to 24 hrs after birth									
4	24 hrs or more after birth									
9	Don't know									
cddh_03	Specify time in hours \${8} was first put to the breast after birth	User entered integer								
cddd_03	Specify number of completed days \${8} was first put to the breast after birth	User entered integer								
cby_03	CDD3. Was \${8} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
f_03	Hidden from user									
I006_03	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text								
cdd4_03	Did \${8} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cdd5a_03	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
aa_03	Hidden from user									
generated_table_list_label_470	.	User entered text								
I3	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text								
reserved_name_for_field_list_labels_472		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
cdd5b1_03	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									

		0	No
cdd5b2_03	B. Protect child from allergies	1	Yes
		0	No
cdd5b3_03	C. May boost intelligence of child	1	Yes
		0	No
cdd5b4_03	D. Protect child from obesity	1	Yes
		0	No
cdd5b5_03	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_03	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_03	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_03	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_03	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_03	J. Other	1	Yes
		0	No
cdd5a_o_03	Specify other advantage(s) of breastfeeding	User entered text	
g_03	Hidden from user		
generated_table_list_label_484	.	User entered text	



I007_03	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text				
I008_03	Do not prompt. Mark all responses mentioned	User entered text				
reserved_name_for_field_list_labels_487		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_a_03	A. Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_b_03	B. Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_c_03	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_d_03	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_e_03	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_f_03	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_g_03	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_h_03	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_o_03	Specify other source (s) of information about the advantages of breastfeeding	User entered text				
h_03	Hidden from user					
cdd6_03	CDD6. Yesterday, during the day or night, did \${8} drink anything from a					

	bottle with a nipple?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_03	CDD7. Did \${8} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_03	CDD8. Did \${8} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
i_03	Hidden from user							
generated_table_list_label_502	.	User entered text						
I009_03	CDD9. Next, I would like to ask you about (other) liquids that \${8} may have had yesterday during the day or the night. I am interested to know whether \${8} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_03	Did \${8} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_505		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_03	A. Plain water?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_03	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_03	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know						
cdd9_d_03	D. Juice or juice drinks?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_03	E. Clear broth?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_03	F. Yogurt?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_03	G. Thin porridge?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_03	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_03	I. Any other liquids?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_o_03	Specify any other liquid	User entered text						
cddb_n_03	CDD10 How many times yesterday during the day or at night did \${8} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer						
cddc_n_03	CDD10 How many times yesterday during the day or at night did \${8} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer						
cddf_n_03	CDD10 How many times yesterday during the day or at night did \${8} consume any Yogurt?	User entered integer						

j_03	Hidden from user							
I011_03	CDD11. Please describe everything that \${8} ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I012_03	a) Think about when \${8} first woke up yesterday. Did \${8} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${8} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text						
I013_03	b) What did \${8} do after that? Did \${8} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${8} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text						
I014_03	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text						
I015_03	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text						
I016_03	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text						
I017_03	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know:</span>	User entered text						
k_03	Hidden from user							
generated_table_list_label_528	.	User entered text						
I018_03	Yesterday during the day or night, did \${8} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_530		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_03	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum, spaghetti, bread, chapatti, macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_b_03	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	1	Yes
		0	No
		9	Don't Know
cdd11_c_03	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	1	Yes
		0	No
		9	Don't Know
cdd11_d_03	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoo, bukurey, koble, begel)?	1	Yes
		0	No
		9	Don't Know
cdd11_e_03	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	1	Yes
		0	No
		9	Don't Know
cdd11_f_03	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispanless, dhangalow, grape fruit ( citrus fruit )?	1	Yes
		0	No
		9	Don't Know
cdd11_g_03	G. Liver, kidney, heart, intestines, offal, or other organ meats?	1	Yes
		0	No
		9	Don't Know
cdd11_h_03	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero, and francolin?	1	Yes
		0	No
		9	Don't Know
cdd11_i_03	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	1	Yes
		0	No
		9	Don't Know
cdd11_j_03	J. Fresh or dried fish or shellfish?		

		1	Yes
		0	No
		9	Don't Know
cdd11_k_03	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	1	Yes
		0	No
		9	Don't Know
cdd11_l_03	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	1	Yes
		0	No
		9	Don't Know
cdd11_m_03	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	1	Yes
		0	No
		9	Don't Know
cdd11_n_03	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	Yes
		0	No
		9	Don't Know
cdd11_o_03	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	1	Yes
		0	No
		9	Don't Know
cdd11_p_03	P. Grubs, snails, or insects	1	Yes
		0	No
		9	Don't Know
cdd11_q_03	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	1	Yes
		0	No
		9	Don't Know
cdd11_r_03	R. Other foods:		

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_03	Specify other foods	User entered text						
cdd11_a_03_1	Hidden from user							
cdd11_b_03_1	Hidden from user							
cdd11_c_03_1	Hidden from user							
cdd11_d_03_1	Hidden from user							
cdd11_e_03_1	Hidden from user							
cdd11_f_03_1	Hidden from user							
cdd11_g_03_1	Hidden from user							
cdd11_h_03_1	Hidden from user							
cdd11_i_03_1	Hidden from user							
cdd11_j_03_1	Hidden from user							
cdd11_k_03_1	Hidden from user							
cdd11_l_03_1	Hidden from user							
cdd11_m_03_1	Hidden from user							
cdd11_n_03_1	Hidden from user							
cdd11_o_03_1	Hidden from user							
cdd11_p_03_1	Hidden from user							
cdd11_q_03_1	Hidden from user							
cdd11_r_03_1	Hidden from user							
cddcal_03	Hidden from user							
cdd12_03	CDD12. Did \${8} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_03	Please go back to CDD11 and probe again	User entered text						
cdd13_03	CDD13. How many times did \${8} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_03	CDD14. Yesterday, during the day or night, did \${8} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know										
I_03	Hidden from user											
I020_03	Now I would like to ask you about some particular foods \${8} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text										
cfs1_03	CFS1. Yesterday, during the day or night, did \${8} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs2_03	CFS2. Yesterday, during the day or night, did \${8} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs3_03	CFS3. Yesterday, during the day or night, did \${8} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formala?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs4_03	CFS4. Yesterday, during the day or night, did \${8} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs5_03	CFS5. Is \${8} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know
0	No											
1	Yes, SFP											
2	Yes, TFC/SC											
3	Yes, OTP											
9	Don't know											
cfs6_03	CFS6. During the last six months was \${8} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know		
1	Yes											
0	No											
2	Not sure if it was vitamin A											
9	Don't know											



m_03	Hidden from user																									
I021_03	CFS7. When did \${8} receive a vitamin A capsule?	User entered text																								
dy1_03	Day	User entered integer																								
mn1_03	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									
yr1_03	Year	User entered integer																								
I022_03	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I023_03	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I024_03	Vitamin A date is not correct. Please check date again.	User entered text																								
vita_03	Do you know the benefits of vitamin A?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
n_03	Hidden from user																									
generated_table_list_label_592	.	User entered text																								
I025_03	CFS8. Could you please tell me benefits of vitamin A?	User entered text																								
I026_03	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text																								
reserved_name_for_field_list_labels_595		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
cfs8_a_03	A. Protect from "night blindness"	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									

cfs8_b_03	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_03	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_03	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_03	Specify other benefits of vitamin A	User entered text				
vacal_03	Hidden from user					
o_03	Hidden from user					
generated_table_list_label_602	.	User entered text				
I027_03	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_03	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_605		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_03	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_03	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_03	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_03	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_e_03	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_f_03	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_g_03	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_h_03	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_i_03	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_o_03	Specify other source(s) of information about the advantages of vitamin A	User entered text						
rslt_03	Final result (for \${8})	<table border="1"> <tr> <td>1</td> <td>Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td>2</td> <td>Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry
1	Completed interview, accepted participation in anthropometry and in blood collection							
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection							
3	Completed interview, refused participation in anthropometry							

		and refused blood collection						
		4 Refused interview and all data collection						
		9 Other						
rslt_o_03	Specify other reason	User entered text						
ig_04	Hidden from user							
cnm_04	CID4. Name of this child	User entered text						
clnr_04	CID5. \${9}'s line number from HH roster	User entered integer						
cgln_04	CID6. \${9}'s caregiver's line number from HH roster	User entered integer						
cln1_04	CID7. \${9}'s label number	User entered text						
cln2_04	CID7. \${9}'s label number	User entered text						
cag_04	CID8. Age of \${9} in completed months	User entered integer						
cid9_04	CID9. Is \${9} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female		
1	Male							
2	Female							
avl_04	Is \${9}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_04	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_04	Hidden from user							
cdi1_04	CDI1. Was \${9} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_04	CDI2. How much did \${9} weigh? (in kg)	User entered decimal						

cdi2a_04	CDI2a. How was \${9}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document				
1	From recall									
2	From health card or document									
cdi3_04	CDI3. Is the woman who gave birth to \${9} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cdi4_04	CDI4. Does \${9}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
cdi4a_04	CDI4a. \${9}'s mother's line number	User entered integer								
cdi5_04	CDI5. Is \${9}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
c_04	Hidden from user									
I003_04	CHILD ILLNESS	User entered text								
I004_04	Now I would like to ask you about illnesses \${9} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${9} had before 2 week ago.	User entered text								
d_04	Hidden from user									
cil1_04	CIL1. At any time in the last 2 weeks, has \${9} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_04	CIL2. During the diarrheal episodes, what was \${9}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									

cil3_04	CIL3. Was there any blood in the stools?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil4_04	CIL4. At any time in the last 2 weeks, has \${9} been ill with a fever?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil5_04	CIL5. At any time during this illness with fever, did \${9} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil6_04	CIL6. Did that test show that \${9} had malaria?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil7_04	CIL7. At any time in the last 2 weeks, has \${9} had an illness with a cough?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil8_04	CIL8. When \${9} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_04	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr><td>1</td><td>Problem in chest only</td></tr> <tr><td>2</td><td>Blocked or runny nose only</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>8</td><td>Other</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											

cil9_o_04	Specify other reason for \${9}'s the fast or difficult breathing	User entered text										
I005_04	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_04	CDD1. Has \${9} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_04	Hidden from user											
cdd2_04	CDD2. How long after birth was \${9} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_04	Specify time in hours \${9} was first put to the breast after birth	User entered integer										
cddd_04	Specify number of completed days \${9} was first put to the breast after birth	User entered integer										
cby_04	CDD3. Was \${9} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
f_04	Hidden from user											
I006_04	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text										
cdd4_04	Did \${9} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cdd5a_04	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											

		9	Don't Know
aa_04	Hidden from user		
generated_table_list_label_668	.	User entered text	
I4	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text	
reserved_name_for_field_list_labels_670		1	Yes
		0	No
cdd5b1_04	A. Protect child from illnesses	1	Yes
		0	No
cdd5b2_04	B. Protect child from allergies	1	Yes
		0	No
cdd5b3_04	C. May boost intelligence of child	1	Yes
		0	No
cdd5b4_04	D. Protect child from obesity	1	Yes
		0	No
cdd5b5_04	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_04	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_04	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_04	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No



cdd5b9_04	I. Reduce mothers risk of postpartum bleeding	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd5b10_04	J. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd5a_o_04	Specify other advantage(s) of breastfeeding	User entered text				
g_04	Hidden from user					
generated_table_list_label_682	.	User entered text				
I007_04	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text				
I008_04	Do not prompt. Mark all responses mentioned	User entered text				
reserved_name_for_field_list_labels_685		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_a_04	A. Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_b_04	B. Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_c_04	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_d_04	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_e_04	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_f_04	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cdd4_g_04	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_04	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_04	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_04	Hidden from user							
cdd6_04	CDD6. Yesterday, during the day or night, did \${9} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_04	CDD7. Did \${9} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_04	CDD8. Did \${9} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
i_04	Hidden from user							
generated_table_list_label_700	.	User entered text						
I009_04	CDD9. Next, I would like to ask you about (other) liquids that \${9} may have had yesterday during the day or the night. I am interested to know whether \${9} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_04	Did \${9} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_703		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_04	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		<table border="1"> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	9	Don't Know				
9	Don't Know							
cdd9_b_04	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_04	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_04	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_04	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_04	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_04	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_04	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_04	I. Any other liquids?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know
cdd9_o_04	Specify any other liquid	User entered text
cddb_n_04	CDD10 How many times yesterday during the day or at night did \${9} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer
cddc_n_04	CDD10 How many times yesterday during the day or at night did \${9} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer
cddf_n_04	CDD10 How many times yesterday during the day or at night did \${9} consume any Yogurt?	User entered integer
j_04	Hidden from user	
I011_04	CDD11. Please describe everything that \${9} ate yesterday during the day or night, whether at home or outside the home.	User entered text
I012_04	a) Think about when \${9} first woke up yesterday. Did \${9} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${9} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text
I013_04	b) What did \${9} do after that? Did \${9} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${9} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I014_04	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text
I015_04	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I016_04	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text
I017_04	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know:</span>	User entered text
k_04	Hidden from user	
generated_table_list_label_726	.	User entered text
I018_04	Yesterday during the day or night, did \${9} drink/eat any (FOOD GROUP	User entered text

	ITEMS)?							
reserved_name_for_field_list_labels_728		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_04	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_04	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_04	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_d_04	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_04	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_f_04	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangalow, grape fruit ( citrus fruit )?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_04	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_h_04	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_04	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_04	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_04	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_04	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_04	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_n_04	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_04	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_p_04	P. Grubs, snails, or insects	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_04	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_04	R. Other foods:	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_04	Specify other foods	User entered text						
cdd11_a_04_1	Hidden from user							
cdd11_b_04_1	Hidden from user							
cdd11_c_04_1	Hidden from user							
cdd11_d_04_1	Hidden from user							
cdd11_e_04_1	Hidden from user							
cdd11_f_04_1	Hidden from user							
cdd11_g_04_1	Hidden from user							
cdd11_h_04_1	Hidden from user							
cdd11_i_04_1	Hidden from user							
cdd11_j_04_1	Hidden from user							
cdd11_k_04_1	Hidden from user							
cdd11_l_04_1	Hidden from user							
cdd11_m_04_1	Hidden from user							
cdd11_n_04_1	Hidden from user							
cdd11_o_04_1	Hidden from user							
cdd11_p_04_1	Hidden from user							
cdd11_q_04_1	Hidden from user							
cdd11_r_04_1	Hidden from user							
cddcal_04	Hidden from user							
cdd12_04	CDD12. Did \${9} eat any solid or semi-solid (soft, mushy) food yesterday,	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

	during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know		
0	No							
9	Don't Know							
I019_04	Please go back to CDD11 and probe again	User entered text						
cdd13_04	CDD13. How many times did \${9} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_04	CDD14. Yesterday, during the day or night, did \${9} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_04	Hidden from user							
I020_04	Now I would like to ask you about some particular foods \${9} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_04	CFS1. Yesterday, during the day or night, did \${9} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs2_04	CFS2. Yesterday, during the day or night, did \${9} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs3_04	CFS3. Yesterday, during the day or night, did \${9} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs4_04	CFS4. Yesterday, during the day or night, did \${9} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs5_04	CFS5. Is \${9} currently registered in any feeding centers?	<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes, SFP</td> </tr> <tr> <td>2</td> <td>Yes, TFC/SC</td> </tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC
0	No							
1	Yes, SFP							
2	Yes, TFC/SC							



		<table border="1"> <tr> <td>3</td> <td>Yes, OTP</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	3	Yes, OTP	9	Don't know																				
3	Yes, OTP																									
9	Don't know																									
cfs6_04	CFS6. During the last six months was \${9} given a vitamin A capsule?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not sure if it was vitamin A</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know																
1	Yes																									
0	No																									
2	Not sure if it was vitamin A																									
9	Don't know																									
m_04	Hidden from user																									
l021_04	CFS7. When did \${9} receive a vitamin A capsule?	User entered text																								
dy1_04	Day	User entered integer																								
mn1_04	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									
yr1_04	Year	User entered integer																								
l022_04	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
l023_04	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
l024_04	Vitamin A date is not correct. Please check date again.	User entered text																								
vita_04	Do you know the benefits of vitamin A?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
n_04	Hidden from user																									

generated_table_list_label_790	.	User entered text				
I025_04	CFS8. Could you please tell me benefits of vitamin A?	User entered text				
I026_04	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_793		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_a_04	A. Protect from "night blindness"	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_b_04	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_04	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_04	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_04	Specify other benefits of vitamin A	User entered text				
vacal_04	Hidden from user					
o_04	Hidden from user					
generated_table_list_label_800	.	User entered text				
I027_04	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_04	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_803		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_04	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_b_04	Nurse / midwife	1	Yes
		0	No
cfs9_c_04	Patronage nurse	1	Yes
		0	No
cfs9_d_04	Mother or Father	1	Yes
		0	No
cfs9_e_04	Mother-in-law/Father-in-law	1	Yes
		0	No
cfs9_f_04	Friend	1	Yes
		0	No
cfs9_g_04	Mass media	1	Yes
		0	No
cfs9_h_04	Other	1	Yes
		0	No
cfs9_i_04	Don't remember	1	Yes
		0	No
cfs9_o_04	Specify other source(s) of information about the advantages of vitamin A	User entered text	
rslt_04	Final result (for \${9})	1	Completed interview, accepted participation in anthropometry and in blood collection
		2	Completed interview, accepted

		<table border="1"> <tr> <td></td> <td>participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>		participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
	participation in anthropometry, refused participation in blood collection									
3	Completed interview, refused participation in anthropometry and refused blood collection									
4	Refused interview and all data collection									
9	Other									
rslt_o_04	Specify other reason	User entered text								
ig_05	Hidden from user									
cnm_05	CID4. Name of this child	User entered text								
clnr_05	CID5. \${7}'s line number from HH roster	User entered integer								
cglIn_05	CID6. \${7}'s caregiver's line number from HH roster	User entered integer								
cln1_05	CID7. \${7}'s label number	User entered text								
cln2_05	CID7. \${7}'s label number	User entered text								
cag_05	CID8. Age of \${7} in completed months	User entered integer								
cid9_05	CID9. Is \${7} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female				
1	Male									
2	Female									
avl_05	Is \${7}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
ocg_05	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission</td> </tr> </table>	1	Yes, permission is given	0	No, permission				
1	Yes, permission is given									
0	No, permission									

		is not given						
b_05	Hidden from user							
cdi1_05	CDI1. Was \${7} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_05	CDI2. How much did \${7} weigh? (in kg)	User entered decimal						
cdi2a_05	CDI2a. How was \${7}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_05	CDI3. Is the woman who gave birth to \${7} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_05	CDI4. Does \${7}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_05	CDI4a. \${7}'s mother's line number	User entered integer						
cdi5_05	CDI5. Is \${7}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_05	Hidden from user							
I003_05	CHILD ILLNESS	User entered text						
I004_05	Now I would like to ask you about illnesses \${7} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${7} had before 2 week ago.	User entered text						
d_05	Hidden from user							
cil1_05	CIL1. At any time in the last 2 weeks, has \${7} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cil2_05	CIL2. During the diarrheal episodes, what was \${7}'s pattern of feeding?	<table border="1"> <tr> <td data-bbox="1305 149 1344 247">1</td> <td data-bbox="1344 149 1511 247">Less than normal</td> </tr> <tr> <td data-bbox="1305 247 1344 346">2</td> <td data-bbox="1344 247 1511 346">The same as normal</td> </tr> <tr> <td data-bbox="1305 346 1344 445">3</td> <td data-bbox="1344 346 1511 445">More than normal</td> </tr> <tr> <td data-bbox="1305 445 1344 499">4</td> <td data-bbox="1344 445 1511 499">No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_05	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td data-bbox="1305 569 1344 623">1</td> <td data-bbox="1344 569 1511 623">Yes</td> </tr> <tr> <td data-bbox="1305 623 1344 678">0</td> <td data-bbox="1344 623 1511 678">No</td> </tr> <tr> <td data-bbox="1305 678 1344 732">9</td> <td data-bbox="1344 678 1511 732">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_05	CIL4. At any time in the last 2 weeks, has \${7} been ill with a fever?	<table border="1"> <tr> <td data-bbox="1305 802 1344 856">1</td> <td data-bbox="1344 802 1511 856">Yes</td> </tr> <tr> <td data-bbox="1305 856 1344 911">0</td> <td data-bbox="1344 856 1511 911">No</td> </tr> <tr> <td data-bbox="1305 911 1344 966">9</td> <td data-bbox="1344 911 1511 966">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_05	CIL5. At any time during this illness with fever, did \${7} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td data-bbox="1305 1035 1344 1089">1</td> <td data-bbox="1344 1035 1511 1089">Yes</td> </tr> <tr> <td data-bbox="1305 1089 1344 1144">0</td> <td data-bbox="1344 1089 1511 1144">No</td> </tr> <tr> <td data-bbox="1305 1144 1344 1199">9</td> <td data-bbox="1344 1144 1511 1199">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_05	CIL6. Did that test show that \${7} had malaria?	<table border="1"> <tr> <td data-bbox="1305 1268 1344 1323">1</td> <td data-bbox="1344 1268 1511 1323">Yes</td> </tr> <tr> <td data-bbox="1305 1323 1344 1377">0</td> <td data-bbox="1344 1323 1511 1377">No</td> </tr> <tr> <td data-bbox="1305 1377 1344 1432">9</td> <td data-bbox="1344 1377 1511 1432">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_05	CIL7. At any time in the last 2 weeks, has \${7} had an illness with a cough?	<table border="1"> <tr> <td data-bbox="1305 1501 1344 1556">1</td> <td data-bbox="1344 1501 1511 1556">Yes</td> </tr> <tr> <td data-bbox="1305 1556 1344 1610">0</td> <td data-bbox="1344 1556 1511 1610">No</td> </tr> <tr> <td data-bbox="1305 1610 1344 1665">9</td> <td data-bbox="1344 1610 1511 1665">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil8_05	CIL8. When \${7} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td data-bbox="1305 1734 1344 1789">1</td> <td data-bbox="1344 1734 1511 1789">Yes</td> </tr> <tr> <td data-bbox="1305 1789 1344 1843">0</td> <td data-bbox="1344 1789 1511 1843">No</td> </tr> <tr> <td data-bbox="1305 1843 1344 1898">9</td> <td data-bbox="1344 1843 1511 1898">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									

cil9_05	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td data-bbox="1304 92 1344 180">1</td> <td data-bbox="1344 92 1515 180">Problem in chest only</td> </tr> <tr> <td data-bbox="1304 180 1344 317">2</td> <td data-bbox="1344 180 1515 317">Blocked or runny nose only</td> </tr> <tr> <td data-bbox="1304 317 1344 375">3</td> <td data-bbox="1344 317 1515 375">Both</td> </tr> <tr> <td data-bbox="1304 375 1344 434">8</td> <td data-bbox="1344 375 1515 434">Other</td> </tr> <tr> <td data-bbox="1304 434 1344 493">9</td> <td data-bbox="1344 434 1515 493">Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_05	Specify other reason for \${7}'s the fast or difficult breathing	User entered text										
I005_05	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_05	CDD1. Has \${7} ever been breastfed?	<table border="1"> <tr> <td data-bbox="1304 659 1344 718">1</td> <td data-bbox="1344 659 1515 718">Yes</td> </tr> <tr> <td data-bbox="1304 718 1344 777">0</td> <td data-bbox="1344 718 1515 777">No</td> </tr> <tr> <td data-bbox="1304 777 1344 835">9</td> <td data-bbox="1344 777 1515 835">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_05	Hidden from user											
cdd2_05	CDD2. How long after birth was \${7} first put to the breast?	<table border="1"> <tr> <td data-bbox="1304 951 1344 1056">1</td> <td data-bbox="1344 951 1515 1056">Immediately after birth</td> </tr> <tr> <td data-bbox="1304 1056 1344 1161">2</td> <td data-bbox="1344 1056 1515 1161">Less than 1 hr after birth</td> </tr> <tr> <td data-bbox="1304 1161 1344 1266">3</td> <td data-bbox="1344 1161 1515 1266">1 to 24 hrs after birth</td> </tr> <tr> <td data-bbox="1304 1266 1344 1371">4</td> <td data-bbox="1344 1266 1515 1371">24 hrs or more after birth</td> </tr> <tr> <td data-bbox="1304 1371 1344 1459">9</td> <td data-bbox="1344 1371 1515 1459">Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_05	Specify time in hours \${7} was first put to the breast after birth	User entered integer										
cddd_05	Specify number of completed days \${7} was first put to the breast after birth	User entered integer										
cby_05	CDD3. Was \${7} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td data-bbox="1304 1577 1344 1635">1</td> <td data-bbox="1344 1577 1515 1635">Yes</td> </tr> <tr> <td data-bbox="1304 1635 1344 1694">0</td> <td data-bbox="1344 1635 1515 1694">No</td> </tr> <tr> <td data-bbox="1304 1694 1344 1753">9</td> <td data-bbox="1344 1694 1515 1753">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
f_05	Hidden from user											
I006_05	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given	User entered text										

	breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby							
cdd4_05	Did \${7} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_05	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_05	Hidden from user							
generated_table_list_label_866	.	User entered text						
I5	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_868		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_05	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_05	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_05	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_05	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b5_05	E. Contains important nutrients	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b6_05	F. Babies benefit emotionally	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							



		0	No
cdd5b7_05	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_05	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_05	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_05	J. Other	1	Yes
		0	No
cdd5a_o_05	Specify other advantage(s) of breastfeeding	User entered text	
g_05	Hidden from user		
generated_table_list_label_880	.	User entered text	
I007_05	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_05	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_883		1	Yes
		0	No
cdd4_a_05	A. Doctor	1	Yes
		0	No
cdd4_b_05	B. Nurse / midwife	1	Yes
		0	No
cdd4_c_05	C. Health worker	1	Yes
		0	No
cdd4_d_05	D. Mother-in-law	1	Yes

		0 No
cdd4_e_05	E. Friend	1 Yes 0 No
cdd4_f_05	F. Mass media	1 Yes 0 No
cdd4_g_05	G. Other	1 Yes 0 No
cdd4_h_05	H. Don't remember	1 Yes 0 No
cdd4_o_05	Specify other source (s) of information about the advantages of breastfeeding	User entered text
h_05	Hidden from user	
cdd6_05	CDD6. Yesterday, during the day or night, did \${7} drink anything from a bottle with a nipple?	1 Yes 0 No 9 Don't Know
cdd7_05	CDD7. Did \${7} drink ORS (oral rehydration solution) yesterday, during the day or night	1 Yes 0 No 9 Don't Know
cdd8_05	CDD8. Did \${7} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	1 Yes 0 No 9 Don't Know
i_05	Hidden from user	
generated_table_list_label_898	.	User entered text
I009_05	CDD9. Next, I would like to ask you about (other) liquids that \${7} may have had yesterday during the day or the night. I am interested to know whether \${7} had the item even if combined with other foods. Please include liquids	User entered text

	consumed outside of your home.							
I010_05	Did \${7} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_901		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_05	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_05	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_05	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_05	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_05	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_05	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_05	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know
cdd9_h_05	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	1 Yes 0 No 9 Don't Know
cdd9_i_05	I. Any other liquids?	1 Yes 0 No 9 Don't Know
cdd9_o_05	Specify any other liquid	User entered text
cddb_n_05	CDD10 How many times yesterday during the day or at night did \${7} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer
cddc_n_05	CDD10 How many times yesterday during the day or at night did \${7} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer
cddf_n_05	CDD10 How many times yesterday during the day or at night did \${7} consume any Yogurt?	User entered integer
j_05	Hidden from user	
I011_05	CDD11. Please describe everything that \${7} ate yesterday during the day or night, whether at home or outside the home.	User entered text
I012_05	a) Think about when \${7} first woke up yesterday. Did \${7} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${7} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text
I013_05	b) What did \${7} do after that? Did \${7} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${7} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I014_05	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text
I015_05	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I016_05	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food</span>	User entered text

	groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>							
I017_05	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_05	Hidden from user							
generated_table_list_label_924	.	User entered text						
I018_05	Yesterday during the day or night, did \${7} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_926		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_05	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_05	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_05	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_d_05	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_05	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_f_05	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangalow, grape fruit ( citrus fruit )?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_05	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_h_05	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_05	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_05	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_05	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_05	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_05	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_n_05	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_05	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_05	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_05	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_05	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_05	Specify other foods	User entered text						
cdd11_a_05_1	Hidden from user							
cdd11_b_05_1	Hidden from user							
cdd11_c_05_1	Hidden from user							
cdd11_d_05_1	Hidden from user							
cdd11_e_05_1	Hidden from user							
cdd11_f_05_1	Hidden from user							
cdd11_g_05_1	Hidden from user							
cdd11_h_05_1	Hidden from user							
cdd11_i_05_1	Hidden from user							
cdd11_j_05_1	Hidden from user							
cdd11_k_05_1	Hidden from user							
cdd11_l_05_1	Hidden from user							

cdd11_m_05_1	Hidden from user							
cdd11_n_05_1	Hidden from user							
cdd11_o_05_1	Hidden from user							
cdd11_p_05_1	Hidden from user							
cdd11_q_05_1	Hidden from user							
cdd11_r_05_1	Hidden from user							
cddcal_05	Hidden from user							
cdd12_05	CDD12. Did \${7} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_05	Please go back to CDD11 and probe again	User entered text						
cdd13_05	CDD13. How many times did \${7} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_05	CDD14. Yesterday, during the day or night, did \${7} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_05	Hidden from user							
I020_05	Now I would like to ask you about some particular foods \${7} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_05	CFS1. Yesterday, during the day or night, did \${7} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs2_05	CFS2. Yesterday, during the day or night, did \${7} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs3_05	CFS3. Yesterday, during the day or night, did \${7} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							



cfs4_05	CFS4. Yesterday, during the day or night, did \${7} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																		
1	Yes																									
0	No																									
9	Don't Know																									
cfs5_05	CFS5. Is \${7} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know														
0	No																									
1	Yes, SFP																									
2	Yes, TFC/SC																									
3	Yes, OTP																									
9	Don't know																									
cfs6_05	CFS6. During the last six months was \${7} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know																
1	Yes																									
0	No																									
2	Not sure if it was vitamin A																									
9	Don't know																									
m_05	Hidden from user																									
I021_05	CFS7. When did \${7} receive a vitamin A capsule?	User entered text																								
dy1_05	Day	User entered integer																								
mn1_05	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									

yr1_05	Year	User entered integer				
I022_05	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I023_05	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I024_05	Vitamin A date is not correct. Please check date again.	User entered text				
vita_05	Do you know the benefits of vitamin A?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
n_05	Hidden from user					
generated_table_list_label_988	.	User entered text				
I025_05	CFS8. Could you please tell me benefits of vitamin A?	User entered text				
I026_05	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_991		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_a_05	A. Protect from "night blindness"	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_b_05	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_05	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_05	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_05	Specify other benefits of vitamin A	User entered text				
vacal_05	Hidden from user					
o_05	Hidden from user					
generated_table_list_label_998	.	User entered text				
I027_05	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				

I028_05	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1001		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_05	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_05	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_05	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_05	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_e_05	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_f_05	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_g_05	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_h_05	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_i_05	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_o_05	Specify other source(s) of information about the advantages of vitamin A	User entered text				

rslt_05	Final result (for \${7})	<table border="1"> <tr> <td data-bbox="1299 94 1344 411">1</td> <td data-bbox="1344 94 1523 411">Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td data-bbox="1299 411 1344 785">2</td> <td data-bbox="1344 411 1523 785">Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td data-bbox="1299 785 1344 1121">3</td> <td data-bbox="1344 785 1523 1121">Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td data-bbox="1299 1121 1344 1297">4</td> <td data-bbox="1344 1121 1523 1297">Refused interview and all data collection</td> </tr> <tr> <td data-bbox="1299 1297 1344 1356">9</td> <td data-bbox="1344 1297 1523 1356">Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_05	Specify other reason	User entered text										
ig_06	Hidden from user											
cnm_06	CID4. Name of this child	User entered text										
clnr_06	CID5. \${4}'s line number from HH roster	User entered integer										
cgln_06	CID6. \${4}'s caregiver's line number from HH roster	User entered integer										
cln1_06	CID7. \${4}'s label number	User entered text										
cln2_06	CID7. \${5}'s label number	User entered text										
cag_06	CID8. Age of \${4} in completed months	User entered integer										
cid9_06	CID9. Is \${4} male or female?	<table border="1"> <tr> <td data-bbox="1299 1873 1344 1932">1</td> <td data-bbox="1344 1873 1523 1932">Male</td> </tr> <tr> <td data-bbox="1299 1932 1344 1990">2</td> <td data-bbox="1344 1932 1523 1990">Female</td> </tr> </table>	1	Male	2	Female						
1	Male											
2	Female											

avl_06	Is \${4}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_06	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_06	Hidden from user							
cdi1_06	CDI1. Was \${4} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_06	CDI2. How much did \${4} weigh? (in kg)	User entered decimal						
cdi2a_06	CDI2a. How was \${4}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_06	CDI3. Is the woman who gave birth to \${4} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_06	CDI4. Does \${4}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_06	CDI4a. \${4}'s mother's line number	User entered integer						
cdi5_06	CDI5. Is \${4}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_06	Hidden from user							

I003_06	CHILD ILLNESS	User entered text								
I004_06	Now I would like to ask you about illnesses \${4} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${4} had before 2 week ago.	User entered text								
d_06	Hidden from user									
cil1_06	CIL1. At any time in the last 2 weeks, has \${4} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_06	CIL2. During the diarrheal episodes, what was \${4}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_06	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_06	CIL4. At any time in the last 2 weeks, has \${4} been ill with a fever?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_06	CIL5. At any time during this illness with fever, did \${4} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_06	CIL6. Did that test show that \${4} had malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_06	CIL7. At any time in the last 2 weeks, has \${4} had an illness with a cough?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know						
0	No											
9	Don't Know											
cil8_06	CIL8. When \${4} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_06	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td>1</td> <td>Problem in chest only</td> </tr> <tr> <td>2</td> <td>Blocked or runny nose only</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_06	Specify other reason for \${4}'s the fast or difficult breathing	User entered text										
I005_06	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_06	CDD1. Has \${4} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_06	Hidden from user											
cdd2_06	CDD2. How long after birth was \${4} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_06	Specify time in hours \${4} was first put to the breast after birth	User entered integer										
cddd_06	Specify number of completed days \${4} was first put to the breast after birth	User entered integer										

cby_06	CDD3. Was \${4} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
f_06	Hidden from user							
I006_06	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text						
cdd4_06	Did \${4} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_06	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_06	Hidden from user							
generated_table_list_label_1064	.	User entered text						
I6	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_1066		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_06	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_06	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_06	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_06	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							



		0	No
cdd5b5_06	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_06	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_06	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_06	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_06	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_06	J. Other	1	Yes
		0	No
cdd5a_o_06	Specify other advantage(s) of breastfeeding	User entered text	
g_06	Hidden from user		
generated_table_list_label_1078	.	User entered text	
I007_06	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_06	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_1081		1	Yes
		0	No
cdd4_a_06	A. Doctor	1	Yes
		0	No
cdd4_b_06	B. Nurse / midwife		

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_c_06	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_d_06	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_e_06	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_f_06	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_g_06	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_06	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_06	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_06	Hidden from user							
cdd6_06	CDD6. Yesterday, during the day or night, did \${4} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_06	CDD7. Did \${4} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_06	CDD8. Did \${4} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know		
0	No							
9	Don't Know							
i_06	Hidden from user							
generated_table_list_label_1096	.	User entered text						
I009_06	CDD9. Next, I would like to ask you about (other) liquids that \${4} may have had yesterday during the day or the night. I am interested to know whether \${4} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_06	Did \${4} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_1099		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_06	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_06	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_06	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_06	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_06	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd9_f_06	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_06	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_06	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_06	I. Any other liquids?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_o_06	Specify any other liquid	User entered text						
cddb_n_06	CDD10 How many times yesterday during the day or at night did \${4} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer						
cddc_n_06	CDD10 How many times yesterday during the day or at night did \${4} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer						
cddf_n_06	CDD10 How many times yesterday during the day or at night did \${4} consume any Yogurt?	User entered integer						
j_06	Hidden from user							
I011_06	CDD11. Please describe everything that \${4} ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I012_06	a) Think about when \${4} first woke up yesterday. Did \${4} eat anything at that time? <span style="color:gray">If yes</span>: Please tell me everything \${4} ate at that time. <span style="color:gray">Probe</span>: Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b). </span>	User entered text						
I013_06	b) What did \${4} do after that? Did \${4} eat anything at that time? <span style="color:gray">If yes</span>: Please tell me everything \${4} ate at that time. <span style="color:gray">Probe</span>: Anything else? <span	User entered text						

	style="color:gray">Until respondent says nothing else. </span>							
I014_06	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe: </span>	User entered text						
I015_06	c) What ingredients were in that (MIXED DISH)?<span style="color:gray">Probe</span>: Anything else? <span style="color:gray">Until respondent says nothing else. </span>	User entered text						
I016_06	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text						
I017_06	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_06	Hidden from user							
generated_table_list_label_1122	.	User entered text						
I018_06	Yesterday during the day or night, did \${4} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_1124		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_06	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_06	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_06	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_d_06	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_06	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_f_06	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangelow, grape fruit ( citrus fruit )?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_06	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_h_06	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_06	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_06	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_06	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_06	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered	<table border="1"> <tr><td></td><td></td></tr> </table>						

	sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_06	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_n_06	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_06	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_06	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_06	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_06	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_06	Specify other foods	User entered text						
cdd11_a_06_1	Hidden from user							
cdd11_b_06_1	Hidden from user							
cdd11_c_06_1	Hidden from user							
cdd11_d_06_1	Hidden from user							

cdd11_e_06_1	Hidden from user							
cdd11_f_06_1	Hidden from user							
cdd11_g_06_1	Hidden from user							
cdd11_h_06_1	Hidden from user							
cdd11_i_06_1	Hidden from user							
cdd11_j_06_1	Hidden from user							
cdd11_k_06_1	Hidden from user							
cdd11_l_06_1	Hidden from user							
cdd11_m_06_1	Hidden from user							
cdd11_n_06_1	Hidden from user							
cdd11_o_06_1	Hidden from user							
cdd11_p_06_1	Hidden from user							
cdd11_q_06_1	Hidden from user							
cdd11_r_06_1	Hidden from user							
cddcal_06	Hidden from user							
cdd12_06	CDD12. Did \${4} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_06	Please go back to CDD11 and probe again	User entered text						
cdd13_06	CDD13. How many times did \${4} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_06	CDD14. Yesterday, during the day or night, did \${4} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_06	Hidden from user							
I020_06	Now I would like to ask you about some particular foods \${4} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_06	CFS1. Yesterday, during the day or night, did \${4} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							



cfs2_06	CFS2. Yesterday, during the day or night, did \${4} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs3_06	CFS3. Yesterday, during the day or night, did \${4} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs4_06	CFS4. Yesterday, during the day or night, did \${4} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs5_06	CFS5. Is \${4} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know
0	No											
1	Yes, SFP											
2	Yes, TFC/SC											
3	Yes, OTP											
9	Don't know											
cfs6_06	CFS6. During the last six months was \${4} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know		
1	Yes											
0	No											
2	Not sure if it was vitamin A											
9	Don't know											
m_06	Hidden from user											
I021_06	CFS7. When did \${4} receive a vitamin A capsule?	User entered text										
dy1_06	Day	User entered integer										
mn1_06	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> </table>	1	January	2	February	3	March	4	April	5	May
1	January											
2	February											
3	March											
4	April											
5	May											

		<table border="1"> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	6	June	7	July	8	August	9	September	10	October	11	November	12	December
6	June															
7	July															
8	August															
9	September															
10	October															
11	November															
12	December															
yr1_06	Year	User entered integer														
I022_06	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I023_06	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I024_06	Vitamin A date is not correct. Please check date again.	User entered text														
vita_06	Do you know the benefits of vitamin A?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
n_06	Hidden from user															
generated_table_list_label_1186	.	User entered text														
I025_06	CFS8. Could you please tell me benefits of vitamin A?	User entered text														
I026_06	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text														
reserved_name_for_field_list_labels_1189		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_a_06	A. Protect from "night blindness"	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_b_06	B. Protect from illness and death from childhood infections	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_c_06	C. Support the health and growth of child	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_d_06	D. Other	<table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes												
1	Yes															

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
cfs8_o_06	Specify other benefits of vitamin A	User entered text				
vacal_06	Hidden from user					
o_06	Hidden from user					
generated_table_list_label_1196	.	User entered text				
I027_06	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_06	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1199		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_06	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_06	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_06	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_06	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_e_06	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_f_06	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_g_06	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_h_06	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_i_06	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_o_06	Specify other source(s) of information about the advantages of vitamin A	User entered text										
rslt_06	Final result (for \${4})	<table border="1"> <tr> <td>1</td> <td>Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td>2</td> <td>Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_06	Specify other reason	User entered text										
ig_07	Hidden from user											

cnm_07	CID4. Name of this child	User entered text						
clnr_07	CID5. \${0}'s line number from HH roster	User entered integer						
cgln_07	CID6. \${0}'s caregiver's line number from HH roster	User entered integer						
cln1_07	CID7. \${0}'s label number	User entered text						
cln2_07	CID7. \${0}'s label number	User entered text						
cag_07	CID8. Age of \${0} in completed months	User entered integer						
cid9_07	CID9. Is \${0} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female		
1	Male							
2	Female							
avl_07	Is \${0}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_07	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_07	Hidden from user							
cdi1_07	CDI1. Was \${0} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_07	CDI2. How much did \${0} weigh? (in kg)	User entered decimal						
cdi2a_07	CDI2a. How was \${0}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_07	CDI3. Is the woman who gave birth to \${0} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_07	CDI4. Does \${0}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

		0	No
cdi4a_07	CDI4a. \${0}'s mother's line number	User entered integer	
cdi5_07	CDI5. Is \${0}'s father alive?	1	Yes
		0	No
		9	Don't Know
c_07	Hidden from user		
I003_07	CHILD ILLNESS	User entered text	
I004_07	Now I would like to ask you about illnesses \${0} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${0} had before 2 week ago.	User entered text	
d_07	Hidden from user		
cil1_07	CIL1. At any time in the last 2 weeks, has \${0} had diarrhoea?	1	Yes
		0	No
		9	Don't Know
cil2_07	CIL2. During the diarrheal episodes, what was \${0}'s pattern of feeding?	1	Less than normal
		2	The same as normal
		3	More than normal
		4	No food
cil3_07	CIL3. Was there any blood in the stools?	1	Yes
		0	No
		9	Don't Know
cil4_07	CIL4. At any time in the last 2 weeks, has \${0} been ill with a fever?	1	Yes
		0	No
		9	Don't Know
cil5_07	CIL5. At any time during this illness with fever, did \${0} have blood taken from his/her finger or heel for malaria testing?	1	Yes

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know						
0	No											
9	Don't Know											
cil6_07	CIL6. Did that test show that \${0} had malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil7_07	CIL7. At any time in the last 2 weeks, has \${0} had an illness with a cough?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil8_07	CIL8. When \${0} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_07	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td>1</td> <td>Problem in chest only</td> </tr> <tr> <td>2</td> <td>Blocked or runny nose only</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_07	Specify other reason for \${0}'s the fast or difficult breathing	User entered text										
I005_07	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_07	CDD1. Has \${0} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_07	Hidden from user											
cdd2_07	CDD2. How long after birth was \${0} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr						
1	Immediately after birth											
2	Less than 1 hr											

		<table border="1"> <tr> <td></td> <td>after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>		after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
	after birth									
3	1 to 24 hrs after birth									
4	24 hrs or more after birth									
9	Don't know									
cddh_07	Specify time in hours \${0} was first put to the breast after birth	User entered integer								
cddd_07	Specify number of completed days \${0} was first put to the breast after birth	User entered integer								
cby_07	CDD3. Was \${0} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
f_07	Hidden from user									
I006_07	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text								
cdd4_07	Did \${0} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cdd5a_07	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
aa_07	Hidden from user									
generated_table_list_label_1262	.	User entered text								
I7	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text								
reserved_name_for_field_list_labels_1264		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
cdd5b1_07	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									



		0	No
cdd5b2_07	B. Protect child from allergies	1	Yes
		0	No
cdd5b3_07	C. May boost intelligence of child	1	Yes
		0	No
cdd5b4_07	D. Protect child from obesity	1	Yes
		0	No
cdd5b5_07	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_07	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_07	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_07	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_07	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_07	J. Other	1	Yes
		0	No
cdd5a_o_07	Specify other advantage(s) of breastfeeding	User entered text	
g_07	Hidden from user		
generated_table_list_label_1276	.	User entered text	

I007_07	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text				
I008_07	Do not prompt. Mark all responses mentioned	User entered text				
reserved_name_for_field_list_labels_1279		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_a_07	A. Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_b_07	B. Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_c_07	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_d_07	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_e_07	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_f_07	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_g_07	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_h_07	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_o_07	Specify other source (s) of information about the advantages of breastfeeding	User entered text				
h_07	Hidden from user					
cdd6_07	CDD6. Yesterday, during the day or night, did \${0} drink anything from a					

	bottle with a nipple?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_07	CDD7. Did \${0} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_07	CDD8. Did \${0} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
i_07	Hidden from user							
generated_table_list_label_1294	.	User entered text						
I009_07	CDD9. Next, I would like to ask you about (other) liquids that \${0} may have had yesterday during the day or the night. I am interested to know whether \${0} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_07	Did \${0} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_1297		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_07	A. Plain water?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_07	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_07	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know						
cdd9_d_07	D. Juice or juice drinks?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_07	E. Clear broth?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_07	F. Yogurt?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_07	G. Thin porridge?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_07	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_07	I. Any other liquids?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_o_07	Specify any other liquid	User entered text						
cddb_n_07	CDD10 How many times yesterday during the day or at night did \${0} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer						
cddc_n_07	CDD10 How many times yesterday during the day or at night did \${0} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer						
cddf_n_07	CDD10 How many times yesterday during the day or at night did \${0} consume any Yogurt?	User entered integer						

j_07	Hidden from user							
I011_07	CDD11. Please describe everything that \${0} ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I012_07	a) Think about when \${0} first woke up yesterday. Did \${0} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${0} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text						
I013_07	b) What did \${0} do after that? Did \${0} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${0} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text						
I014_07	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text						
I015_07	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text						
I016_07	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text						
I017_07	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know:</span>	User entered text						
k_07	Hidden from user							
generated_table_list_label_1320	.	User entered text						
I018_07	Yesterday during the day or night, did \${0} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_1322		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_07	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum, spaghetti, bread, chapatti, macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_b_07	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	1	Yes
		0	No
		9	Don't Know
cdd11_c_07	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	1	Yes
		0	No
		9	Don't Know
cdd11_d_07	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoo, bukurey, koble, begel)?	1	Yes
		0	No
		9	Don't Know
cdd11_e_07	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	1	Yes
		0	No
		9	Don't Know
cdd11_f_07	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispanless, dhangalow, grape fruit ( citrus fruit )?	1	Yes
		0	No
		9	Don't Know
cdd11_g_07	G. Liver, kidney, heart, intestines, offal, or other organ meats?	1	Yes
		0	No
		9	Don't Know
cdd11_h_07	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero, and francolin?	1	Yes
		0	No
		9	Don't Know
cdd11_i_07	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	1	Yes
		0	No
		9	Don't Know
cdd11_j_07	J. Fresh or dried fish or shellfish?		

		1	Yes
		0	No
		9	Don't Know
cdd11_k_07	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	1	Yes
		0	No
		9	Don't Know
cdd11_l_07	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	1	Yes
		0	No
		9	Don't Know
cdd11_m_07	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	1	Yes
		0	No
		9	Don't Know
cdd11_n_07	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	Yes
		0	No
		9	Don't Know
cdd11_o_07	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	1	Yes
		0	No
		9	Don't Know
cdd11_p_07	P. Grubs, snails, or insects	1	Yes
		0	No
		9	Don't Know
cdd11_q_07	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	1	Yes
		0	No
		9	Don't Know
cdd11_r_07	R. Other foods:		

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_07	Specify other foods	User entered text						
cdd11_a_07_1	Hidden from user							
cdd11_b_07_1	Hidden from user							
cdd11_c_07_1	Hidden from user							
cdd11_d_07_1	Hidden from user							
cdd11_e_07_1	Hidden from user							
cdd11_f_07_1	Hidden from user							
cdd11_g_07_1	Hidden from user							
cdd11_h_07_1	Hidden from user							
cdd11_i_07_1	Hidden from user							
cdd11_j_07_1	Hidden from user							
cdd11_k_07_1	Hidden from user							
cdd11_l_07_1	Hidden from user							
cdd11_m_07_1	Hidden from user							
cdd11_n_07_1	Hidden from user							
cdd11_o_07_1	Hidden from user							
cdd11_p_07_1	Hidden from user							
cdd11_q_07_1	Hidden from user							
cdd11_r_07_1	Hidden from user							
cddcal_07	Hidden from user							
cdd12_07	CDD12. Did \${0} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_07	Please go back to CDD11 and probe again	User entered text						
cdd13_07	CDD13. How many times did \${0} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_07	CDD14. Yesterday, during the day or night, did \${0} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							



		9 Don't Know										
I_07	Hidden from user											
I020_07	Now I would like to ask you about some particular foods \${0} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text										
cfs1_07	CFS1. Yesterday, during the day or night, did \${0} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs2_07	CFS2. Yesterday, during the day or night, did \${0} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs3_07	CFS3. Yesterday, during the day or night, did \${0} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs4_07	CFS4. Yesterday, during the day or night, did \${0} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs5_07	CFS5. Is \${0} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know
0	No											
1	Yes, SFP											
2	Yes, TFC/SC											
3	Yes, OTP											
9	Don't know											
cfs6_07	CFS6. During the last six months was \${0} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know		
1	Yes											
0	No											
2	Not sure if it was vitamin A											
9	Don't know											

m_07	Hidden from user																									
I021_07	CFS7. When did \${0} receive a vitamin A capsule?	User entered text																								
dy1_07	Day	User entered integer																								
mn1_07	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									
yr1_07	Year	User entered integer																								
I022_07	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I023_07	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I024_07	Vitamin A date is not correct. Please check date again.	User entered text																								
vita_07	Do you know the benefits of vitamin A?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
n_07	Hidden from user																									
generated_table_list_label_1384	.	User entered text																								
I025_07	CFS8. Could you please tell me benefits of vitamin A?	User entered text																								
I026_07	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text																								
reserved_name_for_field_list_labels_1387		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
cfs8_a_07	A. Protect from "night blindness"	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									

cfs8_b_07	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_07	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_07	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_07	Specify other benefits of vitamin A	User entered text				
vacal_07	Hidden from user					
o_07	Hidden from user					
generated_table_list_label_1394	.	User entered text				
I027_07	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_07	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1397		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_07	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_07	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_07	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_07	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_e_07	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_f_07	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_g_07	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_h_07	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_i_07	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cfs9_o_07	Specify other source(s) of information about the advantages of vitamin A	User entered text						
rslt_07	Final result (for \${0})	<table border="1"> <tr> <td>1</td> <td>Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td>2</td> <td>Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry
1	Completed interview, accepted participation in anthropometry and in blood collection							
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection							
3	Completed interview, refused participation in anthropometry							

		and refused blood collection						
		4 Refused interview and all data collection						
		9 Other						
rslt_o_07	Specify other reason	User entered text						
ig_08	Hidden from user							
cnm_08	CID4. Name of this child	User entered text						
clnr_08	CID5. \${3}'s line number from HH roster	User entered integer						
cgln_08	CID6. \${3}'s caregiver's line number from HH roster	User entered integer						
cln1_08	CID7. \${3}'s label number	User entered text						
cln2_08	CID7. \${3}'s label number	User entered text						
cag_08	CID8. Age of \${3} in completed months	User entered integer						
cid9_08	CID9. Is \${3} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female		
1	Male							
2	Female							
avl_08	Is \${3}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_08	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_08	Hidden from user							
cdi1_08	CDI1. Was \${3} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_08	CDI2. How much did \${3} weigh? (in kg)	User entered decimal						

cdi2a_08	CDI2a. How was \${3}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document				
1	From recall									
2	From health card or document									
cdi3_08	CDI3. Is the woman who gave birth to \${3} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cdi4_08	CDI4. Does \${3}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
cdi4a_08	CDI4a. \${3}'s mother's line number	User entered integer								
cdi5_08	CDI5. Is \${3}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
c_08	Hidden from user									
I003_08	CHILD ILLNESS	User entered text								
I004_08	Now I would like to ask you about illnesses \${3} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${3} had before 2 week ago.	User entered text								
d_08	Hidden from user									
cil1_08	CIL1. At any time in the last 2 weeks, has \${3} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_08	CIL2. During the diarrheal episodes, what was \${3}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									

cil3_08	CIL3. Was there any blood in the stools?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil4_08	CIL4. At any time in the last 2 weeks, has \${3} been ill with a fever?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil5_08	CIL5. At any time during this illness with fever, did \${3} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil6_08	CIL6. Did that test show that \${3} had malaria?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil7_08	CIL7. At any time in the last 2 weeks, has \${3} had an illness with a cough?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil8_08	CIL8. When \${3} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_08	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr><td>1</td><td>Problem in chest only</td></tr> <tr><td>2</td><td>Blocked or runny nose only</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>8</td><td>Other</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											

cil9_o_08	Specify other reason for \${3}'s the fast or difficult breathing	User entered text										
I005_08	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_08	CDD1. Has \${3} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_08	Hidden from user											
cdd2_08	CDD2. How long after birth was \${3} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_08	Specify time in hours \${3} was first put to the breast after birth	User entered integer										
cddd_08	Specify number of completed days \${3} was first put to the breast after birth	User entered integer										
cby_08	CDD3. Was \${3} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
f_08	Hidden from user											
I006_08	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text										
cdd4_08	Did \${3} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cdd5a_08	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											



		9	Don't Know
aa_08	Hidden from user		
generated_table_list_label_1460	.	User entered text	
I8	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text	
reserved_name_for_field_list_labels_1462		1	Yes
		0	No
cdd5b1_08	A. Protect child from illnesses	1	Yes
		0	No
cdd5b2_08	B. Protect child from allergies	1	Yes
		0	No
cdd5b3_08	C. May boost intelligence of child	1	Yes
		0	No
cdd5b4_08	D. Protect child from obesity	1	Yes
		0	No
cdd5b5_08	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_08	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_08	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_08	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No

cdd5b9_08	I. Reduce mothers risk of postpartum bleeding	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd5b10_08	J. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd5a_o_08	Specify other advantage(s) of breastfeeding	User entered text				
g_08	Hidden from user					
generated_table_list_label_1474	.	User entered text				
I007_08	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text				
I008_08	Do not prompt. Mark all responses mentioned	User entered text				
reserved_name_for_field_list_labels_1477		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_a_08	A. Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_b_08	B. Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_c_08	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_d_08	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_e_08	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cdd4_f_08	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cdd4_g_08	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_08	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_08	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_08	Hidden from user							
cdd6_08	CDD6. Yesterday, during the day or night, did \${3} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_08	CDD7. Did \${3} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_08	CDD8. Did \${3} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
i_08	Hidden from user							
generated_table_list_label_1492	.	User entered text						
I009_08	CDD9. Next, I would like to ask you about (other) liquids that \${3} may have had yesterday during the day or the night. I am interested to know whether \${3} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_08	Did \${3} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_1495		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_08	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		<table border="1"> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	9	Don't Know				
9	Don't Know							
cdd9_b_08	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_08	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_08	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_08	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_08	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_08	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_08	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_08	I. Any other liquids?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know
cdd9_o_08	Specify any other liquid	User entered text
cddb_n_08	CDD10 How many times yesterday during the day or at night did \${3} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer
cddc_n_08	CDD10 How many times yesterday during the day or at night did \${3} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer
cddf_n_08	CDD10 How many times yesterday during the day or at night did \${3} consume any Yogurt?	User entered integer
j_08	Hidden from user	
I011_08	CDD11. Please describe everything that \${3} ate yesterday during the day or night, whether at home or outside the home.	User entered text
I012_08	a) Think about when \${3} first woke up yesterday. Did \${3} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${3} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text
I013_08	b) What did \${3} do after that? Did \${3} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${3} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I014_08	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text
I015_08	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I016_08	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text
I017_08	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know:</span>	User entered text
k_08	Hidden from user	
generated_table_list_label_1518	.	User entered text
I018_08	Yesterday during the day or night, did \${3} drink/eat any (FOOD GROUP	User entered text

	ITEMS)?							
reserved_name_for_field_list_labels_1520		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_08	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_08	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_08	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_d_08	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_08	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_f_08	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangalow, grape fruit ( citrus fruit )?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_08	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_h_08	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_08	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_08	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_08	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_08	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_08	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_n_08	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_08	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_p_08	P. Grubs, snails, or insects	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_08	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_08	R. Other foods:	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_08	Specify other foods	User entered text						
cdd11_a_08_1	Hidden from user							
cdd11_b_08_1	Hidden from user							
cdd11_c_08_1	Hidden from user							
cdd11_d_08_1	Hidden from user							
cdd11_e_08_1	Hidden from user							
cdd11_f_08_1	Hidden from user							
cdd11_g_08_1	Hidden from user							
cdd11_h_08_1	Hidden from user							
cdd11_i_08_1	Hidden from user							
cdd11_j_08_1	Hidden from user							
cdd11_k_08_1	Hidden from user							
cdd11_l_08_1	Hidden from user							
cdd11_m_08_1	Hidden from user							
cdd11_n_08_1	Hidden from user							
cdd11_o_08_1	Hidden from user							
cdd11_p_08_1	Hidden from user							
cdd11_q_08_1	Hidden from user							
cdd11_r_08_1	Hidden from user							
cddcal_08	Hidden from user							
cdd12_08	CDD12. Did $\{3\}$ eat any solid or semi-solid (soft, mushy) food yesterday,	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							



	during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know		
0	No							
9	Don't Know							
I019_08	Please go back to CDD11 and probe again	User entered text						
cdd13_08	CDD13. How many times did \${3} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_08	CDD14. Yesterday, during the day or night, did \${3} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_08	Hidden from user							
I020_08	Now I would like to ask you about some particular foods \${3} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_08	CFS1. Yesterday, during the day or night, did \${3} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs2_08	CFS2. Yesterday, during the day or night, did \${3} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs3_08	CFS3. Yesterday, during the day or night, did \${3} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs4_08	CFS4. Yesterday, during the day or night, did \${3} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs5_08	CFS5. Is \${3} currently registered in any feeding centers?	<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes, SFP</td> </tr> <tr> <td>2</td> <td>Yes, TFC/SC</td> </tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC
0	No							
1	Yes, SFP							
2	Yes, TFC/SC							

		<table border="1"> <tr> <td>3</td> <td>Yes, OTP</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	3	Yes, OTP	9	Don't know																				
3	Yes, OTP																									
9	Don't know																									
cfs6_08	CFS6. During the last six months was \${3} given a vitamin A capsule?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not sure if it was vitamin A</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know																
1	Yes																									
0	No																									
2	Not sure if it was vitamin A																									
9	Don't know																									
m_08	Hidden from user																									
I021_08	CFS7. When did \${3} receive a vitamin A capsule?	User entered text																								
dy1_08	Day	User entered integer																								
mn1_08	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									
yr1_08	Year	User entered integer																								
I022_08	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I023_08	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I024_08	Vitamin A date is not correct. Please check date again.	User entered text																								
vita_08	Do you know the benefits of vitamin A?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
n_08	Hidden from user																									

generated_table_list_label_1582	.	User entered text				
I025_08	CFS8. Could you please tell me benefits of vitamin A?	User entered text				
I026_08	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1585		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_a_08	A. Protect from "night blindness"	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_b_08	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_08	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_08	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_08	Specify other benefits of vitamin A	User entered text				
vacal_08	Hidden from user					
o_08	Hidden from user					
generated_table_list_label_1592	.	User entered text				
I027_08	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_08	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1595		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_08	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_b_08	Nurse / midwife	1	Yes
		0	No
cfs9_c_08	Patronage nurse	1	Yes
		0	No
cfs9_d_08	Mother or Father	1	Yes
		0	No
cfs9_e_08	Mother-in-law/Father-in-law	1	Yes
		0	No
cfs9_f_08	Friend	1	Yes
		0	No
cfs9_g_08	Mass media	1	Yes
		0	No
cfs9_h_08	Other	1	Yes
		0	No
cfs9_i_08	Don't remember	1	Yes
		0	No
cfs9_o_08	Specify other source(s) of information about the advantages of vitamin A	User entered text	
rslt_08	Final result (for \${3})	1	Completed interview, accepted participation in anthropometry and in blood collection
		2	Completed interview, accepted

		<table border="1"> <tr> <td></td> <td>participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>		participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
	participation in anthropometry, refused participation in blood collection									
3	Completed interview, refused participation in anthropometry and refused blood collection									
4	Refused interview and all data collection									
9	Other									
rslt_o_08	Specify other reason	User entered text								
ig_09	Hidden from user									
cnm_09	CID4. Name of this child	User entered text								
clnr_09	CID5. \${6}'s line number from HH roster	User entered integer								
cgln_09	CID6. \${6}'s caregiver's line number from HH roster	User entered integer								
cln1_09	CID7. \${6}'s label number	User entered text								
cln2_09	CID7. \${6}'s label number	User entered text								
cag_09	CID8. Age of \${6} in completed months	User entered integer								
cid9_09	CID9. Is \${6} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female				
1	Male									
2	Female									
avl_09	Is \${6}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
ocg_09	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission</td> </tr> </table>	1	Yes, permission is given	0	No, permission				
1	Yes, permission is given									
0	No, permission									

		is not given						
b_09	Hidden from user							
cdi1_09	CDI1. Was \${6} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_09	CDI2. How much did \${6} weigh? (in kg)	User entered decimal						
cdi2a_09	CDI2a. How was \${6}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_09	CDI3. Is the woman who gave birth to \${6} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_09	CDI4. Does \${6}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_09	CDI4a. \${6}'s mother's line number	User entered integer						
cdi5_09	CDI5. Is \${6}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_09	Hidden from user							
I003_09	CHILD ILLNESS	User entered text						
I004_09	Now I would like to ask you about illnesses \${6} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${6} had before 2 week ago.	User entered text						
d_09	Hidden from user							
cil1_09	CIL1. At any time in the last 2 weeks, has \${6} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cil2_09	CIL2. During the diarrheal episodes, what was \${6}'s pattern of feeding?	<table border="1"> <tr> <td data-bbox="1308 138 1344 247">1</td> <td data-bbox="1344 138 1515 247">Less than normal</td> </tr> <tr> <td data-bbox="1308 247 1344 346">2</td> <td data-bbox="1344 247 1515 346">The same as normal</td> </tr> <tr> <td data-bbox="1308 346 1344 445">3</td> <td data-bbox="1344 346 1515 445">More than normal</td> </tr> <tr> <td data-bbox="1308 445 1344 548">4</td> <td data-bbox="1344 445 1515 548">No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_09	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td data-bbox="1308 552 1344 619">1</td> <td data-bbox="1344 552 1515 619">Yes</td> </tr> <tr> <td data-bbox="1308 619 1344 678">0</td> <td data-bbox="1344 619 1515 678">No</td> </tr> <tr> <td data-bbox="1308 678 1344 783">9</td> <td data-bbox="1344 678 1515 783">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_09	CIL4. At any time in the last 2 weeks, has \${6} been ill with a fever?	<table border="1"> <tr> <td data-bbox="1308 787 1344 854">1</td> <td data-bbox="1344 787 1515 854">Yes</td> </tr> <tr> <td data-bbox="1308 854 1344 913">0</td> <td data-bbox="1344 854 1515 913">No</td> </tr> <tr> <td data-bbox="1308 913 1344 1018">9</td> <td data-bbox="1344 913 1515 1018">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_09	CIL5. At any time during this illness with fever, did \${6} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td data-bbox="1308 1022 1344 1089">1</td> <td data-bbox="1344 1022 1515 1089">Yes</td> </tr> <tr> <td data-bbox="1308 1089 1344 1148">0</td> <td data-bbox="1344 1089 1515 1148">No</td> </tr> <tr> <td data-bbox="1308 1148 1344 1253">9</td> <td data-bbox="1344 1148 1515 1253">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_09	CIL6. Did that test show that \${6} had malaria?	<table border="1"> <tr> <td data-bbox="1308 1257 1344 1325">1</td> <td data-bbox="1344 1257 1515 1325">Yes</td> </tr> <tr> <td data-bbox="1308 1325 1344 1383">0</td> <td data-bbox="1344 1325 1515 1383">No</td> </tr> <tr> <td data-bbox="1308 1383 1344 1488">9</td> <td data-bbox="1344 1383 1515 1488">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_09	CIL7. At any time in the last 2 weeks, has \${6} had an illness with a cough?	<table border="1"> <tr> <td data-bbox="1308 1493 1344 1560">1</td> <td data-bbox="1344 1493 1515 1560">Yes</td> </tr> <tr> <td data-bbox="1308 1560 1344 1619">0</td> <td data-bbox="1344 1560 1515 1619">No</td> </tr> <tr> <td data-bbox="1308 1619 1344 1724">9</td> <td data-bbox="1344 1619 1515 1724">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil8_09	CIL8. When \${6} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td data-bbox="1308 1728 1344 1795">1</td> <td data-bbox="1344 1728 1515 1795">Yes</td> </tr> <tr> <td data-bbox="1308 1795 1344 1854">0</td> <td data-bbox="1344 1795 1515 1854">No</td> </tr> <tr> <td data-bbox="1308 1854 1344 1959">9</td> <td data-bbox="1344 1854 1515 1959">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									

cil9_09	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td data-bbox="1305 92 1344 180">1</td> <td data-bbox="1344 92 1511 180">Problem in chest only</td> </tr> <tr> <td data-bbox="1305 180 1344 317">2</td> <td data-bbox="1344 180 1511 317">Blocked or runny nose only</td> </tr> <tr> <td data-bbox="1305 317 1344 375">3</td> <td data-bbox="1344 317 1511 375">Both</td> </tr> <tr> <td data-bbox="1305 375 1344 434">8</td> <td data-bbox="1344 375 1511 434">Other</td> </tr> <tr> <td data-bbox="1305 434 1344 493">9</td> <td data-bbox="1344 434 1511 493">Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_09	Specify other reason for \${6}'s the fast or difficult breathing	User entered text										
I005_09	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_09	CDD1. Has \${6} ever been breastfed?	<table border="1"> <tr> <td data-bbox="1305 659 1344 718">1</td> <td data-bbox="1344 659 1511 718">Yes</td> </tr> <tr> <td data-bbox="1305 718 1344 777">0</td> <td data-bbox="1344 718 1511 777">No</td> </tr> <tr> <td data-bbox="1305 777 1344 835">9</td> <td data-bbox="1344 777 1511 835">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_09	Hidden from user											
cdd2_09	CDD2. How long after birth was \${6} first put to the breast?	<table border="1"> <tr> <td data-bbox="1305 951 1344 1060">1</td> <td data-bbox="1344 951 1511 1060">Immediately after birth</td> </tr> <tr> <td data-bbox="1305 1060 1344 1155">2</td> <td data-bbox="1344 1060 1511 1155">Less than 1 hr after birth</td> </tr> <tr> <td data-bbox="1305 1155 1344 1249">3</td> <td data-bbox="1344 1155 1511 1249">1 to 24 hrs after birth</td> </tr> <tr> <td data-bbox="1305 1249 1344 1344">4</td> <td data-bbox="1344 1249 1511 1344">24 hrs or more after birth</td> </tr> <tr> <td data-bbox="1305 1344 1344 1402">9</td> <td data-bbox="1344 1344 1511 1402">Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_09	Specify time in hours \${6} was first put to the breast after birth	User entered integer										
cddd_09	Specify number of completed days \${6} was first put to the breast after birth	User entered integer										
cby_09	CDD3. Was \${6} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td data-bbox="1305 1579 1344 1638">1</td> <td data-bbox="1344 1579 1511 1638">Yes</td> </tr> <tr> <td data-bbox="1305 1638 1344 1696">0</td> <td data-bbox="1344 1638 1511 1696">No</td> </tr> <tr> <td data-bbox="1305 1696 1344 1755">9</td> <td data-bbox="1344 1696 1511 1755">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
f_09	Hidden from user											
I006_09	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given	User entered text										



	breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby							
cdd4_09	Did \${6} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_09	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_09	Hidden from user							
generated_table_list_label_1658	.	User entered text						
I9	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_1660		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_09	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_09	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_09	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_09	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b5_09	E. Contains important nutrients	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b6_09	F. Babies benefit emotionally	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							

		0	No
cdd5b7_09	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_09	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_09	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_09	J. Other	1	Yes
		0	No
cdd5a_o_09	Specify other advantage(s) of breastfeeding	User entered text	
g_09	Hidden from user		
generated_table_list_label_1672	.	User entered text	
I007_09	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_09	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_1675		1	Yes
		0	No
cdd4_a_09	A. Doctor	1	Yes
		0	No
cdd4_b_09	B. Nurse / midwife	1	Yes
		0	No
cdd4_c_09	C. Health worker	1	Yes
		0	No
cdd4_d_09	D. Mother-in-law	1	Yes

		0 No
cdd4_e_09	E. Friend	1 Yes 0 No
cdd4_f_09	F. Mass media	1 Yes 0 No
cdd4_g_09	G. Other	1 Yes 0 No
cdd4_h_09	H. Don't remember	1 Yes 0 No
cdd4_o_09	Specify other source (s) of information about the advantages of breastfeeding	User entered text
h_09	Hidden from user	
cdd6_09	CDD6. Yesterday, during the day or night, did \${6} drink anything from a bottle with a nipple?	1 Yes 0 No 9 Don't Know
cdd7_09	CDD7. Did \${6} drink ORS (oral rehydration solution) yesterday, during the day or night	1 Yes 0 No 9 Don't Know
cdd8_09	CDD8. Did \${6} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	1 Yes 0 No 9 Don't Know
i_09	Hidden from user	
generated_table_list_label_1690	.	User entered text
I009_09	CDD9. Next, I would like to ask you about (other) liquids that \${6} may have had yesterday during the day or the night. I am interested to know whether \${6} had the item even if combined with other foods. Please include liquids	User entered text

	consumed outside of your home.							
I010_09	Did \${6} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_1693		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_09	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_09	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_09	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_09	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_09	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_f_09	F. Yogurt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_09	G. Thin porridge?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

		9 Don't Know
cdd9_h_09	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	1 Yes 0 No 9 Don't Know
cdd9_i_09	I. Any other liquids?	1 Yes 0 No 9 Don't Know
cdd9_o_09	Specify any other liquid	User entered text
cddb_n_09	CDD10 How many times yesterday during the day or at night did \${6} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer
cddc_n_09	CDD10 How many times yesterday during the day or at night did \${6} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer
cddf_n_09	CDD10 How many times yesterday during the day or at night did \${6} consume any Yogurt?	User entered integer
j_09	Hidden from user	
I011_09	CDD11. Please describe everything that \${6} ate yesterday during the day or night, whether at home or outside the home.	User entered text
I012_09	a) Think about when \${6} first woke up yesterday. Did \${6} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${6} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text
I013_09	b) What did \${6} do after that? Did \${6} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${6} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I014_09	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</span>	User entered text
I015_09	c) What ingredients were in that (MIXED DISH)? <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else.</span>	User entered text
I016_09	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food</span>	User entered text

	groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>							
I017_09	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_09	Hidden from user							
generated_table_list_label_1716	.	User entered text						
I018_09	Yesterday during the day or night, did \${6} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_1718		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_09	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_09	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_09	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_d_09	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_e_09	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_f_09	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, ispandess, dhangelow, grape fruit ( citrus fruit )?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_g_09	G. Liver, kidney, heart, intestines, offal, or other organ meats?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_h_09	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_i_09	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_j_09	J. Fresh or dried fish or shellfish?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_k_09	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_l_09	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_09	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_n_09	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_09	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_09	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_09	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_09	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_09	Specify other foods	User entered text						
cdd11_a_09_1	Hidden from user							
cdd11_b_09_1	Hidden from user							
cdd11_c_09_1	Hidden from user							
cdd11_d_09_1	Hidden from user							
cdd11_e_09_1	Hidden from user							
cdd11_f_09_1	Hidden from user							
cdd11_g_09_1	Hidden from user							
cdd11_h_09_1	Hidden from user							
cdd11_i_09_1	Hidden from user							
cdd11_j_09_1	Hidden from user							
cdd11_k_09_1	Hidden from user							
cdd11_l_09_1	Hidden from user							



cdd11_m_09_1	Hidden from user							
cdd11_n_09_1	Hidden from user							
cdd11_o_09_1	Hidden from user							
cdd11_p_09_1	Hidden from user							
cdd11_q_09_1	Hidden from user							
cdd11_r_09_1	Hidden from user							
cddcal_09	Hidden from user							
cdd12_09	CDD12. Did \${6} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_09	Please go back to CDD11 and probe again	User entered text						
cdd13_09	CDD13. How many times did \${6} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_09	CDD14. Yesterday, during the day or night, did \${6} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I_09	Hidden from user							
I020_09	Now I would like to ask you about some particular foods \${6} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_09	CFS1. Yesterday, during the day or night, did \${6} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs2_09	CFS2. Yesterday, during the day or night, did \${6} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cfs3_09	CFS3. Yesterday, during the day or night, did \${6} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cfs4_09	CFS4. Yesterday, during the day or night, did \${6} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																		
1	Yes																									
0	No																									
9	Don't Know																									
cfs5_09	CFS5. Is \${6} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know														
0	No																									
1	Yes, SFP																									
2	Yes, TFC/SC																									
3	Yes, OTP																									
9	Don't know																									
cfs6_09	CFS6. During the last six months was \${6} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know																
1	Yes																									
0	No																									
2	Not sure if it was vitamin A																									
9	Don't know																									
m_09	Hidden from user																									
l021_09	CFS7. When did \${6} receive a vitamin A capsule?	User entered text																								
dy1_09	Day	User entered integer																								
mn1_09	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																									
2	February																									
3	March																									
4	April																									
5	May																									
6	June																									
7	July																									
8	August																									
9	September																									
10	October																									
11	November																									
12	December																									

yr1_09	Year	User entered integer				
I022_09	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I023_09	Value for "Day" or "Month" not correct. Please go back and check!	User entered text				
I024_09	Vitamin A date is not correct. Please check date again.	User entered text				
vita_09	Do you know the benefits of vitamin A?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
n_09	Hidden from user					
generated_table_list_label_1780	.	User entered text				
I025_09	CFS8. Could you please tell me benefits of vitamin A?	User entered text				
I026_09	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1783		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_a_09	A. Protect from "night blindness"	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_b_09	B. Protect from illness and death from childhood infections	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_c_09	C. Support the health and growth of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_d_09	D. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs8_o_09	Specify other benefits of vitamin A	User entered text				
vacal_09	Hidden from user					
o_09	Hidden from user					
generated_table_list_label_1790	.	User entered text				
I027_09	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				

I028_09	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1793		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_09	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_09	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_09	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_09	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_e_09	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_f_09	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_g_09	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_h_09	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_i_09	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_o_09	Specify other source(s) of information about the advantages of vitamin A	User entered text				

rslt_09	Final result (for \${6})	<table border="1"> <tr> <td data-bbox="1305 113 1344 142">1</td> <td data-bbox="1344 113 1510 407">Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td data-bbox="1305 420 1344 449">2</td> <td data-bbox="1344 420 1510 777">Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td data-bbox="1305 789 1344 819">3</td> <td data-bbox="1344 789 1510 1104">Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td data-bbox="1305 1117 1344 1146">4</td> <td data-bbox="1344 1117 1510 1285">Refused interview and all data collection</td> </tr> <tr> <td data-bbox="1305 1297 1344 1327">9</td> <td data-bbox="1344 1297 1510 1348">Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_09	Specify other reason	User entered text										
ig_10	Hidden from user											
cnm_10	CID4. Name of this child	User entered text										
clnr_10	CID5. \${2}'s line number from HH roster	User entered integer										
cgln_10	CID6. \${2}'s caregiver's line number from HH roster	User entered integer										
cln1_10	CID7. \${2}'s label number	User entered text										
cln2_10	CID7. \${2}'s label number	User entered text										
cag_10	CID8. Age of \${2} in completed months	User entered integer										
cid9_10	CID9. Is \${2} male or female?	<table border="1"> <tr> <td data-bbox="1305 1885 1344 1915">1</td> <td data-bbox="1344 1885 1510 1936">Male</td> </tr> <tr> <td data-bbox="1305 1948 1344 1978">2</td> <td data-bbox="1344 1948 1510 1999">Female</td> </tr> </table>	1	Male	2	Female						
1	Male											
2	Female											

avl_10	Is \${2}'s mother or caretaker available for interview	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
ocg_10	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>	1	Yes, permission is given	0	No, permission is not given		
1	Yes, permission is given							
0	No, permission is not given							
b_10	Hidden from user							
cdi1_10	CDI1. Was \${2} weighed at birth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi2_10	CDI2. How much did \${2} weigh? (in kg)	User entered decimal						
cdi2a_10	CDI2a. How was \${2}'s weight recorded?	<table border="1"> <tr> <td>1</td> <td>From recall</td> </tr> <tr> <td>2</td> <td>From health card or document</td> </tr> </table>	1	From recall	2	From health card or document		
1	From recall							
2	From health card or document							
cdi3_10	CDI3. Is the woman who gave birth to \${2} alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdi4_10	CDI4. Does \${2}'s biological mother live in this household?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdi4a_10	CDI4a. \${2}'s mother's line number	User entered integer						
cdi5_10	CDI5. Is \${2}'s father alive?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
c_10	Hidden from user							

I003_10	CHILD ILLNESS	User entered text								
I004_10	Now I would like to ask you about illnesses \${2} may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses \${2} had before 2 week ago.	User entered text								
d_10	Hidden from user									
cil1_10	CIL1. At any time in the last 2 weeks, has \${2} had diarrhoea?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil2_10	CIL2. During the diarrheal episodes, what was \${2}'s pattern of feeding?	<table border="1"> <tr> <td>1</td> <td>Less than normal</td> </tr> <tr> <td>2</td> <td>The same as normal</td> </tr> <tr> <td>3</td> <td>More than normal</td> </tr> <tr> <td>4</td> <td>No food</td> </tr> </table>	1	Less than normal	2	The same as normal	3	More than normal	4	No food
1	Less than normal									
2	The same as normal									
3	More than normal									
4	No food									
cil3_10	CIL3. Was there any blood in the stools?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil4_10	CIL4. At any time in the last 2 weeks, has \${2} been ill with a fever?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil5_10	CIL5. At any time during this illness with fever, did \${2} have blood taken from his/her finger or heel for malaria testing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil6_10	CIL6. Did that test show that \${2} had malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
cil7_10	CIL7. At any time in the last 2 weeks, has \${2} had an illness with a cough?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes						
1	Yes									

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know						
0	No											
9	Don't Know											
cil8_10	CIL8. When \${2} had an illness with a cough, did he/she breathe faster than usual with shallow, rapid breaths or have difficulty breathing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cil9_10	CIL9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	<table border="1"> <tr> <td>1</td> <td>Problem in chest only</td> </tr> <tr> <td>2</td> <td>Blocked or runny nose only</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Problem in chest only	2	Blocked or runny nose only	3	Both	8	Other	9	Don't know
1	Problem in chest only											
2	Blocked or runny nose only											
3	Both											
8	Other											
9	Don't know											
cil9_o_10	Specify other reason for \${2}'s the fast or difficult breathing	User entered text										
I005_10	CHILDREN DIETARY DIVERSITY	User entered text										
cdd1_10	CDD1. Has \${2} ever been breastfed?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
e_10	Hidden from user											
cdd2_10	CDD2. How long after birth was \${2} first put to the breast?	<table border="1"> <tr> <td>1</td> <td>Immediately after birth</td> </tr> <tr> <td>2</td> <td>Less than 1 hr after birth</td> </tr> <tr> <td>3</td> <td>1 to 24 hrs after birth</td> </tr> <tr> <td>4</td> <td>24 hrs or more after birth</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Immediately after birth	2	Less than 1 hr after birth	3	1 to 24 hrs after birth	4	24 hrs or more after birth	9	Don't know
1	Immediately after birth											
2	Less than 1 hr after birth											
3	1 to 24 hrs after birth											
4	24 hrs or more after birth											
9	Don't know											
cddh_10	Specify time in hours \${2} was first put to the breast after birth	User entered integer										
cddd_10	Specify number of completed days \${2} was first put to the breast after birth	User entered integer										



cby_10	CDD3. Was \${2} breastfed yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
f_10	Hidden from user							
I006_10	CDD4. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby	User entered text						
cdd4_10	Did \${2} consume breast milk in any of these ways yesterday during the day or at night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd5a_10	CDD5a. Do you know any benefits of breastfeeding?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
aa_10	Hidden from user							
generated_table_list_label_1856	.	User entered text						
I10	CDD5b. Could you please tell me advantages of breastfeeding?	User entered text						
reserved_name_for_field_list_labels_1858		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b1_10	A. Protect child from illnesses	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b2_10	B. Protect child from allergies	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b3_10	C. May boost intelligence of child	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd5b4_10	D. Protect child from obesity	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

		0	No
cdd5b5_10	E. Contains important nutrients	1	Yes
		0	No
cdd5b6_10	F. Babies benefit emotionally	1	Yes
		0	No
cdd5b7_10	G. Reduce mothers risk of postpartum depression	1	Yes
		0	No
cdd5b8_10	H. Reduce mothers risk of some types of cancer	1	Yes
		0	No
cdd5b9_10	I. Reduce mothers risk of postpartum bleeding	1	Yes
		0	No
cdd5b10_10	J. Other	1	Yes
		0	No
cdd5a_o_10	Specify other advantage(s) of breastfeeding	User entered text	
g_10	Hidden from user		
generated_table_list_label_1870	.	User entered text	
I007_10	CDD5c. Where did you get the information about the advantages of breastfeeding from?	User entered text	
I008_10	Do not prompt. Mark all responses mentioned	User entered text	
reserved_name_for_field_list_labels_1873		1	Yes
		0	No
cdd4_a_10	A. Doctor	1	Yes
		0	No
cdd4_b_10	B. Nurse / midwife		

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_c_10	C. Health worker	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_d_10	D. Mother-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_e_10	E. Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_f_10	F. Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_g_10	G. Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_h_10	H. Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
cdd4_o_10	Specify other source (s) of information about the advantages of breastfeeding	User entered text						
h_10	Hidden from user							
cdd6_10	CDD6. Yesterday, during the day or night, did \${2} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd7_10	CDD7. Did \${2} drink ORS (oral rehydration solution) yesterday, during the day or night	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd8_10	CDD8. Did \${2} drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes				
1	Yes							

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	0	No	9	Don't Know		
0	No							
9	Don't Know							
i_10	Hidden from user							
generated_table_list_label_1888	.	User entered text						
I009_10	CDD9. Next, I would like to ask you about (other) liquids that \${2} may have had yesterday during the day or the night. I am interested to know whether \${2} had the item even if combined with other foods. Please include liquids consumed outside of your home.	User entered text						
I010_10	Did \${2} have any (item from the list)?: <span style="color:gray">Read the list of liquids starting with 'plain water'.</span>	User entered text						
reserved_name_for_field_list_labels_1891		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_a_10	A. Plain water?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_b_10	B. Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_c_10	C. Milk such as tinned, powdered, or fresh animal milk?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_d_10	D. Juice or juice drinks?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_e_10	E. Clear broth?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd9_f_10	F. Yogurt?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_g_10	G. Thin porridge?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_h_10	H. Other liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_i_10	I. Any other liquids?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd9_o_10	Specify any other liquid	User entered text						
cddb_n_10	CDD10 How many times yesterday during the day or at night did \${2} consume any Infant formula, for example Nestlé or Malutka?(Nuna,S26,Siha,Nuna Lac,etc)?	User entered integer						
cddc_n_10	CDD10 How many times yesterday during the day or at night did \${2} consume any Milk such as tinned, powdered, or fresh animal milk?	User entered integer						
cddf_n_10	CDD10 How many times yesterday during the day or at night did \${2} consume any Yogurt?	User entered integer						
j_10	Hidden from user							
I011_10	CDD11. Please describe everything that \${2} ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I012_10	a) Think about when \${2} first woke up yesterday. Did \${2} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${2} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Until respondent says nothing else. If no, continue to Question b).</span>	User entered text						
I013_10	b) What did \${2} do after that? Did \${2} eat anything at that time? <span style="color:gray">If yes</span> : Please tell me everything \${2} ate at that time. <span style="color:gray">Probe</span> : Anything else? <span style="color:gray">Probe</span>	User entered text						

	style="color:gray">Until respondent says nothing else. </span>							
I014_10	<span style="color:gray">Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe: </span>	User entered text						
I015_10	c) What ingredients were in that (MIXED DISH)?<span style="color:gray">Probe</span>: Anything else? <span style="color:gray">Until respondent says nothing else. </span>	User entered text						
I016_10	<span style="color:gray">As the respondent recalls foods, check 'yes' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group</span>	User entered text						
I017_10	<span style="color:gray">Once the respondent finishes recalling foods eaten, read each food group where 'yes' was not checked, ask the following question and check 'yes' if respondent says yes, 'no' if no and 'don't know' if don't know: </span>	User entered text						
k_10	Hidden from user							
generated_table_list_label_1914	.	User entered text						
I018_10	Yesterday during the day or night, did \${2} drink/eat any (FOOD GROUP ITEMS)?	User entered text						
reserved_name_for_field_list_labels_1916		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_a_10	A. Bread, rice, noodles, porridge, or other foods made from grains, such as: (maize, ground maize, wheat, white wheat, whole meal wheat, millet, rice, white grain sorghum, red sorghum , spaghetti, bread, chapatti , macaroni, canjera, soor)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_b_10	B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside, such as: (yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava, butter nut)?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_c_10	C. Plantains and other foods made from roots, such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cdd11_d_10	D. Any dark green leafy vegetables, such as: (amaranth, kale, spinach, , onion leaf, pumpkin leaves, cassava leaves, dark green lettuce, ransoow, bukurey, koble, begel)?	1	Yes
		0	No
		9	Don't Know
cdd11_e_10	E. Vitamin A-rich fruits, such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer, xamur, dhanfarur, etc	1	Yes
		0	No
		9	Don't Know
cdd11_f_10	F. Any other fruits or vegetables, such as tomato, onion, squash, bell pepper, cabbage ,light green lettuce, radish, banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices, Pineapple, avocado, passion, watermelon, isbandess, dhantalow, grape fruit ( citrus fruit )?	1	Yes
		0	No
		9	Don't Know
cdd11_g_10	G. Liver, kidney, heart, intestines, offal, or other organ meats?	1	Yes
		0	No
		9	Don't Know
cdd11_h_10	H. Any meat or poultry, such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl , rabbit, biciid, deero,and francolin?	1	Yes
		0	No
		9	Don't Know
cdd11_i_10	I. Eggs (eggs of chicken, or eggs of fowl), Ostrich?	1	Yes
		0	No
		9	Don't Know
cdd11_j_10	J. Fresh or dried fish or shellfish?	1	Yes
		0	No
		9	Don't Know
cdd11_k_10	K. Any foods made from beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts, (yicib)? Green gram ( salbuko)?	1	Yes
		0	No
		9	Don't Know
cdd11_l_10	L. Cheese, yogurt, or other food made from milk (Fresh/fermented/powdered		

	sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt)?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_m_10	M. Oils, fats or butter added to food or used for cooking, such as cook fat, cooking oil, ghee, butter, sesame oil, margarine?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_n_10	N. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_o_10	O. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_p_10	P. Grubs, snails, or insects	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_q_10	Q. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd11_r_10	R. Other foods:	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
cdd_o_10	Specify other foods	User entered text						
cdd11_a_10_1	Hidden from user							
cdd11_b_10_1	Hidden from user							
cdd11_c_10_1	Hidden from user							
cdd11_d_10_1	Hidden from user							



cdd11_e_10_1	Hidden from user							
cdd11_f_10_1	Hidden from user							
cdd11_g_10_1	Hidden from user							
cdd11_h_10_1	Hidden from user							
cdd11_i_10_1	Hidden from user							
cdd11_j_10_1	Hidden from user							
cdd11_k_10_1	Hidden from user							
cdd11_l_10_1	Hidden from user							
cdd11_m_10_1	Hidden from user							
cdd11_n_10_1	Hidden from user							
cdd11_o_10_1	Hidden from user							
cdd11_p_10_1	Hidden from user							
cdd11_q_10_1	Hidden from user							
cdd11_r_10_1	Hidden from user							
cddca1_10	Hidden from user							
cdd12_10	CDD12. Did \${2} eat any solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I019_10	Please go back to CDD11 and probe again	User entered text						
cdd13_10	CDD13. How many times did \${2} eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	User entered integer						
cdd14_10	CDD14. Yesterday, during the day or night, did \${2} drink anything from a bottle with a nipple?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
L_10	Hidden from user							
I020_10	Now I would like to ask you about some particular foods \${2} may have eaten. I am interested in whether your child had the item even if it was combined with other foods.	User entered text						
cfs1_10	CFS1. Yesterday, during the day or night, did \${2} consume any food to which you added micronutrient sprinkles? Examples are kobciye, budo, super fariid.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

cfs2_10	CFS2. Yesterday, during the day or night, did \${2} consume any lipid based nutrient supplement like RUTF or RUSF?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs3_10	CFS3. Yesterday, during the day or night, did \${2} consume any infant formula containing extra iron, such as Nunalac, SMA, APTIMAL, S26, SAHA 1, SAHA 2, Sahha infant formula?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs4_10	CFS4. Yesterday, during the day or night, did \${2} eat any commercially fortified baby cereal, for example cereal luck, Aptimal, Nunalac?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
cfs5_10	CFS5. Is \${2} currently registered in any feeding centers?	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, SFP</td></tr> <tr><td>2</td><td>Yes, TFC/SC</td></tr> <tr><td>3</td><td>Yes, OTP</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	0	No	1	Yes, SFP	2	Yes, TFC/SC	3	Yes, OTP	9	Don't know
0	No											
1	Yes, SFP											
2	Yes, TFC/SC											
3	Yes, OTP											
9	Don't know											
cfs6_10	CFS6. During the last six months was \${2} given a vitamin A capsule?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure if it was vitamin A</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Not sure if it was vitamin A	9	Don't know		
1	Yes											
0	No											
2	Not sure if it was vitamin A											
9	Don't know											
m_10	Hidden from user											
I021_10	CFS7. When did \${2} receive a vitamin A capsule?	User entered text										
dy1_10	Day	User entered integer										
mn1_10	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> </table>	1	January	2	February	3	March	4	April	5	May
1	January											
2	February											
3	March											
4	April											
5	May											

		<table border="1"> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	6	June	7	July	8	August	9	September	10	October	11	November	12	December
6	June															
7	July															
8	August															
9	September															
10	October															
11	November															
12	December															
yr1_10	Year	User entered integer														
I022_10	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I023_10	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
I024_10	Vitamin A date is not correct. Please check date again.	User entered text														
vita_10	Do you know the benefits of vitamin A?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
n_10	Hidden from user															
generated_table_list_label_1978	.	User entered text														
I025_10	CFS8. Could you please tell me benefits of vitamin A?	User entered text														
I026_10	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text														
reserved_name_for_field_list_labels_1981		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_a_10	A. Protect from "night blindness"	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_b_10	B. Protect from illness and death from childhood infections	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_c_10	C. Support the health and growth of child	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
cfs8_d_10	D. Other	<table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes												
1	Yes															

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
cfs8_o_10	Specify other benefits of vitamin A	User entered text				
vacal_10	Hidden from user					
o_10	Hidden from user					
generated_table_list_label_1988	.	User entered text				
I027_10	CFS9. Who did you get the information about the advantages of vitamin A from?	User entered text				
I028_10	<span style="color:gray">Do not prompt. Mark all responses mentioned</span>	User entered text				
reserved_name_for_field_list_labels_1991		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_a_10	Doctor	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_b_10	Nurse / midwife	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_c_10	Patronage nurse	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_d_10	Mother or Father	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_e_10	Mother-in-law/Father-in-law	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_f_10	Friend	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
cfs9_g_10	Mass media	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

cfs9_h_10	Other	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_i_10	Don't remember	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
cfs9_o_10	Specify other source(s) of information about the advantages of vitamin A	User entered text										
rslt_10	Final result (for \${2})	<table border="1"> <tr> <td>1</td> <td>Completed interview, accepted participation in anthropometry and in blood collection</td> </tr> <tr> <td>2</td> <td>Completed interview, accepted participation in anthropometry, refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>Completed interview, refused participation in anthropometry and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused participation in blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
1	Completed interview, accepted participation in anthropometry and in blood collection											
2	Completed interview, accepted participation in anthropometry, refused participation in blood collection											
3	Completed interview, refused participation in anthropometry and refused blood collection											
4	Refused interview and all data collection											
9	Other											
rslt_o_10	Specify other reason	User entered text										
ebi	Do you want to enter biological information?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes								
1	Yes											

		0	No
vld_01	Hidden from user		
vld_02	Hidden from user		
vld_03	Hidden from user		
vld_04	Hidden from user		
vld_05	Hidden from user		
vld_06	Hidden from user		
vld_07	Hidden from user		
vld_08	Hidden from user		
vld_09	Hidden from user		
vld_10	Hidden from user		
vld_tot	Hidden from user		
bg1_01	Hidden from user		
I029_01	BIOLOGICAL INFORMATION	User entered text	
lblcnm1	Name of child is: \${5}	User entered text	
bcln_01	CBI1. Record child label number here:	User entered text	
bhhln_01	CBI2. Record household label number here:	User entered text	
I030_01	Anthropometry	User entered text	
muac1_01	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_01	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_01	Hidden from user		
muacdif_abs_01	Hidden from user		
I031_01	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_01	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_01	Hidden from user		
cwt1_01	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_01	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_01	Hidden from user		
cwtdif_abs_01	Hidden from user		

I032_01	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_01	Hidden from user											
I033_01	Measure length (lying down).	User entered text										
I034_01	Measure height (standing up).	User entered text										
cht1_01	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_01	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_01	Hidden from user											
chtdif_abs_01	Hidden from user											
I035_01	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_01	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
1	Disabled, cannot stand on scale											
2	Disabled, cannot measure height											
3	Uncooperative or uncontrollable											
8	Refused											
9	Other											
cbi8_o_01	Specify other reason why weight or height measurement is missing	User entered text										
s_01	Hidden from user											
I036_01	Blood Sample Collection	User entered text										
cbi10_01	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_01	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
0	Negative (after 15 minutes)											
1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_01	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_01	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_01	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_01	CBI14. Observations	User entered text	
bg1_02	Hidden from user		
I029_02	BIOLOGICAL INFORMATION	User entered text	
lblcnm2	Name of child is: \${1}	User entered text	
bcln_02	CBI1. Record child label number here:	User entered text	
bhhln_02	CBI2. Record household label number here:	User entered text	
I030_02	Anthropometry	User entered text	
muac1_02	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_02	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_02	Hidden from user		
muacdif_abs_02	Hidden from user		
I031_02	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_02	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_02	Hidden from user		
cwt1_02	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_02	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_02	Hidden from user		
cwtdif_abs_02	Hidden from user		



I032_02	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_02	Hidden from user											
I033_02	Measure length (lying down).	User entered text										
I034_02	Measure height (standing up).	User entered text										
cht1_02	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_02	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_02	Hidden from user											
chtdif_abs_02	Hidden from user											
I035_02	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_02	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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8	Refused											
9	Other											
cbi8_o_02	Specify other reason why weight or height measurement is missing	User entered text										
s_02	Hidden from user											
I036_02	Blood Sample Collection	User entered text										
cbi10_02	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_02	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
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1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_02	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_02	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_02	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_02	CBI14. Observations	User entered text	
bg1_03	Hidden from user		
I029_03	BIOLOGICAL INFORMATION	User entered text	
lblcnm3	Name of child is: \${8}	User entered text	
bcln_03	CBI1. Record child label number here:	User entered text	
bhhln_03	CBI2. Record household label number here:	User entered text	
I030_03	Anthropometry	User entered text	
muac1_03	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_03	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_03	Hidden from user		
muacdif_abs_03	Hidden from user		
I031_03	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_03	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_03	Hidden from user		
cwt1_03	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_03	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_03	Hidden from user		
cwtdif_abs_03	Hidden from user		

I032_03	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_03	Hidden from user											
I033_03	Measure length (lying down).	User entered text										
I034_03	Measure height (standing up).	User entered text										
cht1_03	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_03	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_03	Hidden from user											
chtdif_abs_03	Hidden from user											
I035_03	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_03	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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8	Refused											
9	Other											
cbi8_o_03	Specify other reason why weight or height measurement is missing	User entered text										
s_03	Hidden from user											
I036_03	Blood Sample Collection	User entered text										
cbi10_03	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_03	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
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1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_03	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_03	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_03	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_03	CBI14. Observations	User entered text	
bg1_04	Hidden from user		
I029_04	BIOLOGICAL INFORMATION	User entered text	
lblcnm4	Name of child is: \${9}	User entered text	
bcln_04	CBI1. Record child label number here:	User entered text	
bhhln_04	CBI2. Record household label number here:	User entered text	
I030_04	Anthropometry	User entered text	
muac1_04	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_04	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_04	Hidden from user		
muacdif_abs_04	Hidden from user		
I031_04	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_04	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_04	Hidden from user		
cwt1_04	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_04	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_04	Hidden from user		
cwtdif_abs_04	Hidden from user		

I032_04	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_04	Hidden from user											
I033_04	Measure length (lying down).	User entered text										
I034_04	Measure height (standing up).	User entered text										
cht1_04	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_04	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_04	Hidden from user											
chtdif_abs_04	Hidden from user											
I035_04	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_04	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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2	Disabled, cannot measure height											
3	Uncooperative or uncontrollable											
8	Refused											
9	Other											
cbi8_o_04	Specify other reason why weight or height measurement is missing	User entered text										
s_04	Hidden from user											
I036_04	Blood Sample Collection	User entered text										
cbi10_04	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_04	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
0	Negative (after 15 minutes)											
1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_04	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_04	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_04	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_04	CBI14. Observations	User entered text	
bg1_05	Hidden from user		
I029_05	BIOLOGICAL INFORMATION	User entered text	
lblcnm5	Name of child is: \${7}	User entered text	
bcln_05	CBI1. Record child label number here:	User entered text	
bhhln_05	CBI2. Record household label number here:	User entered text	
I030_05	Anthropometry	User entered text	
muac1_05	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_05	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_05	Hidden from user		
muacdif_abs_05	Hidden from user		
I031_05	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_05	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_05	Hidden from user		
cwt1_05	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_05	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_05	Hidden from user		
cwtdif_abs_05	Hidden from user		

I032_05	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_05	Hidden from user											
I033_05	Measure length (lying down).	User entered text										
I034_05	Measure height (standing up).	User entered text										
cht1_05	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_05	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_05	Hidden from user											
chtdif_abs_05	Hidden from user											
I035_05	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_05	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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2	Disabled, cannot measure height											
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8	Refused											
9	Other											
cbi8_o_05	Specify other reason why weight or height measurement is missing	User entered text										
s_05	Hidden from user											
I036_05	Blood Sample Collection	User entered text										
cbi10_05	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_05	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
0	Negative (after 15 minutes)											
1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_05	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_05	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_05	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_05	CBI14. Observations	User entered text	
bg1_06	Hidden from user		
I029_06	BIOLOGICAL INFORMATION	User entered text	
lblcnm6	Name of child is: \${4}	User entered text	
bcln_06	CBI1. Record child label number here:	User entered text	
bhhln_06	CBI2. Record household label number here:	User entered text	
I030_06	Anthropometry	User entered text	
muac1_06	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_06	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_06	Hidden from user		
muacdif_abs_06	Hidden from user		
I031_06	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_06	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_06	Hidden from user		
cwt1_06	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_06	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_06	Hidden from user		
cwtdif_abs_06	Hidden from user		



I032_06	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_06	Hidden from user											
I033_06	Measure length (lying down).	User entered text										
I034_06	Measure height (standing up).	User entered text										
cht1_06	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_06	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_06	Hidden from user											
chtdif_abs_06	Hidden from user											
I035_06	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_06	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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2	Disabled, cannot measure height											
3	Uncooperative or uncontrollable											
8	Refused											
9	Other											
cbi8_o_06	Specify other reason why weight or height measurement is missing	User entered text										
s_06	Hidden from user											
I036_06	Blood Sample Collection	User entered text										
cbi10_06	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_06	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
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1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_06	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_06	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_06	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_06	CBI14. Observations	User entered text	
bg1_07	Hidden from user		
I029_07	BIOLOGICAL INFORMATION	User entered text	
lblcnm7	Name of child is: \${0}	User entered text	
bcln_07	CBI1. Record child label number here:	User entered text	
bhhln_07	CBI2. Record household label number here:	User entered text	
I030_07	Anthropometry	User entered text	
muac1_07	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_07	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_07	Hidden from user		
muacdif_abs_07	Hidden from user		
I031_07	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_07	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_07	Hidden from user		
cwt1_07	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_07	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_07	Hidden from user		
cwtdif_abs_07	Hidden from user		

I032_07	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_07	Hidden from user											
I033_07	Measure length (lying down).	User entered text										
I034_07	Measure height (standing up).	User entered text										
cht1_07	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_07	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_07	Hidden from user											
chtdif_abs_07	Hidden from user											
I035_07	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_07	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
1	Disabled, cannot stand on scale											
2	Disabled, cannot measure height											
3	Uncooperative or uncontrollable											
8	Refused											
9	Other											
cbi8_o_07	Specify other reason why weight or height measurement is missing	User entered text										
s_07	Hidden from user											
I036_07	Blood Sample Collection	User entered text										
cbi10_07	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_07	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
0	Negative (after 15 minutes)											
1	P. f positive											
2	Pan positive.											
3	P. f and Pan positive											
4	No valid test after 2 tries											

		9	Not done
cbi12_07	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_07	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_07	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_07	CBI14. Observations	User entered text	
bg1_08	Hidden from user		
I029_08	BIOLOGICAL INFORMATION	User entered text	
lblcnm8	Name of child is: \${3}	User entered text	
bcln_08	CBI1. Record child label number here:	User entered text	
bhhln_08	CBI2. Record household label number here:	User entered text	
I030_08	Anthropometry	User entered text	
muac1_08	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_08	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_08	Hidden from user		
muacdif_abs_08	Hidden from user		
I031_08	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_08	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_08	Hidden from user		
cwt1_08	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_08	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_08	Hidden from user		
cwtdif_abs_08	Hidden from user		

I032_08	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_08	Hidden from user											
I033_08	Measure length (lying down).	User entered text										
I034_08	Measure height (standing up).	User entered text										
cht1_08	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_08	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_08	Hidden from user											
chtdif_abs_08	Hidden from user											
I035_08	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_08	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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cbi8_o_08	Specify other reason why weight or height measurement is missing	User entered text										
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I036_08	Blood Sample Collection	User entered text										
cbi10_08	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_08	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
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2	Pan positive.											
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4	No valid test after 2 tries											

		9	Not done
cbi12_08	CBI12. Tube filling	0	None
		1	About ¼
		2	About ½
		3	About ¾ or more
cbi13_08	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_08	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_08	CBI14. Observations	User entered text	
bg1_09	Hidden from user		
I029_09	BIOLOGICAL INFORMATION	User entered text	
lblcnm9	Name of child is: \${6}	User entered text	
bcln_09	CBI1. Record child label number here:	User entered text	
bhhln_09	CBI2. Record household label number here:	User entered text	
I030_09	Anthropometry	User entered text	
muac1_09	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_09	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_09	Hidden from user		
muacdif_abs_09	Hidden from user		
I031_09	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_09	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_09	Hidden from user		
cwt1_09	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_09	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_09	Hidden from user		
cwtdif_abs_09	Hidden from user		

I032_09	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
r_09	Hidden from user											
I033_09	Measure length (lying down).	User entered text										
I034_09	Measure height (standing up).	User entered text										
cht1_09	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_09	CBI7. Child's height #2 (cm)	User entered decimal										
chtdif_09	Hidden from user											
chtdif_abs_09	Hidden from user											
I035_09	Child's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
cbi8_09	CBI8. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot stand on scale</td> </tr> <tr> <td>2</td> <td>Disabled, cannot measure height</td> </tr> <tr> <td>3</td> <td>Uncooperative or uncontrollable</td> </tr> <tr> <td>8</td> <td>Refused</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other
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cbi8_o_09	Specify other reason why weight or height measurement is missing	User entered text										
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I036_09	Blood Sample Collection	User entered text										
cbi10_09	CBI10. Hemoglobin concentration (g/dL)	User entered decimal										
cbi11_09	CBI11. Malaria RDT result	<table border="1"> <tr> <td>0</td> <td>Negative (after 15 minutes)</td> </tr> <tr> <td>1</td> <td>P. f positive</td> </tr> <tr> <td>2</td> <td>Pan positive.</td> </tr> <tr> <td>3</td> <td>P. f and Pan positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries
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cbi12_09	CBI12. Tube filling	0	None
		1	About ¼
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cbi13_09	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_09	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_09	CBI14. Observations	User entered text	
bg1_10	Hidden from user		
I029_10	BIOLOGICAL INFORMATION	User entered text	
lblcnm10	Name of child is: \${2}	User entered text	
bcln_10	CBI1. Record child label number here:	User entered text	
bhhln_10	CBI2. Record household label number here:	User entered text	
I030_10	Anthropometry	User entered text	
muac1_10	CBI4. Child's MUAC #1 (cm)	User entered decimal	
muac2_10	CBI4. Child's MUAC #2 (cm)	User entered decimal	
muacdif_10	Hidden from user		
muacdif_abs_10	Hidden from user		
I031_10	Child's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text	
cbi5_10	CBI5. Is child mostly undressed (i.e. wearing only light under clothes)?	1	Yes
		0	No
q_10	Hidden from user		
cwt1_10	CBI6. Child's weight #1 (kg)	User entered decimal	
cwt2_10	CBI6. Child's weight #2 (kg)	User entered decimal	
cwtdif_10	Hidden from user		
cwtdif_abs_10	Hidden from user		



I032_10	Child's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
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I034_10	Measure height (standing up).	User entered text										
cht1_10	CBI7. Child's height #1 (cm)	User entered decimal										
cht2_10	CBI7. Child's height #2 (cm)	User entered decimal										
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chtdif_abs_10	Hidden from user											
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cbi12_10	CBI12. Tube filling	0	None
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cbi13_10	CBI13. Child referred to health center for malaria, anemia and/or severe acute malnutrition (i.e. WHZ < -3)	1	Yes
		0	No
I036_10	Error: This child should be referred to the nearest health clinic since he/she has either severe anemia or malaria.	User entered text	
cbi14_10	CBI14. Observations	User entered text	
cvld_01	Hidden from user		
cvld_02	Hidden from user		
cvld_03	Hidden from user		
cvld_04	Hidden from user		
cvld_05	Hidden from user		
cvld_06	Hidden from user		
cvld_07	Hidden from user		
cvld_08	Hidden from user		
cvld_09	Hidden from user		
cvld_10	Hidden from user		
cvld_tot	Hidden from user		
vgp	Hidden from user		
lbl_int	Number of interviews entered: \${10}	User entered text	
lbl_bio	Number of biological information entered: \${11}	User entered text	
ack	Please confirm the above information		
lblack	Please confirm whether you have entered the right number of interviews and biological information	User entered text	
meta	Hidden from user		
instanceID	Hidden from user		
instanceName	Hidden from user		

