

## SMS\_women\_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> <tr> <td>11</td> <td>CSZ - Abdirahman Khaliif Mohamud</td> </tr> <tr> <td>12</td> <td>CSZ - Ali Mohamud Ahmed</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	11	CSZ - Abdirahman Khaliif Mohamud	12	CSZ - Ali Mohamud Ahmed
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		<table border="1"> <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>	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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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> <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																									
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	WID1. Cluster number	User entered integer																								
cn2	WID1. Cluster number	User entered integer																								

hhn1	WID2. Household number on cluster control form	User entered integer																						
hhn2	WID2. Household number on cluster control form	User entered integer																						
hhln1	WID3. Household label number	User entered text																						
hhln2	WID3. Household label number	User entered text																						
elwm	How many eligible women are in this household?	User entered integer																						
l1	There are no available women to interview	User entered text																						
ig1_01	Hidden from user																							
wnm_01	WID4. Name of this woman	User entered text																						
wlnr_01	WID5. \${2}'s line number from HH roster	User entered integer																						
wln_01	WID6. \${2}'s sticker number	User entered text																						
avl_01	Is \${2} 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																							
wcp_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 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																							
l003_01	Now I would first like to ask you some questions about yourself.	User entered text																						
b_01	Hidden from user																							
dob1_01	WAE1. What is your date of birth?	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> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November
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11	November																							

		<table border="1"> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	12	December	0	Don't Know								
12	December													
0	Don't Know													
yr1_01	Year	User entered integer												
dl1_01	Date of birth is not correct. Please check again.	User entered text												
d1003_01	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
d1004_01	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd_01	Hidden from user													
ay_01	Hidden from user													
ageq_01	Please confirm if \${2}'s age is \${4}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
c_01	Hidden from user													
wae2_01	WAE2. How old are you?	User entered integer												
wbl_01	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_01	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_01	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_01	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_01	How many years at preschool did he/she complete?	User entered integer												
wae5_b_01	How many years at primary school did he/she complete?	User entered integer												
wae5_c_01	How many years at secondary school did he/she complete?	User entered integer												

wae5_d_01	How many years at higher school did he/she complete?	User entered integer																				
d_01	Hidden from user																					
I005_01	WAE6. Now I would like you to read this sentence to me.	User entered text																				
I006_01	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text																				
I007_01	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text																				
wae6_01	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired										
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2	Able only to read only parts of sentence																					
3	Able to read whole sentence																					
4	No sentence in required language																					
5	Blind, mute, visually/speech impaired																					
wae7_01	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
wae8_01	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker
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		<table border="1"> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know				
11	Technician / engineer											
12	Business/ Managers / professional											
99	Don't know											
e_01	Hidden from user											
I008_01	MARRIAGE AND PREGNANCY	User entered text										
I009_01	Now I would like to ask you some things about recent or past pregnancies.	User entered text										
f_01	Hidden from user											
wmp1_01	WMP1. What is your marital status now?	<table border="1"> <tr> <td>1</td> <td>Never married</td> </tr> <tr> <td>2</td> <td>Currently married</td> </tr> <tr> <td>3</td> <td>Divorced</td> </tr> <tr> <td>4</td> <td>Separated</td> </tr> <tr> <td>5</td> <td>Widowed</td> </tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_01	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_01	Hidden from user											
wmp3_01	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_01	WMP4. Are you pregnant now?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_01	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_01	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_01	Hidden from user											

generated_table_list_label_79	.	User entered text				
I010_01	WMP7. Whom did you see?	User entered text				
I011_01	<span style="color:gray">Mark all responses mentioned.</span>	User entered text				
I012_01	<span style="color:gray">Probe:</span>	User entered text				
I013_01	Anyone else?	User entered text				
I014_01	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text				
reserved_name_for_field_list_labels_85		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_a_01	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					
wmp7_b_01	B. Nurse / Midwife / 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					
wmp7_c_01	C. Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_01	D. Community 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					
wmp7_e_01	E. 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					
lwmp7_01	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_01	Specify other person seen	User entered text				
wmp8_01	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_01	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_01	Hidden from user					
generated_table_list_label_95	.	User entered text				

I015_01	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_97		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_01	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_01	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_01	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_d_01	D. Height measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_e_01	E. Weight measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_f_01	F. Anti- malaria drugs given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_g_01	G. Ultrasound scan	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_h_01	H. Deworming medication given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_i_01	I. Multiple micronutrient supplements	<table border="1"> <tr> <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></td> <td></td> </tr> </table>				



wmp10_j_01	J. Tetanus vaccination	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10_k_01	K. HIV counselling and testing	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10_l_01	L. Mosquito net (ITN) provided	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10c_01	Hidden from user																	
wmp11_01	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
j_01	Hidden from user																	
wmp12_01	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_01	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
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7	Nursing/ maternity home																	
9	other																	
wmp13_o_01	Specify other place you gave birth to your last child	User entered text																
wmp14_01	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Caesarean section														
1	Caesarean section																	

		<table border="1"> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	2	Assisted vaginal delivery	9	Other		
2	Assisted vaginal delivery							
9	Other							
wmp14_o_01	Specify other mode/ method of delivery of your last child	User entered text						
wmp15_01	WMP15. Are you currently breastfeeding a 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							
k_01	Hidden from user							
I016_01	SUPPLEMENT CONSUMPTION	User entered text						
I017_01	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text						
I_01	Hidden from user							
wsc1_01	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know
1	Yes							
0	No							
9	Not sure if it was iron/Do not know							
wsc2_01	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc3_01	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know
1	Yes							
0	No							
9	Not sure if it was folic acid/Do not know							
m_01	Hidden from user							
wsc4_01	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc5_01	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a
1	Yes							
0	No							
9	Not sure if it was a							

		Multi-Vitamin/Do not know												
wsc6_01	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													
wsc7_01	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals						
1	During a meal													
2	Directly after a meal													
3	In between meals													
n_01	Hidden from user													
I018_01	DIETARY DIVERSITY	User entered text												
I019_01	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text												
I020_01	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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												
I021_01	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe:</span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text												
I022_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												
I023_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 groups below, write the food in the box labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment,</span>	User entered text												

	include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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>							
o_01	Hidden from user							
generated_table_list_label_143	.	User entered text						
I024_01	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_145		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_01	A. 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							
wd1_b_01	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_01	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_01	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_01	E. Milk and milk products: 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							

wd1_f_01	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	1	Yes
		0	No
		9	Don't Know
wd1_g_01	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	1	Yes
		0	No
		9	Don't Know
wd1_h_01	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No
		9	Don't Know
wd1_i_01	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_01	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_01	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_01	L. 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	1	Yes
		0	No
		9	Don't Know
wd1_m_01	M. Other vegetables: List examples of any other vegetables	1	Yes
		0	No
		9	Don't Know
wd1_n_01	N. Other fruits: such as banana, orange, apple, coconut, custard apple,		

	dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_o_01	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_p_01	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_oth_01	List other vegetables	User entered text										
rslt_01	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_01	Specify other reason	User entered text										
I036_01	URINE SAMPLE COLLECTION If approval given, hand out a labeled	User entered text										

	urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.																											
ig1_02	Hidden from user																											
wnm_02	WID4. Name of this woman	User entered text																										
wlnr_02	WID5. \${0}'s line number from HH roster	User entered integer																										
wln_02	WID6. \${0}'s sticker number	User entered text																										
avl_02	Is \${0} 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																											
wcp_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																											
I003_02	Now I would first like to ask you some questions about yourself.	User entered text																										
b_02	Hidden from user																											
dob1_02	WAE1. What is your date of birth?	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> <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> <tr> <td>0</td> <td>Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_02	Year	User entered integer																										

dl1_02	Date of birth is not correct. Please check again.	User entered text												
d1003_02	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
d1004_02	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd_02	Hidden from user													
ay_02	Hidden from user													
ageq_02	Please confirm if \${0}'s age is \${19}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
c_02	Hidden from user													
wae2_02	WAE2. How old are you?	User entered integer												
wbl_02	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_02	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_02	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_02	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_02	How many years at preschool did he/she complete?	User entered integer												
wae5_b_02	How many years at primary school did he/she complete?	User entered integer												
wae5_c_02	How many years at secondary school did he/she complete?	User entered integer												
wae5_d_02	How many years at higher school did he/she complete?	User entered integer												
d_02	Hidden from user													
I005_02	WAE6. Now I would like you to read this sentence to me.	User entered text												
I006_02	<span style="color:gray">Show sentence on the card to the	User entered text												



	respondent.</span>																									
I007_02	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text																								
wae6_02	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired														
1	Cannot read at all																									
2	Able only to read only parts of sentence																									
3	Able to read whole sentence																									
4	No sentence in required language																									
5	Blind, mute, visually/speech impaired																									
wae7_02	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
wae8_02	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional
1	Agriculture – growing crops																									
2	Raising animals / pastoralist																									
3	Fishing																									
4	Trade / vendor / sales																									
5	Student																									
6	Unemployed																									
7	Labourer / cleaner / helper																									
8	Domestic worker																									
9	Volunteer																									
10	Clerical worker																									
11	Technician / engineer																									
12	Business/ Managers / professional																									

		99   Don't know										
e_02	Hidden from user											
I008_02	MARRIAGE AND PREGNANCY	User entered text										
I009_02	Now I would like to ask you some things about recent or past pregnancies.	User entered text										
f_02	Hidden from user											
wmp1_02	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_02	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_02	Hidden from user											
wmp3_02	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_02	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_02	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_02	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_02	Hidden from user											
generated_table_list_label_220	.	User entered text										
I010_02	WMP7. Whom did you see?	User entered text										
I011_02	<span style="color:gray">Mark all responses mentioned.</span>	User entered text										
I012_02	<span style="color:gray">Probe:</span>	User entered text										

I013_02	Anyone else?	User entered text				
I014_02	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text				
reserved_name_for_field_list_labels_226		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_a_02	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					
wmp7_b_02	Nurse / Midwife / 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					
wmp7_c_02	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_02	Community 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					
wmp7_e_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					
lwmp7_02	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_02	Specify other person seen	User entered text				
wmp8_02	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_02	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_02	Hidden from user					
generated_table_list_label_236	.	User entered text				
I015_02	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_238		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_a_02	A. Was your blood pressure measured?	1	Yes
		0	No
wmp10_b_02	B. Did you give a urine sample?	1	Yes
		0	No
wmp10_c_02	C. Did you give a blood sample?	1	Yes
		0	No
wmp10_d_02	D. Height measured	1	Yes
		0	No
wmp10_e_02	E. Weight measured	1	Yes
		0	No
wmp10_f_02	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_02	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_02	H. Deworming medication given	1	Yes
		0	No
wmp10_i_02	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_02	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_02	K. HIV counselling and testing	1	Yes

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No														
0	No																	
wmp10_i_02	L. Mosquito net (ITN) provided	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10c_02	Hidden from user																	
wmp11_02	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
j_02	Hidden from user																	
wmp12_02	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_02	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_02	Specify other place you gave birth to your last child	User entered text																
wmp14_02	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other										
1	Caesarean section																	
2	Assisted vaginal delivery																	
9	Other																	
wmp14_o_02	Specify other mode/ method of delivery of your last child	User entered text																

wmp15_02	WMP15. Are you currently breastfeeding a 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							
k_02	Hidden from user							
I016_02	SUPPLEMENT CONSUMPTION	User entered text						
I017_02	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text						
I_02	Hidden from user							
wsc1_02	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know
1	Yes							
0	No							
9	Not sure if it was iron/Do not know							
wsc2_02	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc3_02	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know
1	Yes							
0	No							
9	Not sure if it was folic acid/Do not know							
m_02	Hidden from user							
wsc4_02	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc5_02	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know
1	Yes							
0	No							
9	Not sure if it was a Multi-Vitamin/Do not know							
wsc6_02	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day		
1	4 or more times per day							
2	2-3 times a day							

		<table border="1"> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
3	Once a day									
4	A few times a week									
5	Rarely									
6	Don't drink									
wsc7_02	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals		
1	During a meal									
2	Directly after a meal									
3	In between meals									
n_02	Hidden from user									
I018_02	DIETARY DIVERSITY	User entered text								
I019_02	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text								
I020_02	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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								
I021_02	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe:</span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text								
I022_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								
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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								
o_02	Hidden from user									

generated_table_list_label_284	.	User entered text						
I024_02	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_286		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_02	A. 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							
wd1_b_02	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_02	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_02	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_02	E. Milk and milk products: 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							
wd1_f_02	F. Organ meat: such as 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							
wd1_g_02	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit,	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							



	biciid, deero	<table border="1"> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	9	Don't Know				
9	Don't Know							
wd1_h_02	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_i_02	I. Eggs: Eggs from poultry or any other bird, 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							
wd1_j_02	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, 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							
wd1_k_02	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_l_02	L. 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	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_m_02	M. Other vegetables: List examples of any other vegetables	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_n_02	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_o_02	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr> <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										
wd1_p_02	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_oth_02	List other vegetables	User entered text										
rslt_02	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 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										
l036_02	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text										
ig1_03	Hidden from user											
wnm_03	WID4. Name of this woman	User entered text										
wlnr_03	WID5. \${5}'s line number from HH roster	User entered integer										
wln_03	WID6. \${5}'s sticker number	User entered text										

avl_03	Is \${5} 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																											
wcp_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																											
I003_03	Now I would first like to ask you some questions about yourself.	User entered text																										
b_03	Hidden from user																											
dob1_03	WAE1. What is your date of birth?	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> <tr> <td>0</td> <td>Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_03	Year	User entered integer																										
dl1_03	Date of birth is not correct. Please check again.	User entered text																										
d1003_03	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
d1004_03	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd_03	Hidden from user																											
ay_03	Hidden from user																											
ageq_03	Please confirm if \${5}'s age is \${11}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes																								
1	Yes																											

		0	No
c_03	Hidden from user		
wae2_03	WAE2. How old are you?	User entered integer	
wbl_03	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text	
wae3_03	WAE3. Have you ever attended school?	1	Yes
		0	No
wae4_03	WAE4. What type of school did you attend?	1	Koranic
		2	Formal schools
		3	Informal schools
wae5_03	WAE5. What is the highest level of school that you attended?	0	Preschool
		1	Primary
		2	Secondary
		3	Higher
		4	Koranic
		9	Don't know
wae5_a_03	How many years at preschool did he/she complete?	User entered integer	
wae5_b_03	How many years at primary school did he/she complete?	User entered integer	
wae5_c_03	How many years at secondary school did he/she complete?	User entered integer	
wae5_d_03	How many years at higher school did he/she complete?	User entered integer	
d_03	Hidden from user		
I005_03	WAE6. Now I would like you to read this sentence to me.	User entered text	
I006_03	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text	
I007_03	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text	
wae6_03	Can you read part of the sentence to me?	1	Cannot read at all
		2	Able only to read only parts of sentence

		<table border="1"> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired																				
3	Able to read whole sentence																											
4	No sentence in required language																											
5	Blind, mute, visually/speech impaired																											
wae7_03	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
wae8_03	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
1	Agriculture – growing crops																											
2	Raising animals / pastoralist																											
3	Fishing																											
4	Trade / vendor / sales																											
5	Student																											
6	Unemployed																											
7	Labourer / cleaner / helper																											
8	Domestic worker																											
9	Volunteer																											
10	Clerical worker																											
11	Technician / engineer																											
12	Business/ Managers / professional																											
99	Don't know																											
e_03	Hidden from user																											
I008_03	MARRIAGE AND PREGNANCY	User entered text																										
I009_03	Now I would like to ask you some things about recent or past pregnancies.	User entered text																										
f_03	Hidden from user																											

wmp1_03	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_03	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_03	Hidden from user											
wmp3_03	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_03	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_03	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_03	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_03	Hidden from user											
generated_table_list_label_361	.	User entered text										
I010_03	WMP7. Whom did you see?	User entered text										
I011_03	<span style="color:gray">Mark all responses mentioned.</span>	User entered text										
I012_03	<span style="color:gray">Probe:</span>	User entered text										
I013_03	Anyone else?	User entered text										
I014_03	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text										
reserved_name_for_field_list_labels_367		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wmp7_a_03	Doctor	<table border="1"> <tr><td></td><td></td></tr> </table>										

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_b_03	Nurse / Midwife / 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					
wmp7_c_03	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_03	Community 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					
wmp7_e_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					
lwmp7_03	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_03	Specify other person seen	User entered text				
wmp8_03	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_03	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_03	Hidden from user					
generated_table_list_label_377	.	User entered text				
I015_03	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_379		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_03	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_03	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_c_03	C. Did you give a blood sample?	1	Yes
		0	No
wmp10_d_03	D. Height measured	1	Yes
		0	No
wmp10_e_03	E. Weight measured	1	Yes
		0	No
wmp10_f_03	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_03	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_03	H. Deworming medication given	1	Yes
		0	No
wmp10_i_03	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_03	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_03	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_03	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_03	Hidden from user		



wmp11_03	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
j_03	Hidden from user																	
wmp12_03	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_03	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_03	Specify other place you gave birth to your last child	User entered text																
wmp14_03	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other										
1	Caesarean section																	
2	Assisted vaginal delivery																	
9	Other																	
wmp14_o_03	Specify other mode/ method of delivery of your last child	User entered text																
wmp15_03	WMP15. Are you currently breastfeeding a 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																	
k_03	Hidden from user																	
I016_03	SUPPLEMENT CONSUMPTION	User entered text																
I017_03	Now I would like to ask you some questions about vitamins and minerals	User entered text																

	you may be taking or have recently taken.													
I_03	Hidden from user													
wsc1_03	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know						
1	Yes													
0	No													
9	Not sure if it was iron/Do not know													
wsc2_03	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc3_03	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know						
1	Yes													
0	No													
9	Not sure if it was folic acid/Do not know													
m_03	Hidden from user													
wsc4_03	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc5_03	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know						
1	Yes													
0	No													
9	Not sure if it was a Multi-Vitamin/Do not know													
wsc6_03	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													

wsc7_03	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals
1	During a meal							
2	Directly after a meal							
3	In between meals							
n_03	Hidden from user							
I018_03	DIETARY DIVERSITY	User entered text						
I019_03	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I020_03	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you ate at that time. <span style="color:gray"> Probe:</span> <span style="color:gray"> "Anything else?" </span> <span style="color:gray">until respondent says nothing else. If no, continue to question b).</span>	User entered text						
I021_03	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe:</span> <span style="color:gray"> "Anything else?" </span> <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text						
I022_03	c) What ingredients were in that (mixed dish)? <span style="color:gray">Probe:</span> <span style="color:gray"> "Anything else?" </span> <span style="color:gray">until respondent says nothing else.</span>	User entered text						
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_03	Hidden from user							
generated_table_list_label_425	.	User entered text						
I024_03	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_427		<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
wd1_a_03	A. 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	1	Yes
		0	No
		9	Don't Know
wd1_b_03	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, Butter nut	1	Yes
		0	No
		9	Don't Know
wd1_c_03	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	1	Yes
		0	No
		9	Don't Know
wd1_d_03	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	1	Yes
		0	No
		9	Don't Know
wd1_e_03	E. Milk and milk products: 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
wd1_f_03	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	1	Yes
		0	No
		9	Don't Know
wd1_g_03	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	1	Yes
		0	No
		9	Don't Know
wd1_h_03	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No

		9	Don't Know
wd1_i_03	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_03	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_03	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_03	L. 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	1	Yes
		0	No
		9	Don't Know
wd1_m_03	M. Other vegetables: List examples of any other vegetables	1	Yes
		0	No
		9	Don't Know
wd1_n_03	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	1	Yes
		0	No
		9	Don't Know
wd1_o_03	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	1	Yes
		0	No
		9	Don't Know
wd1_p_03	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	1	Yes
		0	No

		9 Don't Know										
wd1_oth_03	List other vegetables	User entered text										
rslt_03	Final result (for \${5})	<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_03	Specify other reason	User entered text										
I036_03	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text										
ig1_04	Hidden from user											
wnm_04	WID4. Name of this woman	User entered text										
wlnr_04	WID5. \${1}'s line number from HH roster	User entered integer										
wln_04	WID6. \${1}'s sticker number	User entered text										
avl_04	Is \${1} 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											
wcp_04	Oral consent given?	<table border="1"> <tr> <td>1</td> <td>Yes, permission is</td> </tr> </table>	1	Yes, permission is								
1	Yes, permission is											

		<table border="1"> <tr> <td></td> <td>given</td> </tr> <tr> <td>0</td> <td>No, permission is not given</td> </tr> </table>		given	0	No, permission is not given																						
	given																											
0	No, permission is not given																											
I003_04	Now I would first like to ask you some questions about yourself.	User entered text																										
b_04	Hidden from user																											
dob1_04	WAE1. What is your date of birth?	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> <tr> <td>0</td> <td>Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_04	Year	User entered integer																										
dl1_04	Date of birth is not correct. Please check again.	User entered text																										
d1003_04	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
d1004_04	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd_04	Hidden from user																											
ay_04	Hidden from user																											
ageq_04	Please confirm if \${1}'s age is \${12}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
c_04	Hidden from user																											
wae2_04	WAE2. How old are you?	User entered integer																										

wibl_04	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_04	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_04	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_04	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_04	How many years at preschool did he/she complete?	User entered integer												
wae5_b_04	How many years at primary school did he/she complete?	User entered integer												
wae5_c_04	How many years at secondary school did he/she complete?	User entered integer												
wae5_d_04	How many years at higher school did he/she complete?	User entered integer												
d_04	Hidden from user													
I005_04	WAE6. Now I would like you to read this sentence to me.	User entered text												
I006_04	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text												
I007_04	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text												
wae6_04	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute,</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute,		
1	Cannot read at all													
2	Able only to read only parts of sentence													
3	Able to read whole sentence													
4	No sentence in required language													
5	Blind, mute,													



		visually/speech impaired																										
wae7_04	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
wae8_04	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
1	Agriculture – growing crops																											
2	Raising animals / pastoralist																											
3	Fishing																											
4	Trade / vendor / sales																											
5	Student																											
6	Unemployed																											
7	Labourer / cleaner / helper																											
8	Domestic worker																											
9	Volunteer																											
10	Clerical worker																											
11	Technician / engineer																											
12	Business/ Managers / professional																											
99	Don't know																											
e_04	Hidden from user																											
I008_04	MARRIAGE AND PREGNANCY	User entered text																										
I009_04	Now I would like to ask you some things about recent or past pregnancies.	User entered text																										
f_04	Hidden from user																											
wmp1_04	WMP1. What is your marital status now?	<table border="1"> <tr> <td>1</td> <td>Never married</td> </tr> <tr> <td>2</td> <td>Currently married</td> </tr> <tr> <td>3</td> <td>Divorced</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Never married	2	Currently married	3	Divorced																				
1	Never married																											
2	Currently married																											
3	Divorced																											

		<table border="1"> <tr> <td>4</td> <td>Separated</td> </tr> <tr> <td>5</td> <td>Widowed</td> </tr> </table>	4	Separated	5	Widowed		
4	Separated							
5	Widowed							
wmp2_04	WMP2. How many times, in total, have you been pregnant?	User entered integer						
g_04	Hidden from user							
wmp3_04	WMP3. How many times, in total, have you given birth to a baby?	User entered integer						
wmp4_04	WMP4. Are you pregnant now?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wmp5_04	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wmp6_04	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
h_04	Hidden from user							
generated_table_list_label_502	.	User entered text						
I010_04	WMP7. Whom did you see?	User entered text						
I011_04	<span style="color:gray">Mark all responses mentioned.</span>	User entered text						
I012_04	<span style="color:gray">Probe:</span>	User entered text						
I013_04	Anyone else?	User entered text						
I014_04	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text						
reserved_name_for_field_list_labels_508		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_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							
wmp7_b_04	Nurse / Midwife / Health worker	<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					
wmp7_c_04	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_04	Community 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					
wmp7_e_04	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					
lwmp7_04	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_04	Specify other person seen	User entered text				
wmp8_04	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_04	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_04	Hidden from user					
generated_table_list_label_518	.	User entered text				
I015_04	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_520		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_04	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_04	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_04	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_d_04	D. Height measured	1	Yes
		0	No
wmp10_e_04	E. Weight measured	1	Yes
		0	No
wmp10_f_04	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_04	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_04	H. Deworming medication given	1	Yes
		0	No
wmp10_i_04	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_04	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_04	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_04	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_04	Hidden from user		
wmp11_04	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	1	Yes
		0	No
		9	Don't Know

j_04	Hidden from user																	
wmp12_04	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_04	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_04	Specify other place you gave birth to your last child	User entered text																
wmp14_04	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other										
1	Caesarean section																	
2	Assisted vaginal delivery																	
9	Other																	
wmp14_o_04	Specify other mode/ method of delivery of your last child	User entered text																
wmp15_04	WMP15. Are you currently breastfeeding a 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																	
k_04	Hidden from user																	
I016_04	SUPPLEMENT CONSUMPTION	User entered text																
I017_04	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text																
I_04	Hidden from user																	
wsc1_04	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear,	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	

	Nexcofer, Lexaglobin, arziglobin?	9	Not sure if it was iron/Do not know
wsc2_04	WSC2. Are you still taking iron tablets or syrup?	1	Yes
		0	No
wsc3_04	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	1	Yes
		0	No
		9	Not sure if it was folic acid/Do not know
m_04	Hidden from user		
wsc4_04	WSC4. Are you still taking folic acid tablets or syrup?	1	Yes
		0	No
wsc5_04	WSC5. During the last six months did you take any Multi-Vitamin supplements?	1	Yes
		0	No
		9	Not sure if it was a Multi-Vitamin/Do not know
wsc6_04	WSC6. How often do you drink coffee or tea?	1	4 or more times per day
		2	2-3 times a day
		3	Once a day
		4	A few times a week
		5	Rarely
		6	Don't drink
wsc7_04	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	1	During a meal
		2	Directly after a meal
		3	In between meals

n_04	Hidden from user							
I018_04	DIETARY DIVERSITY	User entered text						
I019_04	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I020_04	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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						
I021_04	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe:</span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text						
I022_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						
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_04	Hidden from user							
generated_table_list_label_566	.	User entered text						
I024_04	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_568		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_04	A. 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							

wd1_b_04	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_04	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_04	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_04	E. Milk and milk products: 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							
wd1_f_04	F. Organ meat: such as 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							
wd1_g_04	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_h_04	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_i_04	I. Eggs: Eggs from poultry or any other bird, 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							



wd1_j_04	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, 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							
wd1_k_04	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_l_04	L. 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	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_m_04	M. Other vegetables: List examples of any other vegetables	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_n_04	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_o_04	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_p_04	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_oth_04	List other vegetables	User entered text						
rslt_04	Final result (for \${1})	<table border="1"> <tr><td>1</td><td>Completed interview, accepted</td></tr> </table>	1	Completed interview, accepted				
1	Completed interview, accepted							

		<table border="1"> <tr> <td></td> <td>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>		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
	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_04	Specify other reason	User entered text										
I036_04	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text										
ig1_05	Hidden from user											
wnm_05	WID4. Name of this woman	User entered text										
wlnr_05	WID5. \${13}'s line number from HH roster	User entered integer										
wln_05	WID6. \${13}'s sticker number	User entered text										
avl_05	Is \${13} 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											
wcp_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 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											
I003_05	Now I would first like to ask you some questions about yourself.	User entered text										

b_05	Hidden from user																											
dob1_05	WAE1. What is your date of birth?	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> <tr><td>0</td><td>Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_05	Year	User entered integer																										
dl1_05	Date of birth is not correct. Please check again.	User entered text																										
d1003_05	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
d1004_05	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd_05	Hidden from user																											
ay_05	Hidden from user																											
ageq_05	Please confirm if \${13}'s age is \${16}!	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
c_05	Hidden from user																											
wae2_05	WAE2. How old are you?	User entered integer																										
wbl_05	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text																										
wae3_05	WAE3. Have you ever attended school?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											

wae4_05	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_05	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_05	How many years at preschool did he/she complete?	User entered integer												
wae5_b_05	How many years at primary school did he/she complete?	User entered integer												
wae5_c_05	How many years at secondary school did he/she complete?	User entered integer												
wae5_d_05	How many years at higher school did he/she complete?	User entered integer												
d_05	Hidden from user													
I005_05	WAE6. Now I would like you to read this sentence to me.	User entered text												
I006_05	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text												
I007_05	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text												
wae6_05	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired		
1	Cannot read at all													
2	Able only to read only parts of sentence													
3	Able to read whole sentence													
4	No sentence in required language													
5	Blind, mute, visually/speech impaired													
wae7_05	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													

wae8_05	WAE8. What is your main occupation?	<table border="1"> <tr><td>1</td><td>Agriculture – growing crops</td></tr> <tr><td>2</td><td>Raising animals / pastoralist</td></tr> <tr><td>3</td><td>Fishing</td></tr> <tr><td>4</td><td>Trade / vendor / sales</td></tr> <tr><td>5</td><td>Student</td></tr> <tr><td>6</td><td>Unemployed</td></tr> <tr><td>7</td><td>Labourer / cleaner / helper</td></tr> <tr><td>8</td><td>Domestic worker</td></tr> <tr><td>9</td><td>Volunteer</td></tr> <tr><td>10</td><td>Clerical worker</td></tr> <tr><td>11</td><td>Technician / engineer</td></tr> <tr><td>12</td><td>Business/ Managers / professional</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
1	Agriculture – growing crops																											
2	Raising animals / pastoralist																											
3	Fishing																											
4	Trade / vendor / sales																											
5	Student																											
6	Unemployed																											
7	Labourer / cleaner / helper																											
8	Domestic worker																											
9	Volunteer																											
10	Clerical worker																											
11	Technician / engineer																											
12	Business/ Managers / professional																											
99	Don't know																											
e_05	Hidden from user																											
I008_05	MARRIAGE AND PREGNANCY	User entered text																										
I009_05	Now I would like to ask you some things about recent or past pregnancies.	User entered text																										
f_05	Hidden from user																											
wmp1_05	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed																
1	Never married																											
2	Currently married																											
3	Divorced																											
4	Separated																											
5	Widowed																											
wmp2_05	WMP2. How many times, in total, have you been pregnant?	User entered integer																										
g_05	Hidden from user																											
wmp3_05	WMP3. How many times, in total, have you given birth to a baby?	User entered integer																										

wmp4_05	WMP4. Are you pregnant now?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wmp5_05	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wmp6_05	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
h_05	Hidden from user							
generated_table_list_label_643	.	User entered text						
I010_05	WMP7. Whom did you see?	User entered text						
I011_05	<span style="color:gray">Mark all responses mentioned.</span>	User entered text						
I012_05	<span style="color:gray">Probe:</span>	User entered text						
I013_05	Anyone else?	User entered text						
I014_05	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text						
reserved_name_for_field_list_labels_649		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_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							
wmp7_b_05	Nurse / Midwife / 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							
wmp7_c_05	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_d_05	Community 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					
wmp7_e_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					
lwmp7_05	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_05	Specify other person seen	User entered text				
wmp8_05	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_01	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_05	Hidden from user					
generated_table_list_label_659	.	User entered text				
I015_05	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_661		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_05	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_05	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_05	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_d_05	D. Height measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_e_05	E. Weight measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_f_05	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_05	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_05	H. Deworming medication given	1	Yes
		0	No
wmp10_i_05	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_05	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_05	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_05	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_05	Hidden from user		
wmp11_05	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	1	Yes
		0	No
		9	Don't Know
j_05	Hidden from user		
wmp12_05	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	1	Yes
		0	No
		9	Don't Know



wmp13_05	WMP13. Where did you give birth to your last child?	<table border="1"> <tr><td>1</td><td>Your home</td></tr> <tr><td>2</td><td>Other home</td></tr> <tr><td>3</td><td>Government/District Hospital</td></tr> <tr><td>4</td><td>Health center</td></tr> <tr><td>5</td><td>Mission hospital/clinic</td></tr> <tr><td>6</td><td>Private hospital</td></tr> <tr><td>7</td><td>Nursing/ maternity home</td></tr> <tr><td>9</td><td>other</td></tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_05	Specify other place you gave birth to your last child	User entered text																
wmp14_05	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr><td>1</td><td>Caesarean section</td></tr> <tr><td>2</td><td>Assisted vaginal delivery</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other										
1	Caesarean section																	
2	Assisted vaginal delivery																	
9	Other																	
wmp14_o_05	Specify other mode/ method of delivery of your last child	User entered text																
wmp15_05	WMP15. Are you currently breastfeeding a 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																	
k_05	Hidden from user																	
I016_05	SUPPLEMENT CONSUMPTION	User entered text																
I017_05	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text																
I_05	Hidden from user																	
wsc1_05	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Not sure if it was iron/Do not know</td></tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know										
1	Yes																	
0	No																	
9	Not sure if it was iron/Do not know																	
wsc2_05	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	

wsc3_05	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know						
1	Yes													
0	No													
9	Not sure if it was folic acid/Do not know													
m_05	Hidden from user													
wsc4_05	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc5_05	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know						
1	Yes													
0	No													
9	Not sure if it was a Multi-Vitamin/Do not know													
wsc6_05	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													
wsc7_05	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals						
1	During a meal													
2	Directly after a meal													
3	In between meals													
n_05	Hidden from user													
I018_05	DIETARY DIVERSITY	User entered text												
I019_05	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text												
I020_05	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you ate at that time.	User entered text												

	<span style="color:gray"> Probe:</span> "Anything else?" <span style="color:gray">until respondent says nothing else. If no, continue to question b).</span>							
I021_05	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe:</span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text						
I022_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						
I023_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 groups below, write the food in the box labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_05	Hidden from user							
generated_table_list_label_707	.	User entered text						
I024_05	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_709		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_05	A. 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							
wd1_b_05	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							

wd1_c_05	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_05	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_05	E. Milk and milk products: 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							
wd1_f_05	F. Organ meat: such as 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							
wd1_g_05	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_h_05	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_i_05	I. Eggs: Eggs from poultry or any other bird, 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							
wd1_j_05	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, 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							

wd1_k_05	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_l_05	L. 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	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_m_05	M. Other vegetables: List examples of any other vegetables	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_n_05	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_o_05	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_p_05	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_oth_05	List other vegetables	User entered text						
rslt_05	Final result (for \${13})	<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</td> </tr> </table>	1	Completed interview, accepted participation in anthropometry and in blood collection	2	Completed interview, accepted participation in anthropometry, refused		
1	Completed interview, accepted participation in anthropometry and in blood collection							
2	Completed interview, accepted participation in anthropometry, refused							

		<table border="1"> <tr> <td></td> <td>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 blood collection	3	Completed interview, refused participation in anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other
	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								
I036_05	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text								
ig1_06	Hidden from user									
wnm_06	WID4. Name of this woman	User entered text								
wlnr_06	WID5. \${6}'s line number from HH roster	User entered integer								
wln_06	WID6. \${6}'s sticker number	User entered text								
avl_06	Is \${6} 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									
wcp_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									
I003_06	Now I would first like to ask you some questions about yourself.	User entered text								
b_06	Hidden from user									
dob1_06	WAE1. What is your date of birth?	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> </table>	1	January	2	February	3	March		
1	January									
2	February									
3	March									

		<table border="1"> <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> <tr><td>0</td><td>Don't Know</td></tr> </table>	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
4	April																					
5	May																					
6	June																					
7	July																					
8	August																					
9	September																					
10	October																					
11	November																					
12	December																					
0	Don't Know																					
yr1_06	Year	User entered integer																				
dl1_06	Date of birth is not correct. Please check again.	User entered text																				
d1003_06	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																				
d1004_06	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																				
agd_06	Hidden from user																					
ay_06	Hidden from user																					
ageq_06	Please confirm if \${6}'s age is \${20}!	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
c_06	Hidden from user																					
wae2_06	WAE2. How old are you?	User entered integer																				
wbl_06	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text																				
wae3_06	WAE3. Have you ever attended school?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
wae4_06	WAE4. What type of school did you attend?	<table border="1"> <tr><td>1</td><td>Koranic</td></tr> <tr><td>2</td><td>Formal schools</td></tr> <tr><td>3</td><td>Informal schools</td></tr> </table>	1	Koranic	2	Formal schools	3	Informal schools														
1	Koranic																					
2	Formal schools																					
3	Informal schools																					
wae5_06	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr><td>0</td><td>Preschool</td></tr> <tr><td>1</td><td>Primary</td></tr> </table>	0	Preschool	1	Primary																
0	Preschool																					
1	Primary																					

		<table border="1"> <tr><td>2</td><td>Secondary</td></tr> <tr><td>3</td><td>Higher</td></tr> <tr><td>4</td><td>Koranic</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	2	Secondary	3	Higher	4	Koranic	9	Don't know		
2	Secondary											
3	Higher											
4	Koranic											
9	Don't know											
wae5_a_06	How many years at preschool did he/she complete?	User entered integer										
wae5_b_06	How many years at primary school did he/she complete?	User entered integer										
wae5_c_06	How many years at secondary school did he/she complete?	User entered integer										
wae5_d_06	How many years at higher school did he/she complete?	User entered integer										
d_06	Hidden from user											
I005_06	WAE6. Now I would like you to read this sentence to me.	User entered text										
I006_06	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text										
I007_06	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text										
wae6_06	Can you read part of the sentence to me?	<table border="1"> <tr><td>1</td><td>Cannot read at all</td></tr> <tr><td>2</td><td>Able only to read only parts of sentence</td></tr> <tr><td>3</td><td>Able to read whole sentence</td></tr> <tr><td>4</td><td>No sentence in required language</td></tr> <tr><td>5</td><td>Blind, mute, visually/speech impaired</td></tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired
1	Cannot read at all											
2	Able only to read only parts of sentence											
3	Able to read whole sentence											
4	No sentence in required language											
5	Blind, mute, visually/speech impaired											
wae7_06	WAE7. Do you work for money outside the home?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wae8_06	WAE8. What is your main occupation?	<table border="1"> <tr><td>1</td><td>Agriculture – growing crops</td></tr> <tr><td>2</td><td>Raising animals / pastoralist</td></tr> <tr><td>3</td><td>Fishing</td></tr> <tr><td>4</td><td>Trade / vendor /</td></tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor /		
1	Agriculture – growing crops											
2	Raising animals / pastoralist											
3	Fishing											
4	Trade / vendor /											



		<table border="1"> <tr><td></td><td>sales</td></tr> <tr><td>5</td><td>Student</td></tr> <tr><td>6</td><td>Unemployed</td></tr> <tr><td>7</td><td>Labourer / cleaner / helper</td></tr> <tr><td>8</td><td>Domestic worker</td></tr> <tr><td>9</td><td>Volunteer</td></tr> <tr><td>10</td><td>Clerical worker</td></tr> <tr><td>11</td><td>Technician / engineer</td></tr> <tr><td>12</td><td>Business/ Managers / professional</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>		sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
	sales																					
5	Student																					
6	Unemployed																					
7	Labourer / cleaner / helper																					
8	Domestic worker																					
9	Volunteer																					
10	Clerical worker																					
11	Technician / engineer																					
12	Business/ Managers / professional																					
99	Don't know																					
e_06	Hidden from user																					
I008_06	MARRIAGE AND PREGNANCY	User entered text																				
I009_06	Now I would like to ask you some things about recent or past pregnancies.	User entered text																				
f_06	Hidden from user																					
wmp1_06	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed										
1	Never married																					
2	Currently married																					
3	Divorced																					
4	Separated																					
5	Widowed																					
wmp2_06	WMP2. How many times, in total, have you been pregnant?	User entered integer																				
g_06	Hidden from user																					
wmp3_06	WMP3. How many times, in total, have you given birth to a baby?	User entered integer																				
wmp4_06	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know														
1	Yes																					
0	No																					
9	Don't Know																					
wmp5_06	WMP5. Have you been pregnant in the past 2 years?	<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							
wmp6_06	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
h_06	Hidden from user							
generated_table_list_label_784	.	User entered text						
I010_06	WMP7. Whom did you see?	User entered text						
I011_06	<span style="color:gray">Mark all responses mentioned.</span>	User entered text						
I012_06	<span style="color:gray">Probe:</span>	User entered text						
I013_06	Anyone else?	User entered text						
I014_06	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text						
reserved_name_for_field_list_labels_790		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_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							
wmp7_b_06	Nurse / Midwife / 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							
wmp7_c_06	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_d_06	Community 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							
wmp7_e_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							

lwmp7_06	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_06	Specify other person seen	User entered text				
wmp8_06	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_06	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_06	Hidden from user					
generated_table_list_label_800	.	User entered text				
I015_06	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_802		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_06	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_06	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_06	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_d_06	D. Height measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_e_06	E. Weight measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_f_06	F. Anti- malaria drugs given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_g_06	G. Ultrasound scan	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes		
1	Yes					

		0	No
wmp10_h_06	H. Deworming medication given	1	Yes
		0	No
wmp10_i_06	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_06	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_06	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_06	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_06	Hidden from user		
wmp11_06	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	1	Yes
		0	No
		9	Don't Know
j_06	Hidden from user		
wmp12_06	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	1	Yes
		0	No
		9	Don't Know
wmp13_06	WMP13. Where did you give birth to your last child?	1	Your home
		2	Other home
		3	Government/District Hospital
		4	Health center
		5	Mission

		<table border="1"> <tr> <td></td> <td>hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>		hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
	hospital/clinic									
6	Private hospital									
7	Nursing/ maternity home									
9	other									
wmp13_o_06	Specify other place you gave birth to your last child	User entered text								
wmp14_06	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other		
1	Caesarean section									
2	Assisted vaginal delivery									
9	Other									
wmp14_o_06	Specify other mode/ method of delivery of your last child	User entered text								
wmp15_06	WMP15. Are you currently breastfeeding a 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									
k_06	Hidden from user									
I016_06	SUPPLEMENT CONSUMPTION	User entered text								
I017_06	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text								
I_06	Hidden from user									
wsc1_06	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know		
1	Yes									
0	No									
9	Not sure if it was iron/Do not know									
wsc2_06	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
wsc3_06	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know		
1	Yes									
0	No									
9	Not sure if it was folic acid/Do not know									

m_06	Hidden from user													
wsc4_06	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc5_06	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know						
1	Yes													
0	No													
9	Not sure if it was a Multi-Vitamin/Do not know													
wsc6_06	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													
wsc7_06	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals						
1	During a meal													
2	Directly after a meal													
3	In between meals													
n_06	Hidden from user													
I018_06	DIETARY DIVERSITY	User entered text												
I019_06	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text												
I020_06	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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												
I021_06	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray"> Probe: </span> "Anything else?" <span style="color:gray"> until respondent says nothing else. Repeat question</span>	User entered text												

	b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe: </span>							
I022_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						
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_06	Hidden from user							
generated_table_list_label_848	.	User entered text						
I024_06	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_850		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_06	A. 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							
wd1_b_06	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_06	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_06	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

	nut/seed "butters" or pastes	0	No
		9	Don't Know
wd1_e_06	E. Milk and milk products: 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
wd1_f_06	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	1	Yes
		0	No
		9	Don't Know
wd1_g_06	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	1	Yes
		0	No
		9	Don't Know
wd1_h_06	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No
		9	Don't Know
wd1_i_06	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_06	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_06	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_06	L. Vitamin A-rich Fruits: such as ripe mangoes, pawpaw, wild fruits such as gob, hobob, berde, isbandlays, kabla, coasta, red cactus fruit, mareer,	1	Yes



	xamur, dhanfarur	<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							
wd1_m_06	M. Other vegetables: List examples of any other vegetables	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_n_06	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_o_06	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_p_06	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_oth_06	List other vegetables	User entered text						
rslt_06	Final result (for \${6})	<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</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
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							

		<table border="1"> <tr> <td></td> <td>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>		anthropometry and refused blood collection	4	Refused interview and all data collection	9	Other								
	anthropometry and refused blood collection															
4	Refused interview and all data collection															
9	Other															
rslt_o_06	Specify other reason	User entered text														
I036_06	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text														
ig1_07	Hidden from user															
wnm_07	WID4. Name of this woman	User entered text														
wlnr_07	WID5. \${8}'s line number from HH roster	User entered integer														
wln_07	WID6. \${8}'s sticker number	User entered text														
avl_07	Is \${8} 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															
wcp_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															
I003_07	Now I would first like to ask you some questions about yourself.	User entered text														
b_07	Hidden from user															
dob1_07	WAE1. What is your date of birth?	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></td> <td></td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June		
1	January															
2	February															
3	March															
4	April															
5	May															
6	June															

		<table border="1"> <tbody> <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> <tr><td>0</td><td>Don't Know</td></tr> </tbody> </table>	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
7	July															
8	August															
9	September															
10	October															
11	November															
12	December															
0	Don't Know															
yr1_07	Year	User entered integer														
dl1_07	Date of birth is not correct. Please check again.	User entered text														
d1003_07	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
d1004_07	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
agd_07	Hidden from user															
ay_07	Hidden from user															
ageq_07	Please confirm if \${8}'s age is \${15}!	<table border="1"> <tbody> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </tbody> </table>	1	Yes	0	No										
1	Yes															
0	No															
c_07	Hidden from user															
wae2_07	WAE2. How old are you?	User entered integer														
wbl_07	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text														
wae3_07	WAE3. Have you ever attended school?	<table border="1"> <tbody> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </tbody> </table>	1	Yes	0	No										
1	Yes															
0	No															
wae4_07	WAE4. What type of school did you attend?	<table border="1"> <tbody> <tr><td>1</td><td>Koranic</td></tr> <tr><td>2</td><td>Formal schools</td></tr> <tr><td>3</td><td>Informal schools</td></tr> </tbody> </table>	1	Koranic	2	Formal schools	3	Informal schools								
1	Koranic															
2	Formal schools															
3	Informal schools															
wae5_07	WAE5. What is the highest level of school that you attended?	<table border="1"> <tbody> <tr><td>0</td><td>Preschool</td></tr> <tr><td>1</td><td>Primary</td></tr> <tr><td>2</td><td>Secondary</td></tr> <tr><td>3</td><td>Higher</td></tr> <tr><td>4</td><td>Koranic</td></tr> </tbody> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic				
0	Preschool															
1	Primary															
2	Secondary															
3	Higher															
4	Koranic															

		9	Don't know												
wae5_a_07	How many years at preschool did he/she complete?	User entered integer													
wae5_b_07	How many years at primary school did he/she complete?	User entered integer													
wae5_c_07	How many years at secondary school did he/she complete?	User entered integer													
wae5_d_07	How many years at higher school did he/she complete?	User entered integer													
d_07	Hidden from user														
I005_07	WAE6. Now I would like you to read this sentence to me.	User entered text													
I006_07	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text													
I007_07	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text													
wae6_07	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>		1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired		
1	Cannot read at all														
2	Able only to read only parts of sentence														
3	Able to read whole sentence														
4	No sentence in required language														
5	Blind, mute, visually/speech impaired														
wae7_07	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>		1	Yes	0	No								
1	Yes														
0	No														
wae8_07	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> </table>		1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed
1	Agriculture – growing crops														
2	Raising animals / pastoralist														
3	Fishing														
4	Trade / vendor / sales														
5	Student														
6	Unemployed														

		<table border="1"> <tr><td>7</td><td>Labourer / cleaner / helper</td></tr> <tr><td>8</td><td>Domestic worker</td></tr> <tr><td>9</td><td>Volunteer</td></tr> <tr><td>10</td><td>Clerical worker</td></tr> <tr><td>11</td><td>Technician / engineer</td></tr> <tr><td>12</td><td>Business/ Managers / professional</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
7	Labourer / cleaner / helper															
8	Domestic worker															
9	Volunteer															
10	Clerical worker															
11	Technician / engineer															
12	Business/ Managers / professional															
99	Don't know															
e_07	Hidden from user															
I008_07	MARRIAGE AND PREGNANCY	User entered text														
I009_07	Now I would like to ask you some things about recent or past pregnancies.	User entered text														
f_07	Hidden from user															
wmp1_07	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed				
1	Never married															
2	Currently married															
3	Divorced															
4	Separated															
5	Widowed															
wmp2_07	WMP2. How many times, in total, have you been pregnant?	User entered integer														
g_07	Hidden from user															
wmp3_07	WMP3. How many times, in total, have you given birth to a baby?	User entered integer														
wmp4_07	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know								
1	Yes															
0	No															
9	Don't Know															
wmp5_07	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know								
1	Yes															
0	No															
9	Don't Know															

wmp6_07	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
h_07	Hidden from user							
generated_table_list_label_925	.	User entered text						
I010_07	WMP7. Whom did you see?	User entered text						
I011_07	<span style="color:gray">Mark all responses mentioned.</span>	User entered text						
I012_07	<span style="color:gray">Probe:</span>	User entered text						
I013_07	Anyone else?	User entered text						
I014_07	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text						
reserved_name_for_field_list_labels_931		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_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							
wmp7_b_07	Nurse / Midwife / 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							
wmp7_c_07	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wmp7_d_07	Community 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							
wmp7_e_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							
lwmp7_07	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text						
wmp7_o_07	Specify other person seen	User entered text						

wmp8_07	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_07	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_07	Hidden from user					
generated_table_list_label_941	.	User entered text				
l015_07	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_943		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_07	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_07	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_07	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_d_07	D. Height measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_e_07	E. Weight measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_f_07	F. Anti- malaria drugs given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_g_07	G. Ultrasound scan	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_h_07	H. Deworming medication given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes		
1	Yes					

		0	No
wmp10_i_07	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_07	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_07	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_07	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_07	Hidden from user		
wmp11_07	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	1	Yes
		0	No
		9	Don't Know
j_07	Hidden from user		
wmp12_07	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	1	Yes
		0	No
		9	Don't Know
wmp13_07	WMP13. Where did you give birth to your last child?	1	Your home
		2	Other home
		3	Government/District Hospital
		4	Health center
		5	Mission hospital/clinic
		6	Private hospital
		7	Nursing/ maternity



		<table border="1"> <tr> <td></td> <td>home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>		home	9	other		
	home							
9	other							
wmp13_o_07	Specify other place you gave birth to your last child	User entered text						
wmp14_07	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other
1	Caesarean section							
2	Assisted vaginal delivery							
9	Other							
wmp14_o_07	Specify other mode/ method of delivery of your last child	User entered text						
wmp15_07	WMP15. Are you currently breastfeeding a 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							
k_07	Hidden from user							
I016_07	SUPPLEMENT CONSUMPTION	User entered text						
I017_07	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text						
I_07	Hidden from user							
wsc1_07	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know
1	Yes							
0	No							
9	Not sure if it was iron/Do not know							
wsc2_07	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc3_07	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know
1	Yes							
0	No							
9	Not sure if it was folic acid/Do not know							
m_07	Hidden from user							
wsc4_07	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes				
1	Yes							

		0	No
wsc5_07	WSC5. During the last six months did you take any Multi-Vitamin supplements?	1	Yes
		0	No
		9	Not sure if it was a Multi-Vitamin/Do not know
wsc6_07	WSC6. How often do you drink coffee or tea?	1	4 or more times per day
		2	2-3 times a day
		3	Once a day
		4	A few times a week
		5	Rarely
		6	Don't drink
wsc7_07	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	1	During a meal
		2	Directly after a meal
		3	In between meals
n_07	Hidden from user		
I018_07	DIETARY DIVERSITY		User entered text
I019_07	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.		User entered text
I020_07	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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
I021_07	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe: </span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe: </span>		User entered text

I022_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						
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_07	Hidden from user							
generated_table_list_label_989	.	User entered text						
I024_07	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	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> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_07	A. 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							
wd1_b_07	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_07	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_07	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

wd1_e_07	E. Milk and milk products: from milk (Fresh/fermented/powdered sheep, goat, cow or camel milk, Cheese (sour milk), condensed milk, yoghurt?	<table border="1"> <tr> <td data-bbox="1263 128 1317 184">1</td> <td data-bbox="1317 128 1513 184">Yes</td> </tr> <tr> <td data-bbox="1263 191 1317 247">0</td> <td data-bbox="1317 191 1513 247">No</td> </tr> <tr> <td data-bbox="1263 254 1317 310">9</td> <td data-bbox="1317 254 1513 310">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_f_07	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	<table border="1"> <tr> <td data-bbox="1263 365 1317 422">1</td> <td data-bbox="1317 365 1513 422">Yes</td> </tr> <tr> <td data-bbox="1263 428 1317 485">0</td> <td data-bbox="1317 428 1513 485">No</td> </tr> <tr> <td data-bbox="1263 491 1317 548">9</td> <td data-bbox="1317 491 1513 548">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_g_07	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	<table border="1"> <tr> <td data-bbox="1263 602 1317 659">1</td> <td data-bbox="1317 602 1513 659">Yes</td> </tr> <tr> <td data-bbox="1263 665 1317 722">0</td> <td data-bbox="1317 665 1513 722">No</td> </tr> <tr> <td data-bbox="1263 728 1317 785">9</td> <td data-bbox="1317 728 1513 785">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_h_07	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	<table border="1"> <tr> <td data-bbox="1263 840 1317 896">1</td> <td data-bbox="1317 840 1513 896">Yes</td> </tr> <tr> <td data-bbox="1263 903 1317 959">0</td> <td data-bbox="1317 903 1513 959">No</td> </tr> <tr> <td data-bbox="1263 966 1317 1022">9</td> <td data-bbox="1317 966 1513 1022">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_i_07	I. Eggs: Eggs from poultry or any other bird, Ostrich	<table border="1"> <tr> <td data-bbox="1263 1077 1317 1134">1</td> <td data-bbox="1317 1077 1513 1134">Yes</td> </tr> <tr> <td data-bbox="1263 1140 1317 1197">0</td> <td data-bbox="1317 1140 1513 1197">No</td> </tr> <tr> <td data-bbox="1263 1203 1317 1260">9</td> <td data-bbox="1317 1203 1513 1260">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_j_07	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	<table border="1"> <tr> <td data-bbox="1263 1314 1317 1371">1</td> <td data-bbox="1317 1314 1513 1371">Yes</td> </tr> <tr> <td data-bbox="1263 1377 1317 1434">0</td> <td data-bbox="1317 1377 1513 1434">No</td> </tr> <tr> <td data-bbox="1263 1440 1317 1497">9</td> <td data-bbox="1317 1440 1513 1497">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_k_07	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	<table border="1"> <tr> <td data-bbox="1263 1551 1317 1608">1</td> <td data-bbox="1317 1551 1513 1608">Yes</td> </tr> <tr> <td data-bbox="1263 1614 1317 1671">0</td> <td data-bbox="1317 1614 1513 1671">No</td> </tr> <tr> <td data-bbox="1263 1677 1317 1734">9</td> <td data-bbox="1317 1677 1513 1734">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_l_07	L. 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	<table border="1"> <tr> <td data-bbox="1263 1789 1317 1845">1</td> <td data-bbox="1317 1789 1513 1845">Yes</td> </tr> <tr> <td data-bbox="1263 1852 1317 1908">0</td> <td data-bbox="1317 1852 1513 1908">No</td> </tr> <tr> <td data-bbox="1263 1915 1317 1971">9</td> <td data-bbox="1317 1915 1513 1971">Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							

wd1_m_07	M. Other vegetables: List examples of any other vegetables	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
wd1_n_07	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
wd1_o_07	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
wd1_p_07	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
wd1_oth_07	List other vegetables	User entered text								
rslt_07	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 and refused blood collection</td> </tr> <tr> <td>4</td> <td>Refused interview and all data collection</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
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																						
I036_07	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text																						
ig1_08	Hidden from user																							
wnm_08	WID4. Name of this woman	User entered text																						
wlnr_08	WID5. \${7}'s line number from HH roster	User entered integer																						
wln_08	WID6. \${7}'s sticker number	User entered text																						
avl_08	Is \${7} 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																							
wcp_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																							
I003_08	Now I would first like to ask you some questions about yourself.	User entered text																						
b_08	Hidden from user																							
dob1_08	WAE1. What is your date of birth?	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> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November
1	January																							
2	February																							
3	March																							
4	April																							
5	May																							
6	June																							
7	July																							
8	August																							
9	September																							
10	October																							
11	November																							

		<table border="1"> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	12	December	0	Don't Know								
12	December													
0	Don't Know													
yr1_08	Year	User entered integer												
dl1_08	Date of birth is not correct. Please check again.	User entered text												
d1003_08	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
d1004_08	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd_08	Hidden from user													
ay_08	Hidden from user													
ageq_08	Please confirm if \${7}'s age is \${18}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
c_08	Hidden from user													
wae2_08	WAE2. How old are you?	User entered integer												
wbl_08	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_08	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_08	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_08	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_08	How many years at preschool did he/she complete?	User entered integer												
wae5_b_08	How many years at primary school did he/she complete?	User entered integer												
wae5_c_08	How many years at secondary school did he/she complete?	User entered integer												

wae5_d_08	How many years at higher school did he/she complete?	User entered integer																				
d_08	Hidden from user																					
I005_08	WAE6. Now I would like you to read this sentence to me.	User entered text																				
I006_08	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text																				
I007_08	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text																				
wae6_08	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired										
1	Cannot read at all																					
2	Able only to read only parts of sentence																					
3	Able to read whole sentence																					
4	No sentence in required language																					
5	Blind, mute, visually/speech impaired																					
wae7_08	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
wae8_08	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker
1	Agriculture – growing crops																					
2	Raising animals / pastoralist																					
3	Fishing																					
4	Trade / vendor / sales																					
5	Student																					
6	Unemployed																					
7	Labourer / cleaner / helper																					
8	Domestic worker																					
9	Volunteer																					
10	Clerical worker																					



		<table border="1"> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know				
11	Technician / engineer											
12	Business/ Managers / professional											
99	Don't know											
e_08	Hidden from user											
I008_08	MARRIAGE AND PREGNANCY	User entered text										
I009_08	Now I would like to ask you some things about recent or past pregnancies.	User entered text										
f_08	Hidden from user											
wmp1_08	WMP1. What is your marital status now?	<table border="1"> <tr> <td>1</td> <td>Never married</td> </tr> <tr> <td>2</td> <td>Currently married</td> </tr> <tr> <td>3</td> <td>Divorced</td> </tr> <tr> <td>4</td> <td>Separated</td> </tr> <tr> <td>5</td> <td>Widowed</td> </tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_08	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_08	Hidden from user											
wmp3_08	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_08	WMP4. Are you pregnant now?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_08	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_08	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_08	Hidden from user											

generated_table_list_label_1066	.	User entered text				
I010_08	WMP7. Whom did you see?	User entered text				
I011_08	<span style="color:gray">Mark all responses mentioned.</span>	User entered text				
I012_08	<span style="color:gray">Probe:</span>	User entered text				
I013_08	Anyone else?	User entered text				
I014_08	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text				
reserved_name_for_field_list_labels_1072		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_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					
wmp7_b_08	Nurse / Midwife / 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					
wmp7_c_08	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_08	Community 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					
wmp7_e_08	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					
lwmp7_08	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_08	Specify other person seen	User entered text				
wmp8_08	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_08	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_08	Hidden from user					
generated_table_list_label_1082	.	User entered text				

I015_08	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_1084		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_08	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_08	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_c_08	C. Did you give a blood sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_d_08	D. Height measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_e_08	E. Weight measured	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_f_08	F. Anti- malaria drugs given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_g_08	G. Ultrasound scan	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_h_08	H. Deworming medication given	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_i_08	I. Multiple micronutrient supplements	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_j_08	J. Tetanus vaccination	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10_k_08	K. HIV counselling and testing	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10_l_08	L. Mosquito net (ITN) provided	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																	
0	No																	
wmp10c_08	Hidden from user																	
wmp11_08	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
j_08	Hidden from user																	
wmp12_08	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_08	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_08	Specify other place you gave birth to your last child	User entered text																
wmp14_08	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> </table>	1	Caesarean section														
1	Caesarean section																	

		<table border="1"> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	2	Assisted vaginal delivery	9	Other		
2	Assisted vaginal delivery							
9	Other							
wmp14_o_08	Specify other mode/ method of delivery of your last child	User entered text						
wmp15_08	WMP15. Are you currently breastfeeding a 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							
k_08	Hidden from user							
I016_08	SUPPLEMENT CONSUMPTION	User entered text						
I017_08	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text						
I_08	Hidden from user							
wsc1_08	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know
1	Yes							
0	No							
9	Not sure if it was iron/Do not know							
wsc2_08	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc3_08	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know
1	Yes							
0	No							
9	Not sure if it was folic acid/Do not know							
m_08	Hidden from user							
wsc4_08	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc5_08	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a
1	Yes							
0	No							
9	Not sure if it was a							

		Multi-Vitamin/Do not know												
wsc6_08	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													
wsc7_08	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals						
1	During a meal													
2	Directly after a meal													
3	In between meals													
n_08	Hidden from user													
I018_08	DIETARY DIVERSITY	User entered text												
I019_08	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text												
I020_08	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you ate at that time. <span style="color:gray">Probe: "Anything else?" until respondent says nothing else. If no, continue to question b).</span>	User entered text												
I021_08	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe: "Anything else?" until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe:</span>	User entered text												
I022_08	c) What ingredients were in that (mixed dish)? <span style="color:gray">Probe: "Anything else?" until respondent says nothing else.</span>	User entered text												
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment,</span>	User entered text												

	include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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>							
o_08	Hidden from user							
generated_table_list_label_1130	.	User entered text						
I024_08	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_1132		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_08	A. 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							
wd1_b_08	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_08	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_08	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_08	E. Milk and milk products: 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							

wd1_f_08	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	1	Yes
		0	No
		9	Don't Know
wd1_g_08	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	1	Yes
		0	No
		9	Don't Know
wd1_h_08	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No
		9	Don't Know
wd1_i_08	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_08	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_08	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_08	L. 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	1	Yes
		0	No
		9	Don't Know
wd1_m_08	M. Other vegetables: List examples of any other vegetables	1	Yes
		0	No
		9	Don't Know
wd1_n_08	N. Other fruits: such as banana, orange, apple, coconut, custard apple,		



	dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_o_08	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_p_08	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_oth_08	List other vegetables	User entered text										
rslt_08	Final result (for \${7})	<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_08	Specify other reason	User entered text										
I036_08	URINE SAMPLE COLLECTION If approval given, hand out a labeled	User entered text										

	urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.																											
ig1_09	Hidden from user																											
wnm_09	WID4. Name of this woman	User entered text																										
wlnr_09	WID5. \${3}'s line number from HH roster	User entered integer																										
wln_09	WID6. \${3}'s sticker number	User entered text																										
avl_09	Is \${3} 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																											
wcp_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 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																											
I003_09	Now I would first like to ask you some questions about yourself.	User entered text																										
b_09	Hidden from user																											
dob1_09	WAE1. What is your date of birth?	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> <tr> <td>0</td> <td>Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_09	Year	User entered integer																										

dl1_09	Date of birth is not correct. Please check again.	User entered text												
d1003_09	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
d1004_09	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd_09	Hidden from user													
ay_09	Hidden from user													
ageq_09	Please confirm if \${3}'s age is \${21}!	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
c_09	Hidden from user													
wae2_09	WAE2. How old are you?	User entered integer												
wbl_09	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_09	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_09	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_09	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_09	How many years at preschool did he/she complete?	User entered integer												
wae5_b_09	How many years at primary school did he/she complete?	User entered integer												
wae5_c_09	How many years at secondary school did he/she complete?	User entered integer												
wae5_d_09	How many years at higher school did he/she complete?	User entered integer												
d_09	Hidden from user													
I005_09	WAE6. Now I would like you to read this sentence to me.	User entered text												
I006_09	<span style="color:gray">Show sentence on the card to the	User entered text												

	respondent.</span>																									
I007_09	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text																								
wae6_09	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired														
1	Cannot read at all																									
2	Able only to read only parts of sentence																									
3	Able to read whole sentence																									
4	No sentence in required language																									
5	Blind, mute, visually/speech impaired																									
wae7_09	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
wae8_09	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional
1	Agriculture – growing crops																									
2	Raising animals / pastoralist																									
3	Fishing																									
4	Trade / vendor / sales																									
5	Student																									
6	Unemployed																									
7	Labourer / cleaner / helper																									
8	Domestic worker																									
9	Volunteer																									
10	Clerical worker																									
11	Technician / engineer																									
12	Business/ Managers / professional																									

		99 Don't know										
e_09	Hidden from user											
I008_09	MARRIAGE AND PREGNANCY	User entered text										
I009_09	Now I would like to ask you some things about recent or past pregnancies.	User entered text										
f_09	Hidden from user											
wmp1_09	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_09	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_09	Hidden from user											
wmp3_09	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_09	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_09	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_09	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_09	Hidden from user											
generated_table_list_label_1207	.	User entered text										
I010_09	WMP7. Whom did you see?	User entered text										
I011_09	<span style="color:gray">Mark all responses mentioned.</span>	User entered text										
I012_09	<span style="color:gray">Probe:</span>	User entered text										

I013_09	Anyone else?	User entered text				
I014_09	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text				
reserved_name_for_field_list_labels_1213		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_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					
wmp7_b_09	Nurse / Midwife / 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					
wmp7_c_09	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_09	Community 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					
wmp7_e_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					
lwmp7_09	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_09	Specify other person seen	User entered text				
wmp8_09	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_09	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_09	Hidden from user					
generated_table_list_label_1223	.	User entered text				
I015_09	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_1225		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_a_09	A. Was your blood pressure measured?	1	Yes
		0	No
wmp10_b_09	B. Did you give a urine sample?	1	Yes
		0	No
wmp10_c_09	C. Did you give a blood sample?	1	Yes
		0	No
wmp10_d_09	D. Height measured	1	Yes
		0	No
wmp10_e_09	E. Weight measured	1	Yes
		0	No
wmp10_f_09	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_09	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_09	H. Deworming medication given	1	Yes
		0	No
wmp10_i_09	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_09	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_09	K. HIV counselling and testing	1	Yes

		0	No
wmp10_l_09	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_09	Hidden from user		
wmp11_09	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	1	Yes
		0	No
		9	Don't Know
j_09	Hidden from user		
wmp12_09	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	1	Yes
		0	No
		9	Don't Know
wmp13_09	WMP13. Where did you give birth to your last child?	1	Your home
		2	Other home
		3	Government/District Hospital
		4	Health center
		5	Mission hospital/clinic
		6	Private hospital
		7	Nursing/ maternity home
		9	other
wmp13_o_09	Specify other place you gave birth to your last child	User entered text	
wmp14_09	WMP14. What was the mode/ method of delivery of your last child	1	Caesarean section
		2	Assisted vaginal delivery
		9	Other
wmp14_o_09	Specify other mode/ method of delivery of your last child	User entered text	



wmp15_09	WMP15. Are you currently breastfeeding a 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							
k_09	Hidden from user							
I016_09	SUPPLEMENT CONSUMPTION	User entered text						
I017_09	Now I would like to ask you some questions about vitamins and minerals you may be taking or have recently taken.	User entered text						
I_09	Hidden from user							
wsc1_09	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know
1	Yes							
0	No							
9	Not sure if it was iron/Do not know							
wsc2_09	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc3_09	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know
1	Yes							
0	No							
9	Not sure if it was folic acid/Do not know							
m_09	Hidden from user							
wsc4_09	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wsc5_09	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know
1	Yes							
0	No							
9	Not sure if it was a Multi-Vitamin/Do not know							
wsc6_09	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day		
1	4 or more times per day							
2	2-3 times a day							

		<table border="1"> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
3	Once a day									
4	A few times a week									
5	Rarely									
6	Don't drink									
wsc7_09	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals		
1	During a meal									
2	Directly after a meal									
3	In between meals									
n_09	Hidden from user									
I018_09	DIETARY DIVERSITY	User entered text								
I019_09	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text								
I020_09	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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								
I021_09	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe: </span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe: </span>	User entered text								
I022_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								
I023_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 groups below, write the food in the box labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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								
o_09	Hidden from user									

generated_table_list_label_1271	.	User entered text						
I024_09	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_1273		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_a_09	A. 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							
wd1_b_09	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, 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							
wd1_c_09	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_d_09	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
wd1_e_09	E. Milk and milk products: 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							
wd1_f_09	F. Organ meat: such as 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							
wd1_g_09	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit,	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

	biciid, deero	9	Don't Know
wd1_h_09	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No
		9	Don't Know
wd1_i_09	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_09	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_09	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_09	L. 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	1	Yes
		0	No
		9	Don't Know
wd1_m_09	M. Other vegetables: List examples of any other vegetables	1	Yes
		0	No
		9	Don't Know
wd1_n_09	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	1	Yes
		0	No
		9	Don't Know
wd1_o_09	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	1	Yes
		0	No

		9 Don't Know										
wd1_p_09	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wd1_oth_09	List other vegetables	User entered text										
rslt_09	Final result (for \${3})	<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_09	Specify other reason	User entered text										
l036_09	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text										
ig1_10	Hidden from user											
wnm_10	WID4. Name of this woman	User entered text										
wlnr_10	WID5. \${9}'s line number from HH roster	User entered integer										
wln_10	WID6. \${9}'s sticker number	User entered text										

avl_10	Is \${9} available for interview	<table border="1"> <tr> <td data-bbox="1255 96 1354 142">1</td> <td data-bbox="1354 96 1520 142">Yes</td> </tr> <tr> <td data-bbox="1255 142 1354 189">0</td> <td data-bbox="1354 142 1520 189">No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
wcp_10	Oral consent given?	<table border="1"> <tr> <td data-bbox="1255 252 1299 359">1</td> <td data-bbox="1299 252 1520 359">Yes, permission is given</td> </tr> <tr> <td data-bbox="1255 359 1299 457">0</td> <td data-bbox="1299 359 1520 457">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																											
l003_10	Now I would first like to ask you some questions about yourself.	User entered text																										
b_10	Hidden from user																											
dob1_10	WAE1. What is your date of birth?	User entered text																										
dy1_10	Day	User entered integer																										
mn1_10	Month	<table border="1"> <tr><td data-bbox="1255 737 1328 804">1</td><td data-bbox="1328 737 1520 804">January</td></tr> <tr><td data-bbox="1255 804 1328 871">2</td><td data-bbox="1328 804 1520 871">February</td></tr> <tr><td data-bbox="1255 871 1328 938">3</td><td data-bbox="1328 871 1520 938">March</td></tr> <tr><td data-bbox="1255 938 1328 1005">4</td><td data-bbox="1328 938 1520 1005">April</td></tr> <tr><td data-bbox="1255 1005 1328 1073">5</td><td data-bbox="1328 1005 1520 1073">May</td></tr> <tr><td data-bbox="1255 1073 1328 1140">6</td><td data-bbox="1328 1073 1520 1140">June</td></tr> <tr><td data-bbox="1255 1140 1328 1207">7</td><td data-bbox="1328 1140 1520 1207">July</td></tr> <tr><td data-bbox="1255 1207 1328 1274">8</td><td data-bbox="1328 1207 1520 1274">August</td></tr> <tr><td data-bbox="1255 1274 1328 1341">9</td><td data-bbox="1328 1274 1520 1341">September</td></tr> <tr><td data-bbox="1255 1341 1328 1409">10</td><td data-bbox="1328 1341 1520 1409">October</td></tr> <tr><td data-bbox="1255 1409 1328 1476">11</td><td data-bbox="1328 1409 1520 1476">November</td></tr> <tr><td data-bbox="1255 1476 1328 1543">12</td><td data-bbox="1328 1476 1520 1543">December</td></tr> <tr><td data-bbox="1255 1543 1328 1610">0</td><td data-bbox="1328 1543 1520 1610">Don't Know</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	0	Don't Know
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr1_10	Year	User entered integer																										
dl1_10	Date of birth is not correct. Please check again.	User entered text																										
d1003_10	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
d1004_10	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd_10	Hidden from user																											
ay_10	Hidden from user																											
ageq_10	Please confirm if \${9}'s age is \${14}!	<table border="1"> <tr> <td data-bbox="1255 1894 1354 1961">1</td> <td data-bbox="1354 1894 1520 1961">Yes</td> </tr> <tr> <td data-bbox="1255 1961 1354 1995"></td> <td data-bbox="1354 1961 1520 1995"></td> </tr> </table>	1	Yes																								
1	Yes																											

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No										
0	No													
c_10	Hidden from user													
wae2_10	WAE2. How old are you?	User entered integer												
wbl_10	<span style="color:gray">Probe: </span>How old were you at your last birthday?	User entered text												
wae3_10	WAE3. Have you ever attended school?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wae4_10	WAE4. What type of school did you attend?	<table border="1"> <tr> <td>1</td> <td>Koranic</td> </tr> <tr> <td>2</td> <td>Formal schools</td> </tr> <tr> <td>3</td> <td>Informal schools</td> </tr> </table>	1	Koranic	2	Formal schools	3	Informal schools						
1	Koranic													
2	Formal schools													
3	Informal schools													
wae5_10	WAE5. What is the highest level of school that you attended?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
0	Preschool													
1	Primary													
2	Secondary													
3	Higher													
4	Koranic													
9	Don't know													
wae5_a_10	How many years at preschool did he/she complete?	User entered integer												
wae5_b_10	How many years at primary school did he/she complete?	User entered integer												
wae5_c_10	How many years at secondary school did he/she complete?	User entered integer												
wae5_d_10	How many years at higher school did he/she complete?	User entered integer												
d_10	Hidden from user													
I005_10	WAE6. Now I would like you to read this sentence to me.	User entered text												
I006_10	<span style="color:gray">Show sentence on the card to the respondent.</span>	User entered text												
I007_10	<span style="color:gray">If respondent cannot read whole sentence, probe:</span>	User entered text												
wae6_10	Can you read part of the sentence to me?	<table border="1"> <tr> <td>1</td> <td>Cannot read at all</td> </tr> <tr> <td>2</td> <td>Able only to read only parts of sentence</td> </tr> </table>	1	Cannot read at all	2	Able only to read only parts of sentence								
1	Cannot read at all													
2	Able only to read only parts of sentence													

		<table border="1"> <tr> <td>3</td> <td>Able to read whole sentence</td> </tr> <tr> <td>4</td> <td>No sentence in required language</td> </tr> <tr> <td>5</td> <td>Blind, mute, visually/speech impaired</td> </tr> </table>	3	Able to read whole sentence	4	No sentence in required language	5	Blind, mute, visually/speech impaired																				
3	Able to read whole sentence																											
4	No sentence in required language																											
5	Blind, mute, visually/speech impaired																											
wae7_10	WAE7. Do you work for money outside the home?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											
wae8_10	WAE8. What is your main occupation?	<table border="1"> <tr> <td>1</td> <td>Agriculture – growing crops</td> </tr> <tr> <td>2</td> <td>Raising animals / pastoralist</td> </tr> <tr> <td>3</td> <td>Fishing</td> </tr> <tr> <td>4</td> <td>Trade / vendor / sales</td> </tr> <tr> <td>5</td> <td>Student</td> </tr> <tr> <td>6</td> <td>Unemployed</td> </tr> <tr> <td>7</td> <td>Labourer / cleaner / helper</td> </tr> <tr> <td>8</td> <td>Domestic worker</td> </tr> <tr> <td>9</td> <td>Volunteer</td> </tr> <tr> <td>10</td> <td>Clerical worker</td> </tr> <tr> <td>11</td> <td>Technician / engineer</td> </tr> <tr> <td>12</td> <td>Business/ Managers / professional</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	1	Agriculture – growing crops	2	Raising animals / pastoralist	3	Fishing	4	Trade / vendor / sales	5	Student	6	Unemployed	7	Labourer / cleaner / helper	8	Domestic worker	9	Volunteer	10	Clerical worker	11	Technician / engineer	12	Business/ Managers / professional	99	Don't know
1	Agriculture – growing crops																											
2	Raising animals / pastoralist																											
3	Fishing																											
4	Trade / vendor / sales																											
5	Student																											
6	Unemployed																											
7	Labourer / cleaner / helper																											
8	Domestic worker																											
9	Volunteer																											
10	Clerical worker																											
11	Technician / engineer																											
12	Business/ Managers / professional																											
99	Don't know																											
e_10	Hidden from user																											
I008_10	MARRIAGE AND PREGNANCY	User entered text																										
I009_10	Now I would like to ask you some things about recent or past pregnancies.	User entered text																										
f_10	Hidden from user																											



wmp1_10	WMP1. What is your marital status now?	<table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Currently married</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>	1	Never married	2	Currently married	3	Divorced	4	Separated	5	Widowed
1	Never married											
2	Currently married											
3	Divorced											
4	Separated											
5	Widowed											
wmp2_10	WMP2. How many times, in total, have you been pregnant?	User entered integer										
g_10	Hidden from user											
wmp3_10	WMP3. How many times, in total, have you given birth to a baby?	User entered integer										
wmp4_10	WMP4. Are you pregnant now?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp5_10	WMP5. Have you been pregnant in the past 2 years?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
wmp6_10	WMP6. During the current pregnancy or most recent pregnancy, did you see anyone for antenatal care?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know				
1	Yes											
0	No											
9	Don't Know											
h_10	Hidden from user											
generated_table_list_label_1348	.	User entered text										
I010_10	WMP7. Whom did you see?	User entered text										
I011_10	<span style="color:gray">Mark all responses mentioned.</span>	User entered text										
I012_10	<span style="color:gray">Probe:</span>	User entered text										
I013_10	Anyone else?	User entered text										
I014_10	<span style="color:gray">Probe for the type of person seen and circle all answers given.</span>	User entered text										
reserved_name_for_field_list_labels_1354		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wmp7_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					
wmp7_b_10	Nurse / Midwife / 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					
wmp7_c_10	Traditional birth attendant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp7_d_10	Community 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					
wmp7_e_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					
lwmp7_10	Woman says she received antenatal care! Please go back to WMP7 and probe again	User entered text				
wmp7_o_10	Specify other person seen	User entered text				
wmp8_10	WMP8. How many months pregnant were you when you first received antenatal care for the current pregnancy or most recent pregnancy	User entered integer				
wmp9_10	WMP9. How many times have you received antenatal care so far during the current pregnancy or most recent pregnancy?	User entered integer				
i_10	Hidden from user					
generated_table_list_label_1364	.	User entered text				
I015_10	WMP10. As part of your antenatal care during the current pregnancy or most recent pregnancy, were any of the following done at least once:	User entered text				
reserved_name_for_field_list_labels_1366		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_a_10	A. Was your blood pressure measured?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
wmp10_b_10	B. Did you give a urine sample?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					

wmp10_c_10	C. Did you give a blood sample?	1	Yes
		0	No
wmp10_d_10	D. Height measured	1	Yes
		0	No
wmp10_e_10	E. Weight measured	1	Yes
		0	No
wmp10_f_10	F. Anti- malaria drugs given	1	Yes
		0	No
wmp10_g_10	G. Ultrasound scan	1	Yes
		0	No
wmp10_h_10	H. Deworming medication given	1	Yes
		0	No
wmp10_i_10	I. Multiple micronutrient supplements	1	Yes
		0	No
wmp10_j_10	J. Tetanus vaccination	1	Yes
		0	No
wmp10_k_10	K. HIV counselling and testing	1	Yes
		0	No
wmp10_l_10	L. Mosquito net (ITN) provided	1	Yes
		0	No
wmp10c_10	Hidden from user		

wmp11_10	WMP11. During the current pregnancy or most recent pregnancy, did you take iron or folic acid supplements for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
j_10	Hidden from user																	
wmp12_10	WMP12. During the current pregnancy or most recent pregnancy, did you take multiple micronutrients for 90 days or more?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
wmp13_10	WMP13. Where did you give birth to your last child?	<table border="1"> <tr> <td>1</td> <td>Your home</td> </tr> <tr> <td>2</td> <td>Other home</td> </tr> <tr> <td>3</td> <td>Government/District Hospital</td> </tr> <tr> <td>4</td> <td>Health center</td> </tr> <tr> <td>5</td> <td>Mission hospital/clinic</td> </tr> <tr> <td>6</td> <td>Private hospital</td> </tr> <tr> <td>7</td> <td>Nursing/ maternity home</td> </tr> <tr> <td>9</td> <td>other</td> </tr> </table>	1	Your home	2	Other home	3	Government/District Hospital	4	Health center	5	Mission hospital/clinic	6	Private hospital	7	Nursing/ maternity home	9	other
1	Your home																	
2	Other home																	
3	Government/District Hospital																	
4	Health center																	
5	Mission hospital/clinic																	
6	Private hospital																	
7	Nursing/ maternity home																	
9	other																	
wmp13_o_10	Specify other place you gave birth to your last child	User entered text																
wmp14_10	WMP14. What was the mode/ method of delivery of your last child	<table border="1"> <tr> <td>1</td> <td>Caesarean section</td> </tr> <tr> <td>2</td> <td>Assisted vaginal delivery</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	1	Caesarean section	2	Assisted vaginal delivery	9	Other										
1	Caesarean section																	
2	Assisted vaginal delivery																	
9	Other																	
wmp14_o_10	Specify other mode/ method of delivery of your last child	User entered text																
wmp15_10	WMP15. Are you currently breastfeeding a 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																	
k_10	Hidden from user																	
I016_10	SUPPLEMENT CONSUMPTION	User entered text																
I017_10	Now I would like to ask you some questions about vitamins and minerals	User entered text																

	you may be taking or have recently taken.													
L_10	Hidden from user													
wsc1_10	WSC1. During the last 6 months did you take any iron tablets or syrup such as (Kanin ferro, sharoobo, sharoobo ferro insert local examples here, Bioferon, Ferroglobin, Hemoglobin, Haemoforte, Feroclear, Nexcofer, Lexaglobin, arziglobin?)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was iron/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was iron/Do not know						
1	Yes													
0	No													
9	Not sure if it was iron/Do not know													
wsc2_10	WSC2. Are you still taking iron tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc3_10	WSC3. During the last 6 months did you take any folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was folic acid/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was folic acid/Do not know						
1	Yes													
0	No													
9	Not sure if it was folic acid/Do not know													
m_10	Hidden from user													
wsc4_10	WSC4. Are you still taking folic acid tablets or syrup?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
wsc5_10	WSC5. During the last six months did you take any Multi-Vitamin supplements?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Not sure if it was a Multi-Vitamin/Do not know</td> </tr> </table>	1	Yes	0	No	9	Not sure if it was a Multi-Vitamin/Do not know						
1	Yes													
0	No													
9	Not sure if it was a Multi-Vitamin/Do not know													
wsc6_10	WSC6. How often do you drink coffee or tea?	<table border="1"> <tr> <td>1</td> <td>4 or more times per day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>Once a day</td> </tr> <tr> <td>4</td> <td>A few times a week</td> </tr> <tr> <td>5</td> <td>Rarely</td> </tr> <tr> <td>6</td> <td>Don't drink</td> </tr> </table>	1	4 or more times per day	2	2-3 times a day	3	Once a day	4	A few times a week	5	Rarely	6	Don't drink
1	4 or more times per day													
2	2-3 times a day													
3	Once a day													
4	A few times a week													
5	Rarely													
6	Don't drink													

wsc7_10	WSC7. When you drink tea or coffee, do you usually drink it during a meal, directly after or in between meals?	<table border="1"> <tr> <td>1</td> <td>During a meal</td> </tr> <tr> <td>2</td> <td>Directly after a meal</td> </tr> <tr> <td>3</td> <td>In between meals</td> </tr> </table>	1	During a meal	2	Directly after a meal	3	In between meals
1	During a meal							
2	Directly after a meal							
3	In between meals							
n_10	Hidden from user							
I018_10	DIETARY DIVERSITY	User entered text						
I019_10	WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.	User entered text						
I020_10	a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you 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						
I021_10	b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time. <span style="color:gray">Probe: </span> "Anything else?" <span style="color:gray">until respondent says nothing else. Repeat question b) above until respondent says she went to sleep until the next day. If respondent mentions mixed dishes like a porridge, sauce or stew, probe: </span>	User entered text						
I022_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						
I023_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 labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not check any food group if the amount of food was less than 15 grams. 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						
o_10	Hidden from user							
generated_table_list_label_1412	.	User entered text						
I024_10	Yesterday during the day or night, did you drink/eat any (food group items marked "yes")?	User entered text						
reserved_name_for_field_list_labels_1414		<table border="1"> <tr> <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
wd1_a_10	A. 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	1	Yes
		0	No
		9	Don't Know
wd1_b_10	B. White roots and tubers and plantains: such as white potatoes, cassava, arrowroot, white sweet potatoes and other commonly consumed roots, or any other foods made from roots, Butter nut	1	Yes
		0	No
		9	Don't Know
wd1_c_10	C. Pulses (beans, peas and lentils): such as beans, peas, lentils nuts, or seeds, such as cowpeas, beans, lentils , peanut, pumpkin seed, lentil seed, sunflower seed, wild nuts	1	Yes
		0	No
		9	Don't Know
wd1_d_10	D. Nuts and seeds: Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes	1	Yes
		0	No
		9	Don't Know
wd1_e_10	E. Milk and milk products: 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
wd1_f_10	F. Organ meat: such as liver, kidney, heart, intestines, offal, or other organ meats	1	Yes
		0	No
		9	Don't Know
wd1_g_10	G. Meat and poultry: such as beef, lamb, goat, camel, wild game, such as Dik Dik, chicken, other birds such as guinea fowl and francolin, rabbit, biciid, deero	1	Yes
		0	No
		9	Don't Know
wd1_h_10	H. Fish and seafood: Fresh or dried fish, shellfish or seafood	1	Yes
		0	No

		9	Don't Know
wd1_i_10	I. Eggs: Eggs from poultry or any other bird, Ostrich	1	Yes
		0	No
		9	Don't Know
wd1_j_10	J. Dark green leafy vegetables: List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves, ransoow, bukurey, koble, begel	1	Yes
		0	No
		9	Don't Know
wd1_k_10	K. Vitamin A-rich vegetables, roots and tubers that are yellow or orange inside, such as yellow fleshed pumpkins, carrots, orange sweet potatoes, yellow cassava?	1	Yes
		0	No
		9	Don't Know
wd1_l_10	L. 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	1	Yes
		0	No
		9	Don't Know
wd1_m_10	M. Other vegetables: List examples of any other vegetables	1	Yes
		0	No
		9	Don't Know
wd1_n_10	N. Other fruits: such as banana, orange, apple, coconut, custard apple, dates, unripe mangoes, grapes, guava, wild fruits and 100% fruit juices?	1	Yes
		0	No
		9	Don't Know
wd1_o_10	O. Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds	1	Yes
		0	No
		9	Don't Know
wd1_p_10	P. Other beverages and foods: Tea or coffee if not sweetened, clear broth, alcohol	1	Yes
		0	No



		9	Don't Know
wd1_oth_10	List other vegetables	User entered text	
rslt_10	Final result (for \${9})	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	
I036_10	URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman that she should fill the beaker and give it to the phlebotomist/anthropometrist team when they arrive to the dwelling.	User entered text	
ebi	Do you want to enter biological information?	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							
bi_01	Hidden from user							
I026_01	BIOLOGICAL INFORMATION	User entered text						
lblnm_01	Name of woman : \${2}	User entered text						
bwl_n_01	WBI1. Record woman sticker number here:	User entered text						
bhhln_01	WBI2. Record household sticker number here:	User entered text						
bwcp_01	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I027_01	Urine sample and anthropometry	User entered text						
p_01	Hidden from user							
wbi4_01	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wbi5_01	WBI5. Approximate volume of urine collected (ml)	User entered decimal						
wbi6_01	WBI6. Urine sample hydration scale number	User entered integer						
wbi7_01	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wwt1_01	WBI8. Woman's weight #1 (kg)	User entered decimal						
wwt2_01	WBI8. Woman's weight #2 (kg)	User entered decimal						
wwtdif_01	Hidden from user							
wwtdif_abs_01	Hidden from user							
I028_01	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text						
wht1_01	WBI9. Woman's height #1 (cm)	User entered decimal						
wht2_01	WBI9. Woman's height #2 (cm)	User entered decimal						

whtdif_01	Hidden from user													
whtdif_abs_01	Hidden from user													
I029_01	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
wbi10_01	WBI10. 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													
wbi10_o_01	Specify other reason why weight or height measurement is missing	User entered text												
muac1_01	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
muac2_01	WBI11. Woman's MUAC #2 (cm)	User entered decimal												
muacdif_01	Hidden from user													
muacdif_abs_01	Hidden from user													
I030_01	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
I031_01	BLOOD SAMPLE COLLECTION	User entered text												
q_01	Hidden from user													
wbi13_01	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
wbi14_01	WBI14. 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> <tr> <td>9</td> <td>Not done</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	9	Not done
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													
wbi15_01	WBI15. Tube filling	<table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>About ¼</td> </tr> </table>	0	None	1	About ¼								
0	None													
1	About ¼													

		<table border="1"> <tr> <td>2</td> <td>About ½</td> </tr> <tr> <td>3</td> <td>About ¾ or more</td> </tr> </table>	2	About ½	3	About ¾ or more		
2	About ½							
3	About ¾ or more							
wbi16_01	WBI16. Woman referred to health center for severe anemia or malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
I032_01	Woman's hb is below 7g/dL. Please refer her to the nearest health center.	User entered text						
I033_01	Woman's hb is below 8g/dL. Please refer her to the nearest health center.	User entered text						
I034_01	Woman has malaria. Please refer her to the nearest health center.	User entered text						
I035_01	Woman's muac is less than 22.5cm. Please refer her to the nearest health center.	User entered text						
wbi17_01	WBI17. Observations	User entered text						
bi_02	Hidden from user							
I026_02	BIOLOGICAL INFORMATION	User entered text						
lblnm_02	Name of woman : \${0}	User entered text						
bwln_02	WBI1. Record woman sticker number here:	User entered text						
bhhln_02	WBI2. Record household sticker number here:	User entered text						
bwcp_02	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
I027_02	Urine sample and anthropometry	User entered text						
p_02	Hidden from user							
wbi4_02	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wbi5_02	WBI5. Approximate volume of urine collected (ml)	User entered decimal						
wbi6_02	WBI6. Urine sample hydration scale number	User entered integer						
wbi7_02	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wwt1_02	WBI8. Woman's weight #1 (kg)	User entered decimal						

wwt2_02	WBI8. Woman's weight #2 (kg)	User entered decimal										
wwtdif_02	Hidden from user											
wwtdif_abs_02	Hidden from user											
I028_02	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
wht1_02	WBI9. Woman's height #1 (cm)	User entered decimal										
wht2_02	WBI9. Woman's height #2 (cm)	User entered decimal										
whtdif_02	Hidden from user											
whtdif_abs_02	Hidden from user											
I029_02	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
wbi10_02	WBI10. 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											
wbi10_o_02	Specify other reason why weight or height measurement is missing	User entered text										
muac1_02	WBI11. Woman's MUAC #1 (cm)	User entered decimal										
muac2_02	WBI11. Woman's MUAC #2 (cm)	User entered decimal										
muacdif_02	Hidden from user											
muacdif_abs_02	Hidden from user											
I030_02	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
I031_02	BLOOD SAMPLE COLLECTION	User entered text										
q_02	Hidden from user											
wbi13_02	WBI13. Hemoglobin concentration (g/dL)	User entered decimal										
wbi14_02	WBI14. 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</td> </tr> </table>	0	Negative (after 15 minutes)	1	P. f positive	2	Pan positive.	3	P. f and Pan		
0	Negative (after 15 minutes)											
1	P. f positive											
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		<table border="1"> <tr> <td></td> <td>positive</td> </tr> <tr> <td>4</td> <td>No valid test after 2 tries</td> </tr> <tr> <td>9</td> <td>Not done</td> </tr> </table>		positive	4	No valid test after 2 tries	9	Not done		
	positive									
4	No valid test after 2 tries									
9	Not done									
wbi15_02	WBI15. Tube filling	<table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>About ¼</td> </tr> <tr> <td>2</td> <td>About ½</td> </tr> <tr> <td>3</td> <td>About ¾ or more</td> </tr> </table>	0	None	1	About ¼	2	About ½	3	About ¾ or more
0	None									
1	About ¼									
2	About ½									
3	About ¾ or more									
wbi16_02	WBI16. Woman referred to health center for severe anemia or malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
I032_02	Woman's hb is below 7g/dL. Please refer her to the nearest health center.	User entered text								
I033_02	Woman's hb is below 8g/dL. Please refer her to the nearest health center.	User entered text								
I034_02	Woman has malaria. Please refer her to the nearest health center.	User entered text								
I035_02	Woman's muac is less than 22.5cm. Please refer her to the nearest health center.	User entered text								
wbi17_02	WBI17. Observations	User entered text								
bi_03	Hidden from user									
I026_03	BIOLOGICAL INFORMATION	User entered text								
lblnm_03	Name of woman : \${5}	User entered text								
bwln_03	WBI1. Record woman sticker number here:	User entered text								
bhhln_03	WBI2. Record household sticker number here:	User entered text								
bwcp_03	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
I027_03	Urine sample and anthropometry	User entered text								
p_03	Hidden from user									
wbi4_03	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									

wbi5_03	WBI5. Approximate volume of urine collected (ml)	User entered decimal										
wbi6_03	WBI6. Urine sample hydration scale number	User entered integer										
wbi7_03	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wwt1_03	WBI8. Woman's weight #1 (kg)	User entered decimal										
wwt2_03	WBI8. Woman's weight #2 (kg)	User entered decimal										
wwtdif_03	Hidden from user											
wwtdif_abs_03	Hidden from user											
I028_03	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
wht1_03	WBI9. Woman's height #1 (cm)	User entered decimal										
wht2_03	WBI9. Woman's height #2 (cm)	User entered decimal										
whtdif_03	Hidden from user											
whtdif_abs_03	Hidden from user											
I029_03	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
wbi10_03	WBI10. 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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wbi10_o_03	Specify other reason why weight or height measurement is missing	User entered text										
muac1_03	WBI11. Woman's MUAC #1 (cm)	User entered decimal										
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muacdif_03	Hidden from user											
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I030_03	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
I031_03	BLOOD SAMPLE COLLECTION	User entered text										

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wbi13_03	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
wbi14_03	WBI14. 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> <tr> <td>9</td> <td>Not done</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	9	Not done
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wbi17_03	WBI17. Observations	User entered text												
bi_04	Hidden from user													
I026_04	BIOLOGICAL INFORMATION	User entered text												
lbnm_04	Name of woman : \${1}	User entered text												
bwln_04	WBI1. Record woman sticker number here:	User entered text												
bhhln_04	WBI2. Record household sticker number here:	User entered text												
bwcp_04	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes										
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		<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											
I027_04	Urine sample and anthropometry	User entered text										
p_04	Hidden from user											
wbi4_04	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wbi5_04	WBI5. Approximate volume of urine collected (ml)	User entered decimal										
wbi6_04	WBI6. Urine sample hydration scale number	User entered integer										
wbi7_04	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wwt1_04	WBI8. Woman's weight #1 (kg)	User entered decimal										
wwt2_04	WBI8. Woman's weight #2 (kg)	User entered decimal										
wwtdif_04	Hidden from user											
wwtdif_abs_04	Hidden from user											
I028_04	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
wht1_04	WBI9. Woman's height #1 (cm)	User entered decimal										
wht2_04	WBI9. Woman's height #2 (cm)	User entered decimal										
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wbi10_04	WBI10. 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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wbi10_o_04	Specify other reason why weight or height measurement is missing	User entered text												
muac1_04	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
muac2_04	WBI11. Woman's MUAC #2 (cm)	User entered decimal												
muacdif_04	Hidden from user													
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I030_04	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
I031_04	BLOOD SAMPLE COLLECTION	User entered text												
q_04	Hidden from user													
wbi13_04	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
wbi14_04	WBI14. 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> <tr> <td>9</td> <td>Not done</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	9	Not done
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wbi17_04	WBI17. Observations	User entered text						
bi_05	Hidden from user							
I026_05	BIOLOGICAL INFORMATION	User entered text						
lblnm_05	Name of woman : \${13}	User entered text						
bwlIn_05	WBI1. Record woman sticker number here:	User entered text						
bhhIn_05	WBI2. Record household sticker number here:	User entered text						
bwcp_05	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
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I027_05	Urine sample and anthropometry	User entered text						
p_05	Hidden from user							
wbi4_05	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wbi5_05	WBI5. Approximate volume of urine collected (ml)	User entered decimal						
wbi6_05	WBI6. Urine sample hydration scale number	User entered integer						
wbi7_05	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wwt1_05	WBI8. Woman's weight #1 (kg)	User entered decimal						
wwt2_05	WBI8. Woman's weight #2 (kg)	User entered decimal						
wwtdif_05	Hidden from user							
wwtdif_abs_05	Hidden from user							
I028_05	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text						
wht1_05	WBI9. Woman's height #1 (cm)	User entered decimal						
wht2_05	WBI9. Woman's height #2 (cm)	User entered decimal						
whtdif_05	Hidden from user							
whtdif_abs_05	Hidden from user							
I029_05	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text						
wbi10_05	WBI10. Reason why weight or height measurement missing	<table border="1"> <tr> <td>1</td> <td>Disabled, cannot</td> </tr> </table>	1	Disabled, cannot				
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		<table border="1"> <tr> <td></td> <td>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>		stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused	9	Other		
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wbi10_o_05	Specify other reason why weight or height measurement is missing	User entered text												
muac1_05	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
muac2_05	WBI11. Woman's MUAC #2 (cm)	User entered decimal												
muacdif_05	Hidden from user													
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I030_05	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
I031_05	BLOOD SAMPLE COLLECTION	User entered text												
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wbi13_05	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
wbi14_05	WBI14. 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> <tr> <td>9</td> <td>Not done</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	9	Not done
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wbi17_05	WBI17. Observations	User entered text						
bi_06	Hidden from user							
I026_06	BIOLOGICAL INFORMATION	User entered text						
lblnm_06	Name of woman : \${6}	User entered text						
bwlIn_06	WBI1. Record woman sticker number here:	User entered text						
bhhIn_06	WBI2. Record household sticker number here:	User entered text						
bwcp_06	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
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9	Don't Know							
I027_06	Urine sample and anthropometry	User entered text						
p_06	Hidden from user							
wbi4_06	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wbi5_06	WBI5. Approximate volume of urine collected (ml)	User entered decimal						
wbi6_06	WBI6. Urine sample hydration scale number	User entered integer						
wbi7_06	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
wwt1_06	WBI8. Woman's weight #1 (kg)	User entered decimal						
wwt2_06	WBI8. Woman's weight #2 (kg)	User entered decimal						
wwtdif_06	Hidden from user							
wwtdif_abs_06	Hidden from user							
I028_06	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text						

wht1_06	WBI9. Woman's height #1 (cm)	User entered decimal												
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whtdif_06	Hidden from user													
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I029_06	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
wbi10_06	WBI10. 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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wbi10_o_06	Specify other reason why weight or height measurement is missing	User entered text												
muac1_06	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
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wbi15_06	WBI15. Tube filling	<table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>About ¼</td> </tr> <tr> <td>2</td> <td>About ½</td> </tr> <tr> <td>3</td> <td>About ¾ or more</td> </tr> </table>	0	None	1	About ¼	2	About ½	3	About ¾ or more
0	None									
1	About ¼									
2	About ½									
3	About ¾ or more									
wbi16_06	WBI16. Woman referred to health center for severe anemia or malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
I032_06	Woman's hb is below 7g/dL. Please refer her to the nearest health center.	User entered text								
I033_06	Woman's hb is below 8g/dL. Please refer her to the nearest health center.	User entered text								
I034_06	Woman has malaria. Please refer her to the nearest health center.	User entered text								
I035_06	Woman's muac is less than 22.5cm. Please refer her to the nearest health center.	User entered text								
wbi17_06	WBI17. Observations	User entered text								
bi_07	Hidden from user									
I026_07	BIOLOGICAL INFORMATION	User entered text								
lblnm_07	Name of woman : \${8}	User entered text								
bwln_07	WBI1. Record woman sticker number here:	User entered text								
bhhln_07	WBI2. Record household sticker number here:	User entered text								
bwcp_07	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
I027_07	Urine sample and anthropometry	User entered text								
p_07	Hidden from user									
wbi4_07	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
wbi5_07	WBI5. Approximate volume of urine collected (ml)	User entered decimal								
wbi6_07	WBI6. Urine sample hydration scale number	User entered integer								
wbi7_07	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									

wwt1_07	WBI8. Woman's weight #1 (kg)	User entered decimal										
wwt2_07	WBI8. Woman's weight #2 (kg)	User entered decimal										
wwtdif_07	Hidden from user											
wwtdif_abs_07	Hidden from user											
I028_07	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
wht1_07	WBI9. Woman's height #1 (cm)	User entered decimal										
wht2_07	WBI9. Woman's height #2 (cm)	User entered decimal										
whtdif_07	Hidden from user											
whtdif_abs_07	Hidden from user											
I029_07	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
wbi10_07	WBI10. 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											
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3	Uncooperative or uncontrollable											
8	Refused											
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wbi10_o_07	Specify other reason why weight or height measurement is missing	User entered text										
muac1_07	WBI11. Woman's MUAC #1 (cm)	User entered decimal										
muac2_07	WBI11. Woman's MUAC #2 (cm)	User entered decimal										
muacdif_07	Hidden from user											
muacdif_abs_07	Hidden from user											
I030_07	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
I031_07	BLOOD SAMPLE COLLECTION	User entered text										
q_07	Hidden from user											
wbi13_07	WBI13. Hemoglobin concentration (g/dL)	User entered decimal										
wbi14_07	WBI14. 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> </table>	0	Negative (after 15 minutes)	1	P. f positive						
0	Negative (after 15 minutes)											
1	P. f positive											



		<table border="1"> <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> <tr> <td>9</td> <td>Not done</td> </tr> </table>	2	Pan positive.	3	P. f and Pan positive	4	No valid test after 2 tries	9	Not done
2	Pan positive.									
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9	Not done									
wbi15_07	WBI15. Tube filling	<table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>About ¼</td> </tr> <tr> <td>2</td> <td>About ½</td> </tr> <tr> <td>3</td> <td>About ¾ or more</td> </tr> </table>	0	None	1	About ¼	2	About ½	3	About ¾ or more
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wbi16_07	WBI16. Woman referred to health center for severe anemia or malaria?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
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wbi17_07	WBI17. Observations	User entered text								
bi_08	Hidden from user									
I026_08	BIOLOGICAL INFORMATION	User entered text								
lblnm_08	Name of woman : \${7}	User entered text								
bwln_08	WBI1. Record woman sticker number here:	User entered text								
bhhln_08	WBI2. Record household sticker number here:	User entered text								
bwcp_08	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
1	Yes									
0	No									
9	Don't Know									
I027_08	Urine sample and anthropometry	User entered text								
p_08	Hidden from user									

wbi4_08	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wbi5_08	WBI5. Approximate volume of urine collected (ml)	User entered decimal										
wbi6_08	WBI6. Urine sample hydration scale number	User entered integer										
wbi7_08	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
wwt1_08	WBI8. Woman's weight #1 (kg)	User entered decimal										
wwt2_08	WBI8. Woman's weight #2 (kg)	User entered decimal										
wwtdif_08	Hidden from user											
wwtdif_abs_08	Hidden from user											
I028_08	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text										
wht1_08	WBI9. Woman's height #1 (cm)	User entered decimal										
wht2_08	WBI9. Woman's height #2 (cm)	User entered decimal										
whtdif_08	Hidden from user											
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I029_08	Woman's height measurement differ by more than 0.5cm. Please check the measurements again	User entered text										
wbi10_08	WBI10. 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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wbi10_o_08	Specify other reason why weight or height measurement is missing	User entered text										
muac1_08	WBI11. Woman's MUAC #1 (cm)	User entered decimal										
muac2_08	WBI11. Woman's MUAC #2 (cm)	User entered decimal										
muacdif_08	Hidden from user											
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I030_08	Woman's muac measurement differ by more than 0.5cm. Please check the measurements again	User entered text												
I031_08	BLOOD SAMPLE COLLECTION	User entered text												
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wbi13_08	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
wbi14_08	WBI14. 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> <tr> <td>9</td> <td>Not done</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	9	Not done
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wbi15_08	WBI15. Tube filling	<table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>About ¼</td> </tr> <tr> <td>2</td> <td>About ½</td> </tr> <tr> <td>3</td> <td>About ¾ or more</td> </tr> </table>	0	None	1	About ¼	2	About ½	3	About ¾ or more				
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wbi17_08	WBI17. Observations	User entered text												
bi_09	Hidden from user													
I026_09	BIOLOGICAL INFORMATION	User entered text												
lblnm_09	Name of woman : \${3}	User entered text												
bwl_n_09	WBI1. Record woman sticker number here:	User entered text												

bhhln_09	WBI2. Record household sticker number here:	User entered text								
bwcp_09	Is woman currently pregnant	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know		
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l027_09	Urine sample and anthropometry	User entered text								
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wbi4_09	WBI4. Urine sample collected	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
wbi5_01	WBI5. Approximate volume of urine collected (ml)	User entered decimal								
wbi6_09	WBI6. Urine sample hydration scale number	User entered integer								
wbi7_09	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
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wwt1_09	WBI8. Woman's weight #1 (kg)	User entered decimal								
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wbi10_09	WBI10. 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> </table>	1	Disabled, cannot stand on scale	2	Disabled, cannot measure height	3	Uncooperative or uncontrollable	8	Refused
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wbi10_o_09	Specify other reason why weight or height measurement is missing	User entered text												
muac1_09	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
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wbi13_09	WBI13. Hemoglobin concentration (g/dL)	User entered decimal												
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wbi17_09	WBI17. Observations	User entered text						
bi_10	Hidden from user							
I026_10	BIOLOGICAL INFORMATION	User entered text						
lblnm_10	Name of woman : \${9}	User entered text						
bwln_10	WBI1. Record woman sticker number here:	User entered text						
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wbi5_10	WBI5. Approximate volume of urine collected (ml)	User entered decimal						
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wbi7_10	WBI7. Woman removed shoes and heavy clothing?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
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wwtdif_10	Hidden from user							
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I028_10	Woman's weight measurement differ by more than 0.5kg. Please check the measurements again	User entered text						
wht1_10	WBI9. Woman's height #1 (cm)	User entered decimal						
wht2_10	WBI9. Woman's height #2 (cm)	User entered decimal						
whtdif_10	Hidden from user							
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wbi10_10	WBI10. 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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wbi10_o_10	Specify other reason why weight or height measurement is missing	User entered text												
muac1_10	WBI11. Woman's MUAC #1 (cm)	User entered decimal												
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wbi17_10	WBI17. 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: \${17}	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					