Questionnary

1. Child's age (in months)
2. Gender
    - Male
    - Female
3. Child's birth order
4. Interval between births
5. Child's vaccination status
    - Fully vaccinated
    - Vaccinated
    - Unvaccinated
6. Specify the child's place of residence (village, neighborhood, municipality)
7. Health district of origin
8. Child's birth weight in _____ kg

8.1. Child's current weight: _____ kg

9. Arm circumference (in cm or mm):
10. Child's condition
    - Good
    - Poor

10.1. Presence of bilateral, soft, painless edema
    - Yes
    - No

11. Does the child have a history of malnutrition (kwashiorkor, marasmus, stunted growth, etc.)?
    - Yes
    - No

11.b. What type

12. Does the child have any chronic illnesses or recurring health problems? (For example, respiratory diseases, frequent infections, etc.)
    - Yes
    - No

12.b. Which ones?
    - ☐ TB
    - ☐ HIV
    - ☐ Diabetes
    - ☐ Other

12.c. Please specify

13. Has the child been hospitalized in the last 12 months?
    - Yes
    - No

13.b. Please specify the reason for hospitalization
    - ☐ Malnutrition
    - ☐ Fever
    - ☐ Diarrhea
    - ☐ Polio
    - ☐ Mpox

- ☐ Acute Respiratory Infection (ARI)/Pneumonia
- ☐ Malaria
- ☐ Measles
- ☐ Anemia

14. Is the child currently experiencing symptoms of malnutrition? (Check the symptoms observed)

- ☐ Visible weight loss
- ☐ Growth failure
- ☐ Edema (swelling of the feet, hands, face)
- ☐ Dry skin, brittle hair
- ☐ Discolored hair
- ☐ Obese
- ☐ No

15. Is the child primarily breastfed?

- o Yes
- o No

16 16. Is the child fed from another source (bottle, formula, solid foods, etc.)?

- o Yes
- o No

16.b. Please specify the other source.

17. Was the child exclusively breastfed until 6 months of age?

- o Yes
- o No

18. At what age did the child start eating solid foods (e.g., purees, porridge, vegetables)?

- o Under 6 months
- o Between 6 and 12 months
- o Over 12 months

19. How often does the child eat? (Per day)

- o One meal per day
- o Two meals per day
- o Three meals a day
- o More than 3 meals a day

20. What types of foods does the child eat regularly? (Check all foods given frequently)

- ☐ Rice, corn, cassava
- ☐ Vegetables (e.g., spinach, beans)
- ☐ Fruits (e.g., banana, mango, papaya)
- ☐ Meat (e.g., chicken, fish)
- ☐ Milk or dairy products
- ☐ Processed foods (e.g., cookies, porridge)
- ☐ Eggs

21. Does the child receive dietary supplements (e.g., vitamins or medications)?

- o Yes
- o No

21.b. Please specify

- ☐ Vitamin A
- ☐ Amoxi
- ☐ Albendazole

22. Does the child receive regular medical care? (Routine health checkups, vaccinations)
    - Yes
    - No

22.b. How many times a year, or since birth, does the child have a checkup (CPS visit)?
    - 1 time
    - 2 times
    - 3 times
    - 4 times
    - 5 times

23. Does the child receive nutritional monitoring or dietary advice?
    - Yes
    - No

24. Do you have access to a health center or hospital in your health zone?
    - Yes
    - No

24.b. What difficulties do you face in accessing health care?
    - ☐ Long distance to the health care facility
    - ☐ Unsuitable or inadequate facilities
    - ☐ Lack of medications
    - ☐ Lack of qualified staff
    - ☐ Unable to pay for care—the cost is very high

25. Has the child received all routine vaccinations (BCG, polio, measles, etc.)?
    - Yes
    - No

25.b. Please specify why

26. What is the mother's or guardian's level of education?
    - None
    - Elementary school
    - High school
    - Higher education and college

26.0. Mother's age
    - ≤ 18 years
    - 19–25 years
    - 26–31 years
    - ≥ 32 years

26.1. Mother's nutritional status
    - PB ≤ 218 mm
    - PB 219–229 mm
    - PB ≥ 230 mm

27. 2. Marital status of the child's mother
    - Married
    - Divorced/separated
    - Unmarried since the death of my spouse

26. 3. Household status
    - Homeowner/host
    - Renter/displaced person not living with a host family

28. What is the family's socioeconomic status?

- Very low (difficulty meeting basic needs)
- Low (limited resources, but able to meet basic needs)
- Medium
- High

27. 1. Self-perceived poverty?
    - Yes
    - No
    - Don’t know

27. 2. Household size
    - ≤ 4
    - 5–7
    - ≥ 8

29. Does the family have access to safe drinking water and adequate sanitation facilities?
    - Yes
    - No

28.b. What difficulties do you face in accessing drinking water and sanitation facilities?
- ☐ No faucet
- ☐ Faucet is broken
- ☐ Faucet is more than 1 hour’s walk away
- ☐ Waiting time at the faucet
- ☐ No toilet
- ☐ No handwashing station
- ☐ No soap
- ☐ Tap requires payment

30. Which of the following items are available in your home?
- ☐ 1. Daily newspaper
- ☐ 2. Monthly or weekly magazine
- ☐ 3. Radio
- ☐ 4. Television
- ☐ 5. VCR
- ☐ 6. Cassette player
- ☐ 7. Telephone
- ☐ 8. Refrigerator / Freezer
- ☐ 9. Car, motorcycle, bicycle
- ☐ 10. Running water
- ☐ 11. None

31. What is the surface material of the floor in your home?
- ☐ Dirt / clay
- ☐ Canvas
- ☐ Wooden planks
- ☐ Cement
- ☐ Carpet / Tile (plastic, ceramic, or wood)

30.1. What is the main material of the roof of your home?
- ☐ Not watertight
- ☐ Sheet metal (iron/asbestos)
- ☐ Cement or concrete
- ☐ Tiles

- ☐ Straw/tarpaulin

30.2. What is the main material of the exterior walls of your home?

- ☐ Not weatherproof
- ☐ Stone
- ☐ Sheet metal / wooden planks
- ☐ Cut stone / concrete / brick
- ☐ Tarpaulin / Reed

30.3. What is the main source of lighting that allows you to read in your home?

- ☐ No lighting
- ☐ Candle/paraffin lamp/oil lamp
- ☐ Gas lamp
- ☐ Electric lighting/solar panel
- ☐ Flashlight

32. How long has your family lived in your current home?

3.1. Household income: Daily / Monthly (if a government employee or NGO employee) in Congolese francs or dollars