

## SCREEN1:Front Page

Front Page Q.1 <b>enumerator_name</b>	<b>Household</b>	<b>Name of Enumerator</b> (1)Martin Lathbridge,(2)Godwin OPOKU,(3)Charles ADUKU,(4)Theresa GADZO,(5)Richard Amoateng,(6)Benjamin OHENE,(7)Emmanuel OCRAN,(8)Michael Asiamah,(9)Nancy Tandoh,(10)Kingsley
Front Page Q.2 <b>CWC_name</b>	<b>Household</b>	<b>Name of CWC</b> (1)Krom Adwafo,(2)Comfap maternity home,(3)Aputuogya,(4)Feyiase,(5)Abuontem,(6)Esereso West,(7)Divine Mercy,(8)Sewua,(9)Jaachie,(10)Tetreso,(11)Oyoko,(12)Abono CHPS
Front Page Q.3 <b>month_survey_base</b>	<b>Household</b>	<b>Month of the survey</b> (8)August,(9)September
Front Page Q.4 <b>day_survey_base</b>	<b>Household</b>	<b>Day of the survey</b> (1)1,(2)2,(3)3,(4)4,(5)5,(6)6,(7)7,(8)8,(9)9,(10)10,(11)11,(12)12,(13)13,(14)14,(15)15,(16)16,(17)17,(18)18,(19)19,(20)20,(21)21,(22)22,(23)23,(24)24,(25)25,(26)26,(27)27,(28)28,(29)29,(30)30,(31)31
Front Page Q.5 <b>name_target_mother</b>	<b>Household</b>	<b>Name of the mother</b>
Front Page Q.6 <b>name_target_child</b>	<b>Household</b>	<b>Name of the target baby</b>
Front Page Q.7 <b>age_yes</b>	<b>Household</b>	<b>Is the age of the target child between 6 months and 18 months?</b> (1)Yes,(0)No
Front Page Q.8 <b>twins_yes</b> Enable if :current.age_yes=1	<b>Household</b>	<b>Is this target child twins or more?</b> (1)Yes,(0)No
Front Page Label	<b>To Enumerator: If yes, please stop interview. Twins or more are not eligible sample.</b>	
Front Page Label	<p><b>To Enumerator: Following text is explanation about this project. We need mother's understanding of this project.</b></p> <p><b>Please read out the following text to the mother to explain about this project.</b></p> <p><b>Enumerator: Thank you for the opportunity to speak with you.</b></p> <p><b>We are a research team from Kwame Nkrumah University of Science and Technology (KNUST) and The University of Tokyo, Japan.</b></p> <p><b>The objective of this research is to study child nutrition.</b></p>	

Front Page Label

***This study consists of 3 components******(1) Interview with you to learn child feeding.******(2) Measure child's weight and height.******(3) Measure child's hemoglobin level (degree of anemia).******Your participation is voluntary.******Please note that we will slightly collect your child's blood to measure degree of anemia of your child.******If you don't want, you can refuse this survey.******This interview will take approximately 1 hour.******Your answers will be confidential.***

Front Page Q.9

**agree\_participate\_study** **Household*****Do you agree to participate in this research?***

(1)Yes,(0)No

Enable if :current.twins\_yes=0

Front Page Q.10

**agree\_invasivetest\_yes** **Household*****Do you agree with collecting your child's blood?***

(1)Yes,(0)No

Enable if :current.agree\_participate\_study=1

Front Page Label

***End the interview if the respondent does not agree with the interview and the invasive blood test.***

Front Page Label

***To Enumerator: From the following questions, please ask to a TARGET MOTHER whose baby is a target child of this study.***

Front Page Q.11

**start\_time** **Household*****Time start***

Enable if :current.agree\_invasivetest\_yes=1

Front Page Q.12

**phone\_number** **Household*****Phone number***

Enable if :current.agree\_invasivetest\_yes=1

Front Page Q.13

**adress\_respondent\_house** **Household*****Formal address or Landmark of respondent's house***

Enable if :current.agree\_invasivetest\_yes=1

END SCREEN 1:Front Page

## SCREEN2:Demographics

Enable if :current.agree\_invasivetest\_yes=1

Demographics Label

**A “household” includes all members of a common decision making unit (usually within one residence) that are sharing income and other resources. Members are those who were born to but should not have independent decision making unit apart from this household. Also include workers or servants as members of the household if they stayed in this household at least one month in the last 12 months.**

Demographics Q.1

max\_number\_mem

Household

*How many member live together?*

## START ROSTER 2.1:Household Member

Household Member Q.2

name\_mem

Member\_list

**Name of the member**

Household Member Q.3

gender\_mem

Member\_list

**Gender of the member**

(1)Male,(0)Female

Household Member Q.4

target\_mother

Member\_list

**Is this member the target mother?**

(1)Yes,(0)No

Household Member Q.5

target\_child

Member\_list

**Is this member the target child?**

(1)Yes,(0)No

Household Member Q.6

interview\_yes

Member\_list

**Is this member the respondent of this interview?**

(1)Yes,(0)No

Household Member Q.7

age\_years

Member\_list

**Age in Years**

Enable if :current.target\_child=0

Household Member Q.8

age\_months

Member\_list

**Age in Months**

Enable if :current.target\_child=1

Household Member Q.9

relation\_to\_baby

Member\_list

**Relation to the target baby**

(0)Her/Himself,(1)Father,(2)Father-in-law,(3)Mother,(4)Mother-in-law,(5)Brother,(6)Brother-in-law,(7)Sister,(8)Sister-in-law,(9)Grandfather,(10)Grandfather-in-law,(11)Grandmother,(12)Grandmother-in-law,(13)Uncle,(14)Uncle-in-law,(15)Aunt,(16)Aunt-in-law,(17)Other relative,(18)Other non-relative,(19)Worker

Household Member Q.10  <b>highest_grade_mem</b>	<b>Member_list</b>	<b>Highest grade completed</b>  (0)None,(1)Primary 1,(2)Primary 2,(3)Primary 3,(4)Primary 4,(5)Primary 5,(6)Primary 6,(7)JSS 1,(8)JSS 2,(9)JSS 3,(10)Form 4,(11)SSS 1,(12)SSS 2,(13)SSS 3,(14)SSS 4,(15)Vocational/Technical School,(16)College, Univ., or Polytechnic,(17)Post graduate,(51)Adult education (literacy level),(52)Religious school,(99)No formal schooling, but literate,(-9)Do not know
Household Member Q.11  <b>still_school</b>	<b>Member_list</b>	<b>Still in school?</b>  (1)Yes,(0)No

**SCREEN2.1.1:Information about the target father**

Enable if :current.relation\_to\_baby=1 or current.relation\_to\_baby=2

Information about the target father Q.1  <b>born_Kumasi_father</b>	<b>Member_list</b>	<b>Was he born in Kumasi?</b>  (1)Yes,(0)No
Information about the target father Q.2  <b>born_region_father</b>	<b>Member_list</b>	<b>Which region in Ghana or country was he born?</b>  (1)Northern,(2)Upper East,(3)Upper West,(4)Brong-Ahafo,(5)Volta,(6)Eastern,(7)Central,(8)Western,(9)Greater Accra,(10)Ashanti,(11)Ivory Coast,(12)Togo,(13)Benin,(14)Burkina Faso,(15)Niger,(16)Other place
Information about the target father Q.3  <b>born_region_years_father</b>	<b>Member_list</b>	<b>How many years did he settle in Kumasi?</b>
Information about the target father Q.4  <b>occupation_father</b>	<b>Member_list</b>	<b>Father's occupation</b>  (1)Farming,(2)Wage earner,(3)Farm labour,(4)Bicycle repair/mechanic,(5)Brewing,(6)Brick making,(7)Butcher,(8)Carpentry,(9)Mining,(10)Charcoal burning,(11)Clothes business (weaving),(12)Clothes business (trading)Value,(13)Construction,(14)Masonry,(15)Mechanic/Motor Vehicle Repairer,(16)Driver,(17)General-kiosk owner,(18)Miller,(19)Taylor,(20)Trading farm produce,(21)Trading fish,(22)Trading firewood,(23)Trading livestock,(24)Trading non-food goods,(25)Trading timber,(26)Transport business,(27)Unemployed,(28)Other (Specify)
Information about the target father Q.5  <b>occupation_father_wage_specify</b>		<b>Specify if "Wage earner"</b>
Information about the target father Q.6  <b>occupation_father_other_specify</b>		<b>Father's occupation if "Other", please specify</b>
Information about the target father Q.7  <b>ethnicity_father</b>	<b>Member_list</b>	<b>Ethnicity</b>  (1)Ashanti,(2)Akyem,(3)Fante,(4)Bono,(5)Akuapem,(6)Kwahu,(7)Kotokoli,(8)Dagomba,(9)Dagarti,(10)Komkomba,(11)Gonia,(12)Ewe,(13)Gruma,(14)Fulani,(15)Kusasi,(16)FraFra,(17)Mosi,(18)Other
Information about the target father Q.8  <b>ethnicity_father_other</b>	<b>Member_list</b>	<b>Ethnicity if "Other"</b>

Information about the target father Q.9

**religion\_father****Member\_list****Religion**

(1)Catholic,(2)Protestant,(3)Muslim,(4)Animism/Traditional,(5)Atheist,(6)Other

END SCREEN 2.1.1:Information about the target father

**SCREEN2.1.2:Information about the target mother**

Enable if :current.relation\_to\_baby=3 or current.relation\_to\_baby=4

Information about the target mother Q.1

**born\_Kumasi\_mother****Member\_list****Was she born in Kumasi?**

(1)Yes,(0)No

Information about the target mother Q.2

**born\_region\_mother****Member\_list**

Enable if :current.born\_Kumasi\_mother=0

**Which region in Ghana or country was she born?**

(1)Northern,(2)Upper East,(3)Upper West,(4)Brong-Ahafo,(5)Volta,(6)Eastern,(7)Central,(8)Western,(9)Greater Accra,(10)Ashanti,(11)Ivory Coast,(12)Togo,(13)Benin,(14)Burkina Faso,(15)Niger,(16)Other place

Information about the target mother Q.3

**born\_region\_years\_moth**    **Member\_list**

Enable if :current.born\_Kumasi\_mother=0

**How many years did she settle in Kumasi?**

Information about the target mother Q.4

**occupation\_mother****Member\_list****Mother's occupation**

(1)Farming,(2)Wage earner,(3)Farm labour,(4)Bicycle repair/mechanic,(5)Brewing,(6)Brick making,(7)Butcher,(8)Carpentry,(9)Mining,(10)Charcoal burning,(11)Clothes business (weaving),(12)Clothes business (trading)Value,(13)Construction,(14)Masonry,(15)Mechanic/Motor Vehicle Repairer,(16)Driver,(17)General-kiosk owner,(18)Miller,(19)Taylor,(20)Trading farm produce,(21)Trading fish,(22)Trading firewood,(23)Trading livestock,(24)Trading non-food goods,(25)Trading timber,(26)Transport business,(27)Unemployed,(28)Other (Specify)

Information about the target mother Q.5

**occupation\_mother\_wage**    **Member\_list**

Enable if :current.occupation\_mother=2

**Specify if "Wage earner"**

Information about the target mother Q.6

**occupation\_mother\_other**    **Member\_list**

Enable if :current.occupation\_mother=28

**Mother's occupation if "Other", please specify**

Information about the target mother Q.7

**ethnicity\_mother**    **Member\_list****Ethnicity**

(1)Ashanti,(2)Akyem,(3)Fante,(4)Bono,(5)Akuapem,(6)Kwahu,(7)Kotokoli,(8)Dagomba,(9)Dagarti,(10)Komkomba,(11)Gonia,(12)Ewe,(13)Gruma,(14)Fulani,(15)Kusasi,(16)FraFra,(17)Mosi,(18)Other

Information about the target mother Q.8

**ethnicity\_mother\_other**    **Member\_list**

Enable if :current.ethnicity\_mother=18

**Ethnicity if "Other"**

Information about the target mother Q.9

**religion\_mother****Member\_list****Religion**

(1)Catholic,(2)Protestant,(3)Muslim,(4)Animism/Traditional,(5)Atheist,(6)Other

Information about the target mother Q.10

marital\_status\_mother

Member\_list

**Marital status**

(1)Single,(2)Monogamously married,(3)Polygamously married,(4)Widowed,(5)Separated,(6)Divorced,(7)Other

Information about the target mother Q.11

marital\_status\_mother\_ot  
her**Marital status if "Other"**

Enable if :current.marital\_status\_mother=7

END SCREEN 2.1.2:Information about the target mother

END ROSTER 2.1:Household Member

Demographics Q.12

hh\_head

Household

**Who is the household head?**

END SCREEN 2:Demographics

**SCREEN3:Expenditure**

Enable if :current.agree\_invasivetest\_yes=1

Expenditure Label

*Expenditure (not consumption) on the following food items **last one week**. Please answer **total value**.*

START ROSTER 3.1:Expenditure on food last one week

RosterContents :(1)Maize (Foods made with maize),(2)Rice,(3)Cassava (Foods made with cassava),(4)Sweet potatoes,(5)Yam,(6)Plantain,(7)Beans,(8)Vegetable,(9)Fruit,(10)Bread,(11)Biscuits,(12)Coffee,(13)Cocoa Beverage (Milo),(14)Tea

Expenditure on food last one week Q.1

exp\_value\_food\_week

Expenditure\_food\_week

**How much did you expend this item **last one week**? 0=Didn't buy.**

END ROSTER 3.1:Expenditure on food last one week

Expenditure Label

*Expenditure (not consumption) on the following food items **last one month**. Please answer **total value**.*

START ROSTER 3.2:Expenditure on food last one month

RosterContents :(15)Canned/Sachet tomato,(16)Canned beans,(17)Canned Fish (Sardine/Geisha),(18)Pasta (Spaghetti),(19)Ground nuts,(20)Chicken,(21)Meats (any),(22)Sausage,(23)Fish,(24)Eggs,(25)Milk (Powder),(32)Milk (Liquid),(26)Yogurt,(27)Sugar,(28)Cooking oil/Butter,(29)Salt,(30)Drinks

Expenditure on food last one month Q.2

exp\_value\_food\_month

Expenditure\_food\_month  
h**How much did you expend this item **last one month**? 0=Didn't buy.**

END ROSTER 3.2:Expenditure on food last one month

Expenditure Label

*Expenditure (not consumption) on the following non-food items **last one month**. Please answer **total value**.*

## Expenditure Label

*Expenditure (not consumption) on the following non-food items **last one month**. Please answer **total value**.*

## START ROSTER 3.3:Expenditure on nonfood last one month

RosterContents :(1)Cellular phone recharge (credit),(2)Tobacco/Cigarettes,(3)Electricity,(4)Firewood,(5)Charcoal,(6)Kerosene/Gas,(7)Soap/washing products,(8)Shaving/Hairdressing,(9)Magazine/Newspaper

## Expenditure on nonfood last one month Q.3

**How much did you expend this item *last one month*? 0=Didn't buy.**

**exp\_value\_nonfood\_mon**    **Expenditure\_nonfood\_month**

## END ROSTER 3.3:Expenditure on nonfood last one month

## Expenditure Label

*Expenditure (not consumption) on the following non-food items **last 12 months**. Please answer **total value**.*

## START ROSTER 3.4:Expenditure on nonfood last 12 months

RosterContents :(10)School fee/Textbooks, etc.,(11)Medical care,(12)Transportation,(13)Clothing/Shoes,(14)House rent,(15)Susu,(16)Remittances to relatives,(17)Mosques/Churches,(18)Credit repayments,(19)Mutual support group (funeral),(20)Mutual support group (non-funeral),(21)Other local organizations

## Expenditure on nonfood last 12 months Q.4

**How much did you expend this item *last 12 months*? 0=Didn't buy.**

**exp\_value\_nonfood\_year**    **Expenditure\_nonfood\_year**

## END ROSTER 3.4:Expenditure on nonfood last 12 months

## END SCREEN 3:Expenditure

## SCREEN4:Complementary Food

Enable if :current.agree\_invasivetest\_yes=1

## START ROSTER 4.1:Purchase of complementary foods

RosterContents :(1)Lactogen,(2)Nan,(3)SMA,(4)Cerelac,(5)Weanmix,(6)Yumvita,(7)Tom brown,(8)Cowbell,(9)Nido,(10)Other 1,(11)Other 2,(12)Other 3

## Purchase of complementary foods Q.1

**Did you buy this product *past 1 month*?**

**buy\_compF\_yes**

**Complementary\_food\_list**

(1)Yes,(0)No

## Purchase of complementary foods Q.2

**Specify name of the product**

**comp\_other\_specify**

**Complementary\_food\_list**

Enable if :(current.Comp\_food\_list=10 or current.Comp\_food\_list=11 or current.Comp\_food\_list=12) and current.buy\_compF\_yes=1

## Purchase of complementary foods Q.3

**How many *sachets* did you buy *past one month*? 0=Didn't buy in sachet.**

**sachet\_amount\_month**

**Complementary\_food\_list**

Enable if :current.buy\_compF\_yes=1

Purchase of complementary foods Q.4		<b>What is the price of a sachet?</b>
<b>unit_price_sachet</b>	<b>Complementary_food_list</b>	
Enable if :current.buy_compF_yes=1 and (current.sachet_amount_month > 0)		
Purchase of complementary foods Q.5		<b>How many tins did you buy past one month? 0=Don't buy in tin.</b>
<b>tin_amount_month</b>	<b>Complementary_food_list</b>	
Enable if :current.buy_compF_yes=1		
Purchase of complementary foods Q.6		<b>What is the price of a tin?</b>
<b>unit_price_tin</b>	<b>Complementary_food_list</b>	
Enable if :current.buy_compF_yes=1 and current.tin_amount_month > 0		

END ROSTER 4.1:Purchase of complementary foods

END SCREEN 4:Complementary Food

**SCREEN5:Koko plus**

Enable if :current.agree\_invasivetest\_yes=1

Koko plus Q.1		<b>Do you know Koko plus?</b>
<b>know_kp_yes</b>	<b>Household</b>	(1)Yes,(0)No
Koko plus Q.2		<b>Have you ever used Koko plus?</b>
<b>use_kp_yes</b>	<b>Household</b>	(1)Yes,(0)No
Enable if :current.know_kp_yes=1		
Koko plus Q.3		<b>If "No", what is reason?</b>
<b>use_kp_no_reason</b>	<b>Household</b>	
Enable if :current.use_kp_yes=0		
Koko plus Q.4		<b>Have you ever bought Koko plus?</b>
<b>bought_kp_yes</b>	<b>Household</b>	(1)Yes,(0)No
Enable if :current.know_kp_yes=1		
Koko plus Q.5		<b>How many Koko plus did you buy past one month?</b>
<b>amount_kp_month</b>	<b>Household</b>	
Enable if :current.bought_kp_yes=1		

END SCREEN 5:Koko plus

**SCREEN6:Asset**

Enable if :current.agree\_invasivetest\_yes=1

**START ROSTER 6.1:Owned assets**

RosterContents :(1)Bicycle,(2)Radio,(3)(Car) Battery,(4)TV,(5)Mobile Phone,(6)Solar panel,(7)Chair,(8)Table,(9)Bed,(10)Mosquito net,(11)Motorcycle,(12)Vehicle,(13)Rice cooker,(14)Refrigerator,(15)Wash machine,(16)Computer,(17)Tricycle

Owned assets Q.1  <b>have_asset_yes</b>	<b>Asset_list</b>	<b>Do you have this asset?</b> (1)Yes,(0)No
Owned assets Q.2  <b>amount_owned_asset</b>	<b>Asset_list</b> Enable if :current.have_asset_yes=1	<b>How many do you have now?</b>

END ROSTER 6.1:Owned assets

Asset Q.3  <b>own_house_yes</b>	<b>Household</b>	<b>Is this house owned?</b> (1)Yes,(0)No
Asset Q.4  <b>how_many_rooms</b>	<b>Household</b>	<b>How many rooms are there in your house?</b>
Asset Q.5  <b>house_sell_value</b>	<b>Household</b> Enable if :current.own_house_yes = 1	<b>If you sell this house, how much do you think it can be sold?</b>

END SCREEN 6:Asset

## SCREEN7:Basic Information of Child

Enable if :current.agree\_invasivetest\_yes=1

Basic Information of Child Label	<b>To Enumerator: The following questions are aimed at the target child. Please confirm that the mother is answering about the target child, not about her other children.</b>
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Basic Information of Child Q.1  <b>date_birth_year</b>	<b>Household</b>	<b>Date of birth in year</b>
Basic Information of Child Q.2  <b>date_birth_month</b>	<b>Household</b>	<b>Date of birth in month</b>
Basic Information of Child Q.3  <b>date_birth_day</b>	<b>Household</b>	<b>Date of birth in day</b>
Basic Information of Child Q.4  <b>age_target_child</b>	<b>Household</b>	<b>How old is the target child in months?</b>
Basic Information of Child Q.5  <b>feel_nutrition_child</b>	<b>Household</b>	<b>What do you feel about current nutritional status of your child?</b> (1)Very bad,(2)Bad,(3)Normal,(4)Good,(5)Very good
Basic Information of Child Q.6  <b>know_anemia_yes</b>	<b>Household</b>	<b>Do you know anemia?</b> (1)Yes,(0)No

## Basic Information of Child Q.7

**feel\_child\_anemia\_yes**      **Household**

Enable if :current.know\_anemia\_yes=1

**Do you think your child is suffering from anemia?**

(1)Yes,(0)No,(2)Don't know

## Basic Information of Child Q.8

**feel\_anemia\_risk**      **Household**

Enable if :current.know\_anemia\_yes=1

**How much do you think your child is at risk for anemia?**

(1)Very Low,(2)Low,(3)High,(4)Very High,(5)Don't know

## Basic Information of Child Q.9

**know\_aneia\_symptom**      **Household**

Enable if :current.know\_anemia\_yes=1

**Can you name one symptom of anaemia in children?**

## START ROSTER 7.1:Symptoms

RosterContents :(1)Diarrhea,(2)Fever,(3)Running nose,(4)Cough,(5)Vomiting

## Symptoms Q.10

**child\_symptom\_yes**      **Syptoms\_child****Has the child had this symptom past seven days?**

(1)Yes,(0)No

## END ROSTER 7.1:Symptoms

## END SCREEN 7:Basic Information of Child

## SCREEN8:Breastfeeding and Complementary Feeding Practices

Enable if :current.agree\_invasivetest\_yes=1

## Breastfeeding and Complementary Feeding Practices Q.1

**q10\_1**      **Household****Did you breastfeed this child at all when he/she was born?**

(1)Yes,(0)No

## Breastfeeding and Complementary Feeding Practices Q.2

**q10\_2**      **Household****When did you start breastfeeding after giving birth?**

(1)Birth within one hour,(2)After one hour,(3)In one day,(4)After one day

## Breastfeeding and Complementary Feeding Practices Q.3

**q10\_3**      **Household****Did you feed the child the first milk that came (colostrum)?**

(1)Yes,(0)No,(2)Don't know

## Breastfeeding and Complementary Feeding Practices Q.4

**q10\_4**      **Household****Are you still breastfeeding the child?**

(1)Yes,(0)No

## Breastfeeding and Complementary Feeding Practices Q.5

**q10\_5**      **Household**

Enable if :current.q10\_4 = 0

**When did you stop breastfeeding this child?**

(1)Before 6 months,(2)After 6 months but before 1 year,(3)At 1 year,(4)After 1 year but before 18 months,(5)After 18 months

## Breastfeeding and Complementary Feeding Practices Q.6

**q10\_6**      **Household**

Enable if :current.q10\_4 = 1

**How frequently?**

(1)On demand,(2)About 5 times a day,(3)5-10 times a day,(4)More than 10 times a day

Breastfeeding and Complementary Feeding Practices Q.7 <b>q10_7</b>	<b>Household</b>	<b>Do you give anything apart from breastmilk?</b> (1)Yes,(0)No
Breastfeeding and Complementary Feeding Practices Q.8 <b>q10_8</b>	<b>Household</b>	<b>What do you give?</b> (1)Water,(2)Koko,(3)Formula milk,(4)Family food Enable if :current.q10_7 = 1
Breastfeeding and Complementary Feeding Practices Q.9 <b>q10_9</b>	<b>Household</b>	<b>When did you start to give anything apart from breastmilk?</b> (1)Less than one month,(2)At 2 months,(3)At 3 months,(4)At 4 months,(5)At 5 months,(6)At 6 months,(7)At 7 months,(8)At 8 months,(9)After 8 months Enable if :current.q10_7 = 1
Breastfeeding and Complementary Feeding Practices Q.10 <b>q10_10</b>	<b>Household</b>	<b>When did you start to give the child water?</b> (1)< 1 month,(2)1 month to < 2 months,(3)2 months to < 3 months,(4)3 months to < 4 months,(5)4 months to < 5 months,(6)5 months to < 6 months,(7)6 months to < 7 months,(8)7 months to < 8 months
Breastfeeding and Complementary Feeding Practices Q.11 <b>q10_11</b>	<b>Household</b>	<b>When did you start to give the child koko?</b> (1)< 1 month,(2)1 month to < 2 months,(3)2 months to < 3 months,(4)3 months to < 4 months,(5)4 months to < 5 months,(6)5 months to < 6 months,(7)6 months to < 7 months,(8)7 months to < 8 months
Breastfeeding and Complementary Feeding Practices Q.12 <b>q10_12</b>	<b>Household</b>	<b>When did you start to give the child commercially fortified foods?</b> (1)< 1 month,(2)1 month to < 2 months,(3)2 months to < 3 months,(4)3 months to < 4 months,(5)4 months to < 5 months,(6)5 months to < 6 months,(7)6 months to < 7 months,(8)7 months to < 8 months

## START ROSTER 8.1:q10\_13\_15

RosterContents :(1)Fed slowly and patiently,(2)Fed child's favourite food,(3)Breasted on demand,(4)Stopped feeding,(5)Force-fed child,(6)Punished child,(7)Put child to sleep

<b>q10_13_15 Q.13</b> <b>q10_13</b>	<b>for_q10_13</b>	<b>What did you do when you were introducing the child to new food?</b> (1)Yes,(0)No
<b>q10_13_15 Q.14</b> <b>q10_14</b>	<b>for_q10_13</b>	<b>What did you do when the child lost appetite?</b> (1)Yes,(0)No
<b>q10_13_15 Q.15</b> <b>q10_15</b>	<b>for_q10_13</b>	<b>How did you feed the child when he/she is sick?</b> (1)Yes,(0)No

## END ROSTER 8.1:q10\_13\_15

## START ROSTER 8.2:q10\_16

RosterContents :(1)Gave alternative/changed food,(2)Breastfed, gave solid food, breastfed again,(3)Talked to child,(4)Sang to child,(5)Force-fed child,(6)Stopped feeding,(7)Punished child

<b>q10_16 Q.16</b> <b>q10_16</b>	<b>for_q10_15</b>	<b>What did you do when the child refuses to eat a meal?</b> (1)Yes,(0)No
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END ROSTER 8.2:q10\_16

START ROSTER 8.3:q10\_17

RosterContents :(1)Gave additional meal each day for two weeks,(2)Gave more food per meal,(3)Fed the usual way,(4)Force-fed the child

q10\_17 Q.17

q10\_17

for\_q10\_17

**How did you feed the child when he was recovering from the illness?**

(1)Yes,(0)No

END ROSTER 8.3:q10\_17

Breastfeeding and Complementary Feeding Practices Q.18

q10\_18

**Household****Do you wash your hands with soap before feeding the child?**

(1)Yes, all the time,(2)Sometimes,(3)No

Breastfeeding and Complementary Feeding Practices Q.19

q10\_19

**Household****Do you wash your hands with soap before preparing food for the child?**

(1)Yes, all the time,(2)Sometimes,(3)No

Breastfeeding and Complementary Feeding Practices Q.20

q10\_20

**Household****How many times do you feed the child apart from breastmilk?**

(1)Once a day,(2)2 times a day,(3)3 times a day,(4)4 times a day,(5)More than 4 times a day

Breastfeeding and Complementary Feeding Practices Q.21

q10\_21

**Household****How much complementary food did you give in the past 24hours?**

(1)1 stew ladle,(2)1 soup ladle,(3)1-2 soup ladle,(4)2 soup ladles

Breastfeeding and Complementary Feeding Practices Q.22

q10\_22

**Household****What type of foods do you usually feed the child?**

(1)Prepared specially for the child,(2)Same as the rest of the family is eating but modified,(3)Same as the rest of the family is eating, not modified,(4)Bought from food seller,(5)Other

START ROSTER 8.4:Dietary Diversity for the child

RosterContents :(1)Bread, rice, noodles etc,(2)Cassava, plantain, cocoyam etc,(3)Porridge,(4)Any oils – margarine, butter etc,(5)Sugary foods – sweets, chocolate etc,(6)Infant formula,(7)Tinned, powdered or fresh animal milk,(8)Eggs,(9)Fresh or dried fish,(10)Organ meat,(11)Any meat,(12)Foods made from beans, lentils etc,(13)Yoghurt or cheese,(14)Fruits,(15)Carrots or sweet potato,(16)Dark green leafy vegetables,(17)Ripe mangoes or pawpaw,(18)Any other fruits and vegetables

Dietary Diversity for the child Q.23

q10\_23

**Food\_for\_child\_list****Did you feed the child from these sources in the past 24 hours?**

(1)Yes,(0)No

END ROSTER 8.4:Dietary Diversity for the child

Breastfeeding and Complementary Feeding Practices Q.24

q10\_24

**Household****Did you feed the child anything apart from breast milk in the past 24 hours?**

(1)Yes,(0)No

Breastfeeding and Complementary Feeding Practices Q.25

q10\_25

**Household****In the past 24 hours did the child receive solid, semi-solid or soft food?**

(1)Yes,(0)No

Breastfeeding and Complementary Feeding Practices Q.26  
**q10\_26** **Household**  
 Enable if :current.q10\_25=1

**In the past 24 hours how many times did the child receive solid, semi-solid or soft food?**

(1)Once a day,(2)2 times a day,(3)3 times a day,(4)4 times a day,(5)More than 4 times a day

END SCREEN 8:Breastfeeding and Complementary Feeding Practices

**SCREEN9:Breastfeeding and complementary feeding knowledge**

Enable if :current.agree\_invasivetest\_yes=1

Breastfeeding and complementary feeding knowledge Q.1  
**q11\_1** **Household**

**When should a woman start breastfeeding after giving birth?**

(1)Immediately,(2)At least one hour,(3)Same day,(4)Over 24 hours,(5)It does not matter,(6)Do not know

Breastfeeding and complementary feeding knowledge Q.2  
**q11\_2** **Household**

**How long should you exclusively breastfeed without adding any drink or food?**

(1)One month,(2)2 months,(3)3 months,(4)4 months,(5)5 months,(6)6 months,(7)Other,(8)I don't know,(9)It shouldn't matter

Breastfeeding and complementary feeding knowledge Q.3  
**Q11\_3** **Household**

**How long should you breastfeed before stopping (ceasation)?**

(1)Up to 6 months,(2)Up to 1 year,(3)Up to 1 and half year,(4)Up to 2 years

Breastfeeding and complementary feeding knowledge Q.4  
**q11\_4** **Household**

**When should you start to give water after birth?**

(1)Immediately,(2)One month,(3)2 months,(4)3 months,(5)4 months,(6)5 months,(7)6 months,(8)Other

Breastfeeding and complementary feeding knowledge Q.5  
**q11\_5** **Household**

**When should you start to give other foods after birth?**

(1)Immediately,(2)One month,(3)2 months,(4)3 months,(5)4 months,(6)5 months,(7)6 months,(8)Other

Breastfeeding and complementary feeding knowledge Q.6  
**q11\_6** **Household**

**When should the child start eating family food?**

(1)6 months,(2)Less than one year,(3)From one year,(4)When child demands,(5)Any times

Breastfeeding and complementary feeding knowledge Q.7  
**q11\_7** **Household**

**How much complementary food should one give at 6 months?**

(1)One stew ladle,(2)2 stew ladles,(3)3 stew ladles

Breastfeeding and complementary feeding knowledge Q.8  
**q11\_8** **Household**

**How much complementary food should one give at 7-8 months?**

(1)One soup ladle,(2)2 soup ladles,(3)3 soup ladles

Breastfeeding and complementary feeding knowledge Q.9  
**q11\_9** **Household**

**How much complementary food should one give at 9-12 months?**

(1)One soup ladle,(2)2 soup ladles,(3)3 soup ladles

Breastfeeding and complementary feeding knowledge Q.10  
**q11\_10** **Household**

**How many times should you give complementary food at 6-8 months?**

(1)Once a day,(2)2 times per day,(3)3 times per day,(4)4 times per day,(5)More than 4 times per day

Breastfeeding and complementary feeding knowledge Q.11 <b>q11_11</b>	<b>Household</b>	<b>How many times should the child be fed solid, semi-solid or soft foods from 9-23 months?</b> (1)Once a day,(2)2 times per day,(3)3 times per day,(4)4 times per day,(5)More than 4 times per day
Breastfeeding and complementary feeding knowledge Q.12 <b>q11_12</b>	<b>Household</b>	<b>Should the child be fed different kinds of food or the same type?</b> (1)Same types,(2)Different or varied type,(3)Don't know

END SCREEN 9:Breastfeeding and complementary feeding knowledge

SCREEN10:End Page

Enable if :current.agree\_invasivetest\_yes=1

End Page Label

**To Enumerator: Click "Validate Entire Interview" at the top of left corner on the screen (If you do not find, scroll down the window and you will find the tab on the left hand side of file name "GH TAF HH 2020 base").**  
**If you find, Eliminate all remaining errors!!**

End Page Q.1 <b>validate_entire</b>	<b>Household</b>	<b>Have you clicked "Validate Entire Interview"?</b> (1)Yes,(0)No
End Page Q.2 <b>no_error</b>	<b>Household</b>	<b>Have you eliminated all remaining errors?</b> (1)Yes,(0)No
Enable if :current.validate_entire		
End Page Q.3 <b>time_end</b>	<b>Household</b>	<b>If you have eliminated all errors, click Get Time.</b> Enable if :current.validate_entire=1 and current.no_error=1

End Page Label

**Enumerator : Thank you for answering the interview.**

**Do you have any questions about the survey or what I have said?**

END SCREEN 11:End Page