Evaluation for Alive & Thrive Nigeria, Phase II

Baseline Survey
2023

MOTHER'S QUESTIONNAIRE

Module List

MODULE 1: PARTICIPANT CHARACTERISTICS 4
MODULE 2: OBSTETRIC HISTORY 5
MODULE 3: USE OF ANTENATAL AND POSTNATAL CARE SERVICES 5
MODULE 4: EXPOSURE TO NUTRITION INTERVENTIONS IN THE COMMUNITY 11
MODULE 5: CONSUMPTION OF IFA SUPPLEMENTS 14
MODULE 6: INFANT AND YOUNG CHILD FEEDING PRACTICES 17
MODULE 7: MOTHER'S MIYCN KNOWLEDGE 22
MODULE 8: SUPPORT FOR IYCF AND MATERNAL NUTRITION 25
MODULE 9: SOURCES OF INFORMATION 27
MODULE 10: SELF EFFICACY 28
MODULE 11: DECISION MAKING POWER 29
MODULE 12: SOCIAL DESIRABILITY 30
MODULE 13: HH SOCIO ECONOMIC STATUS 31

Evaluation for Alive & Thrive Nigeria, Phase II
Baseline Survey, 2023 - Mother's Questionnaire

1. Identification

1	Interviewer ID	..... ☐☐☐☐
2	Supervisor ID	..... ☐☐☐☐
3	GDQS Response ID ***Cut and paste from GDQS application. Do not type in***	.....
4	Interviewer name ***(First and last name)***	.....
5	Supervisor name ***(First name and last name)***	.....
6	State [Drop down menu]	Bauchi .....1 Borno.....2 Kaduna.....3 Kano.....4 Lagos .....5 Sokoto .....6 Yobe.....7
7	Local Government Area [Drop down menu]	Kirfi .....1 Darazo.....2 Katagum Azare.....3 Magumeri .....4 Jere .....5 Hawul .....6 Kaduna North .....7 Kubau.....8 JEMA'A.....9 Gwarzo.....10 Nasarawa .....11 Takai .....12 Badagry.....13 Lagos Mainland.....14 Shomolu.....15 Sokoto North .....16 Kebbe.....17 Rabah.....18 Damaturu.....19 Fune.....20 Karasuwa 21
8	Primary Sampling Unit code	.....
9	Enumeration Area Code	……
10	Household ID	.....
11	Language of interview	English ..... 1 Yoruba..... 2 Hausa..... 3
12	Date of interview	.....

13	Woman's ID	.....
14	Target group women was selected from	Mother of a child 0 – 5 months…….1 Mother of a child 6 – 23 months……..2

MODULE 1: PARTICIPANT CHARACTERISTICS

Interviewer: I would like to ask you some questions about your youngest child, yourself, and your household.

NO.	QUESTION	RESPONSE CODE	SKIP
101	What is the name of your youngest child?	*Instructions: Child name not entered into questionnaire. Interviewer will use child's name in place of (NAME) in subsequent questions.*	
102	What is (NAME)'s age in months?	[__][__] NUMBER IN MONTHS	End interview if not 0-23 months
103	Is (NAME) male or female?	Male……1 Female……2	
104	What is your age?	[__][__] NUMBER IN YEARS	End interview if not between 15-49 years
105	What is your marital status?	Unmarried.....1 Married .....2 Widowed.....3 Divorced .....4 Separated.....5	End the interview if <18 years and unmarried
106	What is your main occupation?	Farmer..... ……1 Salaried employee..... ……2 Small trader/self-employment……3 Housewife..... 4 Jobless ..... …..5 Pupil/Student ..... 6 Other (SPECIFY): _____ 96	
107	What is the highest class you have completed?	Never attended school .....1 Some primary .....2 Completed primary .....3 Some secondary .....4 Completed secondary .....5 Some post-secondary .....6 Completed post-secondary.....7 Masters.....8 Doctorate.....9 Some vocational.....10 Completed vocational .....11 Koranic/Arabic school……..12 Other (SPECIFY): _____ …. 96	
108	How many people are currently living in your household?	[__][__] NUMBER OF PEOPLE	
109	What is your ethnicity?	Yoruba ……..1 Awori ……2 Egun ……..3	

		Hausa ……4 Igbo ……..5 Fulani ……6 Tiv ……7 Idoma…… ……8 Kataf…… ……9 Gwari…… ……...10 Kanuri……..…11 Other (SPECIFY): _____ ……..96	

MODULE 2: OBSTETRIC HISTORY

Interviewer: Now I would like to ask you questions about your most recent pregnancy and childbirth history.

NO.	QUESTION	RESPONSE CODE	SKIP
201	How many times have you been pregnant?	[__][__] NUMBER OF TIMES	
202	How many times have you given birth?	[__][__] NUMBER OF BIRTHS	
203	How many living children do you have? ***Enter single digit numbers starting with 0***	[__][__] NUMBER OF CHILDREN	

MODULE 3: USE OF ANTENATAL AND POSTNATAL CARE SERVICES

Interviewer: Now I would like to ask you questions about your use of antenatal and postnatal care during your most recent pregnancy.

NO.	QUESTION	RESPONSE CODE	SKIP
POSTNATAL CARE			
301	Where did you give birth to [*NAME OF CHILD*]?	Government hospital (inc. teaching hospitals) ..1 Government health center .....2 Government health post .....3 Private hospital .....4 Faith-based health facility .....5 TBA's home/center……6 At home……7 Other (SPECIFY): _____ 96	→ **Q303** → **Q303** → **Q303** → **Q303** → **Q303**
302	Why did you NOT deliver at a health facility? ***Record all responses. DO NOT READ RESPONSES.***	Costs too much .....1 Facility not open .....2 Too far/no transportation .....3 Don't trust facility .....4 Poor quality of service .....5 No female provider at the facility .....6 Not necessary .....7 Not customary .....8 Other (SPECIFY): _____ 96	
303	Who assisted in the delivery of [*NAME OF CHILD*]? Anyone else?	Doctor.....1 Nurse/midwife .....2 Community Health Officer (CHO)……3 Community Health Extension Worker (CHEW) .4	

	Record all responses. ***Probe to identify each type of person.***	Traditional birth attendant.....5 Mother/mother-in-law .....6 Husband/partner .....7 Other household member.....8 Neighbor/friend.....9 Other (SPECIFY): _____ .....96 Does not know 98	
304	Was [*NAME OF CHILD*] delivered by caesarean section, that is, they cut your belly open to take the baby out?	No .....0 Yes.....1	
305	Did anyone help you with breastfeeding just after the birth of [*NAME OF CHILD*]?	No .....0 Yes.....1	→ **Q308**
306	Who helped you to be able to breastfeed immediately after delivery? ***Record all responses. Anyone else?***	Doctor.....1 Nurse/midwife .....2 Community Health Officer (CHO)……3 Community Health Extension Worker (CHEW) .4 Traditional birth attendant.....5 Mother/mother-in-law .....6 Husband/partner .....7 Other household member.....8 Neighbor/friend.....9 Other (SPECIFY): _____ .....96 Does not know 98	
307	What did they do to help you to be able to breastfeed? ***Record all responses. DO NOT READ RESPONSES.***	Told to breastfeed the baby.....1 Showed the way of positioning and attachment 2 Helped to place the baby on the breast.....3 Other (SPECIFY): _____ 96	
ANTENATAL CARE (FACILITY-BASED)			
308	How many months pregnant were you when you first received antenatal care at a health facility during your last pregnancy? ***MONTHS PREGNANT: Enter(0-9) or Enter 98 for Does not know***	[__][__] MONTHS PREGNANT (0-9) 98 = Does not know	
309	How many times did you receive antenatal care at a health facility during your last pregnancy? ***NUMBER OF TIMES: Enter (0-41) or Enter 98 for Does not know***	[__][__] NUMBER OF TIMES (0-41) 98 = Does not know	
310	How many months pregnant were you when you last received antenatal care at a health facility during your last pregnancy? ***MONTHS PREGNANT: Enter(0-9) or Enter 98 for Does not know***	[__][__] MONTHS PREGNANT (0-9) 98 = Does not know	
311	Where did you receive antenatal care during your last pregnancy? Anywhere else? ***Record all responses.*** ***Probe to identify each type of facility/location.***	Government hospital (inc. teaching hospitals) ..1 Government health center .....2 Government health post .....3 Private hospital .....4 Faith-based health facility .....5 TBA's home/center……6 Other (SPECIFY): _____ 96	
312	From whom did you receive antenatal care during your last pregnancy?	Doctor.....1 Nurse/midwife .....2 Community Health Officer (CHO)……3 Community Health Extension Worker (CHEW) .4 Traditional birth attendant.....5	

	Anyone else? ***Record all responses.*** ***Probe to identify each type of person.***	Other (SPECIFY): _____ .....96 Does not know 98	
313	Did any family member attend ANC visits with you?	No ..... 0 Yes 1	→ **Q315**
314	Which family members attended ANC visits with you? ***Record all responses.***	Mother .....1 Mother-in-law .....2 Husband/Partner .....3 Sister/sister-in-law.....4 Son or daughter .....5 Other (SPECIFY): _____ 96	
315	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications or danger signs of pregnancy?	No ..... 0 Yes ..... 1 Does not know 98	
316	During (any of) your antenatal care visit(s), were you weighed?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q322** → **Q322**
317	After being weighed, did someone record your weight?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q319** → **Q319**
318	Where did he/she record your weight? ***Record all responses.***	ANC Card..... 1 Calendar or poster to keep at home.....2 Record/register that stays at health facility.....3 Does not know 98	
319	At what month of pregnancy were you first weighed during your last pregnancy? ***MONTHS PREGNANT: Enter (0-9) or 98 for Does not know***	[__][__] MONTHS PREGNANT (0-10) 98 = Does not know	
320	How many times was your weight taken during your last pregnancy?	[__][__] NUMBER OF TIMES (1-42) 98 = Does not know	
321	How much weight did you gain during your last pregnancy? ***Record from weight chart, if available.***	[__][__] KG (0-50) 98 = Does not know 99 = Does not have weight chart	
322	During (any of) your antenatal care visit(s) during your last pregnancy, did you receive any counseling or information about facility deliveries?	No ..... 0 Yes ..... 1 Does not know	
323	During (any of) your antenatal care visit(s) during your last pregnancy, did you receive any counseling or information about nutrition for pregnant women?	No ..... 0 Yes .....1 Does not know 98	→ **Q327** → **Q327**
324	What messages did you receive on consuming a variety of food during pregnancy? ***Record all responses. DO NOT READ RESPONSES***	Consume at least five different food groups daily……..……..…1 Consume pulses and beans daily……..2 Consume eggs/meat daily……..…….3 Consume milk/dairy daily……..…… 4 Consume dark green leafy vegetables daily ……5 Consume yellow/orange (vitamin A-rich) fruits and vegetables daily…….……6 Other (SPECIFY): ……..……..…96	

		Did not receive message on consuming a variety of food……..……99	
325	What messages did you receive on healthy diets during pregnancy? ***Record all responses. DO NOT READ RESPONSES***	Eating a variety of foods……..……..1 Eating additional amounts of food……..……..2 Taking IFA supplements……..……..3 Other (SPECIFY):……..……..96 Did not receive counseling on healthy diets during pregnancy……99	
326	What messages did you receive on taking IFA tablets during pregnancy? ***Record all responses. DO NOT READ RESPONSES.***	Take 180 IFA tablets from the 4th month of pregnancy until delivery.....1 IFA prevents anemia .....2 IFA reduces risk of low birth weight baby.....3 IFA reduces risk of maternal death due to hemorrhage .....4 Do not take IFA tablets with tea/coffee.....5 Take IFA tablets with water or lime juice before sleeping at night .....6 Other (SPECIFY): _____ ..... 96 Did not receive counselling on taking IFA tablets 99	
327	During (any of) your antenatal care visit(s), did you receive counseling or information about breastfeeding?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q329** → **Q329**
328	What topics related to breastfeeding were you counselled or provided with information on? ***Record all responses.*** Anything else? ***Probe to identify each topic. DO NOT READ RESPONSES***	Breastfeed baby early within 1 hour after birth…..1 Feed baby colostrum…….2 Not giving baby water, glucose water, or a taste of food before starting to breastfeed the first time…..…….3 Exclusive breastfeeding during the first 6 months ……4 Not feeding water or other liquids before 6 months……..…..5 Breastfeed whenever the child wants……..……..6 Empty one breast before feeding on the other side……7 How to position the baby for breastfeeding…….8 How to express and store breast milk……..9 Continue to breastfeed when mother is sick or pregnant……..10 Give no artificial teats, pacifiers, or suckers to breastfeeding babies……11 Advised to give expressed breast milk when the mother stays away from the baby……..12 No need to use water to rinse mouth during the first 6 months……13 Continue breastfeeding until child is 24 months old……14 Other (SPECIFY): _____ 96	
POSTNATAL CARE			
329	During any postnatal visits, well child visits, or immunization visits since (NAME) was born, did you receive counseling or information about complementary feeding?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q331** → **Q331**
330	What topics related to complementary feeding were you counselled or provided with information on? ***Record all responses.*** Anything else?	Introduce food and liquids (other than breast milk) when the baby reaches 6 months……1 Give vitamin/supplementary food……..2 Feeding a variety of foods……..3 Age-appropriate feeding including quantity, frequency……..4 Safe preparation and storage of complementary food……5	

	Probe to identify each topic. DO NOT READ RESPONSES	Feeding during and after illness……6 Feeding skills (i.e. responsive feeding, etc.) ……7 Feeding iron rich food……8 Feed the child nutritious snacks 1-2 times per day……..9 Wash your hands and the child's with soap before feeding……10 Teach the child to feed him or herself……..……11 Ask husband/partner to provide money for specific nutritious foods for child……12 Ask husband/partner to purchase specific nutritious foods for child……..13 Ask husband/partner to feed child directly……..14 Ask husband/partner to teach the child to feed him or herself……..15 Ask husband/partner to wash child's hands with soap before feeding……16 Ask husband/partner for help with the chores so you have time to feed the child……..17 Feed child responsively……18 Other (SPECIFY): _____ ……..96	
CLIENT SATISFACTION			
331	In general, how satisfied or dissatisfied were you with the counseling you received on maternal nutrition, breastfeeding, and complementary feeding during antenatal or postnatal visits?	Very dissatisfied ……1 Somewhat dissatisfied……2 Neither satisfied nor dissatisfied.....3 Somewhat satisfied……4 Very satisfied……..5	
332	When you come for regular ANC or postpartum visits to the health facility, what is the MOST important part of the visit to you? ***DO NOT READ RESPONSES*.**	Limited waiting time……..…1 Have my questions answered……..…2 Make sure my baby is healthy……3 Make sure I am healthy……4 Learn new information……..……5 Solutions to health problems……..……..6 Prescriptions for medicine……7 Immunizations for my child……..…8 Other (SPECIFY): _____ .....96 Does not know:…… ……98	
333	What do health care providers do during a visit that you find useful or helpful? ***DO NOT READ RESPONSES.*** ***Record all responses***.	Treat me kindly……..……1 Share information with me……..2 Answer my questions……..…3 Encourage me……...4 Listen to my concerns……..…5 Give me take-home materials……..6 Refer me to additional resources……7 Provide specific solutions……8 Other (SPECIFY): _____ .....96 Does not know:…… ……98	
334	What things do you wish the health care providers would do or help you with during visits?	Treat me kindly……..…1 Share information with me……...2 Answer my questions……..……..3	

	DO NOT READ RESPONSES ***Record all responses*.**	Encourage me……..……..4 Listen to my concerns……..…….5 Give me take-home materials……..6 Refer me to additional resources…….7 Provide specific solutions ……....8 Other (SPECIFY): _____ .....96 Does not know:…… ……98	

MODULE 4: EXPOSURE TO NUTRITION INTERVENTIONS IN THE COMMUNITY

NO.	QUESTION	RESPONSE CODE	SKIP
Home visits			
401	Were you ever visited at home by a CHEW during your last pregnancy?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q414** → **Q414**
402	How many times were you visited at home during your last pregnancy?	[__][__] NUMBER OF TIMES (1-41) 98 = Does not know	
403	During (any of) your home visit(s), were you told about the signs of pregnancy complications or danger signs of pregnancy?	No ..... 0 Yes ..... 1 Does not know 98	
404	During (any of) your home visit(s), were you weighed?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q407** → **Q407**
405	After being weighed, did someone record your weight?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q407** → **Q407**
406	Where did he/she record your weight? ***Ask to see weight chart, if available.*** ***Record all responses.***	ANC Card ..... 1 Calendar or poster to keep at home ..... 2 Record/register that stays with health worker ... 3 Does not know 98	
407	During (any of) your home visit(s), did you receive any counseling or information about facility delivery or giving birth at a health facility?	No ..... 0 Yes ..... 1 Does not know…….	
408	During (any of) your home visit(s)during your last pregnancy, did you receive any counseling or information about nutrition for pregnant women?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q412** → **Q412**
409	What messages did you receive on consuming a variety of food during pregnancy? ***Record all responses. DO NOT READ RESPONSES***	Consume at least five different food groups daily……..…1 Consume pulses and beans daily……..….2 Consume eggs/meat daily……3 Consume milk/dairy daily…… 4 Consume dark green leafy vegetables daily …….5 Consume yellow/orange (vitamin A-rich) fruits and vegetables daily…….……6 Other (SPECIFY): ……96 Did not receive message on consuming a variety of food……99	
410	What messages did you receive on healthy diets during pregnancy? ***Record all responses. DO NOT READ RESPONSES***	Eating a variety of foods…….…..1 Eating additional amounts of food…….…..2 Taking IFA supplements……...3 Other (SPECIFY):……...96 Did not receive counseling on healthy diets during pregnancy……...99	

411	What messages did you receive on taking IFA tablets during pregnancy? ***Record all responses. DO NOT READ RESPONSES***	Take 180 IFA tablets from the 4th month of pregnancy until delivery ..... 1 IFA prevents anemia..... 2 IFA reduces risk of low birth weight baby..... 3 IFA reduces risk of maternal death due to hemorrhage ..... 4 Do not take IFA tablets with tea/coffee. ..... 5 Take IFA tablets with water or lime juice before sleeping at night ..... 6 Other (SPECIFY): _____ ..... 96 Did not receive counselling on taking IFA tablets 99	
412	During (any of) your home visit(s), did you receive any counseling or information about breastfeeding?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q414** → **Q414**
413	What topics related to breastfeeding were you counselled or provided with information on? ***Record all responses.*** Anything else? ***Probe to identify each topic. DO NOT READ RESPONSES***	Breastfeed baby early within 1 hour after birth..1 Feed baby colostrum……2 Not giving baby water, glucose water, or a taste of food before starting to breastfeed the first time……3 Exclusive breastfeeding during the first 6 months ……4 Not feeding water or other liquids before 6 months……..5 Breastfeed whenever the child wants……..6 Empty one breast before feeding on the other side……7 How to position the baby for breastfeeding…….8 How to express and store breast milk……..9 Continue to breastfeed when mother is sick or pregnant……..10 Give no artificial teats, pacifiers, or suckers to breastfeeding babies……11 Advised to give expressed breast milk when the mother stays away from the baby……..12 No need to use water to rinse mouth during the first 6 months……13 Continue breastfeeding until child is 24 months old……14 Other (SPECIFY): _____ 96	
Support group meetings for women on maternal, infant and young child nutrition			
414	Did you attend a support group meeting for women on MIYCN?	No ..... 0 Yes ..... 1 Does not know 98	→ **M5** → **M5**
415	How many times did you attend a support group meeting for women on MIYCN?	[__][__] NUMBER OF TIMES (1-41) 98 = Does not know	
416	During (any of) the support group meetings, did you receive any counseling or information about breastfeeding?	No …… 0 Yes …… 1 Does not know 98	→ **Q418** → **Q418**
417	What topics related to breastfeeding were you counselled or provided with information on? ***Record all responses.*** Anything else?	Breastfeed baby early within 1 hour after birth……..…1 Feed baby colostrum……..……..…2 Not giving baby water, glucose water, or a taste of food before starting to breastfeed the first time……..……3 Exclusive breastfeeding during the first 6 months ……..…4 Not feeding water or other liquids before 6 months……..……...5 Breastfeed whenever the child wants……..6 Empty one breast before feeding on the other side……7	

	Probe to identify each topic. DO NOT READ RESPONSES	How to position the baby for breastfeeding……8 How to express and store breast milk……..9 Continue to breastfeed when mother is sick or pregnant……..10 Give no artificial teats, pacifiers, or suckers to breastfeeding babies……..…11 Advised to give expressed breast milk when the mother stays away from the baby……..……..12 No need to use water to rinse mouth during the first 6 months……13 Continue breastfeeding until child is 24 months old……14 Other (SPECIFY): _____ ……..…… 96	
418	What types of support did you receive from the support group? ***Record all responses.*** ***Probe to identify each topic. DO NOT READ RESPONSES***	Counselling on MIYCN topics……1 Encouragement to carry out recommended MIYCN practices (e.g., feed child variety of foods, EBF till six months, IFA uptake)……..…2 Advice on how to solve MIYCN problems/challenges……..3 Assistance on breastfeeding positioning and attachment……..4 Storytelling…;;;

MODULE 5: CONSUMPTION OF IFA SUPPLEMENTS

Interviewer: Now I would like to ask you questions about your consumption of iron and folic acid (IFA) tablets during your most recent pregnancy.

NO.	QUESTION	RESPONSE CODE	SKIP
501	Did you ever consume multiple micronutrient supplement tablets during your last pregnancy? ***Show the participant what MMS looks like.***	No ..... 0 Yes.....1	
502	Did you ever consume IFA tablets during your last pregnancy? ***Show the participant what IFA looks like.***	No ..... 0 Yes 1	→ **Q504**
503	Why did you never consume the IFA tablets? ***Do not read responses.*** ***Record all responses.***	Never heard about them ..... 1 Does not know what they are for ..... 2 Never received IFA tablets ..... 3 Health facility/pharmacy was out of stock ..... 4 Possible side effects ..... 5 Disliked taste/smell of IFA tablets..... 6 Other (SPECIFY): _____ 96	→ **M6** → **M6** → **M6** → **M6** → **M6** → **M6** → **M6**
504	Where did you get the IFA tablets from? ***Record all responses.***	Government hospital (incl. teaching hospital)... 1 Government health center ..... 2 Government health post ..... 3 Private hospital/clinic ..... 4 Faith-based health facility ..... 6 Pharmacy ..... 7 Doctor ..... 8 Nurse/midwife ..... 9 Community Health Officer (CHO).....10 Community Health Extension Worker (CHEW) 11 Traditional birth attendant ..... 12 Other (SPECIFY): _____ 96	
505	Did you purchase the IFA tablets, or did you receive them for free?	Purchased ..... 1 Received for free ..... 2 Both purchased and received for free..... 3 Other (SPECIFY): _____ 96	→ **Q507** → **Q507**
506	About how much did you pay for 30 IFA tablets (1 month supply)?	[__][__] Naira 9999 = Does not know	
507	Did your husband/partner or another family member ever procure IFA tablets for you during your last pregnancy?	No ..... 0 Yes 1	→ **Q509**
508	Who in the family helped you procure IFA tablets? ***Record all responses.***	Husband/partner ..... 1 Mother/Mother-in-law ..... 2 Father/Father-in-law ..... 3 Sister/sister-in-law ..... 4 Brother/brother-in-law ..... 5 Grandmother ..... 6 Grandfather ..... 7 Daughter/son ..... 8 Other (SPECIFY): _____ 96	
509	Did you receive/purchase enough IFA tablets to take one daily from the 4th month of pregnancy until delivery?	No ..... 0 Yes 1	→ **Q511**
510	How often did you <u>not</u> have enough IFA tablets?	Often (3 or more months with insufficient amounts) ..... 1 Occasionally (1-2 months with insufficient amounts) 2	

		Rarely (Less than 1 month with insufficient amounts) ..... 3 Does not know..... 98	
511	How many months pregnant were you when you first started taking IFA tablets during your last pregnancy?	[__][__] MONTHS PREGNANT (0-10) 98 = Does not know	
512	Did you stop taking IFA tablets before you gave birth to [*NAME OF CHILD*]?	No ..... 0 Yes 1	→ **Q515**
513	Why did you stop taking IFA tablets? ***Do not read responses.*** ***Record all responses.***	Did not think it was important ..... 1 Experienced side effects ..... 2 Health facility/pharmacy was out of stock ..... 3 Could not afford to purchase ..... 4 Could not remember to take them ..... 5 Afraid of giving birth to a big baby ..... 6 Disliked taste/small of IFA tablets..... 7 Other (SPECIFY): _____ 96	
514	How many months pregnant were you when you stopped taking IFA tablets during your last pregnancy?	[__][__] MONTHS PREGNANT (0-10) 98 = Does not know	
515	How many IFA tablets in total did you take during your last pregnancy?	[__][__][__] NUMBER OF IFA TABLETS (1-300) 98 = Does not know	
516	How frequently did you take your IFA tablets?	Daily ..... 1 A few times a week ..... 2 Once a week ..... 3 A few times a month ..... 4 Once a month or fewer 5	
517	When did you usually take your IFA tablet?	In the morning with/after breakfast ..... 1 At noon with/after lunch ..... 2 At night with/after dinner ..... 3 No fixed time 4	
518	Did a family member help you remember to take your IFA tablets?	No ..... 1 Yes 2	→ **Q520**
519	Who in the family helped you remember to take your IFA tablets? ***Record all responses.***	Husband/partner ..... 1 Mother/Mother-in-law ..... 2 Father/Father-in-law ..... 3 Sister/sister-in-law ..... 4 Brother/brother-in-law ..... 5 Grandmother ..... 6 Grandfather ..... 7 Daughter/son ..... 8 Other (SPECIFY): _____ 96	
520	During (any of) your antenatal care visit(s), did the ANC provider talk with you about the purpose of taking IFA?	No ..... 0 Yes 1	
521	During (any of) your antenatal care visit(s) during your last pregnancy, did the ANC provider remind you to take your IFA tablets?	No ..... 0 Yes 1	
522	During (any of) your antenatal care visit(s) during your last pregnancy, did you receive any counseling or information on how to manage side effects due to taking IFA tablets?	No ..... 0 Yes 1	
523	Did you ever experience side effects after taking IFA tablets?	No ..... 0 Yes 1	→ **M6**
524	What side effect(s) did you experience due to taking IFA tablets? ***Record all responses.***	Constipation ..... 1 Stomach ache/cramps ..... 2 Diarrhea ..... 3 Swelling of abdominal area ..... 4 Gas ..... 5 Black stool 6	

		Metallic taste ..... 7 Vomiting ..... 8 Other (SPECIFY): _____ 96	
525	What did you do to manage the side effects? ***Record all responses.***	Drank more water ..... 1 Ate more fruit ..... 2 Ate more vegetables ..... 3 Changed the time IFA tablet taken ..... 4 Stopped taking IFA tablets ..... 5 Take with food……6 Did not do anything ..... 7 Other (SPECIFY): _____ 96	
526	Did you ever stop taking IFA tablets because of side effects?	No ..... 0 Yes 1	

MODULE 6: INFANT AND YOUNG CHILD FEEDING PRACTICES

Interviewer: Now I would like to ask you questions about how and what you feed your child (NAME) .

NO.	QUESTION	RESPONSE CODE	SKIP
601	Did you ever breastfeed [*NAME OF CHILD*]?	No ..... 0 Yes 1	→ **Q603**
602	Why have you never breastfed [*NAME OF CHILD*]? ***Record all responses.***	Problems with breast (pain) ..... 1 Child not latching or suckling well ..... 2 Child did not want to breastfeed ..... 3 Not enough time to breastfeed child ..... 4 Did not receive any support to breastfeed child. 5 Did not know how to breastfeed…… 6 Cracked nipples ..... 7 Not producing enough breastmilk ..... 8 Other (SPECIFY): _____ 96	→ **Q614** → **Q614** → **Q614** → **Q614** → **Q614** → **Q614** → **Q614** → **Q614** → **Q614**
603	How many hours/days after [*NAME OF CHILD*]'s birth did you start breastfeeding? ***If less than one hour, write 00 hours. If less than 24 hours, write in hours. 00 for immediately after birth***	[__][__] HOURS [__][__] DAYS 00 = Immediately after birth 98 = Does not know	
604	Did you give [*NAME OF CHILD*] colostrum? ***Colostrum is the first yellow milk.***	No ..... 0 Yes 1	→ **Q606**
605	Why did you <u>not</u> give the colostrum/first milk to [*NAME OF CHILD*]? ***Do not read responses.*** ***Record all responses.***	Not good for the baby ..... 1 Baby was thirsty ..... 2 It was yellow/dirty ..... 3 It is the tradition (not to give) ..... 4 Told to do so ..... 5 Other (SPECIFY): _____ ..... 96 Does not know 98	
606	Was anything other than colostrum/breastmilk put into [*NAME OF CHILD*]'s mouth <u>immediately (less than 1 hour) after birth</u>?	No ..... 0 Yes ..... 1 Does not know 98	→ **Q609** → **Q609**
607	What was put inside [*NAME OF CHILD*]'s mouth <u>immediately after birth</u>, other than colostrum/breastmilk? ***Do not read responses.*** ***Record all responses.***	Honey ..... 1 Gripe water ..... 2 Plain water ..... 3 Glucose water ..... 4 Holy water ..... 5 Annointing oil ..... 6 Infant formula ..... 7 Cow/goat milk ..... 8 Medicine ..... 9 Dates or chewed dates…… Other (specify) ..... 96 Does not know 98	
608	Who put this inside [*NAME OF CHILD*]'s mouth? ***Record all responses.***	Doctor ..... 1 Nurse/midwife ..... 2 Community Health Officer (CHO)……..... 3 Community Health Extension Worker (CHEW)..... 4 Traditional birth attendant ..... 5 Husband/partner ..... 6 Mother/Mother-in-law ..... 7 Myself 8	

		Other (SPECIFY): _____ .....96 Does not know 98	
609	During the first 3 days after childbirth, did you or anyone else give anything to [*NAME OF CHILD*] other than breast milk?	No ..... 0 Yes 1	→ **Q611**
610	During the first 3 days after childbirth, what was [*NAME OF CHILD*] fed, other than breast milk? ***Do not read responses.*** ***Record all responses.***	Honey .....1 Gripe water .....2 Plain water .....3 Glucose water .....4 Holy water .....5 Annointing oil .....6 Infant formula .....7 Cow/goat milk .....8 Medicine .....9 Dates or chewed dates…… Other (specify) ..... …..96 Does not know…….	
611	Is [*NAME OF CHILD*] still breastfeeding?	No ..... 0 Yes 1	→ **Q614**
612	At what age did you stop breastfeeding [*NAME OF CHILD*]?	[__][__] MONTHS (0-23) Does not know..... 98	
613	Why did you stop breastfeeding? ***Do not read responses.*** ***Record all responses.***	Problems with breast (pain) ..... 1 Child not latching or suckling well ..... 2 Child did not want to breastfeed ..... 3 Not enough time to breastfeed child ..... 4 Child already grown up/no need for breast feeding ..... 5 Mother got pregnant ..... 6 Cracked nipples ..... 7 Not producing enough breastmilk ..... 8 Other (SPECIFY): _____ ..... 96 Does not know…….	

No.	**Questions**	**Codes**	
614	Yesterday during the day or night, did (NAME) drink any of the following **(**LIQUID ITEMS***)***? READ THE LIST OF LIQUIDS, STARTING WITH BREAST MILK.		
		NO/YES	No……0 Yes.....1
	1. Breast milk		
	2. Water		
	3. Baby formula (Nan, SMA Gold, My Boy, Friso, Lactogen, Peak Milk 123, Cow and Gate)		
	4. Any other kind of milk (powdered or fresh cow/goat milk)		
	5. Yogurt		
	6. Fruit juice (made at home)		
	7. Fruit juice (purchased, packaged)		
	8. Water-based liquids, teas, sugar water, coffee		
	9. Clear broth (liquid from cooking meat, fish, or vegetables)		
	10. Soda (Coke, Fanta, Sprite, orange squash, etc.)		
	If options 3, 4, OR 5 are chosen for Q613, then ask Q614. Otherwise go to Q615.		

No.	Questions	Codes
615	Other than breast milk, how many times did (NAME) drink other milk, formula or yogurt yesterday, during the day and night? DO NOT INCLUDE NUMBER OF TIMES THE CHILD WAS BREASTFED IN THIS QUESTION. THIS VARIABLE IS ONLY TO CAPTURE MILK OR MILK PRODUCTS **OTHER THAN BREAST MILK**.	[___] Number of times Does not know.....98

616	Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. Starting from the morning, what was the first thing (NAME) ate after waking up? Please tell me everything (NAME) ate at that time. *PROBE:* Anything else? *UNTIL RESPONDENT SAYS NOTHING ELSE.* ASK ABOUT THE CHILD'S MEALS AND SNACKS THROUGHOUT THE DAY UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP FOR THE NIGHT. PROBE FOR INGREDIENTS OF MIXED DISH: What ingredients were in the dish? Anything else?		
NO	TIME	DISH	INGREDIENTS
1	Breakfast	A	1
		B	2
		C	3
2	Between breakfast and lunch	A	1
		B	2
		C	3
3	Lunch	A	1
		B	2
		C	3
4	Between lunch and dinner	A	1
		B	2
		C	3
5	Dinner	A	1
		B	2
		C	3

617	AFTER COMPLETING THE DIETARY RECALL IN QUESTION 616, USE THE INFORMATION TO FILL OUT 617.		
		Yesterday	No.....0 Yes.....1
	1. Purchased baby cereals (such as Cerelac, Nutren, Fisolac H, Weatabix)		
	2. Cereals (rice, maize, noodles, wheat, millet, sorghum, oats)		
	3. Legumes, nuts, and seeds (beans, soya, groundnuts, peas, pigeon peas, moimoi, akara, egusi, locust beans)		
	4. Green leafy vegetables (spinach, pumpkin leaf, cassava leaf, etc.)		
	5. Pumpkin, orange yam, orange-red-flesh sweet potatoes, carrots		
	6. Irish/white potatoes, white yams, cocoyams, cassava, other white roots, or plantain		
	7. Ripe papaya or mango or palm nuts		
	8. Any other fruits such as oranges, banana, apple, watermelon, guava		
	9. Any other vegetables (eggplant, okra, onions, tomatoes, avocados, green beans, etc.)		
	10. Beef, mutton, goat		
	11. Chicken, duck, pigeon		
	12. Liver, heart, kidneys or other organ meats		
	13. Fresh or dried fish or shellfish		
	14. Eggs		
	15. Cheese or other food made from milk (not including milk or yogurt)		

	16. Fat (oil, butter, margarine)		
618	How many times did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday, during the day and night?	[_____] Number of times Not given yet.....88	
619	At what age did you start giving the following liquids/foods to the child?		

	Food item	Response	Codes Month
	1. Water		At less than 1 month of age.....0 At "1" month of age.....1 At "2" months of age .....2 At "3" months of age .....3 At 4 Months of age.....4 At 5 Months of ag… .....5 At 6 Months of age.....6 At 7 Months of age.....7 At 8 Months of age.....8 At 9 Months of age.....9 At 10 Months of age.....10 At 11 Months of age.....11 At "12" months of age ....12 ..... So on At 24 months of age.....24 Not given yet.....88
	2. Other non-breast milk liquids (glucose water, tea, fruit juice, etc.)		
	3. Cow/Goat milk		
	4. Pap or porridge		
	5. Semi-solid foods (soft rice, mashed potato, ripe banana, other mashed family foods, etc.)		
	6. Solid foods (such as rice, pounded yam, potato)		
	7. Fish		
	8. Meat (chicken, mutton, beef, goat, etc.)		
	9. Eggs		
	10. Legumes (beans, peas, etc.)		
	11. Green vegetables		
	12. Snack foods (chips, biscuits)		

MODULE 7: MOTHER'S MIYCN KNOWLEDGE

Interviewer: Now I would like to ask you questions about your nutrition knowledge.

No	Questions	Code
Breastfeeding knowledge		
701	How long after birth should a baby start breastfeeding? ***Do not read responses.***	Within 1 hour after delivery ..... 1 Between 1 and 24 hrs ..... 2 After 1 day ..... 3 More than 1 day later ..... 4 Do not think baby should be breastfed ..... 5 Does not know 98
702	What should a mother do with the "first milk" or colostrum (first yellowish milk)? ***Do not read responses.***	Throw the yellowish milk away and start breastfeeding when the whitish milk comes in ..... 1 Give it to her baby by breastfeeding soon after birth ..... 2 Other (SPECIFY): _____ ..... ……96 Does not know 98
703	What are the benefits of colostrum (first yellowish milk)? ***Do not read responses.*** ***Record all responses***.	Protects against allergies and infections ..... 1 Is a good source of nutrition ..... 2 Helps to prevent jaundice ..... 3 Helps in passing of first stools ..... 4 Helps the intestine to mature ..... 5 Good for the eyes ..... 6 Other (SPECIFY): _____ ……96 Does not know……..98
704	What can a baby under 6 months of age be fed? ***Do not read responses.***	Breastmilk only ..... 1 Breastmilk and water ..... 2 Breastmilk and some other liquids ..... 3 Other (SPECIFY): _____ ..... 96 Does not know……98
705	Until what age in months should a baby be exclusively breastfed (given no other liquids, not even water)?	[__][__] MONTHS 998 = Does not know
706	At what age in months should a baby first start to receive liquids (including water) other than breast milk? ***IF LESS THAN ONE MONTH, ENTER 0. IF 1 OR MORE MONTHS, RECORD THE AGE IN MONTHS.***	_____ Months Does not know ……998
707	At what age in months should a baby first start to receive foods (**semi-solid and solid**) in addition to breast milk? ***IF LESS THAN ONE MONTH, ENTER 0. IF 1 OR MORE MONTHS, RECORD THE AGE IN MONTHS.***	_____ Months Does not know ……998
Complementary feeding knowledge		
708A	How many times per day should a child 6 – 8 months who is still breastfeeding eat? ***IF DON'T KNOW, WRITE 998***	Number of times: [___]
708B	How many times per day should a child 9-23 months who is still breastfeeding eat? ***IF DON'T KNOW, WRITE 998***	Number of times: [___]
709	How many times per day should a child 6-23 months who is not breastfeeding eat? ***IF DON'T KNOW, WRITE 998***	Number of times ☐

No	Questions	Code
Breastfeeding knowledge		
710	How many food groups should a child 6-23 months eat each day? Two examples of food groups are fruits and vegetables. ***IF DON'T KNOW, WRITE 998***	Number of food groups ☐
711	What foods does a young child (0-23 months) need in order to grow and develop? ***Do not read responses.*** ***Record all responses.***	Breastmilk……..1 Grain, root and tubers (incl. pap, bread, rice, yams) ....2 Legumes (incl. groundnuts, peas, beans) .....3 Dairy products (milk, cheese, tofu).....4 Flesh foods (incl. meat, chicken).....5 Eggs .....6 Vitamin A rich fruits and vegetables (incl. green leafy vegetables, papaw, mango, spinach).....7 Other fruits and vegetables (incl. watermelon, cucumber) .....8 Other (specify) .....96 Don't know 98
Maternal nutrition knowledge		
712	What is a healthy diet for pregnant women? ***Do not read responses.*** ***Record all responses.***	Eating a variety of foods.....1 Eating additional amounts of food .....2 Taking IFA supplements .....3 Other (SPECIFY): _____ .....96 Does not know 98
713	A diverse diet should consist of a variety of nutritious food groups. Could you tell me what these food groups are? Anything else? ***Do not read responses.*** ***Record all responses.***	Cereals (pap, rice, bread), roots and tubers (potatoes) .....1 Pulses (beans, peas, lentils) .....2 Nuts (peanuts) and seeds .....3 Milk and dairy products (cheese, yogurt) .....4 Meat, poultry and fish .....5 Eggs .....6 Dark greens and leafy vegetables .....7 Vitamin A-rich/orange-colored fruits and vegetables .....8 Other fruits .....9 Other vegetables……10 Other (SPECIFY)…… Does not know 98
714	Could you give me examples of foods which are rich in iron? Anything else? ***Do not read responses.*** ***Record all responses.***	Meat, poultry and fish ..... 1 Green leafy vegetables (e.g. spinach, kale, Ugu leave, greens) ..... 2 Beans .....3 Nuts .....4 Liver .....5 Other (SPECIFY): _____ .....96 Does not know 98
715	Why is proper nutrition of pregnant women important? Anything else? ***Do not read responses.*** ***Record all responses.***	Safe delivery .....1 Reduce risk of maternal death .....2 Support physical and brain development of the fetus .....3 Protect newborn child from illness .....4 Protect pregnant woman from illness .....5 Support adequate weight gain .....6 Support adequate maternal micronutrient intake 7 Support fetal micronutrient needs .....8 Produce adequate breastmilk .....9 Reduce costs of doctors and medicine .....10 Quicker recovery after delivery 11

		Other (SPECIFY): _____ ..... 96 Does not know 98
716	Why is important to increase the quantity of food you eat <u>during pregnancy</u>? Anything else? ***Do not read responses.*** ***Record all responses.***	Support adequate weight gain .....1 Support fetal growth and development .....2 Safe delivery .....3 Quicker recovery after delivery.....4 Produce adequate breastmilk .....5 Other (SPECIFY): _____ .....96 Does not know 98
717	How many times should a pregnant woman consume meals or snacks during her first trimester?	[__][__] NUMBER OF MEALS AND SNACKS 998 = Does not know
718	How many times should a pregnant woman consume meals or snacks during her second trimester?	[__][__] NUMBER OF MEALS AND SNACKS 998 = Does not know
719	How many times should a pregnant woman consume meals or snacks during her third trimester	[__][__] NUMBER OF MEALS AND SNACKS 998 = Does not know
720	How often do you think a pregnant woman should take IFA tablets? ***Do not read responses.***	Daily.....1 Weekly.....2 Monthly.....3 Does not know.....98 [__][__] IFA TABLETS
721	For how many months should a pregnant woman take IFA tablets?	[__][__] MONTHS 998 = Does not know
722	Why is it important to increase iron intake (by taking IFA tablets and increasing the consumption of iron-rich foods) <u>during pregnancy</u>? Anything else? ***Do not read responses.*** ***Record all responses.***	Reduce risk of anemia for pregnant women.....1 Reduce risk of anemia for the baby inside the womb .....2 Reduce risk of low birth weight baby..... 3 Reduces risk of maternal death due to hemorrhage .....4 Improves the child's intelligence .....5 Does not know .....98 Other (Specify)…….

MODULE 8: SUPPORT FOR IYCF AND MATERNAL NUTRITION

Interviewer: Now I would like to ask you some questions about support for infant and young child feeding and maternal nutrition that you received.

No	Questions	Code	Skip
801	During your pregnancy with (NAME) and since (NAME) was born, what types of help or support has your husband/partner provided related to breastfeeding or feeding (NAME)? ***Do not read responses.*** ***Record all responses.***	He did not provide any help or support related to feeding …0 Gave advice about breastfeeding……. …1 Gave advice about child feeding……. 2 Provided food for the mother during breastfeeding……..... 3 Provided money for food for the child……..... 4 Purchased food specifically for the child…… 5 Provided money for transport to the clinic for regular visits…….. 6 Went to the clinic with her and the child for regular visits……. 7 Took care of the child when the mother was away……8 Fed the child…… 9 Other (SPECIFY): _____ ..... ……96 Does not know ……. 98 Not applicable (woman is not married or is not living with a partner)……99	→ **Q803** → **Q803**
802	How often does your husband/partner provide you with help or support related to feeding (NAME)?	Never……..……1 Every day……..……2 A few times per week……..……..3 Once per week……..……4 Once per month…….. ….5 Once every few months……..... ..6 Other (SPECIFY)……....96 Don't know……..…98 Not applicable……..	
803	How often does your husband/partner provide help or support related to consumption of IFA tablets or syrup?	Never……..…1 Every day……..…2 A few times per week……..3 Once per week……4 Once per month……..5 Once every few months……..…..6 Other (SPECIFY)……...96 Don't know……..…98 Not applicable……	
804	How often does your husband/partner provide help or support related to eating additional meals during pregnancy?	Never……..…1 Every day……..…2 A few times per week……..3 Once per week……4 Once per month……..5 Once every few months……..…..6 Other (SPECIFY)……...96 Don't know……..…98 Not applicable……	

No	Questions	Code	Skip
805	During your pregnancy with (NAME) and since (NAME) was born, what types of help or support has your mother or mother-in-law provided related to breastfeeding or feeding (NAME)? **DO NOT READ RESPONSES.** **RECORD ALL RESPONSES.**	Mother and mother-in-law did not provide help or support related to feeding……..0 Gave advice about breastfeeding……..1 Gave advice about child feeding…… 2 Provided food for the mother during breastfeeding…….. 3 Provided money for food for the child…….. 4 Purchased food specifically for the child…… 5 Provided money for transport to the clinic for regular visits…….. 6 Went to the clinic with her and the child for regular visits……. 7 Took care of the child when the mother was away…….. 8 Fed the child…… 9 Mother and mother-in-law do not live nearby……10 Addressing breastfeeding challenges.....11 Other (specify)…… ...96 Don't know…… 98 Not applicable……..	→ **807**
806	How often does your mother or mother-in-law provide you with help or support related to feeding (NAME)?	Never……1 Every day……2 A few times per week……3 Once per week……4 Once per month……5 Once every few months…….. ..6 When a challenge is noticed by mother-in-law……7 Other (SPECIFY)……96 Don't know……98 Not applicable……	
807	How often does your mother or mother-in-law provide help or support related to consumption of IFA tablets or syrup?	Never……1 Every day……2 A few times per week……3 Once per week……4 Once per month……5 Once every few months…….. ..6 When a challenge is noticed by mother-in-law……7 Other (SPECIFY)……96 Don't know……98 Not applicable……	
808	How often does your mother or mother-in-law provide help or support related to eating additional meals during pregnancy?	Never……1 Every day……2 A few times per week……3 Once per week……4 Once per month……5 Once every few months…….. ..6 When a challenge is noticed by mother-in-law……7 Other (SPECIFY)……96 Don't know……98 Not applicable……	

MODULE 9: SOURCES OF INFORMATION

Interviewer: Now I would like to ask you some questions about media you use, including mass media and social media.

No	Question	Code	Skip
901	Do you ever watch TV?	No ..... 0 Yes 1	→ **Q903**
902	How often do you watch TV? **READ ALL RESPONSES.**	Less than once a week (≤3 days/month)…… ...1 Once a week…… .2 Several times a week (2-6 days/week)…….3 Daily (7 days/week)…… .4	
903	Do you ever listen to the radio?	No ..... 0 Yes 1	→ **Q905**
904	How often do you listen to the radio? **READ ALL RESPONSES.**	Less than once a week (≤3 days/month)…… ..1 Once a week…… .2 Several times a week (2-6 days/week)…… .3 Daily (7 days/week)…… .4	
905	Do you own your own mobile phone?	No ..... 0 Yes 1	→ **Q907**
906	What type of mobile phone is it? **COLLECT DATA ON THE MOST ADVANCED PHONE IF THE PARTICIPANT HAS MORE THAN ONE.**	Basic mobile phone……....1 Smart phone…….. 2	
907	Do you use WhatsApp?	No ..... 0 Yes 1	
908	Do you use Twitter?	No ..... 0 Yes 1	
909	Do you use Facebook?	No ..... 0 Yes 1	
910	Do you regularly read a newspaper?	No ..... 0 Yes 1	

MODULE 10: SELF EFFICACY

Interviewer: I would like to ask your opinion about your self-efficacy related to feeding practices. Please tell me whether you are very unconfident (1), unconfident (2), are neutral (3), confident (4), or very confident (5) in response to the statement. [***SHOW THE PARTICIPANT THE SCREEN SO THEY CAN SEE THE SCALE.]***

1	2	3	4	5
Very unconfident	Unconfident	Neutral	Confident	Very confident

No	Question	Code
1001	How confident do you feel that you yourself are able to make decisions about what you will feed [NAME]?	
1002	How confident were you about making decisions about what you have fed [NAME] in the first few hours and days after delivery?	
1003	How confident were you about not feeding [NAME] prelacteals but only colostrum in the first few days after delivery? Prelacteal feeds are those liquids or foods given to newborns before breastfeeding for the first time, usually on the first day of life. They may include water, infant formula, honey, anointing oil, glucose, chewed dates, etc.	
1004	How confident are/were you that you will be/were able to give only breastmilk to [NAME] in the first 6 months without even giving a drop of water?	
1005	How confident are/were you that you will be/were able to sufficiently produce breast milk to meet the child's nutritional need in the first 6 months?	
1006	How confident are/were you that will be/were able to prevent anyone trying to feed [NAME] anything other than breastmilk, like purchased baby foods (e.g. infant formula, pap, or other food/drinks), before 6 months of age?	
1007	How confident are/were you that you will be/were able to feed [NAME] mashed family cooked foods (rice, vegetable) along with breastmilk after 6 months of age?	
1008	How confident are/were you that you will be/were able to feed [NAME] animal source food (egg, fish, and chicken) along with breastmilk after 6 months of age?	
1009	How confident are/were you that you were/will be able to stop your family members when (if) they gave (give) purchased foods (e.g. chips, flavored juice, cold drinks) to [NAME]after 6 months of age?	
1010	How confident are you that you are/will be able to feed [NAME] slowly and patiently beginning at 6 months?	
1011	How confident do you feel that you can raise [NAME] to be a healthy child?	
1012	How confident do you feel that you can consume a variety of foods during pregnancy?	
1013	How confident do you feel that you can eat at least four times per day during pregnancy?	
1014	How confident do you feel that you can take IFA supplements daily throughout your pregnancy?	

MODULE 11: DECISION MAKING POWER

Interviewer: I am going to ask about how you make decisions in the household.

No	Questions	Code
1101	Who usually makes decisions about what foods to purchase for (NAME): you, your husband/partner, or you and your husband/partner jointly?	Respondent…….. …….1 Husband/partner…….. …….2 Respondent and husband/partner jointly…. …….3 Other (specify)…….. ……..96 Don't know……... ……..98
1102	Who usually makes decisions about what to feed (NAME): you, your husband/partner, or you and your husband/partner jointly?	Respondent…….. …….1 Husband/partner…….. …….2 Respondent and husband/partner jointly…. …….3 Other (specify)…….. ……..96 Don't know……... ……..98

MODULE 12: SOCIAL DESIRABILITY

Interviewer: I am going to ask about what you do or how you feel in different circumstances.

NO.	QUESTION	RESPONSE CODE
1201	Is it sometimes hard for you to go on with your work if you are not encouraged?	No ..... 0 Yes..... 1
1202	Do you sometimes feel resentful when you don't get your way?	No ..... 0 Yes..... 1
1203	Do you occasionally give up doing something because you don't think you have the ability?	No ..... 0 Yes..... 1
1204	Do you occasionally feel like not listening to people even though you knew they were right?	No ..... 0 Yes..... 1
1205	No matter who you're talking to, are you always a good listener?	No ..... 0 Yes..... 1
1206	Have there been occasions when you took advantage of someone?	No ..... 0 Yes..... 1
1207	Are you always willing to admit it when you make a mistake?	No ..... 0 Yes..... 1
1208	Do you sometimes try to get even, rather than forgive and forget?	No ..... 0 Yes..... 1
1209	Are you always courteous, even to people who are disagreeable?	No ..... 0 Yes..... 1
1210	Have you ever been irritated when people expressed ideas very different from your own?	No ..... 0 Yes..... 1
1211	Have there been times when you were jealous of the good fortune of others?	No ..... 0 Yes..... 1
1212	Are you sometimes irritated by people who ask favors of you?	No ..... 0 Yes..... 1
1213	Have you ever deliberately said something that hurt someone's feelings?	No ..... 0 Yes..... 1

MODULE 13: HH SOCIO ECONOMIC STATUS

Interviewer: I am now going to ask you about household items that are available in your household. For each item, please tell me if the item mentioned is available in your household.

No	Questions		Code
1301	Does your household have:		No …… 0 Yes …….. 1
A	Electricity	[__]	
B	A radio	[__]	
C	A television	[__]	
D	A non-mobile telephone	[__]	
E	A computer	[__]	
F	A refrigerator	[__]	
G	A table	[__]	
H	A chair	[__]	
I	A bed	[__]	
J	A sofa	[__]	
K	A cupboard	[__]	
L	An air conditioner	[__]	
M	An electric iron	[__]	
N	A generator	[__]	
O	A fan	[__]	
1302	Does any member of this household own:		
A	A watch	[__]	
B	A mobile phone	[__]	
C	A bicycle	[__]	
D	A motorcycle or motor scooter	[__]	
E	An animal-drawn cart	[__]	
F	A car or truck	[__]	
G	A boat with a motor	[__]	
H	A canoe	[__]	
I	A Keke Napep	[__]	

Ending time:

Thanks for your time.