***LEGACY baseline – Group 3 and 4***

*Content:*

1. *General and respondent Information*
2. *Household Session: HH decision making, market available, water and HH dietary diversity*
3. *Lactating Mother Session: Anthro, ANC and PNC care*
4. *Child Session: Under 2 – anthro, IYCF and Health Seeking Behaviour*
5. **GENERAL and RESPONDENT INFORMATION**

*VILLAGE, HOUSEHOLD AND INTERVIEW DETAILS*

|  |  |  |
| --- | --- | --- |
| 1.1 | Village name |  |
| 1.2 | Village MIMU code |  |
| 1.3 | Village tract name |  |
| 1.4 | Township name |  |
| 1.5 | State/Region |  |
|  |
| 1.6 | Interview date (dd/mm/2016) | \_\_\_\_\_/\_\_\_\_\_/2016 |
| 1.7 | Interview start time | \_\_\_\_\_:\_\_\_\_\_ |
| 1.8 | Interview end time | \_\_\_\_\_:\_\_\_\_\_ |
| 1.9 | Supervisor |  |
| 1.10 | Name of head of household  |  |
|  |
| 1.11 | Number of pregnant women |  |
| 1.12 | Number of children under 2 years |  |
| 1.13 | Number of children 2 to 5 years |  |
| 1.14 | Number of children 5 to 18 years (excluding pregnant females) |  |
| 1.15 | Number of adults over 18 years (excluding pregnant females) |  |
| 1.16 | How many people in the household contribute to basic household expenditures? |  |
| 1.17 | Are any HH members: If yes, how many?* Disabled (physically/mentally)
* Elderly (approx. over 65)
* Chronically ill (HIV, debilitating or terminal illnesses etc.)
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |

1. **HOUSEHOLD INFORMATION**

*HOUSEHOLD EXPENDITURE*

|  |
| --- |
| Total amount spent on household  |
| 2.1 | Does your household have access to land for agriculture? | Yes | 1 |
| No | 0 |
| 2.2 | In the last month, what was the approximate total amount of money/kyat earned by the HH. | \_\_\_\_\_\_\_\_\_\_\_\_\_ mmk |
| 2.3 | In the last month, what was the approximate total amount spent on household expenses?  | \_\_\_\_\_\_\_\_\_\_\_\_\_ mmk |
| 2.4 | Was this a typical month of money being earned and spent by the HH. | Yes | 1 |
| No | 0 |
| Proportion spent on different household categories |
| 2.5 | In the last month, if you spent a total of 15 “stones” on household expenses, how many “stones” did you spend in each category? *(Use stones or other items available.* *Ask the respondent to arrange the stones into piles for each category.**In each “amount spent” box, put an X for each stone under the respective category box, or put 0 if no expense in this category.**“Other” includes household cleaning & utensils, clothes, education, loans, investments, betel/alcohol/tobacco, etc. Do not specify)* |
| Categories | Food | Water | Healthcare | Transport | Debt repayments | Other |
| Amount spent (Xs or 0) |  |  |  |  |  |  |

*SOURCES OF FOOD*

|  |
| --- |
| Sources of food obtained for household |
| 2.6 | In the last month, if you obtained a total of 10 “stones” of food, how many “stones” of food did you obtain from each source?*(Same technique as in 2.5)* |
| Source | Purchase | Own produce | Borrow | Wild | Other / Don’t Know |
| Amount (Xs or 0) |  |  |  |  |  |

*LOCATION of FOOD MARKETS/SHOPS*

|  |  |
| --- | --- |
| 2.7 | In the last month, where was the market or shop that you bought the following food from? *(Circle the code for the location of the market/shop against each food group listed below. Include only food purchased; do not included food from other sources listed in 2.5.**There can be more than one market location for each food group.)* |
| Code:1 = Local village 2 = Neigbouring village 3 = Town88 = Other 99 = No Answer / Don’t Know |
| Food group | Market/shop location *(may circle >1 location per food group*) |
| Paddy / rice / other cereals & staples | 1 | 2 | 3 | 88 | 99 |
| Pulses/beans/nuts | 1 | 2 | 3 | 88 | 99 |
| Fruits and Vegetables | 1 | 2 | 3 | 88 | 99 |
| Meat, fish, eggs | 1 | 2 | 3 | 88 | 99 |
| Cooking oil and condiments  | 1 | 2 | 3 | 88 | 99 |
|  |
| 2.8 | How far is each market or shop from your home? Specify the name of the neigbouring village or town?*(Only one travel time per location. If > 1 village or town, circle the furthest)* |
| Code:1 = Less than 15 minutes2 = 15 min. to 1 hour3 = 1 to 2 hour4 = 2 hour to half a day5 = More than half a day99 = No Answer / Don’t Know |
| Market or shop location  | Travel time from home |
| Local village | 1 | 2 | 3 | 4 | 5 | 99 |
| Neigbouring village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 99 |
| Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 99 |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 1 | 2 | 3 | 4 | 5 | 99 |
| 2.9 | To rank these food groups from most expensive to least expensive.1 (Less Expensive) to 5 (Most Expensive) |
|  | Food group | Ranking |
|  | Paddy / rice / other cereals & staples |  |
|  | Pulses/beans/nuts |  |
|  | Fruits and Vegetables |  |
|  | Meat, fish, eggs |  |
|  | Cooking oil and condiments  |  |

*DECISION MAKING*

|  |
| --- |
| In your household do you the mother or primary carer of children under 2 years participate in decision making processes on the following issues? If yes, how often? *(Circle one responses for each situation)* |
| Code:0 = Never1 = Rarely 2 = Sometimes or often3 = Always99 = No Answer / Don’t Know |
| 2.10 | Health related decisions | 0 | 1 | 2 | 3 | 99 |
| 2.11 | Food/ nutrition related decisions | 0 | 1 | 2 | 3 | 99 |
| 2.12 | Child rearing practices | 0 | 1 | 2 | 3 | 99 |
| 2.13 | Decisions related to short term expenditure | 0 | 1 | 2 | 3 | 99 |
| 2.14 | Decisions related to long term investments | 0 | 1 | 2 | 3 | 99 |
| 2.15 | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 0 | 1 | 2 | 3 | 99 |

*WATER AND HYGEINE*

|  |  |
| --- | --- |
| 2.16 | What is the main source of drinking-water used by your household in the past 3 months? *(Circle one response)* |
| Piped water into dwelling | 1 |
| Piped water to yard/plot | 2 |
| Public tap/standpipe | 3 |
| Cart with small tank/drum  | 4 |
| Tanker/truck | 5 |
| Tube well/borehole | 6 |
| Protected dug well (Brick-lined well) | 7 |
| Unprotected dug well | 8 |
| Protected spring | 9 |
| Unprotected spring | 10 |
| Rainwater collection | 11 |
| Bottled purified water (Purchased) | 12 |
| Surface water (river, dam, lake, pond, stream, canal, irrigation channels) | 13 |
| Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| 2.17 | Do you treat your water in any way to make it safer to drink? *(Circle one response).* |
| No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| If No or No Answer (0 or 99), go to Q2.24 |
| If Yes, what methods, listed below, do you usually do to the water to make it safer to drink? *(Record all items mentioned)* |
| Code:0 = No1 = Yes99 = No Answer / Don’t Know |
| 2.18 | Boil | 0 | 1 | 99 |
| 2.19 | Bleach/chlorine/iodine | 0 | 1 | 99 |
| 2.20 | Strain it through a cloth | 0 | 1 | 99 |
| 2.21 | Use a water filter (ceramic, sand, composite, etc.) | 0 | 1 | 99 |
| 2.22 | Let it stand and settle | 0 | 1 | 99 |
| 2.23 | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 0 | 1 | 99 |
|  |
| When do you wash your hands? *(Circle one responses for each situation, If the respondent mentions an activity ask them “How often do you wash your hands after/before doing this?” DO NOT READ LIST Probe for “any other time”)* |
| Code:0 = Never1 = Rarely 2 = Sometimes or often3 = Always99 = No Answer / Don’t Know |
| 2.24 | After defecation and urination  | 0 | 1 | 2 | 3 | 99 |
| 2.25 | Before preparing meals  | 0 | 1 | 2 | 3 | 99 |
| 2.26 | Before feeding a child  | 0 | 1 | 2 | 3 | 99 |
| 2.27 | Before eating  | 0 | 1 | 2 | 3 | 99 |
| 2.28 | After eating  | 0 | 1 | 2 | 3 | 99 |
| 2.29 | After cleaning babies bottom  | 0 | 1 | 2 | 3 | 99 |
| 2.30 | After handling animals  | 0 | 1 | 2 | 3 | 99 |
| 2.31 | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 | 2 | 3 | 99 |
|  |
| 2.32 | What do you use for washing hands?*(Most common method: only one response)* |
|  | Do not wash hands  | 0 |
| Water only  | 1 |
| Water and soap  | 2 |
| Water and ash  | 3 |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| No Answer / Don’t Know | 99 |

*GENERAL KNOWLEDGE about INFANT and YOUNG CHILD FEEDING (IYCF) PRACTICE*

We would like to ask you some questions about your knowledge. Don’t worry this is not a test! We are just interested to understand what people know about infant and young child feeding.

|  |  |
| --- | --- |
| 2.33 | According to recommendations, when should you initiate breastfeeding for the first time after birth?*(Do not read out the answers)**(Circle one response)* |
| As soon as possible/immediately after birth Within 30 minutes Within 1 hourOther (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Answer / Don’t Know  | 1238899 |  |
| 2.34 | Have you ever heard of the term ‘exclusive breastfeeding’? |
| No Yes No Answer / Don’t Know  | 0199 | if 0 or 99 go to Q2.36 |
| 2.35 | What does the term ‘exclusive breastfeeding’ mean? *(Do not read out the answers)**(Circle one response)* |
| Breast milk only Breast milk + waterBreast milk + medicine + ORSBreast milk + traditional medicineOther (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Answer / Don’t Know | 12348899 |  |
| 2.36 | According to recommendations, how long should a baby receive any breast milk (not just exclusive)? *(Do not read out the answers)**(Circle one response)* |
| 6 month18 monthUp to 2 yearsUp to 2 years and beyondAs long as mother and baby wantOther (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Answer / Don’t Know  | 123458899 |  |
| 2.37 | According to recommendations, when is the best time to introduce other foods and liquids besides breast milk to a baby?*Do not read out the answers.**(Circle one response)* |
| After 3 monthAfter 4 month After 6 monthAfter 9 month Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Answer / Don’t Know  | 12348899 |  |
| 2.38 | According to recommendations, what types of foods are important for young children to help them grow and develop? *(Do not read out answers but probe by asking “Anything else?”**Circle each food type considered to be important by the respondent. )* |
| Grains (rice, noodles, bread, etc.) | 1 |
| Fruits – dark yellow/orange inside  | 2 |
| Fruits – other | 3 |
| Vegetables – dark yellow/orange inside | 4 |
| Vegetables – dark, leafy greens | 5 |
| Vegetables – other | 6 |
| Fish/shellfish/Crab and other seafood  | 7 |
| Meat / offal | 8 |
| Poultry | 9 |
| Eggs | 10 |
| Dairy | 11 |
| Pulses (chickpea, lentils, mung beans, etc.) | 12 |
| Oils/fats | 13 |
| Rice water/thin porridge | 14 |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 15 |
| 2.39 | To ensure the healthy and nutritious complementary feeding for children, once the child needs more than breast milk, what factors are important for the care provider to ensure : *(Circle response to all items)* | Not important…..0Important……...…1Don’t Know……..99 |
| Enough food (Quantity (enough energy – or kilocalories – to meet the needs of children) | 0 | 1 | 99 |
| Different types of foods (from the 3 food groups, for example), such as meat, fruit, vegetable, oil, etc… Quality (the right balance of nutrients – including variety of food) | 0 | 1 | 99 |
| Frequency, giving food many times throughout the day | 0 | 1 | 99 |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 | 99 |

*Household Dietary Diversity Score*

|  |
| --- |
| HOUSEHOLD DIETARY DIVERSITY SCORE |
| Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and night (if yesterday was a special day – wedding, charity or funeral or other, ask the day before).: (Multiple responses) |
| 0 = No1 = Yes99 = No Answer / Don’t Know |
| 2.40 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | 0 | 1 |
| 2.41 | Any potatoes, cassava, yams, taro, or any food made from roots or tubers? | 0 | 1 |
| 2.42 | Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables) | 0 | 1 |
| 2.43 | Any dark green leafy vegetables e.g. spinach, and other local leafy greens? | 0 | 1 |
| 2.44 | Any other vegetables (e.g. tomato, eggplant, okra, onion and other locally available vegetables) | 0 | 1 |
| 2.45 | Any orange or dark yellow fleshed fruits (e.g. ripe mangoes, ripe papaya)? | 0 | 1 |
| 2.46 | Any other fruits including wild fruits? | 0 | 1 |
| 2.47 | Any food made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other nuts and seeds? | 0 | 1 |
| 2.48 | Any liver, heart, kidney or other organs? | 0 | 1 |
| 2.49 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | 0 | 1 |
| 2.50 | Any eggs from chickens, quails, ducks or other birds? | 0 | 1 |
| 2.51 | Any FRESH fish, crabs, prawns, or shellfish? | 0 | 1 |
| 2.52 | Any DRIED fish, crabs, prawns, or shellfish? | 0 | 1 |
| 2.53 | Any milk, milk powder, yogurt, or other milk products? | 0 | 1 |
| 2.54 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat,? | 0 | 1 |
| 2.55 | Any sugar, jaggery, honey or other sugary foods such as chocolate, candies, biscuits, cakes or sweetened soft drinks? | 0 | 1 |
| 2.56 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | 0 | 1 |

1. **MOTHERS of children under 2 years of age**

*ANTENATAL CARE (during the last pregnancy)*

|  |  |  |  |
| --- | --- | --- | --- |
| 3.1 | Have you seen anyone for pregnancy care in the last 3 months prior to giving birth?*(Circle one response)* | No | 0 |
| Yes | 1 |
| If No or No Answer (0 or 99), go to Q3.15 |
|  | If Yes (1), whom have you seen? *(Single or Multiple responses Q 4.9 to Q 4.18)**For each Yes response ask:** How many times have you visited each?
* How long was the travel time (one way)?

1 = <15min2 = 15min-1hour3 = 1-2hours4 = 2hours-half day 5 = >half day99 = Don’t Know* What was the approximate cost (in mmk)?

e.g. user fees, medicines, transport.  |
|  | PersonVisited?0 = No1 = Yes | Number of visits | Travel time | Costs(mmk) |
| 3.2 | Doctor in hospital |  |  |  |  |
| 3.3 | Nurse in hospital |  |  |  |  |
| 3.4 | Health assistant |  |  |  |  |
| 3.5 | Private doctor  |  |  |  |  |
| 3.6 | LHV |  |  |  |  |
| 3.7 | Midwife |  |  |  |  |
| 3.8 | AMW |  |  |  |  |
| 3.9 | TBA |  |  |  |  |
| 3.10 | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3.11 | No Answer / Don’t Know |  |  |  |  |
| 3.12 | If yes, did the cost require you to take a loan or borrow money? |  | No | 0 |
|  | Yes | 1 |
|  |
| 3.13 | Did you receive any advice on what you should eat during the pregnancy?  | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 3.14 | If Yes, what were the main points?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Proceed to Q3.25 |
|  |
| If you did not see anyone for pregnancy care in last 3 months, what was the reason? *(Single or multiple responses)* |
| code:0 = No1 = Yes |
| 3.25 | Plan to see someone in the future | 0 | 1 |
| 3.26 | Was not aware | 0 | 1 |
| 3.27 | Long distance | 0 | 1 |
| 3.28 | Not allowed by family | 0 | 1 |
| 3.29 | No family members to come with me | 0 | 1 |
| 3.30 | No health facility | 0 | 1 |
| 3.31 | No health staff present | 0 | 1 |
| 3.32 | Financial difficulties | 0 | 1 |
| 3.33 | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 |
| 3.34 | No Answer / Don’t Know | 0 | 1 |
| Proceed to Q3.25 |
|  |
| 3.25 | Did you take iron tablets during this pregnancy? *(Show sample iron tablet to mother)* | No | 0 | If 0 or 99 go to Q4.34 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 3.26 | How often did you take the iron tablets?*If No Answer / Don’t Know circle 99* | one tablet every:\_\_\_\_\_\_\_\_ days\_\_\_\_\_\_\_\_ weeks\_\_\_\_\_\_\_\_ months 99  |
| 3.27 | For how long did you take the iron tablets before you gave birth?*If No Answer / Don’t Know circle 99* | Less than one month | 0 |
| >= 1 month, record month | \_\_\_\_\_ |
| No Answer / Don’t Know | 99 |
| 3.28 | Was there any cost for the iron tablets?  | No | 0 |
| Yes:  | 1 |
| No Answer / Don’t Know | 99 |
| 3.29 | If Yes: approximate total amount | \_\_\_\_\_\_\_\_\_mmk |
| 3.30 | If yes, did the cost require you to take a loan or borrow money? | No | 0 |
| Yes | 1 |
| 3.31 | Do you have to continue your normal work or livelihood activities during this pregnancy? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 3.32 | Did anyone provide you with additional help for your household chores during this pregnancy? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |

*4) DELIVERY*

|  |  |
| --- | --- |
| 4.1 | Where was the place of delivery?*(Circle single response)* |
| Home | 1 |
| Hospital | 2 |
| Private doctor | 3 |
| RHC/SRHC | 4 |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| No Answer / Don’t Know | 99 |
| 4.2 | Who assisted with the delivery?*(Circle single response)* |
| Doctor  | 1 |
| Nurse  | 2 |
| LHV  | 3 |
| Midwife | 4 |
| AMW | 5 |
| TBA | 6 |
| On my own | 7 |
| Relatives | 8 |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| No Answer / Don’t Know | 99 |
| 4.3 | Were there any costs involved in the delivery, e.g. user fees, medicines, transport? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.4 | If Yes, specify the sources of cost and total amount. | Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_ mmk |
| 4.5 | If yes, did the cost require you to take a loan or borrow money? | No | 0 |
| Yes | 1 |

*POSTNATAL CARE (most recent pregnancy)*

|  |  |  |  |
| --- | --- | --- | --- |
| 4.6 | Have you had your health checked since delivery? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| If answer 1 go to Q4.12.If answer No or No Answer (0 or 99), go to Q4.12 |
| 4.7 | If yes, how long after delivery did you receive a health check? | Hrs:\_\_\_\_\_\_  |  |
| Days:\_\_\_\_\_ |  |
|  |
| 4.8 | After *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* was born, who checked on your health? *(Circle single or multiple responses)* | No-one | 0 |
| Doctor | 1 |
| LHV | 2 |
| Midwife | 3 |
| AMW | 4 |
| TBA | 5 |
| Relative | 6 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| No Answer / Don’t Know | 99 |
| 4.9 | How many times has your health been checked since delivery? | \_\_\_\_\_\_\_\_\_\_\_\_ times |
| 4.10 | Were you given any advice on what you should eat after the pregnancy?  | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.11 | If Yes, what were the main points?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 4.12 | Has you baby’s health been checked since birth? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| If answer 1, go to Q4.15.If answer No or No Answer (0 or 99), go to 4.15 |
| 4.13 | After *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* was born, who checked on the health of the baby? *(Circle single or multiple responses)* | No-one | 0 |
| Doctor | 1 |
| LHV | 2 |
| Midwife | 3 |
| AMW | 4 |
| TBA | 5 |
| RH volunteer | 6 |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| No Answer / Don’t Know | 99 |
| 4.14 | How many times has your baby’s health been checked since you gave birth? | \_\_\_\_\_\_\_\_\_\_\_\_ times |
| 4.15  | Has your child received any vaccination since birth? | No | 0 |
| yes | 1 |
| 4.16 |

|  |
| --- |
| Did you ever have a vaccination card for (YOUNGEST CHILD’S NAME)? May I copy the information from the card? (If no go to Q XXX) |
|

 | No | 0 |
| Yes | 1 |
| 4.17 | BCG (date: DD/MM/YYYY) | --/--/---- |
| 4.18 | Hep B (date: DD/MM/YYYY) | --/--/---- |
| 4.19 | If not card, Did [child name] received a

|  |
| --- |
|  BCG vaccination against tuberculosis that is, an injection in the arm or shoulder that usually causes a scar? |
|

 | NO | 0 |
| YES, SCAR PRESENT | 1 |
| YES, SCAR NOT PRESENT | 2 |
| DON'T KNOW | 99 |
| 4.20 | Did [child name] receive a Hepatitis vaccination,

|  |
| --- |
|  that is, an injection given in the thigh? |
|

 | No | 0 |
| yes | 1 |
| Don’t know | 99 |
| 4.21 | Were you given any advice on what you should feed the baby after birth?  | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.22 | If Yes, what were the main points?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.23 | When do you plan to return your usual HH work/chores?  | At child age <6 months | 1 |
| At child age between 6 – 8 months | 2 |
| At child age between 9 – 12 months | 3 |
| At child age after 1 year | 4 |
| At child age after 2 years and above | 5 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| 4.24 | When do you plan to return to your usual work outside the home?  | At child age <6 months | 1 |
| At child age between 6 – 8 months | 2 |
| At child age between 9 – 12 months | 3 |
| At child age after 1 year | 4 |
| At child age after 2 years and above | 5 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| Does not work outside household at all | 99 |
| 4.25 | Why do you need to return to your work at that specific time? (can be multiple response) | Household Economic  | 1 |
| Family Decision | 2 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 88 |
| 4.26 | Has anyone will provide you with additional help for your household chores during the last months of pregnancy/since your child was born? | No | 0 |
| Yes | 1 |

*LACTATING MOTHER DIETARY DIVERSITY (24 hour recall)*

|  |
| --- |
| Yesterday during the day and night, what did you eat at home or outside home?*(Read out the list and circle response for each)* |
| 0 = No1 = Yes99 = No Answer / Don’t Know |
| 4.27 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | 0 | 1 |
| 4.28 | Any potatoes, cassava, yams, taro, or any food made from roots or tubers? | 0 | 1 |
| 4.29 | Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables) | 0 | 1 |
| 4.30 | Any dark green leafy vegetables e.g. spinach, and other local leafy greens? | 0 | 1 |
| 4.31 | Any other vegetables (e.g. tomato, eggplant, okra, onion and other locally available vegetables) | 0 | 1 |
| 4.32 | Any orange or dark yellow fleshed fruits (e.g. ripe mangoes, ripe papaya)? | 0 | 1 |
| 4.33 | Any other fruits including wild fruits? | 0 | 1 |
| 4.34 | Any food made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other nuts and seeds? | 0 | 1 |
| 4.35 | Any liver, heart, kidney or other organs? | 0 | 1 |
| 4.36 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | 0 | 1 |
| 4.37 | Any eggs from chickens, quails, ducks or other birds? | 0 | 1 |
| 4.38 | Any FRESH fish, crabs, prawns, or shellfish? | 0 | 1 |
| 4.39 | Any DRIED fish, crabs, prawns, or shellfish? | 0 | 1 |
| 4.40 | Any milk, milk powder, yogurt, or other milk products? | 0 | 1 |
| 4.41 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat,? | 0 | 1 |
| 4.42 | Any sugar, jaggery, honey or other sugary foods such as chocolate, candies, biscuits, cakes or sweetened soft drinks? | 0 | 1 |
| 4.43 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | 0 | 1 |
| 4.44 | How many meals did you eat yesterday during the day and night?*Record number of meals* | ------------times |

**4) Child Anthropometric Measurement and Infant & Young Child Feeding**

*DEMOGRAPHIC DATA and ANTHROPOMETRY*

*(NOTE: measurements can be done after all questionnaires have been completed.)*

|  |  |  |
| --- | --- | --- |
| 4.1 | CHILD Name |  |
| 4.2 | Age in months*For example if the child is 4 months |\_0\_||\_4\_|*  | |\_\_\_||\_\_\_| |
| 4.3 | Date of birth of Child | *Probe: what was his/her birthday* *(If mother/career does not know the exact day of birth circle 15 for the day of the month*) | Day of birth….|\_\_\_|\_\_\_| Month………… |\_\_\_|\_\_\_| Year……………..|20 | |
| 4.4 | Date of birth source*(Circle single response)* | Birth certificate Health card Home registry Father/mother testimony Event Calendar Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234588 |   |
| 4.5 | Sex of Child | MaleFemale | 12 |   |
|  |
| 4.6 | Record Child’s MUAC (Left arm to nearest 0.1 cm) | |\_\_\_|\_\_\_|.|\_\_\_|cm |
| 4.7 | Results*(Circle one)* | Measured Not present Refused Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12388 |   |
|  |
| 4.8 | Record Child’s weight | |\_\_\_|\_\_\_|.|\_\_\_|kg |
| 4.9 | Results*(Circle one)* | Measured Not present Refused Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12388 |   |
|  |
| 4.10 | Record height length of Child (measure child lying down,record whether standing or lying in 6.11) | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|cm |
| 4.11 | Posture for recording of Child’s height/length measurement  *(circle one)* | Standing Lying   | 12 |   |
| 4.12 | Results*(Circle one)* | Measured Not present Refused Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12388 |   |
|  |
| 4.13 | Know Child’s Birth Weight? | No Yes  | 01 |  |
| 4.14 | If child health card available, birth weight recorded on card | --.- kg |
| 4.15 | If Yes, source of information?*(Circle one)* | Birth Registration RecordHealth Card or Hospital Record From their own note No reference record  | 1230 |  |

*INFANT and YOUNG CHILD FEEDING (IYCF) PRACTICES*

|  |
| --- |
| Now we would like to ask you some questions about the way in which you feed your child. We would like to understand the different caring and feeding practices which you do. We ask you to answer honestly we are not here to test you or judge you! There may be lots of reasons why these answers are different to the recommendations. |
| 4.16 | Have you ever breastfed *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | No …………………………Yes………………….…..…No Answer / Don’t Know ……………………. | 0199 | if 0 or 99 go to Q4.24 |
| 4.17 | Is *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* still breastfeeding? | No …………………………Yes………………….…..…No Answer / Don’t Know ……………………. | 0199 |  |
| 4.18 | How soon after *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* was born did you put them to the breast? | 0 ---------In the first hour of life (*Circle 0)*(\_\_\_\_\_\_) hours (*If 1 hour to 24 hours, record 01 to 23*)(\_\_\_\_\_) days (*Record number of completed days*)99 ---------No Answer / Don’t Know  |
| 4.19 | Did you give *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* colostrum? (yellowish milk in the first few days) | No …………………………Yes………………….…..…No Answer / Don’t Know ……………………. | 0199 |  |
| 4.20 | Since this time yesterday, have you breastfed *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)*?*(Circle single response)* | No ……………………………..Yes …………………………….Stopped breastfeeding …………No Answer / Don’t Know …………………. | 01299 | If 2, go to Q4.24 |
| 4.21 | When do you think you will stop breastfeeding *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* ?*(Circle single response)* | Age………….(months)…..…As long as baby wants….Want to stop but baby won’t…………………………….No Answer / Don’t Know …………………………… | (..….) 90 95  99 |  |
| 4.22 | Since birth have you or anyone else given (*Name of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* any foods or liquids other than breast milk?  |  |  |  |
| 4.23 | If yes, what was given? | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

|  |
| --- |
| Now I would like to ask you about liquids that *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. |
| 4.24 | Since this time yesterday has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* had anything other than breastmilk? | No ………………………………0Yes ………..……………………1No Answer / Don’t Know ………………….……………..…99 |
| Since this time yesterday has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* received any of the following?*Read out the list. (Multiple responses)* | Yesterday?*If 0 or 99 →* | → Last 7 days? |
| 4.25 | Plain water | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.26 | Rice water  | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.27 | Powdered cow’s milk | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.28 | Baby formula (breast milk substitute) | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.29 | Fresh cow’s milk (not breast milk or powdered milk) | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.30 | Evaporated milk | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.31 | Condensed milk | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.32 | Tea or coffee with milk | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.33 | Tea or coffee (without milk) | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.34 | Sweetened or flavoured water, sugar/honey water | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.35 | Fortified Cereal Drink | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.36 | Any other liquids (include soups and broth)Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.37 | Vitamins, mineral supplements, medicines, ORSSpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 | 99 | 0 | 1 | 99 |
| 4.38 | Traditional Myanmar medicine | 0 | 1 | 99 | 0 | 1 | 99 |
|  |
| 4.39 | Have you started complementary foods for *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)*? (mushy or solid foods; do not include animal milk) | No | 0 | If 1go to Q4.41 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.40 | What age do you plan to start complementary foods?*If No Answer / Don’t Know put (*\_*99*\_*)*  | \_\_\_\_\_\_\_\_ months | Go to Q4.60 |
| 4.41 | Did *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* receive any mushy or solid foods yesterday? | No | 0 |  |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.42 | Since this time yesterday how many times has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_)* received mushy or solid foods (including snacks)? *If No Answer / Don’t Know put (*\_*99*\_*)* | \_\_\_\_\_\_\_\_ times in last 24h |  |

|  |
| --- |
| Yesterday during the day and night, what did *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* eat at home or outside home?*(Read out the list and circle response for each)* |
| 0 = No1 = Yes99 = No Answer / Don’t Know |
| 4.43 | Any rice, rice noodles, corn, bread, porridge or any other food made from flour or other cereals including sticky rice, maize, or wheat? | 0 | 1 |
| 4.44 | Any potatoes, cassava, yams, taro, or any food made from roots or tubers? | 0 | 1 |
| 4.45 | Pumpkin, carrots, orange sweet potatoes or any other vegetables that are yellow/orange inside (including wild vegetables) | 0 | 1 |
| 4.46 | Any dark green leafy vegetables e.g. spinach, and other local leafy greens? | 0 | 1 |
| 4.47 | Any other vegetables (e.g. tomato, eggplant, okra, onion and other locally available vegetables) | 0 | 1 |
| 4.48 | Any orange or dark yellow fleshed fruits (e.g. ripe mangoes, ripe papaya)? | 0 | 1 |
| 4.49 | Any other fruits including wild fruits? | 0 | 1 |
| 4.50 | Any food made from gram, lentils, dried beans or peas, chickpeas, cowpeas, pigeon peas, peanuts or other nuts and seeds? | 0 | 1 |
| 4.51 | Any liver, heart, kidney or other organs? | 0 | 1 |
| 4.52 | Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, or insects (including any other meat from frogs, rats, mice, eel, snake, dog, or cat)? | 0 | 1 |
| 4.53 | Any eggs from chickens, quails, ducks or other birds? | 0 | 1 |
| 4.54 | Any FRESH fish, crabs, prawns, or shellfish? | 0 | 1 |
| 4.55 | Any DRIED fish, crabs, prawns, or shellfish? | 0 | 1 |
| 4.56 | Any milk, milk powder, yogurt, or other milk products? | 0 | 1 |
| 4.57 | Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat,? | 0 | 1 |
| 4.58 | Any sugar, jaggery, honey or other sugary foods such as chocolate, candies, biscuits, cakes or sweetened soft drinks? | 0 | 1 |
| 4.59 | Any condiments such as salt, pepper, curry, chilies, fish paste, other spices, soy sauce, hot sauce, or beverages such as coffee or tea etc.? | 0 | 1 |

*CHILD HEALTH-SEEKING BEHAVIOUR*

*Immunization*

|  |  |  |  |
| --- | --- | --- | --- |
| 4.60 | Has your child received any vaccination since birth? | No | 0 |
| yes | 1 |
| 4.61 |

|  |
| --- |
| Did you ever have a vaccination card for (YOUNGEST CHILD’S NAME)? May I copy the information from the card? (If no go to Q XXX) |
|

 | No | 0 |
| Yes | 1 |
| 4.62 | BCG (date: DD/MM/YYYY) | --/--/---- |
| 4.63 | Hep B (date: DD/MM/YYYY) | --/--/---- |
| 4.64 | PENTA 5 1 (date: DD/MM/YYY) | --/--/---- |
| 4.65 | PENTA 5 2 (date:DD/MM/YYYY) | --/--/---- |
| 4.66 | PENTA 5 3 (date:DD/MM/YYYY) | --/--/---- |
| 4.67 | Oral Polio Vaccine 1 (date: DD/MM/YYYY) | --/--/---- |
| 4.68 | Oral Polio Vaccine 2 (date:DD/MM/YYYY) | --/---/---- |
| 4.69 | Oral Polio Vaccine 3 (date:DD/MM/YYYY) | --/--/---- |
| 4.70 | Measles vaccine 1 (date:DD/MM/YYYY) | --/--/---- |
| 4.71 | If not card, Did [child name] received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | NO | 0 |
| YES, SCAR PRESENT | 1 |
| YES, SCAR NOT PRESENT | 2 |
| DON'T KNOW | 99 |
| 4.72 | Did [child name] recieve a PENTA 5 vaccination, that is, an injection given in the thigh? | No | 0 |
| yes | 1 |
| Don’t know | 99 |
| 4.73 | If yes, How many times since birth? |  |
| 4.74 | Did [child name] receive a polio vaccine (drops in the mouth)? | No | 0 |
| yes | 1 |
| Don’t know | 99 |
| 4.75 | If yes, How many times? |  |
| 4.76 | Did [child name] received a measles vaccine: | No | 0 |
| yes | 1 |
| Don’t know | 99 |

*Recent Illnesses*

|  |  |  |  |
| --- | --- | --- | --- |
| 4.77 | Has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* have diarrhea in the last 2 weeks/since birth?*(diarrhea = 3 or more loose stools in any 24 hour period)* | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.78 | Has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* have a fever in the last 2 weeks/since birth? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.79 | Has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* have a cough or fast breathing in the last 2 weeks/since birth? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.80 | Has *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* have any other illness in the last 2 weeks/since birth? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.81 | If Yes, what illness or symptoms? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If Yes (1) to any of the above (Q4.77 to 4.81), go to Q4.82.If No or No Answer / Don’t Know (0 or 99) to all of the above (Q4.77 to 4.81), finish questionnaire for this Child. Start at 6.1 for next Child. |
| Health Seeking Behaviour Answer this section for a single illness or the most severe if there were multiple illnesses in the last 2 weeks |
| 4.82 | How many episodes of illness did *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* have in the last 2 weeks. *(Circle one).* | Single illness | 0 |
| Multiple illnesses | 1 |
| No Answer / Don’t Know | 99 |
| 4.83 | If multiple illnesses, specify which was the most severe. | diarrhea  | 1 |
| fever  | 2 |
| cough | 3 |
| other | 88 |
| 4.84 | Did you give anything at home to *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* for this illness? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.85 | If Yes, specify what you gave:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.86 | Did you seek advice or treatment for this illness? | No | 0 |
| Yes | 1 |
| If No or No Answer (0 or 99), finish questionnaire for this Child. | No Answer / Don’t Know | 99 |
| 4.87 | How long after you noticed *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* illness did you seek treatment?*(Circle single response)* | Same day | 1 |
| Next day  | 2 |
| Two days  | 3 |
| Three or more days  | 4 |
| No Answer / Don’t Know | 99 |
| 4.88 | Where did you first go for advice or treatment for *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* illness? *(Circle single response)**Note: can determine distance from child’s home to place of treatment from village information* | Township hospital | 1 |
| Station hospital  | 2 |
| RHC/Health Assistant  | 3 |
| SRHC/Midwife  | 4 |
| Private clinic/doctor  | 5 |
| Community Health Worker  | 6 |
| Traditional healer | 7 |
| Quack  | 8 |
| Drug from the shop  | 9 |
| Others  | 88 |
| No Answer / Don’t Know | 99 |
| 4.89 | Did you pay for these advices or treatment? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.50 | How much did you have to pay? e.g. user fees, medicines, transport, lost income | \_\_\_\_\_\_\_\_\_\_mmk |
| 4.51 | If yes, did the cost of the treatment require you to take a loan or borrow money? | No | 0 |
| Yes | 1 |
| 4.52 | Did you go anywhere else for advice or treatment for *(name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)* illness? *(Circle single response)* | Nowhere else | 0 |
| Township hospital | 1 |
| Station hospital  | 2 |
| RHC/Health Assistant  | 3 |
| SRHC/Midwife  | 4 |
| Private clinic/doctor  | 5 |
| Community Health Worker  | 6 |
| Traditional healer | 7 |
| Quack  | 8 |
| Drug from the shop  | 9 |
| Others  | 88 |
| If Nowhere Else (0), finish questionnaire for this Child. | No Answer / Don’t Know | 99 |
| 4.53 | Did you pay for these advices or treatment? | No | 0 |
| Yes | 1 |
| No Answer / Don’t Know | 99 |
| 4.54 | How much did you have to pay? e.g. user fees, medicines, transport, lost income | \_\_\_\_\_\_\_\_\_\_mmk |
| 4.55 | If yes, did the cost of the treatment require you to take a loan or borrow money? | No | 0 |
| Yes | 1 |
| Finish questionnaire for this Child.  |