

**Evaluation of the Risk Factors for Malnutrition in Children
Recruited to a Supplementation Trial in Rural Gambia**



QUESTIONNAIRE

Version 03, 15th Sept. 2014

WestKiang No: Date of Birth: Study ID:

Visit date: Fieldworker Name:

Section 1: Demographic and Socio-economic Information

1. Who is the child's current primary carer?

Mother [01] Father [02] Brother [03] Sister [04] Maternal Grandmother [05]
 Paternal Grandmother [06] Maternal Grandfather [07] Paternal Grandfather [08] Maternal Auntie [09] Paternal Auntie [10]
 Maternal Uncle [11] Paternal Uncle [12] Co-wife [13] No Relation [14] Other Relation [15]

2. Who was the child's primary carer between 0-12 months of age?

Mother [01] Father [02] Brother [03] Sister [04] Maternal Grandmother [05]
 Paternal Grandmother [06] Maternal Grandfather [07] Paternal Grandfather [08] Maternal Auntie [09] Paternal Auntie [10]
 Maternal Uncle [11] Paternal Uncle [12] Co-wife [13] No Relation [14] Other Relation [15]

3. Where does the child's mother live?

In household [1] Outside of household within the Gambia [2] Abroad [3] Whereabouts unknown [4] Died [5]

4. Where does the child's father live?

In household [1] Outside of household within the Gambia [2] Abroad [3] Whereabouts unknown [4] Died [5]

5. How many children younger than 5 years live in the household?

6. Are all the child's siblings alive? If not, please give the estimated age and cause of death of the deceased siblings. Yes [1] No [0]

	Age of Death	Cause of Death
1		
2		
3		
4		
5		
6		

	Age of Death	Cause of Death
7		
8		
9		
10		
11		
12		

7. What level of formal education has the primary carer had?

No formal education [1] Arabic School [2] Less than primary school [3] Completed primary school [4]
 Completed secondary school [5] Post-secondary school [6] Don't know [7]

8. What is the carer's main source of income?

Farming [1] Business [2] Salary [3]
 Trading [4] Remuneration from children [5] Other, specify _____ [6]

9. Is the above income guaranteed every month? Yes [1] No [0]

10. How many rooms in your household are used for sleeping?

11. How many people have been sleeping regularly in your household over the past 6 months?

12. Does the mother/carer have the freedom to move around the community to access resources such as markets, shops, clinics, and companions...

- Alone [1]? With child [2]? with another same-aged woman [3]? Only with a husband or elder [4]? Never [5]?

13. Who decides what medical care to give the child?

- Mother alone [1] Jointly with husband [2] Jointly with mother-in-law [3] Jointly with another person [4]
 Mother has no say [5]

Section 2: Infant Feeding Practices

1. Is child currently breastfed?

- No [0] Partial breastfeeding [1] Exclusive breastfeeding [2]

2. If no, has the child ever been breast fed?

- Yes [1] No [0]

3. If yes, what type of breastfeeding was it?

- Partial breastfeeding [1] Exclusive breastfeeding [2]

4. If Yes, what age was the child when breastfeeding was stopped?

|__|__| months

5. If No, what feeds did the child receive soon after birth?

6. At what age did you introduce complementary feeds?

|__|__| months

7. What complementary feeds did the child receive before 12 months of age?

8. Please list the types of food that you give to the child regularly?

1		2		3		4		5	
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9. Who decides what food to feed the child?

- Mother alone [1] Jointly with husband [2]
 Jointly with mother-in-law [3] Jointly with another person [4]
 Mother has no say [5]

10. Who feeds the child most of the time?

- Mother [01] Father [02] Brother [03] Sister [04] Maternal Grandmother [05]
 Paternal Grandmother [06] Maternal Grandfather [07] Paternal Grandfather [08] Maternal Auntie [09] Paternal Auntie [10]
 Maternal Uncle [11] Paternal Uncle [12] Co-wife [13] No Relation [14] Other Relation [15]

11. What do you use to feed the child?

- Hand [1] Spoon [2] Other, please specify _____ [3]

12. How many times a day is the child fed on complementary feeds?

|__|__|

13. Regarding feeding times for the child:

- Scheduled [1] Fed when hungry [2]

14. How do you assess to see whether the child is hungry?

15. How do you assess to see whether the child is full?

16. At most feeding times:

- Own bowl [1] Share with other children [2] Share with adults [3]

Section 3: Water, Sanitation and Hygiene

1. Over the past 6 months, what was the main source of water for the members of your household

- Piped into house [1] Covered well in house or compound [2] Piped into yard [3] Covered public well [4]
 Public tap [5] Open public well River or stream [6] Open well in house or yard [7] Deep tube well [8]
 Rainwater [9] Shallow tube well [10] Bought (tank, bottles, etc) [11] Borehole [12]
 Other, please specify _____ [13]

2. How long does it take to go there, get water, and come back?

- Less than 15 minutes [1] 15 - 29 minutes [2] 30 - 59 minutes [3] 1 - 3 hours [4] More than 3 hours [5]

3. Do you or other members from your household go and fetch drinking water for the household every day?

Yes [1] No [0]

4. If yes, on average, how many trips do you and members from your household make to fetch water each day? |__|__|

5. Do you usually treat drinking water at home?

Yes [1] No [0]

6. If yes, which method do you use the most to treat drinking water at home? (Tick all that applies)

Leave water in sun to disinfect [1] Boil [2] Filter through a cloth [3] Filter through ceramic or other filter [4]
 Chlorine liquid, powder, or tablets Alum [5] Other chemical or additive, specify_____ [6]

7. If you use chlorine liquid, powder or tablets, which type do you most commonly use? (Tick only one)

Certeza [1] Watermaker [2] Aquatabs PurR [3] AquaGuard [4] WaterGuard [5] Don't know [6]
 Other chemical or additive, specify_____ [7]

8. What kind of facility does your household most commonly use to dispose off human fecal waste?
[Show pictures to confirm the identity of the facility used.]

Flush toilet [1] Pour flush toilet [2] Ventilated improved pit (VIP) latrine [3] Traditional pit toilet [4] Bush [5]
 Field [6] Ground [7] Stream [8] No facility [9] Other, specify_____ [10]

9. When do you usually wash your hands? [Tick all that applies. Do not probe.]

Before eating [1] After handling domestic animals [2] Before cooking [3] After cleaning child who defecated [4]
 Before you nurse or prepare baby's food [5] After you defecate [6] Never [7] Other, specify_____ [8]

10. When you wash your hands, what do you usually use? [tick only one]

Water only [1] Water and soap [2] Water and ashes [3] Water and mud or clay [4]
 Other, please specify_____ [5]

