Questionnaire modules for IMMANA Project

INDIVIDUAL QUESTIONNAIRE DAY 1

MODULE A. INDIVIDUAL IDENTIFICATION

Household Identification				
A01. Country:			**A06.** ID on roster	
A02. Household Identification [AUTOMATIC]			**A07.** Date [AUTOMATIC]	
A03. Name of respondent			**A08.** Start time of interview (hh:mm) [AUTOMATIC]	
A04: Name of the enumerator			**A09:** ID accelerometer (Those are the last two digits of the number at the back of the device)	
A05: Respondent's sex			**A10:** Day of survey	

MODULE B. ANTHROPOMETRICS INFORMATION (ONLY DAY 1, WEEK 1)

B01. Age	☐☐	**B03**. Height (cm)	☐☐☐
B02. Sex (1=male, 2=female)	☐	**B04**. Weight (kg)	☐.☐

MODULE C: HEALTH (ONLY DAY 1, WEEK 1)

	Question	Response	Response options/Instructions
C01	Have you faced any health problem during the last 2 months?		Yes.....1 No (**C04**).....0
C02	What was the sickness/ injury you faced?		Malaria/dengue.....1 Diarrhea.....2 Flu/Cold.....3 Injury .....4 Dental .....5 Opthalmic .....6 Skin Disease .....7 Ear/nose/throat (ent) .....8 Tuberculosis .....9 Other.....10
C03	For how many days were you absent from usual activity due to the health problem during the last 2 months?		
C04	Have you received medical assistance or consulted from health institutions or traditional healers during the last 2 months? (Regardless of whether sick or not)		Yes (**C05**) .....1 No (**C06**).....0
C05	Where did you consult or receive medical assistance primarily?		Hospital.....1 Health center.....2 Health post .....3 Community Health Compound.....4 Clinics .....5 Pharmacy .....6 Traditional healer.....7 Religious/spiritual 8
C06	What was the main reason for you not to consult health institutions/ traditional healer during the last two months?		Expensive.....1 Too far.....2 Do not believe in medicine.....3 Lack of health professional.....4 Poor quality/service.....5 Did not require medical assistance.....6
C07	Have been sick for at least 3 consecutive months during the last 12 months?		Yes.....1 No 2
C08	Do you have difficulty seeing, even if wearing glasses?		No difficulty.....1 Yes - some difficulty .....2 Yes - a lot of difficulty .....3 Cannot perform activity at all.....4 Refused.....99
C09	Do you have difficulty hearing, even if wearing a hearing aid?		No difficulty.....1 Yes - some difficulty .....2 Yes - a lot of difficulty .....3 Cannot perform activity at all.....4 Refused.....99
C10	Do you have difficulty walking or climbing stairs?		No difficulty.....1 Yes - some difficulty .....2 Yes - a lot of difficulty .....3 Cannot perform activity at all.....4 Refused.....99

	Question	Response	Response options/Instructions
C11	Do you have difficulty remembering or concentrating?		No difficulty ..... 1 Yes - some difficulty ..... 2 Yes - a lot of difficulty ..... 3 Cannot perform activity at all..... 4 Refused……99
C12	Do you have difficulty (with self-care such as) washing all over or dressing, feeding, toileting etc.?		No difficulty ..... 1 Yes - some difficulty ..... 2 Yes - a lot of difficulty ..... 3 Cannot perform activity at all..... 4 Refused……99
C13	Using your usual language, do you have difficulty communicating; for example understanding or being understood?		No difficulty ..... 1 Yes - some difficulty ..... 2 Yes - a lot of difficulty ..... 3 Cannot perform activity at all..... 4 Refused……99
C14	Any of those difficulties reduce the amount of work you can do at home, at work or at school?		Yes, all the time ..... 1 Yes, sometimes..... 2 No ..... 3 Refused……99
C15	**DO NOT ASK, NOTE:** Check questions 8 to 14: Did the respondent have any difficulty?		No difficulty ..... 1 Yes - some difficulty ..... 2 Yes - a lot of difficulty 3
C16a	**MALE RESPONDENT:** Did you experience or do you experience any of the following:		Diabetes ..... 1 Heart or blood pressure problems..... 2 Arthritis..... 3 Alcohol addiction ..... 4 Back pain……5 Long-term knee pain……6 Refused……99
C16b	**FEMALE RESPONDENT:** Did you experience or do you experience any of the following:		Caesarean ..... 1 Hysterectomy..... 2 Back pain ..... 3 Long-term knee pain ..... 4 Arthritis..... 5 Thyroid problems..... 6 Diabetes ..... 7 Heart or blood pressure problems..... 8 Alcohol addiction ..... 9 Refused……99

ONLY FOR WOMEN IN REPRODUCTIVE AGE (age 14-45) (ONLY DAY 1):

QNo.	Question	Response	Response options/Instructions
C17	Are you pregnant?		Yes..... 1 No/unsure ..... 0 Refused……99

QNo.	Question	Response	Response options/Instructions
C18	Are you currently breastfeeding?		Yes.....1 No .....0 Refused.....99

MODULE Z: HEALTH STATUS DURING THE AGRICULTURAL SEASON (ONLY DAY 8)

	Question	Response	Response options
Z01	Have you faced any health problem during the agricultural season (from land preparation to today)?		Yes.....1 No 0
Z02	When did you have any health problems? More than one can apply		Land preparation .....1 Sowing and seeding .....2 Land maintenance.....3 Harvest 4
Z03	What was the sickness/ injury you faced during land preparation?		Malaria/dengue.....1 Diarrhea.....2 Flu/Cold.....3 Injury ..... 4 Dental ..... 5 Ophthalmic ..... 6 Skin Disease ..... 7 Ear/nose/throat (ent) ..... 8 Tuberculosis ..... 9 Other.....10
Z04	For how many days were you absent from usual activity due to the health problem(s) during land preparation?		
Z05	Have you received medical assistance or consulted health institutions or traditional healers for this sickness / injury?		Yes.....1 No 0
Z06	What was the sickness/ injury you faced during sowing and seeding?		Malaria/dengue.....1 Diarrhea.....2 Flu/Cold.....3 Injury ..... 4 Dental ..... 5 Ophthalmic ..... 6 Skin Disease ..... 7 Ear/nose/throat (ent) ..... 8 Tuberculosis ..... 9 Other.....10
Z07	For how many days were you absent from usual activity due to the health problem(s) during sowing and seeding?		
Z08	Have you received medical assistance or consulted health institutions or traditional healers for this sickness / injury?		Yes.....1 No 0
Z09	What was the sickness/ injury you faced during land maintenance?		Malaria/dengue.....1 Diarrhea.....2 Flu/Cold.....3 Injury ..... 4 Dental ..... 5 Ophthalmic ..... 6 Skin Disease ..... 7 Ear/nose/throat (ent) ..... 8 Tuberculosis ..... 9 Other.....10

	Question	Response	Response options
Z10	For how many days were you absent from usual activity due to the health problem(s) during land maintenance?		
Z11	Have you received medical assistance or consulted health institutions or traditional healers for this sickness / injury?		Yes.....1 No.....0
Z12	What was the sickness/ injury you faced during harvest?		Malaria/dengue.....1 Diarrhea.....2 Flu/Cold.....3 Injury .....4 Dental .....5 Ophthalmic .....6 Skin Disease .....7 Ear/nose/throat (ent) .....8 Tuberculosis .....9 Other.....10
Z13	For how many days were you absent from usual activity due to the health problem(s) during harvest?		
Z14	Have you received medical assistance or consulted health institutions or traditional healers for this sickness / injury?		Yes.....1 No.....0

MODULE D: TIME USE

Enumerator: The purpose of this module is to get an idea about men's and women's time spent in both work and leisure activities.

B01: Please record a log of the activities for the individual in the last complete 24 hours (starting yesterday afternoon from 6pm, finishing today at 6pm). Please note secondary activities, if relevant.

	Primary Activity	Secondary Activity
TIME	**B01a**	**B01b**
4 -5 am		
5 -6 am		
6 -7 am		
7 - 8 am		
8 -9 am		
10 -11 am		
11 -12 am		
12 – 1 pm		
1 – 2 pm		
2 -3 pm		
3 -4 pm		
4 -5 pm		
5 – 6 pm		
6-7 pm		
7-8 pm		
8-9 pm		
9-10 pm		
10-11 pm		

MODULE D: CONSUMPTION

Now I would like to ask you to describe everything that you ate or drank yesterday, whether you ate it at home or anywhere else. Please include all foods and drinks, any snacks or small meals, as well as any main meals. Remember to include all foods you may have eaten while preparing meals or preparing food for others. Please also include food you ate even if it was eaten elsewhere, away from your home. Let's start with the first food or drink consumed yesterday.

D01a: Yesterday, did you have anything to eat or drink when you woke? Yes (1)– No (0 -> D02a)

What did you eat or drink after you woke up?

	Food	**D01b:** Yes (1)– No (0)	**D01c:** Quantity	**D01d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			
Y	Other food 2			
Z	Other food 3			

D02a: Yesterday, did you have anything to eat or drink later in the morning? Yes (1)– No (0 -> D03a)

What did you eat or drink later in the morning?

	Food	**D02b:** Yes (2)– No (0)	**D02c:** Quantity	**D02d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			
Y	Other food 2			
Z	Other food 3			

D03a: Yesterday, did you eat or drink anything at mid-day? Yes (1)– No (0 -> D04a)

What did you eat or drink mid-day?

	Food	**D03b**: Yes (3)– No (0)	**D03c**: Quantity	**D03d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			
Y	Other food 2			
Z	Other food 3			

D04a: Yesterday, did you have anything to eat or drink during the afternoon? Yes (1)– No (0 -> D05a)

What did you eat or drink in the afternoon?

	Food	**D04b:** Yes (4)– No (0)	**D04c:** Quantity	**D04d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			
Y	Other food 2			
Z	Other food 3			

D05a: Yesterday, did you have anything to eat or drink in the evening? Yes (1)– No (0 -> D06a)

What did you eat or drink in the evening for dinner?

	Food	**D05b:** Yes (5)– No (0)	**D05c:** Quantity	**D05d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			

Y	Other food 2			
Z	Other food 3			

D06a: Yesterday, did you have anything to eat or drink before going to bed or during the night? Yes (1)– No (0 -> E01)

What did you eat or drink before going to bed or during the night?

	Food	**D06b:** Yes (6)– No (0)	**D06c:** Quantity	**D06d:** Unit – Code A
1	Food Item 1 (country specific)			
2	Food Item 2 (country specific)			
3	Food Item 3 (country specific)			
…				
X	Other food 1			
Y	Other food 2			
Z	Other food 3			

Code A: Portion unit

1	Small bowl
2	Big bowl
3	Cup
4	Plate
5	Pieces
6	Loaf
7	Calabash
8	Ball

MODULE E WEATHER [DO NOT ASK, COMPILE]

QNo.	Question	Response	Response options/Instructions
E01	Did it rain the past 24 hours?		Yes..... 1 No (**END**)..... 0
E02	If it did rain, when? More than one may apply.		Morning..... 1 Afternoon..... 2 Evening..... 3 Night..... 4
E03	If it did rain, what was the intensity of the rain?		Light..... 1 Medium..... 2 Heavy..... 3