

SECTION 3, Part A -- HEALTH IN LAST TWO WEEKS

Fill out for all household members

Member ID	1 During the last 2 weeks, has (NAME) suffered from either illness or injury? Neither 1 (≥ next section) Illness 2 Injury 3 (≥ 5) Both 4	2 What was the illness that (NAME) suffered? Watery Diarrhoea 1 Diarrhoea with blood 2 Fever 3 (≥ 5) Cold/ Cough 4 (≥ 5) Guinea Worm 5 (≥ 5) Bilharzia 6 (≥ 5) Other (specify) 7 (≥ 5)	3 Was (NAME) given any of the following to drink on account of this diarrhoea? Oral Rehydration Salt (ORS) 1 Rice water 2 Soup 3 Home-made sugar/ salt solution 4 Milk or infant formula 5 Coconut water 6 Water 7 Traditional medicine 8 Other (specify) 9	4 Was (NAME) given the same amount to drink as before the watery diarrhoea or more, or less? Same 1 More 2 Less 3 N/A 4	5 For how many days during the last 2 weeks has (NAME) suffered from this condition? (1- 14 DAYS)	6 During the last 2 weeks, did (NAME) have to stop the usual activities because of this condition? Yes 1 No 2 (≥ Next Section)	7 For how many days? (1- 14 DAYS)
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