





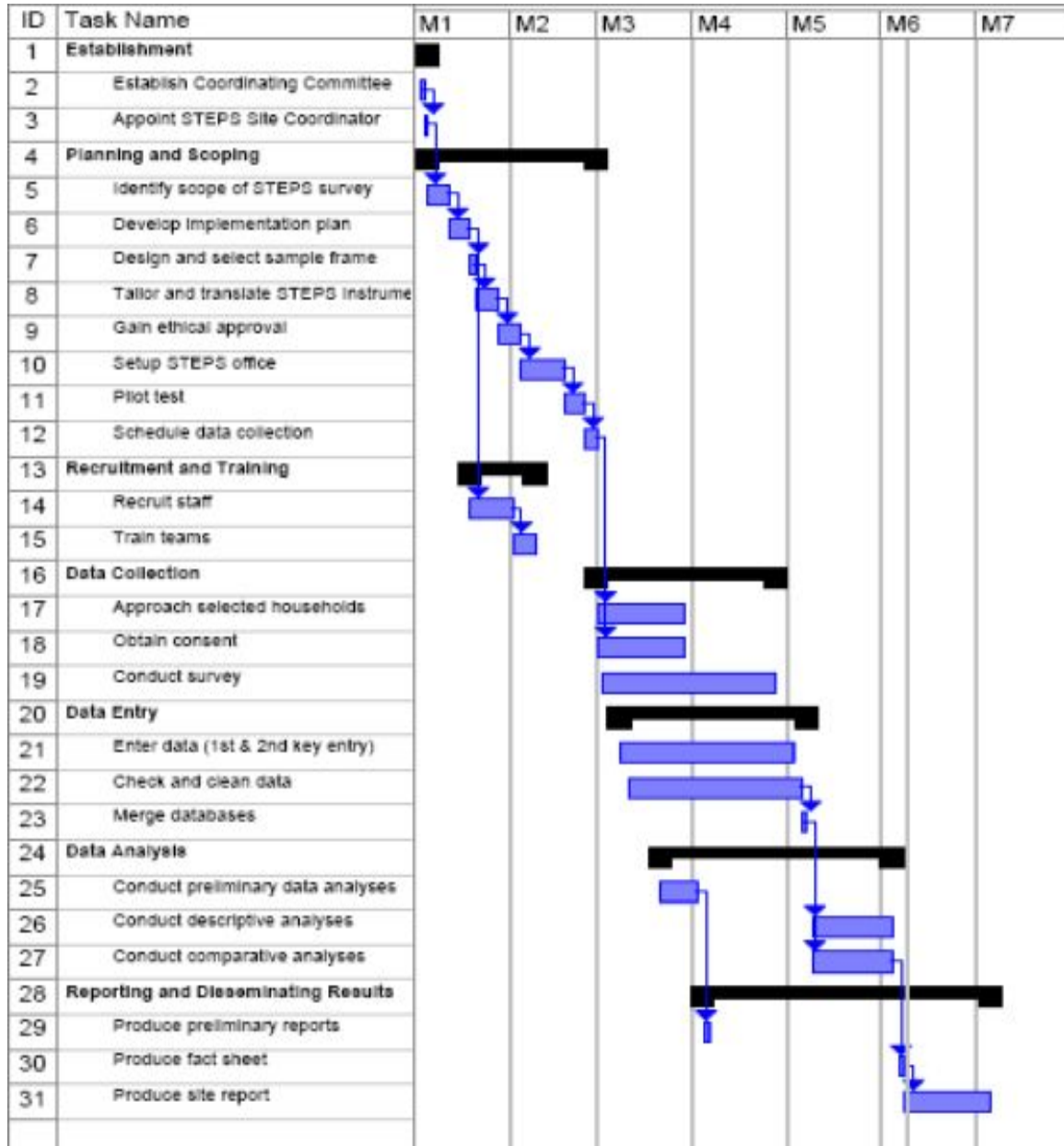


Quantitative Coding

Data	Information	Statistics
80.0 cm	Waist circumference of five females in a class	89.1 ± 6.2
86.5 cm		
90.2 cm		
92.9 cm		
96.1 cm		

Task Name	Duration	Month 2	Month 3	Month 4	Month 5
Approach selected households	4 wks				
Obtain consent	4 wks				
Conduct survey	8 wks				

Task Name	Duration	Month 2	Month 3	Month 4	Month 5
Enter data (1st and 2nd key entry)	8 wks				
Check and clean data	8 wks				
Merge data	1 day				



36. Have you experienced any of the following events during the last 12 months?

	No response	No	Yes	
(i) Loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Loss of crop/business failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Household break in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Marital separation/divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Other major intra-family conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Please specify _____
(vii) Major personal injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(viii) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ix) Armed conflict/war	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(x) Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xi) Death/major illness of another close family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xii) Other major stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Please specify _____
(xiii) Wedding of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xiv) New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xv) Birth in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xvi) Separation from family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(xvii) Unavailability of food/ food insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	