

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER**  
**USAID Nawiri PROJECT**  
**WOMEN/CAREGIVER QUESTIONNAIRE**

<b>1 BACKGROUND</b>				
<b>1.1</b>	<b>COUNTY NAME</b>	<b>1.2. COUNTY CODE</b>	_ _ _ _ _ _ _	
<b>1.3</b>	<b>SUBCOUNTY</b>	<b>SUBCOUNTY CODE</b>	_ _ _ _ _ _ _	
<b>1.4</b>	<b>WARD</b>			
<b>1.5</b>	<b>LOCATION</b>			
<b>1.6</b>	<b>SURVEY BLOCK/ZONES</b> 1. Turkana Central 2. Turkana North, 3. Turkana West, 4. Turkana South, 5. Samburu East, 6. Samburu North, 7. Samburu Central	_ _ _		
<b>1.7</b>	<b>VILLAGE/CLUSTER</b>	_ _ _		
<b>1.8</b>	<b>CLUSTER NUMBER</b>	_ _ _		
<b>1.9</b>	<b>LIVELIHOOD ZONE</b> 1. Pastoral 2. Agro-pastoral 3. Fisher forks 4. Formal employment/business/petty trading	_ _ _		
<b>1.10</b>	<b>TEAM NUMBER</b>	_ _ _ _ _ _ _		
<b>1.11</b>	<b>FIELD WORKERS CODE</b>	_ _ _ _ _ _ _		
<b>1.12</b>	<b>DATE OF INTERVIEW</b>	_ _ _  (Day)	_ _ _  (Month)	_ _ _ _ _ _ _  (Year)
<b>1.13</b>	<b>DATE OF FOLLOW UP VISITS (DD/MM/YYYY)</b>	<b>VISIT 2</b>	<b>VISIT3</b>	<b>VISIT 4</b>
		_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
		<b>VISIT 5</b>	<b>VISIT 6</b>	<b>VISIT 7</b>
		_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
<b>1.14</b>	<b>SURVEY RESULT</b>	_ _ _		

	1. Completed 2. Incomplete 3. Absent/no competent household member present 4. Entire household absent for extended period of time/migrated out 5. Postponed	6. Dwelling vacant/no dwelling 7. Dwelling destroyed 8. Not eligible 96. Other (specify) [ _____ ] 97. Refused	
	<b>INFORMED CONSENT</b>	<b>SKIP</b>	
	<p>My name is _____ [NAME OF FW] _____. I am working with ..... [NAME ORGANISATION]. We are conducting a survey about nutrition. The information will be used to plan for interventions to improve nutrition of vulnerable groups in the community. Your household was selected for the survey. All the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary and we hope you will agree to answer the questions since your views are important. If I ask you any questions you would not want to answer, just let me know and I will move on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact.....</p> <p>Do you have any questions? May I begin the interview now?</p>	1. Yes ----- >  2. No ----- >	If <b>Yes</b> go to 1.12  If <b>No</b> END THE INTERVIEW
	<b>RECORD START TIME (24 HOURS FORMAT)</b>	<div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div>(HR) (MIN)</div>	
1.15	HOUSEHOLD ID (CODE FROM HH QUESTIONNAIRE)	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
1.16	CAREGIVER CODE	<div> <div></div><div></div><div></div><div></div><div></div> </div>	
1.17	CAREGIVER NAME		
1.20	CONTACTS OF CAREGIVER	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
1.21	ALTERNATIVE CONTACTS	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
1.22	RELATIONSHIP TO ALTERNATIVE CONTACT		
1.23	HOUSEHOLD FAMILY NAME (REFER FROM HH QUESTIONNAIRE)		

1.0	MOTHER'S/CAREGIVERS INFORMATION				SKIP
1.1	When were you born (DOB)? (DD/MM/YYYY)	Don't Know ..... 98			
	a) Did your (husband/partner) or (last husband/partner) ever do any of the following to you?	Ever	b) How often did this happen during the last 12 months: often, only, sometimes, or not at all?		
	a) Did your (husband/partner) or (last husband/partner) ever do any of the following to you?	Ever	b) How often did this happen during the last 12 months: often, only, sometimes, or not at all?		
	2. Please, tell me how old are you?	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
1.3	What is your ethnicity?	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	a) Say or do something to humiliate you in front of others	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	a) Push you, shake you, or throw something at you	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	a) Touched you in a sexual way (e.g. kissing, grabbing, or fondling), when you did not want	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	c) them to your arm or pull your hair about yourself	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	b) Try to have sexual intercourse with you when you did not want to but did not succeed, that could hurt you	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	c) Physically forced you to have sexual intercourse even when you did not want to	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	d) Forced you with threats or any other way to perform sexual acts when you did not want to	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	g) Threatened to attack you with a knife or other weapon	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
	h) Attacked you with a weapon	1=Yes 2=No	Often Sometimes Not In The Last 12 Months		
		98. Don't know			
1.5a	Specify the duration  [IF LESS THAN ONE YEAR, RECORD ONLY THE NUMBER OF MONTHS]	..... Number			
1.6	Does your husband or partner have other wives (co-wives)?	1. Yes 2. No			If No, skip to Q1.7
1.6a	If Yes, How many?	..... Number			
1.7	Do you currently smoke cigarettes?	1. Yes 2. No			If No skip to Q1.8