

Feb-10

UPDATE3 QUESTIONNAIRE

Consent Form

PURPOSE OF STUDY:

Hello, my name is _____ and I work with the African Population and Health Research Center. The purpose of this interview is to gain an understanding of the experiences of women in this community on the care given to their children soon after birth. The African Population and Health Research Center, with funding from DANIDA, is undertaking this study. All women who have delivered a live birth in Korogocho and Viwandani since January 2010 have been selected.

PROCEDURES:

We last visited you between **Oct 2010/Dec 2010** when we asked about your family and took your child's height and weight measurements. We are here again today to ask some more questions about how you and your family are getting along. You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year to ask some more questions and measure your child.

RISKS/DISCOMFORTS:

This interview is not expected to cause you any harm but if you feel uncomfortable with some of the questions you can choose not to answer any question(s) but can decide to continue with the interview.

BENEFITS:

The results of the study may help the Government of Kenya and other organisations to improve health services in this and other districts. The chiefs and the community will be informed of the findings when the study is completed.

CONFIDENTIALITY:

Your responses will be private and confidential. They will not be made available to other persons that are not part of the project. The information you give will be kept under lock for three years at the African Population and Health Research Center after which the forms will be destroyed.

VOLUNTARINESS:

Your participation is voluntary and you have the right to stop the interview at any time without any problem

WHOM TO CONTACT:

If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Catherine Kyobutungi, Head, Health Systems and Challenges Theme, African Population and Health Research Center at telephone number 2720400/1/2. I will leave a copy of this form with you for future reference.

If you agree to participate in this study please sign your name below.

Subject's signature or fingerprint

Witness to Consent Procedure

Signature of Investigator

Date

MODULE 1 - BACKGROUND INFORMATION FOR CHILDREN AND MOTHERS INTERVIEWED

1.0 BACKGROUND

1.1 START TIME

1.2 FIELD WORKER'S CODE 1.2a ### ### 1.2b 1.2c 1.2

1.3 DATE OF INTERVIEW (DD/MM/YYYY)

1.4 HOUSEHOLD HEAD NAME..... #REF!

1.5 ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS #REF!

1.6 HOUSEHOLD ID #REF!

1.7 MOTHER'S NAME..... #REF!

1.8 MOTHER'S ID #REF!

1.9 CHILD'S NAME..... #REF!

1.10 CHILD'S ID #REF!

1.11 CHILD'S DATE OF BIRTH (DD/MM/YYYY) #REF!

1.11a CHILD'S SEX (1 = MALE; 2 = FEMALE)

1.11b CHILD'S AGE (COMPLETED MONTHS AND WEEKS)	M	M	W	W	
FW: COMPUTE AGE FROM DATE OF BIRTH					

1.12 RESPONDENT'S NAME.....

1.13 RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A⁶)

1.14 Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]

1.15a REASONS FOR NOT INTERVIEWING THE MOTHER	Mother dead	01		
	Mother unknown	02		
	Child adopted	03		
	Mother mentally challenged	04		
	Mother physically challenged (deaf)	05		
	Mother not at home	06		
	Other (specify)	96		

1.16 What is your relationship to (CHILD'S NAME)? (CODE SHEET A⁷) (OTHERspecify.....)

1.17 Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)

1.18 Do you stay in this household? (1=YES; 2=NO)

MODULE 2: CHILD HEALTH STATUS

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.

4.0 CHILD'S VITAL STATUS

The last time I was here, I asked you questions about you and your child's health and took your child's weight and height measurements. Now I would like to know:

4.6c Where was (NAME) at Update2? 4.6c) Child's presence Upd2 1 If 3/9 Record in CAL, Col.3 then skip 8.0

IF CHILD WAS DEAD IN 2nd UPDATE, GO TO CAL, Col. 3 AND
FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0

4.6 Where is (NAME)? Child at home 1 } 7.0

CIRCLE THE APPROPRIATE RESPONSE Child not at home but alive..... 2 }

Child dead..... 3

4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES,
THEN ASK: When did (NAME) die? (DD/MM/YYYY)

4.8 Was (NAME) ill before he/she died? Yes..... 1

CIRCLE THE APPROPRIATE RESPONSE No 2 → 5.0

4.9 What in your opinion caused the death of (NAME)?	Pneumonia	01		
	Diarrhea and Vomiting	02		
	Chest problems	03		
	Malaria	04		
	Fever	05		
	Don't Know.....	98		
	Other (Specify)	96		

5.0 BREASTFEEDING AND OTHER FEEDING PRACTICES

Now I would like to ask you a few questions about (NAME)'s feeding patterns, and his/her growth.

Questions and Filters	Coding Categories	Skip to
5.1c <i>Had (NAME) ever been breastfed in at Initial survey?</i>	5.1c) Update2	### If 1 → 5.9c
CHECK IF CHILD EVER BREASTFED IN PREVIOUS SURVEY		
5.1 Has (NAME) ever been breastfed/ Was (NAME) ever breastfed?	Yes..... 1 No 2 Don't Know..... 8	→ 5.9 → 5.12c
5.9 FW: CHECK 4.6: IF CHILD IS DEAD, SKIP TO Q5.23		
Is (NAME) still breastfeeding?	Yes..... 1 No 2 Don't Know..... 8	 → 5.10 → 5.12c
IF "1" RECORD B FOR BREASTFEEDING IN THE CALENDAR		
Col.3. FOR ALL THE MONTHS SINCE THE PREVIOUS INTERVIEW		
5.21 How many times did (NAME) breastfeed yesterday during the day (i.e. between sunrise and sunset?)	Number of times Don't Know 98	
5.22 How many times did (NAME) breastfeed yesterday at night (i.e. between sunset and sunrise?)	Number of times Don't Know 98	
SKIP TO Q5.12c		
5.23 Was (NAME) still breastfeeding?	Yes..... 1 No 2 Don't Know..... 8	→ 5.12 → 5.12
IF YES, RECORD B FOR BREASTFEEDING IN THE CALENDAR		
Col. 3. FOR ALL THE MONTHS SINCE THE PREVIOUS INTERVIEW		
TILL THE MONTH THE CHILD DIED		
5.10 For how long did (NAME) breastfeed?		
IF NEVER BREASTFED RECORD 00 IN DAYS, IF LESS THAN		
A WEEK, RECORD IN DAYS; IF LESS THAN A MONTH,		
RECORD IN WEEKS OTHERWISE RECORD IN MONTHS.	Days..... Weeks..... Months.....	 CAL. Col3
IF DON'T KNOW, CIRCLE '98'		
PROBE FOR EVERY MONTH SINCE THE LAST INTERVIEW		
AND RECORD B FOR BREASTFEEDING IN THE		
CALENDAR - Col. 3	Don't Know..... 98	
5.11 Why did (NAME) stop breastfeeding?	Baby ill/unable/refused to suckle..... 01 Baby refused to suckle..... 02 Mother refused to breastfeed..... 03 Spouse recommended 04 Mother was very sick..... 05 No/little breast milk..... 06 Mother was away 07 Mother died..... 08 Baby was old enough to stop..... 09 Advice by health professional..... 10 Advice by other person..... 11 Other (Specify.....)..... 96 Don't Know..... 98	
DO NOT PROMPT; CIRCLE THE (ONE) MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.		
5.12c <i>Apart from breast milk, has (NAME) ever been given any liquid/food?</i>	5.12c) Update2	### If 1 → 5.25

5.12 FW: CHECK Q.4.6: IF CHILD IS DEAD SKIP TO 6.0

Apart from breast milk, has (NAME) ever been given any liquid/food?

Yes..... 1
 No 2
 Don't Know..... 8 } → 6.0

5.18	RECORD AGE OF CHILD IN COMPLETED MONTHS FW: COMPUTE AGE OF CHILD IN COMPLETED MONTHS BY SUBTRACTING DATE OF BIRTH FROM DATE OF INTERVIEW	Age in Months..... <input type="text"/> <input type="text"/>																																																																																																																															
5.19	FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE	Child is 6 months old or less..... 1 Child is over 6 months old..... 2	→ 5.13																																																																																																																														
5.20	At what age were complementary liquids/ foods introduced to (NAME)? RECORD AGE IN MONTHS. IF DON'T KNOW CIRCLE 98	<table border="1"> <tr> <td></td> <td colspan="3">Age</td> </tr> <tr> <td></td> <td>Days</td> <td>Weeks</td> <td>Months</td> </tr> <tr> <td>Liquids.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Semi-solids..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Don't know.....</td> <td colspan="3">98</td> </tr> </table>		Age				Days	Weeks	Months	Liquids.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	Semi-solids..	<input type="text"/>	<input type="text"/>	<input type="text"/>	Don't know.....	98			5.25																																																																																																										
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5.13	In the last three days, did (NAME) receive any of the following? PROMPT FOR EACH LIQUID/SOLIDS FOOD AND CODE FOR ALL ITEMS MENTIONED. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE 1; IF NO, CIRCLE 2; AND IF DON'T KNOW, CIRCLE 8.	<table border="1"> <tr> <th colspan="3">Q. '5.13</th> <th colspan="6">Q. '5.14 (Age)</th> </tr> <tr> <th></th> <th>Y</th> <th>N</th> <th>D</th> <th colspan="2">Days</th> <th colspan="2">Weeks</th> <th>Months</th> </tr> <tr> <td>01 Vitamin/mineral supplements</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02 Plain water</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03 Sweetened/flavo-ured water</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>04 Fruit juice</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>05 Beverages (e.g. tea, etc)</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>06 Powdered/fresh milk</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>07 Infant formula</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>08 Porridge</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>09 Soup (gravy/bone)</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 Soft drinks (e.g. soda etc.)</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Solid/semi-solid (mushy) food</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>96 Other liquids (specify)_____</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Q. '5.13			Q. '5.14 (Age)							Y	N	D	Days		Weeks		Months	01 Vitamin/mineral supplements	1	2	8						02 Plain water	1	2	8						03 Sweetened/flavo-ured water	1	2	8						04 Fruit juice	1	2	8						05 Beverages (e.g. tea, etc)	1	2	8						06 Powdered/fresh milk	1	2	8						07 Infant formula	1	2	8						08 Porridge	1	2	8						09 Soup (gravy/bone)	1	2	8						10 Soft drinks (e.g. soda etc.)	1	2	8						11 Solid/semi-solid (mushy) food	1	2	8						96 Other liquids (specify)_____	1	2	8						
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5.14	FW: CHECK 5.13, FOR EACH ITEM CODED 1, ASK: At what age (in months) was the liquid/food introduced to (NAME)? RECORD AGE IN DAYS/ WEEKS/ MONTHS IN THE BOXES PROVIDED. RECORD IN ONLY ONE UNIT. IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'																																																																																																																																

**Now I would like to ask you about the types of foods (NAME) ate over the last 24 hours.
I am interested to know whether (NAME) had the item even if it was combined with other foods.**

(Ask respondent to recount foods consumed and record each mentioned under appropriate food group)
[INDICATE 1 FOR CONSUMED AND 2 FOR NOT CONSUMED]

5.25 Yesterday, did (Name) eat (.) or any foods made from:

- a. **Grains/cereals** (Bread, Nyoyo or any other food made from millet, sorghum, maize, rice, ugali, porridge, mandazi, chapati)
- b. **Roots and tubers** (potatoes, sweet potato, cassava, nduma or any foods made from roots)
- c. **Legumes and nuts** (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)
- d. **Dairy products** (yogurt, cheese, sour milk [mala])
- e. **Flesh foods** (meat, fish, poultry, pork and organ meats like liver, kidney)
- f. **Eggs**
- g. **Green leafy Vegetables** (sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage, sweet potato leaves, osuga, kunde, and other locally available leaves)
- h. **Vitamin A rich (non-leafy) vegetables** (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)
- i. **Vitamin A rich fruits** (mango, pawpaw, guava)
- j. **Other Fruits** (Orange, lemon (or other citrus fruits), pineapple, banana etc)
- k. **Other Fruits** (matoke)
- l. **Oils and fat** (Oils, fats or butter added to food/used for cooking)
- m. **Sugar** (Sugar/honey added to food such as tea, porridge)
- n. **Others** (condiments, tea, coffee) (Specify.....)

5.26 How many times did (NAME) eat solid, semisolid or soft foods yesterday during day or/and night?

Number of times
Don't Know

98

5.15 What is used to feed (NAME)? Do you use....

PROMPT FOR EACH CATEGORY AND CIRCLE AS APPROPRIATE, IF RESPONDENT SAYS YES, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'

	Y	N	D
Bottle with nipple/teat.....	1	2	8
Cup with nipple/teat.....	1	2	8
Cup with holes.....	1	2	8
Cup/ bowl with no cover and spoon.....	1	2	8
Feeding with palm/hands.....	1	2	8
Other	1	2	8
(specify)_____			

6.0 VACCINATION HISTORY

Now I would like to ask you about (NAME)'s vaccination

6.1c Did (NAME) have a vaccination card at Initial survey?

6.1c) Update2

###

6.1 Does/ Did (NAME) have a vaccination card that looks like this?

FW: SHOW A COPY OF A VACCINATION CARD

IF YES: May I see it please?

FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT CIRCLE THE APPROPRIATE RESPONSE

Yes, card/ book seen.....	1	→ 6.3
Yes, card not seen.....	2	→ 6.5c
No card/Never had a card.....	3	
Don't Know.....	4	

6.2a Please tell me the main reason why (NAME) has no vaccination card

Mother too weak to visit HF.....	1	} 6.5c
Costs.....	2	
No cards/supplies at clinic	3	
Card lost.....	4	
Don't Know.....	98	
Other	96	
Specify.....		

FW: CHECK THE **PREPRINTED INFORMATION**: IF IT'S THE SAME DATE AS ON THE CARD PUT A TICK (✓) ON THE **CHECK** COLUMN IF THE DATES ARE DIFFERENT, PUT A CROSS (X) ON THE **CHECK** COLUMN, THEN RECORD THE CORRECT DATE FROM THE CARD ON THE PROCEEDING COLUMNS

6.3 **FW**: FOR QUESTION 6.3 COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT DATE IS NOT LEGIBLE

If the vaccine/dose that should have been given by the date of interview was not given, write '77' in 'day' column, and Ask: **What was the main Reason why (name of Vaccine/Dose) was not given to the Child?** (Record the reason and the **code (CODE SHEET A³)** for the reason in the space provided.

	DD	MM	YYYY	CHECK	DD	MM	YYYY	Main Reason	Code
BCG									
Pentavalent 1									
Pentavalent 2									
Pentavalent 3									
Oral Polio Birth Dose									
Oral Polio 1st Dose									
Oral Polio 2nd Dose									
Oral Polio 3rd Dose									
Pneumococcal Dose 1									
Pneumococcal Dose 2									
Pneumococcal Dose 3									
Measles									
Yellow Fever									
Vitamin A Dose 1	06	Months							
Vitamin A Dose 2	12	Months							
Vitamin A Dose 3	18	Months							
Vitamin A Dose 4	24	Months							
Vitamin A Dose 5	30	Months							
Vitamin A Dose 6	36	Months							
Deworming									
Other Vaccines 1								OTH1	
Other Vaccines 2								OTH2	
Other Vaccines 3								OTH3	
Other Vaccines 4								OTH4	
Other Vaccines 5								OTH5	

6.17	BCG Scar	D	D	M	M	Y	Y	Y	Y
FW: COPY DATE CHECKED FROM THE CARD. CIRCLE 1 IF SCAR WAS PRESENT AND 2 IF SCAR WAS ABSENT. IF NO INFORMATION, CIRCLE 3									
		Scar Present 1 Scar Absent 2 No Information..... 3							
6.18	FW: CHECK FROM THE CARD IF BCG WAS REDONE,	Yes..... 1 No 2							→ 6.20
6.19	IF YES, COPY THE DATE FROM THE CARD	D		D	M	M	Y	Y	Y

6.20c Does/ Did (NAME) have a BCG scar in Intl survey? 6.20c) Update2 ### if 1/98 → 6.21
FW: CHECK 6.20c: IF RESPONSE IS "1" or "98", **SKIP TO 6.21**
ELSE

6.20 FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE CHECK IF CHILD HAS BEEN GIVEN BCG ASK:

Would you mind if I check (NAME) to see if there is an immunization scar?	Scar Present.....	1
	Scar absent	2
INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:	Child is dead.....	3
	Child not examined.....	4

IF YOU HAVE RECORDED INFORMATION FROM THE CARD SKIP TO 6.21 ON CAMPAIGNS

IF CHILD IS DEAD SKIP TO MODULE 3, ELSE SKIP TO Q 6.15 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD.

FW NOTE: ASK QUESTION 6.5 TO 6.15 ONLY IF THERE IS NO CARD OR THE CARD WAS NOT SEEN.

CIRCLE THE APPROPRIATE RESPONSE: 1 = YES, 2 = NO, 8 = DON'T KNOW

PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:

6.5c Had/Has (NAME) been given BCG vaccination in Update1 svy? 6.5c) Update2 ### If 1 → 6.6c
FW: CHECK 6.5a IF BCG VACCINATION WAS GIVEN

6.5 A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes.....	1
	No	2
	Don't Know.....	8

6.6c Does/ Did (NAME) have a BCG scar in Update2? 6.6c) Update2 ### if 1/98 → 6.7c
FW: CHECK 6.6a: IF RESPONSE IS "1" or "98", **SKIP TO 6.7** ELSE ASK:

6.6 FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE ASK:		
Would you mind if I check (NAME) to see if there is an immunization scar?	Scar Present.....	1
	Scar absent	2
INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:	Child is dead.....	3
IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 4.	Child not examined.....	4

6.7c Has/ Had (NAME) received pentavalent vaccine at Update2 svy? 6.7c) Update2 ###

6.7 Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, diphtheria and hepatitis often given at the same time as polio vaccine?	Yes.....	1
	No	2
	Don't Know.....	8

6.8 How many such injections has (NAME) had?	No.	
RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED.	###	

IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'. 6.8c) Update2 6.8) 3rd Update

Don't Know.....	8
-----------------	---

6.9c Has/ Had (NAME) received polio vaccine at Update2 svy? 6.9c) Update2 ###

6.9 Two or three Vaccine drops in the mouth to protect him/her from getting polio?	Yes.....	1
	No	2
	Don't Know.....	8

6.10 How many times has s/he been given these drops?	No.	
RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	###	

6.10c) Update2 6.10) 3rd Update

Don't Know.....	8
-----------------	---

6.11 When was the first polio vaccine received? Was it just after birth (that is within two weeks after birth) or later?	Just after Birth.....	1
	Later.....	2
CIRCLE THE APPROPRIATE RESPONSE	Don't Know.....	8

6.26c Has/ Had (NAME) received Pnemonia/Meningitis vaccine at Update2 svy? 6.26c) Update2 ###

6.26 Has (NAME) ever been given the new vaccine injection – that is, a shot in the right thigh – to prevent him or her from getting Pneumonia/Meningitis?	Yes.....	1
	No	2

the right thing to prevent him or her from getting treatment for meningitis.

Don't Know.....

8 } 0.120

6.27 How many such injections has (NAME) had?		No.
RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	6.27c) Update2	###
	6.27) 3rd Update	
6.12a <i>Has/ Had (NAME) received measles vaccine in Update1 svy?</i>	6.12c) Update2	### If 1 → 6.21

6.12 Has (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more – to prevent him or her from getting measles?	Yes.....	1	
	No	2	
	Not yet 9 months.....	3	
	Don't Know.....	8	

CAMPAIGN HISTORY

6.21 Has NAME participated in any national immunisation day/ immunisation campaign since birth?	Yes.....	1	
	No	2	} 6.15
	Don't Know.....	8	

POLIO

6.22 Has (NAME) received any POLIO vaccinations during national immunisation day / immunisation campaign?		D	D	M		M	Y	Y	Y	Y
	POLIO 1									
	POLIO 2									
PROBE FOR DATE WHEN THE POLIO CAMPAIGN VACCINATION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	POLIO 3									
	POLIO 4									
	POLIO 5									

MEASLES

6.23 Has (NAME) received any Measles vaccinations during national immunisation day / immunisation campaign?		D	D	M		M	Y	Y	Y	Y
	VAS 1									
	VAS 2									
PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.										

VITAMIN A SUPPLEMENTATION

6.24 Has (NAME) received any Vitamin A supplements during national immunisation day / immunisation campaign?		D	D	M		M	Y	Y	Y	Y
	VAS 1									
	VAS 2									
PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	VAS 3									
	VAS 4									
	VAS 5									

OTHER

6.25 Has (NAME) received any Other vaccination during national immunisation day / immunisation campaign?		D	D	M		M	Y	Y	Y	Y

PROBE FOR DATE WHEN THE VACCINATION/INTERVENTION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	_____									

6.15 FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?	Yes.....	1	→ 7.0
	No	2	
	Don't Know.....	8	→ 7.0
6.16 Please tell me the main reason why (NAME) has never been/ was never given any immunisation ? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak.....	01	
	Not important/ignorance.....	02	
	Away/No time off work/ business.....	03	
	Mother/carer forgot.....	04	
	Mother/ carer sick/ died.....	05	
	Religious beliefs.....	06	
	Suspicion towards vaccines.....	07	
	Hospital/ clinic to far.....	08	
	Cost of vaccine.....	09	
	No vaccine/supplies at clinic.....	10	
	No reason.....	11	
	Don't Know.....	98	
	Other (specify).....	96	

FW: IF CHILD IS DEAD SKIP TO QUESTION 7.19 {CHILD HOSPITALISATION}

7.0 CHILD MORBIDITY AND HEALTH SEEKING PRACTICES

Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks.

FW : USE CODES PROVIDED IN CODE SHEET A⁵ FOR Q7.1 TO 7.15.

7.1 Has (NAME) been ill with any of the following illness at any time in the last two weeks?

FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES

a	b	c	d	e
Fever	Diarrhea	Cough	Cough + Rapid Breath	Convulsions

FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH

FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH +RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES **SKIP TO 7.15.**

NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS

7.2 For how many days has (NAME) been ill/ was ill with (NAME OF ILLNESS)?

RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES OTHERWISE RECORD '99' IF THERE WAS NO ILLNESS.

a	Fever	98
b	Diarrhoea	98
c	Cough	98
d	Cough + Rapid Breath	98
e	Convulsions	98

7.3 What was done at home about the (ILLNESS)? (CODE SHEET A¹)

FW: FOR OTHER, GIVE CODE FOR ILLNESS BEFORE SPECIFYING.

[e.g. IF CHILD HAD FEVER AND WAS SPONGED, RECORD (a) sponging]

a	b	c	d	e
Other (specify)_____				

7.4 During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual?

1 = More than usual; 2 = about the same; 3 = Less than usual

a	b	c	d	e
Other (specify)_____				

7.5 During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None

8 = Don't Know; 9 = N/A

a	b	c	d	e
---	---	---	---	---

7.6 What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE/ TREATMENT AT HEALTH FACILITY; 4 = OTHER

FW: IF ANSWER IS 3, SKIP TO 7.8

a	b	c	d	e
Other (specify)_____				

NB: a =FEVER; b =DIARRHEA; c =COUGH; d =COUGH + RAPID BREATH; e =CONVULSIONS

7.7 Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA
IF "1"; SKIP TO 7.8; IF "8"; or "9" SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES;
ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD.

7.7a Why was care not sought outside the home for (illness) / or at health facility? **(CODE SHEET A⁴)**
SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2
FOR THE NEXT ILLNESS WHICH THE CHILD HAD.
RECORD ONLY THE **MAIN** REASON

7.8 How long after (NAME)'s illness was discovered was treatment/ care sought?
RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'

7.9 Where was treatment sought?
RECORD CODE OF FACILITY. **(CODE SHEET A²)**.

7.10 Was follow-up visit/ referral requested by the health care provider? 1 = YES , FOLLOW UP VISIT,
2 = NO; 3 = YES, REFERRAL TO ANOTHER FACILITY; 8 = DON'T KNOW

7.11 Did you take (NAME) for a follow-up visit/ referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA
IF "2", SKIP TO 7.14; IF "8"or "9" SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES
ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF "1" PROCEED TO NEXT QUESTION (7.12).

7.12 IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT; ASK
Where did you seek care next? RECORD CODE OF THE FACILITY. **(CODE SHEET A²)**

FW: CHECK 7.9 AND 7.12 ; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK:

7.13 Why did you seek care elsewhere (i.e at a health facility)?**(CODE SHEET A³)**
FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE
PROCEED TO 7.15

FW: FOR THOSE REFERRED/ASKED TO RETURN FOR FOLLOW-UP BUT DID NOT GO.
I.E. CHECK IF 7.10 IS "1" OR "3" AND 7.11 IS "2" ASK:

7.14 Why was (NAME) not taken for a follow up visit/ not taken to another facility where
he/ she was referred **(CODE SHEET A⁴)**
RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15

Fever Diarrhea Cough Cough +
Rapid Breath Convulsions

a b c d e

Other (specify) _____

a b c d e

a b c d e

1.2a

Other (specify) _____

a b c d e

a b c d e

a b c d e

Other (specify) _____

a b c d e

Other (specify) _____

a b c d e

Other (specify) _____

7.15 Apart from the illness I have talked about, does/did (NAME) have any other illness in the last 2 weeks? YES..... 1 MOST SERIOUS ILLNESS
 CIRCLE 1 =YES, 2 = NO, 8 = DON'T KNOW NO..... 2
 IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A⁵). IF MORE THAN ONE ILLNESS, DON'T KNOW..... 8
 PROBE AND RECORD THE MOST SERIOUS ILLNESS. Other (specify) _____

7.18 FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was YES..... 1
 ORS (sugar and salt solution) prepared for him/her? 1 =YES, 2 = NO, 8 = DON'T KNOW NO..... 2
 Don't Know..... 8
 Does not know/ Has not heard about ORS..... 3

CHILD HOSPITALISATION

7.19 Was NAME hospitalized (Stayed overnight at a health facility) since birth? 1st 2nd 3rd 4th
 RECORD 1 IF HOSPITALIZED AND 2 IF NOT HOSPITALIZED IN THE FIRST
 CELL, IF MORE THAN 1 HOSPITALIZATION OCCURRED RECORD THE
 HOSPITALIZATION DETAILS SEPARATELY

IF THE CHILD HAS NOT HAD ANY THE HOSPITALIZATION SKIP TO MODULE 3

7.20 When did the hospitalisation take place dd/mm/yyyy
 IF MORE THAN 1 HOSPITALIZATION, RECORD THE DATES DD
 SEPARATELY MM
 YY

7.21 FW: FOR EACH HOSPITALIZATION ASK:
 What illness was (NAME) hospitalized for? (CODE SHEET A¹⁰)

7.22 Where was child hospitalized? RECORD THE HEALTH FACILITY CODE
 CODESHEET A² Specify _____

7.23 For how many days was NAME hospitalized?

MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY

FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4

8.0 POST PARTUM PERIOD AND SEXUAL ACTIVITY

Now I would like to ask you questions to gain a better understanding of some family life issues.

16.0 Have you given birth to another baby after (NAME)? YES..... 1 → 13.0
NO..... 2

8.1c Marital status at Update2

8.1c) Marital status U2 ####

8.1 What is your marital status now: are you married, living with a man, separated, divorced, widowed or never married?
Currently Married..... 01
Living together..... 02
Separated..... 03
Divorced..... 04
Widowed..... 05
Never married..... 06

8.1p FW: CHECK IF ANSWER TO 8.1c AND 8.1 ARE DIFFERENT,
ASK: When did your marital status change?(DD/MM/YY)

Now I would like to ask you about some questions related to your sexual relationships. I know these are sensitive questions, but please answer them as truthfully as you can

8.5c Had respondent resumed sexual relations at Update2?

8.5c) Update2 #### If 1/9 → 8.6

FW: CHECK IF ANSWER 8.5c IS "1"; RECORD IN CALENDAR
THEN SKIP TO 8.6

8.5 Have you resumed sexual relations since the last time you were interviewed?

YES..... 1
NO..... 2 → 8.7c

FW: IF 8.5c IS "2" OR 8.5 IS "2", RECORD RESPONSE IN
CALENDAR THEN FOLLOW SKIP PATTERN

8.6 Since resuming sex; have you had sex in.... (name the months since the previous interview)

FW: PROBE FOR EVERY MONTH SINCE THE PREVIOUS
INTERVIEW. RECORD S FOR SEX IN ALL THE MONTHS SHE
HAD SEX IN THE CALENDAR - Col. 2.

8.7c Was respondent pregnant in Update2?

8.7c) Update2 ####

Are you pregnant now?

YES..... 1
NO..... 2 } Record in
Not sure..... 8 } Calendar
then skip to 9.0

RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE
MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR
ALL THE MONTHS THEREAFTER.

8.8 How many months pregnant are you?

IF DON'T KNOW RECORD 98

MONTHS

9.0 CONTRACEPTION

Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.

9.4c *Had respondent ever used any contraception method at Update2?* 9.4c) Update2 ## If 1/9 → 9.5

FW: CHECK IF ANSWER IN 9.4c) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.5

9.4 Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant? YES..... 1
NO..... 2 → 10.0

9.5 Which method have you used since the previous interview? After the birth of (NAME)?

RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW.

9.6 What is the reason you choose to use (NAME OF METHOD MENTIONED IN 9.5)?

RECORD THE REASON IN THE CALENDAR (Col 6), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW. MORE THAN ONE ANSWER IS ALLOWED.

9.7 Since the birth of (NAME) did you use any other method to prevent pregnancy?

For each method please tell me

When you started using the method

When you stopped using the method

Why you stopped using the method

FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.7) FOR EACH EPISODE WHEN THERE WAS CHANGE IN USE; THE REASONS FOR STOPPING TO USE PREVIOUS METHOD. USE THE CODES PROVIDED.

10.0 FERTILITY INTENTIONS

Now I would like to ask you some questions on your future intentions about sexual life.

FW: CHECK (IF PREGNANT) ie 8.5 is "1"/8.5c is "1" or "9" and 8.7 is "1" ASK THE FOLLOWING QUESTIONS, ELSE SKIP TO 11.0

10.6c *Pregnancy intendedness at Update2* 10.6c) Update2 If 1/2/3 → 11.0

10.6 For this current pregnancy, did you want to become pregnant now, wait until later, or would you prefer not to have any more children at all? NOW..... 1
LATER..... 2
NOT AT ALL..... 3

11.0 CONDOM USE

11.8c *Had respondent ever used a condom in previous survey?* 11.8c) Update2 #### If 1/9 → 11.9

11.8 Have you and your partner ever used a condom during sexual intercourse? Yes..... 1
NO..... 2 → Record in Cal. Col 5 then skip to 13.0

11.9 The last time you had sexual intercourse, did you or your partner use a condom? Yes 1 } Record in
CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN No 2 } CAL Col. 5
THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR
COL 5. RECORD X WHEN THERE WAS NO SEX.

AT THE END OF THIS MODULE GO TO 15.0 (MIGRATION AND POVERTY SECTION)

13.0 ENDINGS

13.1 RESULT OF MODULE 1(CODE SHEET A⁸) [OTHER - SPECIFY]

13.2 RESULT OF MODULE 2 (CODE SHEET A⁸) [OTHER - SPECIFY]

13.3 RESULT OF MODULE 3(CODE SHEET A⁸) [OTHER - SPECIFY]

13.4 RESULT OF MODULE 4 (CODE SHEET A⁸) [OTHER - SPECIFY]

13.5 END TIME

13.6 RECORD ANY GENERAL COMMENTS

.....
.....

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0

Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.

12.1 START TIME

12.1a DATE (dd/mm/yyyy)

12.2 Is the respondent the mother of the child?	Yes.....	1
CIRCLE AS APPROPRIATE	No.....	2
	Don't Know.....	8

LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.3c	Length of child measured at previous interview	12.3c) Update2	#REF!	.	####
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM)	12.3) Update3		.	
12.9c	Height of the mother measured at any previous interview?	12.9c) Update2			

IF 12.9c IS 2. TAKE MOTHER'S HEIGHT

12.9 ENTER THE **HEIGHT OF THE MOTHER** IN CM (TO THE NEAREST 0.1CM)
(REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.

12.4c	Weight of the mother/caretaker measured at previous interview	12.4c) Update2	#REF!	.	###
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG	12.4) Update3		.	
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG	12.5)		.	

12.6c	Weight of child measured at previous interview	12.6c) Update2	#REF!	.	###
12.6	ENTER THE WEIGHT OF THE CHILD IN KG	12.6) Update3		.	

MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.7c	MUAC measured at previous interview	12.7c) Update2	#REF!	.	####
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM)	12.7) Update3	.		

12.13 ENTER THE MEASURED MOTHER'S **CIRCUMFERENCE** (TO THE NEAREST 0.1CM)

12.14 IF CHILD was not examined, what are the reasons for not examining the child?	Child unwell.....	1
	Child away.....	2
	Child sleeping.....	3
	Other (specify).....	6
	Refusal.....	7
	Don't know.....	8

12.8 HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1
CIRCLE THE APPROPRIATE RESPONSE No 2 → 13.0

CHECK IF 12.8c IS 2. SKIP TO 13.0

12.10 TO WHICH NUTRITIONAL CENTER WAS (NAME) REFERRED?		
Redeemed nutritional center....		01
Lea Toto nutritional center.....		02
Kariobangi nutritional center....		03
St. Charles Lwanga center....		04
Lunga Lunga dispensary.....		05
Other (Specify).....		96

12.11 DID YOU/GUARDIAN COMPLY WITH THIS REFERRAL?	Yes.....	1	→ 13.0
	No.....	2	

12.12 WHY DIDN'T YOU/GUARDIAN COMPLY?	Referral center too far.....	01
MULTIPLE RESPONSES ALLOWED	Child does not meet criteria to be enrolled.....	02
	Mother too busy.....	03
	Stigma associated with center.....	04
	Child got better.....	05
	Other (specify)	96

13.0 ENDINGS

13.7 ANTHROPOMETRIC MEASUREMENT : END TIME

13.8 RECORD ANY GENERAL COMMENTS

.....

15.0 MIGRATION AND POVERTY

I would like to ask you questions regarding your stay in Korogocho/Viwandani.

15.4 What is the likelihood that you will stay in Korogocho/Viwandani for the next one year?

PROMPT, IF RESPONDENT DOESN'T ANSWER READ OUT THE OPTIONS;

Very likely.....	01	→ 15.7
Somewhat likely.....	02	
Somewhat unlikely.....	03	
Very unlikely.....	04	
Don't know.....	98	

15.5 If you left Korogocho/Viwandani where would you likely go?

DSA (Viwandani/Korogocho).....	01
Non DSA (Korogocho/Viwandani).....	02
Other Nairobi slum.....	03
Nairobi non-slum.....	04
Other urban area.....	05
Rural Kenya.....	06
Outside Kenya.....	07

15.6 What would be the main reason for you to leave?

CODE SHEET B³

15.7 We would like to contact you if you moved from here. Would you be willing to give me a phone number that we can use to contact you?

Yes.....	1
No.....	2 → 15.10

Telephone number given in the last interview

#REF!

15.8 Please give me a telephone contact where we can reach you.

Now I would like to ask you questions relating to your engagement in economic activities

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION

15.10 In the last **4 weeks** have you worked for cash or payment in kind?

FW: PROBE FOR WORK PAID IN BOTH CASH AND KIND

Yes.....	1
No.....	2 → 15.18

15.11 What work were you mainly engaged in?

Salaried.....	01
Casual.....	02
Piecework/daily work.....	03
Own business.....	04
Other (specify)	96

15.12 Where did you do this activity?

Same slum.....	01
Other slum.....	02
Elsewhere in Nairobi.....	03
Outside Nairobi.....	04
Foreign country.....	05
Other (specify)	96

15.13 How long does it take you to get to the place of work?

Minutes
 Hours

15.14 What means of transportation do you use to get to this place?

Walk.....	01
Bicycle.....	02
Motorcycle.....	03
Matatu/car.....	04
Other (specify)	96

15.15 On average, how many days during this month (4 weeks) did you do this activity?

Days

15.16 On average, how many hours per day did you do this activity?

Hours

ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS

15.17 How much money did you earn from this activity at the end of the month?

(Cash) Kshs.
 (Kind) Kshs.
 Total Kshs.

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION

15.18 In the 3 months preceeding the last one month, were you engaged in any income generating activity?

Yes..... 1
No..... 2

CHECK IF 15.10 IS 1 OR 15.18 IS 1 ASK, ELSE SKIP TO 13.0 (ENDINGS)

15.19 When you are at work, who takes care of the (child) children?

Takes baby with me to work 01
Takes baby to a day care center 02
Takes baby to a relative or neighbor's house..... 03
Leaves baby in the house with a househelp..... 04
Leaves baby in the house with other family member.. 05
Leaves baby in the house alone 06
Other (specify) 96

16.0 CALL BACKS

16a RESULT OF INTERVIEW AT RECRUITMENT

16.1a) Initial

D D M M Y Y Y

16.1 RESULT OF INTERVIEW 1ST ATTEMPT (CODE SHEET A8) DATE
COMMENT
16.2 RESULT OF INTERVIEW 2ND ATTEMPT (CODE SHEET A8) DATE
COMMENT
16.3 RESULT OF INTERVIEW 3RD ATTEMPT (CODE SHEET A8) DATE
COMMENT
16.4 RESULT OF INTERVIEW 4TH ATTEMPT (CODE SHEET A8) DATE
COMMENT

14.0 OFFICE/FIELD CHECK DETAILS

14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

14.2 DATA ENTRY CLERK'S CODE

EXPOSURE CALENDAR

0		MOTHER'S NAME: #REF!		HOUSEHOLD ID: #REF!		16791	
COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	ORDER
Q. 8.3	Q. 8.6	Q. 5.9	Q. 9.5	Q. 11.9	Q. 9.6	Q. 9.7	MONTH YEAR
INSTRUCTIONS							
COL 1	sno	2	09 SEP	01			01 SEP
	after birth of (name) did you have your first period?	0	10 OCT	02			02 OCT
	A POST PARTUM AMENORRHOEA	0	11 NOV	03			03 NOV
	B WHEN CHILD WAS BORN	6	12 DEC	04			04 DEC
	P WHEN WOMAN IS/WAS PREGNANT		01 JAN	05			05 JAN
	M MENSTRUATION		02 FEB	06			06 FEB
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		03 MAR	07			07 MAR
	MX MENSTRUATION EXPECTED IN THAT MONTH		04 APR	08			08 APR
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		05 MAY	09			09 MAY
COL.2	Q 8.6: Since resuming sex, have you had sex in.....	2	06 JUN	10			10 JUN
	(FW: name month since the previous interview)	0	07 JUL	11			11 JUL
	S RECORD S ON THE MONTH SHE HAD SEX	7	08 AUG	12			AUG
	X RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX						
	B INDICATE B WHEN CHILD WAS BORN		09 SEP	01			01 SEP
COL.3	Q5.9 & Q5.10: FW CHECK 8.9: For how many months since previous interview did you breastfeed (NAME)?		10 OCT	02			02 OCT
	B RECORD B FOR BREASTFEEDING IN MONTHS SHE		11 NOV	03			03 NOV
	X IN MONTHS WHEN BREASTFEEDING STOPPED		12 DEC	04			04 DEC
	D RECORD D IN MONTH WHEN CHILD DIED		01 JAN	05			05 JAN
	X IN MONTHS WHEN BREASTFEEDING STOPPED		02 FEB	06			06 FEB
	BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		03 MAR	07			07 MAR
	P MONTHS WHEN SHE WAS/IS PREGNANT		04 APR	08			08 APR
COL.4	Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS	2	05 MAY	09			09 MAY
	A FEMALE STERILISATION	0	06 JUN	10			10 JUN
	B MALE STERILISATION	0	07 JUL	11			11 JUL
	C PILL	8	08 AUG	12			12 AUG
	D IUD						
	E INJECTABLES		09 SEP	01			01 SEP
	F CONDOM		10 OCT	02			02 OCT
	G FEMALE CONDOM		11 NOV	03			03 NOV
	H DIAPHRAGM		12 DEC	04			04 DEC
	I FOAM/JELLY		01 JAN	05			05 JAN
	J LACTATIONAL AMENORRHOEA METHOD		02 FEB	06			06 FEB
	K RHYTHM METHOD		03 MAR	07			07 MAR
	L WITHDRAWAL		04 APR	08			08 APR
	M IMPLANTS		05 MAY	09			09 MAY
	N EMERGENCY CONTRACEPTION	2	06 JUN	10			10 JUN
	X WHEN NO METHOD WAS USED	0	07 JUL	11			11 JUL
	O OTHER METHODS	0	08 AUG	12			12 AUG
COL.5	Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex?						
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM		09 SEP	01			01 SEP
	Add A-ALWAYS; S-SOMETIMES; N-NEVER		10 OCT	02			02 OCT
	Check Q.8.6 (Col. 2) when she had sex.		11 NOV	03			03 NOV
	X WHEN THERE WAS NO SEX		12 DEC	04	B	B	04 DEC
			01 JAN	05	A	S	05 JAN
			02 FEB	06	M	S	06 FEB
			03 MAR	07	M	S	07 MAR
			04 APR	08	M	S	08 APR
			05 MAY	09	M	S	09 MAY
COL.6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5)	2	06 JUN	10			10 JUN
	FW NB: MORE THAN 1 RESPONSE ALLOWED.	0	07 JUL	11			11 JUL
	A DOCTOR ADVISED THIS METHOD	1	08 AUG	12			12 AUG
	B HAS LITTLE SIDE EFFECTS						
	C PARTNER IS NOT AWARE OF IT		09 SEP	01			01 SEP
	D BECAUSE RESPONDENT LIKES IT		10 OCT	02			02 OCT
	E CONVENIENT TO USE		11 NOV	03			03 NOV
	F KNOWS NO OTHER METHOD		12 DEC	04			04 DEC
	G KNOWS NO SOURCE OF WHERE TO GET OTHERS		01 JAN	05			05 JAN
	H COST IS/ IS NOT TOO MUCH		02 FEB	06			06 FEB
	I PARTNER REQUESTED OR INSISTED		03 MAR	07			07 MAR
	J HEALTH CONCERNS		04 APR	08			08 APR
	K OTHER REASONS		05 MAY	09			09 MAY
	X WHEN NO CONTRACEPTION WAS USED	2	06 JUN	10			10 JUN
		0	07 JUL	11			11 JUL
		1	08 AUG	12			12 AUG
COL.7	Q 9.7: Why did you stop using the previous method? (i.e. change from the one you were using before)						
	A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY		09 SEP	01			01 SEP
	B BECAME PREGNANT WHILE USING		10 OCT	02			02 OCT
	C HAD SIDE EFFECTS		11 NOV	03			03 NOV
	D WANTED TO BECOME PREGNANT		12 DEC	04	B	B	04 DEC
	E HUSBAND/ PARTNER DISAPPROVED		01 JAN	05	A	S	05 JAN
	F WANTED MORE EFFECTIVE METHOD		02 FEB	06	M	S	06 FEB
	G HEALTH CONCERNS		03 MAR	07	M	S	07 MAR
	H LACK OF ACCESS/ TOO FAR		04 APR	08	M	S	08 APR
	I COSTS WERE TOO MUCH		05 MAY	09	M	S	09 MAY
	J INCONVENIENT TO USE	2	06 JUN	10			10 JUN
	K FATALISTIC	0	07 JUL	11			11 JUL
	L DIFFICULT TO GET PREGNANT/ MENOPAUSAL	1	08 AUG	12			12 AUG
	M MARITAL DISSOLUTION/ SEPARATION						
	N DON'T KNOW		09 SEP	01			01 SEP
	O OTHER REASONS		10 OCT	02			02 OCT
			11 NOV	03			03 NOV