

AFRICAN POPULATION AND HEALTH RESEARCH CENTER HEALTH CHALLENGES AND SYSTEMS PROGRAM MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT POST INFANCY QUESTIONNAIRE (Month 18 & 24)			
<b>1.0 BACKGROUND (FROM BASELINE QUESTIONNAIRE)</b>			
1.0	VILLAGE OF RESIDENCE (CODESHEET B5)		
1.1	START TIME (24HRS)		
1.2	FIELD WORKER'S CODE		
1.3	DATE OF INTERVIEW (DD/MM/YYYY)		
1.4	HOUSEHOLD HEAD NAME		
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS		
1.6	HOUSEHOLD ID		
1.7	MOTHER'S NAME		
1.8	MOTHER'S ID		
1.15	Je, hali yako ya ndoa ni gani? (1=CURRENTLY MARRIED; 2=LIVING TOGETHER; 3=SEPARATED; 4=DIVORCED; 5=WIDOWED; 6=NEVER MARRIED)		
<b>HOUSEHOLD LIVELIHOODS</b>			
15.15	Je, mapato makuu ya familia hii yametoka wapi kwa muda wa wiki nne zilizopita?  (CIRCLE AS APPROPRIATE)	1=Formal labor <b>01</b> 2=casual labor <b>02</b> 3=petty trading (e.g. hawking) <b>03</b> 4=Own business <b>04</b> 5=remittances, scavenging and safety nets (e.g merry go round) <b>05</b> 6=Urban agriculture <b>06</b> 96=Other <b>96</b> Specify_____	
15.10	Katika muda wa <b>wiki nne</b> zilizopita, je, umejihusisha katika kazi yoyote na ukalipwa kwa pesa au zawadi? <b>FW: PROBE FOR WORK PAID IN BOTH CASH AND KIND</b>	Yes..... 1 No..... 2 →	15.13
15.12	Je, kazi hii uliifanyia wapi?	Same slum..... 01 Other slum..... 02 Elsewhere in Nairobi..... 03 Outside Nairobi..... 04 Foreign country..... 05 Other (specify) _____ 96	
15.13	Ni watu wangapi katika familia hii wana mapato kwa saa hizi?	Number of people	
15.14	Kwa makadirio yako, <b>JUMLA</b> ya mapato yote kutoka kwa kila mtu kwa familia ni ngapi?	KES	

PRE-FILLED DETAILS OF THE CHILD: (FROM POST BIRTH 1 QUESTIONNAIRE)			
1.30	CHILD'S NAME	[REDACTED]	
1.31	CHILD'S ID	[REDACTED]	
1.32	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	[REDACTED]	
1.33	CHILD'S SEX (1=MALE; 2=FEMALE)	[REDACTED]	
1.21	Has the woman been visited by an MIYCN CHW since OUR last visit?	(1 = Yes; 2 = No)	<input type="checkbox"/>
4.0 MODULE 2: CHILD HEALTH STATUS: CHILD'S VITAL STATUS			
I would like to ask you questions about your child's health.			
4.6	Je, (JINA) yuko wapi? CIRCLE THE APPROPRIATE RESPONSE	Child at home ..... 1 Child not at home but alive..... 2 Child dead..... 3	} → 4.11
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: (JINA) alifariki/ aga dunia lini? (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4.10	COMPUTE THE AGE OF THE CHILD AT DEATH  FW: CALCULATE THE AGE OF THE CHILD BY SUBTRACTING DATE WHEN CHILD WAS BORN FROM WHEN IT DIED.  IF BABY DIED THE SAME DAY IT WAS BORN RECORD 00' DAYS. RECORD ONLY IN ONE UNIT.	Days..... <input type="text"/> <input type="text"/> Weeks..... <input type="text"/> <input type="text"/> Months..... <input type="text"/> <input type="text"/>	
4.8	Je, (JINA) alikuwa mgonjwa kabla ya kufariki? CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No ..... 2	
4.9	Kwa maoni yako, ni nini kilisababisha kifo cha (JINA)?	_____	
5.23	Je, (JINA LA MTOTO) alikuwa bado ananyonya?	Yes..... 1 No ..... 2 Don't Know..... 8	
5.10	Je, (JINA LA MTOTO) alinyonya kwa muda gani?  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.  IF DON'T KNOW, CIRCLE '98'  PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD	Days..... <input type="text"/> <input type="text"/> Weeks..... <input type="text"/> <input type="text"/> Months..... <input type="text"/> <input type="text"/>  Don't Know..... 98	→ 13.0
BABY MILESTONES			
Sasa ningependa kujua jinsi mtoto wako anavyoendelea kukuwa.			
4.11	Je (JINA) ameonyesha/ alionyesha dalili ama mambo yafuatayo h Kutembea i Kuongea	4.11 Y N DK 1 2 8 1 2 8	4.12 Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.12	Kama NDIO, alionyesha dalili hizi akiwa na umri wa miezi mingapi? FW: RECORD AGE IN MONTHS IN THE BOX PROVIDED NEXT TO YES IN Q 4.11		

<b>5.0 MODULE 3: FEEDING PRACTICES</b>			
<b>KNOWLEDGE, ATTITUDES AND PRACTICES ON INFANT AND YOUNG CHILD NUTRITION</b>			
<b>Sasa ningependa tuzungumze kuhusu unayoyajua na unayoyatekeleza kuhusiana na lishe kwako mwenyewe na kwa mtoto wako.</b>			
	<b>Questions and Filters</b>	<b>Coding Categories</b>	<b>Skip to</b>
<b>5.51</b>	Katika muda wa miezi sita iliyopita, umepokea habari yoyote kuhusu kunyonyesha na lishe ya mtoto kutoka mahali popote?	Yes..... 1 No ..... 2 Don't Know/remember..... 8	} → <b>5.1</b>
<b>5.52</b>	Je, ulipata ushauri huo kutoka wapi?  <b>FW: CIRCLE ALL THAT APPLY</b>	Antenatal/MCH clinics/Health facility A Traditional Birth Attendants B NGO/CBO C CHWs D Relative/ Friend/ Neighbour E Other; Specify..... 96	
<b>BREASTFEEDING AND CHILD FEEDING PRACTICES</b>			
<b>Sasa ningependa kukuuliza maswali kuhusu jinsi (JINA) anavyolishwa na anavyoendelea kuwa mkubwa</b>			
<b>5.9</b>	Je, (JINA LA MTOTO) bado ananyonya?	Yes..... 1 No ..... 2 Don't Know..... 8	→ <b>5.11</b> → <b>5.76</b>
<b>5.21</b>	Je, (JINA LA MTOTO) alinyonya mara ngapi jana mchana (kati ya asubuhi na jioni)?	Number of times <input type="text"/> <input type="text"/> Don't Know 98	
<b>5.22</b>	Je, (JINA LA MTOTO) alinyonya mara ngapi jana usiku (kati ya jioni na asubuhi)?	Number of times <input type="text"/> <input type="text"/> Don't Know 98	
	<b>SKIP TO Q5.76</b>		
<b>5.59b</b>	Je, unanuia kumnyonyesha mtoto wako hadi afikishe miezi/miaka mingapi?	Months..... <input type="text"/> <input type="text"/> <b>Years</b> <input type="text"/> <input type="text"/> As the baby wants <b>94</b> Don't Know <b>98</b>	
<b>5.11</b>	Kwa nini (JINA LA MTOTO) aliwacha kunyonya?  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.	Baby ill/unable 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 Baby was old enough to stop..... 08 Advice by health professional..... 09 Advice by other person..... 10 <b>Mother pregnant with another child</b> 11 Other (Specify.....)..... 96 Don't Know..... 98	
<b>5.76</b>	Kwa maoni yako, mtoto anafaa kunyonya hadi afikishe miezi mingapi? (IF LESS THAN A MONTH, RECORD 00) IF DON'T KNOW, RECORD 98)	Months..... <input type="text"/> <input type="text"/>	

COMPLEMENTARY FEEDING																																			
Sasa ningependa kukuuliza kuhusu aina ya vyakula ambavyo (JINA) alikula jana. Ningependa kujua kama (JINA) alikula chakula hiki hata kama kilichanganyishwa na vyakula vingine.																																			
(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	Jana, (JINA) alikula vyakula hivi (.) au vyakula vyovyote vinavyotokana na:																																		
a.	<b>Grains/cereals</b> (Bread, Nyoyo or any other food made from millet, sorghum, maize, rice, ugali, porridge, mandazi, chapati)	<input type="checkbox"/>																																	
b.	<b>Roots and tubers</b> (potatoes, sweet potato, cassava, nduma or any foods made from roots)	<input type="checkbox"/>																																	
c.	<b>Legumes and nuts</b> (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)	<input type="checkbox"/>																																	
d.	<b>Dairy products</b> (yoghurt, cheese, sour milk [mala])	<input type="checkbox"/>																																	
e.	<b>Flesh foods</b> (meat, fish, poultry, pork and organ meats like liver, kidney)	<input type="checkbox"/>																																	
f.	<b>Eggs</b>	<input type="checkbox"/>																																	
g.	<b>Green leafy Vegetables</b> (sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage, sweet potato leaves, osuga, kunde, and other locally available leaves)	<input type="checkbox"/>																																	
h.	<b>Vitamin A rich (non-leafy) vegetables</b> (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)	<input type="checkbox"/>																																	
i.	<b>Vitamin A rich fruits</b> (mango, pawpaw, guava)	<input type="checkbox"/>																																	
j.	<b>Other Fruits</b> (Orange, lemon (or other citrus fruits), pineapple, banana (including Matoke) etc)	<input type="checkbox"/>																																	
k.	<b>Oils and fat</b> (Oils, fats or butter added to food/used for cooking) <span style="color: blue;">magarine/ blueband</span>	<input type="checkbox"/>																																	
l.	<b>Sugar</b> (Sugar/honey added to food such as tea, porridge)	<input type="checkbox"/>																																	
m.	<b>Fizzy drinks</b> (e.g soda, squash)	<input type="checkbox"/>																																	
n.	<b>Snacks/junk food</b> (cakes, biscuits, crisps, chocolates, sweets)	<input type="checkbox"/>																																	
o.	<b>Others</b> (Specify.....)	<input type="checkbox"/>																																	
5.26	Je, (JINA LA MTOTO) alikula vyakula imara (solid), vyakula imara na laini (semisolids) au vyakula laini (soft) mara ngapi jana wakati wa mchana na usiku?	Number of times Don't Know	<input type="text"/> <input type="text"/> 98																																
5.15	Unampa (JINA LA MTOTO) chakula/vinywaji ukitumia nini? Je, unatumia...  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'	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Bottle with nipple/teat.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup with nipple/teat.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup with holes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup/ bowl with spoon.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Feeding with palm/hands.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Specify.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	DK	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	8	Cup with holes.....	1	2	8	Cup/ bowl with spoon.....	1	2	8	Feeding with palm/hands.....	1	2	8	Other .....	1	2	8	Specify.....				
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5.27	Je, chumvi iliongezwa kwa chakula cha (JINA LA MTOTO) jana?	<table border="1"> <tbody> <tr> <td>Yes.....</td> <td>1</td> </tr> <tr> <td>No .....</td> <td>2</td> </tr> <tr> <td>Don't Know.....</td> <td>8</td> </tr> </tbody> </table>	Yes.....	1	No .....	2	Don't Know.....	8																											
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5.27b	Je, chumvi inayoongezwa kwa chakula cha (JINA LA MTOTO) iko iko na madini ya iodine? <b>FW: ASK TO SEE THE PACKET OF SALT USED. CONFIRM IF IT IS FORTIFIED WITH IODINE</b>	Yes..... 1 No ..... 2 Don't Know..... 8	
5.81	Je, sukari iliongezwa kwa chakula cha (JINA LA MTOTO) jana? <i>Already captured in Q5.25</i>	Yes..... 1 No ..... 2 Don't Know..... 8	
5.82	Je, mafuta ya kupikia chakula au majarini (km. blueband) zilitumika kutayarisha chakula cha (JINA LA MTOTO) jana? <i>Already captured in Q5.25</i>	Yes..... 1 No ..... 2 Don't Know..... 8	
5.28	Je, (JINA LA MTOTO) amewahi kupokea Vitamini A?	Yes..... 1 No ..... 2 Don't Know..... 8	
5.28b	<b>KAMA NDIO</b> , mara ngapi?	Number <input type="text"/>	
5.31	Je, (JINA LA MTOTO) amekunywa dawa zozote za minyoo?	Yes..... 1 No ..... 2 Don't Know..... 8	
5.32	Je, ni nani aliyemtunza (JINA LA MTOTO) wakati wa mchana jana? <b>FW: CIRCLE ONE REPONSE IF SIBLING, SPECIFY AGE OF THE SIBLING</b>	Mother 1 Father 2 Grandmother 3 Other relative 4 House girl 5 Neighbour 6 Day Care Center 7 No one (self) 8 Siblings 9 (AGE of SIBLING <input type="text"/> <input type="text"/> ) Other 96 Specify _____	

5.45	Je, ni mara ngapi wewe/mama ya mtoto huwa mbali na mtoto kwa muda mrefu wakati wa mchana?	Always/most days (6 days/week) 1 Often/Many days (4-5 days/week) 2 Sometimes/A few days (2-3days/week) 3 Never/few days (0-1 days/week) 4	
5.33	Je, ni nani alimlisha (JINA LA MTOTO) jana wakati wa mchana?	Self 1 Mother / Guardian 2 Father 3 Grandmother 4 Other relative 5 House girl 6 Neighbour 7 Day Care Center Attendant 8 Siblings 9 (AGE of SIBLING <input type="text"/> <input type="text"/> ) Other 96 Specify _____	→ 5.45
	<b>FW: IF MOTHER DOES NOT USUALLY FEED THE BABY, ASK:</b>		
5.34	Je, ni kwa nini (JINA LA MTOTO) hakulishwa na mama yake jana wakati wa mchana?	Mother is dead 1 Mother is sick 2 Mother usually away for work 3 Mother usually away for other reasons 4 Mother lives in a different household 5 Other, Specify..... 96	
5.35	Je, (JINA LA MTOTO) alikula vipi jana, alijilisha mwenyewe au alisaidiwa na mtu mwingine?	Fed directly 1 Assisted 2 Baby feeds her/himself 3 Other; Specify..... 96	
5.36	Je, (JINA LA MTOTO) hulishwa kama amekaa vipi? Huwa analishwa kama ameshikwa, amekaa, amesimama au akitembea tembea?	Held Sitting 1 Standing 2 Walking around 3 Other; Specify..... 96	
5.80	Je, unaweza kuelezea vipi mazingira ya jana wakati (JINA LA MTOTO) alikuwa akilishwa? Kulikuwa... Kumetulia bila watu wengine karibu Kumetulia kiasi kukiwa na watu wengine karibu Kukiwa na kelele na watu wengine karibu Mengine, elezea...	Quiet with no other people around 1 A bit quiet with other people around 2 Noisy with other people around 3 Other; Specify..... 96	
5.37	Je, (JINA LA MTOTO) alikuwa akilishwa kwa kasi gani jana? Ilikuwa polepole, wastani au haraka?	Slow 1 Moderate 2 Fast/quick 3	
5.38	Je, unajua kama (JINA LA MTOTO) anakataa chakula?  FW: MULTIPLE RESPONSES ARE ALLOWED	Closing the mouth/refusing to eat A Returning food B Regurgitating/vomiting C Kicking the spoon/bowl/plate D Making noise or crying E Running away F Shaking head G Other; Specify..... 96	

5.39	Je, (JINA LA MTOTO) hukataa chakula mara ngapi?	Most of the time/always Often/several times Few times/once in a while Never	1 2 3 4	
5.40	Je, wakati (JINA LA MTOTO) amekataa chakula wewe hufanya nini au yule anayemlisha hufanya nini kwa kawaida?  FW: MULTIPLE RESPONSES ARE ALLOWED	Shout/yell at the baby Beat/pinch the baby Threaten/instill fear in the baby Force the baby to finish Change position of the baby Encourage baby to finish positively (e.g. by singing, talking, playing etc ) Just stop feeding the baby Other; Specify.....	A B C D E F G 96	
5.41	Je, ni njia gani zinazoweza kutumika kuhamasisha mtoto kula?  FW: MULTIPLE RESPONSES ARE ALLOWED	Shout/yell at the baby Beat/pinch the baby Threaten/instill fear in the baby Force the baby to finish Promise rewards to the baby Change position of the baby Follow the child around the room Talk to the baby Sing for the baby Refocus baby's attention with play Slow the pace of feeding Allow the baby to touch food/feed themselves Change texture/variety of the food Other; Specify.....	A B C D E F G H I J K M N 96	
5.42	Je, chakula cha (JINA LA MTOTO) hubaki kwa sahani mara ngapi?	Most of the time/always Often/several times Few times/once in a while Never	1 2 3 4	
5.43	Je, chakula kinachobaki kwa sahani hufanyiwa nini kama (JINA LA MTOTO) ameshindwa kumaliza?	Put in a fridge to feed baby later Put in a cupboard to feed baby later Put elsewhere to feed baby later Thrown away Given to other children Other, specify	A B C D E 96	
5.44	Je, chakula cha (JINA LA MTOTO) hutayarishwa kando au anapewa chakula kilichotayarishiwa watu wengine wa familia?	Prepared separately for child Served part of the food from adult pot Other Specify.....	1 2 96	

11.0 SUPPLEMENTATION AND CONSUMPTION OF IRON RICH OR IRON FORTIFIED FOODS																																							
5.30	Je, (JINA LA MTOTO) amewahi kupokea madini ya iron?	Yes..... 1 No ..... 2 Don't Know..... 8																																					
5.45	Je, ni kwa nini (JINA LA MTOTO) hajapokea madini ya iron?	Not important/ignorance..... A Away/No time off work/ business..... B Mother/carer forgot..... C Mother/ carer sick/ died..... D Religious beliefs..... E Suspicion towards supplements..... F Hospital/ clinic to far..... G High cost of supplements..... H No vsupplement supplies at clinic..... I No reason..... J Don't Know..... 98 Other (specify)..... 96																																					
<b>FW: DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.</b>																																							
<b>Sasa ningependa kukuliza kuhusu vyakula fulani ambavyo (JINA LA MTOTO) awaweza kula. Ningetaka kujua kama mtoto wako alikula vyakula hivi hata kama vilichanganywa na vyakula vingine</b>																																							
11.1	Jana, wakati wa mchana au usiku (JINA LA MTOTO) alikula... [list iron fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting]?  <b>[LIST OF FORTIFIED FOODS]</b> 1: Afya Uji 2:___ Cerelac 3:___ Weetabix 4:___ Proctor and allan baby porridge 5:___ Purity baby rice 6:_____ 7:_____	<table border="1"> <thead> <tr> <th colspan="3">11.1</th> <th>11.2</th> </tr> <tr> <th>Y</th> <th>N</th> <th>DK</th> <th></th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> <tr><td>1</td><td>2</td><td>98</td><td></td></tr> </tbody> </table>	11.1			11.2	Y	N	DK		1	2	98		1	2	98		1	2	98		1	2	98		1	2	98		1	2	98		1	2	98		
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11.2	Je, ni mara ngapi jana wakati wa mchana/usiku (JINA LA MTOTO) alikula... (items from list)																																						
11.3	Je, (JINA LA MTOTO) alikula chakula chochote jana wakati wa mchana au usiku ambacho uliongeza...[powder or sprinkles] kama hii? <i>Show common types of micronutrient powders available in survey area.</i> <b>E.g. Iron, Vitamin A, D, C, E, Zinc etc.</b>	<b>YES..... 1</b> <b>NO..... 2</b>																																					
11.4	Je, jana wakati wa mchana au usiku (JINA LA MTOTO) alikula.... [list lipid based nutrient supplement (LNS) available in the local setting]? <i>Show common types of LNS available in survey area.</i> <b>E.g. Plumpynut</b>	<b>YES..... 1</b> <b>NO..... 2</b>																																					



CHILD FEEDING UTENSILS HYGIENE										
3.5	Je, wewe hutibu vyombo vinavyotumika kumlisha (JINA LA MTOTO)?	YES..... 01 NO..... 02			→ 6.0					
3.6	Ni njia ipi unayotumia kutibu vyombo vinavyotumika kumlishia (JINA LA MTOTO)?  [FW: CIRCLE ALL MENTIONED]	Boiling the utensils 01 Use of commercial disinfectants 02 Use of lemon extracts 03 Soaking in salty water 04 Drying in the sun 05 Other 96 Specify: _____								
<b>6.0 VACCINATION HISTORY</b>										
Sasa ningependa tuzungumzie kuhusu chanjo za (JINA LA MTOTO).										
6.1	Je, (JINA LA MTOTO) ana/alikuwa na kadi ya chanjo kama hii? <b>FW: SHOW A COPY OF A VACCINATION CARD IF YES:</b> Tafadhali nionyeshe?  <b>FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT</b>  CIRCLE THE APPROPRIATE RESPONSE	Yes, card/ book seen..... 1 Yes, card/book not seen..... 2 No card..... 3 Don't Know..... 8			→ 6.3 → 6.5					
6.2a	Tafadhali nieleze sababu KUU kwa nini (JINA LA MTOTO) hana kadi ya chanjo?	Mother too weak to visit HF..... 1 Costs..... 2 No Card/supplies at clinic..... 3 Card lost..... 4 Don't Know..... 98 Other ..... 96 Specify_____			} → 6.5					
6.3	FW: FOR QUESTIONS 6.3 TO 6.4 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									
	BCG Pentavalent 1 Pentavalent 2 Pentavalent 3 Oral Polio Vaccine Birth Dose (OPV0) Oral Polio Vaccine 1st Dose (OPV1) Oral Polio Vaccine 2nd Dose (OPV2) Oral Polio Vaccine 3rd Dose (OPV3) Measles Vitamin A (Dose 1) <b>6 MONTHS</b> Vitamin A (Dose 2) <b>12 MONTHS</b> Vitamin A (Dose 3) <b>18 MONTHS</b> Vitamin A (Dose 4) <b>24 MONTHS</b> Dewormers Yellow Fever Pneumococcal (Dose 1) Pneumococcal (Dose 2) Pneumococcal (Dose 2)	BCG Pentav.1 Pentav.2 Pentav.3 OPV0 OPV1 OPV2 OPV3 Measles Vitamin A Vitamin A Vitamin A Vitamin A Dewormers Yellow Fever PCV 1 PCV 2 PCV 3	D	D	M	M	Y	Y	Y	Y

6.4	<p>Je (JINA LA MTOTO) amepokea chanjo zozote nyingine ambazo hazijanakiliwa kwenye kadi hii, ikijumilisha chanjo inayopeanwa kwa kampeni za umma ama siku ya chanjo ya kitaifa?</p> <p>PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED. THEN ENTER DATE.</p> <p>IN THE FIRST BOX FOR OTHER: INDICATE <b>B</b>=BCG; <b>V</b> = PENTAV; <b>P</b>=POLIO; <b>M</b>=MEASLES; THEN PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/ DID NOT PARTICIPATE CIRCLE 99.</p>	<table border="0"> <tr> <td></td> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Pentav.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Polio</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>PCV</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 1</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 2</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 3</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>No Campaign/did not participate..... 99</p>		M	M	Y	Y	Y	Y	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pentav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>IF YOU HAVE RECORDED INFORMATION FROM THE CARD SKIP TO 6.15 ON CHILD MORBIDITY, IF CHILD IS DEAD SKIP TO MODULE 3 (POST PARTUM SEXUAL ACTIVITY)</b></p>																																																																	
<p><b>6.5 FW: NB: IF YOU DID NOT SEE A VACCINATION CARD, ASK QUESTIONS 6.5 UP TO 6.16</b></p>																																																																	
	<p><b>TAFADHALI NIAMBIE IKIWA (JINA LA MTOTO) AMEPATA CHANJO ZIFUATAZO:</b></p> <p>BCG - Chanjo kuzuia kifua kikuu, sindano inayodungwa kwenye mkono wa kushoto inayowacha alama?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't Know..... 8</p>																																																															
6.6	<p><b>FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE ASK:</b></p> <p>Tafadhali nionyeshe alama ya chanjo kwa mkono wake.</p> <p><b>INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:</b></p> <p><b>IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 9.</b></p>	<p>Scar Present..... 1</p> <p>Scar absent ..... 2</p> <p>Child is dead..... 3</p> <p>Child not examined..... 4</p>																																																															
6.7	<p>Chanjo za Pentavalent: Sindano inayodungwa kwenye paja kuzuia mtoto kupata pepopunda, kifaduro, diptheria, hepatitis, na homa ya mafua. Mara nyingi chanjo hii hupewa wakati mmoja na chanjo ya kuzuia polio.</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't Know..... 8</p>																																																															
6.8	<p>Je (JINA LA MTOTO) amepata sindano ngapi za chanjo hii?</p> <p><b>RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED.</b></p> <p><b>IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.</b></p>	<p>Number of injections..... <input type="text"/></p> <p>Don't Know..... 8</p>																																																															
6.9	<p>Je, (JINA LA MTOTO) amepata chanjo kuzuia ugonjwa wa kupooza - yani polio, ambayo anapewa mdomoni matone mawili au tatu (drops) ya dawa ameze?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't Know..... 8</p>																																																															
6.10	<p>Je (JINA LA MTOTO) amepata chanjo aina hii mara ngapi?</p> <p><b>RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8</b></p>	<p>Number of times drops given... <input type="text"/></p> <p>Don't Know..... 8</p>																																																															
6.11	<p>Je, alipata lini mara ya kwanza hiyo chanjo ya kuzuia ugonjwa wa kupooza? Alipozaliwa, (katika muda wa wiki mbili baada ya kuzaliwa ) au baadaye?</p> <p><b>CIRCLE THE APPROPRIATE RESPONSE</b></p>	<p>Just after Birth..... 1</p> <p>Later..... 2</p> <p>Don't Know..... 8</p>																																																															
6.12	<p>(JINA LA MTOTO) ameshapata chanjo ya kuzuia ukambi yaani (measles). Hii ni sindano inayodungwa kwa mkono wa kulia sehemu ya juu; mtoto akiwa na umri wa miezi tisa au zaidi.</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Not yet 9 months..... 3</p> <p>Don't Know..... 8</p>																																																															
6.17	<p>Je (JINA LA MTOTO) amepata chanjo ya Pneumococcal – sindano anayodungwa kwenye nje ya mapaja ya kumzuia kupata ugonjwa wa Pneumonia?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't Know..... 8</p>																																																															

6.13	<b>FW: IF CHILD WAS GIVEN ANY VACCINES FROM Q 6.5 TO 6.12, ASK:</b> Je, kuna chanjo zozote kati ya hizo ulizotaja ambazo (JINA LA MTOTO) alipata wakati wa kampeni ya umma ama siku ya chanjo ya kitaifa	Yes..... 1 No ..... 2 Don't Know..... 8	} 6.15																												
6.14	Je, unakumbuka tarehe ya kampeni hiyo/hizo?  <b>RECORD THE MONTH AND YEAR OF THE CAMPAIGNS. PROBE BY ASKING, ANY OTHER... AND RECORD DATES FOR ALL THE CAMPAIGNS. INDICATE B=BCG; V= PENTAV; P=POLIO; M=MEASLES IN THE FIRST BOX. IF DOES NOT RECALL MONTH RECORD 98.</b>	<table border="1"> <tr> <td></td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>1<sup>st</sup></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2<sup>nd</sup></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3<sup>rd</sup></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M	M	Y	Y	Y	Y	1 <sup>st</sup>							2 <sup>nd</sup>							3 <sup>rd</sup>							
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6.15	<b>FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?</b>	Yes..... 1 No ..... 2 Don't Know..... 8	→ 7.0  → 7.0																												
6.16	Ni sababu gani KUU iliyofanya (JINA LA MTOTO) asipate chanjo ya kumzuia kupata magonjwa hatari ?   <b>DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.</b>	Child sick/weak..... A Not important/ignorance..... B Away/No time off work/ business..... C Mother/carer forgot..... D Mother/ carer sick/ died..... E Religious beliefs..... F Suspicion towards vaccines..... G Hospital/ clinic to far..... H Cost of vaccine..... I No vaccine/supplies at clinic..... J No reason..... K Don't Know..... 98 Other (specify)..... 96																													
<b>7.0 CHILD MORBIDITY AND HEALTH SEEKING PRACTICES</b>																															
Sasa ningependa tuongee kuhusu magonjwa ambayo (JINA LA MTOTO) huenda alikuwa nayo kwa muda wa wiki mbili zilizopita ama bado anazo. <b>FW : USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</b>																															
7.1	Je (JINA LA MTOTO) amewahi pata magonjwa yafuatayo kwa muda wa wiki mbili zilizopita?  <b>FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</b>  <div style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/> </div>	<table border="1"> <tr> <td>a Fever</td> <td>b Diarrhea</td> <td>c Cough</td> <td>d Cough + Rapid Breath</td> <td>e Convulsions</td> </tr> </table>	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions																								
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<b>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</b>  <b>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.</b>																															
NB: a = FEVER    b = DIARRHEA    c = COUGH    d = COUGH + RAPID BREATH    e = CONVULSIONS																															
7.2	Je (JINA) amekuwa/alikuwa mgonjwa kwa siku ngapi?  <b>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.</b>	<table border="1"> <tr> <td>a    Fever</td> <td rowspan="5"> <b>Days</b>  <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </td> </tr> <tr> <td>b    Diarrhoea</td></tr> <tr> <td>c    Cough</td></tr> <tr> <td>d    Cough + Rapid Breath</td></tr> <tr> <td>e    Convulsions</td></tr> </table>	a    Fever	<b>Days</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											b    Diarrhoea	c    Cough	d    Cough + Rapid Breath	e    Convulsions													
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c    Cough																															
d    Cough + Rapid Breath																															
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7.4	Je, wakati (JINA) alikuwa mgonjwa, alikula chakula kingi kuliko kiasi cha kawaida, kiasi cha kawaida au kidogo kuliko kiasi cha kawaida? 1 = More than usual; 2 = about the same; 3 = Less than usual	<table border="1"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Other (specify) _____	a	b	c	d	e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

<b>7.5</b>	Wakati (JINA) alikuwa mgonjwa, je, alikunywa vinywaji kiasi kingi/zaidi kuliko kawaida; kiasi cha kawaida, au kidogo kuliko kawaida? 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																																										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>7.15</b>	Je, kando na magonjwa ambayo nimeyataja hapo awali, (JINA LA MTOTO) amekuwa na magonjwa mengine kwa muda wa wiki mbili zilizopita? <b>CIRCLE 1 = YES, 2 = NO, 8 = DON'T KNOW</b> <b>IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A<sup>5</sup>). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</b>	YES..... 1 MOST SERIOUS ILLNESS NO..... 2 DON'T KNOW 98 Other 96 Specify _____																																														
<b>7.16a</b>	Je umewahi kusikia kuhusu ORS?	YES..... 1 NO..... 2																																														
<b>7.16b</b>	Je, unajua kuhusu maji yaliyowekwa chumvi na sukari yanayotayarishwa kwa watoto wanaoharisha?	YES..... 1 NO..... 2																																														
<b>FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO ENDINGS, ELSE ASK:</b>																																																
<b>7.17</b>	Tafadhali nieleze jinsi, ORS (maji yaliyowekwa chumvi na sukari) yatayarishwa? Unafuata hatua gani?  <b>FW: ASK THE RESPONDEDNT TO DESCRIBE ALL THE STEPS OF PREPARING ORS.</b> <b>FOR THE MEASUREMENTS, PROBE FOR THE SPECIFICATIONS AND CIRCLE UNDER THE CORRECT COLUMN ONLY IF THE RIGHT SPECIFICATIONS ARE MENTIONED. ELSE CIRCLE UNDER THE INCORRECT COLUMN.</b> <b>CIRCLE ALL THE STEPS MENTIONED</b>	<table border="0"> <thead> <tr> <th></th> <th>Correct</th> <th>Incorrect</th> </tr> </thead> <tbody> <tr> <td>Wash Hands/Utensils</td> <td>A</td> <td>A</td> </tr> <tr> <td>Boil water.....</td> <td>B</td> <td>B</td> </tr> <tr> <td>Cool the water</td> <td>C</td> <td>C</td> </tr> <tr> <td>Measure 1/2 litre of water</td> <td>D</td> <td>D</td> </tr> <tr> <td>Measure 1 litre of water</td> <td>E</td> <td>E</td> </tr> <tr> <td>Measure 1 level teaspoon salt.....</td> <td>F</td> <td>F</td> </tr> <tr> <td>Measure 8 level teaspoons sugar</td> <td>G</td> <td>G</td> </tr> <tr> <td>Mix &amp; stir ingredients to dissolve</td> <td>H</td> <td>H</td> </tr> <tr> <td>Store mixture in covered container</td> <td>I</td> <td>I</td> </tr> <tr> <td>Dissove sachet of ready ORS</td> <td>J</td> <td>J</td> </tr> <tr> <td>Other.....</td> <td>K</td> <td>K</td> </tr> <tr> <td>Specify _____</td> <td></td> <td></td> </tr> <tr> <td>Don't Know.....</td> <td>98</td> <td></td> </tr> </tbody> </table>						Correct	Incorrect	Wash Hands/Utensils	A	A	Boil water.....	B	B	Cool the water	C	C	Measure 1/2 litre of water	D	D	Measure 1 litre of water	E	E	Measure 1 level teaspoon salt.....	F	F	Measure 8 level teaspoons sugar	G	G	Mix & stir ingredients to dissolve	H	H	Store mixture in covered container	I	I	Dissove sachet of ready ORS	J	J	Other.....	K	K	Specify _____			Don't Know.....	98	
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<b>FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK:</b>																																																
<b>7.18a</b>	Je, Wakati (JINA) amekuwa akihara, ulimtayarishia ORS	YES..... 1 NO..... 2 DON'T KNOW 8																																														
<b>7.18b</b>	Je, Wakati (JINA) amekuwa akihara, ulimtayarishia maji yaliyowekwa chumvi na sukari?	YES..... 1 NO..... 2 DON'T KNOW 8																																														

POSTPARTUM REPRODUCTIVE HEALTH			
8.3	Siku zako za hedhi (damu ya mwezi) zi/imerejea tangu kujifungua (JINA LA MTOTO)?	YES..... 1 NO..... 2	
8.5	Umewahi fanya mapenzi tangu ujifungue (JINA LA MTOTO) .	YES..... 1 NO..... 2	→ 9.4
8.7	Je, wewe ni mja mzito?	YES..... 1 NO..... 2 Not sure..... 8	} → 9.4
8.8	Una ujauzito wa miezi mingapi? <b>IF DON'T KNOW RECORD 98</b>	MONTHS <input type="text"/> <input type="text"/>	
9.4	Tangu kuzaliwa (JINA LA MTOTO) umewahi kutumia njia yoyote ya kupanga uzazi au kuzuia mimba?	YES..... 1 NO..... 2	
9.4p	Je, hivi sasa unatumia njia yoyote ya kupanga uzazi au kuzuia mimba?	YES..... 1 NO..... 2	→ 10.0
9.5	Tangu (JINA LA MTOTO) kuzaliwa, wewe hutumia njia ipi ya kupanga uzazi au kuzuia kupata mimba?		
		<b>Y</b>	<b>N</b>
a.	<b>FEMALE STERILISATION.</b> Women can have an operation to avoid having any more children	1	2
b.	<b>MALE STERILISATION.</b> Men can have an operation to avoid having any more children	1	2
c.	<b>PILL.</b> Women can take a pill every day to avoid becoming pregnant.	1	2
d.	<b>IUD.</b> Women can have a loop or coil placed inside them by a doctor or a nurse to avoid becoming pregnant	1	2
e.	<b>INJECTABLES.</b> Women can have an injection provided by a health provider that stops them from becoming pregnant for one or two months.	1	2
f.	<b>IMPLANTS.</b> (e.g. Norplant/ Jadel): Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years	1	2
g.	<b>CONDOMS.</b> Men can put a rubber sheath on their penis before sexual intercourse.	1	2
h.	<b>FEMALE CONDOMS.</b> Women can place a sheath in their vagina before sexual intercourse.	1	2
i.	<b>LACTATIONAL AMENORRHEA METHOD (LAM).</b> Physiological suppression of menstruation while nursing	1	2
j.	<b>RHYTHM METHOD.</b> Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is likely to get pregnant.	1	2
k.	<b>WITHDRAWAL.</b> Men can be careful and pull out before climax	1	2
l.	<b>EMERGENCY CONTRACEPTION.</b> After unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	1	2
m.	<b>DIAPHRAGM</b> a contraceptive device consisting of a flexible dome-shaped cup made of rubber or plastic; it is filled with spermicide and fitted over the uterine cervix to prevent pregnancy	1	2
n.	<b>SPERMICIDE</b> (e.g. Foam/Jelly/ Tablet). These are medications placed in the vagina that kill sperms on contact to prevent pregnancy.	1	2
o.	<b>OTHER (Specify)</b> _____	1	2

<b>10.0 FUTURE INTENTIONS</b>			
10.2p	Je, ungependa kusubiri kwa muda gani kabla ya kupata mtoto mwingine?  <b>IF LESS THAN ONE MONTH CIRCLE "993"</b>	Months 1 <input type="text"/> Years 2 <input type="text"/> Soon(Now)..... 993 Cannot get pregnant..... 994 After marriage..... 992 Other..... 996 Specify.....	} <b>10.3</b>
10.2q	Kwa nini utasubiri kwa muda huu?  <b>MENTION THE PERIOD STATED IN 10.2p.</b>  <b>CIRCLE THE MAIN REASON.</b>	Baby too young..... 01 To gain strength..... 02 Traditional practice..... 03 Husband/ Partner away.... 04 To avoid pregnancy..... 05 Financial reasons..... 06 Other..... 96 Specify.....	} <b>10.2s</b>
10.6	Kwa mimba hii uliyo nayo sasa, ulitaka kupata mimba wakati huu, kungoja hadi baadaye, au haukutaka kupata watoto wengine?	NOW..... 1 LATER..... 2 NOT AT ALL..... 3	
<b>12.0 ANTHROPOMETRIC MEASUREMENTS FOR MOTHER AND CHILD (SEPARATE TOOL)</b>			
<b>13.0 ENDINGS</b>			
13.8	<b>RECORD ANY GENERAL COMMENTS</b> <div style="float: right;">END TIME (24 HRS) <input type="text"/></div>		