

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
HEALTH CHALLENGES AND SYSTEMS PROGRAM
MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT
POST BIRTH 1 QUESTIONNAIRE (1st MONTH AFTER BIRTH)**

1.0 BACKGROUND

1.0	VILLAGE OF RESIDENCE (CODESHEET B5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.1	START TIME (24HRS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2	FIELD WORKER'S CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4	HOUSEHOLD HEAD NAME	<input type="text"/>			
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<input type="text"/>			
1.6	HOUSEHOLD ID	<input type="text"/>			
1.7	MOTHER'S NAME	<input type="text"/>			
1.8	MOTHER'S ID	<input type="text"/>			

1.15 What is your marital status?
(1=CURRENTLY MARRIED; 2=LIVING TOGETHER; 3=SEPARATED; 4=DIVORCED; 5=WIDOWED; 6=NEVER MARRIED)

1.14	What is your MAIN occupation? FW: MAIN OCCUPATION OF THE MOTHER	Unestablished own business (Informal) 01 Established own business (formal) 02 Informal casual 03 Informal salaried 04 Formal salaried 05 Formal casual 06 Rural agriculture 07 Unemployed 08 Student 09 Housewife 10 Job Searching 11 Urban agriculture 12 Other 96 Specify _____	
	CIRCLE ONLY ONE RESPONSE		

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 →	1.30
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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	
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15.10b	Je, ulirudi ama kurejea kazini baada ya muda gani baada ya kujifungua?	Days <input type="text"/> Months <input type="text"/> Not returned Yet <input type="text"/>	
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DETAILS OF THE CHILD: PLEASE ASK THE QUESTIONS WHETHER THE CHILD IS ALIVE OR DEAD

1.30	CHILD'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.31	CHILD'S ID	<input type="text"/>			
1.32	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.33	CHILD'S SEX (1=MALE; 2=FEMALE)	<input type="text"/>			

1.21	Has the woman been visited by an MIYCN CHW since OUR last visit?	(1 = Yes; 2 = No)	<input type="text"/>
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2.0 MODULE 1: ANTENATAL CARE, DELIVERY AND POST NATAL CARE				
Now I would like to ask you some questions about your experience with the last pregnancy				
QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
2.1	Did you seek antenatal care when you were pregnant with (NAME)	YES..... NO.....	1 2	→ 2.8
2.3	Where did you receive antenatal care when you were pregnant with (NAME)? (FW: IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE AND LOCATION) Name of HF _____ HF code <input type="text"/> <input type="text"/> <input type="text"/> Location _____ (FW: IF MORE THAN ONE PLACE MENTIONED, RECORD THE MOST RECENT PLACE BEFORE DELIVERY.)	Home..... Traditional birth attendant's Health facility..... Other (Specify)..... _____	1 2 3 6	
2.2	Whom did you see for the antenatal care? PROBE (Anyone else?) FOR THE TYPE OF PERSONS AND RECORD <u>ONLY</u> THE PERSON WITH <u>THE HIGHEST QUALIFICATION</u>	Doctor..... Nurse..... Midwife/ Auxillary midwife.. Traditional birth attendant.. Other (Specify)..... _____	1 2 3 4 6	
2.4	How old was your pregnancy with (NAME) when you first visited a clinic for ante natal care?	Months <input type="text"/> <input type="text"/> Don't Know.....	98	
2.4b	How old was your pregnancy with (NAME) when you visited a clinic for ante natal care for the last time?	Months <input type="text"/> <input type="text"/> Don't Know.....	98	
2.5	How many times did you visit the ANC when you were pregnant with (NAME)?	Months <input type="text"/> <input type="text"/> Don't Know.....	98	
2.6	During any of the ANTENATAL CARE VISITS for the last pregnancy, were any of the following done or given to you at least once? Kupima uzani Shinikizo la damu mwilini Tembe za Iron (za kuongeza damu) Dawa za Malaria Kupimwa Mkojo Kupimwa damu Chanjo ya pepo punda Dawa za minyoo Kupimwa virusi vya Ukimwi Chandaruwa/neti ya kuzuia mbu. Ultrasound SCAN Nyingine	Kupima uzani Shinikizo la damu mwilini Tembe za kuongeza damu Dawa za Malaria Kupimwa Mkojo Kupimwa damu Chanjo ya pepo punda Dawa za minyoo Kupimwa virusi vya Ukimwi Neti ya kuzuia mbu. Ultrasound SCAN Nyingine Specify _____	Y N D/K 1 2 8 1 2 8	
2.7	During any of the antenatal care visits for the last pregnancy, were you given any information or counseled about: Pregnancy tests Place of delivery..... Your own health Your Own nutrition HIV/AIDS..... Breastfeeding Infant feeding	Pregnancy tests Place of delivery..... Your own health Your Own nutrition HIV/AIDS..... Breastfeeding Infant feeding	Y N Can't remember 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8	

2.9	Who assisted with the delivery of (NAME)? FW: RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor..... 01 Nurse/ Midwife..... 02 Clinical Officer..... 03 TBA..... 04 Relative..... 05 Friend..... 06 Neighbour..... 07 No one/ Self 08 Other (Specify)..... 96 _____													
2.10	Was (NAME) delivered by caesarean section?	YES..... 1 NO..... 2													
2.11	When (NAME) was born, was he/she very small, smaller than usual, about usual size, larger than usual, very large or you don't know?	Very small..... 01 Smaller than usual..... 02 About usual size..... 03 Larger than usual..... 04 Very large..... 05 Don't Know/ Remember..... 98													
2.12	Was (NAME) weighed at birth?	YES..... 1 NO..... 2 DON'T KNOW..... 8	} → 2.14												
2.13	How much did (NAME) weigh? RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD IF AVAILABLE IF NO CARD / CAN'T RECALL FILL IN 9999	Weight from card <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Weight from recall <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
2.14	After (NAME) was born, did a health professional or traditional birth attendant check on your health or the health of your baby? NB: THIS REFERS TO POSTNATAL CHECK AFTER MOTHER AND CHILD WERE DISCHARGED.	Baby only..... 1 Mother only..... 2 Both..... 3 Neither..... 4 Don't Know..... 8	} → 3.0												
2.15	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Baby</th> <th style="text-align: center;">Mother</th> </tr> </thead> <tbody> <tr> <td>DAYS.....</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>WEEKS...</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>DON'T KNOW.....</td> <td colspan="2" style="text-align: right;">98</td> </tr> </tbody> </table>		Baby	Mother	DAYS.....			WEEKS...			DON'T KNOW.....	98		
	Baby	Mother													
DAYS.....															
WEEKS...															
DON'T KNOW.....	98														
2.16	Who checked on your/baby's health at that time? RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor..... 1 Nurse/ Midwife..... 2 Clinical Officer..... 3 TBA..... 4 Other 6 (Specify)_____													

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	Where is (NAME)? 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: When did (NAME) die? (DD/MM/YYYY)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																															
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..... Weeks..... Months.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																																														
4.8	Was (NAME) ill before he/she died? CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No 2																																																															
4.9	What in your opinion caused the death of (NAME)?	_____ _____																																																															
5.23	Was (NAME) still breastfeeding?	Yes..... 1 No 2 Don't Know..... 8																																																															
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. IF DON'T KNOW, CIRCLE '98' PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD	Days..... Weeks..... Months..... Don't Know..... 98	→ 13.0																																																														
FW: IF THE CHILD IS DEAD, SKIPS TO SECTION 13.0 AND END THE INTERVIEW																																																																	
BABY MILESTONES																																																																	
Now I want to ask you about the growth progress of your baby.																																																																	
4.11	Has (NAME) shown the following? a Social smile b Head holding or control c Turning towards the origin of sound d Extending a hand to grasp	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td colspan="3">4.11</td> <td colspan="2">4.12</td> </tr> <tr> <td>Y</td> <td>N</td> <td>DK</td> <td colspan="2">Month</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><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> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><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> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><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> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><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> <td></td> </tr> </table>	4.11			4.12		Y	N	DK	Month		1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><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>										1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><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>										1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><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>										1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><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>										
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4.12	If yes, at what age in months did that start? FW: RECORD AGE IN MONTHS IN THE BOX PROVIDED NEXT TO YES IN Q 4.11																																																																

Now I would like to ask you about the types of foods you ate over the last 24 hours. I am interested to know whether you ate 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 you 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)	<input type="text"/>
	b. Roots and tubers and bananas (potatoes, sweet potato, cassava, nduma or any foods made from roots)	<input type="text"/>
	c. Legumes and nuts (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)	<input type="text"/>
	d. Dairy products (milk, yoghurt, cheese, sour milk [mala])	<input type="text"/>
	e. Flesh foods (meat, fish, poultry, pork and organ meats like liver, kidney)	<input type="text"/>
	f. Eggs (Poultry eggs)	<input type="text"/>
	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)	<input type="text"/>
	h. Vitamin A rich (non-leafy) vegetables (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)	<input type="text"/>
	i. Vitamin A rich fruits (mango, pawpaw, guava)	<input type="text"/>
	j. Other Fruits (Orange, lemon (or other citrus fruits), pineapple, banana etc)	<input type="text"/>
	k. Oils and fat (Oils, fats or butter added to food/used for cooking)	<input type="text"/>
	l. Sugar (Sugar/honey added to food such as tea, porridge)	<input type="text"/>
	m. Alcohol (commercial, traditional)	<input type="text"/>
n. Others (condiments, tea, coffee) (Specify.....)	<input type="text"/>	

5.51	Since our last visit, have you received any information regarding breastfeeding and child feeding from anywhere?	Yes..... 1 No 2 Don't Know/remember..... 8	} → 5.1								
5.52	From where did you receive this information?	Antenatal/MCH clinics/Health facility A Traditional Birth Attendants B NGO/CBO C CHWs D Relative/ Friend/ Neighbour E Other; Specify..... 96									
BREASTFEEDING AND CHILD 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								
FW: CHECK 4.6: IF CHILD IS DEAD, SKIP TO Q5.23											
5.1	Was (NAME) /Has (NAME) ever been breastfed?	Yes..... 1 No 2 Don't Know..... 8	→ 5.3 → 5.12								
5.2	Why was (NAME) never breastfed? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill..... 01 Baby unable to suckle..... 02 Baby refused to suckle 03 Mother refused..... 04 Spouse refused 05 Mother was sick 06 No/inadequate breast milk..... 07 Mother was away 08 Mother died 09 Sore/cracked nipples..... 10 Advice by health professional..... 11 Advice by other person..... 12 Baby incubated/in nursery 13 Other (Specify) _____ 96 Don't Know..... 98	} → 5.12								
5.3	How long after birth was (NAME) put to the breast? IF LESS THAN 30 MINUTES, CIRCLE 00HRS, IF LESS THAN 24 HOURS, RECORD IN HOURS, OTHERWISE RECORD DAYS IF DON'T KNOW CIRCLE 98	Hours <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Days <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Immediately/ < 30 minutes 00 30 minutes to 1 HR 01 Don't Know..... 98									→ 5.5
5.4	CHECK 5.3: IF (NAME) WAS NOT PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK: Why was (NAME) not put to the breast immediately after birth? DO NOT PROMPT; RECORD ONLY THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill/unable/refused to suckle..... 01 Mother refused to breastfeed..... 02 Spouse refused..... 03 Mother was very sick..... 04 No/inadequate breast milk..... 05 Mother was away..... 06 Sore/cracked nipples..... 07 Advice by health professional..... 08 Advice by other person..... 09 Baby asleep/tired..... 10 Baby incubated..... 11 Baby taken away/nursery..... 12 Mother tired..... 13 Other (Specify) _____ 96 Don't Know..... 98									

5.5	Was (NAME) given the very first milk from the breast (colostrum) at birth or soon after?	Yes..... 1 No 2 Don't Know..... 8	→ 5.6																																																																															
5.5b	Why was (NAME) not fed on first breastmilk (colostrum)?	Pick option from 5.4																																																																																
5.6	In the first three days after delivery, before your/the mother's milk started flowing regularly, was (NAME) given anything to drink/eat other than breast milk?	Yes..... 1 No 2 Don't Know..... 8	} → 5.9																																																																															
5.7	What was (NAME) given to drink? PROMPT FOR EACH LIQUID. IF RESPONDENT SAYS YES TO AN ITEM, 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>D</th> </tr> </thead> <tbody> <tr><td>01</td><td>Vitamin, mineral supplements</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>02</td><td>Plain water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>03</td><td>Sweetened/flavoured water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>04</td><td>Sugar and salt water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>05</td><td>Fruit juice</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>06</td><td>Tea or infusion</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>07</td><td>Gripe water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>08</td><td>Fresh Cow milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>09</td><td>Yoghurt/fermented milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>10</td><td>Tinned/powdered</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>11</td><td>Infant formula</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>12</td><td>Gruel (thin porridge)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>13</td><td>Honey</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>14</td><td>Fish soup</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>96</td><td>Other liquid/food (Specify)___</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	D	01	Vitamin, mineral supplements	1	2	8	02	Plain water	1	2	8	03	Sweetened/flavoured water	1	2	8	04	Sugar and salt water	1	2	8	05	Fruit juice	1	2	8	06	Tea or infusion	1	2	8	07	Gripe water	1	2	8	08	Fresh Cow milk	1	2	8	09	Yoghurt/fermented milk	1	2	8	10	Tinned/powdered	1	2	8	11	Infant formula	1	2	8	12	Gruel (thin porridge)	1	2	8	13	Honey	1	2	8	14	Fish soup	1	2	8	96	Other liquid/food (Specify)___	1	2	8	
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5.8	Why was (NAME) given something else (other than breast milk) to drink in the first 3 days? DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE CIRCLE ALL RESPONSES MENTIONED	Baby ill/unable/refused to suckle A Mother refused to breast feed..... B Spouse recommended..... C Mother was sick/tired..... D Not enough breast milk..... E Mother was away F Sore/cracked nipples..... G Advice by health professional..... H Advice by other person..... I To prevent/cure stomach upset... J Baby had hiccups..... K Baby thirsty..... L Other (Specify)_____ 96 Don't Know..... 98																																																																																
5.9	Is (NAME) still breastfeeding?	Yes..... 1 No 2 Don't Know..... 8	→ 5.11 → 5.76																																																																															
5.72	How long does (NAME) breastfeed in every breastfeeding session? anapoanza kunyonya?	TIME MINUTES 0-15 1 15-30 2 30-60 3 >= 1 HR 4																																																																																
5.72b	Do you think think you produce sufficient breastmilk to satisfy (NAME)?	Yes..... 1 No 2																																																																																

5.21	How many times did (NAME) breastfeed yesterday during the day (i.e. between sunrise and sunset?)	Number of times Don't Know	<input type="text"/> 98
5.22	How many times did (NAME) breastfeed yesterday at night (i.e. between sunset and sunrise?) SKIP TO Q5.76	Number of times Don't Know	<input type="text"/> 98
5.11	Why did (NAME) stop breastfeeding? 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 Other (Specify.....)..... 96 Don't Know..... 98	
5.76	In your opinion, for how long should a baby breastfeed? (IF LESS THAN A MONTH, RECORD 00) IF DON'T KNOW, RECORD 98)	Months.....	<input type="text"/>
5.73	How do hold/ you position (NAME) during breastfeeding USUALLY?	NUMBER Other 96 Specify..... Not Applicable..... 99	<input type="text"/>
5.73b	From the images I will show you, which is the correct ATTACHMENT of a child/baby to the breast while breastfeeding? (FW: NOTE THE NUMBER OF IMAGE SELECTED)	IMAGE NUMBER	<input type="text"/>
5.74	From the images I will show you, which is the correct position to hold a baby while breastfeeding? (FW: NOTE THE NUMBER OF IMAGE SELECTED)	IMAGE NUMBER	<input type="text"/>
5.75	Are you USUALLY comfortable with the position you choose to breastfeed your baby?	Yes 1 No 2 Not Applicable..... 99	
5.77	Do you think a woman who is breastfeeding her baby can become pregnant?	Yes..... 1 No..... 2 Depends..... 3 Don't Know 98	

COMPLEMENTARY FEEDING												
5.12	Apart from breast milk, has (NAME) ever been given any liquid/food including WATER?	Yes..... 1 No 2 Don't Know..... 8	→ 5.79 → 5.18									
5.20	At what age were these liquids/ foods introduced to (NAME) RECORD AGE IN MONTHS. IF LESS THAN A MONTH, RECORD 00, IF DON'T KNOW RECORD 98	Age in Months..... <input type="text"/>										
5.78	Is (NAME) still being fed on these liquids/ foods?	Yes..... 1 No 2 Don't Know..... 8										
5.79	At what age do you intend to introduce other foods/ liquids other than breast milk to the baby?	<input type="text"/> Already started 93 As the baby demands 94										
FILTER QUESTIONS												
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"/>										
5.19	FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE	Child is less than 6 months old or less..... 1 Child is over 6 months old..... 2										
(FW: IF A CHILD IS OVER 6 MONTHS, ADMINISTER THE RELEVANT QUESTIONNAIRE)												
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.	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/flavored water	1	2	8						
		04	Fruit juice	1	2	8						
		05	Beverages (e.g. tea, etc)	1	2	8						
		06	Fresh Cow Milk	1	2	8						
5.14	FW: CHECK 5.13, FOR EACH ITEM CODED 1 ASK: At what age (in months) was the liquid/food introduced to (NAME)? IN THE BOXES PROVIDED. RECORD IN ONLY ONE UNIT. IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'	07	Fresh animal milk	1	2	8						
		08	Powdered Milk									
		09	Infant formula	1	2	8						
		10	Porridge	1	2	8						
		11	Soup (gravy/bone)	1	2	8						
		12	Soft drinks (e.g. soda etc.)	1	2	8						
		13	Solid/semi-solid (mushy) food	1	2	8						
		14	Other liquids	1	2	8						
		Specify _____										
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'	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) _____										

5.16	Why was (NAME) given liquids/solids? DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE CIRCLE ALL RESPONSES MENTIONED	Baby ill/unable/refused to suckle..... A Mother refused to breast feed..... B Mother was very sick..... C Baby not satisfied/ baby hungry/ breast milk not enough..... D Mother was away (for work)..... E Mother was away (elsewhere)..... F Mother had sore/cracked nipples..... G Child is old enough..... H Advised by spouse/friend/relative..... I Advised by health worker..... J Baby cries a lot..... K To prevent/cure stomach upset.... L Baby had hiccups.....M M Baby thirsty..... N Other (Specify.....) 96 Don't Know..... 98	
5.32	Who usually/mostly looks after the baby (during the day)?	Mother 1 Father 2 Grandmother 3 Other relative 4 House girl 5 Neighbour 6 Day care centre 7 No one (self) 8 Siblings 9 (Specify AGE of SIBLING <input type="text"/> <input type="text"/>) Other 96 Specify.....	
5.33	Who usually/mostly feeds (NAME) during the day?	Self 1 Mother / Guardian 2 Father 3 Grandmother 4 Other relative 5 House girl 6 Neighbour 7 Day Care Center Attendant 8 Siblings 9 (Specify AGE of SIBLING <input type="text"/> <input type="text"/>) Other 96 Specify.....	→ 5.45
FW: IF MOTHER DOES NOT USUALLY FEED THE BABY, ASK:			
5.34	Why doesn't the mother usually feed the baby during the day?	Mother is sick 1 Mother usually away for work 2 Mother usually away for other reasons 3 Mother lives in a different household 4 Other, Specify..... 96 Specify.....	
5.45	How often are you/ is the mother away from the baby for most of the day?	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	
5.57	How many times should a baby age 6 MONTHS and below of age be breastfed during the day (i.e. between sunrise and sunset?)	Number of times <input type="text"/> <input type="text"/> As the baby demands 94 Don't Know 98	

5.58	How many times should a baby age 6 MONTHS and below of age be breastfed at night (i.e. between sunset and sunrise?)	Number of times <input type="text"/> <input type="text"/> As the baby demands 94 Don't Know 98	
5.59	In your opinion, a baby born to woman NOT infected with HIV should stop breastfeeding when how many months old? (IF LESS THAN A MONTH, RECORD 00) (IF DON'T KNOW, RECORD 98)	Months..... <input type="text"/> <input type="text"/> As the baby wants 94 Don't Know 98	
5.59b	How long do you intend to breastfeed your child?	Months..... <input type="text"/> <input type="text"/> As the baby demands 94 Don't Know 98	
5.60	At what age should complementary liquids/ foods be introduced to a baby? (IF LESS THAN A MONTH, RECORD 00) (IF DON'T KNOW, RECORD 98)	Age in Months..... <input type="text"/> <input type="text"/> As the baby demands 94 Don't Know 98	
5.68	Do you think mothers should express breast milk for their children?	Yes..... 1 No 2 Don't Know..... 8	} → 5.69
5.68b	If yes, why?	Working mothers..... 1 Painful breasts 2 Mother Sick/ HIV Infected 3 Pre Term babies 4 Baby unable to suckle/sick 5 Baby refused breast 6 Mother away for other reasons 7 Mother refuses to breastfeed 8 To prevent sagging of breasts 9 If breasts are too full 10 other (Specify)..... 96	
5.69	Do you express/ intend to express milk for your baby for any reason?	Yes..... 1 No 2	→ 6.0

5.69b	If yes, why?	Working mothers..... 1 Painful breasts 2 Mother Sick/ HIV Infected 3 Pre Term babies 4 Baby unable to suckle/sick 5 Baby refused breast 6 Mother away for other reasons 7 Mother refuses to breastfeed 8 To prevent sagging of breasts 9 If breasts are too full 10 other (Specify)..... 96						
5.69c	If you express/plan to express to breast milk, how do you do it/ plan to do it?	Express using hands 1 Express with help of pump 2 Other (Specify)..... 96						
5.69d	If you express breastmilk, what quantity in MLs do you USUALLY express every time you express it? (FW: RESPONDENT SHOULD ESTIMATE IN MLS BASED ON THE CONTAINER THEY USE TO KEEP THE EXPRESSED MILK)	MLs <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Not Applicable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
5.69e	If you do not express breast milk, what is the MAIN reason why you DO NOT?	Mother available to breastfeed 1 Painful breasts 2 Mother Sick/ HIV Infected 3 Pre Term babies 4 Baby unable to suckle from bottle/cup 5 Mother refuses to express 6 To prevent sagging of breasts 7 Cultural reasons 8 Relative/ spouse advise 9 Inadequate milk 10 Hygiene concerns Other 96 Specify: _____						
CHILD FEEDING UTENSILS HYGIENE								
3.5	Do you DISINFECT utensils used in feeding (NAME)?	YES 01 NO 02	→ '7.0					
3.6	How do you DISINFECT the utensils used in feeding (NAME)? [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: _____						

7.0 CHILD MORBIDITY AND HEALTH SEEKING PRACTICES																	
<p>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 A FOR Q7.1 TO 7.15.</p>																	
<p>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</p>	<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> <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>	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<p>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.</p>																	
<p>NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS</p>																	
<p>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.</p>	<table border="1"> <tr> <td>a Fever</td> <td>b Diarrhoea</td> <td>c Cough</td> <td>d Cough + Rapid Breath</td> <td>e Convulsions</td> <td rowspan="5"> Days <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> </td> </tr> </table>	a Fever	b Diarrhoea	c Cough	d Cough + Rapid Breath	e Convulsions	Days <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>									
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<p>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</p>	<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> <p>Other (specify) _____</p>	a	b	c	d	e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
a	b	c	d	e													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<p>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</p>	<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>	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"/>													
<p>7.15 Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days? CIRCLE 1 =YES, 2 = NO, 8 = DON'T KNOW IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	<table border="1"> <tr> <td>YES.....</td> <td>1</td> <td>MOST SERIOUS ILLNESS</td> </tr> <tr> <td>NO.....</td> <td>2</td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td>98</td> <td></td> </tr> <tr> <td>Other</td> <td>96</td> <td></td> </tr> <tr> <td>Specify</td> <td colspan="2">_____</td> </tr> </table>	YES.....	1	MOST SERIOUS ILLNESS	NO.....	2		DON'T KNOW.....	98		Other	96		Specify	_____		
YES.....	1	MOST SERIOUS ILLNESS															
NO.....	2																
DON'T KNOW.....	98																
Other	96																
Specify	_____																
<p>7.16a Have you heard about ORS?</p>	<table border="1"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2												
YES.....	1																
NO.....	2																
<p>7.16b Do you know about the salt and sugar solution prepared for children with diarrhoea?</p>	<table border="1"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2												
YES.....	1																
NO.....	2																

FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO ENDINGS, ELSE ASK:																																												
7.17	Please tell me, how is ORS (sugar and salt solution) prepared? Which steps do you follow? FW: ASK THE RESPONDEDNT TO DESCRIBE ALL THE STEPS OF PREPARING ORS. 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. CIRCLE ALL THE STEPS MENTIONED	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Correct</th> <th style="text-align: center;">Incorrect</th> </tr> </thead> <tbody> <tr><td>Wash Hands/Utensils</td><td style="text-align: center;">A</td><td style="text-align: center;">A</td></tr> <tr><td>Boil water.....</td><td style="text-align: center;">B</td><td style="text-align: center;">B</td></tr> <tr><td>Cool the water</td><td style="text-align: center;">C</td><td style="text-align: center;">C</td></tr> <tr><td>Measure 1/2 litre of water</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> <tr><td>Measure 1 litre of water</td><td style="text-align: center;">E</td><td style="text-align: center;">E</td></tr> <tr><td>Measure 1 level teaspoon salt.....</td><td style="text-align: center;">F</td><td style="text-align: center;">F</td></tr> <tr><td>Measure 8 level teaspoons sugar</td><td style="text-align: center;">G</td><td style="text-align: center;">G</td></tr> <tr><td>Mix & stir ingredients to dissolve</td><td style="text-align: center;">H</td><td style="text-align: center;">H</td></tr> <tr><td>Store mixture in covered container.....</td><td style="text-align: center;">I</td><td style="text-align: center;">I</td></tr> <tr><td>Dissove sachet of ready ORS</td><td style="text-align: center;">J</td><td style="text-align: center;">J</td></tr> <tr><td>Other.....</td><td style="text-align: center;">K</td><td style="text-align: center;">K</td></tr> <tr><td>Specify _____</td><td></td><td></td></tr> <tr><td>Don't Know.....</td><td style="text-align: center;">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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7.18	FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS /sugar and salt solution prepared for him/her?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 80%;">YES.....</td><td style="text-align: center;">1</td></tr> <tr><td>NO.....</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES.....	1	NO.....	2	DON'T KNOW	8																																				
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12.0 ANTHROPOMETRIC MEASUREMENTS FOR MOTHER AND CHILD (SEPARATE TOOL)																																												
13.0 ENDINGS																																												
13.8	RECORD ANY GENERAL COMMENTS _____ _____ _____	END TIME (24 HRS) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																										