

AFRICAN POPULATION AND HEALTH RESEARCH CENTER HEALTH CHALLENGES AND SYSTEMS PROGRAM MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT PRE BIRTH QUESTIONNAIRE			
			VISIT # <input type="text"/>
1.0 BACKGROUND			
1.0	VILLAGE OF RESIDENCE (CODESHEET B5)	<input type="text"/>	
1.1	START TIME (24HRS)	<input type="text"/>	
1.2	FIELD WORKER'S CODE	<input type="text"/>	
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<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)		<input type="text"/>
1.9	MOTHERS DATE OF BIRTH (DD/MM/YYYY)	(IF DK, USE 98)	<input type="text"/>
1.11	Have you ever been to school?	YES.....1	1.1
	IF NO, SKIP TO INSTRUCTIONS JUST BEFORE 3.0	NO.....2	
1.12	What is the <u>highest level</u> of education that you have <u>completed</u> ?	Less than primary school..... 01 Primary school 02 Secondary/High school 03 College/Pre-university/University . 04 Post graduate degree 05	
1.13	What is the religion of themother? (1= CHRISTIAN, 2= MUSLIM, 3=TRADITIONAL, 4= HINDU, 96=OTHER)		<input type="text"/>
1.14	What would you say is your main source of livelihood currently? CIRCLE ONLY <u>ONE</u> RESPONSE	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.....	
1.21	Has the woman been visited by an MIYCN CHW since the last visit?		(1 = Yes; 2 = No) <input type="text"/>

1.16 PREGNANCY DETAILS																																																						
1.16a	Are you still pregnant? (1=YES, 2=NO) (IF NO, SKIP TO 13.0 AND END THE INTERVIEW)	<input type="text"/>																																																				
1.16c	How many months pregnant are you?	<input type="text"/>																																																				
1.18	How happy are you to be pregnant?	Very happy 01 Happy 02 Neither happy nor unhappy 03 Unhappy 04 Very unhappy 05																																																				
1.19	How happy are your household members with your being pregnant?	Very happy 01 Happy 02 Neither happy nor unhappy 03 Unhappy 04 Very unhappy 05																																																				
1.20	Since our last visit, have you experienced any of the following pregnancy related complications with this pregnancy? <div style="background-color: yellow; padding: 5px; text-align: center;">FW: PROMPT AND CIRCLE ALL THAT IS MENTIONED</div>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HBP</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Gestational Diabetes</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Anaemia</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Depression</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Bleeding / Spotting</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Severe nuasea and von</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Malaria</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Fainting</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Varicose veins</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Swollen legs</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Fever</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Other (Specify)_____</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>		Y	N	DK	HBP	1	2	98	Gestational Diabetes	1	2	98	Anaemia	1	2	98	Depression	1	2	98	Bleeding / Spotting	1	2	98	Severe nuasea and von	1	2	98	Malaria	1	2	98	Fainting	1	2	98	Varicose veins	1	2	98	Swollen legs	1	2	98	Fever	1	2	98	Other (Specify)_____	1	2	98
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2.0 ANTENATAL CARE			
Now I would like to ask you some questions about your experience during this pregnancy.			
QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
2.1	Have you seen anyone for antenatal care during this pregnancy since our last visit?	YES..... 1 NO..... 2	→ 3.13
2.5	How many times have you received antenatal care during this pregnancy since our last visit?	No. of times <input type="text"/> <input type="text"/> Don't Know..... 98	2nd Visit <input type="text"/> <input type="text"/>
2.4	How many months pregnant were you when you received the antenatal care for this pregnancy since our last visit?	Months <input type="text"/> <input type="text"/> Don't Know..... 98	
3.0 BIRTH PLANS			
Now I would like to ask you questions about birth plans that you have regarding this pregnancy			
3.13	Where do you plan to give birth to your baby?	Health Facility 1 TBA 2 Home 3 Other (Specify) 96	
3.14	Do you plan to deliver your baby here in this community/slum or elsewhere?	Within the slum 1 Elsewhere in Nairobi 2 Upcountry 3 Other (Specify) 96	
3.15	Are you saving money for the birth of your baby	1.....Yes 2.....No	
3.16	How are you saving for the birth of your baby?	Bank 1 Safety nets (e.g.Merry go rou 2 Insurance (e.g. NHIF etc) 3 Home Savings 4 Voucher /OBA 5 MPESA /Phone Banking 6 Other (Specify) 96	
3.17	Are you registered with OBA type Voucher program	1.....Yes 2.....No	

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="checkbox"/>
	b. Roots and tubers (potatoes, sweet potato, cassava, nduma or any foods made from roots)		<input type="checkbox"/>
	c. Legumes and nuts (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)		<input type="checkbox"/>
	d. Dairy products (milk, yoghurt, cheese, sour milk [mala])		<input type="checkbox"/>
	e. Flesh foods (meat, fish, poultry, pork and organ meats like liver, kidney)		<input type="checkbox"/>
	f. Eggs		<input type="checkbox"/>
	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="checkbox"/>
	h. Vitamin A rich (non-leafy) vegetables (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)		<input type="checkbox"/>
	i. Vitamin A rich fruits (mango, pawpaw, guava)		<input type="checkbox"/>
	j. Other Fruits (Orange, lemon (or other citrus fruits), pineapple, banana etc)		<input type="checkbox"/>
	k. Oils and fat (Oils, fats or butter added to food/used for cooking)		<input type="checkbox"/>
	l. Sugar (Sugar/honey added to food such as tea, porridge)		<input type="checkbox"/>
	m. Alcohol (commercial, traditional)		<input type="checkbox"/>
	n. Others (condiments, tea, coffee) (Specify.....)		<input type="checkbox"/>
KNOWLEDGE, ATTITUDES AND PRACTISES ON INFANT AND YOUNG CHILD NUTRITION			
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	} 5.85
5.52	From where did you receive this information?	Antenatal clinics/Health facility A Traditional Birth Attendants B NGO/CBO C Community Health Workers D Relative/ Friend/ Neighbour E Other; Specify..... 96	

INFANT AND YOUNG CHILD NUTRITION																																																																				
5.85	How long after birth should a baby be 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	Immediately/ < 1HOUR 00 Hours 01 Days 02 Don't Know..... 98																																																																		
5.54	Should a baby be given the very first milk from the breast (colostrum) at birth or soon after?	Yes..... 1 No 2 Don't Know..... 8																																																																		
5.54b	Do you intend to breastfeed your baby on the very first breastmilk soon after giving birth?	Yes..... 1 No 2 Don't Know..... 8																																																																		
5.55	In your opinion, in the first three days after delivery, before the mother's milk flows regularly, should a baby be given anything to drink/eat other than breast milk?	Yes..... 1 No 2 Don't Know..... 8		5.57																																																																
5.56	What should a baby be 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="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D</th> </tr> </thead> <tbody> <tr><td>01 Vitamin, mineral supplements</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>02 Plain water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>03 Sweetened/flavoured water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>04 Sugar and salt water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>05 Fruit juice</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>06 Tea or infusion</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>07 Gripe water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>08 Fresh Cow milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>09 Yoghurt/fermented milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>10 Tinned/powdered milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>11 Infant formula</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>12 Gruel (thin porridge)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>13 Honey</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>14 Fish soup</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>15 Other liquid/food.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> Specify:.....		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 milk	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	15 Other liquid/food.....	1	2	8		
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5.57	How many times should a baby aged less than six months 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 aged less than six months 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, at what age should a baby born to a mother NOT infected with HIV stop breastfeeding? (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 wants 94 Don't Know 98																																																																		

Now I would like to ask you a few questions on your knowledge HIV and AIDS (FW: THE INTERVIEWER SHOULD REQUEST THE RESPONDENT NOT TO REVEAL HER HIV STATUS)											
5.46	Can HIV be transmitted from a mother to her child?	<div>Yes 1</div> <div>NO 2</div> <div>DK 8</div>	<div>5.49</div>								
5.47	When can HIV be transmitted from mother to her child? Can it be transmitted: CIRCLE CODE MULTIPLE RESPONSES ARE ALLOWED	<div> <div>Y N DK</div> <div>During pregnancy? 1 2 8</div> <div>During delivery? 1 2 8</div> <div>During breastfeeding? 1 2 8</div> <div>During conception? 1 2 8</div> </div>									
5.48	Can a mother who is infected with HIV reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy ?	<div>Yes 1</div> <div>No 2</div> <div>DK 8</div>									
5.49	Should a mother who is HIV Positive breastfeed her baby?	<div>Yes 1</div> <div>No 2</div> <div>DK 8</div>									
5.50	For how long should an HIV positive mother breastfeed her child?	<div>Months..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div> <div>DK <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>									<div>13.0</div>
12.0	ANTHROPOMETRIC MEASUREMENTS FOR MOTHER (SEPARATE TOOL)										
13.0	ENDINGS										
13.8	RECORD ANY GENERAL COMMENTS										
13.9	END TIME (24 HRS)	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									