

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
HEALTH CHALLENGES AND SYSTEMS PROGRAM
MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT
ENDLINE QUESTIONNAIRE [MONTH 13]**

1.0 BACKGROUND

1.0	VILLAGE OF RESIDENCE (CODESHEET B5)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>								
1.1	START TIME (24HRS)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>								
1.2	FIELD WORKER'S CODE	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>								
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								
1.4	HOUSEHOLD HEAD NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.6	HOUSEHOLD ID	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.7	MOTHER'S NAME.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.8	MOTHER'S ID	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								

1.15	What is your marital status? (1=CURRENTLY MARRIED; 2=LIVING TOGETHER; 3=SEPARATED; 4=DIVORCED; 5=WIDOWED; 6=NEVER MARRIED)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>	

1.14	What is your MAIN occupation? FW: MAIN OCCUPATION OF THE MOTHER <p style="text-align: center;">CIRCLE ONLY <u>ONE</u> RESPONSE</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Unestablished own business (Informal)</td><td style="text-align: right;">01</td></tr> <tr><td>Established own business (formal)</td><td style="text-align: right;">02</td></tr> <tr><td>Informal casual</td><td style="text-align: right;">03</td></tr> <tr><td>Informal salaried</td><td style="text-align: right;">04</td></tr> <tr><td>Formal salaried</td><td style="text-align: right;">05</td></tr> <tr><td>Formal casual</td><td style="text-align: right;">06</td></tr> <tr><td>Rural agriculture</td><td style="text-align: right;">07</td></tr> <tr><td>Unemployed</td><td style="text-align: right;">08</td></tr> <tr><td>Student</td><td style="text-align: right;">09</td></tr> <tr><td>Housewife</td><td style="text-align: right;">10</td></tr> <tr><td>Job Searching</td><td style="text-align: right;">11</td></tr> <tr><td>Urban agriculture</td><td style="text-align: right;">12</td></tr> <tr><td>Other</td><td style="text-align: right;">96</td></tr> <tr><td>Specify _____</td><td></td></tr> </table>	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 _____	
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Specify _____																														

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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: right;">Yes.....</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">No.....</td> <td style="text-align: right;">2</td> <td style="text-align: center;">→</td> </tr> </table>		Yes.....	1			No.....	2	→
	Yes.....	1								
	No.....	2	→							

15.12	Where did you do this activity?	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Same slum.....</td><td style="text-align: right;">01</td></tr> <tr><td>Other slum.....</td><td style="text-align: right;">02</td></tr> <tr><td>Elsewhere in Nairobi.....</td><td style="text-align: right;">03</td></tr> <tr><td>Outside Nairobi.....</td><td style="text-align: right;">04</td></tr> <tr><td>Foreign country.....</td><td style="text-align: right;">05</td></tr> <tr><td>Other (specify) _____</td><td style="text-align: right;">96</td></tr> </table>	Same slum.....	01	Other slum.....	02	Elsewhere in Nairobi.....	03	Outside Nairobi.....	04	Foreign country.....	05	Other (specify) _____	96
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DETAILS OF THE CHILD: PLEASE ASK THE QUESTIONS WHETHER THE CHILD IS ALIVE OR DEAD

1.30	CHILD'S NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.31	CHILD'S ID	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								
1.32	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								
1.33	CHILD'S SEX (1=MALE; 2=FEMALE)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>								

1.21	Has the woman been visited by an MIYCN CHW since OUR last visit?	(1 = Yes; 2 = No)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>	

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="width: 100%; height: 20px;"> <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..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Weeks..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Months..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <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..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Weeks..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Months..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Don't Know..... 98																			→ 13.0
FW: IF THE CHILD IS DEAD, SKIPS TO SECTION 12.0 FOR MOTHER ANTHROPOMETRICS																					
BABY MILESTONES																					
Now I want to ask you about the growth progress of your baby.																					
4.11	Has (NAME) shown the following?	4.11	4.12																		
		Y N DK	Month																		
a	Social smile	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
b	Head holding or control	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
c	Turning towards the source of sound	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
d	Extending a hand to grasp	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
e	Making sound	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
f	Sitting	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
g	Crawling	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
h	Walking	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		
i	Talking	1 2 8	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																		

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		
5.0 MODULE 3: FEEDING PRACTICES KNOWLEDGE, ATTITUDES AND PRACTICES ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION			
Now I would like to ask you a few questions about your knowledge and attitudes regarding maternal infant and young child feeding			
	Questions and Filters	Coding Categories	Skip to
5.67a	Did you ever take any of the following things, including supplements while pregnant with (NAME)?	None 0 Nutritional supplements 1 Herbal supplements 2 Stones 3 Alcohol 4 Other (Specify) 96	
5.67b	Did you ever take any of the following things, including supplements, since you gave birth to (NAME)?	None 0 Nutritional supplements 1 Herbal supplements 2 Stones 3 Alcohol 4 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.			
5.9	Is (NAME) still breastfeeding/ feeding on breast milk? FW: BABIES FEEDING ON EXPRESSED MILK ARE CONSIDERED TO BE BREASTFEEDING	Yes..... 1 No 2 Don't Know..... 8	→ 5.11 → 5.76
5.59b	How long (in months) do you intend to breastfeed your child?	Months..... <input type="text"/> <input type="text"/> As the baby wants 94 Don't Know 98	
5.69	Have you ever/ 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	

5.11	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	
COMPLEMENTARY FEEDING			
5.12	Apart from breast milk, has (NAME) been introduced to liquid or solid food?	Yes..... 1 No 2 Don't Know..... 8	→ 5.12b → 5.18
5.20	At what age were these liquids/ solid 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"/> <input type="text"/>	
5.78	Is (NAME) still being fed on these liquids/ foods?	Yes..... 1 No 2 Don't Know..... 8	
5.12b	If NO, why has (NAME) NOT been introduced to solid/liquid food?	Baby ill/unable to eat food..... 01 Mother refused to feed baby food..... 02 Spouse advised..... 03 Baby too young..... 04 Adequate breast milk..... 05 06 07 Advice by health professional..... 08 Advice by other person..... 09 Mother lazy to prepare child food 13 Other (Specify)..... 96 Don't Know..... 98	
5.79	At what age do you intend to introduce other foods/ liquids other than breast milk to the baby?	<input type="text"/> <input type="text"/> Already started 93 As the baby demands 94	
5.28	Has (NAME) ever received a dose of Vitamin A?	Yes..... 1 No 2 Don't Know..... 8	
5.28b	If YES, how many doses?	Number <input type="text"/> <input type="text"/>	
5.30	Has (NAME) ever received iron supplements?	Yes..... 1 No 2 Don't Know..... 8	
5.31	Has (NAME) taken any drugs for intestinal worms?	Yes..... 1 No 2	

Don't Know..... 8

6.0 VACCINATION HISTORY

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

6.1 Does/ Did (NAME) have a vaccination card that looks like this?
FW: SHOW A COPY OF A VACCINATION CARD
 IF YES: May I see it please?
FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT
 CIRCLE THE APPROPRIATE RESPONSE

Yes, card/ book seen.....	1	→	6.3
Yes, card/book not seen.....	2	→	6.5
No card.....	3		
Don't Know.....	8		

6.2a What is the MAIN reason why (NAME) does not have/has never had a vaccination card?

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

Specify _____

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

		D	D	M	M	Y	Y	Y	Y
BCG	BCG								
Pentavalent 1	Pentav.1								
Pentavalent 2	Pentav.2								
Pentavalent 3	Pentav.3								
Oral Polio Vaccine Birth Dose (OPV0)	OPV0								
Oral Polio Vaccine 1st Dose (OPV1)	OPV1								
Oral Polio Vaccine 2nd Dose (OPV2)	OPV2								
Oral Polio Vaccine 3rd Dose (OPV3)	OPV3								
Measles	Measles								
Vitamin A (Dose 1)	Vitamin A								
Vitamin A (Dose 2)	Vitamin A								
Dewormers	Dewormers								
Yellow Fever	Yellow Fever								
Pneumococcal (Dose 1)	PCV 1								
Pneumococcal (Dose 2)	PCV 2								
Pneumococcal (Dose 2)	PCV 3								

6.4 Has (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign?
PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED. THEN ENTER DATE.
IN THE FIRST BOX FOR OTHER: INDICATE B=BCG; V = PENTAV; P=POLIO; M=MEASLES; THEN PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD

		M	M	Y	Y	Y	Y
BCG	<input type="checkbox"/>						
Pentav.	<input type="checkbox"/>						
Polio	<input type="checkbox"/>						
Measles	<input type="checkbox"/>						
PCV	<input type="checkbox"/>						
Other 1	<input type="checkbox"/>						
Other 2	<input type="checkbox"/>						

	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.	Other 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No Campaign/did not participate..... 99
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)			
6.5	FW: NB: IF YOU DID NOT SEE A VACCINATION CARD, ASK QUESTIONS 6.5 UP TO 6.16		
	PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS: A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes..... 1 No 2 Don't Know..... 8	
6.6	FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "98" ELSE ASK: Would you mind if I check (NAME) to see if there is an immunization scar? INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR: IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 9.	Scar Present..... 1 Scar absent 2 Child is dead..... 3 Child not examined..... 4	
6.7	Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria sometimes given at the same time as polio vaccine?	Yes..... 1 No 2 Don't Know..... 8	} 6.9
6.8	How many such injections has (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	Number of injections..... <input type="checkbox"/> Don't Know..... 8	
6.9	Vaccine drops in the mouth to protect him/her from getting polio?	Yes..... 1 No 2 Don't Know..... 8	} 6.12
6.10	How many times has s/he been given these drops? RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	Number of times drops given... <input type="checkbox"/> Don't Know..... 8	
6.11	When was the first polio vaccine received? Was it just after birth (that is within two weeks after birth) or later? CIRCLE THE APPROPRIATE RESPONSE	Just after Birth..... 1 Later..... 2 Don't Know..... 8	
6.12	Has (NAME) ever been given a measles vaccine injection – that is, a shot in the right upper arm given at 9 months – to prevent him or her from getting measles?	Yes..... 1 No 2 Not yet x months..... 3 Don't Know..... 8	
6.17	Has (NAME) ever been given a pneumococcal vaccine injection—that is, a shot in the right outer thigh – to prevent him or her from getting pneumonia?	Yes..... 1 No 2 Not yet x months..... 3 Don't Know..... 8	
6.13	FW: IF CHILD WAS GIVEN ANY VACCINES FROM Q 6.5 TO 6.12, ASK: Were any of the vaccinations (NAME) received given as part of a national immunisation day/ immunisation campaign?	Yes..... 1 No 2 Don't Know..... 8	} 6.15

6.14	Can you recall the date(s) of the campaign(s)? 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.	<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>1st</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M	M	Y	Y	Y	Y	1 st							2 nd							3 rd							
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3 rd																															
6.15	FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?	Yes..... 1 No 2 Don't Know..... 8	→ 7.0 → 7.0																												
6.16	Please tell me the main reason why (NAME) has never been/ was never given any immunisation ? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak..... 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																													
12.0 ANTHROPOMETRIC MEASUREMENTS FOR MOTHER AND CHILD (SEPARATE TOOL)																															
13.0 ENDINGS																															
13.8	RECORD ANY GENERAL COMMENTS <hr/> <hr/> <hr/>	END TIME (24 HRS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																													