

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)	<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"/> <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 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 _____	
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
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	
DETAILS OF THE CHILD: PLEASE ASK THE QUESTIONS WHETHER THE CHILD IS ALIVE OR DEAD			
1.30	CHILD'S NAME	<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"/> <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)		

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;"> <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;"><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;"><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;"><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)?	<hr/> <hr/>																				
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;"><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;"><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;"><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="display: inline-table;"><tr><td></td><td></td></tr></table>																			
b	Head holding or control	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
c	Turning towards the source of sound	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
d	Extending a hand to grasp	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
e	Making sound	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
f	Sitting	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
g	Crawling	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
h	Walking	1 2 8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>																			
i	Talking	1 2 8	<table border="1" style="display: inline-table;"><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	

	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
6.8	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="text"/> 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
6.10	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="text"/> 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

6.14	<p>Can you recall the date(s) of the campaign(s)?</p> <p>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.</p>	<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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6.15	<p>FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?</p>	<p>Yes..... 1 → 7.0</p> <p>No 2</p> <p>Don't Know..... 8 → 7.0</p>																													
6.16	<p>Please tell me the main reason why (NAME) has never been/ was never given any immunisation ?</p> <p>DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.</p>	<p>Child sick/weak..... A</p> <p>Not important/ignorance..... B</p> <p>Away/No time off work/ business..... C</p> <p>Mother/carer forgot..... D</p> <p>Mother/ carer sick/ died..... E</p> <p>Religious beliefs..... F</p> <p>Suspicion towards vaccines..... G</p> <p>Hospital/ clinic to far..... H</p> <p>Cost of vaccine..... I</p> <p>No vaccine/supplies at clinic..... J</p> <p>No reason..... K</p> <p>Don't Know..... 98</p> <p>Other (specify)..... 96</p>																													
12.0	ANTHROPOMETRIC MEASUREMENTS FOR MOTHER AND CHILD (SEPARATE TOOL)																														
13.0	ENDINGS																														
13.8	<p>RECORD ANY GENERAL COMMENTS</p> <p>END TIME (24 HRS) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>_____</p> <p>_____</p> <p>_____</p>																														