

AFRICAN POPULATION AND HEALTH RESEARCH CENTER HEALTH CHALLENGES AND SYSTEMS PROGRAM MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT POST BIRTH 2 QUESTIONNAIRE (2-3; 4-5 MONTH)			
1.0 BACKGROUND			
1.0	VILLAGE OF RESIDENCE (CODESHEET B5)	<input type="text"/> <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? <input type="checkbox"/> (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)	<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	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%;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></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="width: 100px; height: 60px; margin-left: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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?	4.11	4.12	
		Y N DK	Month	
a	Social smile	1 2 8	<input type="text"/>	
b	Head holding or control	1 2 8	<input type="text"/>	
c	Turning towards the origin of sound	1 2 8	<input type="text"/>	
d	Extending a hand to grasp	1 2 8	<input type="text"/>	
e	Making sound	1 2 8	<input type="text"/>	
f	Sitting	1 2 8	<input type="text"/>	
g	Crawling	1 2 8	<input type="text"/>	
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
5.63	Have you received any information on your own nutrition since our last visit?	Yes..... 1 No 2		→ 5.66
5.64	Where did you receive the information from?	Doctor..... A Nurse..... B Midwife/ Auxillary midwife.. C Traditional birth attendant.. D Relative/ Friend/ Neighbour E CHW F Other (Specify)..... 96		
5.67	Are you currently taking any of the following things, including supplements?	None 0 Nutritional supplements 1 Herbal supplements 2 Stones 3 Alcohol 4 Other (Specify) 96		

<p>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</p>			
<p>(Ask respondent to recount foods consumed and record each mentioned under appropriate food group) [INDICATE 1 FOR CONSUMED AND 2 FOR NOT CONSUMED]</p>			
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 and bananas (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 (Poultry 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"/>	
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	

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.			
5.9	Is (NAME) still breastfeeding?	Yes..... 1 No 2 Don't Know..... 8	→ 5.11 → 5.76
5.21	How many times did (NAME) breastfeed yesterday during the day (i.e. between sunrise and sunset?)	Number of times <input type="text"/> <input type="text"/> Don't Know 98	
5.22	How many times did (NAME) breastfeed yesterday at night (i.e. between sunset and sunrise?)	Number of times <input type="text"/> <input type="text"/> Don't Know 98	
SKIP TO Q5.76			
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"/> <input type="text"/>	
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	

5.73	How do hold/ you position (NAME) during breastfeeding USUALLY?	NUMBER <input type="text"/> <input type="text"/> Other 96 Specify _____ Not Applicable..... 99	
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"/> <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"/> <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	
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
5.12b	If YES, why was (NAME) given any liquid/food including water?	Baby ill/unable to suckle..... 01 Mother refused to breastfeed..... 02 Spouse advised..... 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 Mother tired..... 13 Other (Specify) _____ 96 Don't Know..... 98	
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"/> <input type="text"/>	
5.78	Is (NAME) stillbeing 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"/> <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"/> <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 (POST BIRTH 2) QUESTIONNAIRE)			

CHILD FEEDING												
5.13	<p>In the last three days, did (NAME) receive any of the following?</p> <p>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.</p>	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						
		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						
		5.14	<p>FW: CHECK 5.13, FOR EACH ITEM CODED 1 ASK:</p> <p>At what age (in months) was the liquid/food introduced to (NAME)?</p> <p>IN THE BOXES PROVIDED. RECORD IN ONLY ONE UNIT. IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'</p>	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	<p>What is used to feed (NAME)? Do you use....</p> <p>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'</p>				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) _____										
5.16	<p>Why was (NAME) given liquids/solids?</p> <p>DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	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					
		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..... As the baby demands Don't Know	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> 94 98	
5.68	Do you think mothers should express breast milk for their children?	Yes..... No Don't Know.....	1 2 8	} → 5.69
5.68b	If yes, why?	Working mothers..... Painful breasts Mother Sick/ HIV Infected Pre Term babies Baby unable to suckle/sick Baby refused breast Mother away for other reasons Mother refuses to breastfeed To prevent sagging of breasts If breasts are too full other (Specify).....	1 2 3 4 5 6 7 8 9 10 96	
5.69	Do you express/ intend to express milk for your baby for any reason?	Yes..... No	1 2	→ 6.0
5.69b	If yes, why?	Working mothers..... Painful breasts Mother Sick/ HIV Infected Pre Term babies Baby unable to suckle/sick Baby refused breast Mother away for other reasons Mother refuses to breastfeed To prevent sagging of breasts If breasts are too full other (Specify).....	1 2 3 4 5 6 7 8 9 10 96	
5.69c	If you express/plan to express to breast milk, how do you do it/ plan to do it?	Express using hands Express with help of pump Other (Specify).....	1 2 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 Not Applicable	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>	

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	→ 6.0
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: _____	
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 Yes, card/book not seen..... 2 No card..... 3 Don't Know..... 8	→ 6.3 → 6.5
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 Costs..... 2 No Card/supplies at clinic..... 3 Card lost..... 4 Don't Know..... 98 Other 96 Specify_____	→ 6.5

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	} 6.12																		
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="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																			
6.17	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.	<div> <div> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> </div> <div> <div>M M Y Y Y Y</div> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> </div> </div>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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																			

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.</p> <p>FW : USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p>														
7.1	<p>Has (NAME) been ill with any of the following illness at any time in the last two weeks?</p> <p>FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</p>	<p>a Fever</p>	<p>b Diarrhea</p>	<p>c Cough</p>	<p>d Cough + Rapid Breath</p>	<p>e Convulsions</p>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
	<p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p> <p>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>														
	NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS														
7.2	<p>For how many days has (NAME) been ill/ was ill with (NAME OF ILLNESS)?</p> <p>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>	<p>a Fever</p> <p>b Diarrhoea</p> <p>c Cough</p> <p>d Cough + Rapid Breath</p> <p>e Convulsions</p>		<p>Days</p> <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>											
7.4	<p>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>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>	<p>e</p> <input type="text"/>									
		Other (specify) _____													
7.5	<p>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>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>	<p>e</p> <input type="text"/>									
7.15	<p>Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days?</p> <p>CIRCLE 1 =YES, 2 = NO, 8 = DON'T KNOW</p> <p>IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A⁵).</p> <p>IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	<p>YES..... 1 MOST SERIOUS ILLNESS</p> <p>NO..... 2</p> <p>DON'T KNOW..... 98</p> <p>Other 96</p> <p>Specify _____</p>													
7.16a	Have you heard about ORS?	<p>YES..... 1</p> <p>NO..... 2</p>													
7.16b	Do you know about the salt and sugar solution prepared for children with diarrhoea?	<p>YES..... 1</p> <p>NO..... 2</p>													

FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO ENDINGS, ELSE ASK:																																												
7.17	<p>Please tell me, how is ORS (sugar and salt solution) prepared? Which steps do you follow?</p> <p>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</p>	<table> <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 & 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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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> <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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