AFRICAN POPULATION AND HEALTH RESEARCH CENTER
HEALTH CHALLENGES AND SYSTEMS PROGRAM
MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT
POST BIRTH 3 QUESTIONNAIRE (6,8,10,12)

1.0 BACKGROUND

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

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 ONE 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	
1.31	CHILD'S ID	
1.32	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	
1.33	CHILD'S SEX (1=MALE; 2=FEMALE)	
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)	☐☐☐☐☐☐☐☐	
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……………..	
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 abour the growth progress of your baby.	

		4.11			**4.12**	
		Y	**N**	**DK**	**Month**	
4.11	Has (NAME) shown the following?					
a	Social smile	1	2	8		
b	Head holding or control	1	2	8		
c	Turning towards the orgin of sound	1	2	8		
d	Extending a hand to grasp	1	2	8		
e	Making sound	1	2	8		
f	Sitting	1	2	8		
g	Crawling	1	2	8		
h	Walking	1	2	8		
i	Talking	1	2	8		

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**	
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 → **5.11** Don't Know………………………… 8 → **5.76**	
5.21	How many times did (NAME) breastfeed yesterday during the day **(i.e. between sunrise and sunset?)**	Number of times ☐☐ Don't Know 98	
5.22	How many times did (NAME) breastfeed yesterday at night **(i.e. between sunset andsunrise?)** **SKIP TO Q5.76**	Number of times ☐☐ Don't Know 98	
5.59b	How long (in months) do you intend to breastfeed your child?	Months………… ☐☐ As the baby wants **94** Don't Know **98**	
5.69	Do you express/ intend to express milk for your baby for any reason?	Yes……………………………… 1 No ………………………………… 2	
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 ☐☐☐☐ Not Applicable ☐☐	
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:_____	

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………… [ ][ ]	

5.72	How do hold/ you position (NAME) during breastfeeding **USUALLY?**	NUMBER [ ][ ] Other **96** Specify_____ Not Applicable……………… **99**	
5.72b	Do you think think you produce sufficient breastmilk to satisfy (NAME)?	Yes……………………………….…. 1 No …………………………………. 2	
5.73	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 [ ][ ]	
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 [ ][ ]	
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) been introduced to liquid or solid food?	Yes……………………………………. 1 No ……………………………………. 2 → 5.12b Don't Know……………………………. 8 → 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…… [ ][ ]	
5.78	Is (NAME) stillbeing 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?	[ ][ ] 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…… ☐☐	
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	

Now I would like to ask you about liquids or foods that (NAME) had yesterday during the day or night. I am interested to know whether (NAME) ate the item even if it was combined with other foods

	Did (NAME) DRINK or EAT;	Yes	No	DK
	Plain Water	1	2	8
	Commercially produced infant formula	1	2	8
	Milk such as tinned, powdered or fresh animal milk	1	2	8
	Tea or Coffee	1	2	8
	Any other liquids	1	2	8
	Any fortified baby foods like Cerelac	1	2	8
	Any (OTHER) porridge or Gruel	1	2	8

Now I would like to ask you about tother foods (NAME) ate over the last 24 hours. I am interested to know whether (NAME) 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 (NAME) 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)	☐
b.	**Roots and tubers** (potatoes, sweet potato, cassava, nduma or any foods made from roots)	☐
c.	**Legumes and nuts** (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)	☐
d.	**Dairy products** (yoghurt, cheese, sour milk [mala])	☐
e.	**Flesh foods** (meat, fish, poultry, pork and organ meats like liver, kidney)	☐
f.	**Eggs**	☐
g.	**Grean leafy Vegetables** (sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage, sweet potato leaves, osuga, kunde, and other locally available leaves)	☐
h.	**Vitamin A rich (non-leafy) vegetables** (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)	☐
i.	**Vitamin A rich fruits** (mango, pawpaw, guava)	☐
j.	**Other Fruits** (Orange, lemon (or other citrus fruits), pineapple, banana (including Matoke) etc	☐
k.	**Oils and fat** (Oils, fats or butter added to food/used for cooking)	☐
l.	**Sugar** (Sugar/honey added to food such as tea, porridge)	☐
m.	**Others** (Specify…………………………………………………………..)	☐

5.26	How many times did (NAME) eat solid, semisolid or soft foods yesterday during day **AND** night?	Number of times Don't Know			98

			Y	N	DK
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_____			

5.27	Is iodized salt usually added to (NAME)'s food? ASK TO SEE THE PACKET OF SALT USED. CONFIRM IF IT IS FORTIFIED WITH IODINE	Yes……………………………………… 1 No ……………………………………… 2 Don't Know…………………………… 8	
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	
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	

5.32	Who usually/mostly looks after the baby (during the day)? **FW: CIRCLE ONE REPONSE IF SIBLING, SPECIFY AGE OF THE SIBLING**	Mother	1	
		Father	2	
		Grandmother	3	
		Other relative	4	
		House girl	5	
		Neighbour	6	
		Day Care Center	7	
		No one (self)	8	
		Siblings	9	
		(AGE of SIBLING ☐☐)		
		Other	96	
		Specify_____		
5.33	Who usually/mostly feeds (NAME) during the day?	Self	1	
		Mother / Guardian	2	→ 5.45
		Father	3	
		Grandmother	4	
		Other relative	5	
		House girl	6	
		Neighbour	7	
		Day Care Center Attendant	8	
		Siblings	9	
		(AGE of SIBLING ☐☐)		
		Other	96	
		Specify_____		

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 dead	1
		Mother is sick	2
		Mother usually away for work	3
		Mother usually away for other reasons	4
		Mother lives in a different household	5
		Other, Specify……………………….	96
5.35	How does the child usually feed, is s/he fed directly or is s/he assisted by someone?	Fed directly	1
		Assisted	2
		Baby feeds her/himself	3
		Other; Specify……………………	96
5.36	What is the usual position of the child while feeding? Is the child fed while held, sitting, standing or walking around?	Held	
		Sitting	1
		Standing	2
		Walking around	3
		Other; Specify……………………	96
5.80	How can you describe the usual feeding environment…is it… Quiet with no other people around A bit quiet with other people around Noisy with other people around	Quiet with no other people around	1
		A bit quiet with other people around	2
		Noisy with other people around	3
		Other; Specify………………………….	96
5.37	What is the usual pace of the child's eating? Would you describe it as slow, moderate, or fast?	Slow	1
		Moderate	2
		Fast/quick	3
5.38	How do you know that your child is refusing food? FW: MULTIPLE RESPONSES ARE ALLOWED	Closing the mouth/refusing to eat	A
		Returning food	B
		Regurgitating/vomiting	C
		Kicking the spoon/bowl/plate	D
		Making noise or crying	E
		Running away	F
		Other; Specify………………………….	96

5.39	How often does (NAME) refuse food?	Most of the time/always	1	
		Often/several times	2	
		Few times/once in a while	3	
		Never	4	
5.40	When (NAME) refuses food, what do you do/what does the person feeding her usually do? FW: MULTIPLE RESPONSES ARE ALLOWED	Shout/yell at the baby	A	
		Beat/pinch the baby	B	
		Threaten/instill fear in the baby	C	
		Force the baby to finish	D	
		Change position of the baby	E	
		Encourage baby to finish positively (e.g. by singing, talking, playing etc)	F	
		Just stop feeding the baby	G	
		Other; Specify…………………………	96	
5.41	What are some ways that a child can be encouraged to feed? FW: MULTIPLE RESPONSES ARE ALLOWED	Shout/yell at the baby	A	
		Beat/pinch the baby	B	
		Threaten/instill fear in the baby	C	
		Force the baby to finish	D	
		Promise rewards to the baby	E	
		Change position of the baby	F	
		Follow the child around the room	G	
		Talk to the baby	H	
		Sing for the baby	I	
		Refocus baby's attention with play	J	
		Slow the pace of feeding	K	
		Allow the baby to touch food/feed themselves	M	
		Change texture/variety of the food	N	
		Other; Specify…………………………	96	
5.42	How often does (NAME)'s food remain on the plate/bowl?	Most of the time/always	1	
		Often/several times	2	
		Few times/once in a while	3	
		Never	4	
5.43	What is done to the food that remains on the plate if (NAME) fails to finish?	Put in a fridge to feed baby later	A	
		Put in a cupboard to feed baby later	B	
		Put elsewhere to feed baby later	C	
		Thrown away	D	
		Given to other children	E	
		Other, specify	96	
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	
	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 ⟶ 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 Costs…………………………….. 2 No Card/supplies at clinic……….. 3 Card lost…………………………. 4 Don't Know……………………. 98 Other …………………………….. 96 Specify_____ ➡ 6.5

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 MONTH AND YEAR IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/ DID NOT PARTICIPATE CIRCLE 99.	M M Y Y Y Y BCG Pentav. Polio Measles PCV **Other 1** **Other 2** **Other 3** 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............ ☐ 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... ☐ 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.	M M Y Y Y Y 1st ☐ ☐☐☐☐☐☐ 2nd ☐ ☐☐☐☐☐☐ 3rd ☐ ☐☐☐☐☐☐	
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**

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.

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	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions
		☐	☐	☐	☐	☐

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.

NB: a = FEVER   b = DIARRHEA   c = COUGH   d = COUGH + RAPID BREATH   e = CONVULSIONS

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.	a Fever b Diarrhoea c Cough d Cough + Rapid Breath e Convulsions	**Days** ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
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	a ☐ b ☐ c ☐ d ☐ e ☐ Other (specify)_____	
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	a ☐ b ☐ c ☐ d ☐ e ☐	
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 A**[5]). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES………… 1 MOST SERIOUS ILLNESS NO………….. 2 DON'T KNOW 98 Other 96 Specify_____	
7.16a	Have you heard about ORS?	YES………… 1 NO………….. 2	
7.16b	Do you know about the salt and sugar solution prepared for children with diarrhoea?	YES………… 1 NO………….. 2	

	FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO ENDINGS, ELSE ASK:			
			Correct	**Incorrect**
7.17	Please tell me, how is ORS (sugar and salt solution) prepared?	Wash Hands/Utensils	A	A
	Which steps do you follow?	Boil water……………………………	B	B
		Cool the water	C	C
		Measure $^1/_2$ litre of water	D	D
	FW: ASK THE RESPONDEDNT TO DESCRIBE ALL THE STEPS	Measure 1 litre of water	E	E
	OF PREPARING ORS.	Measure 1 level teaspoon salt……	F	F
	FOR THE MEASUREMENTS, PROBE FOR THE SPECIFICATIONS	Measure 8 level teaspoons sugar	G	G
	AND CIRCLE UNDER THE CORRECT COLUMN ONLY IF THE	Mix & stir ingredients to dissolve	H	H
	RIGHT SPECIFICATIONS ARE MENTIONED. ELSE CIRCLE	Store mixture in covered container	I	I
	UNDER THE INCORRECT COLUMN.	Dissove sachet of ready ORS	J	J
	CIRCLE ALL THE STEPS MENTIONED	Other……………………………………	K	K
		Specify _____		
		Don't Know…………………… 98		
7.18	FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time	YES………….. 1		
	that (NAME) had diarrhoea, was ORS /sugar and salt solution	NO……………. 2		
	prepared for him/her?	DON'T KNOW 8		
12.0	**ANTHROPOMETRIC MEASUREMENTS FOR MOTHER AND CHILD (SEPARATE TOOL)**			
13.0	**ENDINGS**			
		END TIME (24 HRS) ☐☐ ☐☐		
13.8	**RECORD ANY GENERAL COMMENTS**			

_____
_____
_____
_____