

FW: CHECK 1.15, IF CURRENTLY MARRIED OR LIVING TOGETHER ASK, ELSE SKIP TO 1.16																																										
1.9b	When is the date of birth for your spouse (DI (IF DK, USE 98))	<input type="text"/>																																								
1.11b	Has your spouse been to school?	YES.....1 NO.....2	→ 1.16																																							
1.12b	What is the <u>highest level</u> of education that your spouse <u>completed</u> ?	Less than primary school..... 01 Primary school 02 Secondary/High school 03 College/Pre-university/University .. 04 Post graduate degree 05 Don't Know..... 98																																								
1.16 PREGNANCY DETAILS																																										
1.16a	Are you currently pregnant? (IF NO, END INTERVIEW)	YES.....1 NO.....2	→ 13.0																																							
1.16b	What is the date of your Last Menstrual Period (DD/MM/YYYY)	<input type="text"/>																																								
1.16c	How many months pregnant are you?	<input type="text"/>																																								
1.17	For this current pregnancy, did you want to become pregnant now, wait until later, or would you have preferred not to be pregnant?	NOW..... 1 LATER..... 2 NOT AT ALL..... 3																																								
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	Have you experienced any of the following pregnancy related complications with this pregnancy? FW: PROMPT AND CIRCLE ALL THAT IS MENTIONED	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>High Blood Pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gestational Diabetes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anaemia</td> <td>1</td> <td>2</td> </tr> <tr> <td>Depression</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bleeding / Spotting</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe nuasea and vom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Malaria</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fainting</td> <td>1</td> <td>2</td> </tr> <tr> <td>Varicose veins</td> <td>1</td> <td>2</td> </tr> <tr> <td>Swollen legs</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other</td> <td>96</td> <td></td> </tr> </tbody> </table>		Y	N	High Blood Pressure	1	2	Gestational Diabetes	1	2	Anaemia	1	2	Depression	1	2	Bleeding / Spotting	1	2	Severe nuasea and vom	1	2	Malaria	1	2	Fainting	1	2	Varicose veins	1	2	Swollen legs	1	2	Fever	1	2	Other	96		
	Y	N																																								
High Blood Pressure	1	2																																								
Gestational Diabetes	1	2																																								
Anaemia	1	2																																								
Depression	1	2																																								
Bleeding / Spotting	1	2																																								
Severe nuasea and vom	1	2																																								
Malaria	1	2																																								
Fainting	1	2																																								
Varicose veins	1	2																																								
Swollen legs	1	2																																								
Fever	1	2																																								
Other	96																																									
		<i>Specify</i> _____																																								

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?	YES..... 1 NO..... 2	→ 2.6b																																																								
2.3	Where DID you receive antenatal care for this pregnancy? (FW: IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE AND LOCATION) Name of HF _____ HF code <input type="text"/> <input type="text"/> <input type="text"/> Location _____ (FW: IF MORE THAN ONE PLACE MENTIONED, RECORD THE MOST RECENT PLACE VISITED)	Home..... 1 Traditional birth attendant's 2 Health facility..... 3 Other (Specify)..... 96																																																									
2.2	Whom did you see? PROBE (Anyone else?) FOR THE TYPE OF PERSONS AND RECORD <u>ONLY</u> THE PERSON WITH <u>THE HIGHEST QUALIFICATION</u>	Doctor..... 1 Nurse..... 2 Midwife/ Auxillary midwife.. 3 Traditional birth attendant.. 4 Other (Specify)..... 96																																																									
2.4	How many months pregnant were you when you first received antenatal care for this pregnancy?	Months <input type="text"/> <input type="text"/> Don't Know..... 98																																																									
2.5	How many times have you received antenatal care during this pregnancy?	No. of times <input type="text"/> <input type="text"/> Don't Know..... 98																																																									
2.6	During any of the ANTENATAL CARE VISITS for this pregnancy, were any of the following done or given to you at least once?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D/K</th> </tr> </thead> <tbody> <tr><td>Weight measurement...</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>BP measurement.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Iron Folate supplementa</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Anti-malaria drugs.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Urine sample</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Blood sample</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tetanus vaccine</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Deworming tablets</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HIV Test</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Mosquitoe net</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Ultrasound SCAN</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Other.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Specify_____</td><td></td><td></td><td></td></tr> </tbody> </table>		Y	N	D/K	Weight measurement...	1	2	8	BP measurement.....	1	2	8	Iron Folate supplementa	1	2	8	Anti-malaria drugs.....	1	2	8	Urine sample	1	2	8	Blood sample	1	2	8	Tetanus vaccine	1	2	8	Deworming tablets	1	2	8	HIV Test	1	2	8	Mosquitoe net	1	2	8	Ultrasound SCAN	1	2	8	Other.....	1	2	8	Specify_____				
	Y	N	D/K																																																								
Weight measurement...	1	2	8																																																								
BP measurement.....	1	2	8																																																								
Iron Folate supplementa	1	2	8																																																								
Anti-malaria drugs.....	1	2	8																																																								
Urine sample	1	2	8																																																								
Blood sample	1	2	8																																																								
Tetanus vaccine	1	2	8																																																								
Deworming tablets	1	2	8																																																								
HIV Test	1	2	8																																																								
Mosquitoe net	1	2	8																																																								
Ultrasound SCAN	1	2	8																																																								
Other.....	1	2	8																																																								
Specify_____																																																											
2.7	During any of the antenatal care visits for this pregnancy, were you given any information or counseled about:	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>Can't remember</th> </tr> </thead> <tbody> <tr><td>Tests during pregnancy</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Place of delivery</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Your own health (weight gain)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Your own nutrition (iron and vitamins, balanced diet)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HIV/AIDS?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Breastfeeding</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Infant feeding</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	Can't remember	Tests during pregnancy	1	2	8	Place of delivery	1	2	8	Your own health (weight gain)	1	2	8	Your own nutrition (iron and vitamins, balanced diet)	1	2	8	HIV/AIDS?	1	2	8	Breastfeeding	1	2	8	Infant feeding	1	2	8																									
	Y	N	Can't remember																																																								
Tests during pregnancy	1	2	8																																																								
Place of delivery	1	2	8																																																								
Your own health (weight gain)	1	2	8																																																								
Your own nutrition (iron and vitamins, balanced diet)	1	2	8																																																								
HIV/AIDS?	1	2	8																																																								
Breastfeeding	1	2	8																																																								
Infant feeding	1	2	8																																																								

2.6b	During pregnancy , did you receive any of the following from ELSEWHERE?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>Weight measurement...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Iron tablets</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Anti-malaria drugs.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tetanus vaccine</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Deworming tablets</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIV Test</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td>96</td> </tr> <tr> <td>Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	D/K	Weight measurement...	1	2	8	Blood pressure	1	2	8	Iron tablets	1	2	8	Anti-malaria drugs.....	1	2	8	Urine sample	1	2	8	Blood sample	1	2	8	Tetanus vaccine	1	2	8	Deworming tablets	1	2	8	HIV Test	1	2	8	Other			96	Specify _____			
	Y	N	D/K																																															
Weight measurement...	1	2	8																																															
Blood pressure	1	2	8																																															
Iron tablets	1	2	8																																															
Anti-malaria drugs.....	1	2	8																																															
Urine sample	1	2	8																																															
Blood sample	1	2	8																																															
Tetanus vaccine	1	2	8																																															
Deworming tablets	1	2	8																																															
HIV Test	1	2	8																																															
Other			96																																															
Specify _____																																																		
2.6c	Where have you received the information from?	<table border="1"> <tbody> <tr> <td>Doctor.....</td> <td>A</td> </tr> <tr> <td>Nurse.....</td> <td>B</td> </tr> <tr> <td>Midwife/ Auxillary midwife..</td> <td>C</td> </tr> <tr> <td>Traditional birth attendant..</td> <td>D</td> </tr> <tr> <td>Relative/ Friend/ Neighbour</td> <td>E</td> </tr> <tr> <td>Community Health Worker</td> <td>F</td> </tr> <tr> <td>NGO/CBO</td> <td>G</td> </tr> <tr> <td>Other</td> <td>96</td> </tr> <tr> <td>Specify _____</td> <td></td> </tr> </tbody> </table>	Doctor.....	A	Nurse.....	B	Midwife/ Auxillary midwife..	C	Traditional birth attendant..	D	Relative/ Friend/ Neighbour	E	Community Health Worker	F	NGO/CBO	G	Other	96	Specify _____																															
Doctor.....	A																																																	
Nurse.....	B																																																	
Midwife/ Auxillary midwife..	C																																																	
Traditional birth attendant..	D																																																	
Relative/ Friend/ Neighbour	E																																																	
Community Health Worker	F																																																	
NGO/CBO	G																																																	
Other	96																																																	
Specify _____																																																		
2.7b	During this pregnancy, were you given any information or counseled about the following from anywhere else? Pregnancy place of delivery Your own nutrition HIV/AIDS? Breastfeeding Infant feeding	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>Can't remember</th> </tr> </thead> <tbody> <tr> <td>Pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Place of delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Your own nutrition</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIV/AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Breastfeeding</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Infant feeding</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	Can't remember	Pregnancy.....	1	2	8	Place of delivery	1	2	8	Your own nutrition	1	2	8	HIV/AIDS.....	1	2	8	Breastfeeding	1	2	8	Infant feeding	1	2	8																				
	Y	N	Can't remember																																															
Pregnancy.....	1	2	8																																															
Place of delivery	1	2	8																																															
Your own nutrition	1	2	8																																															
HIV/AIDS.....	1	2	8																																															
Breastfeeding	1	2	8																																															
Infant feeding	1	2	8																																															
FW: IF YES TO ANY OPTION IN 2.6b OR 2.7b ASK; IF NO SKIP TO 3.0																																																		
5.64	Where have you received the information from? FW: MULTIPLE RESPONSES ARE ACCEPTABLE	<table border="1"> <tbody> <tr> <td>Doctor.....</td> <td>A</td> </tr> <tr> <td>Nurse.....</td> <td>B</td> </tr> <tr> <td>Midwife/ Auxillary midwife..</td> <td>C</td> </tr> <tr> <td>Traditional birth attendant..</td> <td>D</td> </tr> <tr> <td>Relative/ Friend/ Neighbour</td> <td>E</td> </tr> <tr> <td>Community Health Worker</td> <td>F</td> </tr> <tr> <td>NGO/CBO</td> <td>G</td> </tr> <tr> <td>Other</td> <td>96</td> </tr> <tr> <td>Specify _____</td> <td></td> </tr> </tbody> </table>	Doctor.....	A	Nurse.....	B	Midwife/ Auxillary midwife..	C	Traditional birth attendant..	D	Relative/ Friend/ Neighbour	E	Community Health Worker	F	NGO/CBO	G	Other	96	Specify _____																															
Doctor.....	A																																																	
Nurse.....	B																																																	
Midwife/ Auxillary midwife..	C																																																	
Traditional birth attendant..	D																																																	
Relative/ Friend/ Neighbour	E																																																	
Community Health Worker	F																																																	
NGO/CBO	G																																																	
Other	96																																																	
Specify _____																																																		

3.0 BIRTH HISTORY DETAILS			
Now I would like to ask you questions about all the births you have had in your lifetime.			
3.1	Do you have any children to whom you have given birth who are now living with you?	YES..... 1 NO..... 2	→ 3.3
3.1b	How many of your children live with you?	<input type="text"/> <input type="text"/>	
3.3	Do you have any children to whom you have given birth who are alive but do not live with you?	YES..... 1 NO..... 2	→ 3.5
3.3b	How many of your children who are alive that DO NOT live with you?	<input type="text"/> <input type="text"/>	
3.5	Have you ever given birth to children who were born alive but later died? (IF NO, PROBE): Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO..... 2	→ 3.7
3.6	How many children have died? IF NONE, RECORD 00	Number <input type="text"/> <input type="text"/>	
3.7	(FW: SUM ANSWERS 3.1b, 3.3b, AND 3.6, AND ENTER TOTAL) IF NONE, RECORD 00 (PARITY)	TOTAL..... <input type="text"/> <input type="text"/>	
3.8	FW: CHECK 3.7 Just to make sure that I have this right: you have in total _____ births during your life. Is that correct? IF NO, PROBE AND CORRECT 3.1b - 3.6 AS NECESSARY	(FW: TICK THE APPROPRIATE BOX) YES..... 1 NO..... 2	
3.9	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage, or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES..... 1 NO..... 2	→ 3.12
3.10	In all how many of the pregnancies did not end in a live born child? IF NONE, RECORD 00	TOTAL <input type="text"/> <input type="text"/>	
3.11	In all, how many of the pregnancies that did not end in a live born child lasted more than 6 months? IF NONE, RECORD 00	TOTAL..... <input type="text"/> <input type="text"/>	
3.12	SUM ANSWERS 3.7 AND 3.10 AND ENTER TOTAL (GRAVIDA)	TOTAL..... <input type="text"/> <input type="text"/>	

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 TBA Home Not sure Other (Specify)	1 2 3 4 96
3.14	Do you plan to deliver your baby here (in the community/slum) or elsewhere?	Within slum Elsewhere in Nairobi Upcountry Not sure Other (Specify)	1 2 3 4 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 Safety nets (e.g.Merry go round) Insurance Home Savings Other Specify_____	1 2 3 4 96
3.17	Are you registered with OBA type Voucher program	1.....Yes 2.....No	
3.18	Do you have a friend whom you have involved in the plans of the birth of your baby?	1.....Yes 2.....No	

5.0 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																																								
5.66 In your opinion, what should a pregnant woman eat? (Codesheet B4)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																								
5.66b In your opinion, what should a pregnant woman NOT eat? FW: Specify foods mentioned that are NOT on the list CHECK AS APPROPRIATE	<table border="0"> <tr><td>1 Eggs</td><td><input type="checkbox"/></td></tr> <tr><td>2 Avocado</td><td><input type="checkbox"/></td></tr> <tr><td>3 Beef</td><td><input type="checkbox"/></td></tr> <tr><td>4 Mutton</td><td><input type="checkbox"/></td></tr> <tr><td>5 Pork</td><td><input type="checkbox"/></td></tr> <tr><td>6 Fish</td><td><input type="checkbox"/></td></tr> <tr><td>7 Poultry</td><td><input type="checkbox"/></td></tr> <tr><td>8 Bananas</td><td><input type="checkbox"/></td></tr> <tr><td>9 Soda</td><td><input type="checkbox"/></td></tr> <tr><td>10 Chips</td><td><input type="checkbox"/></td></tr> <tr><td>11 Pepper</td><td><input type="checkbox"/></td></tr> <tr><td>12 Alcohol</td><td><input type="checkbox"/></td></tr> <tr><td>13 Cigarette</td><td><input type="checkbox"/></td></tr> <tr><td>14 Stones/ Soil</td><td><input type="checkbox"/></td></tr> <tr><td>15 Don't Know</td><td><input type="checkbox"/></td></tr> <tr><td>16 Nothing</td><td><input type="checkbox"/></td></tr> <tr><td>17 Other (Specify)</td><td></td></tr> <tr><td>1 _____</td><td></td></tr> <tr><td>2 _____</td><td></td></tr> <tr><td>3 _____</td><td></td></tr> </table>	1 Eggs	<input type="checkbox"/>	2 Avocado	<input type="checkbox"/>	3 Beef	<input type="checkbox"/>	4 Mutton	<input type="checkbox"/>	5 Pork	<input type="checkbox"/>	6 Fish	<input type="checkbox"/>	7 Poultry	<input type="checkbox"/>	8 Bananas	<input type="checkbox"/>	9 Soda	<input type="checkbox"/>	10 Chips	<input type="checkbox"/>	11 Pepper	<input type="checkbox"/>	12 Alcohol	<input type="checkbox"/>	13 Cigarette	<input type="checkbox"/>	14 Stones/ Soil	<input type="checkbox"/>	15 Don't Know	<input type="checkbox"/>	16 Nothing	<input type="checkbox"/>	17 Other (Specify)		1 _____		2 _____		3 _____	
1 Eggs	<input type="checkbox"/>																																								
2 Avocado	<input type="checkbox"/>																																								
3 Beef	<input type="checkbox"/>																																								
4 Mutton	<input type="checkbox"/>																																								
5 Pork	<input type="checkbox"/>																																								
6 Fish	<input type="checkbox"/>																																								
7 Poultry	<input type="checkbox"/>																																								
8 Bananas	<input type="checkbox"/>																																								
9 Soda	<input type="checkbox"/>																																								
10 Chips	<input type="checkbox"/>																																								
11 Pepper	<input type="checkbox"/>																																								
12 Alcohol	<input type="checkbox"/>																																								
13 Cigarette	<input type="checkbox"/>																																								
14 Stones/ Soil	<input type="checkbox"/>																																								
15 Don't Know	<input type="checkbox"/>																																								
16 Nothing	<input type="checkbox"/>																																								
17 Other (Specify)																																									
1 _____																																									
2 _____																																									
3 _____																																									
5.67 Are you currently taking any supplements	<table border="0"> <tr><td></td><td>Y</td><td>N</td></tr> <tr><td>Nutritional supplements</td><td>1</td><td>2</td></tr> <tr><td>Herbal supplements</td><td>1</td><td>2</td></tr> <tr><td>Soil/ Mineral stones</td><td>1</td><td>2</td></tr> <tr><td>Other</td><td>1</td><td>2</td></tr> <tr><td>Specify.....</td><td></td><td></td></tr> </table>		Y	N	Nutritional supplements	1	2	Herbal supplements	1	2	Soil/ Mineral stones	1	2	Other	1	2	Specify.....																								
	Y	N																																							
Nutritional supplements	1	2																																							
Herbal supplements	1	2																																							
Soil/ Mineral stones	1	2																																							
Other	1	2																																							
Specify.....																																									
FW: MULTIPLE RESPONSES ARE ALLOWED																																									

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		
FW: (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. Others (condiments, tea, coffee) (Specify.....)	<input type="checkbox"/>

INFANT AND YOUNG CHILD NUTRITION																																																																			
5.85	How long after birth should a child/baby be put to the breast? IF LESS THAN ONE HOUR, CIRCLE 00HRS, IF LESS THAN 24 HOURS, RECORD IN HOURS, OTHERWISE RECORD DAYS IF DON'T KNOW CIRCLE 98	Hours <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> Immediately/ < 1 HOUR..... 00 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	
	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																																																																
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																													
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..... <input type="text"/> <input type="text"/> As the baby wants 94 Don't Know 98																													
5.62	What should be used to feed LIQUIDS to a baby? 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'	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">D</th> </tr> </thead> <tbody> <tr> <td>Bottle with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with holes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup/ bowl with no cover and spoon.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Feeding with palm/hands.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> (specify)_____		Y	N	D	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	8	Cup with holes.....	1	2	8	Cup/ bowl with no cover and spoon.....	1	2	8	Feeding with palm/hands.....	1	2	8	Other	1	2	8	
	Y	N	D																												
Bottle with nipple/teat.....	1	2	8																												
Cup with nipple/teat.....	1	2	8																												
Cup with holes.....	1	2	8																												
Cup/ bowl with no cover and spoon.....	1	2	8																												
Feeding with palm/hands.....	1	2	8																												
Other	1	2	8																												
5.62b	Which of the following do you intend to use to feed liquids to your baby with? 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'	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">D</th> </tr> </thead> <tbody> <tr> <td>Bottle with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with holes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup/ bowl with no cover and spoon.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Feeding with palm/hands.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> (Specify)_____		Y	N	D	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	8	Cup with holes.....	1	2	8	Cup/ bowl with no cover and spoon.....	1	2	8	Feeding with palm/hands.....	1	2	8	Other	1	2	8	
	Y	N	D																												
Bottle with nipple/teat.....	1	2	8																												
Cup with nipple/teat.....	1	2	8																												
Cup with holes.....	1	2	8																												
Cup/ bowl with no cover and spoon.....	1	2	8																												
Feeding with palm/hands.....	1	2	8																												
Other	1	2	8																												

5.68	Do you think mothers should express breast milk for their children?	Yes..... 1 No 2 Don't Know..... 8	5.82								
5.68b	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 96 Specify: _____									
5.82	Do you intend to express milk for your baby for any reason?	Yes..... 1 No 2 Not Sure..... 8									
FW: REFER TO QUESTION 3.7, IF PARITY IS 00, SKIP TO 5.46; ELSE IF RESPONDENT HAS A CHILD AGED 36 MONTHS OR LESS, ASK QUESTIONS ON PRACTICES; REFER TO THE LAST CHILD USING THE NAME GIVEN TO YOU IN ASKING THE FOLLOWING QUESTIONS.											
5.83	When was your last child (who is alive) born ?	DD/MM/YYYY	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
5.84	FW: CALCULATE AGE IN MONTHS OF LAST BORN CHILD FW: IS CHILD 36 MONTHS OR LESS	1.....Yes → 5.1 2.....No → 5.46									
Now I would like to ask you a few questions about (NAME)'s feeding patterns, and his/her growth.											
Questions and Filters		Coding Categories	Skip to								
5.1	Was (NAME) ever breastfed?	Yes..... 1 No 2 Don't Know..... 8	→ 5.3 → 5.12								
5.2	Why was (NAME) never breastfed? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill..... 01 Baby unable to suckle 02 Baby refused to suck,e 03 Mother refused..... 04 Spouse refused 05 Mother was sick 06 No/inadequate breast milk..... 07 Mother was away 08 Mother died 09 Sore/cracked nipples..... 10 Advice by health professional..... 11 Advice by other person..... 12 Baby incubated/in nursery 13 Other (Specify)..... 96 Don't Know..... 98	→ 5.15								

5.3	How long after birth was (NAME) put to the breast? IF LESS THAN ONE HOUR, CIRCLE 00HRS, IF LESS THAN 24 HOURS, RECORD IN HOURS, OTHERWISE RECORD DAYS IF DON'T KNOW CIRCLE 98	Hours <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Days <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Immediately/ < 1 HOUR..... 00 Don't Know..... 98									→ 5.5
5.4	FW: CHECK 5.3: IF (NAME) WAS NOT PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK: Why was (NAME) not put to the breast immediately after birth? DO NOT PROMPT; RECORD ONLY THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill..... 01 Baby unable to suckle..... 02 Baby refused to suckle..... 03 Mother refused to breastfeed..... 04 Spouse refused..... 05 Mother was tired/asleep..... 06 Mother was sick..... 07 No/inadequate breast milk..... 08 Mother was away..... 09 Sore/cracked nipples..... 10 Advice by health professional..... 11 Advice by other person..... 12 Baby asleep/tired..... 13 Baby incubated..... 14 Baby taken away/nursery..... 15 Cultural reasons..... 16 Other (Specify)..... 96 Don't Know..... 98									
5.5	Was (NAME) given the very first milk from the breast (colostrum) at birth?	Yes..... 1 No 2 Don't Know..... 8	→ 5.6								
5.5b	Why was (NAME) not fed on first breastmilk (colostrum)?	Baby ill/unable/refused to suckle..... 01 Mother refused to breastfeed..... 02 Spouse refused..... 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 Baby asleep/tired..... 10 Baby incubated..... 11 Baby taken away/nursery..... 12 Mother tired..... 13 Other (Specify)..... 96 Don't Know..... 98									
5.6	In the first three days after delivery, before your/the mother's milk started flowing regularly, was (NAME) given anything to drink/eat other than breast milk?	Yes..... 1 No 2 Don't Know..... 8	} → 5.10								

5.7	<p>What was (NAME) given to drink/eat?</p> <p>PROMPT FOR EACH LIQUID. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Y</th> <th style="text-align: right;">N</th> <th style="text-align: right;">D</th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>02</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>03</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>04</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>05</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>06</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>07</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>08</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>09</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>10</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>11</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>12</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>13</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>14</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td><td style="text-align: right;">8</td></tr> <tr><td>96</td><td></td><td style="text-align: right;">96</td><td></td></tr> <tr><td></td><td colspan="3">Specify _____</td></tr> </tbody> </table>		Y	N	D	01	1	2	8	02	1	2	8	03	1	2	8	04	1	2	8	05	1	2	8	06	1	2	8	07	1	2	8	08	1	2	8	09	1	2	8	10	1	2	8	11	1	2	8	12	1	2	8	13	1	2	8	14	1	2	8	96		96			Specify _____			
	Y	N	D																																																																				
01	1	2	8																																																																				
02	1	2	8																																																																				
03	1	2	8																																																																				
04	1	2	8																																																																				
05	1	2	8																																																																				
06	1	2	8																																																																				
07	1	2	8																																																																				
08	1	2	8																																																																				
09	1	2	8																																																																				
10	1	2	8																																																																				
11	1	2	8																																																																				
12	1	2	8																																																																				
13	1	2	8																																																																				
14	1	2	8																																																																				
96		96																																																																					
	Specify _____																																																																						
5.8	<p>Why was (NAME) given something else (other than breast milk) to drink in the first 3 days?</p> <p>DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE.</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	<table border="0"> <tbody> <tr><td>Baby ill</td><td style="text-align: right;">A</td></tr> <tr><td>Baby unable to suckle</td><td style="text-align: right;">B</td></tr> <tr><td>Baby refused to suckle</td><td style="text-align: right;">C</td></tr> <tr><td>Mother refused to breast feed.....</td><td style="text-align: right;">D</td></tr> <tr><td>Spouse recommended.....</td><td style="text-align: right;">E</td></tr> <tr><td>Mother was sick.....</td><td style="text-align: right;">F</td></tr> <tr><td>Mother was tired/asleep.....</td><td style="text-align: right;">G</td></tr> <tr><td>Not enough breast milk.....</td><td style="text-align: right;">H</td></tr> <tr><td>Mother was away</td><td style="text-align: right;">I</td></tr> <tr><td>Mother died.....</td><td style="text-align: right;">J</td></tr> <tr><td>Sore/cracked nipples.....</td><td style="text-align: right;">K</td></tr> <tr><td>Advice by health professional.....</td><td style="text-align: right;">L</td></tr> <tr><td>Advice by other person.....</td><td style="text-align: right;">M</td></tr> <tr><td>To prevent/cure stomach upset....</td><td style="text-align: right;">N</td></tr> <tr><td>Baby had hiccups.....</td><td style="text-align: right;">O</td></tr> <tr><td>Baby thirsty.....</td><td style="text-align: right;">P</td></tr> <tr><td>Cultural reasons.....</td><td style="text-align: right;">Q</td></tr> <tr><td>Other (Specify).....</td><td style="text-align: right;">96</td></tr> <tr><td>Don't Know.....</td><td style="text-align: right;">98</td></tr> </tbody> </table>	Baby ill	A	Baby unable to suckle	B	Baby refused to suckle	C	Mother refused to breast feed.....	D	Spouse recommended.....	E	Mother was sick.....	F	Mother was tired/asleep.....	G	Not enough breast milk.....	H	Mother was away	I	Mother died.....	J	Sore/cracked nipples.....	K	Advice by health professional.....	L	Advice by other person.....	M	To prevent/cure stomach upset....	N	Baby had hiccups.....	O	Baby thirsty.....	P	Cultural reasons.....	Q	Other (Specify).....	96	Don't Know.....	98																															
Baby ill	A																																																																						
Baby unable to suckle	B																																																																						
Baby refused to suckle	C																																																																						
Mother refused to breast feed.....	D																																																																						
Spouse recommended.....	E																																																																						
Mother was sick.....	F																																																																						
Mother was tired/asleep.....	G																																																																						
Not enough breast milk.....	H																																																																						
Mother was away	I																																																																						
Mother died.....	J																																																																						
Sore/cracked nipples.....	K																																																																						
Advice by health professional.....	L																																																																						
Advice by other person.....	M																																																																						
To prevent/cure stomach upset....	N																																																																						
Baby had hiccups.....	O																																																																						
Baby thirsty.....	P																																																																						
Cultural reasons.....	Q																																																																						
Other (Specify).....	96																																																																						
Don't Know.....	98																																																																						
5.9	<p>Is (NAME) still breastfeeding?</p>	<table border="0"> <tbody> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No.....</td><td style="text-align: right;">2</td></tr> </tbody> </table>	Yes	1	No.....	2																																																																	
Yes	1																																																																						
No.....	2																																																																						
5.10	<p>For how long did (NAME) breastfeed?</p> <p>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.</p> <p>IF DON'T KNOW, CIRCLE '98'</p> <p>PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD</p>	<table border="0"> <tbody> <tr><td>Days.....</td><td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <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> </td></tr> <tr><td>Weeks.....</td><td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <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> </td></tr> <tr><td>Months.....</td><td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <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> </td></tr> <tr><td>Don't Know.....</td><td style="text-align: right;">98</td></tr> </tbody> </table>	Days.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>					Weeks.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>					Months.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>					Don't Know.....	98																																																	
Days.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>																																																																						
Weeks.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>																																																																						
Months.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>																																																																						
Don't Know.....	98																																																																						
5.11	<p>Why did (NAME) stop breastfeeding?</p> <p>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.</p>	<table border="0"> <tbody> <tr><td>Baby ill.....</td><td style="text-align: right;">01</td></tr> <tr><td>Baby refused to suckle.....</td><td style="text-align: right;">02</td></tr> <tr><td>Mother refused to breastfeed.....</td><td style="text-align: right;">03</td></tr> <tr><td>Spouse recommended</td><td style="text-align: right;">04</td></tr> <tr><td>Mother was sick.....</td><td style="text-align: right;">05</td></tr> <tr><td>No/little breast milk.....</td><td style="text-align: right;">06</td></tr> <tr><td>Sore/cracked nipples</td><td style="text-align: right;">07</td></tr> <tr><td>Mother was away</td><td style="text-align: right;">08</td></tr> <tr><td>Mother died.....</td><td style="text-align: right;">09</td></tr> <tr><td>Baby was old enough to stop.....</td><td style="text-align: right;">10</td></tr> <tr><td>Baby got teeth</td><td style="text-align: right;">11</td></tr> <tr><td>Advice by health professional.....</td><td style="text-align: right;">12</td></tr> <tr><td>Advice by other person.....</td><td style="text-align: right;">13</td></tr> <tr><td>Other (Specify.....)</td><td style="text-align: right;">96</td></tr> <tr><td>Don't Know.....</td><td style="text-align: right;">98</td></tr> </tbody> </table>	Baby ill.....	01	Baby refused to suckle.....	02	Mother refused to breastfeed.....	03	Spouse recommended	04	Mother was sick.....	05	No/little breast milk.....	06	Sore/cracked nipples	07	Mother was away	08	Mother died.....	09	Baby was old enough to stop.....	10	Baby got teeth	11	Advice by health professional.....	12	Advice by other person.....	13	Other (Specify.....)	96	Don't Know.....	98																																							
Baby ill.....	01																																																																						
Baby refused to suckle.....	02																																																																						
Mother refused to breastfeed.....	03																																																																						
Spouse recommended	04																																																																						
Mother was sick.....	05																																																																						
No/little breast milk.....	06																																																																						
Sore/cracked nipples	07																																																																						
Mother was away	08																																																																						
Mother died.....	09																																																																						
Baby was old enough to stop.....	10																																																																						
Baby got teeth	11																																																																						
Advice by health professional.....	12																																																																						
Advice by other person.....	13																																																																						
Other (Specify.....)	96																																																																						
Don't Know.....	98																																																																						

5.20	At what age were complementary liquids/ foods introduced to (NAME)? RECORD AGE IN DAYS, WEEKS OR MONTHS. IF DON'T KNOW CIRCLE 98, IF NOT YET INTRODUCED RECORD 99	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Age</th> </tr> <tr> <th>Days</th> <th>Weeks</th> <th>Months</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <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> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table> Liquids..... Semi-solids/solids Don't know..... 98	Age			Days	Weeks	Months										
Age																		
Days	Weeks	Months																
5.15	What was/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) _____																
5.32	Who usually/mostly looks after (NAME) during the day?	Mother 1 Father 2 Grandmother 3 Other relative 4 House girl 5 Neighbour 6 Day Care Center 7 No one (self) 8 Siblings 9 Other Specify..... 96																
5.33	Who usually/mostly feeds (NAME) during the day?	Self 1 Mother 2 Father 3 Grandmother 4 Other relative 5 House girl 6 Neighbour 7 Day Care Center Attendant 8 Siblings 9 Other Specify..... 96	→ 5.35															
'5.34	FW: IF MOTHER DOES NOT USUALLY FEED THE BABY, ASK: 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 1 Sitting 2 Standing 3 Walking around 4 Other; Specify..... 96																
5.36b	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/spitting 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 him/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 (more than half a 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	

Now I would like to ask you a few questions on 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? Yes 1 NO 2 DK 8 } → 5.49
5.47	When can HIV be transmitted from mother to her child? Can it be transmitted: CIRCLE APPROPRIATE CODE During pregnancy? Y N DK 1 2 8 During delivery? 1 2 8 During breastfeeding? 1 2 8 During conception? 1 2 8
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 ? Yes 1 No 2 DK 8
5.49	Should a mother who is HIV Positive breastfeed her baby? Yes 1 No 2 DK 8 } → 13.0
5.50	For how long should an HIV positive mother breastfeed her child? Months..... <input type="text"/> <input type="text"/> DK <input type="text"/> <input type="text"/>
12.0	ANTHROPOMETRIC MEASUREMENTS FOR MOTHER (SEPARATE TOOL)
13.0	ENDINGS
13.8	RECORD ANY GENERAL COMMENTS
13.9	END TIME (24 HRS) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>