Purpose of Study:
Hello, my name is _____________________ and I work with the African Population and Health Research Center. The purpose of this interview is to gain an understanding of the experiences of women in this community on the care given to their children soon after birth, as well as their sexual behaviour at this period and their future intentions regarding child bearing. The African Population and Health Research Center, with funding from the Wellcome Trust, is undertaking this study. All women who have delivered a live birth in Korogocho and Viwandani since September 2006 have been selected.

Procedures:
We last visited you in June/September 2009 when we asked about your family and took your child's height and weight measurements. We are here again today to ask some more questions about how you and your family are getting along. You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year to ask some more questions and measure your child.

Risks/Discomforts:
This interview is not expected to cause you any harm but if you feel uncomfortable with some of the questions you can choose not to answer any question(s) but can decide to continue with the interview.

Benefits:
The results of the study may help the Government of Kenya and other organisations to improve health services in this and other districts. The chiefs and the community will be informed of the findings when the study is completed.

Confidentiality:
Your responses will be private and confidential. They will not be made available to other persons in this district. The information you give will be kept under lock for three years at the African Population and Health Research Center after which the forms will be destroyed.

Voluntariness:
Your participation is voluntary and you have the right to stop the interview at any time without any problem.

Whom to Contact:
If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Eliya Zulu, Research Director, African Population and Health Research Center at telephone number 2720400/1/2. I will leave a copy of this form with you for future reference.

If you agree to participate in this study please sign your name below.

[Signature]

Witness to Consent Procedure

Signature of Investigator

Date
1.0 BACKGROUND

1.1 START TIME

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

1.9 CHILD'S NAME

1.10 CHILD'S ID

1.11 CHILD'S DATE OF BIRTH (DD/MM/YYYY)

1.11a CHILD'S SEX (1 = MALE; 2 = FEMALE)

1.12 RESPONDENT'S NAME

1.13 RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A^)

1.14 Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]

1.15a REASONS FOR NOT INTERVIEWING THE MOTHER

1.16 What is your relationship to (CHILD'S NAME)? (CODE SHEET A^) (OTHERspecify________)

1.17 Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)

1.18 Do you stay in this household? (1=YES; 2=NO)

---

MODULE 2: CHILD HEALTH STATUS

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.

4.0 CHILD'S VITAL STATUS

The last time I was here, I asked you questions about you and your child's health and took your child's weight and height measurements. Now I would like to know:

4.6a Where was (NAME) at Update2?  

IF CHILD WAS DEAD IN 1st UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0

4.6 Where is (NAME)? 

CIRCLE THE APPROPRIATE RESPONSE

Child at home ………………  1
Child not at home but alive………..  2
Child dead………………  3

4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)

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)?

GO TO CALENDER RECORD IN COL 3 THE MONTH THE CHILD DIED AND SKIP TO 8.0
### 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.

**USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Has (NAME) been ill with any of the following illnesses at any time in the last two weeks?</td>
<td>a: Fever, b: Diarrhoea, c: Cough, d: Cough &amp; rapid breath, e: Convulsions</td>
</tr>
<tr>
<td><strong>FW:</strong> RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES.</td>
<td><strong>FW:</strong> IF CHILD HAD COUGH,ASK IF IT WAS ACCOMPANIED BY RAPID BREATH.</td>
</tr>
<tr>
<td>7.2 For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)?</td>
<td>a: Fever, b: Diarrhoea, c: Cough, d: Cough + Rapid Breath, e: Convulsions</td>
</tr>
<tr>
<td>RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98' RECORD &quot;99&quot; IF THERE WAS NO ILLNESS.</td>
<td><strong>FW:</strong> FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</td>
</tr>
<tr>
<td>7.3 What was done at home about the (ILLNESS)? (CODE SHEET A)</td>
<td>a: Fever, b: Diarrhoea, c: Cough, d: Cough + Rapid Breath, e: Convulsions</td>
</tr>
<tr>
<td><strong>FW:</strong> FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</td>
<td><strong>FW:</strong> IF ANSWER IS &quot;3&quot;; SKIP TO 7.8</td>
</tr>
<tr>
<td>7.4 During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual?</td>
<td>1: More than usual; 2: about the same; 3: Less than usual</td>
</tr>
<tr>
<td>7.5 During (NAME)'s illness, did he/she take liquids/fluids more than usual, about the same, less than usual?</td>
<td>1: More than usual; 2: about the same; 3: Less than usual; 4: None</td>
</tr>
<tr>
<td>7.6 What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td><strong>FW:</strong> IF ANSWER IS &quot;3&quot;; SKIP TO 7.8</td>
<td><strong>FW:</strong> IF ANSWER IS &quot;3&quot;; SKIP TO 7.8</td>
</tr>
<tr>
<td>7.7 Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO;</td>
<td>a: Fever, b: Diarrhoea, c: Cough, d: Cough &amp; rapid breath, e: Convulsions</td>
</tr>
<tr>
<td>8 = DON'T KNOW; 9 = NA IF &quot;1&quot;, SKIP TO 7.8; IF &quot;8&quot; OR &quot;9&quot;, SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD</td>
<td><strong>FW:</strong> IF ANSWER IS &quot;3&quot;; SKIP TO 7.8</td>
</tr>
<tr>
<td>Question</td>
<td>Code</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>7.7a Why was care not sought outside the home for (illness) or at a health facility?</td>
<td>(CODE SHEET A)</td>
</tr>
<tr>
<td>(CODE SHEET A) NOTES: SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.</td>
<td>RECORD ONLY THE MAIN REASON</td>
</tr>
<tr>
<td>7.7b How long after (NAME)’s illness was treatment/ care sought?</td>
<td>RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'</td>
</tr>
<tr>
<td>7.7c Where was treatment sought?</td>
<td>RECORD CODE OF FACILITY (CODE SHEET A)</td>
</tr>
<tr>
<td>7.7d Was follow-up visit/ referral requested by the health care provider?</td>
<td>1=YES, FOLLOW UP VISIT, 2=NO; 3=YES, REFERRAL TO ANOTHER FACILITY; 8=DON'T KNOW</td>
</tr>
<tr>
<td>7.7e Did you take (NAME) for a follow-up visit/ referral?</td>
<td>1 = YES; 2 = NO; 8 = DON’T KNOW; 9 = NA; IF “2”, SKIP TO 7.14, IF “8” OR “9” SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF “1”, PROCEED TO NEXT QUESTION (7.12)</td>
</tr>
<tr>
<td>7.7f IF REFERRAL/ OR SECOND TREATMENT WAS SOUGHT; ASK: Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A)</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>7.7g FW: CHECK 7.9 AND 7.12; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK: Why did you seek care elsewhere?</td>
<td>(CODE SHEET A)</td>
</tr>
<tr>
<td>FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE PROCEED TO 7.15.</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>7.7h FW: CHECK IF 7.10 is “1” OR “3” and 7.11 is “2” ASK: Why was (NAME) not taken for a follow up visit/not taken to another facility where he/she was referred? (CODE SHEET A)</td>
<td></td>
</tr>
<tr>
<td>RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15.</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>
### 7.15 Apart from the illnesses 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;

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<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>

**MOST SERIOUS ILLNESS**

<table>
<thead>
<tr>
<th>Other (specify)</th>
</tr>
</thead>
</table>

### 7.18 FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Does not know/Has not heard about ORS</td>
<td>3</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
</tbody>
</table>
# Module 3: Post Partum Period and Sexual Activity

**FW:** Proceed with Interview only if Respondent is Child's Mother. Else skip to Module 4

## 8.0 Post Partum Period and Sexual Activity

**8.0** Now I would like to ask you questions to gain a better understanding of some family life issues.

**16.0** Have you given birth to another baby after (NAME)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**8.1c Marital status at Update2**

**8.1** What is your marital status now: are you married, living with a man, widowed, separated or divorced?

<table>
<thead>
<tr>
<th>Currently Married</th>
<th>Living together</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never married</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
</tr>
</tbody>
</table>

**8.1p** FW: Check if answer to 8.1c and 8.1 are different, ask: When did your marital status change? (DD/MM/YY)

Now I would like to ask you about some questions related to your sexual relationships. I know these are sensitive questions, but please answer them as truthfully as you can.

**8.5c Had respondent resumed sexual relations at Update2?**

**FW:** Check if answer 8.5c is "1"; record in calendar then skip to 8.6

**8.5** Have you resumed sexual relations since the last time you were interviewed?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**8.6 Since resuming sex; have you had sex in... (name the months since the previous interview) FW: Probe for every month since the previous interview. Record S for sex in all the months she had sex in the calendar - Col. 2.**

**8.7c Was respondent pregnant in Update2?**

<table>
<thead>
<tr>
<th>Are you pregnant now?</th>
<th>RECORD IN THE CALENDAR: (Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
</tr>
</tbody>
</table>

Record in Calendar then skip to 9.0
8.8 How many months pregnant are you?

If don't know record 98 months

9.0 CONTRACEPTION

Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.

9.4c Had respondent ever used any contraception method at Update2?

FW: Check if answer in 9.4d is "1" record in calendar col 4, then skip to 9.5

9.4 Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?

YES………………………….. 1
NO………………………….. 2

9.5 Which method have you used since the previous interview? After the birth of (NAME)?

Record the type of method in the calendar (col 4), probing all months since the previous interview.

9.6 What is the reason you choose to use (NAME OF METHOD MENTIONED IN 9.5)?

Record the reason in the calendar (col 6), probing all months since the previous interview. More than one answer is allowed.

9.7 Since the birth of (NAME) did you use any other method to prevent pregnancy?

For each method please tell me
When you started using the method
When you stopped using the method
Why you stopped using the method

Following responses of col 4 in the calendar, record (in col 7) for each episode when there was change in use; the reasons for stopping to use previous method. Use the codes provided.

10.0 FERTILITY INTENTIONS

Now I would like to ask you some questions on your future intentions about sexual life.

FW: Check (if pregnant) ie 8.5 is "1"/8.5c is "1" or "9" and 8.7 is "1" as ask the following questions, else skip to 11.0

10.6c Pregnancy intendedness at Update2

10.6 For this current pregnancy, did you want to become pregnant now, wait until later, or would you prefer not to have any more children at all?

NOW…………………………. 1
LATER……………………….. 2
NOT AT ALL…………………… 3

11.0 CONDOM USE

11.8c Had respondent ever used a condom in previous survey?

11.8 Have you and your partner ever used a condom during sexual intercourse?

11.9 The last time you had sexual intercourse, did you or your partner use a condom?

Check response in col 2. For every month when there was sex, record condom use in the calendar col 5. Record X when there was no sex.

AT THE END OF THIS MODULE GO TO 15.0 (MIGRATION AND POVERTY SECTION)

13.0 ENDINGS

13.1 Result of module 1 (code sheet A) [other - specify]

13.2 Result of module 2 (code sheet A) [other - specify]

13.3 Result of module 3 (code sheet A) [other - specify]

13.4 Result of module 4 (code sheet A) [other - specify]

13.5 End time

13.6 Record any general comments
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
</table>
| 12.0 | **ANTHROPOMETRIC MEASUREMENTS**

**CHILD'S NAME:** #REF!

**LOCATION ID:** #REF!

Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.

12.1 **START TIME**

12.1a **DATE (dd/mm/yyyy)**

12.2 **Is the respondent the mother of the child?**

- Yes………………………………… 1
- No………………………………… 2
- Don't Know……………………. 8

LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.3 **Length of child measured at previous interview**

**ENTER THE MEASURED LENGTH**

(TO THE NEAREST 0.1CM)

12.3c **Height of the mother measured at any previous interview?**

IF 12.3c IS 2, TAKE MOTHER'S HEIGHT

ENTER THE WEIGHT OF THE MOTHER IN KG (TO THE NEAREST 0.1CM)

WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.4 **Weight of the mother/carer measured at previous interview**

**ENTER THE WEIGHT OF THE MOTHER/CARETAKER IN KG**

12.5 **ENTER THE COMBINED WEIGHT OF THE MOTHER/CARETAKER AND CHILD IN KG**

12.6 **Weight of child measured at previous interview**

**ENTER THE WEIGHT OF THE CHILD IN KG**

MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.7 **MUAC measured at previous interview**

**ENTER THE MEASURED CIRCUMFERENCE**

(TO THE NEAREST 0.1CM)

12.8 **Was child referred to a nutritional center at previous survey?**

**HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER?**

- Yes……………………………… 1
- No……………………………… 2

CHECK IF 12.8c IS 2, SKIP TO 13.0

12.9 **TO WHICH NUTRITIONAL CENTER WAS (NAME) REFERRED?**

- Redeemed nutritional center…. 01
- Lea Toto nutritional center…… 02
- Kariobangi nutritional center…. 03
- St. Charles Lwanga center…. 04
- Lunga Lunga dispensary……. 05
- Other (Specify)……………… 96

12.10 **DID YOU/GUARDIAN COMPLY WITH THIS REFERRAL?**

- Yes………. 1
- No………. 2
12.12 WHY DIDN'T YOU/GUARDIAN COMPLY?  Referral center too far………………………….. 01
MULTIPLE RESPONSES ALLOWED
Child does not meet criteria to be enrolled…… 02
Mother too busy…………………………….. 03
Stigma associated with center……………… 04
Child got better…………………………….. 05
Other (specify) ……………………………… 96

13.0 ENDINGS

13.7 ANTHROPOMETRIC MEASUREMENT : END TIME

13.8 RECORD ANY GENERAL COMMENTS

………………………………………………………………………………………………………………..
………………………………………………………………………………………………………………..

15.0 MIGRATION AND POVERTY

I would like to ask you questions regarding your stay in Korogocho/Viwandani.

15.4 What is the likelihood that you will stay in Korogocho/Viwandani for the next one year?
PROMPT, IF RESPONDENT DOESN'T ANSWER READ OUT THE OPTIONS;
Very likely………………………………………………… 1 15.7
Somewhat likely……………………………………… 2
Somewhat unlikely…………………………………….. 3
Very unlikely……………………………………………… 4
Don't know……………………………………………….. 8

15.5 If you left Korogocho/Viwandani where would you likely go?
DSA (Viwandani/Korogocho)……………………………. 01
Non DSA (Korogocho/Viwandani)………………………02
Other Nairobi slum……………………………………… 03
Nairobi non-slum……………………………………… 04
Other urban area……………………………………… 05
Rural Kenya………………………………………………. 06
Outside Kenya………………………………………….. 07

15.6 What would be the main reason for you to leave?
CODE SHEET B³

15.7 We would like to contact you if you moved from here. Would you be willing
to give me a phone number that we can use to contact you?
Yes……….. 1
No…………. 2

15.8 Please give me a telephone contact where we can reach you.

Now I would like to ask you questions relating to your engagement in economic activities

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION
15.10 In the last 4 weeks have you worked for cash or payment in kind?
Yes……….. 1
No…………. 2 15.18

15.11 What work were you mainly engaged in?
Salaried……………………………………………………. 1
Casual……………………………………………………… 2
Piecework/daily work………………………………………. 3
Own business…………………………………………….. 4
Other (specify) ………………………………………… 6

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

15.13 How long does it take you to get to the place of work?
Minutes ………...  
Hours ……….......... 

15.14 What means of transportation do you use to get to this place?
Walk……………………………………………………….. 1
Bicycle…………………………………………………….. 2
Motorcycle………………………………………………… 3
Matatu/car………………………………………………. 4
Other (specify) _________________________________ 6

15.15 On average, how many days during this month (4 weeks) did you do this activity?
Days
15.16 On average, how many hours per day did you do this activity?
Hours

ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS

15.17 How much money did you earn from this activity at the end of the month?
(Cash) Kshs. 
(Kind) Kshs.
Total Kshs.

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION
15.18 In the 3 months preceeding the last one month, were you engaged in any
income generating activity?
Yes……….. 1
No…………. 2

CHECK IF 15.10 IS 1 OR 15.18 IS 1 ASK, ELSE SKIP TO 13.0 (ENDINGS)

15.19 When you are at work, who takes care of the (child) children?
Takes baby with me to work ………………………… 01
Takes baby to a day care center ………………………. 02
Takes baby to a relative or neighbor's house……… 03
Leaves baby in the house with a househelp……….. 04
Leaves baby in the house with other family member.. 05
Leaves baby in the house alone …………………….. 06
Other (specify) _________________________________ 96

14.0 OFFICE/FIELD CHECK DETAILS
14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE
14.2 DATA ENTRY CLERK'S CODE
### EXPOSURE CALENDAR - Information from previous round should be pre-filled

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>YEAR</th>
<th>MONTH</th>
<th>ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A <strong>POST PARTUM AMENORRHEA</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>B <strong>WHEN CHILD WAS BORN</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C <strong>WHEN WOMAN IS/WAS PREGNANT</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>D <strong>MENSTRUATION</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>E <strong>NO MENSTRUATION EXPERIENCED THOUGH EXPECTED</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>F <strong>MENSTRUATION EXPECTED IN THAT MONTH</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>G <strong>RECORD D FOR BREASTFEEDING IN MONTHS SHE BREASTFED CHILD</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>H <strong>RECORD D IN MONTH WHEN CHILD DIED</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>I <strong>RECORD D IN MONTHS WHEN BREASTFEEDING STOPPED</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>J <strong>RECORD D IN MONTH WHEN CHILD WAS NEVER BREASTFED</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>K <strong>RECORD D IF CHILD NEVER BREASTFED</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>L <strong>RECORD D FOR ENROLLMENT IN FP PROGRAM</strong></td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

#### Q.8.3: Since the previous interview, how many months after birth of (name) did you have your first period?

- 10 SEP 01
- 01 OCT 02
- 02 OCT 03
- 03 NOV 04
- 04 DEC 05
- 05 JAN 06
- 06 FEB 07
- 07 MAR 08
- 08 APR 09
- 09 MAY 10
- 10 JUN 11
- 11 JUL 12

#### Q.8.6: Since resuming sex, have you had sex in...

- 07 JUN 10
- 08 JUL 11
- 09 AUG 12
- 10 SEP 01
- 11 OCT 02
- 12 OCT 03
- 01 NOV 04
- 02 NOV 05
- 03 NOV 06
- 04 FEB 07
- 05 OCT 08
- 06 FEB 09
- 07 OCT 10
- 08 OCT 11
- 09 OCT 12

#### Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS

- 11 OCT 02
- 12 OCT 03
- 01 DEC 04
- 02 DEC 05
- 03 DEC 06
- 04 DEC 07
- 05 DEC 08
- 06 DEC 09
- 07 DEC 10
- 08 DEC 11
- 09 DEC 12

#### Q.9.7: Why did you stop using the previous method?

- 07 JUN 10
- 08 JUL 11
- 09 AUG 12

**FW: name month since the previous interview**