

AFRICAN POPULATION & HEALTH RESEARCH CENTER (APHRC)
 NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
BIRTH HISTORY FORM (FOR ALL FEMALES AGED 12-49)

1.0 BACKGROUND

1.1 START TIME

1.2 FIELD WORKER'S CODE

1.3 DATE OF INTERVIEW (DD/MM/YYYY)

1.4 RESPONDENT'S NAME.....

1.5 RESPONDENT'S ID

1.6 RESPONDENT'S HOUSEHOLD ID

1.7 RESPONDENT'S LINE NUMBER IN HOUSEHOLD LISTING

1.8 ID OF ROOM WHERE RESPONDENT SLEEPS

1.9 RESPONDENT'S DATE OF BIRTH (FROM HRB)

1.10 RESULT OF INTERVIEW (**CODE SHEET A⁷**) [OTHER - SPECIFY]

2.0 REPRODUCTION

2.1 How long have you lived continuously in this community?

M=MONTHS; Y=YEARS; D=DON'T KNOW; N=NO NUMERIC DURATION GIVEN DURATION
 FOR DURATION: 00=< ONE MONTH; 93 SINCE BIRTH; 97=REFUSAL; 98=DON'T KNOW

2.2 How old were you on your last birthday? [RECORD IN COMPLETED YEARS]

[IF LESS THAN 12 YEARS OR MORE THAN 49 YEARS RECONCILE WITH AGE IN HRB]

END INTERVIEW IF AGE<12 OR AGE>49]

I would like to ask you some questions about pregnancy and all live births you have had during your life

2.3 Have you ever been pregnant? (N=NO; Y=YES)

2.4A Are you pregnant now? (N=NO; Y=YES; D=DON'T KNOW) [IF 'N' or 'D' SKIP TO 2.5]

2.4B How many months pregnant are you? NUMBER OF COMPLETED MONTHS

2.4C Please tell me the date when you/(NAME) started your/her last normal menstruation (LNMP) before you became pregnant. (DD/MM/YYYY)

FW: IF ANTENATAL CARD IS AVAILABLE, CHECK THE DATE AND RECORD IT

2.4D ESTIMATED DATE OF CONCEPTION (LNMP DATE + 14):

FW: ADD 14 TO THE LNMP DATE TO GET THIS DATE

IF LNMP IS NOT KNOWN, ASK THE THE RESPONDENT THE ESTIMATED DATE OF CONCEPTION

2.5 Have you ever given birth to a boy or girl who was born alive? (Y=YES; N=NO) [IF N, SKIP TO 2.10]

2.6 Do you have any children to whom you have given birth who are now living with you? (Y/N - IF N-->2.8)

2.7A How many sons live with you? [IF NONE RECORD "00"]

2.7B And how many daughters live with you? [IF NONE RECORD "00"]

2.8 Do you have any children to whom you have given birth who are alive but do not live with you? (Y/N)

[IF N-->2.10]

2.9A How many sons are alive but do not live with you? [IF NONE RECORD "00"]	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.9B And how many daughters are alive but do not live with you? [IF NONE RECORD "00"]	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.10 Have you ever given birth to a boy or a girl who was born alive but later died? (Y/N - IF N-->2.12)	<input style="width: 20px; height: 20px;" type="text"/>
IF "NO" PROBE: "By being born alive, I mean that the baby cried or showed some signs of life like breathing even if this was only for a few minutes, hours or days; have you ever given birth to a child who died later?" BE SENSITIVE WHEN ASKING THIS QUESTION BECAUSE SOME RESPONDENTS MAY BE EMOTIONAL	
2.11A How many sons have died? [IF NONE RECORD "00"]	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.11B And how many daughters have died? [IF NONE RECORD "00"]	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.12 SUM ANSWERS TO 2.7A/B, 2.9A/B, AND 2.11A/B AND ENTER TOTAL [IF NONE, RECORD "00"]	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.13A FW: CHECK 2.12: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct? Y/N [IF NO, PROBE AND CORRECT 2.5-2.12 AS NECESSARY]	<input style="width: 20px; height: 20px;" type="text"/>
2.13B FW: CHECK 2.12 AND 2.13A: IF ONE OR MORE LIVE BIRTHS, ENTER "Y" IN THIS BOX AND PROCEED TO Q2.14 IF "00" LIVE BIRTHS, ENTER "N" IN THIS BOX AND SKIP TO Q2.30 TO END INTERVIEW	<input style="width: 20px; height: 20px;" type="text"/>

2.27 Have you had any live births since the birth of (NAME OF LAST BIRTH)? (N=NO; Y=YES)	<input style="width: 20px; height: 20px;" type="text"/>
IF YES, INCLUDE THE BIRTH IN THE BIRTH HISTORY TABLE AND ASK APPROPRIATE QUESTIONS	
2.28 FW: ADD NUMBER OF LIVE BIRTHS RECORDED IN THE BIRTH HISTORY TABLE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.29 TO BE FILLED AFTER COMPLETING 2.14-2.25: COMPARE 2.12 WITH 2.28 AND CIRCLE THE CORRECT RESPONSE	
Numbers are the same	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>
Numbers are different	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>
(PROBE AND RECONCILE)	
CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED FOR AGE AT DEATH: 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS	
2.30 RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)	<input style="width: 20px; height: 20px;" type="text"/>
2.31 END TIME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

3.0 OFFICE/FIELD CHECK DETAILS	
3.1 TEAM LEADER'S CODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3.2 FIELD SUPERVISOR'S CODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3.3 DSS COORDINATOR'S CODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3.4 DATA ENTRY CLERK'S CODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3.5 DATA ENTRY SUPERVISOR'S CODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

BIRTH HISTORY

2.14 Now I would like to ask you details about your children. Please, give me names of all your live births, whether still alive or not, starting with the first one you had
RECORD NAMES OF ALL THE BIRTHS IN 216. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

2.14b BIRTH ORDER	2.15 What name was given to your (first/next) baby? NAME	2.16 Was this birth a twin? (CIRCLE ONE FOR EACH CHILD)	2.17 Is (NAME) a boy or girl?	2.18 In what month and year was (NAME) born? PROBE: What is his/her birthday?	2.19 Is (NAME) still alive?	2.20 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS RECORD '00' IF <1 YEAR	2.21	2.22	2.23	2.24 IF DEAD: How old was (Name) when he/she died? IF '1 YR', PROBE How many months old was he/she? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS, OR YEARS	2.25 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	
							IF ALIVE & AGED LESS THAN 15 YEARS:					IF NOT LIVING WITH MOTHER Who is he/she living with?
							Is (NAME) living with you?	RECORD LINE NUMBER OF CHILD IN HH RECORD '00' IF CHILD IS NOT LISTED IN THE HH				
01		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/>	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/>	YESY	LINE NUMBER <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/>	YESY NO.....N	
				YEAR <input type="text"/>			NO.....N		MONTHS.....2 <input type="text"/>			
				<input type="text"/>					YEARS.....3 <input type="text"/>			
02		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/>	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/>	YESY	LINE NUMBER <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/>	YESY NO.....N	
				YEAR <input type="text"/>			NO.....N		MONTHS.....2 <input type="text"/>			
				<input type="text"/>					YEARS.....3 <input type="text"/>			
03		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/>	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/>	YESY	LINE NUMBER <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/>	YESY NO.....N	
				YEAR <input type="text"/>			NO.....N		MONTHS.....2 <input type="text"/>			
				<input type="text"/>					YEARS.....3 <input type="text"/>			
04		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/>	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/>	YESY	LINE NUMBER <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/>	YESY NO.....N	
				YEAR <input type="text"/>			NO.....N		MONTHS.....2 <input type="text"/>			
				<input type="text"/>					YEARS.....3 <input type="text"/>			

2.14b BIRTH ORDER	2.15 What name was given to your (first/next) baby? NAME	2.16 Was this birth a twin? (CIRCLE ONE FOR EACH CHILD)	2.17 Is (NAME) a boy or girl?	2.18 In what month and year was (NAME) born? PROBE: What is his/her birthday?	2.19 Is (NAME) still alive?	2.20 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS RECORD '00' IF <1 YEAR	2.21	2.22	2.23	2.24 IF DEAD: How old was (Name) when he/she died? IF '1 YR', PROBE How many months old was he/she? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS, OR YEARS	2.25 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
							IF ALIVE & AGED LESS THAN 15 YEARS:				
							Is (NAME) living with you?	RECORD LINE NUMBER OF CHILD IN HH RECORD '00' IF CHILD IS NOT LISTED IN THE HH	IF NOT LIVING WITH MOTHER Who is he/she living with?		
05		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF N --->2.24	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/> <input type="text"/> IF N --->2.23	YESY NO.....N IF N --->2.23	LINE NUMBER <input type="text"/> <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> IF N --->2.25	YESY NO.....N
06		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF N --->2.24	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/> <input type="text"/> IF N --->2.23	YESY NO.....N IF N --->2.23	LINE NUMBER <input type="text"/> <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> IF N --->2.25	YESY NO.....N
07		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF N --->2.24	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/> <input type="text"/> IF N --->2.23	YESY NO.....N IF N --->2.23	LINE NUMBER <input type="text"/> <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> IF N --->2.25	YESY NO.....N
08		SING.....1 MULT.....2	BOY.....1 GIRL.....2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF N --->2.24	YESY NO.....N IF N --->2.24	AGE IN YEARS <input type="text"/> <input type="text"/> IF N --->2.23	YESY NO.....N IF N --->2.23	LINE NUMBER <input type="text"/> <input type="text"/>	FATHER1 G/PARENT....2 O/RELATIVE...3 B/SCHOOL....4 OTHER.....5 (GO TO 2.25)	DAYS1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> IF N --->2.25	YESY NO.....N
2.26 EXTRA SHEET: CHECK 2.12; IF RESPONDENT HAS GIVEN BIRTH TO MORE THAN 8 LIVE CHILDREN, USE AN EXTRA SHEET FOR THE OTHER CHILDREN AND RECORD "Y" IN THE BOX ON THE RIGHT TO INDICATE THAT THERE IS AN EXTRA SHEET. IF NO EXTRA SHEET, RECORD "N"											<input type="text"/>