

ENGLISH
AFRICAN POPULATION AND HEALTH RESEARCH CENTER
URBANIZATION, POVERTY AND HEALTH DYNAMICS
MATERNAL AND CHILD HEALTH - SURVEY5 (COHORT4)
UPDATE1 QUESTIONNAIRE

#REF!

Sep 2008

Consent form

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 between October/December 2008 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 on 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.

Subject's signature or fingerprint

Witness to Consent Procedure

Signature of Investigator

Date

MODULE 1 - BACKGROUND INFORMATION FOR CHILDREN AND MOTHERS INTERVIEWED.																																	
1.0	BACKGROUND																																
1.1	START TIME	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																															
1.2	FIELD WORKER'S CODE	1.2a	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.3	DATE OF INTERVIEW (DD/MM/YYYY)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.4	HOUSEHOLD HEAD NAME.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
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1.7	MOTHER'S NAME.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
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1.9	CHILD'S NAME.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.10	CHILD'S ID		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.11a	CHILD'S SEX (1 = MALE; 2 = FEMALE)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.12	RESPONDENT'S NAME.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.15a	REASONS FOR NOT INTERVIEWING THE MOTHER		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Mother dead</td> <td style="width: 10%; text-align: center;">01</td> </tr> <tr> <td>Mother unknown</td> <td style="text-align: center;">02</td> </tr> <tr> <td>Child adopted</td> <td style="text-align: center;">03</td> </tr> <tr> <td>Mother mentally challenged</td> <td style="text-align: center;">04</td> </tr> <tr> <td>Mother physically challenged (deaf)</td> <td style="text-align: center;">05</td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">96</td> </tr> </table>							Mother dead	01	Mother unknown	02	Child adopted	03	Mother mentally challenged	04	Mother physically challenged (deaf)	05	Other (specify)	96												
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1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
1.18	Do you stay in this household? (1=YES; 2=NO)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																														
2.0	ANTENATAL CARE, DELIVERY AND POST NATAL CARE. IF NOT CHILDS MOTHER SKIP TO 4.0																																
2.17	In the last pregnancy, did you know what an OBA voucher is? (This is the voucher that pregnant women are given to assist them in payment of hospital bill at the time of delivery).		Yes..... 1 No..... 2		→ 2.19																												
2.18	And now, do you know what an OBA voucher is?		Yes..... 1 No..... 2		} 2.29a																												
2.19	Did you buy the OBA voucher when you were pregnant?		Yes..... 1 No..... 2		→ 2.27																												
2.20	How much did you pay for it?		Kshs.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																												
2.21	Did you make use of the OBA voucher?		Yes..... 1 No..... 2		→ 2.26																												
2.22a	What services were you given when you used the OBA voucher? MULTIPLE RESPONSES ALLOWED		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>01 Ante natal care</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>02 Normal delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>03 Caesarian section</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>04 Post natal care</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>05 Vaccination for the baby</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>06 Family planning</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>96 Other (specify)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			Y	N	01 Ante natal care	1	2	02 Normal delivery	1	2	03 Caesarian section	1	2	04 Post natal care	1	2	05 Vaccination for the baby	1	2	06 Family planning	1	2	96 Other (specify)	1	2					
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2.23	Besides using this voucher, were you charged any other amount?		Yes..... 1 No..... 2		→ 2.26																												
2.24	How much were you charged?		Kshs.....		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																												

2.25a	For what services was this amount charged? MULTIPLE RESPONSES ALLOWED	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>01 Ante natal care</td><td>1</td><td>2</td></tr> <tr><td>02 Normal delivery.....</td><td>1</td><td>2</td></tr> <tr><td>03 Caesarian section</td><td>1</td><td>2</td></tr> <tr><td>04 Post natal care</td><td>1</td><td>2</td></tr> <tr><td>05 Vaccination for the baby</td><td>1</td><td>2</td></tr> <tr><td>06 Family planning</td><td>1</td><td>2</td></tr> <tr><td>07 Delivery materials/equipments</td><td>1</td><td>2</td></tr> <tr><td>08 Vaccination card</td><td>1</td><td>2</td></tr> <tr><td>96 Other (specify)</td><td>1</td><td>2</td></tr> </tbody> </table>		Y	N	01 Ante natal care	1	2	02 Normal delivery.....	1	2	03 Caesarian section	1	2	04 Post natal care	1	2	05 Vaccination for the baby	1	2	06 Family planning	1	2	07 Delivery materials/equipments	1	2	08 Vaccination card	1	2	96 Other (specify)	1	2																																				
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2.29b	<p>I am going to read you some statements about the OBA Voucher. Please tell me if you strongly agree, just agree, disagree or strongly disagree with each statement</p> <p>FW: READ EACH STATEMENT AT A TIME AS YOU RECORD THE RESPONSE</p> <p>KEY: SA = STRONGLY AGREE A =AGREE N =NEUTRAL D =DISAGREE SD = STRONGLY DISAGREE</p>	<table border="1"> <thead> <tr> <th></th> <th>SA</th> <th>A</th> <th>N</th> <th>D</th> <th>SD</th> </tr> </thead> <tbody> <tr><td>1. Information on OBA Vouchers is easily available</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>2. OBA Vouchers are plentiful in supply</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>3. OBA Voucher is given indiscriminately</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>4. It is very easy to obtain an OBA Voucher</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>5. Women are suspicious of the OBA Voucher</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6. The OBA is really helpful to poor/needy women</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>7. OBA Voucher enables safe delivery in hospital</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>8. OBA guarantees high quality services</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>9. It is cheap to deliver using an OBA Voucher</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>10. Health workers pay close attention to women with OBA Vouchers</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>		SA	A	N	D	SD	1. Information on OBA Vouchers is easily available	1	2	3	4	5	2. OBA Vouchers are plentiful in supply	1	2	3	4	5	3. OBA Voucher is given indiscriminately	1	2	3	4	5	4. It is very easy to obtain an OBA Voucher	1	2	3	4	5	5. Women are suspicious of the OBA Voucher	1	2	3	4	5	6. The OBA is really helpful to poor/needy women	1	2	3	4	5	7. OBA Voucher enables safe delivery in hospital	1	2	3	4	5	8. OBA guarantees high quality services	1	2	3	4	5	9. It is cheap to deliver using an OBA Voucher	1	2	3	4	5	10. Health workers pay close attention to women with OBA Vouchers	1	2	3	4	5
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2.8a	Place of delivery at Initial Survey.	2.8a) Initial Survey																																																																		
2.30	CHECK IF 2.17 IS 2, 2.19 IS 2 or 2.21 IS 2 ASK, ELSE GO TO 4.0 Did you pay anything in cash or kind during delivery?	<table border="1"> <tbody> <tr><td>Yes, in cash.....</td><td>1</td></tr> <tr><td>Yes, in kind.....</td><td>2</td></tr> <tr><td>Yes, both in kind & cash....</td><td>3</td></tr> <tr><td>No.....</td><td>4</td></tr> </tbody> </table>	Yes, in cash.....	1	Yes, in kind.....	2	Yes, both in kind & cash....	3	No.....	4																																																										
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2.31	How much in total were you charged for delivery? FW: IF SOMETHING WAS PAID/ GIVEN IN KIND, ASK RESPONDENT TO ESTIMATE MONETARY VALUE.	Kshs..... <input type="text"/>																																																																		

<p align="center">MODULE 2: CHILD HEALTH STATUS, FEEDING PRACTICES AND VACCINATION.</p> <p align="center">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.</p>										
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:										
<p>4.6a Where was name at Initial svy?</p> <p>IF CHILD WAS DEAD IN THE RECRUITMENT, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0</p>	<p>4.6a) Child's presence Intl</p> <p>Child at home 1</p> <p>Child not at home but alive..... 2</p> <p>Child dead..... 3</p>	<p>If 3 → Record in CAL, Col. 3 then skip 8.0</p> <p>} 5.0</p>								
<p>4.6 Where is (NAME)?</p> <p>CIRCLE THE APPROPRIATE RESPONSE</p>										
<p>4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK:</p> <p>When did (NAME) die? (DD/MM/YYYY)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
<p>4.8 Was (NAME) ill before he/she died?</p> <p>CIRCLE THE APPROPRIATE RESPONSE</p>	<p>Yes..... 1</p> <p>No 2</p>									
<p>4.9 What in your opinion caused the death of (NAME)?</p> <p>_____</p> <p>_____</p>										

5.0 BREASTFEEDING AND OTHER FEEDING PRACTICES											
Now I would like to ask you a few questions about (NAME's) feeding patterns and how he/ she is/ was growing.											
Questions and Filters		Coding categories	Skip to								
5.1a	<i>Had (NAME) ever been breastfed at Initial svy?</i>	5.1a) Intl svy #REF!	If 1 → 5.9a								
CHECK IF CHILD EVER BREASTFED IN PREVIOUS SURVEY											
5.1	FW: CHECK 4.6 : IF CHILD IS DEAD GO TO 5.9a ELSE CONFIRM CHILD'S STATUS BY ASKING: Has (NAME) ever been breastfed?	Yes..... 1 No 2	→ 5.9 → 5.12a								
FW: CHECK 4.6 : IF CHILD IS DEAD, GO TO THE CALENDAR AND RECORD B FOR BREASTFEEDING IN Col. 3 FOR ALL MONTHS SINCE PREVIOUS INTERVIEW. FILL IN D FOR THE MONTH IN WHICH THE CHILD DIED. THEN SKIP TO SECTION, 6 ON VACCINATION HISTORY . ELSE CHECK											
5.9a	<i>Was (NAME) still breastfeeding at the previous interview?</i>	5.9a) Intl svy #REF!	If 2 → 5.12a								
5.9	IF "1" ASK: Is (NAME) still breastfeeding? IF "1" RECORD B FOR BREASTFEEDING IN THE CALENDAR Col.3. FOR ALL MONTHS SINCE PREVIOUS INTERVIEW, THEN SKIP TO 5.12a.	Yes..... 1 No 2 Don't Know..... 8	→ CAL, 5.12a → CAL, 5.12a								
5.10	For how long did (NAME) breastfeed? IF LESS THAN A MONTH, RECORD IN WEEKS, ELSE RECORD IN MONTHS. IF DON'T KNOW, CIRCLE 98 PROBE FOR EVERY MONTH SINCE THE LAST INTERVIEW AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3	Weeks..... <table border="1" style="display: inline-table; vertical-align: middle;"><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; vertical-align: middle;"><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									Record in CAL.
5.11	What is the most important reason why (NAME) stopped breastfeeding? DO NOT PROMPT; CIRCLE THE (ONE) MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill/unable/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 Mother died..... 07 Sore/cracked nipples..... 08 Advice by health professional..... 09 Advice by other person..... 10 Baby was old enough to stop..... 11 Other (Specify) 96 Don't Know..... 98									

5.12a	Had (NAME) started complementary food at previous interview?		5.12a) Int'l svy	#REF!	If 1 → 5.13														
5.12	Apart from breast milk, has (NAME) ever been given any liquid or solid food?		Yes..... 1 No 2 Don't Know..... 8		} 6.0														
5.18	RECORD AGE OF CHILD IN COMPLETED MONTHS FW: COMPUTE AGE OF CHILD IN COMPLETED MONTHS BY SUBTRACTING DATE OF BIRTH FROM DATE OF INTERVIEW		Age in Months..... <input type="text"/>																
5.19	FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE		Child is 6 months old or less..... 1 Child is over 6 months old..... 2		→ 5.13														
5.20	At what age were complementary liquids/ foods introduced to (NAME)? RECORD AGE IN MONTHS. IF DON'T KNOW CIRCLE 98, IF NOT YET INTRODUCED RECORD 99		Age Days Weeks Months Liquids..... <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Semi-solids. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know..... 98																
5.13	In the last 3 days, did (NAME) receive any of the following?	01 Vitamin/mineral supplements	Q. 5.13		Q. 5.14 (Age)														
			Y	N	D	DAYS	WKS												
		02 Plain water	1	2	8														
		03 Sweetened/flavoured water	1	2	8														
		04 Fruit juice	1	2	8														
		05 Beverages (e.g. tea, etc)	1	2	8														
5.14	FW:CHECK 5.13, FOR EACH ITEM CODED 1, ASK: At what age (in days/weeks/months) was the liquid/solids introduced to (NAME) for the first time? RECORD AGE IN DAYS/WEEKS/MONTHS IN THE BOXES PROVIDED.	06 Powdered/fresh milk	1	2	8														
		07 Infant formula	1	2	8														
		08 Porridge	1	2	8														
		09 Soup (gravy/bone)	1	2	8														
		10 Soft drinks (e.g. soda etc.)	1	2	8														
		12 Solid/semi-solid (mushy) food	1	2	8														
		96 Other liquids (specify.....)	1	2	8														
5.15	What is used to feed (NAME)? Do you use....		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/ or spoon.....	1	2	8														
		Feeding with palm/ hands.....	1	2	8														
		Other (specify).....	1	2	8														

6.0	VACCINATION HISTORY																																																																																						
	Now I would like to ask you about (NAME)'s vaccination																																																																																						
6.1a	<i>Did (NAME) have a vaccination card at Initial survey?</i>					6.1a) Intl svy	#REF!																																																																																
6.1	Does /did (NAME) have a vaccination card that looks like this? FW: SHOW A COPY OF A VACCINATION CARD IF YES ASK: May I see it please? FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT. CIRCLE THE APPROPRIATE RESPONSE					Yes, card/ book seen..... 1 Yes, card/book not seen..... 2 No card..... 3 Don't Know..... 8		→ 6.3r → 6.3r																																																																															
6.2	CHECK IF 6.1a is "1", CIRCLE 1; ELSE ASK Has/had (NAME) ever had a vaccination card?					Yes..... 1 No 2 Don't Know..... 8		} 6.5a																																																																															
6.3r	<i>Immunization schedule completed at Initial survey.</i>					6.3a) Immunisation		If 1 → 6.4																																																																															
6.3	FW: COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. FILL IN ONLY THOSE DATES WHICH WERE NOT FILLED BEFORE WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT NO DATE IS RECORDED. WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT DATE IS NOT LEGIBLE																																																																																						
	BCG Pentavalent 1 Pentavalent 2 Pentavalent 3 Oral Polio Vaccine Birth Dose (OPV0) Oral Polio Vaccine 1st Dose (OPV1) Oral Polio Vaccine 2nd Dose (OPV2) Oral Polio Vaccine 3rd Dose (OPV3) Measles					BCG Pentav.1 Pentav.2 Pentav.3 OPV0 OPV1 OPV2 OPV3 Measles					<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> </table>					D	D	M	M	Y	Y	Y	Y	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
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6.4	Has/had (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign? PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED, THEN ENTER DATE. IN THE FIRST BOX FOR OTHER : INDICATE B =BCG; V =PENTAV; P =POLIO; M =MEASLES; THEN, PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED. IF DOES NOT RECALL RECORD 98 IN MONTHS. IF NO CAMPAIGN, CIRCLE 99					<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pentav.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Polio</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="7"> </td></tr> <tr><td>Other 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>						M	M	Y	Y	Y	Y	BCG							Pentav.							Polio							Measles														Other 1							Other 2							Other 3							No Campaign/ did not participate..... 99													
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	IF CHILD IS DEAD SKIP TO MODULE 3; ELSE SKIP TO Q 6.15 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD																																																																																						

FW NOTE: ASK QUESTION 6.5 TO 6.15 ONLY IF THERE IS NO CARD OR THE CARD WAS NOT SEEN CIRCLE THE APPROPRIATE RESPONSE: IF "YES" CIRCLE 1, IF "NO" CIRCLE 2, IF "DON'T KNOW", CIRCLE 8.			
PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:			
6.5a	Had/Has (NAME) been given BCG vaccination in Initial svy?	6.5a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/>	If 1 → 6.6a
6.5	A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar? Yes..... 1 No 2 Don't Know..... 8		
6.6a	Does/ Did (NAME) have a BCG scar in Initial survey?	6.6a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/>	If 1/ 98 → 6.7
6.6	FW: CHECK 6.6a IF ANSWER IS "1" or "98": SKIP TO 6.7; ELSE FW: CHECK 4.6, IF CHILD IS DEAD, CIRCLE "98" ELSE ASK: Would you mind if I check (NAME) to see if there is an immunization scar? INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR: IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 9	Scar Present..... 1 Scar absent 2 Child deceased..... 3 Child not examined 4	
6.7a	Has/ Had (NAME) received pentavalent vaccine at Intl svy?	6.7a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/>	} 6.9
6.7	Has/ Had (NAME) been given pentavalent vaccination injections that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria sometimes given at the same time as polio vaccine?	Yes..... 1 No 2 Don't Know..... 8	
6.8	How many such injections has/had (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. 6.8a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/> 6.8) Update1 <input type="text"/> Don't Know..... 8	
6.9a	Has/ Had (NAME) received polio vaccine at Initial svy?	6.9a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/>	} 6.12
6.9	Has/Had (NAME) received vaccine drops in the mouth to protect him/her from getting polio?	Yes..... 1 No 2 Don't Know..... 8	
6.10	How many times has/had s/he been given these drops? RECORD NUMBER OF TIMES IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. 6.10a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/> 6.10) 1st Update <input type="text"/> Don't Know..... 8	
6.12a	Has/ Had (NAME) received measles vaccine in Intl svy?	6.12a) Intl svy <input type="text"/> <input type="text"/> <input type="text"/>	If 1 → 6.13
6.12	Has/Had (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more to prevent him or her from getting measles?	Yes..... 1 No 2 Not yet 9 months..... 3 Don't Know..... 8	

6.13	FW: IF CHILD WAS GIVEN ANY VACCINES IN Q 6.5 TO 6.12 ASK: Were any of the vaccinations (NAME) received given as part of a national immunisation day/ immunisation campaign?	Yes..... 1 No 2 Don't Know..... 8	} 6.15																	
6.14	Can you recall the date(s) of the campaign(s)? RECORD THE MONTH AND YEAR OF THE CAMPAIGNS. PROBE BY ASKING, ANY OTHER... AND RECORD DATES FOR ALL THE CAMPAIGNS. INDICATE B =BCG; V =PENTAV; P =POLIO; M =MEASLES IN THE FIRST BOX. FW:IF IMMUNIZATION SCHEDULE IS COMPLETE SKIP TO 7.0	<div style="text-align: center;">M M Y Y Y Y</div> <div> <div>1st</div> <div>2nd</div> <div>3rd</div> </div> <table border="1" style="display: inline-table; vertical-align: top;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																		
6.15a	Had child ever been given any vaccination in Initial survey?	6.15a) Intl svy #REF!																		
6.15	FW: CHECK FROM Q 6.3 to 6.12: HAS THE CHILD BEEN GIVEN ANY VACCINATION SINCE PREVIOUS INTERVIEW?	Yes 1 No 2 Don't Know 8	→ 7.0 → 7.0																	
6.16	FW: CHECK 6.15a AND 6.15: IF ANSWERS IN BOTH ARE "2", ASK: Please tell me the main reason why (NAME) has/had never had any immunisation ?	Child sick/weak..... 01 Not important/ignorance..... 02 Away/No time off work/ business..... 03 Mother/carer forgot..... 04 Mother/ carer sick/ died..... 05 Religious beliefs..... 06 Suspicion towards vaccines..... 07 Hospital/Clinic too far..... 08 Cost of vaccine..... 09 No vaccine/supplies at clinic..... 10 No reason..... 11 Other (specify)..... 96 Don't Know..... 98																		
6.16p	FW: CHECK IF ANSWER IN 6.15a IS "1" AND ANSWER IN 6.15 IS "2" ASK: Please tell me the main reason why (NAME) has/had not had any other immunisations since the last time you were interviewed about your child's immunization?	Child sick/weak..... 01 Not important/ignorance..... 02 Away/No time off work/ business..... 03 Mother/carer forgot..... 04 Mother/ carer sick/ died..... 05 Religious beliefs..... 06 Suspicion towards vaccines..... 07 Hospital/Clinic too far..... 08 Cost of vaccine..... 09 No vaccine/supplies at clinic..... 10 Child not old enough..... 11 No reason..... 12 Has completed all vaccinations..... 15 Other (specify)..... 96 Don't Know..... 98																		
CHECK Q. 4.6: IF CHILD IS DEAD, SKIP TO MODULE 3																				

7.0 CHILD MORBIDITY AND HEALTH SEEKING PRACTICES						
<p>Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks. </p> <p>FW : USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p>						
7.1	<p>Has (NAME) been ill with any of the following illness at any time in the last two weeks?</p> <p>FW: RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</p> <p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p>	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH +RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES SKIP TO 7.15</p> <p>NB: a = FEVER, b = DIARRHEA, c = COUGH d = COUGH + RAPID BREATH, e = CONVULSIONS;</p>						
7.2	<p>For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)?</p> <p>RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98'</p>	a Fever		<input type="text"/>	<input type="text"/>	98
		b Diarrhoea		<input type="text"/>	<input type="text"/>	98
		c Cough		<input type="text"/>	<input type="text"/>	98
		d Cough + Rapid Breath		<input type="text"/>	<input type="text"/>	98
		e Convulsions		<input type="text"/>	<input type="text"/>	98
7.3	<p>What was done at home about the (ILLNESS)?(CODE SHEET A¹)</p> <p>FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (specify) _____				
7.4	<p>During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual?</p> <p>1 = More than usual; 2 = about the same; 3 = Less than usual</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.5	<p>During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None</p> <p>8 = Don't Know 9 = N/A</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.6	<p>What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME;</p> <p>3 = SOUGHT CARE/ TREATMENT AT HEALTH FACILITY; 4 = OTHER</p> <p>FW: IF ANSWER IS "3", SKIP TO 7.8</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (specify) _____				
7.7	<p>Was (NAME) taken to a health facility for treatment?</p> <p>1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA IF "1", SKIP TO 7.8</p> <p>IF "8" OR "9", 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</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>

7.7a	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A ⁴) 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	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.9	Where was treatment sought? RECORD CODE OF FACILITY(CODE SHEET A ²).	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (specify) _____				
7.10	Was follow-up visit/ referral requested by the health care provider? 1 = YES , FOLLOW UP VISIT, 2 = NO; 3 = YES, REFERRAL TO ANOTHER FACILITY; 8 = DON'T KNOW	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.11	Did you take (NAME) for a follow-up visit/ referral? 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)	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.12	IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK Where did you seek care next? RECORD CODE OF THE FACILITY(CODE SHEET A ²)	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				
7.13	FW: CHECK 7.9 AND 7.12; IF CODES ARE THE SAME, SKIP TO 7.15 ; ELSE ASK: Why did you seek care elsewhere? (CODE SHEET A ³) FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS THAT CHILD HAD	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				
7.14	FW: CHECK 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 ⁴) PROCEED TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES. IF CHILD HAS MORE ILLNESSES RETURN TO 7.2 FOR THE NEXT ILLNESS THAT THE CHILD HAD	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				

7.15	Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days? CIRCLE 1 = YES, 2 = NO, 8 = DON'T KNOW IF "1", RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A ⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES..... 1 NO..... 2 DON'T KNOW..... 8 Other (Specify)	MOST SERIOUS ILLNESS <div style="border: 1px solid black; width: 30px; height: 15px; margin-left: 100px;"></div>
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?	Yes..... 1 No 2 Does not know/ Has not heard about ORS 3 Don't Know..... 8	

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			
Now I would like to ask you questions to gain a better understanding of some family life issues.			
8.1a	Marital status at Initial?	8.1a Marital status at Intl	##
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married..... 01 Living together..... 02 Separated..... 03 Divorced..... 04 Widowed..... 05 Never married..... 06	
8.1p	FW: CHECK IF ANSWER TO 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	<input type="text"/>	
8.3a	Had menstrual period returned at Initial Survey?	8.3a) Initial	## If 1 → 8.5a
	FW: CHECK IF ANSWER IN 8.3a) IS "1" RECORD IN CALENDAR COL 1. THEN SKIP TO 8.5a		
8.3	Has your menstrual period returned since the birth of (NAME)? ENTER THE APPROPRIATE RESPONSE IF "2" IN 8.3: RECORD "A" FOR PPA IN THE CALENDAR - Col.1; SINCE THE LAST TIME INTERVIEWED THEN SKIP TO 8.5a. (PPA - POST PARTUM AMENORRHOEA)	YES..... 1 NO..... 2	→ Record in Calendar then skip to 8.5a
8.4	How many months after the birth of (NAME) did you have your first period, not counting the bleeding that occurs immediately after birth? RECORD IN THE CALENDAR(- Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS <input type="text"/>	
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			
8.5a	Had respondent resumed sexual relations at Initial Survey?	8.5a) Initial	## If 1 → 8.6
	FW: CHECK IF ANSWER 8.5a IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6		
8.5	Have you resumed sexual relations since the last time you were interviewed? FW: IF 8.5a IS "2" OR 8.5 IS "2", RECORD RESPONSE IN CALENDAR THEN FOLLOW SKIP PATTERN	YES..... 1 NO..... 2	→ 8.9
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.		
8.7a	Was respondent pregnant in Initial Survey?	8.7a) Initial	##
8.7	Are you pregnant now? RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	YES..... 1 NO..... 2 Not sure..... 8	} Record in Calendar then skip to 8.9
8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS <input type="text"/>	
8.9	FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.		

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.			
9.4a	Had respondent ever used any contraception method at Initial Survey? FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.5	9.4a) Initial <input type="checkbox"/> ##	If 1 → 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	→10.0
9.5	Which method have you used since the previous interview? 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" and 8.7 is "1" ASK THE FOLLOWING QUESTIONS, ELSE SKIP TO 11.0			
10.6a	Pregnancy intendedness at Initial Survey	10.6a) Initial Survey <input type="checkbox"/>	If 1/2/3 → 11.0
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			
11.8a	Had respondent ever used a condom at Initial Survey?	11.8a) Initial <input type="checkbox"/> ##	If 1 → 11.9
11.8	When having sex, have you or your partner ever used a condom?	YES..... 1 NO..... 2	→ Record in CAL, Col.5 then skip to 13.0
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.	YES..... 1 NO..... 2	} Record in CAL Col. 5
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 ⁶) [OTHER - SPECIFY]		<input type="checkbox"/>
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁶) [OTHER - SPECIFY]		<input type="checkbox"/>
13.3	RESULT OF MODULE 3(CODE SHEET A ⁶) [OTHER - SPECIFY]		<input type="checkbox"/>
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁶) [OTHER - SPECIFY]		<input type="checkbox"/>
13.5	END TIME		<input type="checkbox"/>
13.6	RECORD ANY GENERAL COMMENTS		

MODULE 4: ANTHROPOMETRIC MEASUREMENTS			
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0			
12.0	ANTHROPOMETRIC MEASUREMENTS #### CHILD'S NAME: <input type="text" value="#REF!"/>		
	LOCATION ID: <input type="text" value="#REF!"/> Now I would like to take anthropometric measurements of your baby. I will start with weight measurements followed by height measurements		
12.1	START TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12.1a	DATE (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2		
LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
12.3a	Length of child measured at previous interview	12.3a) Initial	<input type="text" value="#REF!"/> <input type="text" value="."/> <input type="text" value="####"/>
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM)	12.3) Update1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK 12.2, IF 2 SKIP TO 12.4			
12.9a	Height of the mother measured at any previous interview?	12.9a) Initial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IF 12.9a IS 2, TAKE MOTHER'S HEIGHT			
12.9	ENTER THE HEIGHT OF THE MOTHER IN CM (TO THE NEAREST 0.1CM)	12.9) Update1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.			
12.4a	Weight of the mother/caretaker measured at previous interview	12.4a) Initial	<input type="text" value="#REF!"/> <input type="text" value="."/> <input type="text" value="####"/>
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG	12.4) Update1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.6a	Weight of child measured at previous interview	12.6a) Initial	<input type="text" value="#REF!"/> <input type="text" value="."/> <input type="text" value="####"/>
12.6	ENTER THE WEIGHT OF THE CHILD IN KG	12.6) Update1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
12.7a	MUAC measured at previous interview	12.7a) Initial	<input type="text" value="#REF!"/> <input type="text" value="."/> <input type="text" value="####"/>
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM)	12.7) Update1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.8a	Was child referred to a nutritional center at previous survey?	11.8a) Initial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER TODAY? Yes..... 1 CIRCLE THE APPROPRIATE RESPONSE No..... 2		
CHECK IF 12.8a IS 2, SKIP TO 13.0			
12.10	TO WHICH NUTRITIONAL CENTER WAS (NAME) REFERRED AT PREVIOUS SURVEY?	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	
12.11	DID YOU/GUARDIAN COMPLY WITH THIS REFERRAL?	Yes..... 1 No..... 2	→ 13.7
12.12	WHY DIDN'T YOU/GUARDIAN COMPLY?	Referral center too far..... 01 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	
MULTIPLE RESPONSES ALLOWED			
13.0 ENDINGS			
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Very likely.....</td> <td style="width: 5%; text-align: center;">01</td> <td style="width: 15%; text-align: right;">→ 15.7</td> </tr> <tr> <td>Somewhat likely.....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Somewhat unlikely.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Very unlikely.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Don't know.....</td> <td style="text-align: center;">98</td> <td></td> </tr> </table>		Very likely.....	01	→ 15.7	Somewhat likely.....	02		Somewhat unlikely.....	03		Very unlikely.....	04		Don't know.....	98							
Very likely.....	01	→ 15.7																					
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Somewhat unlikely.....	03																						
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Don't know.....	98																						
15.5	If you left Korogocho/Viwandani where would you likely go? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">DSA (Viwandani/Korogocho).....</td> <td style="width: 5%; text-align: center;">01</td> <td></td> </tr> <tr> <td>Non DSA (Korogocho/Viwandani).....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Other Nairobi slum.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Nairobi non-slum.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Other urban area.....</td> <td style="text-align: center;">05</td> <td></td> </tr> <tr> <td>Rural Kenya.....</td> <td style="text-align: center;">06</td> <td></td> </tr> <tr> <td>Outside Kenya.....</td> <td style="text-align: center;">07</td> <td></td> </tr> </table>		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	
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15.6	What would be the main reason for you to leave? CODE SHEET B³ <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Other (Specify)</td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>		Other (Specify)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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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? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Yes.....</td> <td style="width: 5%; text-align: center;">1</td> <td></td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> <td style="text-align: right;">→ 15.10</td> </tr> </table>		Yes.....	1		No.....	2	→ 15.10															
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15.8a	Telephone number given at recruitment <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%; text-align: center;">NONE</td> <td style="width: 20%;"></td> </tr> </table>		NONE																				
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15.8	Please give me a telephone contact where we can reach you. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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	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? FW: PROBE FOR WORK PAID IN BOTH CASH AND KIND <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Yes.....</td> <td style="width: 5%; text-align: center;">1</td> <td></td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> <td style="text-align: right;">→ 15.18</td> </tr> </table>		Yes.....	1		No.....	2	→ 15.18															
Yes.....	1																						
No.....	2	→ 15.18																					
15.11	What work were you mainly engaged in? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Salaried.....</td> <td style="width: 5%; text-align: center;">01</td> <td></td> </tr> <tr> <td>Casual.....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Piecework/daily work.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Own business.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">96</td> <td></td> </tr> </table>		Salaried.....	01		Casual.....	02		Piecework/daily work.....	03		Own business.....	04		Other (specify)	96							
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15.12	Where did you do this activity? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Same slum.....</td> <td style="width: 5%; text-align: center;">01</td> <td></td> </tr> <tr> <td>Other slum.....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Elsewhere in Nairobi.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Outside Nairobi.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Foreign country.....</td> <td style="text-align: center;">05</td> <td></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">96</td> <td></td> </tr> </table>		Same slum.....	01		Other slum.....	02		Elsewhere in Nairobi.....	03		Outside Nairobi.....	04		Foreign country.....	05		Other (specify)	96				
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15.13	How long does it take you to get to the place of work? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Minutes</td> <td style="width: 10%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="width: 30%;"></td> </tr> <tr> <td>Hours</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td></td> </tr> </table>		Minutes	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>				Hours	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>														
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15.14	What means of transportation do you use to get to this place? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Walk.....</td> <td style="width: 5%; text-align: center;">01</td> <td></td> </tr> <tr> <td>Bicycle.....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Motorcycle.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Matatu/car.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">96</td> <td></td> </tr> </table>		Walk.....	01		Bicycle.....	02		Motorcycle.....	03		Matatu/car.....	04		Other (specify)	96							
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15.15	On average, how many days during this month (4 weeks) did you do this activity? Days <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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15.16	On average, how many hours per day did you do this activity? Hours <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table> ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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15.17	How much money did you earn from this activity at the end of the month? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">(Cash) Kshs.</td> <td style="width: 40%;"></td> </tr> <tr> <td>(Kind) Kshs.</td> <td></td> </tr> <tr> <td>Total Kshs.</td> <td> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>		(Cash) Kshs.		(Kind) Kshs.		Total Kshs.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>															
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15.18	In the 3 months preceeding the last one month, were you engaged in any income generating activity? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Yes.....</td> <td style="width: 5%; text-align: center;">1</td> <td></td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		Yes.....	1		No.....	2																
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	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? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Takes baby with me to work</td> <td style="width: 5%; text-align: center;">01</td> <td></td> </tr> <tr> <td>Takes baby to a day care center.....</td> <td style="text-align: center;">02</td> <td></td> </tr> <tr> <td>Takes baby to a relative or neighbor's house.....</td> <td style="text-align: center;">03</td> <td></td> </tr> <tr> <td>Leaves baby in the house with a househelp.....</td> <td style="text-align: center;">04</td> <td></td> </tr> <tr> <td>Leaves baby in the house with other family member..</td> <td style="text-align: center;">05</td> <td></td> </tr> <tr> <td>Leaves baby in the house alone</td> <td style="text-align: center;">06</td> <td></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">96</td> <td></td> </tr> </table>		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	
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	14.0 OFFICE/FIELD CHECK DETAILS																						
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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14.2	DATA ENTRY CLERK'S CODE <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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EXPOSURE CALENDAR - Information from previous round should be pre-filled

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				MOTHER'S NAME:		#REF1		HOUSEHOLD ID:		#REF1		2						
INSTRUCTIONS				YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL. 2 Q8.6	COL. 3 Q5.9	COL. 4 Q9.5	COL. 5 Q11.9	COL. 6 Q9.6	COL. 7 Q9.7	MONTH	YEAR			
COL.1	Q 8.3: Since the previous interview, how many months after birth of (name) did you have your first period?	2	09	SEP	01	B	B	B	X			X		01	SEP	2		
		0	10	OCT	02	M	S	B	X			X		02	OCT	0		
		0	11	NOV	03	M	S	B	E			E		03	NOV	6		
		6	12	DEC	04	M	S	B	E			E		04	DEC			
			01	JAN	05	M	S	B	E			E		05	JAN			
			02	FEB	06	M	S	B	E			E		06	FEB			
			03	MAR	07									07	MAR			
			04	APR	08									08	APR			
		2	05	MAY	09									09	MAY	2		
		0	06	JUN	10									10	JUN	0		
		0	07	JUL	11									11	JUL	7		
		7	08	AUG	12									12	AUG			
COL.2	Q 8.6: Since resuming sex, have you had sex in.... (FW: name month since the previous interview) S RECORD S ON THE MONTH SHE HAD SEX X RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX		09	SEP	01									01	SEP			
			10	OCT	02										02	OCT		
			11	NOV	03										03	NOV		
			12	DEC	04										04	DEC		
			01	JAN	05										05	JAN		
			02	FEB	06										06	FEB		
			03	MAR	07										07	MAR		
			04	APR	08										08	APR		
		2	05	MAY	09										09	MAY	2	
		0	06	JUN	10										10	JUN	0	
		0	07	JUL	11										11	JUL	0	
		8	08	AUG	12										12	AUG	8	
COL.3	Q.5.9 & 5.10: FW CHECK Q8.9 For how many months since previous interview did you breastfeed (NAME)? B RECORD B FOR BREASTFEEDING IN MONTHS SHE BREASTFED CHILD D RECORD D IN MONTH WHEN CHILD DIED & THEREAFTER X IN MONTHS WHEN BREASTFEEDING STOPPED BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		09	SEP	01									01	SEP			
			10	OCT	02										02	OCT		
			11	NOV	03										03	NOV		
			12	DEC	04										04	DEC		
			01	JAN	05										05	JAN		
			02	FEB	06										06	FEB		
			03	MAR	07										07	MAR		
			04	APR	08										08	APR		
		2	05	MAY	09										09	MAY	2	
		0	06	JUN	10										10	JUN	0	
		0	07	JUL	11										11	JUL	0	
		8	08	AUG	12										12	AUG	8	
COL.4	Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS A FEMALE STERILISATION B MALE STERILISATION C PILL D IUD E INJECTABLES F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMENORRHOEA METHOD K RHYTHM METHOD L WITHDRAWAL M IMPLANTS N EMERGENCY CONTRACEPTION O OTHER METHODS X WHEN NO METHOD WAS USED		09	SEP	01										01	SEP		
			10	OCT	02											02	OCT	
			11	NOV	03											03	NOV	
			12	DEC	04											04	DEC	
			01	JAN	05											05	JAN	
			02	FEB	06											06	FEB	
			03	MAR	07											07	MAR	2
			04	APR	08											08	APR	0
		2	05	MAY	09											09	MAY	9
		0	06	JUN	10											10	JUN	0
		0	07	JUL	11											11	JUL	0
		9	08	AUG	12											12	AUG	9
COL.5	Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex? C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM Add A-ALWAYS; S-SOMETIMES; N-NEVER Check Q.8.6 (Col. 2) when she had sex. X WHEN THERE WAS NO SEX		09	SEP	01										01	SEP		
			10	OCT	02											02	OCT	
			11	NOV	03											03	NOV	
			12	DEC	04											04	DEC	
			01	JAN	05											05	JAN	
			02	FEB	06											06	FEB	2
			03	MAR	07											07	MAR	0
			04	APR	08											08	APR	1
		2	05	MAY	09											09	MAY	0
		0	06	JUN	10											10	JUN	
		1	07	JUL	11											11	JUL	
		0	08	AUG	12											12	AUG	
COL.6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5) FW NB: MORE THAN 1 RESPONSE ALLOWED. A DOCTOR ADVISED THIS METHOD B HAS LITTLE SIDE EFFECTS C PARTNER IS NOT AWARE OF IT D BECAUSE RESPONDENT LIKES IT E CONVENIENT TO USE F KNOWS NO OTHER METHOD G KNOWS NO SOURCE OF WHERE TO GET OTHERS H COST IS/ IS NOT TOO MUCH I PARTNER REQUESTED OR INSISTED J HEALTH CONCERNS K OTHER REASONS X WHEN NO CONTRACEPTION WAS USED		09	SEP	01										01	SEP		
			10	OCT	02											02	OCT	
			11	NOV	03											03	NOV	
			12	DEC	04											04	DEC	
			01	JAN	05											05	JAN	
			02	FEB	06											06	FEB	2
			03	MAR	07											07	MAR	0
			04	APR	08											08	APR	1
		2	05	MAY	09											09	MAY	
		1	06	JUN	10											10	JUN	
		1	07	JUL	11											11	JUL	
		1	08	AUG	12											12	AUG	
COL.7	Q 9.7: Why did you stop using the previous method? (i.e. change from the one you were using before) A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY B BECAME PREGNANT WHILE USING C HAD SIDE EFFECTS D WANTED TO BECOME PREGNANT E HUSBAND/ PARTNER DISAPPROVED F WANTED MORE EFFECTIVE METHOD G HEALTH CONCERNS H LACK OF ACCESS/ TOO FAR I COSTS WERE TOO MUCH J INCONVENIENT TO USE K FATALISTIC L DIFFICULT TO GET PREGNANT/ MENOPAUSAL M MARITAL DISSOLUTION/ SEPARATION N DON'T KNOW O OTHER REASONS		09	SEP	01										01	SEP		
			10	OCT	02											02	OCT	
			11	NOV	03											03	NOV	
			12	DEC	04											04	DEC	
			01	JAN	05											05	JAN	
			02	FEB	06											06	FEB	2
			03	MAR	07											07	MAR	0
			04	APR	08											08	APR	1
		2	05	MAY	09											09	MAY	
		1	06	JUN	10											10	JUN	
		1	07	JUL	11											11	JUL	
		1	08	AUG	12											12	AUG	