

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
URBANIZATION, POVERTY AND HEALTH DYNAMICS
MATERNAL AND CHILD HEALTH - SURVEY6 (COHORT3)
UPDATE 3 QUESTIONNAIRE

ID	S1	U1	U2
Slum			

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 in October 2008/January 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.

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="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>								
1.2	FIELD WORKER'S CODE	1.2a	###	####	1.2b	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	1.2c	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	1.2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>								
1.4	HOUSEHOLD HEAD NAME.....	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.6	HOUSEHOLD ID	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.7	MOTHER'S NAME.....	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.8	MOTHER'S ID	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.9	CHILD'S NAME.....	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.10	CHILD'S ID	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	<div style="border: 1px solid black; padding: 2px; text-align: center;">#REF!</div>								
1.11a	CHILD'S SEX (1 = MALE; 2 = FEMALE)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>								
1.12	RESPONDENT'S NAME.....									
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </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: 40px; height: 20px;"></div>								
1.15a	REASONS FOR NOT INTERVIEWING THE MOTHER	<div style="display: flex; justify-content: space-between;"> <div> Mother dead Mother unknown Child adopted Mother mentally challenged Mother physically challenged (deaf) Other (specify) </div> <div style="text-align: right;"> 01 02 03 04 05 96 </div> </div>								
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A ⁷) (OTHERspecify_____)	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>								
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>								
1.18	Do you stay in this household? (1=YES; 2=NO)	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>								
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:										
4.6c	Where was (NAME) at Update2?	4.6c) Child's presence Upd2		<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>		If 3/9 Record in CAL, Col.3 then skip 8.0				
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)?	Child at home		1		} 7.0				
CIRCLE THE APPROPRIATE RESPONSE		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)	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>								
4.8	Was (NAME) ill before he/she died?	Yes.....		1						
CIRCLE THE APPROPRIATE RESPONSE		No		2						
4.9	What in your opinion caused the death of (NAME)?	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>								
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					
<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. 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? 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>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough & rapid breath</p>	<p>e Convulsions</p>
		<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>						
7.2	<p>For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98' RECORD "99" IF THERE WAS NO ILLNESS.</p>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough + Rapid Breath</p>	<p>e Convulsions</p>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.3	<p>What was done at home about the (ILLNESS)? (CODE SHEET A¹) FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>
		Other (Specify) <input type="text"/>				
7.4	<p>During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>
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 8 = Don't Know 9 = N/A</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>
7.6	<p>What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER FW: IF ANSWER IS "3"; SKIP TO 7.8</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>
		Other (Specify) <input type="text"/>				
7.7	<p>Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA IF "1", SKIP TO 7.8; 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>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough & rapid breath</p>	<p>e Convulsions</p>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>RECORD ONLY THE MAIN REASON</div> <div>Other (specify) _____</div>
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A ²).	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Other (Specify) _____</div>
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	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
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)	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
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)	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Other (Specify) _____</div>
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 ELSE PROCEED TO 7.15 .	<div> <div>a) Fever</div> <div>b) Diarrhoea</div> <div>c) Cough</div> <div>d) Cough& rapid breath</div> <div>e) Convulsions</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Other (Specify) _____</div>
7.14	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 ⁴) RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15 .	<div> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Other (Specify) _____</div>

7.15	<p>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;</p> <p>IF "1", RECORD CODE OF ILLNESS IN THE BOX (CODE SHEET A⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p> <p>MOST SERIOUS ILLNESS</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div>Other (specify) _____</div> </div>
7.18	<p>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?</p> <p>1=YES; 2 = NO; 8 = DON'T KNOW</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Does not know/ Has not heard about ORS..... 3</p> <p>Don't Know..... 8</p>

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	
16.0	Now I would like to ask you questions to gain a better understanding of some family life issues. Have you given birth to another baby after (NAME)?	YES..... 1 NO..... 2
		→ 13.0
8.1c	Marital status at Update2	8.1c) Marital status U2
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 8.1c 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?	8.5c) Update2
	FW: CHECK IF ANSWER 8.5c IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6	### If 1/9 → 8.6
8.5	Have you resumed sexual relations since the last time you were interviewed? FW: IF 8.5c IS "2" OR 8.5 IS "2", RECORD RESPONSE IN CALENDAR THEN FOLLOW SKIP PATTERN	YES..... 1 NO..... 2
		→ 8.7c
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?	8.7c) Update2
	Are you pregnant now?	YES..... 1
	RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	NO..... 2
		Not sure..... 8
		} Record in Calendar then skip to 9.0

8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
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?	9.4c) Update2	##	If 1/9 → 9.5
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		→ 10.0
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" ASK THE FOLLOWING QUESTIONS, ELSE SKIP TO 11.0				
10.6c	Pregnancy intendedness at Update2	10.6c) Update2		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				
11.8c	Had respondent ever used a condom in previous survey?	11.8c) Update2	###	If 1/9 → 11.9
11.8 Have you and your partner ever used a condom during sexual intercourse?		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 ⁸) [OTHER - SPECIFY]		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
13.2 RESULT OF MODULE 2 (CODE SHEET A ⁸) [OTHER - SPECIFY]		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
13.3 RESULT OF MODULE 3(CODE SHEET A ⁸) [OTHER - SPECIFY]		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
13.4 RESULT OF MODULE 4 (CODE SHEET A ⁸) [OTHER - SPECIFY]		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
13.5 END TIME		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
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"/> #REF! LOCATION ID: <input type="text"/> #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 <input type="text"/>				
12.1a	DATE (dd/mm/yyyy) <input type="text"/>				
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8				
LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)					
12.3c	Length of child measured at previous interview		12.3c) Update2		<input type="text"/> #REF! . ###
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM)		12.3) Update3		<input type="text"/> .
12.9c	Height of the mother measured at any previous interview?		12.9c) Update2		<input type="text"/>
IF 12.9c IS 2, TAKE MOTHER'S HEIGHT					
12.9	ENTER THE HEIGHT OF THE MOTHER IN CM (TO THE NEAREST 0.1CM) (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.					
12.4c	Weight of the mother/caretaker measured at previous interview		12.4c) Update2		<input type="text"/> #REF! . ###
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG		12.4) Update3		<input type="text"/> .
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG		12.5)		<input type="text"/> .
12.6c	Weight of child measured at previous interview		12.6c) Update2		#REF! . ###
12.6	ENTER THE WEIGHT OF THE CHILD IN KG		12.6) Update3		<input type="text"/> .
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)					
12.7c	MUAC measured at previous interview		12.7c) Update2		#REF! . ###
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM)		12.7) Update3		<input type="text"/> .
12.8c	Was child referred to a nutritional center at previous survey?		11.8c) Update2		<input type="text"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? CIRCLE THE APPROPRIATE RESPONSE		Yes..... 1 No..... 2 → 13.0		
CHECK IF 12.8c IS 2, SKIP TO 13.0					
12.10	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		
12.11	DID YOU/GUARDIAN COMPLY WITH THIS REFERRAL?		Yes..... 1 → 13.0 No..... 2		

12.12	WHY DIDN'T YOU/GUARDIAN COMPLY? MULTIPLE RESPONSES ALLOWED	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
13.0 ENDINGS		
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
13.8	RECORD ANY GENERAL COMMENTS	<div style="border: 1px solid black; height: 20px;"></div>
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 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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 → 15.10
15.8	Please give me a telephone contact where we can reach you.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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	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 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Hours <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
15.16	On average, how many hours per day did you do this activity?	Hours <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (Kind) Kshs. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Total Kshs. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
14.2	DATA ENTRY CLERK'S CODE	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

EXPOSURE CALENDAR - Information from previous round should be pre-filled

EXPOSURE CALENDAR - Information from previous round should be pre-filled																
			MOTHER'S NAME:	#REF1	CO	HOUSEHOLD ID:	CO	#REF1	2							
INSTRUCTIONS			YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL. 2 Q. 8.6	COL. 3 Q. 5	COL. 4 Q. 9.5	COL. 5 Q. 11.9	COL. 6 Q. 9.6	COL. 7 Q. 9.7	ORDER	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 0 0 6	10	SEP	01								01	SEP	2	
			11	OCT	02								02	OCT	0	
	A POST PARTUM AMENORRHOEA		12	NOV	03								03	NOV	6	
	B WHEN CHILD WAS BORN		01	DEC	04								04	DEC		
	P WHEN WOMAN IS/ WAS PREGNANT		02	JAN	05								05	JAN		
	M MENSTRUATION		03	FEB	06								06	FEB		
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		04	MAR	07								07	MAR		
	MX MENSTRUATION EXPECTED IN THAT MONTH		05	APR	08								08	APR		
		2 0 0 7	06	MAY	09								09	MAY	2	
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		07	JUN	10								10	JUN	0	
			08	JUL	11								11	JUL	0	
			09	AUG	12									AUG	7	
COL. 3	Q. 5.9 & 5.10: FW CHECK Q. 8.9 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 X IN MONTHS WHEN BREASTFEEDING STOPPED BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		10	SEP	01								01	SEP		
			11	OCT	02								02	OCT		
			12	NOV	03								03	NOV		
			01	DEC	04								04	DEC		
			02	JAN	05								05	JAN		
			03	FEB	06								06	FEB		
			04	MAR	07								07	MAR		
			05	APR	08								08	APR		
		2 0 0 8	06	MAY	09								09	MAY	2	
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 X WHEN NO METHOD WAS USED		07	JUN	10									10	JUN	0
			08	JUL	11								11	JUL	0	
			09	AUG	12								12	AUG	8	
			10	SEP	01								01	SEP		
			11	OCT	02								02	OCT		
			12	NOV	03								03	NOV		
			01	DEC	04								04	DEC		
			02	JAN	05								05	JAN		
			03	FEB	06								06	FEB		
			04	MAR	07								07	MAR	2	
			05	APR	08								08	APR	0	
		2 0 0 9	06	MAY	09								09	MAY	9	
			07	JUN	10								10	JUN		
			08	JUL	11								11	JUL		
			09	AUG	12								12	AUG		
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		10	SEP	01								01	SEP		
			11	OCT	02								02	OCT		
			12	NOV	03								03	NOV		
			01	DEC	04								04	DEC		
			02	JAN	05								05	JAN	2	
			03	FEB	06								06	FEB	0	
			04	MAR	07								07	MAR	1	
			05	APR	08								08	APR	0	
		2 0 1 0	06	MAY	09								09	MAY		
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		07	JUN	10									10	JUN	
			08	JUL	11								11	JUL		
			09	AUG	12								12	AUG		
			10	SEP	01								01	SEP	#	
			11	OCT	02								02	OCT	..	
			12	NOV	03								03	NOV		
			01	DEC	04								04	DEC		
			02	JAN	05								05	JAN		
			03	FEB	06								06	FEB		
			04	MAR	07								07	MAR		
		2 0 1 1	05	APR	08								08	APR		
			06	MAY	09								09	MAY		
			07	JUN	10								10	JUN		
			08	JUL	11								11	JUL		
			09	AUG	12											
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															