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 2007 and March 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		
1.2	FIELD WORKER'S CODE 1.2a		
1.3	DATE OF INTERVIEW (DD/MM/YYYY)		
1.4	HOUSEHOLD HEAD NAME…………………………………………..………	0	
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	0	
1.6	HOUSEHOLD ID	0	
1.7	MOTHER'S NAME………………………………………………………………	0	
1.8	MOTHER'S ID	0	
1.9	CHILD'S NAME……..…………………..……………………….……………		
1.10	CHILD'S ID	0	
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	0	
1.11a	CHILD'S SEX (1 = MALE; 2 = FEMALE)		
1.12	RESPONDENT'S NAME………………………………………………………………………………………		
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD **(CODE SHEET A[6])**		
1.14	Are you (NAME OF CHILD)'s mother? **(1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]**		
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER……………………………………………………………		
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A[7]) (OTHER specify_____)		
1.17	Are you (CHILD NAME)'s, guardian? **(1=YES; 2=NO)**		
1.18	Do you stay in this household? **(1=YES; 2=NO)**		

| **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	**2.29**
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……….	
2.21	Did you make use of the OBA voucher?	Yes……………………………… 1 No……………………………… 2	⟶ **2.26**
2.22	What services were you given when you used the OBA voucher?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
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……….	

2.25	For what services was this amount charged?	1. _____ 2. _____ 3. _____	
2.26	Where did you obtain the OBA voucher from?	Community Health Workers........... 1 Traditional Birth Attendants............ 2 Chief/ Assitant Chief's office.......... 3 Health Facility............................ 4 HF Name _____ HF Code......... ☐☐☐ Location _____	} **2.28**
2.27	Why did you not buy an OBA voucher?	Not aware that they were selling....... 1 OBA voucher got finished................2 HF does not sell........................... 3 I did not have the money................. 4 Did not know where to get it.......... 5 Suspicious about OBA voucher... 6 Other..................................... 7 Specify _____	} **2.29**
2.28	CHECK IF 2.21 IS 2 ASK, ELSE GO TO 2.29 Why did you not use the OBA voucher?	Did not make it to hospital.......... 1 I lost the OBA voucher.............. 2 HF staff refused to accept it.......... 3 HF does not allow OBA voucher...... 4 Other .... 5 Specify_____	
2.29	What is your opinion about the OBA voucher?	1. _____ 2. _____ 3. _____	
2.8a	*Place of delivery at recruitment survey.*	2.8a) Rqt 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?	Yes, in cash.................... 1 Yes, in kind.................... 2 Yes, both in kind & cash..... 3 No................................ 4	→ **4.0**
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..... ☐☐☐☐☐☐	

MODULE 2: CHILD HEALTH STATUS, FEEDING PRACTICES AND VACCINATION.
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS
DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.

4.0 CHILD'S VITAL STATUS

	The last time I was here, I asked you questions about you and your child's health and took your child's weight and height measurements. Now I would like to know:		
4.6a	Where was name at recruitment svy? IF CHILD WAS DEAD IN THE RECRUITMENT, GO TO CAL, Col. 3 AND FILLBREASTFEEDING INFORMATION THEN SKIP TO 8.0	4.6a) Child's presence Rqt ☐	If 3 → Record in CAL, Col. 3 then skip 8.0
4.6	Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE	Child at home .... 1 Child not at home but alive....... 2 Child dead.......................... 3	} **5.0**
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	☐☐☐☐☐☐☐☐	
4.8	Was (NAME) ill before he/she died? CIRCLE THE APPROPRIATE RESPONSE	Yes...................................... 1 No 2	
4.9	What in your opinion caused the death of (NAME)?	_____ _____	

	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	*Had (NAME) ever been breastfed at recruitment svy?* CHECK IF CHILD EVER BREASTFED IN PREVIOUS SURVEY	5.1a) Rqt svy 0	If 1 → **5.9a**
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**
5.9a	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		
	Was (NAME) still breastfeeding at the previous interview?	5.9a) Rqt svy 0	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………… ☐☐ Months………… ☐☐ 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……. 1 Mother refused to breastfeed……….. 2 Spouse refused …………..……….. 3 Mother was very sick………………… 4 No/inadequate breast milk…………… 5 Mother was away ……………..…….. 6 Mother died…………..…………….. 7 Sore/cracked nipples………………… 8 Advice by health professional……….. 9 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 inteview? | 5.12a) Rqt svy | 0 | 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…… ☐☐ |

| 5.19 | FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE | Child is 6 months old or less………… 1 → 5.13
Child is over 6 months old…………. 2 |

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

	Days	Weeks	Months (Age)	
Liquids……				} 5.15
Semi-solids.				
Don't know……………………… 98				

5.13 In the last 3 days, did (NAME) receive any of the following?

PROMPT FOR EACH LIQUID/SOLID AND CODE FOR ALL ITEMS MENTIONED. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE 1; IF NO, CIRCLE 2; AND IF DON'T KNOW, CIRCLE 8. FOR EACH ITEM.

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.

IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'

		Q. 5.13			Q. 5.14 (Age)		
		Y	N	D	DAYS	WKS	MONTHS
01	Vitamin/mineral supplements	1	2	8			
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			
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			
11	Other liquids (specify...………)	1	2	8			
12	Solid/semi-solid (mushy) food	1	2	8			

5.15 What is used to feed (NAME)? Do you use….

PROMPT FOR EACH CATEGORY AND CIRCLE AS APPROPRIATE, IF RESPONDENT SAYS YES, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'

	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	*Did (NAME) have a vaccination card at recruitment survey?*	6.1a) Rqt svy	0

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** → **6.3s**

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	} **6.3s**

6.3r	Immunization schedule completed at recruitment survey.	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

	D D	M M	Y Y Y **Y**
BCG			
Pentav.1			
Pentav.2			
Pentav.3			
OPV0			
OPV1			
OPV2			
OPV3			
Measles			

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

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

		M M	Y Y Y **Y**
BCG			
Pentav.			
Polio			
Measles			
Other 1			
Other 2			
Other 3			

No Campaign/ did not participate........... 99

IF CHILD IS DEAD SKIP TO MODULE 3; ELSE SKIP TO Q 6.15 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD

6.3s	*Immunization schedule completed at recruitment survey.*	6.3a)Immunisation		If 1 ➔ **6.13**
6.5a	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:			
	Had/Has (NAME) been given BCG vaccination in recruitment svy?	6.5a) Rqt svy	2	If 1 ➔ **6.6a**
6.5	FW: CHECK 6.5a IF BCG VACCINATION WAS GIVEN 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 recruitment survey?*	6.6a) Rqt svy	2	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 not examined …. 9 Child deceased….. 98		
6.7a	*Has/ Had (NAME) received pentavalent vaccine at Rqt svy?*	6.7a) Rqt svy		
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		} **6.9**
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) Rqt svy 0 6.8) 1st Update Don't Know………………… 8		
6.9a	*Has/ Had (NAME) received polio vaccine at Rqt svy?*	6.9a) Rqt svy	2	
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		} **6.12**
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) Rqt svy 0 6.10) 1st Update Don't Know………………… 8		
6.12a	*Has/ Had (NAME) received measles vaccine in Rqt svy?*	6.12a) Rqt svy	2	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 Don't Know…………… 8 Not yet 9 months…… 9		

6.13	FW: IF CHILD HAS COMPLETED IMMUNISATION SCHEDULE or 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 No; but immunization complete.. 9	} **6.15** → **7.0**

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

M M Y Y Y Y
1st
2nd
3rd

6.15a	*Had child ever been given any vaccination in recruitment survey?*	6.15a) Rqt svy 2	
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........................ 1 Not important/ignorance............. 2 Away/No time off work/ business....... 3 Mother/carer forgot........................ 4 Mother/ carer sick/ died.................. 5 Religious beliefs........................... 6 Suspicion towards vaccines............ 7 Hospital/Clinic too far.................... 8 Cost of vaccine............................ 9 No vaccine/supplies at clinic........... 10 No reason.................................. 11 Other (specify)_____ 12 Don't Know............................... 13	
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........................ 1 Not important/ignorance............. 2 Away/No time off work/ business....... 3 Mother/carer forgot........................ 4 Mother/ carer sick/ died.................. 5 Religious beliefs........................... 6 Suspicion towards vaccines............ 7 Hospital/Clinic too far.................... 8 Cost of vaccine............................ 9 No vaccine/supplies at clinic........... 10 Child not old enough...................... 11 No reason.................................. 12 Other (specify)_____ 13 Don't Know.................................. 14 Has completed all vaccinations........ 15	
	CHECK Q. 4.6: IF CHILD IS DEAD, SKIP TO MODULE 3		

7.0	CHILD MORBIDITY AND HEALTH SEEKING PRACTICES
	(ASK THIS SECTION ONLY TO MOTHER/GUARDIAN LIVING WITH THE CHILD)

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**.

7.1	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 FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH	a Fever	b Diarrhoea	c Cough	d Cough & rapid breath	e Convulsions
		☐	☐	☐	☐	☐

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.**

7.2	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.	a Fever ☐☐ 98 b Diarrhoea ☐☐ 98 c Cough ☐☐ 98 d Cough + Rapid Breath ☐☐ 98 e Convulsions ☐☐ 98

7.3	What was done at home about the (ILLNESS)? (CODE SHEET A[1]) FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.	a ☐	b ☐	c ☐	d ☐	e ☐
	Other (Specify) _____					

7.4	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	a ☐	b ☐	c ☐	d ☐	e ☐

7.5	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	a ☐	b ☐	c ☐	d ☐	e ☐

7.6	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	a ☐	b ☐	c ☐	d ☐	e ☐
	Other (Specify) _____					

		a	b	c	d	e
7.7	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	Fever	Diarrhoea	Cough	Cough & rapid breath	Convulsions
		[ ]	[ ]	[ ]	[ ]	[ ]
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.	[ ]	[ ]	[ ]	[ ]	[ ]
			RECORD ONLY THE **MAIN** REASON			
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	[ ]	[ ]	[ ]	[ ]	[ ]
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A[2]).	[ ]	[ ]	[ ]	[ ]	[ ]
		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	[ ]	[ ]	[ ]	[ ]	[ ]
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**)	[ ]	[ ]	[ ]	[ ]	[ ]
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])	[ ]	[ ]	[ ]	[ ]	[ ]
		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 A³) FW: IF CHILD HAS MORE ILLNESSES, **RETURN TO 7.2** FOR THE NEXT ILLNESS ELSE PROCEED **TO 7.15.**	a) Fever	b) Diarrhoea	c) Cough	d) Cough& rapid breath	e) Convulsions
		□	□	□	□	□
		Other (Specify) _____				

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 A⁴) RETURN **TO 7.2** FOR THE NEXT ILLNESS CHILD HAD; ELSE **PROCEED TO 7.15.**	a □	b □	c □	d □	e □
		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 A⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES………………. 1 NO………………….. 2 DON'T KNOW…….. 8 MOST SERIOUS ILLNESS □

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? 1=YES; 2 = NO; 8 = DON'T KNOW	Yes…………………………………………… 1 No …………………………………………… 2 Don't Know…………………………………… 8 Does not know/ Has not heard about ORS………. 9

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 recruitment survey.*	8.1a) Rqt svy	0	
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married…….....…… 1 Living together……....…….. 2 Separated…….....…….….. 3 Divorced…….....…….….. 4 Widowed…….....…….….. 5 Never married….….....…… 6		
8.1p	FW: CHECK IF ANSWER TO 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change? (DD/MM/YYYY)			
8.3a	*Had menstrual period returned at recruitment survey?*	8.3a) Rqt svy	0	If 1 → Record in Calendar then skip to **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? RECORD IN THE CALENDAR (Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS		Record in CAL.

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

8.5a	*Had respondent resumed sexual relations at recruitment survey?*	8.5a) Rqt svy	0	If 1 → **8.6**
	FW: CHECK IF ANSWER 8.5a is "1";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 X IN Col.2 IN CALENDAR THEN FOLLOW SKIP TO 9.0	YES…………………...……… 1 NO…….....………….…… 2		→ Record in CAL, then skip to 9.0
8.6	Since resuming sex; have you had sex in…. (name the months since the previous interview) FW: RE-CONFIRM FOR LAST MONTH OF PREVIOUS INTERVIEW THEN PROBE FOR EVERY MONTH THEREAFTER. RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.			

8.7a	*Was respondent pregnant at recruitment survey?*	8.7a) Rqt svy	
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 9.0
8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS	

9.0 CONTRACEPTION

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

9.4a	*Had respondent used contraception after birth of (NAME) at Rqt svy?* FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.4p	9.4a) Rqt svy 0	If 1 ➡Record in CAL, skip 9.4p
9.4	Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?	YES……………… 1 NO……………….. 2	➡ Record in CAL COLs. **4; 6** & **7** then skip to 10.0
9.4p	**FW: IF A WOMAN IS PREGNANT, GO TO CALENDAR & FILL Col. 4, 6 & 7. THEN SKIP TO 10.0 ELSE ASK**		
	Are you currently using any method of contraception?	YES……………… 1 NO……………….. 2	
9.5	Which method(s) have you used since the previous interview up to now? RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW. MORE THAN ONE ANSWER IS ALLOWED.		Record in CAL.
9.6	What is the reason you chose 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.		Record in CAL.

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. MORE THAN ONE ANSWER IS ALLOWED
			Record in CAL.

10.0	**FERTILITY INTENTIONS**		
	Now I would like to ask you some questions on your future intentions about sexual life.		
	FW: CHECK(IF PREGNANT) i.e. 8.5/8.5a is "1" and 8.7 is "1": ASK THE FOLLOWING QUESTION; ELSE SKIP TO 11.0		
10.6a	Pregnancy intendedness at recruitment survey	10.6a) Rqt svy	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 have preferred 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 recruitment survey?*	11.8a) Rqt svy 0	If 1 ⟶ **11.9**
11.8	When having sex, have you or your partner ever used a condom?	Yes………………………… 1 No………………………….. 2	⟶ **11.9** ⟶ 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
13.0	**ENDINGS**		
13.1	RESULT OF MODULE 1(CODE SHEET A[8]) [OTHER - SPECIFY …………………………………]		
13.2	RESULT OF MODULE 2 (CODE SHEET A[8]) [OTHER - SPECIFY …………………………………]		
13.3	RESULT OF MODULE 3(CODE SHEET A[8]) [OTHER - SPECIFY …………………………………]		
13.4	RESULT OF MODULE 4 (CODE SHEET A[8]) [OTHER - SPECIFY …………………………………]		
13.5	END TIME		
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: 0

LOCATION ID: 0

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

12.1	START TIME
12.1a	DATE (dd/mm/yyyy)

12.2	Is the respondent the mother of the child? CIRCLE AS APPROPRIATE	Yes………………………………… 1 No……………………………….. 2 Don't Know…………………….. 8

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

12.3a	*Length of child measured at previous interview*	12.3a) Rqt svy	.
12.3	ENTER THE MEASURED **LENGTH** (TO THE NEAREST 0.1CM)	12.3) 1st Update	.

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) Rqt svy	.
12.4	ENTER THE **WEIGHT OF THE MOTHER/CARER** IN KG	12.4) 1st Update	.
12.5	ENTER THE **COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD** IN KG 12.5)		.
12.6a	*Weight of child measured at previous interview*	12.6a) Rqt svy	.
12.6	ENTER THE **WEIGHT OF THE CHILD** IN KG	12.6) 1st Update	.

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

12.7a	*MUAC measured at previous interview*	12.7a) Rqt svy	.
12.7	ENTER THE MEASURED **CIRCUMFERENCE** (TO THE NEAREST 0.1CM)	12.7) 1st Update	.

12.8a	Was (NAME) referred to a nutritional center at recruitment survey?	
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? **CIRCLE THE APPROPRIATE RESPONSE**	Yes………………………………… 1 No …………………………………. 2

13.0	**ENDINGS**

13.7	ANTHROPOMETRIC MEASUREMENT : END TIME
13.8	**RECORD ANY GENERAL COMMENTS**
	……………………………………………………………………………………………………..
	……………………………………………………………………………………………………..
13.9	For how long have you lived in the DSA?
	FW: IF LESS THAN 1 YEAR. ASK
13.10	Where did you live before coming to the DSA?
13.11	Please give me a telephone contact where we can reach you.

14.0	**OFFICE/FIELD CHECK DETAILS**

14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE
14.2	DATA ENTRY CLERK'S CODE

	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 in Survey 1*	8.1a Marital status ___ 1	
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married……...…… 1 Living together…….……… 2 Separated………...……... 3 Divorced……….…………… 4 Widowed……….………… 5 Never married……….…..… 6	
8.1b	FW: CHECK IF ANSWER TO 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	☐☐☐☐☐☐	
8.3a	*Had menstrual period returned in Survey 1?* FW: CHECK IF ANSWER IN 8.3a) IS "1" RECORD IN CALENDAR COL 1. THEN SKIP TO 8.5a	8.3a) Survey 1 ___ 1	If 1 → **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? RECORD IN THE CALENDAR(- Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS ☐☐	
	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 in Survey 1?* FW: CHECK IF ANSWER 8.5a IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6	8.5a) Survey 1 ___ 1	If 1 → **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.		
8.7	*Was respondent pregnant in Survey 1?* 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.	8.7a) Survey 1 ___ 2 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 ☐☐	
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 in Survey 1?* FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.5	9.4a) Survey 1 ☐1	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	→ 9.9
9.5	Which method have you used since the previous interview carried in March/ April 2007 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.		

9.8	Where did you get the current method of contraception when you started using it?	Health Facility................. 1 Pharmacy/ Chemist........... 2 Mobile clinic/ outlet........... 3 Community Based Distribut 4 Shop............................. 5 Friends/ relatives.............. 6 Other .... 7 Specify_____	
9.9	What are the names of hospitals/ health centers/ clinics/ public points in this community or closest to this community that provide family planning services? PLEASE RECORD AS MANY RESPONSES AS POSSIBLE PLEASE RECORD NAME IN FULL AND ITS LOCATION	☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ Others: _____ _____ _____ _____ Don't Know................. 98	

9.10	Which of the hospitals/ health centers/ clinics you have mentioned is closest to you?	_____ HF code ⬜⬜⬜ Location_____	
9.11	How much time does it take to get there when walking? IF LESS THAN 1 HOUR WRITE IN MINUTES	MINUTES ⬜⬜ HOURS DON'T KNOW........... 98	
9.12	Do you pay any money at this facility to get family planning method?	YES........................ 1 NO......................... 2 DON'T KNOW........... 8	

10.0	**FERTILITY INTENTIONS**		
	Now I would like to ask you some questions on your future intentions about sexual life.		
	These questions are asked to women who have not began sexual relations since the birth of the last child. CHECK IF ANSWER FOR 8.5a and 8.5 IS "2". IF "1" SKIP TO 10.5		
10.2	Would you like to have another child, or would you prefer not to have any more children?	Have another child............ 1 No more/ None................. 2 Cannot get pregnant......... 3 Undecided/ Don't Know...... 4	
10.3	Since you have not resumed sexual relations after the birth of (NAME), for how many months would you like to wait from now, before engaging in sexual intercourse?	WEEKS ⬜⬜ MONTHS ⬜⬜ YEARS ⬜⬜	
10.4	What is the main reason you want to wait for _____ that period? STATE THE PERIOD MENTIONED IN Q. 10.3. Specify_____	Baby too young............... 1 To gain strength.............. 2 Traditional practice........... 3 Husband/ Partner away.... 4 To avoid pregnancy......... 5 Other............. 6	**10.8**
	The following questions are asked to women who have resumed sexual relations since the birth of the last child.		
10.5	**CHECK 8.7: IF PREGNANT ASK 10.5; OTHERWISE SKIP TO 10.7** After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have another child............ 1 No more/ None................. 2 Undecided/ Don't Know...... 3	
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	

10.7	When you resumed sex after the birth of (NAME); was this……. wanted by yourself, wanted by spouse/ partner, forced by husband/ partner, required by your tradition or other reasons **Other reasons, specify** _____	Wanted by yourself………… 1 Wanted by spouse/partner.. 2 Wanted by both…………… 3 Forced by husband/partner. 4 Required by your tradition… 5 Other reasons, _____ 6	
10.8	How long do you think a couple/ woman should wait before beginning to engage in sexual intercourse after the birth of a child?	DAYS………….. ☐☐ MONTHS………. ☐☐ YEARS………. ☐☐ DON'T KNOW……….. 98 Other specify_____	
	These questions are asked to women who are not currently pregnant. CHECK Q. 8.7 **IF PREGNANT SKIP TO 10.11**		
10.10	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, asmall problem or no problem for you?	Big problem………………. 1 Small problem…………….. 2 No problem…………………. 3 Says she can't get pregnant/ Not having sex… 4	
10.11	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES…………………………. 1 NO…………………………… 2 DON'T KNOW……………… 8	
	CONDOM USE		
11.8a	*Had respondent ever used a condom in previous survey?*	11.8a) Survey 1	2
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.		
13.0	**ENDINGS**		
13.1	RESULT OF MODULE 1(CODE SHEET A[8]) [OTHER - SPECIFY …………………………………..]		☐
13.2	RESULT OF MODULE 2 (CODE SHEET A[8]) [OTHER - SPECIFY …………………………………..]		☐
13.3	RESULT OF MODULE 3(CODE SHEET A[8]) [OTHER - SPECIFY …………………………………..]		☐
13.4	RESULT OF MODULE 4 (CODE SHEET A[8]) [OTHER - SPECIFY …………………………………..]		☐
13.5	END TIME		☐☐☐☐
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   JOSHUA MUENDO
HouseholdID   V0170140050201

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

12.1	START TIME					

12.1a	DATE (dd/mm/yyyy)					

12.2 Is the respondent the mother of the child?   Yes………………………………… 1
CIRCLE AS APPROPRIATE   No………………………………. 2
Don't Know……………………... 8

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

12.3a	*Length of child measured at previous interview*	12.3a) Survey 1		48.	**.**	9
12.3	ENTER THE MEASURED **LENGTH** (TO THE NEAREST 0.1CM)	12.3) Survey 2			**.**	

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) Survey 1		56.	**.**	2
12.4	ENTER THE **WEIGHT OF THE MOTHER/CARER** IN KG	12.4) Survey 2			**.**	
12.5	ENTER THE **COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD** IN KG 12.5)				**.**	

12.6a	*Weight of child measured at previous interview*	12.6a) Survey 1		7.	**.**	2
12.6	ENTER THE **WEIGHT OF THE CHILD** IN KG	12.6) Survey 2			**.**	

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

12.7a	*MUAC measured at previous interview*	12.7a) Survey 1		13	**.**	2
12.7	ENTER THE MEASURED **CIRCUMFERENCE** (TO THE NEAREST 0.1CM)	12.7) Survey 2			**.**	

12.8 HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER?   Yes………………………………… 1
CIRCLE THE APPROPRIATE RESPONSE   No ………………………………. 2

13.0 ENDINGS

13.7 ANTHROPOMETRIC MEASUREMENT : END TIME

13.8 RECORD ANY GENERAL COMMENTS

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

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

14.0 OFFICE/FIELD CHECK DETAILS

14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

14.2 DATA ENTRY CLERK'S CODE

MOTHER'S NAME: SUSAN MUGURE MURAI HOUSEHOLD ID: Y010012001 2

INSTRUCTIONS

COL 1 Q 8.3: Since the previous interview, how many months after birth of (name) did you have your first period?
- **A** POST PARTUM AMENORRHOEA
- **B** WHEN CHILD WAS BORN
- **P** WHEN WOMAN IS/ WAS PREGNANT
- **M** MENSTRUATION
- **X** NO MENSTRUATION EXPERIENCED THOUGH EXPECTED
- **MX** MENSTRUATION EXPECTED IN THAT MONTH

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

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

COL.4 Q.9.5: Which method of FP have you used since the 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

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

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

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

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	ORDER	MONTH	YEAR
2006	09 SEP	01	B	B	B	X		X		01	SEP	2006
	10 OCT	02	M	S	B	X		X		02	OCT	
	11 NOV	03	M	S	B	E		E		03	NOV	
	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	
2007	03 MAR	07								07	MAR	2007
	04 APR	08								08	APR	
	05 MAY	09								09	MAY	
	06 JUN	10								10	JUN	
	07 JUL	11								11	JUL	
	08 AUG	12								12	AUG	
	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	
2008	05 MAY	09								09	MAY	2008
	06 JUN	10								10	JUN	
	07 JUL	11								11	JUL	
	08 AUG	12								12	AUG	
	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	2009
	04 APR	08								08	APR	
2009	05 MAY	09								09	MAY	
	06 JUN	10								10	JUN	
	07 JUL	11								11	JUL	
	08 AUG	12								12	AUG	
	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	2010
	02 FEB	06								06	FEB	
	03 MAR	07								07	MAR	
	04 APR	08								08	APR	
2010	05 MAY	09								09	MAY	
	06 JUN	10								10	JUN	
	07 JUL	11								11	JUL	
	08 AUG	12								12	AUG	
	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	2011
	02 FEB	06								06	FEB	
2011	03 MAR	07								07	MAR	
	04 APR	08								08	APR	
	05 MAY	09								09	MAY	
	06 JUN	10								10	JUN	
	07 JUL	11								11	JUL	
	08 AUG	12								12	AUG	