

AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
URBANIZATION, POVERTY AND HEALTH DYNAMICS  
MATERNAL AND CHILD HEALTH - PANEL SURVEY  
**MODULE 1: PREGNANCY, ANTENATAL, DELIVERY AND POSTNATAL DETAILS**  
**FOR WOMEN (12-54 YEARS) WHO HAD A LIVE BIRTH**

<b>1.0</b>			
1.1	START TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.2	FIELD WORKER'S CODE	<input type="text"/> <input type="text"/>	
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.4	HOUSEHOLD HEAD NAME.....		
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.6	HOUSEHOLD ID	<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"/>	
1.7	MOTHER'S NAME.....		
1.8	MOTHER'S ID	<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"/>	
1.9	CHILD'S NAME.....		
1.10	CHILD'S ID	<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"/>	
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.12	RESPONDENT'S NAME.....		
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A <sup>6</sup> )	<input type="text"/> <input type="text"/> <input type="text"/>	
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO 2.0]		<input type="text"/>
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER.....		
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A <sup>7</sup> )(OTHER, specify _____)		<input type="text"/> <input type="text"/> <input type="text"/>
1.17	Are you (CHILD NAME)'s, guardian/carer? (1=YES; 2=NO) [IF NO, SKIP TO MODULE 4]		<input type="text"/>
1.18	Do you stay in this household? (1=YES; 2=NO)		<input type="text"/>
	(SKIP TO 'MODULE 2']		
<b>2.0</b>	<b>ANTENATAL CARE, DELIVERY AND POST NATAL CARE</b>		
Now I would like to ask you some questions about your experience during your last pregnancy, and delivery.			
		<b>CODING CATEGORIES</b>	<b>SKIP</b>
2.1	Did you see anyone for antenatal care while pregnant with (NAME)?	YES..... 1 NO..... 2	→ 2.8
2.2	Whom did you see?  PROBE (Anyone else?) FOR THE TYPE OF PERSONS AND RECORD <u>ONLY</u> THE PERSON WITH <u>THE HIGHEST</u> <u>QUALIFICATION</u>	Doctor..... 1 Nurse..... 2 Midwife/ Auxillary midwife.. 3 Traditional birth attendant.. 4 Other (Specify)..... 6 _____	
2.3	Where did you receive antenatal care for this pregnancy?  IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE AND LOCATION Name of HF _____  HF code <input type="text"/> <input type="text"/> <input type="text"/> Location _____	Home..... 1 Traditional birth attendant's 2 Health facility..... 3 Other (Specify)..... 6 _____	

2.4	How many months pregnant were you when you first received antenatal care for the pregnancy of (NAME)?	Months <input type="text"/> <input type="text"/> Don't Know..... 98																																					
2.5	How many times did you receive antenatal care during this pregnancy?	No. of times <input type="text"/> <input type="text"/> Don't Know..... 98																																					
2.6	During any of the antenatal care visits for this pregnancy, were any of the following done/ given to you at least once?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>Weight measurement..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Iron tablets .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Anti-malaria drugs.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tetanus vaccine .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other(specify)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	D/K	Weight measurement..	1	2	8	Blood pressure .....	1	2	8	Iron tablets .....	1	2	8	Anti-malaria drugs.....	1	2	8	Urine sample .....	1	2	8	Blood sample .....	1	2	8	Tetanus vaccine .....	1	2	8	Other(specify)				
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2.7	During any of the antenatal care visits for this pregnancy, were you given any information or counseled about pregnancy place of delivery complications breast feeding or AIDS	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>Can't remember</th> </tr> </thead> <tbody> <tr> <td>Pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Place of delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Complications.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	Can't remember	Pregnancy.....	1	2	8	Place of delivery	1	2	8	Complications.....	1	2	8	Breastfeeding.....	1	2	8	AIDS.....	1	2	8													
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2.8	Where did you give birth to (NAME)? IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE AND LOCATION Name of HF _____  HF code <input type="text"/> <input type="text"/> <input type="text"/> Location _____	Home..... 1 Health Facility(HF)..... 2 Enroute to HF..... 3 TBA's Home..... 4 TBA's Facility..... 5 Other (Specify)..... 6																																					
2.9	Who assisted with the delivery of (NAME)?  RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor..... 1 Nurse/ Midwife..... 2 Clinical Officer..... 3 TBA..... 4 Relative..... 5 Friend..... 6 Neighbour..... 7 Other (Specify)..... 8																																					
2.10	Was (NAME) delivered by caesarean section?	YES..... 1 NO..... 2																																					
2.11	When (NAME) was born, was he/she very small, smaller than usual, about usual size, larger than usual, very large or you don't know?	Very small..... 1 Smaller than usual..... 2 About usual size..... 3 Larger than usual..... 4 Very large..... 5 Don't Know/ Remember 8																																					
2.12	Was (NAME) weighed at birth?	YES..... 1 NO..... 2 DON'T KNOW..... 8	} → 2.14																																				

2.13	How much did (NAME) weigh? RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD IF AVAILABLE IF NO CARD / CAN'T RECALL FILL IN 9999	Weight from card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Weight from recall <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
2.14	After (NAME) was born, did a health professional or traditional birth attendant check on your health or the health of your baby?  NB; THIS REFERS TO POSTNATAL CHECK AFTER MOTHER AND CHILD WERE DISCHARGED AFTER DELIVERY.	Baby only..... 1 Mother only..... 2 Both..... 3 Neither..... 4 Don't Know..... 8	} → 3.0												
2.15	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	<table border="1"> <thead> <tr> <th></th> <th>Baby</th> <th>Mother</th> </tr> </thead> <tbody> <tr> <td>DAYS.....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>WEEKS...</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>DON'T KNOW.....</td> <td colspan="2">98</td> </tr> </tbody> </table>		Baby	Mother	DAYS.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	WEEKS...	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	DON'T KNOW.....	98		
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2.16	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	Doctor..... 1 Nurse/ Midwife..... 2 Clinical Officer..... 3 TBA..... 4 Other (Specify)..... 6													
<b>3.0 BIRTH HISTORY DETAILS</b>															
Now I would like to ask you questions about all the births you have had in your lifetime.															
3.1	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO..... 2	→ 3.3												
3.2	How many sons live with you? And how many daughters live with you? IF NONE, RECORD 00	Sons at home <input type="text"/> <input type="text"/> Daughters at home <input type="text"/> <input type="text"/>													
3.3	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you ?	YES..... 1 NO..... 2	→ 3.5												
3.4	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD 00	Sons elsewhere <input type="text"/> <input type="text"/> Daughters elsewhere <input type="text"/> <input type="text"/>													
3.5	Have you ever given birth to a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO..... 2	→ 3.7												
3.6	How many sons have died? And how many daughters have died? IF NONE, RECORD 00	Sons Dead <input type="text"/> <input type="text"/> Daughters Dead <input type="text"/> <input type="text"/>													
3.7	SUM ANSWERS 3.2, 3.4, AND 3.6, AND ENTER TOTAL IF NONE, RECORD 00 (PARITY)	TOTAL..... <input type="text"/> <input type="text"/>													
3.8	CHECK 3.7 Just to make sure that I have this right: you have in total <input type="text"/> <input type="text"/> births during your life. Is that correct? IF NO PROBE AND CORRECT 3.2 - 3.6 AS NECESSARY	TICK THE APPROPRIATE BOX YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>													

3.9	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage, or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES..... 1 NO..... 2	→3.12
3.10	In all how many of the pregnancies did not end in a live born child? IF NONE, RECORD 00	TOTAL <input type="text"/> <input type="text"/>	
3.11	In all, how many of the pregnancies that did not end in a live born child lasted more than 6 months? IF NONE, RECORD 00	TOTAL..... <input type="text"/> <input type="text"/>	
3.12	SUM ANSWERS 3.7 AND 3.10 AND ENTER TOTAL (GRAVIDA)	TOTAL..... <input type="text"/> <input type="text"/>	

(FOR CHILDREN BORN TO WOMEN WHILE THEY ARE DSS MEMBERS)

#### 4.0 CHILD'S DETAILS

#### 4.2 CHILD'S ID

[illegible]

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[illegible][illegible]

Now I would like to ask you a few questions about (NAME)'s feeding patterns, and how he/she is growing

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5.4	<p>CHECK 5.3: IF (NAME) <b><u>WAS NOT</u></b> PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK:</p> <p>Why was (NAME) not put to the breast immediately after birth?</p> <p>DO NOT PROMPT; RECORD ONLY THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.</p>	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 Other (Specify)..... 96 Don't Know..... 98																																																	
5.5	Was (NAME) given the very first milk from the breast usually yellowish in colour (colostrum) at birth or soon after?	Yes..... 1 No ..... 2 Don't Know..... 8																																																	
5.6	In the first three days after delivery, before your/the mother's milk started flowing regularly, was (NAME) given anything to drink other than breast milk?	Yes..... 1 No ..... 2 Don't Know..... 8	} → 5.9																																																
5.7	What was (NAME) given to drink?  PROMPT FOR EACH LIQUID. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D</th> </tr> </thead> <tbody> <tr><td>01 Vitamin, mineral supplements</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>02 Plain water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>03 Sweetened, flavoured water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>04 Fruit juice</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>05 Tea or infusion</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>06 Gripe water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>07 Tinned, powdered or fresh milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>08 infant formula</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>09 Gruel (thin porridge)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>10 Honey</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>96 Other liquid (Specify.....)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	D	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 Tea or infusion	1	2	8	06 Gripe water	1	2	8	07 Tinned, powdered or fresh milk	1	2	8	08 infant formula	1	2	8	09 Gruel (thin porridge)	1	2	8	10 Honey	1	2	8	96 Other liquid (Specify.....)	1	2	8	
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5.8	Why was (NAME) given something else (other than breast milk) to drink in the first 3 days?  DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE.  CIRCLE ALL RESPONSES MENTIONED	Baby ill/unable/refused to suckle ..... A Mother refused to breast feed..... B Spouse recommended..... C Mother was very sick..... D No/little breast milk..... E Mother was away ..... F Mother died..... G Sore/cracked nipples..... H Advice by health professional..... I Advice by other person..... J Other (Specify.....)..... K Don't Know..... 98																																																	

5.9	Is (NAME) still breastfeeding? IF YES, RECORD B FOR BREASTFEEDING IN THE CALENDAR Col. 3. FOR ALL THE MONTHS SINCE BIRTH OF CHILD	Yes..... 1 No ..... 2 Don't Know..... 8	→ 5.12																																																																																																																														
5.10	For how long did (NAME) breastfeed? IF NEVER BREASTFED RECORD 00 IN DAYS, IF LESS THAN A WEEK, RECORD IN DAYS; IF LESS THAN A MONTH, RECORD IN WEEKS OTHERWISE RECORD IN MONTHS. IF DON'T KNOW, CIRCLE '98'  PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3	Days..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Weeks..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  Don't Know..... 98																																																																																																																															
5.11	Why did (NAME) stop 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 Baby refused to suckle..... 2 Mother refused to breastfeed..... 3 Spouse recommended ..... 4 Mother was very sick..... 5 No/little breast milk..... 6 Mother was away ..... 7 Mother died..... 8 Baby was old enough to stop..... 9 Advice by health professional..... 10 Advice by other person..... 11 Other (Specify.....)..... 96 Don't Know..... 98																																																																																																																															
5.12	Apart from breast milk, has (NAME) ever been given any liquid/food?	Yes..... 1 No ..... 2 Don't Know..... 8	} → 5.17																																																																																																																														
5.13	In the last three days, did (NAME) receive any of the following?  PROMPT FOR EACH LIQUID/FOOD 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.	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="3">Q. '5.13</th> <th colspan="4">Q. '5.14 (Age)</th> </tr> <tr> <th colspan="2"></th> <th>Y</th> <th>N</th> <th>D</th> <th colspan="2">Days</th> <th colspan="2">Weeks</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Vitamin/mineral supplements</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>02</td> <td>Plain water</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>03</td> <td>Sweetened/flavo- ured water</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>04</td> <td>Fruit juice</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>05</td> <td>Beverages (e.g. tea, etc)</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>06</td> <td>Powdered/fresh milk</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>07</td> <td>Infant formula</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>08</td> <td>Porridge</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>09</td> <td>Soup</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>10</td> <td>Soft drinks (e.g. soda etc.)</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>11</td> <td>Other liquids (specify.....)</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>12</td> <td>Solid/semi-solid (mushy) food</td> <td>1</td> <td>2</td> <td>8</td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table>			Q. '5.13			Q. '5.14 (Age)						Y	N	D	Days		Weeks		01	Vitamin/mineral supplements	1	2	8					02	Plain water	1	2	8					03	Sweetened/flavo- ured 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	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					
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5.14	FW: CHECK 5.13, FOR EACH ITEM CODED 1, ASK: At what age (in months) was the liquid/food introduced to (NAME)?  RECORD AGE IN DAYS/ WEEKS IN THE BOXES PROVIDED. IF AGE IS GIVEN IN MONTHS RECORD IT IN WEEKS.  IF DON'T KNOW OR REMEMBER, RECORD '98'																																																																																																																																

5.15	What was used to give liquids to (NAME)? Did 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'	<table border="0"> <tr> <td></td> <td><b>Y</b></td> <td><b>N</b></td> <td><b>D</b></td> </tr> <tr> <td>Bottle with nipple/teat.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup with nipple/teat.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup with holes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cup with no cover and/ or spoon.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Feeding with palm.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other (specify_____)</td> <td></td> <td></td> <td></td> </tr> </table>		<b>Y</b>	<b>N</b>	<b>D</b>	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	8	Cup with holes.....	1	2	8	Cup with no cover and/ or spoon.....	1	2	8	Feeding with palm.....	1	2	8	Other (specify_____)			
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5.16	Why was (NAME) given liquids/food?  DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE  CIRCLE ALL RESPONSES MENTIONED	<table border="0"> <tr> <td>Baby ill/unable/refused to suckle.....</td> <td>A</td> </tr> <tr> <td>Mother refused to breast feed.....</td> <td>B</td> </tr> <tr> <td>Mother was very sick.....</td> <td>C</td> </tr> <tr> <td>No/little / inadequate breast milk.....</td> <td>D</td> </tr> <tr> <td>Mother was away (for work).....</td> <td>E</td> </tr> <tr> <td>Mother was away (elsewhere).....</td> <td>F</td> </tr> <tr> <td>Mother died.....</td> <td>G</td> </tr> <tr> <td>Mother had sore/cracked nipples.....</td> <td>H</td> </tr> <tr> <td>Child is old enough.....</td> <td>I</td> </tr> <tr> <td>Advised by spouse/friend/relative.....</td> <td>J</td> </tr> <tr> <td>Advised by health worker.....</td> <td>K</td> </tr> <tr> <td>Other (Specify_____)</td> <td>L</td> </tr> <tr> <td>Don't Know.....</td> <td>M</td> </tr> </table>	Baby ill/unable/refused to suckle.....	A	Mother refused to breast feed.....	B	Mother was very sick.....	C	No/little / inadequate breast milk.....	D	Mother was away (for work).....	E	Mother was away (elsewhere).....	F	Mother died.....	G	Mother had sore/cracked nipples.....	H	Child is old enough.....	I	Advised by spouse/friend/relative.....	J	Advised by health worker.....	K	Other (Specify_____)	L	Don't Know.....	M		
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5.17	At what age should complementary foods be introduced to a baby?  RECORD AGE IN MONTHS, IF LESS THAN A MONTH, RECORD 00; IF DON'T KNOW, RECORD '98'	Age in Months <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																												
<b>6.0</b>	<b>VACCINATION HISTORY</b>																													
	Now I would like to ask you about (NAME)'s vaccination																													
6.1	Does (NAME) have a vaccination card that looks like this? <b>FW: SHOW A COPY OF A VACCINATION CARD</b> IF YES: 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	<table border="0"> <tr> <td>Yes, card seen.....</td> <td>1</td> <td rowspan="4">→ 6.3 → 6.5</td> </tr> <tr> <td>Yes, card not seen.....</td> <td>2</td> </tr> <tr> <td>No card.....</td> <td>3</td> </tr> <tr> <td>Don't Know.....</td> <td>8</td> </tr> </table>	Yes, card seen.....	1	→ 6.3 → 6.5	Yes, card not seen.....	2	No card.....	3	Don't Know.....	8																			
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6.2	Has (NAME) ever had a vaccination card?  CIRCLE THE APPROPRIATE RESPONSE	<table border="0"> <tr> <td>Yes.....</td> <td>1</td> <td rowspan="3">} → 6.5</td> </tr> <tr> <td>No .....</td> <td>2</td> </tr> <tr> <td>Don't Know.....</td> <td>8</td> </tr> </table>	Yes.....	1	} → 6.5	No .....	2	Don't Know.....	8																					
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6.3	<p>FW: FOR QUESTIONS 6.3 TO 6.4 COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.          WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.          WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT DATE IS NOT LEGIBLE</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;">           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         </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><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><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	D	M	M	Y	Y	Y	Y																																																																																																																								
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6.4	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign?</p> <p>PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED.</p> <p>PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED.          INDICATE <b>B</b>=BCG; <b>V</b>= PENTAV; <b>P</b>=POLIO; <b>M</b>=MEASLES IN THE FIRST BOX FOR OTHER, THEN ENTER DATE.</p> <p><b>SKIP TO 7.0 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD.</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;">           BCG            Pentav.            Polio            Measles              Other 1            Other 2            Other 3         </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></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> <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> <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> <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> <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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	BCG Pentav. Polio Measles   Other 1 Other 2 Other 3	<table style="width: 100%; border-collapse: collapse;"> <tr> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></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> <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> <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> <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> <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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	M	Y	Y	Y	Y																																																																																																																											
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<p><b>FW NOTE: ASK QUESTION 6.5 TO 6.15 ONLY IF THERE IS NO CARD OR THE CARD WAS NOT SEEN</b>  <b>CIRCLE THE APPROPRIATE RESPONSE</b></p>																																																																																																																																					
6.5	<p>PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:</p> <p>A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?</p>	<p>Yes..... 1          No ..... 2          Don't Know..... 8</p>																																																																																																																																			
6.6	<p>Would you mind if I check (NAME) to see if there is an immunization scar?</p> <p>INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:          IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 0; IF THE CHILD IS NOT EXAMINED, CIRCLE 9.</p>	<p>Scar Present..... 1          Scar absent ..... 2          Child not examined..... 9</p>																																																																																																																																			
6.7	<p>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?</p>	<p>Yes..... 1          No ..... 2          Don't Know..... 8</p>	} 6.9																																																																																																																																		



<b>7.0</b>	<b>CHILD MORBIDITY AND HEALTH SEEKING PRACTICES</b>					
	Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks. FW : USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.18.					
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  <b>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</b>	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"/>
	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 <b>SKIP TO 7.15</b> . NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS					
7.2	For how many days has (NAME) been ill/was (NAME) ill? <b>RECORD NUMBER OF DAYS IN BOXES PROVIDED AGAINST THE ILLNESS. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES OTHERWISE RECORD '99</b>	a Fever	b Diarrhoea	c Cough	d Cough + Rapid Breath	e Convulsions
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.3	What was done at home about the (ILLNESS)? (CODE SHEET A <sup>1</sup> )  <b>FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</b>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
	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 <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
	Other (specify) _____					
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 = Not at all 8 = Don't Know; 9 = N/A	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.6	What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE/ TREATMENT AT HEALTH FACILITY; 4 = OTHER <b>FW: IF ANSWER IS 3, SKIP TO 7.8</b>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.7	Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA IF NO; D/K ; N/A SKIP TO 7.15	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <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"/>

NB: a =FEVER; b =DIARRHEA; c =COUGH; d =COUGH + RAPID BREATH; e =CONVULSIONS		Fever	Diarrhea	Cough	Cough + Rapid Breath	Convulsions
7.9	Where was treatment sought? RECORD CODE OF FACILITY. (CODE SHEET A <sup>2</sup> ).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Other (specify) _____				
7.10	Was follow-up visit/ referral requested by the health care provider? 1 = YES , FOLLOW UP VISIT, 2 = YES, REFERRAL TO ANOTHER FACILITY ; 3 = NO ; 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 as requested by the health care provider? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA	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 ELSEWHERE; ASK Where did you seek care next? RECORD CODE OF THE FACILITY. (CODE SHEET A <sup>2</sup> )	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.13	Why did you seek care elsewhere (i.e at a health facility)?(CODE SHEET A <sup>3</sup> ) SKIP TO 7.15	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.14	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A <sup>4</sup> )	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
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 YES, RECORD CODE OF ILLNESS IN THE BOX <sup>5</sup> . IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES..... 1 MOST SERIOUS ILLNESS NO..... 2 DON'T KNOW..... 8 <input type="text"/>				
7.16	Do you know about ORS?	YES..... 1 NO..... 2 → SKIP TO 7.18				
7.17	Please tell me, how is ORS prepared? Which steps do you follow?  FW: ASK THE RESPONDEDNT TO DESCRIBE ALL THE STEPS OF PREPARING ORS.  FOR THE MEASUREMENTS, PROBE FOR THE SPECIFICATIONS AND ONLY CIRCLE IF THE RIGHT SPECIFICATIONS ARE MENTIONED. CIRCLE ALL THE STEPS MENTIONED.	Wash Hands/Utensils..... A Boil water..... B Cool the water..... C Measure 1 liter of water..... D Measure 1 level teaspoon salt..... E Measure 8 level teaspoons sugar..... F Mix & stir ingredients to dissolve..... G Store mixture in a covered container..... H Dissolve sachet of ready ORS..... I Other..... J Don't Know..... L				
7.18	FW CHECK 7.3, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (sugar and salt solution) prepared for him/her? 1 =YES, 2 = NO, 8 = DON'T KNOW	YES / NO / DON'T KNOW..... <input type="text"/>				

**CODE SHEET: CODES FOR QUESTIONS 7.1 TO 7.18**

**<sup>1</sup>WHAT WAS DONE AT HOME:** 1=Increased intake of food and drinks; 2=Was prayed for/spiritual healing; 3=Given traditional herbs; 4=Given medicines available at home; 5=Nothing; 6=Other (specify.....); 8=Don't know/unsure

**<sup>2</sup>NAME OF THE FACILITY:**

**KOROGOCHO:** Amani Medical Centre=01; Baraka Medical Clinic=02; Bazaar Medical Centre=03; Bidii Nursing Home=04; Fuchester Medical Clinic & Maternity=05; Good Neighbours Clinic=06; Jamii (Kipawa) Medical Center=07; Korogocho Community Health Clinic (MAKWAK)=08; Korogocho Health Program=09; Mavuno Medical Clinic=10; Mercy Wanjiru=11; Muthenya Health Clinic=12; Ngomongo Health Care=13; People's Vision and Mission Dispensary=14; Provide International Medical Service=15; Ralac Nursing Home=16; Real Life Clinic=17; Redeemed Gospel Church Clinic=18; Samaritan Clinic=19; Sister Jill Clinic (Hospice)/Comboni Sisters =20; St Nite Clinic=21  
Tumaini Clinic=22; Uhoho clinic=23; Ukwala Dispensary=24; Uzima Medical=25; Village Empire Clinic=26; Visions People in Mission=27 96=Other (Specify.....)

**VIWANDANI:** Afya ya Jamii=28; Bafana Chemists=29; Cana Clinic and Maternity=30; Faith Medical Centre=31; Family Health Pharmaceutical Chemist=32; Get Well Chemists=33; Hill Top Chemist=34; Huduma Bora Medical Clinic=35; Kingstone Medical Clinic=36; Lunga Lunga Health Center=37; Mercy Chemists=38; Mt Olive Medical Clinic=39; Mutumba FP & Maternity Clinic/Nursing Home=40; Mwatate Health Care Clinic=41; Njoro Medical Center=42; Norway Medical Clinic=43; Promise Medical Centre=44; Promise Pharmacy=45; Sinai Health Clinic and Resource Center=46; Spencer Chemist=47; St Andrews Medical and Laboratory=48; St Francis Medical Care Centre=49; St Nelly Chemists=50; St. Patrick's Medical Clinic=51; Umoja Medical Clinic=52; Wema Medical=53; 96=Other (Specify.....)

**OTHER NAIROBI (Around and Outside slum):** Baba Ndogo Medical Clinic/Health Center=54; Catholic Church Dandora - (Brother Andre Dispensary)=55; Dandora VCT clinic - Eastern Dinery=56; Dandora Health Center - City Council Nairobi=57; Kariobangi Health Center=58; Kibera South Clinic=59; Kwa Njenga Clinic=60; Mathare North Health Center=61; Huruma Nursing & Maternity Home=62; Huruma( Lion's clinic)=63; Ngumba Health Center=64; Pumwani Maternity=65; Kenyatta National Hospital=66; St.Mary's Hospital Langata=67; 96=Other (Specify.....)

**OUTSIDE NAIROBI:** Thika Health Center=68; Got Agulu Health Center=69; Kindu Bay Sub- District Hosp=70; Maguga Public Hospital - Suba=71; Coast General Hospital=72; Jadini Private clinic - Coast=73; 96=Other (Specify.....)

**<sup>3</sup>REASONS FOR SEEKING CARE ELSEWHERE:** 1=Referred by provider in earlier place; 2=Child not getting better; 3=Not satisfied; 4=No drugs/poor drugs in earlier place; 5=Cost of treatment high in earlier place; 6=Instructions for treatment too difficult to follow in earlier place; 7=Other (specify.....); 8=Don't know/Unsure

**<sup>4</sup>REASONS FOR NOT SEEKING CARE OUTSIDE THE HOME:** 1=Financial costs; 2=Access/distance to health facility; 3=Quality of care is less than satisfactory; 4=No time available; 5=Competing needs within the household; 6=Lack of decision-making capacity with regard to taking an ill child to a health facility; 7=Other (specify.....); 8=Dont know

**<sup>5</sup> OTHER ILLNESSES:** a=Vomiting; b=Accident/Injury; c =Burns/scalds; d=Cholera/Typhoid/Dysentery; e=Stomachache/upset; f=Cold/Running nose; g=Ear infection; h=Nose bleeding; j=Jaundice/yellow eyes; k=Malaria; l=Measles; m=Meningitis; n=Pneumonia/Difficult breathing; o=Tuberculosis (TB); p=Rash/Skin infection; q=Stiff Neck; r=Tetanus; s=Tonsillitis; t=Boil/Wound u=Other (Specify.....)

	<b>MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY</b>		
<b>8.0</b>	<b>POST PARTUM PERIOD AND SEXUAL ACTIVITY</b>		
	Now I would like to ask you questions to gain a better understanding of some family life issues.		
8.1	What is your current marital status: 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	
8.2	When you became pregnant with (NAME) did you want to become pregnant at that time, wait until later, or did you not want to have any more children at all?	Wanted at that time..... 1 Wanted later..... 2 Not at all..... 3	
8.3	Has your menstrual period returned since the birth of (NAME)? <b>IF NO, RECORD PPA IN THE CALENDAR - Col.1; THEN FOLLOW SKIP. (PPA - POST PARTUM AMENORRHOEA)</b>	YES..... 1 NO..... 2	→ 8.5
8.4	How many months after the birth of (NAME) did you <b>have</b> your first period? <b>RECORD IN THE CALENDAR( - Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.</b>	MONTHS <input type="text"/> <input type="text"/>	
8.5	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO..... 2	→ 8.9
8.6	Since resuming sex; have you had sex in.... (name the months after birth of the child) <b>FW: PROBE FOR EVERY MONTH AFTER BIRTH AND RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.</b>		
8.7	Are you pregnant now?	YES..... 1 NO..... 2 Not sure..... 8	} 8.9
8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS <input type="text"/> <input type="text"/>	
8.9	<b>FW: CHECK Q.5.1 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.</b>		

<b>9.0 CONTRACEPTION</b>																																																																	
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.																																																																	
9.1 What ways or methods have you heard about? FW: ASK EACH METHOD	<table border="1"> <thead> <tr> <th></th> <th>KNOWLEDGE</th> <th>Q. 9.2 Have you ever used (METHOD)?</th> <th>EVER USED</th> </tr> </thead> <tbody> <tr> <td>a. FEMALE STERILISATION. Women can have an operation to avoid having any more children</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> </tr> <tr> <td>b. MALE STERILISATION. Men can have an operation to avoid having any more children</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> </tr> <tr> <td>c. PILL. Women can take a pill every day to avoid becoming pregnant.</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> <td>YES..... 1 NO..... 2</td> </tr> <tr> <td>d. IUD. 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<b>IF WOMAN HAS NEVER USED ANY METHOD SKIP TO 10.2</b>																																																																	

9.3	Would you say that using contraception is mainly your decision, mainly your husband's/ partner's decision or was it a joint decision between both of you?	Mainly respondent..... 1 Mainly partner/ husband.... 2 Joint decision..... 3 Other..... 4 Specify_____	
9.4	Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 10.2
9.5	<b>RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE BIRTH OF (NAME).</b>		
9.6	What is the reason you chose to use (NAME OF CURRENT METHOD MENTIONED IN 9.5)? <b>RECORD MORE THAN ONE RESPONSE: FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.6) FOR EACH EPISODE REASONS FOR CHOOSING TO USE THAT METHOD.</b>		
	a DOCTOR ADVISED THIS METHOD..... 1 b HAS LITTLE SIDE EFFECTS..... 2 c PARTNER IS NOT AWARE OF IT..... 3 d BECAUSE RESPONDENT LIKES IT..... 4 e CONVENIENT TO USE..... 5 f KNOWS NO OTHER METHOD..... 6 g KNOWS NO SOURCE OF WHERE TO GET OTHERS..... 7 h COST IS NOT TOO MUCH..... 8 i PARTNER REQUESTED OR INSISTED..... 9 j HEALTH CONCERNS..... 10 k OTHER Specify_____ 11		
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  <b>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.</b>		



<b>10.0</b>	<b>FUTURE INTENTIONS</b>								
	Now I would like to ask you some questions on your future intentions about sexual life.								
10.1	You have told me that you are currently using contraception. Would you say that currently using contraception (after the birth of NAME) is mainly your decision, mainly your husband's/ partner's decision or a joint decision between you and your partner?	Mainly respondent..... 1 Mainly partner/ husband.... 2 Joint decision..... 3 Other..... 4 Specify_____							
<b>Questions 10.2 to 10.4 are asked to women who have not began sexual relations since the birth of the last child. CHECK 8.5 IF YES SKIP TO 10.5</b>									
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	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10.4	What is the main reason you want to wait for ____ that period?  <b>STATE THE PERIOD MENTIONED IN Q. 10.3.</b>  Specify_____	Baby too young..... 1 To gain strength..... 2 Traditional practice..... 3 Husband/ Partner away.... 4 To avoid pregnancy..... 5 Other..... 6	} 10.8						
<b>The following questions are asked to women who have resumed sexual relations since the birth of the last child.</b>									
10.5	<b>CHECK 8.7: IF PREGNANT ASK 10.5; OTHERWISE SKIP TO 10.7</b> 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 you did not want 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_____	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

<b>Questions 10.9 to 10.11 are asked to those women who are not currently using any method of contraceptive.</b> <b>FW CHECK Q.9.4 IF NOT USING CONTRACEPTIVE</b>		
10.9	What is the most important reason why you are not doing anything to prevent pregnancy? <b>FW, NB: MULTIPLE RESPONSES ALLOWED. DO NOT PROBE.</b>  FERTILITY RELATED REASONS a Infrequent sex/ No sex..... A b Can't have children..... B c Post partum Amenorrheic (absence of menstruation during the period immediately after birth of ch C d Breast feeding..... D e Up to God..... E  OPPOSITION TO USE f Respondent opposed..... F g Husband/ partner opposed..... G h Religion does not allow..... H  LACK OF KNOWLEDGE i Don't know source..... I  METHOD RELATED REASONS j Fear of side effects..... J k Cost too much..... K l Inconvenient to use..... L m Interferes with body and normal processes..... M n Don't Know..... N o Other specify..... O	
<b>These questions are asked to women who are not currently pregnant. CHECK Q. 8.7</b> <b>IF PREGNANT SKIP TO 10.14</b>		
10.10	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem or no problem for you? a Big problem..... 1 b Small problem..... 2 c No problem..... 3 d 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 → <b>SKIP TO Q.10.13</b> DON'T KNOW..... 8	

10.12	<p>Which method(s) would you prefer to use? MULTIPLE RESPONSES ALLOWED.</p> <p>FEMALE STERILISATION..... A</p> <p>MALE STERILISATION..... B</p> <p>PILL..... C</p> <p>IUD..... D</p> <p>INJECTABLES..... E</p> <p>CONDOM..... F</p> <p>FEMALE CONDOM..... G</p> <p>DIAPHRAGM..... H</p> <p>FOAM/ JELLY..... I</p> <p>LACTATIONAL AMENORRHEA METHOD..... J</p> <p>RHYTHM METHOD..... K</p> <p>WITHDRAWAL..... L</p> <p>IMPLANTS..... M</p> <p>UNSURE..... N</p> <p>OTHER (Specify)..... O</p>	<p>10.14</p>
10.13	<p>What is the main reason that you think you will not use a method at any time in the future?</p> <p>FERTILITY RELATED REASONS</p> <p>a Infrequent sex/ No sex..... A</p> <p>b Can't have children..... B</p> <p>c Post partum Amenorrheic(absence of menstruation during the period immediately after birth of ch..... C</p> <p>d Breast feeding..... D</p> <p>e Up to God..... E</p> <p>OPPOSITION TO USE</p> <p>f Respondent opposed..... F</p> <p>g Husband/ partner opposed..... G</p> <p>h Religion does not allow..... H</p> <p>LACK OF KNOWLEDGE</p> <p>i Don't know source..... I</p> <p>METHOD RELATED REASONS</p> <p>j Fear of side effects..... J</p> <p>k Cost too much..... K</p> <p>l Inconvenient to use..... L</p> <p>m Interferes with body and normal processes..... M</p> <p>n Don't Know..... N</p> <p>o Other specify..... O</p>	
10.14	<p>Do you think that a woman who is breast feeding is likely to conceive another child if she engages in sexual intercourse?</p> <p>YES..... 1</p> <p>NO..... 2</p>	

<b>11.0</b>	<b>PERCEPTION OF HIV RISK AND CONDOM USE</b>																						
	Now I would like to ask you some questions on HIV and condom use.																						
11.1	Can the virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO..... 2 DON'T KNOW.... 8	→ 11.3																				
11.2	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted.....	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING BREASTFEEDING? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING CONCEPTION? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	D/K	DURING PREGNANCY? .....	1	2	8	DURING DELIVERY? .....	1	2	8	DURING BREASTFEEDING? .....	1	2	8	DURING CONCEPTION? .....	1	2	8	
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11.3	Can a mother who is infected with the AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during the pregnancy?	YES..... 1 NO..... 2 DON'T KNOW.... 8																					
11.4	Do you think your chances of getting AIDS are small, moderate, great or no risk at all? DO NOT PROMPT. ONE RESPONSE ONLY.	Great..... 1 Moderate..... 2 Small..... 3 No risk at all..... 4 Has AIDS..... 5	} 11.6 → 11.7																				
11.5	Why do you think that you have (no risk/ a small chance) of getting AIDS? MULTIPLE RESPONSES ALLOWED	<table border="1"> <tbody> <tr> <td>IS NOT HAVING SEX.....</td> <td>1</td> </tr> <tr> <td>USES CONDOMS.....</td> <td>2</td> </tr> <tr> <td>HAS ONLY ONE PARTNER.....</td> <td>3</td> </tr> <tr> <td>LIMITS THE NUMBER OF PARTNERS.....</td> <td>4</td> </tr> <tr> <td>PARTNER HAS NO OTHER PARTNERS.....</td> <td>5</td> </tr> <tr> <td>OTHER REASONS specify.....</td> <td>6</td> </tr> </tbody> </table>	IS NOT HAVING SEX.....	1	USES CONDOMS.....	2	HAS ONLY ONE PARTNER.....	3	LIMITS THE NUMBER OF PARTNERS.....	4	PARTNER HAS NO OTHER PARTNERS.....	5	OTHER REASONS specify.....	6	} 11.7								
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11.7	Have you ever heard of Voluntary Counselling and Testing (VCT)?	YES..... 1 NO..... 2																					

11.8	When having sex, have you or your partner ever used a condom?	YES..... 1 NO..... 2	→11.16
11.9	The last time you had sexual intercourse, did you or your partner use a condom? <b>IF YES, RECORD CONDOM USE IN THE CALENDAR Col. 5. RECORD X FOR NON CONDOM USE.</b>	YES..... 1 NO..... 2	→11.13
11.10	What was the <b>main</b> reason why you used a condom on that occasion?  WANTED TO PREVENT DISEASE..... 1 WANTED TO PREVENT PREGNANCY..... 2 WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/ THOUGHT HE HAD OTHER PARTNERS..... 4 PARTNER REQUESTED/ INSISTED..... 5 WAS HAVING MY PERIODS..... 6 OTHER REASONS (specify)_____		
11.11	Have you ever experienced any problems with using condoms?	YES..... 1 NO..... 2	→ 11.14
11.12	What problems have you experienced using condoms?  Condom broke..... 1 Condom too large..... 2 Condom slipped off... 3 Diminished pleasure.. 4 Other (specify)..... 6 _____		} 11.14
11.13	What are the reasons why you didn't use a condom the last time you had sex? <b>FW, NB: MULTIPLE RESPONSES ALLOWED. DO NOT PROBE.</b> TOO EXPENSIVE..... 1 EMBARRASSING TO BUY/ OBTAIN..... 2 DIFFICULT TO DISPOSE OF..... 3 DIFFICULT TO PUT ON/ TAKE OFF..... 4 SPOILS THE MOOD..... 5 DIMINISHES PLEASURE..... 6 PARTNER OBJECTS/ DOES NOT LIKE..... 7 INCONVENIENT TO USE/ MESSY..... 8 OTHER specify_____ 9		
11.14	Where do you usually get the condoms? <b>FW, NB: ONLY ONE RESPONSE ALLOWED. DO NOT PROBE.</b> GOVERNMENT HOSPITAL/ HEALTH CENTER/ CLINIC..... 1 PRIVATE HOSPITAL/ HEALTH CENTER/ CLINIC..... 2 MOBILE CLINIC/ UNIT..... 3 NGO/ CBO..... 4 COMMUNITY BASED DISTRIBUTOR..... 5 SHOP/ KIOSK..... 6 FRIENDS/ RELATIVES..... 7 OFFICE..... 8 OTHER specify_____ 9		

11.15	Do you use condoms always, often, rarely or not at all?	ALWAYS..... 1 OFTEN..... 2 RARELY..... 3 NOT AT ALL.... 4																													
11.16	I will now read some statements about condom use. Please tell me if you agree or disagree with each.	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>a. Condoms diminish a man's sexual pleasure.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. It's okay to re-use a condom if you wash it.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. Condoms protect against disease.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. Buying condoms is embarrassing.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e. A woman has no right to tell a man to use a condom...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f. Condoms contain HIV.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	D/K	a. Condoms diminish a man's sexual pleasure.....	1	2	8	b. It's okay to re-use a condom if you wash it.....	1	2	8	c. Condoms protect against disease.....	1	2	8	d. Buying condoms is embarrassing.....	1	2	8	e. A woman has no right to tell a man to use a condom...	1	2	8	f. Condoms contain HIV.....	1	2	8	
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11.17	In your opinion, is it acceptable or unacceptable for condoms to be advertised in the following media/ ways?	<table border="1"> <thead> <tr> <th></th> <th>Acceptable</th> <th>Not Acceptable</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ON THE TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IN THE NEWSPAPERS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TO ADOLESCENTS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ON BILLBOARDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Acceptable	Not Acceptable	D/K	ON THE RADIO.....	1	2	8	ON THE TELEVISION.....	1	2	8	IN THE NEWSPAPERS.....	1	2	8	TO ADOLESCENTS.....	1	2	8	ON BILLBOARDS.....	1	2	8					
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13.1	RESULT OF MODULE 1(CODE SHEET A <sup>8</sup> ) [OTHER - SPECIFY .....]		<input type="text"/>																												
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13.5	END TIME	<input type="text"/>	<input type="text"/>																												
13.6	<b>RECORD ANY GENERAL COMMENTS</b> ..... .....																														

## 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**

### 12.0 ANTHROPOMETRIC MEASUREMENTS

Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements and then you will assist me take the height measurements.

12.1a DATE (dd/mm/yyyy)

--	--	--	--	--	--	--	--

12.1b START TIME

--	--	--	--

12.2 IS THE RESPONDENT THE MOTHER OF THE CHILD?

Yes	1
No	2
Don't Know	8

**CIRCLE AS APPROPRIATE**

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

12.3 ENTER THE MEASURED **LENGTH** (TO THE NEAREST 0.1CM)

--	--	--	--	--	--	--	--

**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.**

12.4 ENTER THE **WEIGHT OF THE MOTHER/CARER** IN KG

--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--

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

12.7 ENTER THE MEASURED **CIRCUMFERENCE** (TO THE NEAREST 0.1CM)

--	--	--	--	--	--	--	--

### 13.0 ENDINGS

13.7 ANTHROPOMETRIC MEASUREMENTS: END TIME

--	--	--	--

13.8 **RECORD ANY GENERAL COMMENTS**

.....  
 .....

### 14.0 OFFICE/FIELD CHECK DETAILS

14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

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14.2 DATA ENTRY CLERK'S CODE

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## EXPOSURE CALENDAR

INSTRUCTIONS		YEAR	MONTH	ORDER	COL. 1 Q. 8.4	COL. 2 Q8.6	COL. 3 Q5.10	COL. 4 Q9.5	COL. 5 Q11.3	COL. 6 Q9.6	COL. 7 Q9.7	ORDER	MONTH	YEAR
COL 1	Q. 8.4: How many months after birth of (name) did you have your first period?	2	10	OCT	01							01	OCT	2
		0	11	NOV	02							02	NOV	0
		0												0
	A POST PARTUM AMENORRHOEA	5	12	DEC	03							03	DEC	5
COL 2	B WHEN CHILD WAS BORN		01	JAN	04							04	JAN	
	P WHEN WOMAN WAS PREGNANT		02	FEB	05							05	FEB	
	M MENSTRUATION		03	MAR	06							06	MAR	
	MX EXPECTING MENSTRUATION IN THE MONTH		04	APR	07							07	APR	
COL 2	Q. 8.6: Since resuming sex, have you had sex in..... (FW: name month after birth of NAME)	2	05	MAY	08							08	MAY	
	S RECORD S ON THE MONTH SHE HAD SEX AND X	0	06	JUN	09							09	JUN	2
	X WHEN THERE WAS NO SEX	0	07	JUL	10							10	JUL	0
	B INDICATE B WHEN CHILD WAS BORN	6	08	AUG	11							11	AUG	6
COL 3	Q. 5.10: FW CHECK Q8.9 For how many months did you breastfeed (NAME)?		09	SEP	12							12	SEP	
	B RECORD B FOR BREASTFEEDING IN MONTHS SHE		10	OCT	01							01	OCT	
	X BREASTFED CHILD AND X WHEN NO BREASTFEEDING		11	NOV	02							02	NOV	
	P MONTHS WHEN SHE WAS PREGNANT		12	DEC	03							03	DEC	
COL 4	Q. 9.5: Which method have you used since the birth of (NAME)? PROBE FOR ALL MONTHS		01	JAN	04							04	JAN	
	A FEMALE STERILISATION		02	FEB	05							05	FEB	
	B MALE STERILISATION		03	MAR	06							06	MAR	
	C PILL	2	04	APR	07							07	APR	
COL 5	Q. 11.3: During the time engaged in sex did you or your partner use a condom?	0	05	MAY	08							08	MAY	
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM	0	06	JUN	09							09	JUN	2
	Add A-ALWAYS; S-SOMETIMES; N-NEVER	0	07	JUL	10							10	JUL	0
	Check Q.8.7 when she had sex.	8	08	AUG	11							11	AUG	8
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.		09	SEP	12							12	SEP	
	A DOCTOR ADVISED THIS METHOD		10	OCT	01							01	OCT	
	B HAS LITTLE SIDE EFFECTS		11	NOV	02							02	NOV	
	C PARTNER IS NOT AWARE OF IT		12	DEC	03							03	DEC	
COL 7	Q. 9.7: Why did you stop using the previous method? (i.e. change from the one you were using before)		01	JAN	04							04	JAN	
	A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY		02	FEB	05							05	FEB	
	B BECAME PREGNANT WHILE USING		03	MAR	06							06	MAR	
	C HAD SIDE EFFECTS	2	04	APR	07							07	APR	2