

Consent form

PURPOSE OF STUDY:

Hello, my name is _____ and I work with the African Population and Health Research Center. The purpose of this interview is to gain an understanding of the experiences of women in this community on the care given to their children soon after birth, as well as their sexual behaviour at this period and their future intentions regarding child bearing. The African Population and Health Research Center, with funding from the Wellcome Trust, is undertaking this study. All women who have delivered a live birth in Korogocho and Viwandani since September 2006 have been selected.

PROCEDURES:

We last visited you in April/May 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 them and can decide not 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, Africa Population and Health Research Center at telephone number 2720400/1/2. I will leave a copy of this form with you for future reference.

If you agree to participate in this study please sign your name below.

Subject's signature or fingerprint

Witness to Consent Procedure

Signature of Investigator

Date

MODULE 1 - BACKGROUND INFORMATION FOR CHILDREN AND MOTHERS INTERVIEWED

1.0	BACKGROUND		
1.1	START TIME		
1.2	FIELD WORKER'S CODE	1.2a <input type="text"/> <input type="text"/> <input type="text"/>	1.2b <input type="text"/> <input type="text"/> <input type="text"/>
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)		<input type="text"/>
1.12	RESPONDENT'S NAME.....		
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)		<input type="text"/>
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]		<input type="text"/>
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER.....		
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A ⁷) (OTHERspecify_____)		<input type="text"/>
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)		<input type="text"/>
1.18	Do you stay in this household? (1=YES; 2=NO)		<input type="text"/>

<p>MODULE 2: CHILD HEALTH STATUS</p> <p>FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.</p>	
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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 weight and height measurements. Now I would like to know:		
4.6c	Where was (NAME) in 2nd Update? IF CHILD WAS DEAD IN 2nd UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0	4.6c) 2nd Update <input type="text"/>	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	
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<input type="text"/>	
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)?	<input type="text"/>	

7.0	CHILD MORBIDITY AND HEALTH SEEKING PRACTICES													
<p>Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks. USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p>														
<p>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</p> <p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough & rapid breath</p>	<p>e Convulsions</p>									
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;"><input type="text"/></td> </tr> </table>						<input type="text"/>								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
<p>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH + RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES SKIP TO 7.15.</p>														
<p>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.</p>	<p>a Fever</p> <p>b Diarrhoea</p> <p>c Cough</p> <p>d Cough + Rapid Breath</p> <p>e Convulsions</p>	<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												<p>98</p> <p>98</p> <p>98</p> <p>98</p> <p>98</p>
<p>7.3 What was done at home about the (ILLNESS)? (CODE SHEET A¹) FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p> <p>Other (Specify) _____</p>									
<p>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</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>									
<p>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</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>									
<p>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</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p> <p>Other (Specify) _____</p>									

7.7	<p>Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA</p> <p>IF "1", SKIP TO 7.8; IF "8" OR "9", SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD</p>	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"/>
7.7a	<p>Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A⁴) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		RECORD ONLY THE MAIN REASON				
7.8	<p>How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.9	<p>Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A²).</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				
7.10	<p>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</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.11	<p>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)</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.12	<p>IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK:Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A²)</p>	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				

7.13	<p>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)</p> <p>FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE PROCEED TO 7.15.</p>	a) Fever	b) Diarrhoea	c) Cough	d) Cough & rapid breath	e) Convulsions
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other (Specify) _____				
7.14	<p>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)</p> <p>RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15.</p>	a	b	c	d	e
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other (Specify) _____				
7.15	<p>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;</p> <p>IF "1", RECORD CODE OF ILLNESS IN THE BOX (CODE SHEET A⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	YES..... 1		NO..... 2		DON'T KNOW..... 8
		MOST SERIOUS ILLNESS				
		<input type="checkbox"/>	Other (specify) _____			
7.18	<p>FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her?</p> <p>1=YES; 2 = NO; 8 = DON'T KNOW</p>	Yes..... 1		No 2		Don't Know..... 8
		Does not know/ Has not heard of 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.													
8.1c	<i>Marital status in 2nd Update</i>	8.1c) 2nd Update 0												
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	<table border="0"> <tr><td>Currently Married.....</td><td>1</td></tr> <tr><td>Living together.....</td><td>2</td></tr> <tr><td>Separated.....</td><td>3</td></tr> <tr><td>Divorced.....</td><td>4</td></tr> <tr><td>Widowed.....</td><td>5</td></tr> <tr><td>Never married.....</td><td>6</td></tr> </table>	Currently Married.....	1	Living together.....	2	Separated.....	3	Divorced.....	4	Widowed.....	5	Never married.....	6
Currently Married.....	1													
Living together.....	2													
Separated.....	3													
Divorced.....	4													
Widowed.....	5													
Never married.....	6													
8.1p	FW: CHECK IF ANSWER TO 8.1c AND 8.1 ARE DIFFERENT, ASK: When did your marital status change? (DD/MM/YYYY) IF DOES NOT KNOW FILL 98	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>												

8.7c	Was respondent pregnant in 2nd Update?	8.7c) 2nd Update		
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	<input type="text"/> <input type="text"/>	
9.0 CONTRACEPTION				
Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.				
9.4c	Had respondent used contraception after birth of (NAME) in Upd2? FW: CHECK IF ANSWER IN 9.4c) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.4p	9.4c) 2nd Update	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 WOMAN IS PREGNANT, GO TO THE 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 (s) 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 RESPONSE ALLOWED			Record in CAL.

10.0	FERTILITY INTENTIONS						
	Now I would like to ask you some questions on your future intentions about sexual life.						
10.2	FW: CHECK IF PREGNANT i.e Q. 8.7 is "1" SKIP TO 10.6c ELSE ASK:						
	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	} 10.6c				
10.2p	For how long would you like to wait before you have another child? IF LESS THAN ONE MONTH CIRCLE "993"	Months 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Years 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Soon(Now)..... ## Cannot get pregnant..... ## After marriage..... ## Other..... ## Specify_____					
10.6c	FW: CHECK IF PREGNANT i.e. 8.7 is "1": ASK THE FOLLOWING QUESTION; ELSE SKIP TO 13.0						
	Pregnancy intendedness in 2nd Update	10.6c) 2nd Update	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						
11.8b	Had respondent ever used a condom at recruit, 1st upd or 2nd Update?	11.8b) Rec.upd1&upd2	## } If "1" →11.9				
11.8	When having sex, have you or your partner ever used a condom?	Yes..... 1 → 11.9 No..... 2 → Record in CAL; Col.5 then skip to 13.0					
11.9	The last time you had sexual intercourse, did you or your partner use a condom? CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR COL 5. RECORD X WHEN THERE WAS NO SEX.	Yes..... 1 No..... 2	} Record in CAL; Col.5				

MODULE 4: ANTHROPOMETRIC MEASUREMENTS FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0	
12.0 ANTHROPOMETRIC MEASUREMENTS	
CHILD'S NAME:	<input type="text" value="0"/>
LOCATION ID:	<input type="text" value="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 <input type="text"/>
12.1a	DATE (dd/mm/yyyy) <input type="text"/>
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)	
12.3c	<i>Length of child measured at previous interview</i> <input type="text"/> 12.3c) 2nd Update <input type="text"/>
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) <input type="text"/> 12.3) 3rd Update <input type="text"/>
WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.	
12.4c	<i>Weight of the mother/caretaker measured at previous interview</i> <input type="text"/> 12.4c) 2nd Update <input type="text"/>
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG <input type="text"/> 12.4) 3rd Update <input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG <input type="text"/> 12.5) <input type="text"/>
12.6c	<i>Weight of child measured at previous interview</i> <input type="text"/> 12.6c) 2nd Update <input type="text"/>
12.6	ENTER THE WEIGHT OF THE CHILD IN KG <input type="text"/> 12.6) 3rd Update <input type="text"/>
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.7c	<i>MUAC measured at previous interview</i> <input type="text"/> 12.7c) 2nd Update <input type="text"/>
12.7	ENTER THE MEASURED CIRCUMFERENCE <input type="text"/> 12.7) 3rd Update <input type="text"/> (TO THE NEAREST 0.1CM)
12.8c	<i>Had (NAME) been referred to a nutritional center in 2nd Update?</i> <input type="checkbox"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 No 2 CIRCLE THE APPROPRIATE RESPONSE
ENDINGS	
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME <input type="text"/>
13.8	RECORD ANY GENERAL COMMENTS
14.0 OFFICE/FIELD CHECK DETAILS	
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <input type="text"/>
14.2	DATA ENTRY CLERK'S CODE <input type="text"/>

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	<i>Marital status in Survey 1</i>	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)	<input type="text"/>	
8.3a	<i>Had menstrual period returned in Survey 1?</i> 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 <input type="text"/>	
Now I would like to ask you about some questions related to your sexual relationships. I know these are sensitive questions, but please answer them as truthfully as you can			
8.5a	<i>Had respondent resumed sexual relations in Survey 1?</i> 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	<i>Was respondent pregnant in Survey 1?</i> 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

9.10	Which of the hospitals/ health centers/ clinics you have mentioned is closest to you?	HF code <input type="text"/> <input type="text"/> <input type="text"/> Location _____	
9.11	How much time does it take to get there when walking? IF LESS THAN 1 HOUR WRITE IN MINUTES	MINUTES <input type="text"/> <input type="text"/> HOURS <input type="text"/> <input type="text"/> 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 begun 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 <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	
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..... <table border="1" data-bbox="1182 338 1279 380"><tr><td></td><td></td></tr></table> MONTHS..... <table border="1" data-bbox="1182 380 1279 422"><tr><td></td><td></td></tr></table> YEARS..... <table border="1" data-bbox="1182 422 1279 464"><tr><td></td><td></td></tr></table> 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, a small 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	<i>Had respondent ever used a condom in previous survey?</i>	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 <input type="text"/>
12.1a	DATE (dd/mm/yyyy) <input type="text"/>
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8 LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.3a	<i>Length of child measured at previous interview</i> 12.3a) Survey 1 <input type="text"/> 48. <input type="text"/> . <input type="text"/> 9
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) 12.3) Survey 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
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	<i>Weight of the mother/caretaker measured at previous interview</i> 12.4a) Survey 1 <input type="text"/> 56. <input type="text"/> . <input type="text"/> 2
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG 12.4) Survey 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5) <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
12.6a	<i>Weight of child measured at previous interview</i> 12.6a) Survey 1 <input type="text"/> 7. <input type="text"/> . <input type="text"/> 2
12.6	ENTER THE WEIGHT OF THE CHILD IN KG 12.6) Survey 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.7a	<i>MUAC measured at previous interview</i> 12.7a) Survey 1 <input type="text"/> 13 <input type="text"/> . <input type="text"/> 2
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM) 12.7) Survey 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
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 <input type="text"/>
13.8	RECORD ANY GENERAL COMMENTS
14.0	OFFICE/FIELD CHECK DETAILS
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <input type="text"/>
14.2	DATA ENTRY CLERK'S CODE <input type="text"/>

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

		MOTHER'S NAME:	SUSAN MUGURE MURAI				HOUSEHOLD ID:	Y010012001	2					
INSTRUCTIONS	YEAR	MONTH	ORDER	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	ORDER	MONTH	YEAR	
				Q. 8.3	Q8.6	Q5.9	Q9.5	Q11.9	Q9.6	Q9.7				
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	2	10	01								01	SEP	2	
	0	11	02								02	OCT	0	
	6	12	03								03	NOV	6	
		01	04									04	DEC	
		02	05									05	JAN	
		03	06									06	FEB	
		04	07									07	MAR	
		05	08									08	APR	
	2	06	09									09	MAY	2
	0	07	10									10	JUN	0
	0	08	11									11	JUL	0
	7	09	12									12	AUG	7
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		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB		
		04	07								07	MAR		
		05	08								08	APR		
	2	06	09								09	MAY	2	
	0	07	10								10	JUN	0	
	0	08	11								11	JUL	0	
	7	09	12								12	AUG	7	
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 X IN MONTHS WHEN BREASTFEEDING STOPPED BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB		
		04	07								07	MAR		
		05	08								08	APR		
	2	06	09								09	MAY	2	
	0	07	10								10	JUN	0	
	0	08	11								11	JUL	0	
	8	09	12								12	AUG	8	
COL.4 Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS A FEMALE STERILISATION B MALE STERILISATION C PILL D IUD E INJECTABLES F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMENORRHOEA METHOD K RHYTHM METHOD L WITHDRAWAL M IMPLANTS N EMERGENCY CONTRACEPTION X WHEN NO METHOD WAS USED		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB		
		04	07								07	MAR		
		05	08								08	APR		
	2	06	09								09	MAY	2	
	0	07	10								10	JUN	0	
	0	08	11								11	JUL	0	
	8	09	12								12	AUG	8	
COL.5 Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex? C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM Add A-ALWAYS; S-SOMETIMES; N-NEVER Check Q.8.6 (Col. 2) when she had sex. X WHEN THERE WAS NO SEX		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB	2	
		04	07								07	MAR	0	
		05	08								08	APR	1	
	2	06	09								09	MAY	0	
	0	07	10								10	JUN		
	0	08	11								11	JUL		
	1	09	12								12	AUG		
COL.6 Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5) FW NB: MORE THAN 1 RESPONSE ALLOWED. A DOCTOR ADVISED THIS METHOD B HAS LITTLE SIDE EFFECTS C PARTNER IS NOT AWARE OF IT D BECAUSE RESPONDENT LIKES IT E CONVENIENT TO USE F KNOWS NO OTHER METHOD G KNOWS NO SOURCE OF WHERE TO GET OTHERS H COST IS/ IS NOT TOO MUCH I PARTNER REQUESTED OR INSISTED J HEALTH CONCERNS K OTHER REASONS X WHEN NO CONTRACEPTION WAS USED		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB	2	
		04	07								07	MAR	0	
	2	05	08								08	APR	1	
	0	06	09								09	MAY		
	1	07	10								10	JUN		
	0	08	11								11	JUL		
	1	09	12								12	AUG		
COL.7 Q.9.7: Why did you stop using the previous method? (i.e. change from the one you were using before) A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY B BECAME PREGNANT WHILE USING C HAD SIDE EFFECTS D WANTED TO BECOME PREGNANT E HUSBAND/ PARTNER DISAPPROVED F WANTED MORE EFFECTIVE METHOD G HEALTH CONCERNS H LACK OF ACCESS/ TOO FAR I COSTS WERE TOO MUCH J INCONVENIENT TO USE K FATALISTIC L DIFFICULT TO GET PREGNANT/ MENOPAUSAL M MARITAL DISSOLUTION/ SEPARATION N DON'T KNOW O OTHER REASONS		10	01								01	SEP		
		11	02								02	OCT		
		12	03								03	NOV		
		01	04								04	DEC		
		02	05								05	JAN		
		03	06								06	FEB	2	
		04	07								07	MAR	0	
	2	05	08								08	APR	1	
	0	06	09								09	MAY		
	1	07	10								10	JUN		
	0	08	11								11	JUL		
	1	09	12								12	AUG		