

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
URBANIZATION, POVERTY AND HEALTH DYNAMICS
MATERNAL AND CHILD HEALTH - SURVEY4 (COHORT1)
3rd UPDATE QUESTIONNAIRE

0

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			1.2b			1.2c		
1.3	DATE OF INTERVIEW (DD/MM/YYYY)									
1.4	HOUSEHOLD HEAD NAME.....	0								
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	0								
1.6	HOUSEHOLD ID	0								
1.7	MOTHER'S NAME.....	0								
1.8	MOTHER'S ID	0								
1.9	CHILD'S NAME.....									
1.10	CHILD'S ID	0								
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	0								
1.11a	CHILD'S SEX (1 = MALE; 2 = FEMALE)									
1.12	RESPONDENT'S NAME.....									
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)									
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]									
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER.....									
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A ⁷) (OTHERspecify_____)									
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)									
1.18	Do you stay in this household? (1=YES; 2=NO)									
MODULE 2: CHILD HEALTH STATUS FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.										
4.0	CHILD'S VITAL STATUS									
The last time I was here, I asked you questions about you and your child's health and took your weight and height measurements. Now I would like to know:										
4.6c	Where was (NAME) in 2nd Update?	4.6c) 2nd Update				If 3 →Record in CAL, Col.3 then skip 8.0				
IF CHILD WAS DEAD IN 2nd UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 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			} 7.0					
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>								
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)?									

7.0	CHILD MORBIDITY AND HEALTH SEEKING PRACTICES													
	<p>Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks. USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p>													
7.1	<p>Has (NAME) been ill with any of the following illness at any time in the last two weeks? FW: RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</p> <p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p>	<p>a Fever</p> <input type="text"/>	<p>b Diarrhoea</p> <input type="text"/>	<p>c Cough</p> <input type="text"/>	<p>d Cough & rapid breath</p> <input type="text"/>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
	<p>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH + RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES SKIP TO 7.15.</p>													
7.2	<p>For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98' RECORD "99" IF THERE WAS NO ILLNESS.</p>	<p>a Fever</p> <p>b Diarrhoea</p> <p>c Cough</p> <p>d Cough + Rapid Breath</p> <p>e Convulsions</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											<p>98</p> <p>98</p> <p>98</p> <p>98</p> <p>98</p>
7.3	<p>What was done at home about the (ILLNESS)? (CODE SHEET A¹) FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<p>e</p> <input type="text"/>												
		<p>Other (Specify) _____</p>												
7.4	<p>During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
7.5	<p>During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None 8 = Don't Know 9 = N/A</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
7.6	<p>What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER FW: IF ANSWER IS "3"; SKIP TO 7.8</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
		<p>Other (Specify) _____</p>												

7.7	Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA IF "1", SKIP TO 7.8 ; IF "8" OR "9", SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD	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	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A ⁴) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td colspan="5" style="text-align: center;">RECORD ONLY THE MAIN REASON</td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RECORD ONLY THE MAIN REASON				
a	b	c	d	e																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
RECORD ONLY THE MAIN REASON																					
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
a	b	c	d	e																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A ²).	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td colspan="5">Other (Specify) _____</td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (Specify) _____				
a	b	c	d	e																	
<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=NO; 3=YES, REFERRAL TO ANOTHER FACILITY; 8=DON'T KNOW	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
a	b	c	d	e																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
7.11	Did you take (NAME) for a follow-up visit / referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA; IF "2", SKIP TO 7.14 , IF "8" OR "9" SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF "1", PROCEED TO NEXT QUESTION (7.12)	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
a	b	c	d	e																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
7.12	IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK:Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A ²)	<table border="0"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td colspan="5">Other (Specify) _____</td></tr> </table>					a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (Specify) _____				
a	b	c	d	e																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		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>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p> <p>MOST SERIOUS ILLNESS</p> <p><input type="text"/> Other (specify) _____</p>				
7.18	<p>FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her?</p> <p>1=YES; 2 = NO; 8 = DON'T KNOW</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't Know..... 8</p> <p>Does not know/ Has not heard of ORS..... 9</p>				

	<p align="center">MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY</p> <p align="center">FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4</p>													
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	Marital status in 2nd Update	8.1c) 2nd Update												
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	<table> <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"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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..... NO..... Not sure.....	1 2 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..... NO.....	1 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..... NO.....	1 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	<i>Had respondent ever used a condom at recruit, 1st upd or 2nd Update?</i>	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 No..... 2	1 → 11.9 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 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8
	LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.3c	Length of child measured at previous interview 12.3c) 2nd Update <input type="text"/>
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) 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	Weight of the mother/caretaker measured at previous interview 12.4c) 2nd Update <input type="text"/>
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG 12.4) 3rd Update <input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5) <input type="text"/>
12.6c	Weight of child measured at previous interview 12.6c) 2nd Update <input type="text"/>
12.6	ENTER THE WEIGHT OF THE CHILD IN KG 12.6) 3rd Update <input type="text"/>
	MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.7c	MUAC measured at previous interview 12.7c) 2nd Update <input type="text"/>
12.7	ENTER THE MEASURED CIRCUMFERENCE 12.7) 3rd Update <input type="text"/> (TO THE NEAREST 0.1CM)
12.8c	Had (NAME) been referred to a nutritional center in 2nd Update? <input type="text"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 CIRCLE THE APPROPRIATE RESPONSE No 2
	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)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
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 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
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

8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS	<input type="text"/>	<input type="text"/>												
8.9	FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.															
9.0	CONTRACEPTION															
	Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.															
9.4a	Had respondent ever used any contraception method in Survey 1? FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.5	9.4a) Survey 1	<input type="text" value="1"/>	If 1 → 9.5												
9.4	Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?	YES.....	1													
		NO.....	2	→ 9.9												
9.5	Which method have you used since the previous interview carried in March/ April 2007 after the birth of (NAME)? RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW.															
9.6	What is the reason you choose to use (NAME OF METHOD MENTIONED IN 9.5)? RECORD THE REASON IN THE CALENDAR (Col 6), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW. MORE THAN ONE ANSWER IS ALLOWED.															
9.7	Since the birth of (NAME) did you use any other method to prevent pregnancy? For each method please tell me When you started using the method When you stopped using the method Why you stopped using the method FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.7) FOR EACH EPISODE WHEN THERE WAS CHANGE IN USE; THE REASONS FOR STOPPING TO USE PREVIOUS METHOD. USE THE CODES PROVIDED.															
9.8	Where did you get the current method of contraception when you started using it?	Health Facility.....	1													
		Pharmacy/ Chemist.....	2													
		Mobile clinic/ outlet.....	3													
		Community Based Distribut	4													
		Shop.....	5													
		Friends/ relatives.....	6													
		Other	7													
		Specify														
9.9	What are the names of hospitals/ health centers/ clinics/ public points in this community or closest to this community that provide family planning services?	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>													<input type="text"/>	<input type="text"/>
	PLEASE RECORD AS MANY RESPONSES AS POSSIBLE	Others:	<input type="text"/>	<input type="text"/>												
	PLEASE RECORD NAME IN FULL AND ITS LOCATION		<input type="text"/>	<input type="text"/>												
		Don't Know.....	98													

9.10	Which of the hospitals/ health centers/ clinics you have mentioned is closest to you?	HF code <table border="1"><tr><td></td><td></td><td></td></tr></table> Location _____									
9.11	How much time does it take to get there when walking? IF LESS THAN 1 HOUR WRITE IN MINUTES	MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW..... 98									
9.12	Do you pay any money at this facility to get family planning method?	YES..... 1 NO..... 2 DON'T KNOW..... 8									
10.0 FERTILITY INTENTIONS											
Now I would like to ask you some questions on your future intentions about sexual life.											
These questions are asked to women who have not began sexual relations since the birth of the last child. CHECK IF ANSWER FOR 8.5a and 8.5 IS "2". IF "1" SKIP TO 10.5											
10.2	Would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more/ None..... 2 Cannot get pregnant..... 3 Undecided/ Don't Know..... 4									
10.3	Since you have not resumed sexual relations after the birth of (NAME), for how many months would you like to wait from now, before engaging in sexual intercourse?	WEEKS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS YEARS									
10.4	What is the main reason you want to wait for ____ that period? STATE THE PERIOD MENTIONED IN Q. 10.3. Specify _____	Baby too young..... 1 To gain strength..... 2 Traditional practice..... 3 Husband/ Partner away.... 4 To avoid pregnancy..... 5 Other..... 6	} 10.8								
The following questions are asked to women who have resumed sexual relations since the birth of the last child.											
10.5	CHECK 8.7: IF PREGNANT ASK 10.5; OTHERWISE SKIP TO 10.7 After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more/ None..... 2 Undecided/ Don't Know..... 3									
10.6	For this current pregnancy, did you want to become pregnant now, wait until later, or would you prefer not to have any more children at all?	NOW..... 1 LATER..... 2 NOT AT ALL..... 3									

10.7	When you resumed sex after the birth of (NAME); was this..... wanted by yourself, wanted by spouse/ partner, forced by husband/ partner, required by your tradition or other reasons Other reasons, specify _____	Wanted by yourself..... 1 Wanted by spouse/partner.. 2 Wanted by both..... 3 Forced by husband/partner. 4 Required by your tradition... 5 Other reasons, _____ 6							
10.8	How long do you think a couple/ woman should wait before beginning to engage in sexual intercourse after the birth of a child?	DAYS..... <table border="1"><tr><td></td><td></td></tr></table> MONTHS..... <table border="1"><tr><td></td><td></td></tr></table> YEARS..... <table border="1"><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, asmall problem or no problem for you?	Big problem..... 1 Small problem..... 2 No problem..... 3 Says she can't get pregnant/ Not having sex... 4							
10.11	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES..... 1 NO..... 2 DON'T KNOW..... 8							
CONDOM USE									
11.8a	<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		<table border="1"><tr><td></td></tr></table>						
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁸) [OTHER - SPECIFY		<table border="1"><tr><td></td></tr></table>						
13.3	RESULT OF MODULE 3(CODE SHEET A ⁸) [OTHER - SPECIFY		<table border="1"><tr><td></td></tr></table>						
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁸) [OTHER - SPECIFY		<table border="1"><tr><td></td></tr></table>						
13.5	END TIME		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						
13.6	RECORD ANY GENERAL COMMENTS								

MODULE 4: ANTHROPOMETRIC MEASUREMENTS	
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0	
12.0	ANTHROPOMETRIC MEASUREMENTS JOSHUA MUENDO HouseholdID V0170140050201
Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.	
12.1	START TIME
12.1a	DATE (dd/mm/yyyy)
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8
LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.3a	Length of child measured at previous interview 12.3a) Survey 1 48. . 9
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) 12.3) Survey 2
WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.	
12.4a	Weight of the mother/caretaker measured at previous interview 12.4a) Survey 1 56. . 2
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG 12.4) Survey 2
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5)
12.6a	Weight of child measured at previous interview 12.6a) Survey 1 7. . 2
12.6	ENTER THE WEIGHT OF THE CHILD IN KG 12.6) Survey 2
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.7a	MUAC measured at previous interview 12.7a) Survey 1 13 . 2
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM) 12.7) Survey 2
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 CIRCLE THE APPROPRIATE RESPONSE No 2
13.0 ENDINGS	
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME
13.8	RECORD ANY GENERAL COMMENTS
14.0 OFFICE/FIELD CHECK DETAILS	
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE
14.2	DATA ENTRY CLERK'S CODE

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