

AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
URBANIZATION, POVERTY AND HEALTH DYNAMICS  
MATERNAL AND CHILD HEALTH - PANEL SURVEY 4 (COHORT4)  
*Recruitment Questionnaire*

***Consent form***

**PURPOSE OF STUDY:**

Hello, my name is \_\_\_\_\_ and I work with the Africa 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:**

You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year to ask some more questions and measure your child.

**RISKS/DISCOMFORTS:**

This interview is not expected to cause you any harm but if you feel uncomfortable with some of the questions you can choose not to answer any question(s) but can decide to continue with the interview.

**BENEFITS:**

The results of the study may help the Government of Kenya and other organisations to improve health services in this and other districts. The chiefs and the community will be informed of the findings when the study is completed.

**CONFIDENTIALITY:**

Your responses will be private and confidential. They will not be made available to other persons in this district. The information you give will be kept under lock for three years at the African Population and Health Research Center after which the forms will be destroyed.

**VOLUNTARINESS:**

Your participation is voluntary and you have the right to stop the interview at any time without any problem

**WHOM TO CONTACT:**

If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Eliya Zulu, Research Director, 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*

<b>MODULE 1: PREGNANCY, ANTENATAL, DELIVERY AND POSTNATAL DETAILS FOR WOMEN (12-54 YEARS) WHO HAD A LIVE BIRTH</b>			
<b>1.0</b>	<b>BACKGROUND</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.....	#REF!	
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	#REF!	
1.6	HOUSEHOLD ID	#REF!	
1.7	MOTHER'S NAME.....	#REF!	
1.8	MOTHER'S ID	#REF!	
1.9	CHILD'S NAME.....	#REF!	
1.10	CHILD'S ID	#REF!	
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	#REF!	
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 ( <b>CODE SHEET A<sup>6</sup></b> )	<input type="text"/> <input type="text"/> <input type="text"/>	
1.14	Are you (NAME OF CHILD)'s mother? <b>(1=YES; 2=NO) [IF YES, SKIP TO 2.0]</b>	<input type="text"/>	
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER.....		
1.16	What is your relationship to (CHILD'S NAME)? ( <b>CODE SHEET A<sup>7</sup></b> )(OTHER, specify _____)	<input type="text"/> <input type="text"/> <input type="text"/>	
1.17	Are you (CHILD NAME)'s, guardian/carer? <b>(1=YES; 2=NO) [IF NO, SKIP TO MODULE 4]</b>	<input type="text"/>	
1.18	Do you stay in this household? <b>(1=YES; 2=NO)</b> <b>(SKIP TO 'MODULE 2']</b>	<input type="text"/>	
<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 _____ IF MORE THAN ONE PLACE MENTIONED, RECORD THE MOST RECENT PLACE BEFORE DELIVERY.	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.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4">(specify)_____</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.....	1	2	8	(specify)_____				
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(specify)_____																																											
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 HIV/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>HIV/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	HIV/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	<p>How much did (NAME) weigh?</p> <p>RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD IF AVAILABLE IF NO CARD / CAN'T RECALL FILL IN 9999</p>	<p>Weight from card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Weight from recall <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>													
2.14	<p>After (NAME) was born, did a health professional or traditional birth attendant check on your health or the health of your baby?</p> <p>NB: THIS REFERS TO POSTNATAL CHECK AFTER MOTHER AND CHILD WERE DISCHARGED.</p>	<p>Baby only..... 1</p> <p>Mother only..... 2</p> <p>Both..... 3</p> <p>Neither..... 4</p> <p>Don't Know..... 8</p>	<p>} → 3.0</p>												
2.15	<p>How many days or weeks after the delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY</p>	<table border="1"> <thead> <tr> <th></th> <th>Baby</th> <th>Mother</th> </tr> </thead> <tbody> <tr> <td>DAYS.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS...</td> <td><input type="text"/></td> <td><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"/>	WEEKS...	<input type="text"/>	<input type="text"/>	DON'T KNOW.....	98		
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2.16	<p>Who checked on your/baby's health at that time?</p> <p>RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.</p>	<p>Doctor..... 1</p> <p>Nurse/ Midwife..... 2</p> <p>Clinical Officer..... 3</p> <p>TBA..... 4</p> <p>Other ..... 6</p> <p>(Specify) _____</p>													

<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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Daughters at home <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Daughters elsewhere <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Daughters Dead <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
3.7	SUM ANSWERS 3.2, 3.4, AND 3.6, AND ENTER TOTAL IF NONE, RECORD 00 (PARITY)	TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
3.8	CHECK 3.7 Just to make sure that I have this right: you have in total _____ births during your life. Is that correct? IF NO PROBE AND CORRECT 3.2 - 3.6 AS NECESSARY	TICK THE APPROPRIATE BOX YES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr></table> NO..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
3.12	SUM ANSWERS 3.7 AND 3.10 AND ENTER TOTAL (GRAVIDA)	TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

	<p align="center"><b>MODULE 2: CHILD HEALTH STATUS, FEEDING PRACTICES AND VACCINATION</b></p> <p align="center">(FOR CHILDREN BORN TO WOMEN WHILE THEY ARE DSS MEMBERS)</p> <p align="center"><b>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</b></p>										
4.0	<b>CHILD'S VITAL STATUS</b>										
	I would like to ask you questions about you and your child's health.										
4.1	RECORD CHILD'S NAME.....										
4.3	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
4.6	Where is (NAME)?  CIRCLE THE APPROPRIATE RESPONSE	Child at home ..... 1 Child not at home but alive..... 2 Child dead..... 3	} <b>5.0</b>								
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
4.10	COMPUTE THE AGE OF THE CHILD AT DEATH  FW: CALCULATE THE AGE OF THE CHILD BY SUBTRACTING DATE WHEN CHILD WAS BORN FROM WHEN IT DIED.  IF BABY DIED THE SAME DAY IT WAS BORN RECORD 00' DAYS. RECORD ONLY IN ONE UNIT.	Days..... Weeks..... Months..... <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>									
4.8	Was (NAME) ill before he/she died?  CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No ..... 2									
4.9	What in your opinion caused the death of (NAME)?	_____ _____									

5.0 BREASTFEEDING AND CHILD FEEDING PRACTICES											
Now I would like to ask you a few questions about (NAME)'s feeding patterns, and his/her growth.											
Questions and Filters		Coding Categories	Skip to								
5.1	Has (NAME) ever been breastfed/ Was (NAME) ever breastfed?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 5.3  → 5.12								
5.2	Why was (NAME) never breastfed?  DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.  IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill/unable/refused to suckle..... 1 Mother refused..... 2 Mother was very sick/ died..... 3 No/inadequate breast milk..... 4 Mother was away ..... 5 Advice by health professional..... 6 Advice by other person..... 7 Other (Specify)..... 96 Don't Know..... 98	} → 5.12								
5.3	How long after birth was (NAME) put to the breast? IF LESS THAN ONE HOUR, CIRCLE 00HRS, IF LESS THAN 24 HOURS, RECORD IN HOURS, OTHERWISE RECORD DAYS IF DON'T KNOW CIRCLE 98	Hours <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Days <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  Immediately/ < 1 HOUR..... 00 Don't Know..... 98									→ 5.5
5.4	CHECK 5.3: IF (NAME) <b><u>WAS NOT</u></b> PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK:  Why was (NAME) not put to the breast immediately after birth?  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.	Baby ill/unable/refused to suckle..... 1 Mother refused to breastfeed..... 2 Spouse refused..... 3 Mother was very sick..... 4 No/inadequate breast milk..... 5 Mother was away..... 6 Mother died..... 7 Sore/cracked nipples..... 8 Advice by health professional..... 9 Advice by other person..... 10 Baby asleep/tired..... 11 Baby incubated..... 12 Baby taken away/nursery..... 13 Mother tired..... 14 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	FW: CHECK Q.4.10 IF CHILD'S AGE AT DEATH IS LESS THAN ONE MONTH SKIP TO MODULE 3 ON POST PARTUM PERIOD AND SEXUAL ACTIVITY: ELSE ASK:  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	<p>What was (NAME) given to drink?</p> <p>PROMPT FOR EACH LIQUID. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'</p>	<table border="0"> <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	<p>Why was (NAME) given something else (other than breast milk) to drink in the first 3 days?</p> <p>DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE.</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	<p>Baby ill/unable/refused to suckle ..... A</p> <p>Mother refused to breast feed..... B</p> <p>Spouse recommended..... C</p> <p>Mother was sick/tired..... D</p> <p>Not enough breast milk..... E</p> <p>Mother was away ..... F</p> <p>Mother died..... G</p> <p>Sore/cracked nipples..... H</p> <p>Advice by health professional..... I</p> <p>Advice by other person..... J</p> <p>To prevent/cure stomach upset.... K</p> <p>Baby had hiccups..... L</p> <p>Baby thirsty..... M</p> <p>Other (Specify)_____ N</p> <p>Don't Know..... 98</p>																																																	
5.9	<p>FW: <b>CHECK 4.6:</b> IF CHILD IS DEAD, GO TO CALENDAR AND RECORD B FOR BREASTFEEDING IN Col. 3 FOR ALL MONTHS SINCE THE BIRTH OF (NAME). FILL D FOR THE MONTH IN WHICH THE CHILD DIED, THEN SKIP TO <b>SECTION 6, ON VACCINATION HISTORY.</b></p> <p>Is (NAME) still breastfeeding?</p> <p>IF YES, RECORD B FOR BREASTFEEDING IN THE CALENDAR Col. 3. FOR ALL THE MONTHS SINCE BIRTH OF CHILD</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't Know..... 8</p>	<p>→ 5.12</p> <p>→ 5.12</p>																																																
5.10	<p>For how long did (NAME) breastfeed?</p> <p>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.</p> <p>IF DON'T KNOW, CIRCLE '98'</p> <p>PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3</p>	<p>Days..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Weeks..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Don't Know..... 98</p>													<p>Record in CAL</p>																																				



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 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	FW: CHECK Q.4.6: IF CHILD IS DEAD, AND Q.4.10 FOR CHILD'S AGE. RECORD BREASTFEEDING INFORMATION IN THE CALENDAR Col. 3, THEN IF "1" SKIP TO <b>MODULE 3</b> ; IF "2" SKIP TO <b>6.0</b>  Apart from breast milk, has (NAME) ever been given any liquid/food? IF "1" RECORD BREASTFEEDING INFORMATION IN CAL. Col.3 THEN PROCEED TO NEXT QUESTION.	Dead child is < 1 month..... 1 Dead child is older than 1 month..... 2  Yes..... 1 No ..... 2 Don't Know..... 8	→ Module 3 → 6.0  } Record in CAL then skip to 5.17																																																																																																																																																																								
5.18	RECORD AGE OF CHILD IN COMPLETED MONTHS  FW: COMPUTE AGE OF CHILD IN COMPLETED MONTHS BY SUBTRACTING DATE OF BIRTH FROM DATE OF INTERVIEW	Age in Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																																																																																																									
5.19	FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE	Child is 6 months old or less..... 1 Child is over 6 months old..... 2	→ 5.13																																																																																																																																																																								
5.20	At what age were complementary liquids/ foods introduced to (NAME)?  RECORD AGE IN MONTHS. IF DON'T KNOW CIRCLE 98, IF NOT YET INTRODUCED RECORD 99	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Age</td> </tr> <tr> <td></td> <td style="text-align: center;">Days    Weeks    Months</td> </tr> <tr> <td>Liquids.....</td> <td><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>Semi-solids..</td> <td><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>Don't know.....</td> <td>98</td> </tr> </table>		Age		Days    Weeks    Months	Liquids.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							Semi-solids..	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							Don't know.....	98	}																																																																																																																																																		
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5.13	In the last three days, did (NAME) receive any of the following?  PROMPT FOR EACH LIQUID/SOLIDS 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" style="width: 100%;"> <tr> <th colspan="3"></th> <th colspan="3">Q. '5.13</th> <th colspan="6">Q. '5.14 (Age)</th> </tr> <tr> <th colspan="3"></th> <th>Y</th> <th>N</th> <th>D</th> <th colspan="2">Days</th> <th colspan="2">Weeks</th> <th colspan="2">Months</th> </tr> <tr><td>01</td><td>Vitamin/mineral supplements</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>02</td><td>Plain water</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>03</td><td>Sweetened/flavored water</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>04</td><td>Fruit juice</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>05</td><td>Beverages (e.g. tea, etc)</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>06</td><td>Powdered/fresh milk</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>07</td><td>Infant formula</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>08</td><td>Porridge</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>09</td><td>Soup (gravy/bone)</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td>Soft drinks (e.g. soda etc.)</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td>Other liquids (specify)_____</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td>Solid/semi-solid (mushy) food</td><td></td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>				Q. '5.13			Q. '5.14 (Age)									Y	N	D	Days		Weeks		Months		01	Vitamin/mineral supplements		1	2	8							02	Plain water		1	2	8							03	Sweetened/flavored water		1	2	8							04	Fruit juice		1	2	8							05	Beverages (e.g. tea, etc)		1	2	8							06	Powdered/fresh milk		1	2	8							07	Infant formula		1	2	8							08	Porridge		1	2	8							09	Soup (gravy/bone)		1	2	8							10	Soft drinks (e.g. soda etc.)		1	2	8							11	Other liquids (specify)_____		1	2	8							12	Solid/semi-solid (mushy) food		1	2	8							
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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/ MONTHS IN THE BOXES PROVIDED. RECORD IN ONLY ONE UNIT.  IF DON'T KNOW OR REMEMBER, RECORD '98'																																																																																																																																																																										

5.15	What is used to feed (NAME)? Do you use....  PROMPT FOR EACH CATEGORY AND CIRCLE AS APPROPRIATE, IF RESPONDENT SAYS YES, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>D</th> </tr> </thead> <tbody> <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/ bowl with no cover and spoon...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Feeding with palm/hands.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> (specify)_____		Y	N	D	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	8	Cup with holes.....	1	2	8	Cup/ bowl with no cover and spoon...	1	2	8	Feeding with palm/hands.....	1	2	8	Other .....	1	2	8						
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5.16	Why was (NAME) given liquids/solids?  DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE  CIRCLE ALL RESPONSES MENTIONED	<table border="0"> <tbody> <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>Baby not satisfied/ baby hungry/ breast milk not enough.....</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>Baby cries a lot.....</td><td>L</td></tr> <tr><td>To prevent/cure stomach upset....</td><td>M</td></tr> <tr><td>Baby had hiccups.....</td><td>N</td></tr> <tr><td>Baby thirsty.....</td><td>O</td></tr> <tr><td>Other (Specify_____)</td><td>P</td></tr> <tr><td>Don't Know.....</td><td>Q</td></tr> </tbody> </table>	Baby ill/unable/refused to suckle.....	A	Mother refused to breast feed.....	B	Mother was very sick.....	C	Baby not satisfied/ baby hungry/ breast milk not enough.....	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	Baby cries a lot.....	L	To prevent/cure stomach upset....	M	Baby had hiccups.....	N	Baby thirsty.....	O	Other (Specify_____)	P	Don't Know.....	Q
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5.17	In your opinion, 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, CIRCLE '98'	<table border="0"> <tbody> <tr> <td>Age in Months</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Don't know.....</td> <td colspan="2">98</td> </tr> </tbody> </table>	Age in Months	<input type="text"/>	<input type="text"/>	Don't know.....	98																													
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<b>6.0</b>	<b>VACCINATION HISTORY</b>																																																																																												
	Now I would like to ask you about (NAME)'s vaccination																																																																																												
6.1	Does/ Did (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	Yes, card/ book seen..... 1 Yes, card/book not seen..... 2 No card..... 3 Don't Know..... 8	→ 6.3 → 6.5																																																																																										
6.2	Has (NAME) ever had/ Did (NAME) ever have a vaccination card?  CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No ..... 2 Don't Know..... 8	} → 6.5																																																																																										
6.3	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																																																																																												
	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	BCG Pentav.1 Pentav.2 Pentav.3 OPV0 OPV1 OPV2 OPV3 Measles	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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> </table>	D	D	M	M	Y	Y	Y	Y																																																																																		
D	D	M	M	Y	Y	Y	Y																																																																																						
6.4	Has (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign?  PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED. THEN ENTER DATE.  IN THE FIRST BOX FOR OTHER: INDICATE <b>B</b> =BCG; <b>V</b> = PENTAV; <b>P</b> =POLIO; <b>M</b> =MEASLES; THEN PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/ DID NOT PARTICIPATE CIRCLE 99.	<table style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pentav.</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Polio</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr><td colspan="10"> </td></tr> <tr> <td>Other 1</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other 2</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other 3</td> <td><input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											BCG	<input type="checkbox"/>									Pentav.	<input type="checkbox"/>									Polio	<input type="checkbox"/>									Measles	<input type="checkbox"/>																			Other 1	<input type="checkbox"/>									Other 2	<input type="checkbox"/>									Other 3	<input type="checkbox"/>									No Campaign/did not participate..... 99
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	<b>IF YOU HAVE RECORDED INFORMATION FROM THE CARD SKIP TO 7.0 ON CHILD MORBIDITY, IF CHILD IS DEAD SKIP TO MODULE 3 (POST PARTUM SEXUAL ACTIVITY)</b>																																																																																												

6.5	<b>FW: NB: IF YOU DID NOT SEE A VACCINATION CARD, ASK QUESTIONS 6.5 UP TO 6.16</b>		
	PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:  A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes..... 1 No ..... 2 Don't Know..... 8	
6.6	FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "98" ELSE ASK: Would you mind if I check (NAME) to see if there is an immunization scar?  INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR: IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 9.	Scar Present..... 1 Scar absent ..... 2 Child not examined..... 9 Child is dead..... 98	
6.7	Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria sometimes given at the same time as polio vaccine?	Yes..... 1 No ..... 2 Don't Know..... 8	} 6.9
6.8	How many such injections has (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED.  IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	Number of injections..... <input type="text"/> Don't Know..... 8	
6.9	Vaccine drops in the mouth to protect him/her from getting polio?	Yes..... 1 No ..... 2 Don't Know..... 8	} 6.12
6.10	How many times has s/he been given these drops? RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	Number of times drops given... <input type="text"/> Don't Know..... 8	
6.11	When was the first polio vaccine received? Was it just after birth (that is within two weeks after birth) or later?  CIRCLE THE APPROPRIATE RESPONSE	Just after Birth..... 1 Later..... 2 Don't Know..... 8	
6.12	Has (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more – to prevent him or her from getting measles?	Yes..... 1 No ..... 2 Don't Know..... 8 Not yet 9 months..... 9	
6.13	FW: IF CHILD WAS GIVEN ANY VACCINES FROM Q 6.5 TO 6.12, ASK: Were any of the vaccinations (NAME) received given as part of a national immunisation day/ immunisation campaign?	Yes..... 1 No ..... 2 Don't Know..... 8	} 6.15
6.14	Can you recall the date(s) of the campaign(s)?  RECORD THE MONTH AND YEAR OF THE CAMPAIGNS. PROBE BY ASKING, ANY OTHER... AND RECORD DATES FOR ALL THE CAMPAIGNS. INDICATE <b>B</b> =BCG; <b>V</b> =PENTAV; <b>P</b> =POLIO; <b>M</b> =MEASLES IN THE FIRST BOX. IF DOES NOT RECALL MONTH RECORD 98.	1 <sup>st</sup> <input type="text"/> <input type="text"/> M M Y Y Y Y 2 <sup>nd</sup> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 <sup>rd</sup> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

6.15	FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?	Yes..... 1 No ..... 2 Don't Know..... 8	—→ 7.0 —→ 7.0
6.16	Please tell me the main reason why (NAME) has never been/ was never given any immunisation ?          DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak..... A Not important/ignorance..... B Away/No time off work/ business..... C Mother/carer forgot..... D Mother/ carer sick/ died..... E Religious beliefs..... F Suspicion towards vaccines..... G Hospital/ clinic to far..... H Cost of vaccine..... I No vaccine/supplies at clinic..... J No reason..... K Don't Know..... L Other (specify)..... M	
FW: IF CHILD IS DEAD SKIP TO MODULE 3 (POST PARTUM SEXUAL ACTIVITY)			

<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 7.15.					
7.1	Has (NAME) been ill with any of the following illness at any time in the last two weeks? FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions
	<b>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</b>	<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 ill with (NAME OF ILLNESS)? <b>RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES OTHERWISE RECORD '99 IF THERE WAS NO ILLNESS.</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, GIVE CODE FOR ILLNESS BEFORE SPECIFYING.</b>  [e.g. IF CHILD HAD FEVER AND WAS SPONGED, RECORD (a) sponging ]	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 = None 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"/>
		Other (specify) _____				

	<b>NB: a =FEVER; b =DIARRHEA; c =COUGH; d =COUGH + RAPID BREATH; e =CONVULSIONS</b>	Fever	Diarrhea	Cough	Cough + Rapid Breath	Convulsions
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 CHILD HAD.	<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 health facility? (CODE SHEET A <sup>1</sup> ) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD. RECORD ONLY THE <b>MAIN</b> REASON	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (specify) _____				
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"/>
7.9	Where was treatment sought? RECORD CODE OF 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"/>
		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	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? 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).	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; 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"/>
		Other (specify) _____				
7.13	FW: CHECK 7.9 AND 7.12 ; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK: Why did you seek care elsewhere (i.e at a health facility)?(CODE SHEET A <sup>3</sup> ) FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE PROCEED TO 7.15	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (specify) _____				
7.14	FW: FOR THOSE REFERRED/ASKED TO RETURN FOR FOLLOW-UP BUT DID NOT GO. I.E. CHECK IF 7.10 IS "1" OR "3" AND 7.11 IS "2" ASK: Why was (NAME) not taken for a follow up visit/ not taken to another facility where he/ she was referred (CODE SHEET A <sup>4</sup> ) RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <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  IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A<sup>5</sup>). IF MORE THAN ONE ILLNESS,  PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	<p>YES..... 1      MOST SERIOUS ILLNESS  NO..... 2  DON'T KNOW..... 8      <input type="text"/>  Other (specify) _____</p>																																										
7.16a	Have you heard about ORS?	<p>YES..... 1  NO..... 2</p>																																										
7.16b	Do you know about the salt and sugar solution prepared for children with diarrhoea?	<p>YES..... 1  NO..... 2</p>																																										
7.17	<p>FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO MODULE 3, ELSE ASK:  Please tell me, how is ORS (sugar and salt solution) 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 CIRCLE UNDER  THE CORRECT COLUMN ONLY IF THE RIGHT SPECIFICATIONS ARE MENTIONED.  ELSE CIRCLE UNDER THE INCORRECT COLUMN.    CIRCLE ALL THE STEPS MENTIONED</p>	<table border="0"> <thead> <tr> <th></th> <th>Correct</th> <th>Incorrect</th> </tr> </thead> <tbody> <tr> <td>Wash Hands/Utensils.....</td> <td>A</td> <td>A</td> </tr> <tr> <td>Boil water.....</td> <td>B</td> <td>B</td> </tr> <tr> <td>Cool the water.....</td> <td>C</td> <td>C</td> </tr> <tr> <td><b>Measure 1/2 litre of water.....</b></td> <td>D</td> <td>D</td> </tr> <tr> <td><b>Measure 1 litre of water.....</b></td> <td>E</td> <td>E</td> </tr> <tr> <td><b>Measure 1 level teaspoon salt.....</b></td> <td>F</td> <td>F</td> </tr> <tr> <td><b>Measure 8 level teaspoons sugar.....</b></td> <td>G</td> <td>G</td> </tr> <tr> <td>Mix &amp; stir ingredients to dissolve.....</td> <td>H</td> <td>H</td> </tr> <tr> <td>Store mixture in a covered container.....</td> <td>I</td> <td>I</td> </tr> <tr> <td>Dissove sachet of ready ORS.....</td> <td>J</td> <td>J</td> </tr> <tr> <td>Other.....</td> <td>K</td> <td></td> </tr> <tr> <td colspan="3">Specify _____</td> </tr> <tr> <td>Don't Know.....</td> <td>98</td> <td></td> </tr> </tbody> </table>		Correct	Incorrect	Wash Hands/Utensils.....	A	A	Boil water.....	B	B	Cool the water.....	C	C	<b>Measure 1/2 litre of water.....</b>	D	D	<b>Measure 1 litre of water.....</b>	E	E	<b>Measure 1 level teaspoon salt.....</b>	F	F	<b>Measure 8 level teaspoons sugar.....</b>	G	G	Mix & stir ingredients to dissolve.....	H	H	Store mixture in a covered container.....	I	I	Dissove sachet of ready ORS.....	J	J	Other.....	K		Specify _____			Don't Know.....	98	
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7.18	FW CHECK 7.1, 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	<p>YES..... 1  NO..... 2  Don't Know..... 8</p>																																										



<b>MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY</b> FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4.			
<b>8.0 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)?  IF "2", RECORD "A" FOR PPA IN THE CALENDAR (Col.1); THEN SKIP TO 8.5. (PPA - POST PARTUM AMENORRHOEA)	YES..... 1 NO..... 2	→ Record in CAL then skip to 8.5
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"/> <input type="text"/>	Record in CAL
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)  FW: PROBE FOR EVERY MONTH AFTER BIRTH AND RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.		Record in CAL
8.7	Are you pregnant now?  RECORD IN CAL (Col.1) FOR ALL THE MONTHS SINCE BIRTH OF (NAME) THEN SKIP TO 8.9	YES..... 1 NO..... 2 Not sure..... 8	} Record in CAL 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	<b>FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3.</b> <b>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	<p>What ways or methods have you heard about? FW: ASK EACH METHOD</p> <p>a. FEMALE STERILISATION. Women can have an operation to avoid having any more children</p> <p>b. MALE STERILISATION. Men can have an operation to avoid having any more children</p> <p>c. PILL. Women can take a pill every day to avoid becoming pregnant.</p> <p>d. IUD. Women can have a loop or coil placed inside them by a doctor or a nurse to avoid becoming pregnant</p> <p>e. INJECTABLES. Women can have an injection provided by a health provider that stops them from becoming pregnant for one or two months.</p> <p>f. IMPLANTS. (e.g. Norplant/ Jadel): Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years</p> <p>g. CONDOMS. Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>h. FEMALE CONDOMS. Women can place a sheath in their vagina before sexual intercourse.</p> <p>i. LACTATIONAL AMENORRHEA METHOD (LAM). Physiological suppression of menstruation while nursing</p> <p>j. RHYTHM METHOD. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is likely to get pregnant.</p> <p>k. WITHDRAWAL. Men can be careful and pull out before climax</p> <p>l. EMERGENCY CONTRACEPTION. After unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> <p>m. DIAPHRAGM a contraceptive device consisting of a flexible dome-shaped cup made of rubber or plastic; it is filled with spermicide and fitted over the uterine cervix to prevent pregnancy</p> <p>n. SPERMICIDE (e.g. Foam/Jelly/ Tablet). These are medications placed in the vagina that kill sperms on contact to prevent pregnancy.</p> <p>o. OTHER (Specify)_____</p>	<p><b>KNOWLEDGE</b></p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p>	<p><b>Q. 9.2 Have you ever used (METHOD)?</b></p> <p><b>EVER USED</b></p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p>
<b>IF WOMAN HAS NEVER USED ANY METHOD SKIP TO 9.9</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	→ Record in CAL COLs.4; 6 & 7 then skip to 9.9
9.4p	Are you currently using any method of contraception?	YES..... 1 NO..... 2	
9.5	Which method(s) of contraception have you used since the birth of (NAME)? RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE BIRTH OF (NAME). MORE THAN ONE ANSWER IS ALLOWED.		Record in CAL
9.6	What is the reason you chose to use (NAME OF CURRENT METHOD MENTIONED IN 9.5)? RECORD MORE THAN ONE RESPONSE: a DOCTOR ADVISED THIS METHOD..... A b HAS LITTLE SIDE EFFECTS..... B c PARTNER IS NOT AWARE OF IT..... C d BECAUSE RESPONDENT LIKES IT..... D e CONVENIENT TO USE..... E f KNOWS NO OTHER METHOD..... F g KNOWS NO SOURCE OF WHERE TO GET OTHERS..... G h COST IS NOT TOO MUCH..... H i PARTNER REQUESTED OR INSISTED..... I j HEALTH CONCERNS..... J k OTHER Specify_____ K FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.6) FOR EACH EPISODE REASONS FOR CHOOSING TO USE THAT METHOD. MULTIPLE ANSWERS ALLOWED.		Record in CAL
9.7p	Since the birth of (NAME) did you use any other method to prevent pregnancy? IF "2" Record in CAL. Col. 7 then skip to 9.8	YES..... 1 NO..... 2	→ Record in CAL then skip to 9.8
9.7	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. 6 IN THE CALENDAR; RECORD (IN Col.7) FOR EACH EPISODE WHEN THERE WAS CHANGE IN USE; THE REASONS FOR STOPPING TO USE PREVIOUS METHOD. USE THE CODES PROVIDED. MORE THAN ONE ANSWER IS ALLOWED.		Record in CAL

9.8	<p>Where did you get the current method of contraception when you started using it?</p> <p>ONLY ONE ANSWER IS ALLOWED</p>	<p>Health Facility..... 1</p> <p>Pharmacy/ Chemist..... 2</p> <p>Mobile clinic/ outlet..... 3</p> <p>Community Based Distribut..... 4</p> <p>Shop..... 5</p> <p>Friends/ relatives..... 6</p> <p>Other ..... 7</p> <p>Specify_____</p>					
9.9	<p>What is the name of the nearest hospital/ health center/ clinic/ public place to where you live that offers family planning services?</p> <p>PLEASE RECORD NAME IN FULL AND ITS LOCATION</p> <p>IF DON'T KNOW SKIP TO 10.0</p>	<p>Name: _____</p> <p>_____</p> <p>HF code <table border="1" data-bbox="1118 533 1271 569"><tr><td></td><td></td><td></td></tr></table></p> <p>Location _____</p> <p>Don't Know..... 98 → 10.0</p>					
9.10	<p>How long does it take to get there when walking?</p> <p>IF LESS THAN 1 HOUR WRITE IN MINUTES, IF DON'T KNOW CIRCLE 98</p>	<p>MINUTES <table border="1" data-bbox="1169 697 1271 735"><tr><td></td><td></td></tr></table></p> <p>HOURS <table border="1" data-bbox="1169 735 1271 770"><tr><td></td><td></td></tr></table></p> <p>Don't Know..... 98</p>					

<b>10.0</b>	<b>FUTURE INTENTIONS</b>		
	Now I would like to ask you some questions on your future intentions about family life.		
	FW: QUESTION 10.1 IS FOR THOSE CURRENTLY USING CONTRACEPTION. I.E. CHECK IF Q.9.4p IS "1" ASK ELSE SKIP TO 10.2		
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_____	
10.2	<b>FW: CHECK (IF PREGNANT) i.e Q. 8.5 is "1" and Q. 8.7 is "1" SKIP TO 10.6 ELSE ASK:</b>		
	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	→ 10.2r → 10.3
10.2p	For how long would you like to wait before you have another child?  IF LESS THAN ONE MONTH CIRCLE "993"	Months 1 <input type="text"/> <input type="text"/> Years 2 <input type="text"/> <input type="text"/> Soon(Now)..... 993 Cannot get pregnant..... 994 After marriage..... 995 Other..... 996 Specify_____	} <b>10.3</b>
10.2q	Why do you want to wait for ____ period?  <b>MENTION THE PERIOD STATED IN 10.2p.</b>  CIRCLE THE <b>MAIN</b> REASON.	Baby too young..... 1 To gain strength..... 2 Traditional practice..... 3 Husband/ Partner away.... 4 To avoid pregnancy..... 5 Financial reasons..... 7 Other..... 6 Specify_____	} <b>10.2s</b>
10.2r	Why don't you want to have any more children?  CIRCLE THE <b>MAIN</b> REASON.	Have too many children..... 1 Too old..... 2 Health concerns..... 3 Financial reasons..... 4 No partner/ no sex..... 5 Partner doesn't want more 6 Can't get pregnant..... 7 Other ..... 8 Specify_____	

10.2s	<p>FW: CHECK IF EITHER 9.4p or 9.4 is "2" ASK: ELSE <b>SKIP TO 10.3</b></p> <p>You have said you do not want more children/ don't want a child soon, but you are not using any method to avoid a pregnancy? Can you tell me why?</p> <p>RECORD ALL MENTIONED</p>	<p>No sex/ infrequent sex..... A</p> <p>Can't get pregnant..... B</p> <p>Amenorrhoeic..... C</p> <p>Breastfeeding..... D</p> <p>Partner opposed to use... E</p> <p>Respondent opposed..... F</p> <p>Health concerns..... G</p> <p>Don't know method/ source H</p> <p>Costs too much..... I</p> <p>Up to God..... J</p> <p>Other..... K</p> <p>Specify _____</p> <p>Don't know..... Z</p>																			
10.3	<p>FW:CHECK IF 8.5 is "2" ASK: ELSE <b>SKIP TO 10.6</b></p> <p>Since you have not resumed sexual relations after the birth of (NAME), for how long would you like to wait from now, before engaging in sexual intercourse?</p>	<p>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></p> <p>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></p> <p>YEARS <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></p> <p>Other _____</p>																			
10.4	<p>What is the main reason you want to wait for ____ that period?</p> <p>STATE THE PERIOD MENTIONED IN Q. 10.3.</p> <p>Specify _____</p>	<p>Baby too young..... 1</p> <p>To gain strength..... 2</p> <p>Traditional practice..... 3</p> <p>Husband/ Partner away.... 4</p> <p>To avoid pregnancy..... 5</p> <p>Other..... 6</p>	<p>} 10.8</p>																		
<p><b>FW: CHECK (IF PREGNANT) i.e Q. 8.5 is "1" and Q. 8.7 is "1" ASK THE FOLLOWING QUESTIONS ELSE SKIP TO 10.7</b></p>																					
10.6	<p>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?</p>	<p>NOW..... 1</p> <p>LATER..... 2</p> <p>NOT AT ALL..... 3</p>																			
10.5	<p>After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>Have another child..... 1</p> <p>No more/ None..... 2</p> <p>Undecided/ Don't Know..... 3</p>	<p>→ 10.5r</p>																		
10.5p	<p>After the end of this pregnancy, for how long would you like to wait before having another child?</p> <p>IF LESS THAN ONE MONTH CIRCLE "993"</p>	<p>Months 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Years 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Soon..... 993</p> <p>Cannot get pregnant..... 994</p> <p>After marriage..... 995</p> <p>Other ..... 996</p> <p>Specify _____</p>																			



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 child)..... 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..... DURING PREGNANCY? ..... DURING DELIVERY? ..... DURING BREASTFEEDING? ..... DURING CONCEPTION? .....	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>D/K</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	Y	N	D/K	1	2	8	1	2	8	1	2	8	1	2	8	
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1	2	8																
1	2	8																
1	2	8																
1	2	8																
11.3	Can a mother who is infected with the HIV/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 HIV/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 HIV/AIDS..... 5	} 11.6 → 11.7															
11.5	Why do you think that you have (no risk/ a small chance) of getting HIV/AIDS? MULTIPLE RESPONSES ALLOWED a IS NOT HAVING SEX..... b USES CONDOMS..... c HAS ONLY ONE PARTNER..... d LIMITS THE NUMBER OF PARTNERS..... e PARTNER HAS NO OTHER PARTNERS..... f OTHER REASONS specify_____	..... A ..... B ..... C ..... D ..... E ..... F	} 11.7															
11.6	Why do you think that you have (moderate/ great) chance of getting HIV/AIDS? MULTIPLE RESPONSES ALLOWED a DOES NOT USE CONDOMS..... b HAS MORE THAN ONE SEX PARTNER..... c PARTNER HAS OTHER PARTNERS..... d HOMOSEXUAL CONTACTS..... e HAS BLOOD TRANSFUSION/ INJECTION..... f OTHER REASONS specify_____	..... A ..... B ..... C ..... D ..... E ..... F																
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	→ Record in CAL, Col.5 then skip to 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	<p>What was the <b>main</b> reason why you used a condom on that occasion?</p> <p>WANTED TO PREVENT DISEASE..... 1</p> <p>WANTED TO PREVENT PREGNANCY..... 2</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3</p> <p>DID NOT TRUST PARTNER/ THOUGHT HE HAD OTHER PARTNERS.. 4</p> <p>PARTNER REQUESTED/ INSISTED..... 5</p> <p>WAS HAVING MY PERIODS..... 6</p> <p>OTHER REASONS (specify)..... 7</p>	
11.11	<p>Have you ever experienced any problems with using condoms?</p> <p>YES..... 1</p> <p>NO..... 2</p>	→ 11.14
11.12	<p>What problems have you experienced using condoms?</p> <p>Condom broke..... 1</p> <p>Condom too large..... 2</p> <p>Condom slipped off... 3</p> <p>Diminished pleasure.. 4</p> <p>Other (specify)..... 6</p>	<p>11.14</p>
11.13	<p>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></p> <p>TOO EXPENSIVE..... A</p> <p>EMBARRASSING TO BUY/ OBTAIN..... B</p> <p>DIFFICULT TO DISPOSE OF..... C</p> <p>DIFFICULT TO PUT ON/ TAKE OFF..... D</p> <p>SPOILS THE MOOD..... E</p> <p>DIMINISHES PLEASURE..... F</p> <p>PARTNER OBJECTS/ DOES NOT LIKE..... G</p> <p>INCONVENIENT TO USE/ MESSY..... H</p> <p>OTHER specify..... J</p>	
11.14	<p>Where do you usually get the condoms?</p> <p><b>FW, NB: ONLY ONE RESPONSE ALLOWED. DO NOT PROBE.</b></p> <p>GOVERNMENT HOSPITAL/ HEALTH CENTER/ CLINIC..... 1</p> <p>PRIVATE HOSPITAL/ HEALTH CENTER/ CLINIC..... 2</p> <p>MOBILE CLINIC/ UNIT..... 3</p> <p>NGO/ CBO..... 4</p> <p>COMMUNITY BASED DISTRIBUTOR..... 5</p> <p>SHOP/ KIOSK..... 6</p> <p>FRIENDS/ RELATIVES..... 7</p> <p>OFFICE..... 8</p> <p>OTHER specify..... 9</p>	
11.15	<p>Do you use condoms always, often, rarely or not at all?</p> <p>ALWAYS..... 1</p> <p>OFTEN..... 2</p> <p>RARELY..... 3</p> <p>NOT AT ALL.... 4</p>	

11.16	I will now read some statements about condom use. Please tell me if you agree or disagree with each.  a. Condoms diminish a man's sexual pleasure..... b. It's okay to re-use a condom if you wash it..... c. Condoms protect against disease..... d. Buying condoms is embarrassing..... e. A woman has no right to tell a man to use a condom... f. Condoms contain HIV.....	<table> <tr> <th>AGREE</th> <th>DISAGREE</th> <th>D/K</th> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	AGREE	DISAGREE	D/K	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	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> <tr> <th></th> <th>Acceptable</th> <th>Not Acceptable</th> <th>D/K</th> </tr> <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> </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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13.0	<b>ENDINGS</b>																									
13.1	RESULT OF MODULE 1( <b>CODE SHEET A<sup>8</sup></b> ) [OTHER - SPECIFY .....]	<input type="text"/>																								
13.2	RESULT OF MODULE 2 ( <b>CODE SHEET A<sup>8</sup></b> ) [OTHER - SPECIFY .....]	<input type="text"/>																								
13.3	RESULT OF MODULE 3( <b>CODE SHEET A<sup>8</sup></b> ) [OTHER - SPECIFY .....]	<input type="text"/>																								
13.4	RESULT OF MODULE 4 ( <b>CODE SHEET A<sup>8</sup></b> ) [OTHER - SPECIFY .....]	<input type="text"/>																								
13.5	END TIME	<input type="text"/>	<input type="text"/>																							
13.6	<b>RECORD ANY GENERAL COMMENTS</b> ..... .....																									

<b>MODULE 4: ANTHROPOMETRIC MEASUREMENTS</b> <b>FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT</b>	
<b>12.0</b>	<b>ANTROPOMETRIC MEASUREMENTS</b>
	Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.
4.1	RECORD CHILD'S NAME.....
12.1	START TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.1a	DATE (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"/>
12.2	Is the respondent the mother of the child? Yes..... 1 <b>CIRCLE AS APPROPRIATE</b> No..... 2 Don't Know..... 8
	LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL )
12.3	ENTER THE MEASURED <b>LENGTH</b> (TO THE NEAREST 0.1CM) <input type="text"/> <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.
12.4	ENTER THE <b>WEIGHT OF THE MOTHER/CARER</b> IN KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
12.5	ENTER THE <b>COMBINED WEIGHT OF THE MOTHER/CARER AND THE CHILD</b> IN KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
12.6	ENTER THE <b>WEIGHT OF THE CHILD</b> IN KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
	MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.7	ENTER THE MEASURED <b>CIRCUMFERENCE</b> (TO THE NEAREST 0.1CM) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 <b>CIRCLE THE APPROPRIATE RESPONSE</b> No..... 2
<b>13.0</b>	<b>ENDINGS</b>
13.7	ANTHROPOMETRIC MEASUREMENTS: END TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13.8	<b>RECORD ANY GENERAL COMMENTS</b> ..... .....
13.9	For how long have you lived in the DSA? <input type="text"/>
	<b>FW: IF LESS THAN 1 YEAR. ASK</b>
13.10	Where did you live before coming to the DSA?
13.11	Please give me a telephone contact where we can reach you. <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"/>
<b>14.0</b>	<b>OFFICE/FIELD CHECK DETAILS</b>
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <input type="text"/> <input type="text"/>
14.2	DATA ENTRY CLERK'S CODE <input type="text"/> <input type="text"/>

## EXPOSURE CALENDAR

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	ORDER	MONTH	YEAR
COL. 1	Q. 8.4: How many months after birth of (name) did you have your first period?	2	09	SEP	01							01	SEP	2
		0	10	OCT	02							02	OCT	0
		0	11	NOV	03							03	NOV	0
	A POST PARTUM AMENORRHOEA	6	12	DEC	04							04	DEC	6
	B WHEN CHILD WAS BORN		01	JAN	05							05	JAN	
	P WHEN WOMAN WAS PREGNANT		02	FEB	06							06	FEB	
	M MENSTRUATION		03	MAR	07							07	MAR	
	MX EXPECTING MENSTRUATION IN THE MONTH		04	APR	08							08	APR	
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED	2	05	MAY	09							09	MAY	2
		0	06	JUN	10							10	JUN	0
		0	07	JUL	11							11	JUL	0
		7	08	AUG	12							12	AUG	7
COL. 2	Q. 8.6: Since resuming sex, have you had sex in..... (FW: name month after birth of NAME)													
	S RECORD S ON THE MONTH SHE HAD SEX													
	X WHEN THERE WAS NO SEX													
	B INDICATE B WHEN CHILD WAS BORN		09	SEP	01							01	SEP	
			10	OCT	02							02	OCT	
			11	NOV	03							03	NOV	
			12	DEC	04							04	DEC	
	B RECORDED IN MONTHS SHE BREASTFED CHILD		01	JAN	05							05	JAN	
	D RECORD D IN MONTH WHEN CHILD DIED & THEREAFTER		02	FEB	06							06	FEB	
	BN WHEN CHILD WAS NEVER BREASTFED		03	MAR	07							07	MAR	
	X IN MONTHS WHEN BREASTFEEDING STOPPED		04	APR	08							08	APR	
	P MONTHS WHEN SHE WAS/IS PREGNANT	2	05	MAY	09							09	MAY	2
COL. 3	Q. 5.10: FW CHECK Q8.9 For how many months did you breastfeed (NAME)?	0	06	JUN	10							10	JUN	0
		0	07	JUL	11							11	JUL	0
		8	08	AUG	12							12	AUG	8
	A FEMALE STERILISATION		09	SEP	01							01	SEP	
	B MALE STERILISATION		10	OCT	02							02	OCT	
	C PILL		11	NOV	03							03	NOV	
	D IUD		12	DEC	04							04	DEC	
	E INJECTABLES		01	JAN	05							05	JAN	
	F CONDOM		02	FEB	06							06	FEB	
	G FEMALE CONDOM		03	MAR	07							07	MAR	
	H DIAPHRAGM		04	APR	08							08	APR	
	I FOAM/JELLY	2	05	MAY	09							09	MAY	2
COL. 4	Q. 9.5: Which method have you used since the birth of (NAME)? PROBE FOR ALL MONTHS	0	06	JUN	10							10	JUN	0
		0	07	JUL	11							11	JUL	0
		9	08	AUG	12							12	AUG	9
	A FEMALE STERILISATION		09	SEP	01							01	SEP	
	B MALE STERILISATION		10	OCT	02							02	OCT	
	C PILL		11	NOV	03							03	NOV	
	D IUD		12	DEC	04							04	DEC	
	E INJECTABLES		01	JAN	05							05	JAN	
	F CONDOM		02	FEB	06							06	FEB	
	G FEMALE CONDOM		03	MAR	07							07	MAR	
	H DIAPHRAGM		04	APR	08							08	APR	
	I FOAM/JELLY	2	05	MAY	09							09	MAY	2
COL. 5	Q. 11.3: During the time engaged in sex did you or your partner use a condom?	0	06	JUN	10							10	JUN	0
		0	07	JUL	11							11	JUL	0
		0	08	AUG	12							12	AUG	0
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM		09	SEP	01							01	SEP	
			10	OCT	02							02	OCT	
			11	NOV	03							03	NOV	
			12	DEC	04							04	DEC	
	Add A- ALWAYS; S- SOMETIMES; N- NEVER		01	JAN	05							05	JAN	
	Check Col.2 when she had sex.		02	FEB	06							06	FEB	
	X INDICATE X WHEN THERE WAS NO SEX		03	MAR	07							07	MAR	
			04	APR	08							08	APR	
		2	05	MAY	09							09	MAY	2
COL. 6	Q. 9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5)	0	06	JUN	10							10	JUN	0
		1	07	JUL	11							11	JUL	1
		0	08	AUG	12							12	AUG	0
	FW NB: MORE THAN 1 RESPONSE ALLOWED.		09	SEP	01							01	SEP	
	A DOCTOR ADVISED THIS METHOD		10	OCT	02							02	OCT	
	B HAS LITTLE SIDE EFFECTS		11	NOV	03							03	NOV	
	C PARTNER IS NOT AWARE OF IT		12	DEC	04							04	DEC	
	D BECAUSE RESPONDENT LIKES IT		01	JAN	05							05	JAN	
	E CONVENIENT TO USE		02	FEB	06							06	FEB	
	F KNOWS NO OTHER METHOD		03	MAR	07							07	MAR	
	G KNOWS NO SOURCE OF WHERE TO GET OTHERS	2	04	APR	08							08	APR	2
	COL. 7	Q. 9.7: Why did you stop using the previous method? (I.e. change from the one you were using before)	0	05	MAY	09							09	MAY
		1	06	JUN	10							10	JUN	1
		1	07	JUL	11							11	JUL	1
			08	AUG	12							12	AUG	
A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY			09	SEP	01							01	SEP	
B BECAME PREGNANT WHILE USING			10	OCT	02							02	OCT	
C HAD SIDE EFFECTS			11	NOV	03							03	NOV	
D WANTED TO BECOME PREGNANT			12	DEC	04							04	DEC	
E HUSBAND/ PARTNER DISAPPROVED			01	JAN	05							05	JAN	
F WANTED MORE EFFECTIVE METHOD			02	FEB	06							06	FEB	
G HEALTH CONCERNS			03	MAR	07							07	MAR	
H LACK OF ACCESS/ TOO FAR		2	04	APR	08							08	APR	2