C3UPD2	AFRICAN POPULATION AND HEALTH RESEARCH CENTER	Serial	
	URBANIZATION, POVERTY AND HEALTH DYNAMICS	S1_id	
Sep 2008	MATERNAL AND CHILD HEALTH - **SURVEY 5 (COHORT3)**	U1_id	
	UPDATE2 QUESTIONNAIRE	Slum	

Consent Form

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

PROCEDURES:
We last visited you between May and August 2008 when we asked about your family and took your child's height and weight measurements. We are here again today to ask some more questions about how you and your family are getting along. You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year to ask some more questions and measure your child.

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

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

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

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

WHOM TO CONTACT:
If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Eliya Zulu, Research Director, African Population and Health Research Center 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 ### ##	
1.3	DATE OF INTERVIEW (DD/MM/YYYY)			
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)			
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]**			
1.15a	REASONS FOR NOT INTERVIEWING THE MOTHER	Mother dead ………………………… 01 Mother unknown …………………… 02 Child adopted ……………………… 03 Mother mentally challenged ………. 04 Mother physically challenged (deaf) 05 Other (specify) _____ 96		
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, FEEDING PRACTICES AND VACCINATION. **FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS** **DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.**
4.0	**CHILD'S VITAL STATUS**
	The last time I was here, I asked you questions about you and your child's health and took your weight and height measurements. Now I would like to know:

4.6b	*Where was (NAME) in Update1?* IF CHILD WAS DEAD IN 1st UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0	*4.6b)Child's presence Upd1*	If 3 →Record in CAL, Col.3 then skip **8.0**
4.6	Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE	Child at home ….…………. 1 Child not at home but alive……… 2 Child dead…………... 3	} **5.0**
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)		
4.8	Was (NAME) ill before he/she died? CIRCLE THE APPROPRIATE RESPONSE	Yes…………………………………… 1 No …………………………………… 2	
4.9	What in your opinion caused the death of (NAME)?	_____ _____	

	5.0 BREASTFEEDING AND OTHER FEEDING PRACTICES		
	Now I would like to ask you a few questions about (NAME's) feeding patterns and how he/ she is/ was growing.		
	Questions and Filters	Coding categories	Skip to
5.1b	*Had (NAME) ever been breastfed in 1st Update?* 5.1a) Initial	5.1b) Update1 ###	If 2 → **5.12b**
	FW: CHECK **4.6**: IF CHILD IS DEAD **GO TO THE CALENDAR** AND RECORD B FOR BREASTFEEDING IN Col. 3 FOR ALL MONTHS SINCE PREVIOUS INTERVIEW. FILL IN D FOR THE MONTH IN WHICH THE CHILD DIED. **THEN SKIP TO SECTION, 6 ON VACCINATION HISTORY.** ELSE CHECK		
		5.9a) Still BF in Initial 1	
5.9b	*Was (NAME) still breastfeeding at Update1?*	5.9b) Still BF at Update1 ###	If 2 → **5.12b**
5.9	IF "1" ASK: Is (NAME) still breastfeeding? IF "1" RECORD B FOR BREASTFEEDING IN THE CALENDAR Col.3. FOR ALL MONTHS SINCE PREVIOUS INTERVIEW,THEN SKIP TO **5.12b.**	Yes…................................... 1 → No …................................... 2 Don't Know….......................... 8 →	CAL, 5.12b CAL 5.12b
5.10	For how long did (NAME) breastfeed? IF LESS THAN A MONTH, RECORD IN WEEKS, ELSE RECORD IN MONTHS. IF DON'T KNOW, CIRCLE 98 PROBE FOR EVERY MONTH SINCE THE LAST INTERVIEW AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3	Weeks…......... ☐☐ Months…......... ☐☐ Don't Know…............. 98	Record in CAL.
5.11	What is the most important reason why (NAME) stopped breastfeeding? DO NOT PROMPT; CIRCLE THE (ONE) MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill/unable/refused to suckle….......01 Mother refused to breastfeed…............ 02 Spouse refused …....….................. 03 Mother was very sick…..................... 04 No/inadequate breast milk…............... 05 Mother was away …....................... 06 Mother died…............................. 07 Sore/cracked nipples…..................... 08 Advice by health professional….......... 09 Advice by other person…................ 10 Baby was old enough to stop…........... 11 Other (Specify) _____ 96 Don't Know…............................... 98	
5.12b	*Had (NAME) started complementary food at previous inteview?*	5.12a) Initial surv 1 5.12b) Update1 ###	**If 1** → **5.15**
5.12	Apart from breast milk, has (NAME) ever been given any liquid or solid food?	Yes….. 1 No ….. 2 Don't Know…............................... 8	} **6.0**
5.20	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.	Age Days Weeks Months Liquids….........… ☐☐ ☐☐ ☐☐ Semi-solids…........… ☐☐ ☐☐ ☐☐ Don't know…........................... 98	

			Y	N	D
5.15	What is used to feed (NAME)? Do you use….	Bottle with nipple/teat……………………	1	2	8
		Cup with nipple/teat……………………	1	2	8
	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'	Cup with holes………………………..	1	2	8
		Cup with no cover and/ or spoon……………………………….	1	2	8
		Palm of the hand…………………..	1	2	8
		Other (specify)_____	1	2	8

6.0 VACCINATION HISTORY

Now I would like to ask you about (NAME)'s vaccination

6.1b	*Did (NAME) have a vaccination card at recruitment and 1st Update?*	6.1a) Initial		1
		6.1b) Upd 1		###

6.1	Does /did (NAME) have a vaccination card that looks like this? FW: SHOW A COPY OF A VACCINATION CARD			
	IF YES ASK: May I see it please?	Yes, card/book seen……………….	1	→ 6.3
	FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY	Yes, card/book not seen………….	2	→ 6.5b
	OTHER TYPE OF CARD AND ASK TO SEE IT.	No card…………………………….	3	
	CIRCLE THE APPROPRIATE RESPONSE	Don't Know…………………….	8	

6.2	CHECK IF **6.1b** is "1", CIRCLE 1; ELSE ASK	Yes…………………………………….	1	
	Has/had (NAME) ever had a vaccination card?	No …………………………………….	2	6.5b
		Don't Know………………………….	8	

6.3 FW: COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
FILL IN ONLY THOSE DATES WHICH WERE NOT FILLED BEFORE
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT NO DATE IS RECORDED.
WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT DATE IS NOT LEGIBLE

		D D	M M	Y Y Y Y
BCG	BCG	#REF!	#REF!	#REF!
Pentavalent 1	Pentav.1	#REF!	#REF!	#REF!
Pentavalent 2	Pentav.2	#REF!	#REF!	#REF!
Pentavalent 3	Pentav.3	#REF!	#REF!	#REF!
Oral Polio Vaccine Birth Dose (OPV0)	OPV0	#REF!	#REF!	#REF!
Oral Polio Vaccine 1st Dose (OPV1)	OPV1	#REF!	#REF!	#REF!
Oral Polio Vaccine 2nd Dose (OPV2)	OPV2	#REF!	#REF!	#REF!
Oral Polio Vaccine 3rd Dose (OPV3)	OPV3	#REF!	#REF!	#REF!
Measles	Measles			

6.4	Has/had (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign?		M M	Y Y Y Y
		BCG		
		Pentav.		
	PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED, THEN ENTER DATE.	Polio		
		Measles		
	IN THE FIRST BOX FOR **OTHER:** INDICATE **B**=BCG; **V**-PENTAV; **P**=POLIO; **M**=MEASLES; THEN, PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED.	Other 1		
		Other 2		
		Other 3		
	IFDOES NOT RECALL RECORD 98 IN MONTHS. IF NO CAMPAIGN, CIRCLE 99.	No Campaign/ Did not participate………….	99	

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

FW NOTE: ASK QUESTION 6.5 TO 6.15 ONLY IF THERE IS NO CARD OR THE CARD WAS NOT SEEN CIRCLE THE APPROPRIATE RESPONSE: IF "YES" CIRCLE 1, IF "NO" CIRCLE 2, IF "DON'T KNOW", CIRCLE 8.

	PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:		
6.5b	*Had/ Has (NAME) been given BCG vaccination in Update1?* FW: CHECK 6.5b IF BCG VACCINATION WAS GIVEN	6.5b) Update1 ###	If 1 ⟶ **6.6b**
6.5	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	
6.6b	*Does/ Did (NAME) have a BCG scar in Update1?* FW:CHECK 6.6b IF ANSWER IS "1" or "98": **SKIP TO 6.7**; ELSE	6.6b) Update1 ###	If 1/ 98 ➜ 6.7
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 dead….. 3 Child not examined …… 4	
6.7b	*Has/ Had (NAME) received pentavalent vaccine in Update1?*	6.7b) Update1	
6.7	Has/ Had (NAME) been given pentavalent vaccination injections, that is; an injection in the thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria sometimes given at the same time as polio vaccine?	Yes……………………… 1 No ………………….. 2 Don't Know……………. 8	} **6.9**
6.8	How many such injections has/had (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. 6.8b) Update1 ### 6.8) 2nd Update Don't Know…………….. 8	
6.9b	*Has/ Had (NAME) received polio vaccine in Update1?*	6.9b) Update1 ###	
6.9	Has/Had (NAME) received vaccine drops in the mouth to protect him/her from getting polio?	Yes……………………… 1 No ………………….. 2 Don't Know……………. 8	} **6.12**
6.10	How many times has/had s/he been given these drops? RECORD NUMBER OF TIMES IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. 6.10b) Update1 ### 6.10) 2nd Update Don't Know…………….. 8	
6.12b	*Has/ Had (NAME) been immunised against measles in Update1?*	6.12b) Update1 ###	If 1 ➜ **6.13**
6.12	Has/Had (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more to prevent him or her from getting measles?	Yes……………………… 1 No ………………….. 2 Not yet 9 months…… 3 Don't Know……………. 8	

6.13	FW: IF CHILD WAS GIVEN ANY VACCINES IN Q 6.5 TO 6.12 ASK: Were any of the vaccinations (NAME) received given as part of a national immunisation day/ immunisation campaign?	Yes.................................... 1 No .... 2 Don't Know........................ 8	} **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**=BCG; **V**=PENTAV; **P**=POLIO; **M**=MEASLES IN THE FIRST BOX. FW: IF RESPONDENT DOES NOT RECALL, RECORD 98 IN MONTHS	M M Y Y Y Y 1st [ ] [ ][ ] [ ][ ][ ][ ] 2nd [ ] [ ][ ] [ ][ ][ ][ ] 3rd [ ] [ ][ ] [ ][ ][ ][ ]

6.15a 6.15b	*Had child ever been given any vaccination in Initial survey?* *Had child been given any vaccination in interval between* *Initial and Update1?*	6.15a) Initial [ ][ ] [ ] 6.15b) Update1 [ ] ###
6.15	FW: CHECK FROM Q 6.3 to 6.12: HAS THE CHILD BEEN GIVEN ANY VACCINATION SINCE PREVIOUS INTERVIEW?	Yes 1 No 2 Don't Know 8

6.15p	FW: CHECK 6.15a, 6.15b AND 6.15: AND SKIP AS APPROPRIATE	**6.15a 6.15b 6.15** 1 1 1 → **7.0** 1 1 2 2 1 2 } **6.16p** 1 2 1 1 2 2 2 2 1 } **7.0** 2 1 1 2 2 2

6.16p	FW: CHECK IF ANSWER IN 6.15b IS "1" AND ANSWER IN 6.15 IS "2" ASK: Please tell me the main reason why (NAME) has/had not had any other immunisations since the last time you were interviewed about your child's immunization?	Child sick/weak......................... 01 Not important/ignorance............. 02 Away/No time off work/ business........ 03 Mother/carer forgot......................... 04 Mother/ carer sick/ died................... 05 Religious beliefs............................. 06 Suspicion towards vaccines.............. 07 Hospital/Clinic too far...................... 08 Cost of vaccine.............................. 09 No vaccine/supplies at clinic.............. 10 Child not old enough....................... 11 No reason……………………….... 12 Other (specify)_____ 96 Don't Know.................................. 98 Has completed all vaccinations....... 15
	CHECK Q. 4.6: IF CHILD IS DEAD, SKIP TO MODULE 3	

7.0	**CHILD MORBIDITY AND HEALTH SEEKING PRACTICES**

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**.

IF CHILD LIVES ELSEWHERE, SKIP TO 8.0

7.1	Has (NAME) been ill with any of the following illness at any time in the last two weeks? FW: RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH	a Fever	b Diarrhoea	c Cough	d Cough & rapid breath	e Convulsions
		☐	☐	☐	☐	☐

FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH + RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES **SKIP TO 7.15.**

7.2	For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98' RECORD "99" IF THERE WAS NO ILLNESS.	a Fever ☐☐ 98 b Diarrhoea ☐☐ 98 c Cough ☐☐ 98 d Cough + Rapid Breath ☐☐ 98 e Convulsions ☐☐ 98

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

7.4	During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual	a ☐	b ☐	c ☐	d ☐	e ☐

7.5	During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None 8 = Don't Know 9 = N/A	a ☐	b ☐	c ☐	d ☐	e ☐

7.6	What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER **FW: IF ANSWER IS "3"; SKIP TO 7.8**	a ☐	b ☐	c ☐	d ☐	e ☐
	Other (Specify) _____					

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
		☐	☐	☐	☐	☐

		a	b	c	d	e
7.7a	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A[4]) **SKIP TO 7.15** ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE **RETURN TO 7.2** FOR THE NEXT ILLNESS WHICH THE CHILD HAD.	☐	☐	☐	☐	☐
			RECORD ONLY THE **MAIN** REASON			
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	☐	☐	☐	☐	☐
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A[2]).	☐	☐	☐	☐	☐
		Other (Specify) _____				
7.10	Was follow-up visit/ referral requested by the health care provider? 1=YES, FOLLOW UP VISIT, 2=NO; 3=YES, REFERRAL TO ANOTHER FACILITY; 8=DON'T KNOW	☐	☐	☐	☐	☐
7.11	Did you take (NAME) for a follow-up visit / referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA; IF "2", **SKIP TO 7.14,** IF "8" OR "9" **SKIP TO 7.15** ONLY IF CHILD HAS NO MORE ILLNESSES ELSE **RETURN TO 7.2** FOR THE NEXT ILLNESS. IF "**1**", PROCEED TO NEXT QUESTION (**7.12**)	☐	☐	☐	☐	☐
7.12	IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK:Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A[2])	☐	☐	☐	☐	☐
		Other (Specify) _____				

7.13	FW: CHECK 7.9 AND 7.12; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK: Why did you seek care elsewhere? (CODE SHEET A[3]) FW: IF CHILD HAS MORE ILLNESSES, **RETURN TO 7.2** FOR THE NEXT ILLNESS ELSE PROCEED **TO 7.15.**	a) Fever	b) Diarrhoea	c) Cough	d) Cough& rapid breath	e) Convulsions
		☐	☐	☐	☐	☐
		Other (Specify) _____ _____				
7.14	FW: CHECK **IF 7.10 is "1" OR "3" and 7.11 is "2"** ASK: Why was (NAME) not taken for a follow up visit/not taken to another facility where he/she was referred?(CODE SHEET A[4]) RETURN **TO 7.2** FOR THE NEXT ILLNESS CHILD HAD; ELSE **PROCEED TO 7.15.**	a ☐	b ☐	c ☐	d ☐	e ☐
		Other (Specify) _____ _____				
7.15	Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days? CIRCLE 1 = YES, 2 =NO, 8 =DON'T KNOW; IF "1", RECORD CODE OF ILLNESS IN THE BOX (CODE SHEET A[5]). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES……………… 1 NO………………….. 2 DON'T KNOW…….. 8 MOST SERIOUS ILLNESS ☐		Other (specify) _____		
7.18	FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her? 1=YES; 2 = NO; 8 = DON'T KNOW	Yes………………………………………………… 1 No ………………………………………………… 2 Does not know/ Has not heard of ORS………… 3 Don't Know…………………………………………. 8				

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.

16.0	Have you given birth to another child after (NAME)?	Yes……………………………. 1 ⟶ 13.0 No……………………………. 2

8.1b	*Marital status in Update 1*	8.1b Marital status at Upd1	###
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married…….……… 01 Living together……………… 02 Separated………..………… 03 Divorced……….…………… 04 Widowed……….………….… 05 Never married……….………. 06	

8.1p	FW: CHECK IF ANSWER TO 8.1b AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	

8.5b	*Had respondent resumed sexual relations at Update1?*	8.5b) Update1	### If 1 ⟶ **8.6**
	FW: CHECK IF ANSWER 8.5a IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6		
8.5	Have you resumed sexual relations since the last time you were interviewed? FW: IF 8.5a IS "2" OR 8.5 IS "2", RECORD 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.	

8.7b	*Was respondent pregnant in Update1?*	8.7a) Update1	###
8.7	Are you pregnant now? RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	YES……………….…...………. 1 NO……………….…………… 2 Not sure………………..……. 8	Record in Calendar then skip to 8.9

8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS		☐☐☐

8.9 FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3.
STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.

9.0 CONTRACEPTION

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

9.4b	*Had respondent ever used any contraception method in Update?*	9.4b) Update 1	###	If 1 ➔ 9.5
	FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 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		➔10.0

9.5 Which method have you used since the previous interview 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.

10.0 FERTILITY INTENTIONS

Now I would like to ask you some questions on your future intentions about sexual life.

FW: CHECK (IF PREGNANT) ie 8.5 is "1" and 8.7 is "1" ASK THE FOLLOWING QUESTIONS, ELSE SKIP TO 11.0

10.6b	*Pregnancy intendedness at Update1*	10.6b) Update1		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 prefer not to have any more children at all?	NOW……………………….. 1 LATER…………………….. 2 NOT AT ALL…………………. 3		

11.0 CONDOM USE

11.8b	*Had respondent ever used a condom at Update1?*	11.8b) Update 1		If 1 ➔ 11.9
11.8	Have you and your partner ever used a condom during sexual intercourse?	YES…………………………… 1 NO……………………………. 2		➔ Record in CAL Col. 5 then Skip to 13.0
11.9	The last time you had sexual intercourse, did you or your partner use a condom? CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR COL 5. RECORD X WHEN THERE WAS NO SEX.	YES…………………………… 1 NO……………………………. 2		Record in CAL Col. 5

AT THE END OF THIS MODULE GO TO SECTION 15.0 ON MIGRATION AND POVERTY

13.0 ENDINGS

13.1 RESULT OF MODULE 1(CODE SHEET A[8]) [OTHER - SPECIFY ………………………………..] ☐

13.2 RESULT OF MODULE 2 (CODE SHEET A[8]) [OTHER - SPECIFY ………………………………..] ☐

13.3 RESULT OF MODULE 3(CODE SHEET A[8]) [OTHER - SPECIFY ………………………………..] ☐

13.4 RESULT OF MODULE 4 (CODE SHEET A[8]) [OTHER - SPECIFY ………………………………..] ☐

13.5 END TIME ☐☐☐☐

13.6 RECORD ANY GENERAL COMMENTS
……..
……..

MODULE 4: ANTHROPOMETRIC MEASUREMENTS

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0

12.0 ANTHROPOMETRIC MEASUREMENTS   ###

        CHILD'S NAME: #REF!

        LOCATION ID: #REF!

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)

12.3b	*Length of child measured at previous interview*	12.3b) Update1	#REF! . ####
12.3	ENTER THE MEASURED **LENGTH** (TO THE NEAREST 0.1CM)	12.3) Update2	.

IF MOTHER'S HEIGHT WAS TAKEN AT ANY PREVIOUS SURVEY DO NOT TAKE IT AGAIN

12.9b	*Height of the mother measured at any previous interview?*	12.9b) Update1	

IF 12.9b IS 2, TAKE MOTHER'S HEIGHT

12.9	ENTER THE **HEIGHT OF THE MOTHER** IN CM (TO THE NEAREST 0.1CM)		.
	(REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)		

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.

12.4b	*Weight of the mother/caretaker measured at previous interview*	12.4b) Update1	#REF! . ####
12.4	ENTER THE **WEIGHT OF THE MOTHER/CARER** IN KG	12.4) Update2	.
12.5	ENTER THE **COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD** IN KG 12.5)		.

12.6b	*Weight of child measured at previous interview*	12.6a) Update1	#REF! . ####
12.6	ENTER THE **WEIGHT OF THE CHILD** IN KG	12.6) Update2	.

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

12.7b	*MUAC measured at previous intervew*	12.7b) Update1	#REF! . ####
12.7	ENTER THE MEASURED **CIRCUMFERENCE** (TO THE NEAREST 0.1CM)	12.7) Update2	.

12.8b	*Was child referred to a nutritional center at previous survey?*	12.8b) Update1

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

CHECK IF 12.8b and 12.8 IS 2, SKIP TO 13.0

12.10	TO WHICH NUTRITIONAL CENTER WAS (NAME) REFERRED?	Redeemed nutritional center….	01
		Lea Toto nutritional center…….	02
		Kariobangi nutritional center….	03
		St. Charles Lwanga center….	04
		Lunga Lunga dispensary……….	05
		Other (Specify)…………………	96

12.11	DID YOU/GUARDIAN COMPLY WITH THIS REFERRAL?	Yes………..	1	→ 13.0
		No………….	2	

12.12	WHY DIDN'T YOU/GUARDIAN COMPLY?	Referral center too far………………………….	01
	MULTIPLE RESPONSES ALLOWED	Child does not meet criteria to be enrolled…..	02
		Mother too busy……………………………….	03
		Stigma associated with center……………...	04
		Child got better………………………………….	05
		Other (specify) ………………………………...	96

13.0 ENDINGS

13.7	ANTHROPOMETRIC MEASUREMENT : END TIME	
13.8	**RECORD ANY GENERAL COMMENTS**	

……..
……..

15.0	**MIGRATION AND POVERTY**		

I would like to ask you questions regarding your stay in Korogocho/Viwandani.

15.4	What is the likelihood that you will stay in Korogocho/Viwandani for the next one year? PROMPT, IF RESPONDENT DOESN'T ANSWER READ OUT THE OPTIONS;		
	Very likely…………………………………………	1	→ 15.7
	Somewhat likely…………………………………..	2	
	Somewhat unlikely………………………………..	3	
	Very unlikely……………………………………..	4	
	Don't know……………………………………....	8	

15.5	If you left Korogocho/Viwandani where would you likely go?	
	DSA (Viwandani/Korogocho)……………………………	01
	Non DSA (Korogocho/Viwandani)………………………	02
	Other Nairobi slum……………………………………..	03
	Nairobi non-slum………………………………………	04
	Other urban area………………………………………..	05
	Rural Kenya…………… …. ………………………..	06
	Outside Kenya…………………………………………	07

15.6	What would be the main reason for you to leave? **CODE SHEET B³**	☐☐☐

15.7	We would like to contact you if you moved from here. Would you be willing to give me a phone number that we can use to contact you?	Yes………..	1
		No………….	2 → 15.10

15.8	Please give me a telephone contact where we can reach you.	☐☐☐☐☐☐☐☐☐☐

Now I would like to ask you questions relating to your engagement in economic activities

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION

15.10	In the last **4 weeks** have you worked for cash or payment in kind? FW: PROBE FOR WORK PAID IN BOTH CASH AND KIND	Yes………..	1
		No………….	2 → 15.18

15.11	What work were you mainly engaged in?	
	Salaried……………………………………………..	1
	Casual………………………………………………	2
	Piecework/daily work………………………………..	3
	Own business………………………………………..	4
	Other (specify) …………………………………….	6

15.12	Where did you do this activity?	
	Same slum………………………………………….	01
	Other slum………………………………………….	02
	Elsewhere in Nairobi…………………………………	03
	Outside Nairobi………………………………………	04
	Foreign country………………………………………	05
	Other (specify) _____	96

15.13	How long does it take you to get to the place of work?	Minutes ……….	☐☐
		Hours ………….	

15.14	What means of transportation do you use to get to this place?	
	Walk…………………………………………………..	1
	Bicycle………………………………………………..	2
	Motorcycle……………………………………………	3
	Matatu/car……………………………………………	4
	Other (specify) _____	6

15.15	On average, how many days during this month (4 weeks) did you do this activity? Days	☐☐

15.16	On average, how many hours per day did you do this activity? Hours ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS	☐☐

15.17	How much money did you earn from this activity at the end of the month?	
	(Cash) Kshs.	☐☐☐☐☐☐
	(Kind) Kshs.	☐☐☐☐☐☐
	Total Kshs.	☐☐☐☐☐☐

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION

15.18	In the 3 months preceeding the last one month, were you engaged in any income generating activity?	Yes………..	1
		No………….	2

CHECK IF 15.10 IS 1 OR 15.18 IS 1 ASK, ELSE SKIP TO 14.0

15.19	When you are at work, who takes care of the (child) children?	
	Takes baby with me to work ………………………….	01
	Takes baby to a day care center……. ……………..	02
	Takes baby to a relative or neighbor's house………..	03
	Leaves baby in the house with a househelp…………………	04
	Leaves baby in the house with other family member..	05
	Leaves baby in the house alone ……………………..	06
	Other (specify) _____	96

14.0	**OFFICE/FIELD CHECK DETAILS**	
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE	☐☐
14.2	DATA ENTRY CLERK'S CODE	☐☐

MOTHER'S NAME: #REF!   HOUSEHOLD ID: #REF!

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 8.3:** Since the previous interview, how many months	2 0 0 6	10 SEP	01								01	SEP	2 0 0 6
	after birth of (name) did you have your first period?		11 OCT	02								02	OCT	
A	POST PARTUM AMENORRHOEA		12 NOV	03								03	NOV	
B	WHEN CHILD WAS BORN		01 DEC	04								04	DEC	
P	WHEN WOMAN IS/ WAS PREGNANT		02 JAN	05								05	JAN	
M	MENSTRUATION		03 FEB	06								06	FEB	
X	NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		04 MAR	07								07	MAR	
MX	MENSTRUATION EXPECTED IN THAT MONTH		05 APR	08								08	APR	
		2 0 0 7	06 MAY	09								09	MAY	2 0 0 7
COL.2	**Q 8.6:** Since resuming sex, have you had sex in…..		07 JUN	10								10	JUN	
	(FW: name month since the previous interview)		08 JUL	11								11	JUL	
S	RECORD S ON THE MONTH SHE HAD SEX		09 AUG	12									AUG	
X	RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX													
			10 SEP	01								01	SEP	
COL.3	**Q.5.9 &5.10:** FW CHECK Q8.9 For how many months		11 OCT	02								02	OCT	
	since previous interview did you breastfeed (NAME)?		12 NOV	03								03	NOV	
B	RECORD B FOR BREASTFEEDING IN MONTHS SHE		01 DEC	04								04	DEC	
	BREASTFED CHILD		02 JAN	05								05	JAN	
D	RECORD D IN MONTH WHEN CHILD DIED		03 FEB	06								06	FEB	
X	IN MONTHS WHEN BREASTFEEDING STOPPED		04 MAR	07								07	MAR	
BN	IN MONTHS WHEN CHILD WAS NEVER BREASTFED		05 APR	08								08	APR	
		2 0 0 8	06 MAY	09								09	MAY	2 0 0 8
COL.4	**Q.9.5:** Which method of FP have you used since the		07 JUN	10								10	JUN	
	the previous interview? PROBE FOR ALL MONTHS		08 JUL	11								11	JUL	
A	FEMALE STERILISATION		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	2 0 0 9
J	LACTATIONAL AMENORRHOEA METHOD		05 APR	08								08	APR	
K	RHYTHM METHOD	2 0 0 9	06 MAY	09								09	MAY	
L	WITHDRAWAL		07 JUN	10								10	JUN	
M	IMPLANTS		08 JUL	11								11	JUL	
N	EMERGENCY CONTRACEPTION		09 AUG	12								12	AUG	
X	WHEN NO METHOD WAS USED													
			10 SEP	01								01	SEP	
COL.5	**Q.11.9:** Since the previous interview, did you or your		11 OCT	02								02	OCT	
	partner use a condom when you engaged in sex?		12 NOV	03								03	NOV	
C	RECORD C FOR ON EVERY MONTH THAT		01 DEC	04								04	DEC	
	RESPONDENT HAD SEX USING A CONDOM		02 JAN	05								05	JAN	2 0 1 0
	Add A-ALWAYS; S-SOMETIMES; N-NEVER		03 FEB	06								06	FEB	
	Check Q.8.6 (Col. 2) when she had sex.		04 MAR	07								07	MAR	
X	WHEN THERE WAS NO SEX		05 APR	08								08	APR	
		2 0 1 0	06 MAY	09								09	MAY	
COL.6	**Q.9.6:** What is the reason you choose to		07 JUN	10								10	JUN	
	use (NAME of method mentioned in Q.9.5)		08 JUL	11								11	JUL	
	FW NB: MORE THAN 1 RESPONSE ALLOWED.		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	2 0 1 1
G	KNOWS NO SOURCE OF WHERE TO GET OTHERS		03 FEB	06								06	FEB	
H	COST **IS/ IS NOT** TOO MUCH		04 MAR	07								07	MAR	
I	PARTNER REQUESTED OR INSISTED		05 APR	08								08	APR	
J	HEALTH CONCERNS	2 0 1 1	06 MAY	09								09	MAY	
K	OTHER REASONS		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													