

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 February/May 2009 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 on 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	### ##																									
1.3	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) (OTHER specify.....)																										
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)																										
1.18	Do you stay in this household? (1=YES; 2=NO)																										
2.0 ANTENATAL CARE, DELIVERY AND POST NATAL CARE. IF NOT CHILDS MOTHER SKIP TO 4.0																											
2.17	In the last pregnancy, did you know what an OBA voucher is? (This is the voucher that pregnant women are given to assist them in payment of hospital bill at the time of delivery).	Yes..... 1 No..... 2	→ 2.19																								
2.18	And now, do you know what an OBA voucher is?	Yes..... 1 No..... 2	} 2.29a																								
2.19	Did you buy the OBA voucher when you were pregnant?	Yes..... 1 No..... 2	→ 2.27																								
2.20	How much did you pay for it?	Kshs.....																									
2.21	Did you make use of the OBA voucher?	Yes..... 1 No..... 2	→ 2.26																								
2.22a	What services were you given when you used the OBA voucher? MULTIPLE RESPONSES ALLOWED	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:5%; text-align:center;">Y</th> <th style="width:5%; text-align:center;">N</th> </tr> </thead> <tbody> <tr><td>01 Ante natal care</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>02 Normal delivery</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>03 Caesarian section</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>04 Post natal care</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>05 Vaccination for the baby</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>06 Family planning</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>96 Other (specify)</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> </tbody> </table>		Y	N	01 Ante natal care	1	2	02 Normal delivery	1	2	03 Caesarian section	1	2	04 Post natal care	1	2	05 Vaccination for the baby	1	2	06 Family planning	1	2	96 Other (specify)	1	2	
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96 Other (specify)	1	2																									
2.23	Besides using this voucher, were you charged any other amount?	Yes..... 1 No..... 2	→ 2.26																								
2.24	How much were you charged?	Kshs.....																									

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 child's weight and height measurements. Now I would like to know:										
4.6a Where was name at Initial svy? IF CHILD WAS DEAD IN THE RECRUITMENT, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0	4.6a) Child's presence Intl <input type="checkbox"/> Child at home 1 Child not at home but alive..... 2 Child dead..... 3	If 3 → Record in CAL, Col. 3 then skip 8.0 } 5.0								
4.6 Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE										
4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></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 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									
5.1a <i>Had (NAME) ever been breastfed at Initial svy?</i>	5.1a Intl svy #REF!	If 1 → 5.9a									
CHECK IF CHILD EVER BREASTFED IN PREVIOUS SURVEY											
5.1 FW: CHECK 4.6: IF CHILD IS DEAD GO TO 5.9a ELSE CONFIRM CHILD'S STATUS BY ASKING: Has (NAME) ever been breastfed?	Yes..... 1 No 2	→ 5.9 → 5.12a									
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 <i>Was (NAME) still breastfeeding at the previous interview?</i>	5.9a Intl svy #REF!	If 2 → 5.12a									
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 5.12a.	Yes..... 1 No 2 Don't Know..... 8	→ CAL, 5.12a → CAL, 5.12a									
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..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> 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										

5.12a	Had (NAME) started complementary food at previous interview?	5.12a Intl svy	#REF!	If 1 →	5.13																	
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																	
5.18	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.....	<input type="text"/>																			
5.19	FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE	Child is 6 months old or less.....	1	→	5.13																	
		Child is over 6 months old.....	2																			
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	<p style="text-align: center;">Age</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Weeks</td> <td style="text-align: center;">Months</td> </tr> <tr> <td>Liquids.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Semi-solids.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Don't know.....</td> <td colspan="3" style="text-align: center;">98</td> </tr> </table>				Days	Weeks	Months	Liquids.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	Semi-solids.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	Don't know.....	98				5.15
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5.13	In the last 3 days, did (NAME) receive any of the following?		Q. 5.13	Q. 5.14 (Age)																		
			Y N D	DAYS	WKS	MONTHS																
	01 Vitamin/mineral supplements		1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	02 Plain water		1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	03 Sweetened/flavored water		1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	04 Fruit juice		1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	05 Beverages (e.g. tea, etc)		1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
5.14	FW:CHECK 5.13, FOR EACH ITEM CODED 1, ASK: At what age (in days/weeks/months) was the liquid/solids introduced to (NAME) for the first time? RECORD AGE IN DAYS/WEEKS/MONTHS IN THE BOXES PROVIDED. IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'	06 Powdered/fresh milk	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		07 Infant formula	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		08 Porridge	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		09 Soup (gravy/bone)	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		10 Soft drinks (e.g. soda etc.)	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		12 Solid/semi-solid (mushy) food	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
		96 Other liquids (specify.....)	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>																
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'			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/ or spoon.....		1	2	8																
		Feeding with palm/ hands.....		1	2	8																
		Other (specify).....		1	2	8																

6.0 VACCINATION HISTORY																																																																																											
Now I would like to ask you about (NAME)'s vaccination																																																																																											
6.1a	Did (NAME) have a vaccination card at Initial survey? 6.1a) Intl svy #REF!																																																																																										
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? 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 → 6.3r Yes, card/book not seen..... 2 → 6.3r No card..... 3 Don't Know..... 8																																																																																										
6.2	CHECK IF 6.1a is "1", CIRCLE 1; ELSE ASK Has/had (NAME) ever had a vaccination card?																																																																																										
	Yes..... 1 No 2 Don't Know..... 8 } 6.5a																																																																																										
6.3r	Immunization schedule completed at Initial survey. 6.3a)Immunisation If 1 → 6.4																																																																																										
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																																																																																										
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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? PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED, THEN ENTER DATE. 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. IF DOES NOT RECALL RECORD 98 IN MONTHS. IF NO CAMPAIGN, CIRCLE 99																																																																																										
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IF CHILD IS DEAD SKIP TO MODULE 3; ELSE SKIP TO Q 6.15 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD																																																																																											

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:			
6.5a	<i>Had/Has (NAME) been given BCG vaccination in Initial svy?</i>	6.5a Intl svy	###
FW: CHECK 6.5a IF BCG VACCINATION WAS GIVEN			If 1 → 6.6a
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	
6.6a	<i>Does/ Did (NAME) have a BCG scar in Initial survey?</i>	6.6a Intl svy	###
FW:CHECK 6.6a IF ANSWER IS "1" or "98": SKIP TO 6.7; ELSE			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 deceased..... 3 Child not examined 4	
6.7a	<i>Has/ Had (NAME) received pentavalent vaccine at Intl svy?</i>	6.7a Intl svy	
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. 6.8a Intl svy ### 6.8) Update1 <input type="text"/> Don't Know..... 8	
6.9a	<i>Has/ Had (NAME) received polio vaccine at Initial svy?</i>	6.9a Intl svy	###
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. 6.10a Intl svy ### 6.10) 1st Update <input type="text"/> Don't Know..... 8	
6.12a	<i>Has/ Had (NAME) received measles vaccine in Intl svy?</i>	6.12a Intl svy	###
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	If 1 → 6.13

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 IMMUNIZATION SCHEDULE IS COMPLETE SKIP TO 7.0	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>1st</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M	M	Y	Y	Y	Y	1 st							2 nd							3 rd							
	M	M	Y	Y	Y	Y																									
1 st																															
2 nd																															
3 rd																															
6.15a	<i>Had child ever been given any vaccination in Initial survey?</i>	6.15a) Intl svy #REF!																													
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	→ 7.0 → 7.0																												
6.16	FW: CHECK 6.15a AND 6.15: IF ANSWERS IN BOTH ARE "2". ASK: Please tell me the main reason why (NAME) has/had never had any immunisation ?	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 No reason..... 11 Other (specify)..... 96 Don't Know..... 98																													
6.16p	FW: CHECK IF ANSWER IN 6.15a 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 Has completed all vaccinations..... 15 Other (specify)..... 96 Don't Know..... 98																													
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. 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 = DONT KNOW, IN THE BOXES FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH	a Fever	b Diarrhea	c Cough	d Cough + Rapid Breath	e Convulsions
		<input type="checkbox"/>				
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 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)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98'	a Fever				98
		b Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>		98
		c Cough	<input type="checkbox"/>	<input type="checkbox"/>		98
		d Cough + Rapid Breath	<input type="checkbox"/>	<input type="checkbox"/>		98
		e Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		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 <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
		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="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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 <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
		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 <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>

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 _____ _____	a Fever <input type="checkbox"/>	b Diarrhea <input type="checkbox"/>	c Cough <input type="checkbox"/>	d Cough + Rapid Breath <input type="checkbox"/>	e Convulsions <input type="checkbox"/>
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="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
7.9	Where was treatment sought? RECORD CODE OF FACILITY(CODE SHEET A ²).	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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)	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
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 THAT CHILD HAD	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
7.14	FW: CHECK 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) PROCEED TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES. IF CHILD HAS MORE ILLNESSES , RETURN TO 7.2 FOR THE NEXT ILLNESS THAT THE CHILD HAD	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>

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 A⁵). 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>
7.18	<p>FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her?</p>	<p>Yes..... 1 No 2 Does not know/ Has not heard about ORS 3 Don't Know..... 8</p>

MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY			
FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4			
8.0 POST PARTUM PERIOD AND SEXUAL ACTIVITY			
Now I would like to ask you questions to gain a better understanding of some family life issues.			
8.1a	Marital status at Initial?	8.1a Marital status at Intl	##
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 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	<input type="text"/>	
8.3a	Had menstrual period returned at Initial Survey?	8.3a) Initial	## If 1 → 8.5a
	FW: CHECK IF ANSWER IN 8.3a) IS "1" RECORD IN CALENDAR COL 1. THEN SKIP TO 8.5a		
8.3	Has your menstrual period returned since the birth of (NAME)? ENTER THE APPROPRIATE RESPONSE IF "2" IN 8.3: RECORD "A" FOR PPA IN THE CALENDAR - Col.1; SINCE THE LAST TIME INTERVIEWED THEN SKIP TO 8.5a. (PPA - POST PARTUM AMENORRHOEA)	YES..... 1 NO..... 2	→ Record in Calendar then skip to 8.5a
8.4	How many months after the birth of (NAME) did you have your first period, not counting the bleeding that occurs immediately after birth? RECORD IN THE CALENDAR(- Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS <input type="text"/>	
Now I would like to ask you about some questions related to your sexual relationships. I know these are sensitive questions, but please answer them as truthfully as you can			
8.5a	Had respondent resumed sexual relations at Initial Survey?	8.5a) Initial	## 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.		
8.7a	Was respondent pregnant in Initial Survey?	8.7a) Initial	##
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 <input type="text"/>	
8.9	FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.		

9.0 CONTRACEPTION			
Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.			
9.4a	<i>Had respondent ever used any contraception method at Initial Survey?</i>	9.4a) Initial <input type="checkbox"/> ##	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? 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			
10.6a	<i>Pregnancy intendedness at Initial Survey</i>	10.6a) Initial Survey <input type="checkbox"/>	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			
11.8a	<i>Had respondent ever used a condom at Initial Survey?</i>	11.8a) Initial <input type="checkbox"/> ##	If 1 → 11.9
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 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 15.0 (MIGRATION AND POVERTY SECTION)			
13.0 ENDINGS			
13.1	RESULT OF MODULE 1(CODE SHEET A ⁶) [OTHER - SPECIFY		<input type="checkbox"/>
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁶) [OTHER - SPECIFY		<input type="checkbox"/>
13.3	RESULT OF MODULE 3(CODE SHEET A ⁶) [OTHER - SPECIFY		<input type="checkbox"/>
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁶) [OTHER - SPECIFY		<input type="checkbox"/>
13.5	END TIME		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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: <input type="text" value="#REF!"/>		
	LOCATION ID: <input type="text" value="#REF!"/> Now I would like to take anthropometric measurements of your baby. I will start with weight measurements followed by height measurements		
12.1	START TIME		<input type="text"/>
12.1a	DATE (dd/mm/yyyy)		<input type="text"/>
12.2	Is the respondent the mother of the child? CIRCLE AS APPROPRIATE	Yes..... 1 No..... 2	
LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
12.3a	<i>Length of child measured at previous interview</i>	12.3a) Initial	<input type="text" value="#REF!"/> . <input type="text" value="###"/>
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM)	12.3) Update1	<input type="text"/>
CHECK 12.2, IF 2 SKIP TO 12.4			
12.9a	<i>Height of the mother measured at any previous interview?</i>	12.9a) Initial	<input type="text"/>
IF 12.9a 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)	12.9) Update1	<input type="text"/>
WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.			
12.4a	<i>Weight of the mother/caretaker measured at previous interview</i>	12.4a) Initial	<input type="text" value="#REF!"/> . <input type="text" value="###"/>
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG	12.4) Update1	<input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5)		<input type="text"/>
12.6a	<i>Weight of child measured at previous interview</i>	12.6a) Initial	<input type="text" value="#REF!"/> . <input type="text" value="###"/>
12.6	ENTER THE WEIGHT OF THE CHILD IN KG	12.6) Update1	<input type="text"/>
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
12.7a	<i>MUAC measured at previous interview</i>	12.7a) Initial	<input type="text" value="#REF!"/> . <input type="text" value="###"/>
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM)	12.7) Update1	<input type="text"/>
12.8a	<i>Was child referred to a nutritional center at previous survey?</i>	11.8a) Initial	<input type="text"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER TODAY? CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No..... 2	
CHECK IF 12.8a IS 2, SKIP TO 13.0			
12.10	TO WHICH NUTRITIONAL CENTER WAS (NAME) REFERRED AT PREVIOUS SURVEY?	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 No..... 2	→ 13.7
12.12	WHY DIDN'T YOU/GUARDIAN COMPLY? MULTIPLE RESPONSES ALLOWED	Referral center too far..... 01 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		<input type="text"/>
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.....	01 → 15.7
	Somewhat likely.....	02
	Somewhat unlikely.....	03
	Very unlikely.....	04
	Don't know.....	98
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other (Specify) _____	
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
15.8a	Telephone number given at recruitment	NONE
15.8	Please give me a telephone contact where we can reach you.	<input type="checkbox"/>
	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.....	01
	Casual.....	02
	Piecework/daily work.....	03
	Own business.....	04
	Other (specify)	96
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	<input type="checkbox"/> <input type="checkbox"/>
	Hours	<input type="checkbox"/> <input type="checkbox"/>
15.14	What means of transportation do you use to get to this place?	
	Walk.....	01
	Bicycle.....	02
	Motorcycle.....	03
	Matatu/car.....	04
	Other (specify)	96
15.15	On average, how many days during this month (4 weeks) did you do this activity?	Days <input type="checkbox"/> <input type="checkbox"/>
15.16	On average, how many hours per day did you do this activity? ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS	Hours <input type="checkbox"/> <input type="checkbox"/>
15.17	How much money did you earn from this activity at the end of the month?	
	(Cash) Kshs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	(Kind) Kshs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Total Kshs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	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 13.0 (ENDINGS)	
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	<input type="checkbox"/> <input type="checkbox"/>
14.2	DATA ENTRY CLERK'S CODE	<input type="checkbox"/> <input type="checkbox"/>

