

ENGLISH			
C5UPD2	AFRICAN POPULATION AND HEALTH RESEARCH CENTER	Serial	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	URBANIZATION, POVERTY AND HEALTH DYNAMICS	S1_id	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
June 2009	MATERNAL AND CHILD HEALTH - SURVEY 7 (COHORT5)	U1_id	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	UPDATE2 QUESTIONNAIRE	Slum	<div style="border: 1px solid black; width: 90px; height: 20px;"></div>

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 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?	4.6b) Child's presence Upd1	If 3/9 → Record in CAL, Col.3 then skip 8.0
	IF CHILD WAS DEAD IN 1st UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0		
4.6	Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE	Child at home 1 Child not at home but alive..... 2 Child dead..... 3	} 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 <input type="checkbox"/>	5.1b) Update1 <input type="checkbox"/>	### If 2/9 → 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 <input type="checkbox"/>	1
5.9b	Was (NAME) still breastfeeding at Update1?	5.9b) Still BF at Update1 <input type="checkbox"/>	### If 2/9 → 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 → CAL, 5.12b No 2 Don't Know..... 8 → 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..... <input type="text"/> Months..... <input type="text"/> 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 interview?	5.12a) Initial surv <input type="checkbox"/>	1
		5.12b) Update1 <input type="checkbox"/>	###
5.12	Apart from breast milk, has (NAME) ever been given any liquid or solid food?	Yes..... 1 No 2 Don't Know..... 8	If 1/9 → 5.15 } 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..... <input type="text"/> Semi-solids..... <input type="text"/> Don't know..... 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 style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">D</th> </tr> <tr> <td>Bottle with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with nipple/teat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with holes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Cup with no cover and/ or spoon.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Palm of the hand.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		Y	N	D	Bottle with nipple/teat.....	1	2	8	Cup with nipple/teat.....	1	2	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																																																					
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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? 6.1 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	6.1a Initial <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px;"></table> 6.1b Upd 1 <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px;"></table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td rowspan="2" style="width: 50px; text-align: center; vertical-align: middle;"> → 6.3 → 6.5b </td> </tr> <tr> <td style="text-align: center;">###</td> </tr> </table>	1	→ 6.3 → 6.5b	###																																																																													
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6.2	CHECK IF 6.1b is "1", CIRCLE 1; ELSE ASK Has/had (NAME) ever had a vaccination card?	Yes..... 1 No 2 Don't Know..... 8	} 6.5b																																																																																
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																																																																																		
	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>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> <tr><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td><td>#REF!</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
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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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Pentav.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Polio</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 1</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 2</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 3</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		M	M	Y	Y	Y	Y	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pentav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Campaign/ Did not participate..... 99																								
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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 <input type="text"/> ### Yes..... 1 No 2 Don't Know..... 8	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?		
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 6.6 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	6.6b) Update1 <input type="text"/> ### Scar Present..... 1 Scar absent 2 Child dead..... 3 Child not examined 4	If 1/ 98 → 6.7
6.7b	Has/ Had (NAME) received pentavalent vaccine in 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?	6.7b) Update1 <input type="text"/> 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. <input type="text"/> 6.8b) Update1 <input type="text"/> ### 6.8) 2nd Update <input type="text"/> Don't Know..... 8	
6.9b	Has/ Had (NAME) received polio vaccine in Update1? 6.9 Has/Had (NAME) received vaccine drops in the mouth to protect him/her from getting polio?	6.9b) Update1 <input type="text"/> ### 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. <input type="text"/> 6.10b) Update1 <input type="text"/> ### 6.10) 2nd Update <input type="text"/> Don't Know..... 8	
6.12b	Has/ Had (NAME) been immunised against measles in Update1? 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?	6.12b) Update1 <input type="text"/> ### 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 RESPONDENT DOES NOT RECALL, RECORD 98 IN MONTHS	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> </div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> </div>		M	M	Y	Y	Y	Y	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																									
6.15a	Had child ever been given any vaccination in Initial survey?	6.15a) Initial <input type="text"/>																												
6.15b	Had child been given any vaccination in interval between Initial and Update1?	6.15b) Update1 <input type="text"/> ###																												
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	<table style="width: 100%; text-align: center;"> <tr> <th>6.15a</th> <th>6.15b</th> <th>6.15</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> <td>1</td> </tr> <tr> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>2</td> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	6.15a	6.15b	6.15	1	1	1	1	1	2	2	1	2	1	2	1	1	2	2	2	2	1	2	1	1	2	2	2	→ 7.0 } 6.16p } 7.0
6.15a	6.15b	6.15																												
1	1	1																												
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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															
<p>Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks.</p> <p>USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p> <p>IF CHILD LIVES ELSEWHERE, SKIP TO 8.0</p>																
7.1	<p>Has (NAME) been ill with any of the following illness at any time in the last two weeks?</p> <p>FW: RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</p> <p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough & rapid breath</p>	<p>e Convulsions</p>										
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<p>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH + RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES SKIP TO 7.15.</p>																
7.2	<p>For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)?</p> <p>RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98'</p> <p>RECORD "99" IF THERE WAS NO ILLNESS.</p>	<p>a Fever</p> <p>b Diarrhoea</p> <p>c Cough</p> <p>d Cough + Rapid Breath</p> <p>e Convulsions</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											<p>98</p> <p>98</p> <p>98</p> <p>98</p> <p>98</p>		
7.3	<p>What was done at home about the (ILLNESS)? (CODE SHEET A¹)</p> <p>FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>										
		<p>Other (Specify) _____</p>														
7.4	<p>During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>										
7.5	<p>During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None 8 = Don't Know 9 = N/A</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>										
7.6	<p>What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER</p> <p>FW: IF ANSWER IS "3"; SKIP TO 7.8</p>	<p>a <input type="text"/></p>	<p>b <input type="text"/></p>	<p>c <input type="text"/></p>	<p>d <input type="text"/></p>	<p>e <input type="text"/></p>										
		<p>Other (Specify) _____</p>														
7.7	<p>Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA</p> <p>IF "1", SKIP TO 7.8; IF "8" OR "9", SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD</p>	<p>a Fever</p>	<p>b Diarrhoea</p>	<p>c Cough</p>	<p>d Cough & rapid breath</p>	<p>e Convulsions</p>										
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

7.7a	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A ⁴) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">RECORD ONLY THE MAIN REASON</td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RECORD ONLY THE MAIN REASON				
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
RECORD ONLY THE MAIN REASON																	
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A ²).	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="5">Other (Specify) _____</td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (Specify) _____				
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Other (Specify) _____																	
7.10	Was follow-up visit/ referral requested by the health care provider? 1=YES, FOLLOW UP VISIT, 2=NO; 3=YES, REFERRAL TO ANOTHER FACILITY; 8=DON'T KNOW	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
a	b	c	d	e													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
7.11	Did you take (NAME) for a follow-up visit / referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA; IF "2", SKIP TO 7.14 , IF "8" OR "9" SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF "1", PROCEED TO NEXT QUESTION (7.12)	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
a	b	c	d	e													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
7.12	IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK:Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A ²)	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="5">Other (Specify) _____</td> </tr> </table>	a	b	c	d	e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (Specify) _____				
a	b	c	d	e													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
Other (Specify) _____																	

7.13	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
		<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> 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
		<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> 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 <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <input style="width: 100px;" type="text"/> Other (specify) _____ </div>				
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 No..... 2	→ 13.0
8.1b	<i>Marital status in Update 1</i>	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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8.5b	<i>Had respondent resumed sexual relations at Update1?</i>	8.5b) Update1	### If 1/9 → 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	<i>Was respondent pregnant in Update1?</i>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8.9	FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.		

9.0 CONTRACEPTION			
Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.			
9.4b	Had respondent ever used any contraception method in Update?	9.4b) Update 1	### If 1/9 → 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"/8.5b is "1" or "9" 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 1/9 → 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 ⁶) [OTHER - SPECIFY]		
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁶) [OTHER - SPECIFY]		
13.3	RESULT OF MODULE 3(CODE SHEET A ⁶) [OTHER - SPECIFY]		
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁶) [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: <input type="text"/> #REF! LOCATION ID: <input type="text"/> #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 <input type="text"/>		
12.1a	DATE (dd/mm/yyyy) <input type="text"/>		
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8 LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)		
12.3b	Length of child measured at previous interview	12.3b) Update1	<input type="text"/> #REF! <input type="text"/> ###
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM)	12.3) Update2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	<input type="text"/>
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	<input type="text"/> #REF! <input type="text"/> ###
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG	12.4) Update2	<input type="text"/> <input type="text"/> <input type="text"/>
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG	12.5)	<input type="text"/> <input type="text"/> <input type="text"/>
12.6b	Weight of child measured at previous interview	12.6a) Update1	<input type="text"/> #REF! <input type="text"/> ###
12.6	ENTER THE WEIGHT OF THE CHILD IN KG	12.6) Update2	<input type="text"/> <input type="text"/> <input type="text"/>
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)			
12.7b	MUAC measured at previous interview	12.7b) Update1	<input type="text"/> #REF! <input type="text"/> ###
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM)	12.7) Update2	<input type="text"/> <input type="text"/> <input type="text"/>
12.8b	Was child referred to a nutritional center at previous survey?	12.8b) Update1	<input type="text"/>
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? 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		

EXPOSURE CALENDAR - Information from previous round should be pre-filled																
			MOTHER'S NAME:	#REF1			HOUSEHOLD ID:			#REF1			2			
INSTRUCTIONS			YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL. 2 Q8.6	COL. 3 Q5.9	COL. 4 Q9.5	COL. 5 Q11.9	COL. 6 Q9.6	COL. 7 Q9.7	Order	MONTH	YEAR	
COL. 1	Q 8.3: Since the previous interview, how many months after birth of (name) did you have your first period?	2	10	SEP	01								01	SEP	2	
		0	11	OCT	02									02	OCT	0
		0	12	NOV	03									03	NOV	0
		6	01	DEC	04									04	DEC	6
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		0	08	JUL	11									11	JUL	0
		7	09	AUG	12										AUG	7
COL. 2	Q 8.6: Since resuming sex, have you had sex in.... (FW: name month since the previous interview) S RECORD S ON THE MONTH SHE HAD SEX X RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX		10	SEP	01								01	SEP		
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		0	08	JUL	11									11	JUL	0
		7	09	AUG	12										AUG	7
COL. 3	Q.5.9 & 5.10: FW CHECK Q8.9 For how many months since previous interview did you breastfeed (NAME)? B RECORD B FOR BREASTFEEDING IN MONTHS SHE BREASTFED CHILD D RECORD D IN MONTH WHEN CHILD DIED X IN MONTHS WHEN BREASTFEEDING STOPPED BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		10	SEP	01								01	SEP		
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		0	08	JUL	11									11	JUL	0
		8	09	AUG	12										AUG	8
COL. 4	Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS A FEMALE STERILISATION B MALE STERILISATION C PILL D IUD E INJECTABLES F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMENORRHOEA METHOD K RHYTHM METHOD L WITHDRAWAL M IMPLANTS N EMERGENCY CONTRACEPTION X WHEN NO METHOD WAS USED		10	SEP	01									01	SEP	
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		0	08	JUL	11									11	JUL	0
		8	09	AUG	12										AUG	8
COL. 5	Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex? C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM Add A-ALWAYS; S-SOMETIMES; N-NEVER Check Q.8.6 (Col. 2) when she had sex. X WHEN THERE WAS NO SEX		10	SEP	01									01	SEP	
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		0	08	JUL	11									11	JUL	0
		1	09	AUG	12										AUG	1
COL. 6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5) FW NB: MORE THAN 1 RESPONSE ALLOWED. A DOCTOR ADVISED THIS METHOD B HAS LITTLE SIDE EFFECTS C PARTNER IS NOT AWARE OF IT D BECAUSE RESPONDENT LIKES IT E CONVENIENT TO USE F KNOWS NO OTHER METHOD G KNOWS NO SOURCE OF WHERE TO GET OTHERS H COST IS/ IS NOT TOO MUCH I PARTNER REQUESTED OR INSISTED J HEALTH CONCERNS K OTHER REASONS X WHEN NO CONTRACEPTION WAS USED		10	SEP	01									01	SEP	
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		1	08	JUL	11									11	JUL	1
		0	09	AUG	12										AUG	0
COL. 7	Q 9.7: Why did you stop using the previous method? (i.e. change from the one you were using before) A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY B BECAME PREGNANT WHILE USING C HAD SIDE EFFECTS D WANTED TO BECOME PREGNANT E HUSBAND/ PARTNER DISAPPROVED F WANTED MORE EFFECTIVE METHOD G HEALTH CONCERNS H LACK OF ACCESS/ TOO FAR I COSTS WERE TOO MUCH J INCONVENIENT TO USE K FATALISTIC L DIFFICULT TO GET PREGNANT/ MENOPAUSAL M MARITAL DISSOLUTION/ SEPARATION N DON'T KNOW O OTHER REASONS		10	SEP	01									01	SEP	
			11	OCT	02									02	OCT	
			12	NOV	03									03	NOV	
			01	DEC	04									04	DEC	
			02	JAN	05									05	JAN	
			03	FEB	06									06	FEB	
			04	MAR	07									07	MAR	
			05	APR	08									08	APR	
		2	06	MAY	09									09	MAY	2
		0	07	JUN	10									10	JUN	0
		1	08	JUL	11									11	JUL	1
		1	09	AUG	12										AUG	1