

ID	S1	U1	U2
Slum			

Feb-10

UPDATE 3 QUESTIONNAIRE

Consent Form

PURPOSE OF STUDY:

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

PROCEDURES:

We last visited you in Oct 09/Feb 2010 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 <input type="text" value="###"/> <input type="text" value="###"/>	1.2b <input type="text" value=""/> <input type="text" value=""/> 1.2c <input type="text" value=""/> <input type="text" value=""/> 1.2 <input type="text" value=""/> <input type="text" value=""/>
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)		<input type="text" value=""/>
1.12	RESPONDENT'S NAME.....		
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)		<input type="text" value=""/>
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]		<input type="text" value=""/>
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_____)		<input type="text" value=""/>
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)		<input type="text" value=""/>
1.18	Do you stay in this household? (1=YES; 2=NO)		<input type="text" value=""/>

MODULE 2: CHILD HEALTH STATUS

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.

4.0 CHILD'S VITAL STATUS

The last time I was here, I asked you questions about you and your child's health and took your child's weight and height measurements. Now I would like to know:

4.6c Where was (NAME) at Update2? IF CHILD WAS DEAD IN 1st UPDATE, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 8.0	4.6c) Child's presence Upd2 <input checked="" type="text" value="1"/>	If 3/9 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	} 7.0
4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<input type="text" value=""/>	
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)?	_____ _____	
GO TO CALENDER RECORD IN COL 3 THE MONTH THE CHILD DIED AND SKIP TO 8.0		

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

7.7a	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A ⁴) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p style="text-align: center;">RECORD ONLY THE MAIN REASON</p> Other (specify) _____	a	b	c	d	e	<input type="text"/>				
a	b	c	d	e								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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"/>				
a	b	c	d	e								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A ²).	<table border="0"> <tr> <td>a</td> <td>b</td> <td>c</td> <td>d</td> <td>e</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> Other (Specify) _____	a	b	c	d	e	<input type="text"/>				
a	b	c	d	e								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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"/>				
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"/>				
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> </table> Other (Specify) _____	a	b	c	d	e	<input type="text"/>				
a	b	c	d	e								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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 .	<table border="0"> <tr> <td>a) Fever</td> <td>b) Diarrhoea</td> <td>c) Cough</td> <td>d) Cough & rapid breath</td> <td>e) Convulsions</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> Other (Specify) _____	a) Fever	b) Diarrhoea	c) Cough	d) Cough & rapid breath	e) Convulsions	<input type="text"/>				
a) Fever	b) Diarrhoea	c) Cough	d) Cough & rapid breath	e) Convulsions								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
7.14	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 .	<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> Other (Specify) _____	a	b	c	d	e	<input type="text"/>				
a	b	c	d	e								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								

<p>7.15</p>	<p>Apart from the illnesses I have talked about, does/ did (NAME) have any other illness in the last 14 days? CIRCLE 1 = YES, 2 =NO, 8 =DON'T KNOW;</p> <p>IF "1", RECORD CODE OF ILLNESS IN THE BOX (CODE SHEET A⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p> <p>MOST SERIOUS ILLNESS</p> <p><input type="text"/> Other (specify) _____</p>
<p>7.18</p>	<p>FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her?</p> <p>1=YES; 2 = NO; 8 = DON'T KNOW</p>	<p>Yes..... 1 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		
16.0	Now I would like to ask you questions to gain a better understanding of some family life issues. Have you given birth to another baby after (NAME)?	YES..... 1 NO..... 2
		13.0
8.1c	<i>Marital status at Update2</i>	8.1c) Marital status U2 ###
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 8.1c AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	
	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	
8.5c	<i>Had respondent resumed sexual relations at Update2?</i>	8.5c) Update2 ### If 1/9 → 8.6
	FW: CHECK IF ANSWER 8.5c IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6	
8.5	Have you resumed sexual relations since the last time you were interviewed?	YES..... 1 NO..... 2
	FW: IF 8.5c IS "2" OR 8.5 IS "2", RECORD RESPONSE IN CALENDAR THEN FOLLOW SKIP PATTERN	8.7c
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.	
8.7c	<i>Was respondent pregnant in Update2?</i>	8.7c) Update2 ###
	Are you pregnant now?	YES..... 1 NO..... 2 Not sure..... 8
	RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	} Record in Calendar then skip to 9.0

8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS	<input type="text"/>	<input type="text"/>
9.0 CONTRACEPTION				
Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.				
9.4c	<i>Had respondent ever used any contraception method at Update2?</i>	9.4c) Update2	##	If 1/9 → 9.5
FW: CHECK IF ANSWER IN 9.4d) 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	→ 10.0
		NO.....	2	
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"/8.5c is "1" or "9" and 8.7 is "1" ASK THE FOLLOWING QUESTIONS, ELSE SKIP TO 11.0				
10.6c	<i>Pregnancy intendedness at Update2</i>	10.6c) Update2		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				
11.8c	<i>Had respondent ever used a condom in previous survey?</i>	11.8c) Update2	###	If 1/9 → 11.9
11.8	Have you and your partner ever used a condom during sexual intercourse?	Yes.....	1	→ Record in Cal. Col 5 then skip to 13.0
		NO.....	2	
11.9	The last time you had sexual intercourse, did you or your partner use a condom? CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR COL 5. RECORD X WHEN THERE WAS NO SEX.	Yes	1	} Record in CAL Col. 5
		No	2	
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 ⁸) [OTHER - SPECIFY			<input type="text"/>
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁸) [OTHER - SPECIFY			<input type="text"/>
13.3	RESULT OF MODULE 3(CODE SHEET A ⁸) [OTHER - SPECIFY			<input type="text"/>
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁸) [OTHER - SPECIFY			<input type="text"/>
13.5	END TIME			<input type="text"/>
13.6	RECORD ANY GENERAL COMMENTS			

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..... 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 <input type="text"/>
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.	<input type="text"/>
	Now I would like to ask you questions relating to your engagement in economic activities	
15.10	FW: USE ACTUAL MONTHS TO ASK THIS QUESTION 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 <input type="text"/> Hours <input type="text"/>
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 <input type="text"/>
15.16	On average, how many hours per day did you do this activity? ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS	Hours <input type="text"/>

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 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		
14.2	DATA ENTRY CLERK'S CODE		

EXPOSURE CALENDAR - Information from previous round should be pre-filled

		MOTHER'S NAME:	#REF1	CO	HOUSEHOLD ID:	#REF1	2							
		YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL. 2 Q. 8.6	L. 3 Q. 5	COL. 4 Q. 9.5	COL. 5 Q. 11.9	COL. 6 Q. 9.6	L. 7 Q. 9.	Order	MONTH	YEAR
INSTRUCTIONS														
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	6
	A POST PARTUM AMENORRHOEA	6												
	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	06	MAY	09							09	MAY	2
		0	07	JUN	10							10	JUN	0
COL. 2	Q 8.6: Since resuming sex, have you had sex in..... (FW: name month since the previous interview)	0	07	JUN	10							10	JUN	0
	S RECORD S ON THE MONTH SHE HAD SEX	7	08	JUL	11							11	JUL	7
	X RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX		09	AUG	12							12	AUG	
<hr/>														
COL. 3	Q.5.9 & 5.10: FW CHECK Q8.9 For how many months since previous interview did you breastfeed (NAME)?		10	SEP	01							01	SEP	
			11	OCT	02							02	OCT	
			12	NOV	03							03	NOV	
	B RECORD B FOR BREASTFEEDING IN MONTHS SHE BREASTFED CHILD		01	DEC	04							04	DEC	
	D RECORD D IN MONTH WHEN CHILD DIED		02	JAN	05							05	JAN	
	X IN MONTHS WHEN BREASTFEEDING STOPPED		03	FEB	06							06	FEB	
	BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		04	MAR	07							07	MAR	
		2	05	APR	08							08	APR	
		0	06	MAY	09							09	MAY	2
		0	07	JUN	10							10	JUN	0
COL. 4	Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS	8	08	JUL	11							11	JUL	8
	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
	J LACTATIONAL AMENORRHOEA METHOD		05	APR	08							08	APR	0
	K RHYTHM METHOD	2	06	MAY	09							09	MAY	9
	L WITHDRAWAL	0	07	JUN	10							10	JUN	
	M IMPLANTS	0	08	JUL	11							11	JUL	
	N EMERGENCY CONTRACEPTION	9	09	AUG	12							12	AUG	
	O OTHER METHODS													
	X WHEN NO METHOD WAS USED		10	SEP	01							01	SEP	
COL. 5	Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex?		11	OCT	02							02	OCT	
			12	NOV	03							03	NOV	
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM		01	DEC	04							04	DEC	
	Add A-ALWAYS; S-SOMETIMES; N-NEVER		02	JAN	05							05	JAN	2
	Check Q.8.6 (Col. 2) when she had sex.		03	FEB	06							06	FEB	0
	X WHEN THERE WAS NO SEX		04	MAR	07							07	MAR	1
		2	05	APR	08							08	APR	0
		0	06	MAY	09							09	MAY	
COL. 6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5)	1	07	JUN	10							10	JUN	
	FW NB: MORE THAN 1 RESPONSE ALLOWED.	0	08	JUL	11							11	JUL	
	A DOCTOR ADVISED THIS METHOD		09	AUG	12							12	AUG	
	B HAS LITTLE SIDE EFFECTS		10	SEP	01							01	SEP	#
	C PARTNER IS NOT AWARE OF IT		11	OCT	02							02	OCT	#
	D BECAUSE RESPONDENT LIKES IT		12	NOV	03							03	NOV	#
	E CONVENIENT TO USE		01	DEC	04							04	DEC	#
	F KNOWS NO OTHER METHOD		02	JAN	05							05	JAN	#
	G KNOWS NO SOURCE OF WHERE TO GET OTHERS		03	FEB	06							06	FEB	#
	H COST IS/ IS NOT TOO MUCH	2	04	MAR	07							07	MAR	#
	I PARTNER REQUESTED OR INSISTED	0	05	APR	08							08	APR	#
	J HEALTH CONCERNS	1	06	MAY	09							09	MAY	#
	K OTHER REASONS		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													