SECTION 21: PREGNANCY AND BIRTH

Now we will talk about the health of all your children. We will talk about one child at a time.

1. BIRTH ID	2. ENUMERATOR: BEFORE BEGINNING INTERVIEW FOR THIS SECTION, FILL IN NAME, ID, AND CODE FOR ALL CHIDREN WITH CODE= **A, C, D & E.** (USE Q16,Q17 & Q21 FROM PREVIOUS PAGE) Name	3. **LIFE CODE** ENUM CHECK **Q21** FROM PREV PAGE A>>8 C>>10	4. Was [NAME] born single or as twin triplet, etc.? 1=Single 2=Multi	5. SEX: 1=Male 2=Female	6. When was [NAME] born? **ALL life code E >> 10** **If don't know >>8** Day	Month	4-digit Year	7. Is birth date information provided from birth certificate or other official paper? **fill then>>9** Yes...1 No....2	8. What is [NAME]'s age? **If less than 2 months, fill in DAYS ONLY. If less than 5 years, fill in YEARS AND MONTHS ONLY. If more than 5 years, fill in YEARS ONLY.** Years	Months	Days	9. Write [NAME]'s age **If life code is A or D >>11** YEARS	10. At what age did [NAME] pass away? **If less than 2 months, fill DAYS ONLY. If less than 5 years, fill YEARS AND MONTHS ONLY. If more than 5 years, fill YEARS ONLY.** **IF LIFE CODE IS C >>22** **IF LIFE CODE IS E>>13** Years	Months	Days	11. Does [NAME] currently live in your house-hold? Yes....1 No...2 **>> ENUM A**	12. **Write [NAME'S] ID Code from HH Roster.** ID Code

ENUMERATOR CHECK A			13.	14.	15.	16.	17.	18.	19.
BIRTH ID	NAME OF CHILD COPY NAMES FROM QUESTION 2, **IN THE SAME ORDER**. FIRST NAME ONLY IS OK.	**LIFE CODE** **A >>22**	While you were pregnant with [NAME] did you go for prenatal consultations? Yes..1 No...2 **>>15**	How many times did you go for prenatal consultations? Number of Times	Where did you give birth? Home.....1 Hospital.....2 Health Center...3 Other, specify...4	Who assisted you at birth? Doctor.....1 Midwife/Matron...2 Traditional Birth Assistant....3 Relative.....4 Other, specify 5	What was the father's relationship to you at the time of the pregnancy? 1 = Spouse 2 = Live in partner 3 = Fiance 4 = PTM 5 = Boyfriend 6 = Acquaintance 7=One night stand/ Hit&Run 8 = Ex-spouse 9 = Other	At the time of the pregnancy were you doing anything to try to avoid the pregnancy? Yes..1 No...2 **>>Enum B**	What methods of birth control were you using? Female condom.....1 Male condom.....2 Female sterilization...3 Pill.....4 IUD.....5 Injectables.....6 Implants.....7 Periodic abstinence...8 Withdrawal.....9 Nothing.....10 Other, specify.....11

☐ **CHECK HERE IF CORE RESPONDANT HAS MORE THAN 4 CHILDREN.**
USE AN ADDITIONAL CHILD ROSTER PAGE TO ADD MORE CHILDREN.

SECTION 21: PREGNANCY AND BIRTH (CONT'D)

ENUMERATOR CHECK B			20.	21.	22.	23.	24.	25.	26.									
BIRTH ID	NAME OF CHILD COPY NAMES FROM QUESTION 2, **IN THE SAME ORDER**. FIRST NAME ONLY IS OK.	**LIFE CODE**	How much did [NAME] weigh at birth? **(copy from health passport if available, otherwise ask core respondent)** IN KGS	**Enumerator Check:** Did you get this information (Q20) from a health passport? Yes ...1 No.....2	Did you ever breastfeed [NAME]? **If Life Code C or E lived less than 30 days (Q10)>> NEXT CHILD** Yes...1 . No...2 **>>26**	How many months did you exclusively breastfeed [NAME]? **Still exclusively breastfeeding=77 >> NEXT CHILD** **Exclusively until death = Code 79 >> NEXT CHILD** **IF Life Code C or E and NOT exclusive until death>>25** Months	Are you currently breast-feeding [NAME]? Yes....1. **>>26** No...2	How many months old was [NAME] when you stopped breast-feeding altogether? **Age in months**	What food does [NAME] eat SINCE you stopped (exclusively) breastfeeding? USE CODES BELOW **WRITE ALL THAT APPLY >> NEXT CHILD**									

CODES FOR Q26

Water…….....0
Warm tea.....1
Porridge, plain
(refined/unrefined).....2
Porridge, complimented / fortified
(groundnut, soy, etc) 3
Green Vegetables.....4
Other Vegetables.....5
Red meats.....6
White meats/fish/eggs.....7
Fruits.....8
Sobo/Squash 9
Infant Formula 10
Dairy (milk/sour milk/yogurt) 11
Nsima/Rice 12
Beans 13
Plumpy'Nut or food supplement..... 14

SECTION 22: CHILD IMMUNIZATION AND HEALTH

Now I would like to ask you about each child's immunizations and health. If you have a health passort, it will come in handy. We will talk about one child at a time.

1. BIRTH ID	2a. NAME OF CHILD COPY ALL CHILDREN LISTED ON PREVIOUS PAGE **(A, C, D, E)** COPY BIRTH ID, NAMES & LIFE CODES. FIRST NAME ONLY IS OK. Keep in same order as previous sections.	2b. LIFE CODE IF A>>3 IF D>>3	**ENUMERATOR CHECK: Did [NAME] live to at least 30 days? (S21Q10 >30 days)** Yes...1 **>>Q5** No...2 **»NEXT CHILD**	3. Do you have a health passport that shows which vaccinations [NAME] has received? Yes..1 No...2 **» 5**	4. Is this passport up to date, or has [NAME] received vaccinations that are not on this passport? **If up to date, ask to see the passport and use it to fill out the remaining questions.** Up to date…..1 Not up to date..2	5. Has [NAME] been given any Vitamin A? Yes (pass)…..1 Yes(no pass)……2 No……3 **» 7**	6. How many times did he or she get Vitamin A? Times	7. Has [NAME] received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar? Yes (pass)...1 Yes (no pass)……..2 No……3	8. Has [NAME] been given polio vaccine, that is pink or white drops in the mouth? Yes (pass)……..1 Yes (no pass)……..2 No……3 **» 10**	9. How many times did [NAME] get the polio vaccine? Times

BIRTH ID	NAME OF CHILD COPY NAMES FROM QUESTION 2a, IN THE SAME ORDER. FIRST NAME ONLY IS OK.	LIFE CODE	10. Has [NAME] been given an injection against measles? Yes (pass)..1 Yes (no pass)……..2 No……3	11. Has [NAME] been given a DPT vaccination, that is an injection usually given at the same time as polio drops? Yes (pass)……1 Yes(no pass)…2 No…….3 **» 13**	12. How many times did he or she get the DPT vaccination? **FILL, THEN If life code is C or E >>NEXT CHILD** Times	13. Does [NAME] usually sleep under a bednet? Yes..1 No...2	14. During the last 7 DAYS did [NAME] suffer from an illness or injury? Yes..1 No...2**>>NEXT CHILD**	15. What illness/ injury has [NAME] suffered from? RECORD ONLY ONE, USING CODES. "specify" only if=22 CODE	16. Who diagnosed the illness? CODE	17. What action did you take to find relief? **>> NEXT CHILD** CODE

CODES FOR Q15
1 = Fever, no Malaria
2 = Fever with Malaria
3 = Stomach Ache
4 = Diarrhea
5 = Vomiting
6 = Upper respiratory (sinuses)
7 = Lower respiratory (chest/ungs)
8 = Flu/Cold
9 = Asthma
10 = Headache
11 = Fainting
12 = Skin problem
13 = Dental problem
14 = Eye problem
15 = Ear problem
16 = Backache
17 = TB
18 = Burn/Fracture/Wound/ Minor cuts
19 = Illness w/persistent cough
20 = Sore throat
21 = Difficulty Breathing
22= Other, specify

CODES FOR Q16
1 = Mother
2 = Father
3 = Guardian (non-parent)
4 = Doctor from a private clinic
5 = Doctor/clinician from a gov't hospital
6 = Traditional healer
7 = Any other relative
8= Health Surveillance Assistant

CODES FOR Q17
1 = Did nothing, not serious
2 = Did nothing, no money
3 = Used medicine had in stock
4 = Personally known remedies
5 = Treatment at gov't health facility
6 = Treatment at private health facility
7 = Treatment at church/mission facility
8 = Went to local pharmacy
9 = Went to local grocery for medicine
10 = Treatment with trad. healer
11 = Sought treatment with faith healer
12 = Other (specify)

SECTION 23: PARENTAL PRACTICES

Now I'd like to ask you some questions about discipline and daily routines with your chlidren. We will talk about one child at a time.

1.	2a. NAME OF CHILD COPY ALL CHILDREN LISTED ON PREVIOUS PAGE **(A, C, D, E), including birth IDs & life codes** FIRST NAME ONLY IS OK. Be sure to keep them in the same order as previous sections.	2b. LIFE CODE **IF C or E >>NEXT CHILD**	CHECK A Does this child live with the CR? (See S21Q11) 1 = Yes **>> CHECK D** 2 = No	CHECK B What is the age of the child? (See S21Q9) WRITE AGE	CHECK C Is the child under 5 years old? INCLUDES AGES O - 59 MONTHS 1=Yes**>>COMPLETE CHILD TRACKING** 2=No **>>NEXT CHILD**	**READ: Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with [NAME] in the PAST MONTH.** **CHECK D:** Is child less than 24 months? Yes=1 No= 2 [ ] **IF 1 >> Q10**					
						3. Took away privileges, forbade something [NAME] liked or did not allow him/her to leave house? Yes...1 No...2	**4.** Explained why [NAME]'s behavior was wrong? Yes...1 No...2	**5.** Shouted, yelled at or screamed at him/her? Yes...1 No...2	**6.** Gave him/her something else to do? Yes...1 No...2	**7.** Called him/her dumb, lazy, or another name like that? Yes...1 No...2	**8.** During the past 7 days, how many times did you physically punish [NAME]? TIMES

- - - - - - ENUMERATOR CHECK E - - - - - -				**9.** During the past 7 days, how many times did someone else in the HH physically punish [NAME]? TIMES	**10.** Do you believe that in order to raise [NAME] properly, you need to physically punish [NAME], for example slapping, kicking, beating him or her? Yes...1 No...2	**11.** Does [NAME] play with homemade toys (such as dolls, cars, or other toys made at home)? Yes...1 No...2	**12.** Does [NAME] play with toys from a shop or manufactured toys? Yes...1 No...2	**13.** Does [NAME] play with household objects (such as bowls or pots), objects found outside (such as sticks, rocks, animal shells or leaves), or recycled/ discarded objects (containers, bottle caps, etc)? Yes...1 No...2	**14.** How many children's books or picture books are in [NAME's] home (i.e. books with pictures on every page)? None .....0 1-2.....1 3-5.....2 6-10.....3 11 + ...4	**15.** Do you have any paper and pen (or pencil or crayon) available in [NAME] house? Paper & Pen/ Pencil/Crayon...1 Paper only.....2 Pen/Pencil/ Crayon only.....3 No.....4 **>> NEXT PAGE**	**16.** Does [NAME] use the paper and pen(s) / pencil(s) / crayon(s) to scribble, draw, or write? Yes...1 No....2
BIRTH ID	NAME OF CHILD COPY ALL CHILDREN LISTED ABOVE **(A, C, D, E), including birth IDs & life codes** FIRST NAME ONLY IS OK. Be sure to keep them in the same order as previous sections.	LIFE CODE **IF C or E>> NEXT CHILD**	**COPY ENUM CHECK A (above)** **IF 2>>NEXT CHILD**								

SECTION 23: PARENTAL PRACTICES (cont'd)

Now we'll talk a bit more about daily routines with your chlidren. We will continue to talk about one child at a time.

- - - - - - ENUMERATOR CHECK F - - - - - -				17.	18.	19.	20.	21.	22.	23.	24.
BIRTH ID	NAME OF CHILD COPY ALL CHILDREN LISTED ON PREVIOUS PAGE **(A, C, D, E), including birth IDs & life codes** FIRST NAME ONLY IS OK. Be sure to keep them in the same order as previous sections.	LIFE CODE **IF C or E >> NEXT CHILD**	**COPY ENUM CHECK A (previous page)** **IF 2>>NEXT CHILD**	Does [NAME] go to any Center-based Program such as preschool, daycare, church/mosque based program, community run program, etc.? Yes….1 No……2 **>> 19**	How many hours in the past 7 days did the child take part in this program? HOURS	In the past 12 months have you received a visit or attended a meeting to discuss the development of your child? 1= Visit 2 = Meeting 3 = Both 4 = No **>>21**	How many visits and meetings in the past 12 months? TOTAL VISITS + MEETINGS	Does anybody in the household **read a book/magazine or look at the pictures in a book or magazine with [NAME]?** 1 = Yes 2 = No **>>24**	How many hours per week do **YOU** spend with [NAME] on this activity? HOURS	How many hours per week do all other HH members spend on this activity with [NAME]? HOURS	Does anybody in the household **tell stories, sing songs, or talk to [NAME]?** 1 = Yes 2 = No **>>27**

- - - - - - ENUMERATOR CHECK G - - - - - -				25.	26.	27.	28.	29.	30.	31.	ENUM CHECK H
	NAME OF CHILD COPY NAMES FROM ABOVE FIRST NAME ONLY IS OK. Be sure to keep them in the same order as previous sections.	LIFE CODE **IF C or E >> NEXT CHILD**	**COPY ENUM CHECK A (above)** **IF 2>>NEXT CHILD**	How many hours per week do **YOU** spend with [NAME] on this activity? HOURS	How many hours per week do all other HH members spend on this activity with [NAME]? HOURS	Does anybody in the household p**lay games with [NAME]?** 1=Yes 2=No**>> 30**	How many hours per week do **YOU** spend with [NAME] on this activity? HOURS	How many hours per week do all other HH members spend on this activity with [NAME]? HOURS	How many meals did [NAME] eat yesterday? NUMBER	How many snacks did [NAME] eat yesterday? NUMBER	Is the child 3 or 4 years old? 1= Yes **>>ECD assessments after interview** 2 = No **>> NEXT CHILD**

ENUMERATOR: RETURN TO PART II QX TO COMPLETE SECTION 19