

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEYS  
 BIOMARKER QUESTIONNAIRE- SHORT VERSION

KENYA  
 KENYA NATIONAL BUREAU OF STATISTICS

**SHORT**

IDENTIFICATION					
COUNTY	<input style="width: 95%;" type="text"/>				
SUB COUNTY	<input style="width: 95%;" type="text"/>				
LOCATION	<input style="width: 95%;" type="text"/>				
SUB LOCATION	<input style="width: 95%;" type="text"/>				
KDHS CLUSTER NUMBER	<input style="width: 95%;" type="text"/>				<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 95%;" type="text"/>				<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
NAME OF HOUSEHOLD HEAD	<input style="width: 95%;" type="text"/>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">2</div>				
FIELDWORKER VISITS					
	1	2	3	FINAL VISIT	
DATE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	DAY	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
FIELDWORKER'S NAME	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	MONTH	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
				YEAR	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">20</div>
NEXT VISIT: DATE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		TOTAL NUMBER OF VISITS	<input style="width: 40px; height: 25px;" type="text"/>
TIME	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
NOTES:  <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>				TOTAL ELIGIBLE CHILDREN  <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">01</div>		LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"></div>		NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH    06 KAMBA    11 LUO    16 SOMALI 02 KISWAHILI    07 KIKUYU    12 MAASAI    17 TURKANA 03 BORANA    08 KISII    13 MERU    96 OTHER 04 EMBU    09 LUHYA    14 MIJIKENDA 05 KALENJIN    10 MARAGOLI    15 POKOT    SPECIFY _____			
TEAM <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> NUMBER		TEAM SUPERVISOR  <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div> NAME                      NUMBER			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1	SKIP	
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY.  IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> MONTH..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> YEAR..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday?  COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <span style="border: 1px solid black; padding: 0 5px;">  </span>	
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/> _____ → 125		
106	WEIGHT IN KILOGRAMS.	KG. .... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> . <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES ..... 1 NO ..... 2	
108	HEIGHT IN CENTIMETERS.  IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> . <span style="border: 1px solid black; padding: 0 5px;">  </span> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES ..... 1 NO ..... 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY ..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> MONTH..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> YEAR..... <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY.  IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday?  COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES ..... 1 NO ..... 2	
108	HEIGHT IN CENTIMETERS.  IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES ..... 1 NO ..... 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY.  IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday?  COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/> → 125		
106	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES ..... 1 NO ..... 2	
108	HEIGHT IN CENTIMETERS.  IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES ..... 1 NO ..... 2	→ 112
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112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY ..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.[illegible]

