

SAC Quest Label



Household ID

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CLUSTER NUMBER

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HH NUMBER

**SCHOOL AGE CHILDREN 5-14 YEARS
KENYA NATIONAL MICRONUTRIENT SURVEY 2011**

IDENTIFICATION

HH01. CLUSTER (EA) NAME.....		HH02. CLUSTER NUMBER: _____	
HH03. HOUSEHOLD NUMBER: _____		HH04. PROVINCE	
HH05. DISTRICT			
HH06. RESIDENCE (Rural = 1, Urban = 2.): _____			
HH07. HOUSEHOLD HEAD NAME: _____			
HH08. INTERVIEWER NAME : _____ CODE : _____ DD / MM / YY		HH09. TEAM LEADER NAME : _____ CODE : _____ DD / MM / YY	
HH10. SUPERVISOR NAME : _____ CODE : _____ DD / MM / YY			

INTERVIEWER VISITS

VISIT 1	VISIT 2	FINAL VISIT
DATE DD / MM / YY	DATE DD / MM / YY	DATE DD / MM / YY
TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____
**RESULT.....	**RESULT.....	**RESULT.....
NEXT VISIT DATE: DD / MM / YY TIME: ____:____	NEXT VISIT DATE: DD / MM / YY TIME: ____:____	**Result Of Individual Interview: 1. COMPLETED 2. NOT AT HOME 3. POSTPONED 4. REFUSED 5. PARTLY COMPLETED 6. INCAPACITATED 7. OTHER

FOR OFFICE USE

The following section will be filled in office during data entry:

DATA MANAGER: _____ NAME CODE DD / MM / YY	DATA KEYED BY: _____ NAME CODE DD / MM / YY
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For children 5-10 years of age: get parental report (ask the questions to the caretaker)
For children 11-14 years of age: get self-report (ask questions directly to the child)

S1	Time of this interview (hour of the day in 24h code)	____ : ____			
S2	Child's name				
S3	Child's line number	<table border="1"><tr><td> </td><td> </td></tr></table>			



Micronutrient Supplementation and Pica Questions

Now I would like to ask you some health and food questions about you/(child's name).

No.	QUESTION	CODING CATEGORIES	SKIP
S4	During the last six months, were you given or did you buy any iron tablets or iron syrups for (child's name) ? (SHOW TABLETS/SYRUP)	No..... 0 Yes 1 Don't know 8	0→S6 8→S6
S5	How many days did (child's name) take iron tablets, iron pills, micronutrient powders (sprinkles), with iron or iron syrups (e.g. Rb tone) in the last week (7 days)? (SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS)	Iron tablets, pills, syrups..... <input type="text"/> <input type="text"/> Micronutrient powders (e.g. Sprinkles)..... <input type="text"/> <input type="text"/>	
S6	During the last six months, were you given or did you buy any folic acid tablets for (child's name) ? (SHOW TABLETS)	No..... 0 Yes 1 Don't know 8	0→S8 8→S8
S7	How many days did (child's name) take folic acid tablets in the last week (7 days)?	Number of days..... <input type="text"/> <input type="text"/>	
S8	Does (child's name) eat soil or earth from any source (for example, walls of mud houses, the market or the yard)?	No..... 0 Yes 1 Don't know 8	0→S10 8→S10
S9	How many times in the last week (last 7 days) did (child's name) eat dirt or soil from any source (for example, from termite mounds, walls of mud house, the market or the yard)?	Number of times (IF DON'T KNOW, ENTER 88) <input type="text"/> <input type="text"/>	

Child Health questions

Now I would like to ask you some questions about your **(child's)** health.

S10	Does (child's name) have difficulty with his/her vision (night blindness in local language)?	No..... 0 Yes 1 Don't know 8	
S11	Does (child's name) have any problem seeing in the day time?	No..... 0 Yes 1	
S12	Does (child's name) have any problem seeing in the night time?	No..... 0 Yes 1	
S13	Has (child's name) been diagnosed with anaemia in the past 6 months?	No..... 0 Yes 1	
S14	Did (child's name) take any drugs for intestinal worms in the past 6 months?	No..... 0 Yes 1	
S15	Has (child's name) been ill with diarrhoea in the past 2 weeks ? (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes 1	0→S17
S16	Has (child's name) been ill with diarrhoea in the past 24 hours ? (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes 1	
S17	Has (child's name) been ill with a cough or breathing problems in the past 2 weeks ?	No..... 0 Yes 1	0→S23
S18	When (child's name) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	No..... 0 Yes 1	0→S20
S19	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only 1 Nose only 2 Both 3 Other 7 Specify _____ 8	

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		Don't know		
S20	Has (child's name) been ill with a cough or breathing problems in the past 24 hours ?	No.....	0	0→S23
		Yes	1	
S21	When (child's name) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	No.....	0	0→S23
		Yes	1	
S22	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only	1	
		Nose only	2	
		Both	3	
		Other	7	
		Specify.....		
		Don't know	8	
S23	Has (child's name) been ill with a fever in the past 2 weeks ?	No.....	0	0→S25
		Yes	1	
S24	Has (child's name) been ill with a fever in the past 24 hours ?	No.....	0	
		Yes	1	
S25	Has (child's name) been ill with malaria in the past 2 weeks ?	No.....	0	0→S27
		Yes	1	
S26	Has (child's name) been ill with malaria in the past 24 hours ?	No.....	0	
		Yes	1	
S27	Has (child's name) had any hospitalization and /or clinic visits due to illness in the last 2 weeks ?	No.....	0	0→S29
		Yes	1	
S28	Has (child's name) had any hospitalization and /or clinic visits due to illness in the last 24 hours ?	No.....	0	
		Yes	1	
S29	(IF YES TO ANY ILLNESS) At any time during the illness, did (child's name) take any drugs for the illness in the last 2 weeks ?	No.....	0	0→S31
		Yes	1	
		Don't know	8	8→S31
S30	What drugs did (child's name) take? Any other drugs? (RECORD ALL MENTIONED)	ANTIMALARIAL DRUGS		
		Sp/Fansidar.....	01	
		Chloroquine.....	02	
		Amodiaquine.....	03	
		Quinine	04	
		Artemisinin (ACT).....	05	
		Al/Coartem.....	06	
		Other anti-malaria.....	07	
		Specify.....		
		DIARRHOEA TREATMENT		
		<u>Pill/Syrup</u>		
		Antibiotic	08	
		Anti-motility.....	09	
		Zinc	10	
		Other (not antibiotic, Anti-motility or zinc)		
		11	
		Unknown pill/syrup...	12	
		<u>Injection</u>		
		Antibiotic.....	13	
		Non-antibiotic.....	14	
		Unknown injection...	15	
		<u>Intravenous (IV)</u>	16	
		OTHER DRUGS		

		Aspirin Acetaminophen..... Ibuprofen Home remedy/ Herbal medicine Other..... Specify _____ DON'T KNOW	17 18 19 20 21 88	
S31	Record time: End of Interview (hour of the day in 24h code)	____ : ____		

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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

TEAM LEADER'S OBSERVATIONS

NAME OF TEAM LEADER: _____ ID OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ ID OF EDITOR: _____ DATE: _____