PSC Quest Label

Household ID ☐☐☐☐ **CLUSTER NUMBER** ☐☐☐ **HH NUMBER**

CHILDREN 6-59 MONTHS
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	HH09. TEAM LEADER _____ : ___ ___ NAME CODE
_____ /_____ /_____ DD MM YY	_____ /_____ /_____ 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	DATA KEYED BY: _____ NAME ___ ___ CODE
_____ /_____ /_____ DD MM YY	_____ /_____ /_____ DD MM YY

Micronutrient Supplementation and Pica Questions

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

No.	QUESTION	CODING CATEGORIES	SKIP
P1	Record time: start of interview (hour of the day in 24h code)	___ ___ : ___ ___	
P2	Child's name		
P3	Child's line number	Line Number from HH questionnaire ☐☐	
P4	Mother's line number	Line Number from HH questionnaire ☐☐ IF MOTHER NOT IN HH MARK 99	

P5	Do you have a child clinic card/book with **(child's name)** vaccinations? *(IF YES ASK:* MAY I SEE IT PLEASE?)	No…….. 0 Yes, not seen…… 1 Yes, seen…….. 2	**0→ P7** **1→ P7**
P6	[WRITE THE DATE OF VITAMIN A DOSE FROM CHILD CLINIC CARD/BOOK] (IF NO VITAMIN A DOSE RECORDED, WRITE 88/88/88) [WRITE THE DATE OF HEPATITIS B VACCINE FROM CHILD CLINIC CARD/BOOK] (IF NO HEPATITIS B VACCINE RECORDED, WRITE 88/88/88)	Most recent date: _____/_____/____ day / mo / yr 0 Most recent date: 1 _____/_____/____ 8 day / mo / yr	
P7	Has **(child's name)** ever received vitamin A drops? (SHOW COMMON TYPES OF CAPSULES/SYRUPS)	No…….. 0 Yes ……..…… 1 Don't know …….. 8	**0→ P9** **8→ P9**
P8	Did **(child's name)** receive a vitamin A drop within the last six months?	No…….. 0 Yes ……..…… 1 Don't know …….. 8	
P9	During the last six months, were you given or did you buy any iron tablets, iron pills, micronutrient powders (sprinkles), or iron syrups for **(child's name)?** (SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS)	No…….. 0 Yes ……..…… 1 Don't know …….. 8	**0→ P11** **8→ P11**
P10	How many days did **(child's name)** take iron tablets, iron pills, micronutrient powders (sprinkles) with iron or iron syrups (e.g. Rbtone) in the last week (7 days)? (SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS)	Iron tablets, Pills, syrups…… ☐☐ Micronutrient powders (Sprinkles)…….. ☐☐	
P11	During the last six months, were you given or did you buy any folic acid tablets for **(child's name)**? (SHOW COMMON TYPES OF PILLS)	No…….. 0 Yes ……..…… 1 Don't know …….. 8	**0→ P13** **8→ P13**
P12	How many days did **(child's name)** take folic acid tablets in the last week (7 days)? (SHOW COMMON TYPES OF PILLS)	Number of days…… ☐☐	
P13	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→ P15** **8→P15**
P14	Over the last week (last 7 days), how many times did **(child's name)** eat soil or earth from any source (for example, walls of mud houses, the market or the yard)?	Number of times…… ☐☐ (IF DON'T KNOW, ENTER 88)	

Child Health questions

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

P15	Has **(child's name)** been diagnosed with anaemia in the past 6 months?	No…….. 0 Yes ……..…… 1	
P16	Did **(child's name)** take any drugs for intenstinal worms in the past six months?	No…….. 0 Yes ……..…… 1	
P17	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→P20**
P18	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	

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P19	Was **(child's name)** given any of the following to drink at any time during the illness in the **last 2 weeks**: A. A fluid made from a special packet called [local name for ORS/ORT packet]? B. A pre-packaged ORS liquid? C. A homemade fluid of salt, sugar, and water?	No…….. 0 Yes ……..…… 1 Don't know……. 8	
P20	Has **(child's name)** been ill with a cough or breathing problems (in the past **2 weeks)**	No…….. 0 Yes ……..…… 1	**0→P26**
P21	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→P23**
P22	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	
P23	Has **(child's name)** been ill with a cough or breathing problems in the past **24 hours**?	No…….. 0 Yes ……..…… 1	**0→P26**
P24	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→P26**
P25	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	
P26	Has **(child's name)** been ill with a fever in the past **2 weeks?**	No…….. 0 Yes ……..…… 1	**0→P28**
P27	Has **(child's name)** been ill with a fever in the past **24 hours?**	No…….. 0 Yes ……..…… 1	
P28	Has **(child's name)** been ill with malaria in the past **2 weeks?**	No…….. 0 Yes ……..…… 1	**0→P30**
P29	Has **(child's name)** been ill with malaria in the past **24 hours?**	No…….. 0 Yes ……..…… 1	
P30	Has **(child's name)** had any hospitalization and /or clinic visits due to illness in the **last 2 weeks**?	No…….. 0 Yes ……..…… 1	**0→P32**
P31	Has **(child's name)** had any hospitalization and /or clinic visits due to illness in the **last 24 hours**?	No…….. 0 Yes ……..…… 1	
P32	(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 Yes ……..…… 1 Don't know …….. 8	**0→P34** **8→ P34**
P33	What drugs did **(child's name)** take in the **last 2 weeks**? Any other drugs? (RECORD ALL MENTIONED)	ANTIMALARIAL DRUGS Sp/Fansidar……. 01 Chloroquine…… 02 Amodiaquine…… 03 Quinine …….. 04 Artemisinine (ACT)…… 05 Al/Coartem…… 06 Other anti-malaria 07 *Specify*_____ DIARRHOEA	

		TREATMENT Pill/Syrup Antibiotic …… 08 Anti-motility…… 09 Zinc …… 10 Other (not antibiotic, ant motility or zinc) … 11 Unknown pill/syrup… 12 Injection Antibiotic…… 13 Non-antibiotic…… 14 Unknown injection… 15 Intravenous (IV) 16 OTHER DRUGS Aspirin …….. 17 Acetaminophen..…….. 18 Ibuprofen …….. 19 Home remedy/ Herbal medicine ……. 20 Other…… 21 *Specify*_____ DON'T KNOW …….. 88	

Dietary Diversity Score Questions

We are more than half way done. Thank you so much for spending this time with me.

Now I would like to ask you about liquids or foods that **(child's name)** has eaten since yesterday during the day or night, at a time like this. I am interested in whether your child had the item I mention, even if it was combined with other foods.

	Since yesterday, at a time like this, did **(child's name)** drink/eat the following?		
P34	Plain water?	No……... 0 Yes ……..…… 1 Don't know …….. 8	
P35	Juice or juice drinks?	No……... 0 Yes ……..…… 1 Don't know …….. 8	
P36	Soup?	No……... 0 Yes ……..…… 1 Don't know …….. 8	
P37	Milk such as tinned, powdered, or fresh animal milk?	No……... 0 Yes ……..…… 1 Don't know …….. 8	**0→P39** **8→P39**
P38	How many times did **(child's name)** drink milk: (IF 7 OR MORE TIMES RECORD 7)	Number of times Drank milk ☐	
P39	Commercially produced infant formula?	No……... 0 Yes ……..…… 1 Don't know …….. 8	**0→P41** **8→P41**
P40	How many times did **(child's name)** drink infant formula? (IF 7 OR MORE TIMES RECORD 7)	Number of times Drank formula ☐	
P41	Tea made with tea leaves?	No……... 0 Yes ……..…… 1 Don't know …….. 8	**0→P43** **8→P43**

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P42	How many time did **(child's name)** drink tea? (IF 7 OR MORE TIMES RECORD 7)	Number of times Drank tea ☐	
P43	Any other liquid?	No…….. 0 Yes…… 1 Other (*specify)*…….. 7 Specify_____	
P44	Any brand of commercially fortified baby food, e.g. Cerelac?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P45	Bread, rice, noodles, or other food made from grains?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P46	Pumpkin, yellow yams, butternut, carrot, squash or sweet potatoes that are yellow or orange inside?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P47	Any other food made from roots or tubers, like white potatoes, arrow root, white yams, cassava or any other food made from roots?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P48	Any dark green leafy vegetables?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P49	Ripe mango, pawpaw, guavas?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P50	Any other fruits or vegetables like bananas, apples, green beans, avocados, tomatoes, oranges, pineapples, passion fruit?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P51	Liver, kidney, heart and other organ meats (offals)?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P52	Any meat such as beef, pork, lamb, goat, chicken or duck?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P53	Eggs?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P54	Fresh or dried fish, shell fish or other seafood?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P55	Any food made from beans, peas, lentils, or nuts?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P56	Sour milk, cheese, yoghurt or other food made from milk?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	
P57	Any other solid, semisolid, or soft food?	No……..... 0 Yes ……..…… 1 Don't know …….... 8	

Infant Feeding Practice Questions children 6-35 months:

If the child is three years (36 months) and over: skip the questions on infant feeding practices (P58-P67).

Now I would like to ask you some additional information about **(child's name)** feeding practices.

P58	Did **(child's name)** ever breastfeed?	No……..... 0 Yes ……..…… 1 Don't know ……... 8	**0→P63** **8→P63**
P59	How long after birth was **(child's name)** put to the breast?	Immediately after birth…… 0 Within 1 hour…..... 1 After 1 hour but within 1 day……. …… 2 After 1 day…… 3 Don't know……..... 8	
P60	Since yesterday, at a time like this, was **(child's name)** breastfed during the day or at night?	No……... 0 Yes ……..…… 1	**0→P63**
P61	Since yesterday, at a time like this, how many times did **(child's name)** drink breast milk during the day or at night?	Number of times…….. ☐☐ (IF DON'T KNOW, ENTER 88)	
P62	Since yesterday, at a time like this, did **(child's name)** drink anything from a bottle with a nipple?	No……... 0 Yes ……..…… 1	
P63	Since yesterday, at a time like this, did **(child's name)** receive anything to drink other than breast milk?	No……... 0 Yes ……..…… 1	**0→P65**
P64	If yes, what was (**child's name)** given to drink? (MARK ALL THAT APPLY)	Milk (not breast milk) …….. 01 Plain water…… 02 Sugar/glucose water …….. 03 Gripe water…… 04 Sugar- salt- water solution…… 05 Fruit juice ……..... 06 Infant formula…….. 07 Tea/ infusions…… 08 Honey …….. 09 Other …… 77 Specify_____	
P65	How old was **(child's name)** when he/she was introduced to solid, semi- solid or soft solid food (complementary feeding) for the first time? Example of solid foods include: meat, fish; Semi solid foods include: porridge, rice, lentils; Soft solid foods include: bananas (VERIFY THE AGE IN MONTHS COMPLETE)	Months (complete)……. ☐☐ Not yet introduced…… 0 Don't know……..... 88	 **0→P68** **88→ P68**
P66	Since yesterday, at a time like this, did **(child's name)** receive solid, semi- solid or soft solid food?	No……... 0 Yes ……..…… 1	**0→P68**
P67	How many times did you give **(child's name)** solid, semi- solid or soft solid yesterday?	Number of times…….. ☐☐ (IF DON'T KNOW, ENTER 88)	
P68	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:

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COMMENTS ON SPECIFIC QUESTIONS:

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_____

ANY OTHER COMMENTS:

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TEAM LEADER'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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