

COMPLETE BEFORE THE INTERVIEW

Stratum..... |__|__| Interviewers Code: |__|__|__|__|

District |__|__|__| Date: __/__/__
dd/mm/yy

County..... |__|__|

Sub County |__|__|

Parish..... |__|__|

EA..... |__|__|__|

Household Sample Number..... |__|__|

Questionnaire number: |__|__|__|__|__|

Mother/caretakers code: |__| 1 2 3 (insert a number, if there are more than one mother)

Please read the following consent script:

"My name is [your name] and my colleagues are [your name]. We are here in [village] to collect information here about the health of our population. I would like to ask you to participate in a one-to-one interview on the nutrition and health of your family. We may also take measurements from you and your children.

There is no direct benefit, money or compensation to you in taking part in this study. Your participation is voluntary. You may refuse to answer any questions and you may choose to stop the discussion at any time. Refusing to participate will not affect you or your family in any way. However, we hope that the research will benefit Uganda by helping us understand what people need in order to help our country plan better.

The discussion will take about 30 minutes. Please answer all the questions truthfully. You will not be judged by your responses and we shall keep this information confidential. Do you have any questions for me?"

Signature of interviewer:

SECTION 1 – NUTRITION OF MOTHERS (WITH A CHILD 0-59 MONTHS)

This section should be filled out only for the mothers of children of ages 0 (birth) to 59 months of age. If the mother is not present, skip to the next section. If more than one mother lives in the household FILL OUT ONE FORM FOR EACH MOTHER AND ASSIGN MOTHER CODE ABOVE. CIRCLE APPROPRIATE CODE

1.1	After the birth of your last child, did you receive vitamin A within eight weeks? Show (1 red or 2 blue) 200,000 IU capsule(s)	1	Yes
		2	No
		3	Don't Know
1.2	1.2a) Did you see/visit anyone for antenatal care during last pregnancy?	1	Yes
		2	No (Go to 1.4)
	1.2b) If yes: Who did you see? <i>Probe for the type of person seen and circle all answers given.</i>	1	Doctor
		2	Nurse/Midwife
		3	Traditional Birth Attendant
		4	Community Health Worker
5	Relative/Friend		
6	Other (Specify: _____)		
1.3	How many times did you receive antenatal care during last pregnancy?	1	Once
		2	Two times
		3	Three times
		4	Four times
		5	More than 4 visits
		6	Never
1.4	Did you consume iron-folate tablets during your last pregnancy? (Show what the iron-folate tablets look like)	1	Yes
		2	No
1.5	Have you had diarrhoea in the last 2 weeks? (Diarrhoea is three or more loose or watery stools per day)	1	Yes
		2	No
		3	Don't Know
1.6	1.6a) Did you sleep under a mosquito net last night?	1	Yes
		2	No
	1.6b) Was it an insecticide treated net (ITN)	1	Yes
		2	No
		3	Don't know
1.7	Assess the Mid Upper Arm Circumference (MUAC) of the mother (After completing interview, Measure the left arm and record here)	__ __ .__ cms	__ Tick if over 25cms

SECTION 2 – CHILD NUTRITION AND HEALTH							
Questions for mothers/caretakers of children aged 0-59 months		CHILD 1		CHILD 2		CHILD 3	
2.1	Relationship of respondent to child	1	Mother	1	Mother	1	Mother
		2	Father	2	Father	2	Father
		3	Other Caretaker	3	Other Caretaker	3	Other Caretaker
2.2	Sex of child	1	Male	1	Male	1	Male
		2	Female	2	Female	2	Female
2.3	2.3a When was (name of child) born?	dd/mm/yy __ / __ / __		dd/mm/yy __ / __ / __		dd/mm/yy __ / __ / __	
2.3	Age If Child is greater than 24months SKIP to 2.10a	_ _ months		_ _ months		_ _ months	

Questions 2.4 to 2.9 only for children 0- 24 months		Child 1		Child 2		Child 3	
2.4	Has (child's name) ever been breastfed at any time in his/her life? If NO, go to 2.8	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
2.5	How long after birth did you start breastfeeding?	1	0-6 hours	1	0-6 hours	1	0-6 hours
		2	More than 6 hours	2	More than 6 hours	2	More than 6 hours
		3	Don't know	3	Don't know	3	Don't know
2.6	Is (child's name) still breastfeeding now? (If YES, skip to 2.8)	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
2.7	If (child's name) is not breastfeeding now, for how many months did you breastfeed this child?	_ _ months		_ _ months		_ _ months	
2.8	2.8a) Have you begun feeding (child's name) daily with any food or fluids other than breastmilk?	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
	2.8b) At what age did you begin to feed (child's name) daily with any food or fluids other than breastmilk?	_ _ months	_ Still exclusively breastfeeding	_ _ months	_ Still exclusively breastfeeding	_ _ months	_ Still exclusively breastfeeding
2.9	Since this time yesterday, how many times was (child's name) given soft food or thick mashed or solid food, porridge or other than liquids (milk, water, tea, and juice)?	1	None	1	None	1	None
		2	Once	2	Once	2	Once
		3	Two to three	3	Two to three	3	Two to three
		4	Four to five	4	Four to five	4	Four to five
		5	Six or more times	5	Six or more times	5	Six or more times

Questions 2.10 to 2.21 are for all children 6-59 months old		Child 1		Child 2		Child 3	
2.10a	Has (child's name) received a Vitamin A capsule in the last 6 months? Show the blue & red capsules for different doses: If the response is 'no' or 'don't know', skip to 2.11	1	Yes with card	1	Yes with card	1	Yes with card
		2	Yes without card	2	Yes without card	2	Yes without card
		3	No with card	3	No with card	3	No with card
		4	No without card	4	No without card	4	No without card
		5	Don't Know	5	Don't Know	5	Don't Know
2.10b	Where did the Vitamin A capsule come from?	1	On routine visit to health facility	1	On routine visit to health facility	1	On routine visit to health facility
		2	Sick child visit to health facility	2	Sick child visit to health facility	2	Sick child visit to health facility
		3	Child Health Days	3	Child Health Days	3	Child Health Days
		4	Other (specify)		Other (specify)		Other (specify)
		5	Don't know	4	Don't know	4	Don't know

2.11	Has (child's name) had diarrhoea in the last 2 weeks? (Diarrhoea is three or more loose or watery stools per day) (If none of the children has had diarrhoea in the last 2 weeks or the caretaker doesn't know, skip to 2.14)	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
2.12	If (child's name) had diarrhoea, was there blood in it? (Bloody diarrhoea is three or more loose or watery stools with blood in them per day)	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
2.13	During this last episode of diarrhea, did (child's name) take any of the following as treatment: (If Other, specify)	1	Fluid from ORS sachet	1	Fluid from ORS sachet	1	Fluid from ORS sachet
		2	Recommended home made fluid (sugar/salt solution)	2	Recommended home made fluid (sugar/salt solution)	2	Recommended home made fluid (sugar/salt solution)
		3	Other	3	Other	3	Other
		4	Don't know	4	Don't know	4	Don't know
2.14	Has (child's name) had a cough during which she/he breathed faster than usual with short, quick breaths or had difficulty breathing? in the last 2 weeks?	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
2.15	Has (child's name) had fever in the last two weeks?	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
If respondent answered YES to 2.11 - 2.15, ask question 2.16							
If answered NO, proceed to question 2.17							
2.16	2.16a) Did you seek advice or treatment for the illness outside of the home?	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
	2.16b) From where did you seek care for (child's name)? Circle all mentioned- but do not prompt respondent	1	Government Hospital	1	Government Hospital	1	Government Hospital
		2	Government health centre	2	Government health centre	2	Government health centre
		3	NGO/private health facility	3	NGO/private health facility	3	NGO/private health facility
		4	Mobile/outreach clinic	4	Mobile/outreach clinic	4	Mobile/outreach clinic
		5	Village/Community Health worker	5	Village/Community Health worker	5	Village/Community Health worker
		6	Relative or friend	6	Relative or friend	6	Relative or friend
		7	Traditional practitioner	7	Traditional practitioner	7	Traditional practitioner
		8	Pharmacy/drug shops	8	Pharmacy/ drug shops	8	Pharmacy/drug shops
		9	Other Government , specify: _____	9	Other Government , specify: _____	9	Other Government , specify: _____
		10	Other Private , specify: _____	9	Other Private , specify: _____	9	Other Private , specify: _____
2.17	Has (child's name) received a measles vaccination? (show vaccination spot -left upper arm)	1	Yes with card	1	Yes with card	1	Yes with card
		2	Yes without card	2	Yes without card	2	Yes without card
		3	No with card	3	No with card	3	No with card
		4	No without card	4	No without card	4	No without card
		5	Don't know	5	Don't know	5	Don't know

2.18	Has (child's name) received a DPT3 vaccination? (show vaccination spot – left thigh)	1	Yes with card	1	Yes with card	1	Yes with card
		2	Yes without card	2	Yes without card	2	Yes without card
		3	No with card	3	No with card	3	No with card
		4	No without card	4	No without card	4	No without card
		5	Don't know	5	Don't know	5	Don't know
2.19	2.19a) Did (child's name) sleep under a mosquito net last night? If Yes, go to 2.19b), and if No, go to 2.20	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't Know	3	Don't Know
	2.19b) Was it an insecticide treated net (ITN)	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't know	3	Don't know	3	Don't know
2.20	Is (child's name) currently enrolled in supplementary feeding program? E.g. premix ration	1	Yes	1	Yes	1	Yes
		2	No	2	No	2	No
		3	Don't Know	3	Don't know	3	Don't know
2.21	Is (child's name) currently enrolled in a therapeutic feeding programme?	1	Yes	1	Yes without card		Yes without card
		2	No	2	No with card		No with card
		3	Don't Know	3	No without card		No without card

SECTION 3 – MORTALITY

I would now like you to think back to the last 12 months, the period from this time last year to now. Can you tell me who lived in this household 12 months ago?

Names of people present at the beginning of the recall period (this time last year) 1 = Household head 2 = Spouse 3 = Child 4 = Visitors		Age in Years (Present age or age at death) 1= <1month 2= 1 to 11 months 3= 12 – 59 Months 4= 5 years and older	Sex (Circle) 1 = Male 2 = Female	- <u>Is (HH member) alive today?</u> - <u>If alive, is (HH member) currently living in the HH</u> 1 = Alive (living in HH) 2 = Alive (living elsewhere) 3 = Died 4 = Missing/unknown	What was the main cause of death? (Enter code from chart below)	If more than one cause is mentioned, list second cause here
1			1 2	1 2 3 4		
HH Head						
2			1 2	1 2 3 4		
3			1 2	1 2 3 4		
4			1 2	1 2 3 4		
5			1 2	1 2 3 4		
6			1 2	1 2 3 4		
7			1 2	1 2 3 4		
8			1 2	1 2 3 4		
9			1 2	1 2 3 4		
10			1 2	1 2 3 4		
11			1 2	1 2 3 4		
12			1 2	1 2 3 4		
13			1 2	1 2 3 4		
14			1 2	1 2 3 4		
15			1 2	1 2 3 4		
16			1 2	1 2 3 4		
17			1 2	1 2 3 4		
18			1 2	1 2 3 4		
19			1 2	1 2 3 4		
20			1 2	1 2 3 4		
Born in this household during the last 12 months		Age (months)	Sex (Circle)	Current Status as of today	Cause of death (Enter code from chart below)	List up to one secondary cause of death
21			1 2	1 2 3 4		
22			1 2	1 2 3 4		
23			1 2	1 2 3 4		

Codes for Causes of Death	Cause of Death	Descriptions of causes of death
1	<i>Diarrhoea</i>	<ul style="list-style-type: none"> ▪ Any episode of three or more watery stools per day
2	<i>Fever/Malaria</i>	<ul style="list-style-type: none"> ▪ Person with fever
3	<i>Measles</i>	<ul style="list-style-type: none"> ▪ Any episode of fever accompanied by skin eruption/ rash that is accompanied by runny nose and/ or cough and/or inflamed eyes
4	<i>Difficulty Breathing</i>	<ul style="list-style-type: none"> ▪ Any episode with difficulty breathing or cough
5	<i>Malnutrition</i>	<ul style="list-style-type: none"> ▪ Any individual presenting with swollen appearance (bilateral oedema) and/or excessive thinness (wasting).
6	<i>Violence/conflict-related</i>	<ul style="list-style-type: none"> ▪ Any death as a direct result of intentional violence or conflict
7	<i>Other</i>	<ul style="list-style-type: none"> ▪ Death cause by any of other factors than the ones listed above, including accidental death.

CHILD 3: Age ___ months (Use Age Calendar and Events Calendar to calculate child age)				
DOES THIS CHILD HAVE OEDEMA?	1	Yes	2	N If YES, do not measure
AN1. Child's weight.			_ _ _ . _ _ _ KGS	
AN2. Child's length or height.				
<input type="checkbox"/> Child <24 months or (≤ 85 cm) \Rightarrow Measure length (lying down)			Length (cm); (lying down) _ _ _ _ _ . _ _ _ cms	
<input type="checkbox"/> Child > 24 months or (>85 cm) \Rightarrow Measure height (standing up)			Height (cm); (Standing up) _ _ _ _ _ . _ _ _ cms	
Take measurements to the nearest 0.1 cm.				
AN3. Measurer's identification code.			MEASURER CODE _____	
AN4. Result of measurement.			Measured.....1 Not present.....2 Refused3 Child has edema 4 OTHER (SPECIFY).....5	

Measure Mother's Mid Upper Arm Circumference

This section requires you to measure the MUAC of mothers of children 0-59 months only.

Mother's (Measure left arm) (Use this information to complete Section 1.7)	MUAC: _ _ _ . _ _ cm	
Mother's physical status	1	Pregnant
	2	Pregnant and lactating
	3	Lactating
	4	Non-lactating
	5	Don't know