

Nutritional status of children under five —Questionnaire

Note: this questionnaire is mainly concerned with children under age five – that is, those under 60 months. Children measured here should be no more than 59 months old.

A. Information about living children who are under age five

1. Household Number _____
2. Name of household head _____
3. Person Number of respondent (for example, the mother) _____
4. Name of the interviewer _____
5. Date of the interview _____

For each child:

6. Name of the child _____
7. Person Number for the child _____
8. Child's date of birth; Date _____ Month _____ Year _____
(REFER TO THE CLINIC CARD OR BIRTH CERTIFICATE)
9. INTERVIEWER CALCULATES: Age of the child in months _____
10. INTERVIEWER'S OPINION: Was this age guessed? 00 no 01 yes
11. Sex
 00. Male
 01. Female
12. Relationship of person bringing the child
 01. Parent (mother/father)
 02. Uncle or Aunt
 03. Grandmother or Grandfather
 04. House girl or House boy
 05. Others (Specify)
13. Is the natural mother still alive?
 - 00- No
 - 01 – Yes and lives in household
 - 02 – Yes and lives outside household
14. Is the natural father still alive?
 - 00 - No
 - 01 – Yes and lives in household
 - 02 – Yes and lives outside household
 - 03 – Yes, father polygynous [sometimes lives in this household]

15. Who is the primary guardian of the child/children?

- 01-mother
- 02-father
- 03 – Both mother and father
- 04- stepfather/stepmother
- 05-mother's sister
- 06- Father's sister
- 07 – Mother's brother
- 08- Father's brother
- 09- Sibling of child
- 99-Others

16. Has the child ever breastfed?

- 00 - no
- 01 – yes → SKIP to Q18

17. If no, why?

- 01. Child Refused
- 02. Mother died
- 03. Mother sick
- 04. Child was sick
- 99. Others

18. IF YES: At what age did you introduced water/any food apart from mother's milk?

- 00 Less than a month
- 02. 1-2 months
- 03. 2-3 months
- 04. More than 3 less than 6
- 05. 6 months or longer
- 99. I don't know/don't remember

19. Was the baby given colostrums (maziwa la kwanza) after it was first born?

- 00 – No
- 01 – Yes → SKIP to Q.22
- 88 – Don't know → SKIP to Q.22

20. If no, why?

- 01. Tradition
- 02. Child refused
- 03. Mother died
- 04. Dirty milk
- 05. Mother didn't have milk
- 99. Other

21. Is the child eating solid foods (for example, porridge, bananas, rice, maize, beans)?
00 - No → SKIP to Q36 about health
01 - Yes
22. IF YES: At what age (in months) did you start giving him/her solid foods?
_____months
23. Does the child still breastfeed?
00. No
01. Yes → SKIP to Q.29
24. IF NO: At what age (in months) did he/she stop breastfeeding? _____Months
25. Is the food for the child being prepared differently from the food of the household?
00. No
01. Yes
99. NA
26. Is the child given any other food in-between meals?
00. No
01. Yes
27. Does the child eat on a separate dish/plate?
00. No
01. Yes
28. If no, what are the ages of the people who share the dish?
01 Other children who are under five (up to 60 months plus 2 weeks)
02 Older people
29. Are there any types of food which the child is not allowed to take?
00. No → SKIP to Q.35
01. Yes
30. IF YES: Which type of food?
a. Eggs 00 No 01 Yes
b. Milk
c. Meat
d. Others
31. Why is the child not allowed to take such food?
01 Tradition
02 Will get problem
99 Others
32. How is the health of the child in general?

- 01 Good
- 02 Frequently sick

33. Has the child been vaccinated for any of the following (READ LIST, CHECK ALL THAT APPLY):

- a. BCG (tuberculosis) 00 No 01 Yes
- b. Polio
- c. DPT (diphtheria, pertussis, tetanus)
- d. Measles

34. Has the child ever had Vitamin A supplements?

- 00 No
- 01 Yes
- 88 Don't know

35. Has the child ever suffered from any of the following diseases (READ LIST, CHECK ALL THAT APPLY)

- a. Fever 00 No 01 Yes
- b. Diarrhoea
- c. Cough/ flu
- d. Measles
- e. pneumonia
- f. malaria
- g. hookworm infection
- h. Others (Specify)_____

36. In the past 3 months, has your child had any of these diseases? [READ LIST, CHECK ALL THAT APPLY]

- a. Fever 00 No 01 Yes
- b. Diarrhoea
- c. Cough/ flu
- d. Measles
- e. pneumonia
- f. malaria
- g. hookworm infection
- h. Others (Specify)_____

37. Is the child suffering from any long term illness?

- 01 Yes
- 00 No

B. Child deaths

Now I would like to ask you a difficult question.

1. Has any child/children below age 5 in this household died in the last 2 years?

00 No --> SKIP to NEXT SECTION

01 Yes

02 SKIP THIS SERIES OF QUESTIONS – IT WAS ALREADY ASKED OF THIS PARENT [and is already recorded on another under-five's record]

2. IF YES: How many? [CHOOSE ONE]

01 - one child

02 – two children

03 – three children

IF MORE THAN 1 CHILD DIED, ASK FIRST ABOUT MOST RECENT DEATH.

IF MORE THAN 2 CHILDREN DIED IN LAST 2 YEARS, ASK ABOUT 2 MOST RECENT DEATHS.

3. Was the child a boy or a girl? 00 male 01 female

4. What was the child's age when s/he died? CHOOSE ONE UNIT:

a. _____ days

b. _____ months

5. What was the cause of death? CHOOSE :

01- Malaria

02- Pneumonia

03- Asthma

04- Diarrhea

05- Malnutrition

06- Chronic infections (example TB)

07- Still birth

08- Neo-natal death (within a day)

09- Accident / injury [E.G. FALL, BURN, CUT, VIOLENCE]

10- Others

88-DK

6. Did the child ever breastfeed?

00. No

01. Yes

88 Don't know

7. Had the child been given any food or water other than mother's milk?

- 00. No
 - 01. Yes
 - 88 Don't know
8. Had the child started eating solid foods?
- 00 No
 - 01 Yes
 - 88 Don't know
9. Had the child stopped breastfeeding?
- 00 No
 - 02 Yes
 - 88 Don't know

IF A SECOND CHILD DIED IN THE LAST 2 YEARS, REPEAT QUESTIONS.
OTHERWISE, SKIP TO NEXT SECTION.

10. Was the child a boy or a girl? 00 male 01 female
11. What was the child's age when s/he died? CHOOSE ONE UNIT:
- a. _____ days
 - b. _____ months
12. What was the cause of death? CHOOSE :
- 11- Malaria
 - 12- Pneumonia
 - 13- Asthma
 - 14- Diarrhea
 - 15- Malnutrition
 - 16- Chronic infections (example TB)
 - 17- Still birth
 - 18- Neo-natal death (within a day)
 - 19- Witchcraft
 - 20- Others
 - 88-DK
13. Did the child ever breastfeed?
- 02. No
 - 03. Yes
 - 88 Don't know
14. Had the child been given any food or water other than mother's milk?
- 02. No
 - 03. Yes
 - 88 Don't know
15. Had the child started eating solid foods?

Anthropometric measurements;

4. Weight _____Kg (in nearest 100g)

5. INTERVIEWER'S OPINION: weight may not be accurate

00 no

01 yes

6. Height _____cm (in the nearest mm)

7. INTERVIEWER'S OPINION: height may not be accurate

00 no

01 yes

8. MUAC (mid-upper-arm circumference) _____Cm (to the nearest mm)

9. Presence of Edema

00. No

01. Yes

10. INTERVIEWER'S OPINION: Informant's answers seem inconsistent to interviewer.

00 no

01 yes