

***Questionnaire for children under five nutritional status***

1. Household No\_\_\_\_\_
2. Name of household head\_\_\_\_\_
3. Child's Questionnaire no. \_\_\_\_\_
4. Name of the interviewer \_\_\_\_\_
5. Date of the interview\_\_\_\_\_
6. Name of the head of the house hold\_\_\_\_\_
7. How many children have you brought for weighing and measuring?
8. How many of these children are from your household? [If a child not from household do not weigh/measure or take data.]

Mention names and age of all underfives (Rank of the child in parity)

Names	Age (Months)
1.	
2.	
3.	
4.	
5.	

For each child:

9. Name of the child\_\_\_\_\_
10. Date of birth; Date\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_ ( Refer to the clinic card/ birth certificate)
11. Age of the child in months\_\_\_\_\_
12. Sex
  00. Male
  01. Female
13. Relationship of person bringing the child to the child
  01. Parent (mother/father)
  02. Uncle or Aunt
  03. Grandmother or Grandfather
  04. House girl or House boy
  05. Others ( Specify)
14. Is the natural mother still alive?
  - 00- No
  - 01 – Yes and lives in household
  - 02 – Yes and lives outside household

15. Is the natural father still alive?

- 00 - No
- 01 – Yes and lives in household
- 02 – Yes and lives outside household

16. 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

17. Has the child ever breastfed? If yes skip to Q. 19

18. If no, why?

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

19. If yes, did they ever do exclusive {explain} breastfeeding? If no skip to Qn. 21

- 00. No
- 01. Yes
- 77. NA

20. If yes, for how long did he/she do exclusive breastfeeding?

- 01. 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

21. Was the baby given colostrums (maziwa la kwanza)? If yes or DK skip to Qn. 23.

- 00 – No
- 01 – Yes
- 88 – DK

22. If no, why?

- 01. Tradition

- 02. Child refused
  - 03. Mother died
  - 04. Dirty milk
  - 05. Mother didn't have milk
  - 99. Other
23. Is the child eating solid foods?
- 00. No -> if "NO" go to #36
  - 01. Yes
24. If yes, at what age (in months) did you start giving him/her solid foods?\_\_\_\_\_months
25. Does the child still breastfeed? If yes skip to Qn. 29
- 00. No
  - 01. Yes
26. If no, at what age (in months) did he/she stop?\_\_\_\_\_Months
27. What were the reasons for weaning?
- 01- When he reached the right age
  - 02- Mother's milk dried up
  - 03- Child refused to breastfeed
  - 04- Mother died
  - 05- Mother was sick
  - 06- She got pregnant again
  - 07- The child got sick
  - 99- Others
28. What was the weaning food?
- 01- Animal milk
  - 02- Ugali, banana or rice
  - 03- Powdered milk
  - 04- Porridge (maize, millet, peanuts)
  - 05- Plain porridge (maize only)
  - 99- Others
29. Is the food for the child being prepared differently from the food of the house hold?
- 00. No
  - 01. Yes
  - 99. NA
30. Is the child given any other food in between meals?
- 00. No
  - 01. Yes

31. Does the child eat on a separate dish/plate?  
00. No  
01. Yes
32. If no, what are the age of the people who share the dish with  
a) Other children who are under five  
b) Older people
33. Are there any types of food which the child is not allowed to take  
? If no skip to Qn. 36  
00. No  
01. Yes
34. If yes, then which type of food?  
a) Eggs  
b) Milk  
c) Meat  
d) Others (specify)
35. Why is the child not allowed to take such food?  
a) Tradition  
b) Will get problem  
c) Others (specify)\_\_\_\_\_
36. How is the health of the child in general?  
a) Good  
b) Frequently sick
37. Has the child been sick in the last 4 weeks  
00. No  
01. Yes
38. Has the child been vaccinated for any of the following (check all that apply):  
01 – BCG  
02- Polio  
03- DPT  
04- Measles  
05- Vitamin A
39. Has the child suffered from any of the following diseases (tick)  
a) Fever  
b) Diarrhoea  
c) Cough/ flu  
d) Measles

- e) pneumonia
  - f) Others (Specify)\_\_\_\_\_
40. Is the child suffering from any long term illness?
- a) Yes
  - b) No
41. Where does the child get treatment when she is sick?
- a) Hospital
  - b) Dispensary or clinic
  - c) Traditional medicine
  - d) Home treatment
  - e) Others (specify)\_\_\_\_\_

***Child deaths***

Now I would like to ask you a difficult question.

42. Has any child/children below age 5 in this household died in the last 2 years?
43. What was the cause of death

SN	Age	Gender (M=00/F=01)	Cause of death (See below the table and write the code of the reason)

Cause of death:

- 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- Witchcraft
- 10- Others
- 88-DK

44. Did the child ever breast fed?

- 00. No
- 01. Yes
- 45. Had the child started eating solid foods?
  - 02. No
  - 03. Yes
- 46. Had the child been weaned?
  - 00. No
  - 01. Yes

**Prompt before weight/measure**

Now we are about to weigh and measure the child/children but first I would like to know what has the child (or these children) eaten in the last 24 hours? (Ask at the end of the last child interview)

Carbohydrates

- 01- Ugali
- 02- Muhogo/cassava
- 03- Maize
- 04- Rice
- 05- Potato
- 99- Others

Animal products and protein

- 06- milk
- 07- Eggs
- 08- Beans/legumes
- 09- Peanuts
- 99- Others

meat

- 10- Chicken
- 11- Goat
- 12- Cow
- 13- Fish/degaa
- 14- BushMeat
- 99- Others

Fruit and vegetable

- 15- banana
- 16- papaya
- 17- pineapple
- 18- orange
- 19- other fruit
- 20- greens
- 21- carrot
- 22- tomatoes

99-Others

***Anthropometric measurements;***

- c) Weight \_\_\_\_\_Kg (in nearest 100g )
- d) Height \_\_\_\_\_cm (in the nearest mm)
- e) MUAC \_\_\_\_\_Cm (to the nearest mm)
- f) Presence of Edema

- 00. No
- 01. Yes