

Child ID: |__|__|__|__|__|__|__|__|__|

CM.20.101a	Cluster ID		_ _ _ _ _
CM.20.101b/c	Village Name/Village ID		_____ _ _ _ _
CM.20.101d	Household ID		_ _ _ _ _ _ _
CM.20.101e	Child ID		_ _ _ _ _ _ _ _
CM.20.102	Staff ID		_ _ _ _
CM.20.103	Staff Name		_____
CM.20.104	Date of Data Collection (DD/MM/YY)		_ _ / _ _ / _ _ _ _
CM.20.105	Consent		[1] Yes [2] No
CM.20.106	Why was consent not given?	[1] Migration [3] Primary caregiver not home [5] Child is sick [7] Primary caregiver refused [9] No reason given	[2] Household head not home [4] Child is not home [6] Household head refused [8] Too busy [10] Other: Specify
CM.20.106a	If CM.20.106 is “Other”, specify:		
CM.20.107	Verify Primary Caregiver’s Identity: Does Caregiver Match Household and Cluster ID?		[1] Yes [2] No
CM.20.108	Identification the relationship of the Primary Caregiver	[1] Child’s Mother [3] Child’s Paternal Grandparents [5] Child’s Paternal Aunt/Uncle [7] Other: Specify	[2] Child’s Maternal Grandparents [4] Child’s Maternal Aunt/Uncle [6] Child’s Father (and new partner/wife)
CM.20.108a	If CM.20.108a is “Other”, specify relationship:		
CM.20.109	Mobile Number of Household Head		_ _ _ _ _ - _ _ _ _ - _ _ _ _
CM.20.110	Mobile Number of Primary Caregiver		_ _ _ _ _ - _ _ _ _ - _ _ _ _
CM.20.112a	Child’s Full Name: Last Name		_____
CM.20.112b	First Name		_____
CM.20.112c	Second Name		_____
CM.20.113	Hapo awali [CHILD NAME] amewahi kutumia jina lingine au kwa sasa ana majina ya utani? <i>Has [CHILD NAME] previously gone by another name or does he/she currently have other names?</i>		_____
CM.20.114	Gender of Child		[1] Male [2] Female
CM.20.115	Date of Birth (DD/MM/YYYY)		_ _ / _ _ / _ _
CM.20.116	Source of Date of Birth		[1] Confirmed by valid vaccination card [2] Mother/relative remembers [3] Both 1 and 2 [99] Don’t Know
CM.20.117	Age <i>calculated by tablet</i>		_ _ _ _ Days

Household ID: |_|_|_|_|_|_|_|_|_|_|

Child ID: |_|_|_|_|_|_|_|_|_|_|

Medical History						
CM.20.118	Ni lini mwisho [CHILD] alipokea dawa? How long ago did [CHILD NAME] take any antibiotics? <i>Provide examples from the 'List of Common Antibiotics and Medicine'</i>			a. _ _ Days b. _ _ Months <i>Enter 88 for "Never", 99 for "Don't Know"</i>		
CM.20.119	Je unaweza nieleza ni mara ngapi kwa muda wa miezi 3 mtoto huyu ametumia hizi dawa? Can you tell us how many times in the last 3 months this child has used antibiotics?"			_ _ Times <i>Enter 88 for "Never", 99 for "Don't Know"</i>		
Antibiotics						
	CM.20.120	Tafadhali jaribu kuyakumbuka majina ya kila dawa ambayo mtoto ametumia kwa miezi 3 iliyopita (siku 90 kabla ya siku ya kuchukua) Please try and recall the name of each antibiotic or other medicine this child used in the last 3 months (90 days before collection date)		CM.20.121	Ni kwa siku ngapi kwa jumla ambazo mtoto alitumia dawa hii? How many total days did this child use this antibiotic/medicine?	
		[1] Cotrimoxazole [2] Amoxycillin [3] Flucloxacillin [4] Ciprofloxacin [5] Erythromycin [6] Azythromycin [7] Nalidixic acid [8] Doxycycline [9] Betapen (Penicillin) [10] Chloramphenicol [11] Metronidazole [12] Other: Specify [99] Don't know		<i>Enter 99 for Don't Know</i>		Specify Other
a. Episode 1	_ _ (choose from list above)		_ _ Days			
b. Episode 2	_ _ (choose from list above)		_ _ Days			
c. Episode 3	_ _ (choose from list above)		_ _ Days			
d. Episode 4	_ _ (choose from list above)		_ _ Days			
e. Episode 5	_ _ (choose from list above)		_ _ Days			
CM.20.122	Je [CHILD NAME] alikuwa na malaria mwezi uliopita? <i>Has this child had malaria in the last 1 month?</i>		[1] Yes, diagnosed in a clinic/by a physician [2] Yes, not diagnosed in a clinic/ by a physician [3] No [99] Don't know			
K.20.122a	If CM.20.122 is [1]: Damu ilichukuliwa kwa ukaguzi? <i>Was a blood sample taken?</i>		[1] Yes [2] No [99]DK			
K.20.123b	Je [CHILD NAME] ameugua malaria kwa muda wa miezi tatu iliyopita? <i>Has this child had malaria in the last 3 months?</i>		[1] Yes, diagnosed in a clinic/by a physician [2] Yes, not diagnosed in a clinic/ by a physician [3] No [99] Don't know			
K.20.123c	If CM.20.123b is [1]: Damu ilichukuliwa kwa ukaguzi? <i>Was a blood sample taken?</i>		[1] Yes [2] No [99]DK			
CM.20.123	Je [CHILD NAME] ameugua malaria kwa muda wa miezi sita iliyopita? <i>Has this child had malaria in the last 6 months?</i>		[1] Yes, diagnosed in a clinic/by a physician [2] Yes, not diagnosed in a clinic/ by a physician [3] No [99] Don't know			
K.20.123a	If CM.20.123 is [1]: Damu ilichukuliwa kwa ukaguzi? <i>Was a blood sample taken?</i>		[1] Yes [2] No [99]DK			
CM.20.124	(FOR CHILDREN 6MONTH AND OVER): Je [CHILD NAME] aliwahi pewa dawa ya minyoo kwa muda wa miezi sita uliopita?		[1] Yes [2] No [3] Not Applicable			

Household ID: |_|_|_|_|_|_|_|_|_|_|

Child ID: |_|_|_|_|_|_|_|_|_|_|

	<i>In the last 6 months, has [CHILD NAME] received a pill or drug for intestinal worms? Provide examples from the 'List of Common Antibiotics and Medicine'</i>	[99] Don't Know
CM.20.125	Ni wapi [CHILD NAME] alipata dawa ya minyoo? <i>Where did [CHILD NAME] receive the drug for intestinal worms?</i>	[1] At Home / In Village [2] At A Clinic or Health Facility [3] At A School [4] Purchased [99] Don't know
CM.20.126	Ni lini mwisho [CHILD NAME] alipewa dawa ya minyoo? <i>Approximately how long ago did [CHILD NAME] receive the deworming drug?</i>	a. _ _ Days b. _ _ Months <i>Enter 99 for Don't Know</i>
CM.20.127	Tafadhali jaribu kuyakumbuka majina ya dawa ya minyoo [CHILD NAME] alimeza Please try and recall the name of the deworming drug [CHILD NAME] took <i>Provide examples from 'List of Common Antibiotics and Medicine'</i>	[1] Albendazole [2] Mebendazole [3] Other: Specify [99] Don't Know
CM.20.127a	If CM.20.127 is "Other", specify the drug name:	
CM.20.128	Kwa kawaida mtoto huvaia viatu? <i>Does [CHILD NAME] typically wear shoes/socks/sandals?"</i>	[1] Yes [2] No [3] Don't Know
CM.20.129	OBSERVE: Is child wearing shoes/socks/sandals?	[1] Yes [2] No [3] Don't Know

Health Status					
Asante. Sasa ningependa kukuuliza maswali kuhusu afya ya [CHILD NAME]. Tafadhali jibu kila swali kwa usahihi jinsi uwezavyo. Ikiwa hujui jibu la swali, sema "sijui". <i>Thank you. Now I am going to ask you some questions about the health of your [CHILD NAME]. Please answer each question as accurately as you can. If you don't know the answer to a question, say 'I don't know'</i>					
Je, [NAME] ana [DALILI]? <i>Did [CHILD NAME] have [SYMPTOM]?</i>	A. Leo Today	B. Jana Yesterday	C. Juzi Day Before Yesterday	D. Siku Saba Zilizopita In the Last 7 Days	E. Wiki mbili zilizopita In the last 2 weeks
CM.20.130. Joto <i>Fever</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.131. Kuhara <i>Diarrhea</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.142. If selected diarrhea in the last seven days or last two weeks, but NOT today, yesterday, or day before yesterday: Ni kwa muda gani uliopita [CHILD NAME] amekuwa akihara <i>When was the last time [CHILD NAME] had diarrhea? (record days ago, counting from today)</i>				_ _ days ago 77 for N/A 99 for DK	
CM.20.143 If selected diarrhea in the last seven days or last two weeks, but NOT today, yesterday, or day before yesterday: Wakati huo alikuwa anahara, ilichukuwa siku ngapi kabla iishe <i>During that specific episode of diarrhea, how many consecutive days did it last?</i>				_ _ days 77 for N/A 99 for DK	
CM.20.132. Kuenda choo mara tatu au zaidi <i>3 or more bowel</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK

Household ID: |_|_|_|_|_|_|_|_|_|
 Child ID: |_|_|_|_|_|_|_|_|_|

<i>movements in 24 hours</i>					
CM.20.133. Nambari ya kuenda choo kila siku <i>Number of bowel movements each day</i>	_ _ times	_ _ times	_ _ times		
CM.20.134. Choo chepesi au majimaji <i>Watery or soft stool (unformed)</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.135. Kinyesi kilicho na damu <i>Blood in the stool</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.136. Upele (popote mwilini) <i>Skin rash (anywhere on the body)</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.137. Kukohoa kila mara <i>Constant cough</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.138. Kuziba pua/homa <i>Congestion / runny nose</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.139. Kupungukiwa pumzi/kupumua kwa sauti finyu/kushindwa kupumua <i>Panting / wheezing / difficulty breathing</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.140. Mkwaruzo, kuchibuka, au kujikata <i>Bruising, scrapes or cuts</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK
CM.20.141. Kuumwa/kuota meno <i>Toothache / teething</i>	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK	[1] YES [2] NO [99] DK

Child ID: | | | | | | | | | |

EE SAMPLE COLLECTION FORM – Section 2.1: Child Anthropometry

Identifying Information

CM.20.201a	Cluster ID	_ _ _ _ _
CM.20.201b/c	Village Name/Village ID	_____ / _ _ _ _
CM.20.201d	Household ID	_ _ _ _ _ _ _
CM.20.201e	Child ID	_ _ _ _ _ _ _ _ _
CM.20.202	Staff ID	_ _ _ _
CM.20.203	Staff Name	_____
CM.20.204	Date of Data Collection (DD/MM/YY)	_ _ / _ _ / _ _ _ _
CM.20.205	Number of Eligible Children in Household	_
CM.20.206a	Child's Full Name: Last Name	_____
CM.20.206b	First Name	_____
CM.20.206c	Second Name	_____

Weight of Child

CM.20.207	Weight of Child – Measurement #1 (weight in kg)	_ _ _ . _ _ _ kg
CM.20.208	Weight of Child – Measurement #2 (weight in kg)	_ _ _ . _ _ _ kg
CM.20.209	Weight of Child – Measurement #3 (weight in kg)	_ _ _ . _ _ _ kg
CM.20.210	Median Weight of the Child (weight in kg)	_ _ _ . _ _ _ kg
CM.20.211	Was child wearing clothing during weight measurement? <i>Select multiple</i>	[1] No Clothes [2] Underpants/Shorts [3] Shirt [4] Pants/trousers [5] Dress/Frock
C.		<u>Does the child have swollen feet (bi-pedal edema)?</u> 1 = Yes (>> Referral) 2 = No

Length/Height of Child

CM.20.212	Was a length or height measurement taken? <i>If child is >= 2 years of age, measure the child's height; if < 2 years of age, measure the child's length</i>	[1] Length Measured [2] Height Measured
CM.20.213	Length/Height of Child – Measurement #1	_ _ _ _ . _ cm
CM.20.214	Length/Height of Child – Measurement #2	_ _ _ _ . _ cm
CM.20.215	Length/Height of Child – Measurement #3	_ _ _ _ . _ cm

Head Circumference of Child

CM.20.216	Head Circumference of Child – Measurement #1	_ _ _ . _ _ cm
CM.20.217	Head Circumference of Child – Measurement #2	_ _ _ . _ _ cm
CM.20.218	Head Circumference of Child – Measurement #3	_ _ _ . _ _ cm

MUAC of Child

CM.20.219	Mid Upper Arm Circumference of Child: Measurement #1	_ _ . _ cm
CM.20.220	Mid Upper Arm Circumference of Child: Measurement #2	_ _ . _ cm
CM.20.221	Mid Upper Arm Circumference of Child: Measurement #3	_ _ . _ cm
CM.20.222	Anthropometry data obtained?	[1] All → Skip to End [2] Partial [3] None
CM.20.223	Why was anthropometry data not collected?	[1] Child did not cooperate [2] Household head refused [3] Primary caregiver refused [4] Other: Specify
CM.20.223a	If CM.20.223 is Other, specify reason:	

Household ID: |_|_|_|_|_|_|_|_|

Child ID: |_|_|_|_|_|_|_|_|

Child ID: | | | | | | | | | |

EE SAMPLE COLLECTION FORM – Section 2.2: Maternal Anthropometry

Identifying Information

K.20.224a	Cluster ID	_ _ _ _ _ _
K.20.224b/c	Village Name/Village ID	_____ / _ _ _ _ _
K.20.224d	Household ID	_ _ _ _ _ _ _ _
K.20.224e	Mothers ID	_ _ _ _ _ _ _ _ _ _
K.20.225	Staff ID	_ _ _ _ _
K.20.226	Staff Name	_____
K.20.227	Date of Data Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
K.20.228	Number of Eligible Children in Household	_
K.20.229a	Mother’s Full Name: Last Name	_____
K.20.229b	First Name	_____
K.20.229c	Second Name	_____

Weight of Mother

K.20.230	Weight of Mother – Measurement #1 (weight in kg)	_ _ _ . _ kg
K.20.231	Weight of Mother – Measurement #2 (weight in kg)	_ _ _ . _ kg
K.20.232	Weight of Mother– Measurement #3 (weight in kg)	_ _ _ . _ kg
K.20.233	Median Weight of the Mother (weight in kg)	_ _ _ . _ kg
K.20.234	Was mother wearing heavy clothing (more than t-shirt and fabric skirt equivalent) during weight measurement?	[1] Yes [2] No

Height of Mother	Height of Son
150	160
155	165
160	170
165	175
170	180
175	185
180	190
185	195
190	200
195	205
200	210
205	215
210	220
215	225
220	230
225	235
230	240
235	245
240	250
245	255
250	260
255	265
260	270
265	275
270	280
275	285
280	290
285	295
290	300
295	305
300	310
305	315
310	320
315	325
320	330
325	335
330	340
335	345
340	350
345	355
350	360
355	365
360	370
365	375
370	380
375	385
380	390
385	395
390	400
395	405
400	410
405	415
410	420
415	425
420	430
425	435
430	440
435	445
440	450
445	455
450	460
455	465
460	470
465	475
470	480
475	485
480	490
485	495
490	500
495	505
500	510
505	515
510	520
515	525
520	530
525	535
530	540
535	545
540	550
545	555
550	560
555	565
560	570
565	575
570	580
575	585
580	590
585	595
590	600
595	605
600	610
605	615
610	620
615	625
620	630
625	635
630	640
635	645
640	650
645	655
650	660
655	665
660	670
665	675
670	680
675	685
680	690
685	695
690	700
695	705
700	710
705	715
710	720
715	725
720	730
725	735
730	740
735	745
740	750
745	755
750	760
755	765
760	770
765	775
770	780
775	785
780	790
785	795
790	800
795	805
800	810
805	815
810	820
815	825
820	830
825	835
830	840
835	845
840	850
845	855
850	860
855	865
860	870
865	875
870	880
875	885
880	890
885	895
890	900
895	905
900	910
905	915
910	920
915	925
920	930
925	935
930	940
935	945
940	950
945	955
950	960
955	965

K.20.235	Height of Mother – Measurement #1	_ _ _ _ . _ cm
K.20.236	Height of Mother – Measurement #2	_ _ _ _ . _ cm
K.20.237	Height of Mother – Measurement #3	_ _ _ _ . _ cm

MUAC of Mother

K.20.238	MUAC of Mother – Measurement #1	__ __ . __ cm
K.20.239	MUAC of Mother – Measurement #2	__ __ . __ cm
K.20.240	MUAC of Mother – Measurement #3	__ __ . __ cm

Summary

K.20.241	Anthropometry data obtained?	[1] All → Skip to End [2] Partial [3] None
K.20.242	Why was anthropometry data not collected?	[1] Mother did not consent [2] Other: Specify
K.20.242a	If K.20.223 is Other, specify reason:	

EE SAMPLE COLLECTION FORM – Section 3, Part 1: Blood Sample Collection		
Identifying Information		
CM.20.301a	Cluster ID	_ _ _ _ _ _ _
CM.20.301b/c	Village Name/Village ID	_ _ _ _ _ _ _ / _ _ _ _ _ _
CM.20.301d	Household ID	_ _ _ _ _ _ _ _ _
CM.20.301e	Child ID	_ _ _ _ _ _ _ _ _ _ _
CM.20.302	Staff ID	_ _ _ _ _
CM.20.303	Staff Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.304	Date of Data Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
CM.20.306a	Child's Full Name: Last Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.306b	First Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.306c	Second Name	_ _ _ _ _ _ _ _ _ _ _ _ _
Meal History		
CM.20.307	Date of child's last meal/snack/breastfeed (DD/MM/YYYY)	_ _ _ / _ _ _ / _ _ _ _ _ _
CM.20.308	Time of child's last meal/snack/breastfeed (24hr)	_ _ _ : _ _ _
CM.20.309	Enter information about child's last meal/snack/breastfeed	[1] Breast milk only [2] Snack only [3] Meal Only [4] Meal and Snack Only [5] Snack and breast milk only [6] Meal and breast milk only [7] Meal, snack, and breast milk
Blood Draw		
CM.20.310	Blood Collection Tube Sample Obtained?	[1] All (5mL) [2] Partial (<5mL) [3] None (0mL) → Skip to CM.20.312
CM.20.311	Estimate of blood volume collected in tube	_ _ . _ _ mL
CM.20.314	Why was the venous blood sample not obtained?	[1] Parent not available [2] Parent refused [3] Child not available [4] Volume insufficient [5] Vein visibility [6] Other: Specify
CM.20.314a	If CM.20.314 is "Other", specify:	
CM.20.312	Blood Spot Samples Obtained	[1] All (6 spots) [2] Partial (<6 spots) [3] None (0mL) → Skip to CM.20.314
CM.20.313	Number of FULLY saturated spots obtained	_ _ spots
CM.20.313a	Record the Filter Paper Unique ID	_ _ _ _ _ _ _
CM.20.314b	Why was the blood spot sample not obtained?	[1] Parent not available [2] Parent refused [3] Child not available [4] Volume insufficient [5] Vein visibility [6] Other: Specify
CM.20.314c	If CM.20.314b is "Other", specify:	
CM.20.315	Blood collection : End Time (24hr)	_ _ _ : _ _ _
CM.20.316	Cold Chain Start Time (24hr)	_ _ _ : _ _ _
CM.20.316b	Cooler Box Temperature Data Logger ID	_ _ _ _ _ _ _

EE SAMPLE COLLECTION FORM – Section 3, Part 2: Blood Sample Collection, Centrifugation

Centrifugation

CM.20.317	Centrifugation Start Time (24hr) <i>Note: Only for venous blood samples</i>	_ _ : _ _
CM.20.318	Duration of Centrifugation (min) <i>Note: Only for venous blood samples</i>	_ _ minutes
CM.20.319	Plasma sample hemolyzed? (plasma is red, not yellow) <i>Note: Only for venous blood samples</i>	[1] Yes [2] No

Aliquots

	CM.20.322 Sample ID	CM.20.323 Random ID	CM.20.324 Sample type <i>BB (Plasma)</i> <i>BC (Packed Cells)</i> <i>BF (Filter Paper)</i>	CM.20.325 Aliquots	CM.20.326 Samples H and B -80C Freezer Storage Start Time
a.			BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
b.			BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
c.			BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
d.			BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
e.	Optional Aliquot		BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
f.	Optional Aliquot		BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
g.	Optional Aliquot		BB	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
h.			BC	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
i.			BC	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _
j.			BF	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot	_ _ : _ _

EE SAMPLE COLLECTION FORM – Section 4: Stool Collection

Identifying Information

CM.20.401a	Cluster ID	_ _ _ _ _ _ _
CM.20.401b/c	Village Name/Village ID	_ _ _ _ _ _ _ / _ _ _ _ _
CM.20.401d	Household ID	_ _ _ _ _ _ _
CM.20.401e	Child ID	_ _ _ _ _ _ _ _ _ _
CM.20.402	Staff ID	_ _ _ _ _
CM.20.403	Staff Name	_ _ _ _ _ _ _ _ _ _
CM.20.404	Date of Sample Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
CM.20.405	Number of Eligible Children in the Household	_
CM.20.406a	Child's Full Name: Last Name	_ _ _ _ _ _ _ _ _ _
CM.20.406b	First Name	_ _ _ _ _ _ _ _ _ _
CM.20.406c	Second Name	_ _ _ _ _ _ _ _ _ _

Aliquots:

	CM.20.407 Barcode ID	CM.20.408 Random ID	CM.20.409 Sample type	CM.20.410 Aliquots
a.			BE	[1] No Aliquot [2] Partial Aliquot → Complete CM.20.411 [3] Full Aliquot
b.			BE	[1] No Aliquot [2] Partial Aliquot → Complete CM.20.411 [3] Full Aliquot
c.			BE	[1] No Aliquot [2] Partial Aliquot → Complete CM.20.411 [3] Full Aliquot
d.			BE	[1] No Aliquot [2] Partial Aliquot → Complete CM.20.411 [3] Full Aliquot
e.			BE	[1] No Aliquot [2] Partial Aliquot → Complete CM.20.411 [3] Full Aliquot

Stool Information

CM.20.411	If any CM.20.325a-e is [1] No Aliquot or [2] Partial Aliquot: Why was the sample not fully collected?	[1] Parents not available [2] Parents refused [3] Subject not available [4] Child did not defecate [5] Defecation volume insufficient [6] Other: Specify
CM.20.411a	If CM.20.411 is [6] Other, Specify Reason:	
CM.20.412	Date of Defecation (DD/MM/YYYY)	_ _ _ / _ _ _ / _ _ _ _ _
CM.20.413	Time of Defecation (24hr)	_ _ _ : _ _ _
CM.20.414	Staff Present During Defecation?	[1] Yes [2] No
CM.20.415	Cold Chain Start Time (24hr)	_ _ _ : _ _ _

	<i>Note: This is the time when the sample has been placed in the cooler box</i>	
CM.20.416	OBSERVE: Consistency of Collected Stool Sample	[1] Normal Stool (formed, soft, semi-solid, moist) [2] Diarrheal Stool (unformed, watery) [3] Constipated Stool (formed, hard, dry)
CM.20.417	OBSERVE: Color of Collected Stool Sample	[1] Yellow [2] Brown [3] Black [4] Green [5] White [6] Red [7] Other: Specify
CM.20.417a	If CM.20.417 is "Other", specify color:	
K.20.418	OBSERVE: Any Abnormal Characteristics of Collected Stool Sample	[1] Yes [2] No
K.20.418a	Check any abnormal characteristics observed	[1] Mucus [2] Blood [3] Worms [4] Other
K.20.418b	If K.20.418a is "Other": Specify	
CM.20.419	Je [JINA] anaendesha kwa sasa? Does [CHILD NAME] currently have diarrhea? <i>Diarrhea = 3 or more unformed stools in a 24hr period</i>	[1] Yes [2] No → Skip to CM.20.421 [99] Don't Know → Skip to CM.20.421
CM.20.420	If CM.20.421 is [1] Yes, Ni kwa siku ngapi mfululizo mtoto huyo amekuwa akiendesha? How many consecutive days has this child had diarrhea?	_ _ days → Skip to CM.20.423
CM.20.421	If CM.20.421 is [2] No or [99] Don't Know, [JINA] amekuwa akiendesha kwa muda gani? How long ago did [CHILD NAME] have diarrhea?"	_ _ days <i>Enter 88 for Never or 99 for Don't Know</i>
CM.20.422	Katika muda huo alikuwa akiendesha, aliendesha kwa muda gani? During that specific episode of diarrhea, how many consecutive days did it last?"	_ _ days <i>Enter 99 for Don't Know</i>
CM.20.423	Sampuli ya kinyesi ilikusanywa wapi? Where was the stool sample collected from?	[1] Diaper provided/ Diaper uliyopewa [2] Blanket/cloth/ nguo [3] Bed sheet/ shuka [4] Potty/ pottie [5] Other: Specify [77] Not applicable
CM.20.423a	If CM.20.423a is "Other", specify where the stool sample was collected from:	
CM.20.424	Je, kinyesi kilichanganyika na mkojo (ndani ya diaper/potie/nguo? ASK: Was the stool in contact with urine (in the diaper/potty/cloth etc)?	[1] Yes [2] No [99] Don't Know
CM.20.425	Cooler Box Temperature Data Logger ID	_ _ _ _ _ _ _

EE SAMPLE COLLECTION FORM – Section 5: Urine Collection

Identifying Information

CM.20.501a	Cluster ID	_ _ _ _ _ _ _
CM.20.501b/c	Village Name/Village ID	_____ _ _ _ _ _
CM.20.501d	Household ID	_ _ _ _ _ _ _ _
CM.20.501e	Child ID	_ _ _ _ _ _ _ _ _ _
CM.20.502	Staff ID	_ _ _ _
CM.20.503	Staff Name	_____
CM.20.504	Date of Sample Collection (DD/MM/YY)	_ _ / _ _ / _ _ _ _
CM.20.505	Number of Eligible Children in the Household	_
CM.20.506a	Child's Full Name: Last Name	_____
CM.20.506b	First Name	_____
CM.20.506c	Second Name	_____
CM.20.507	Did the primary caregiver consent to urine collection?	[1] Yes → Skip to CM.20.509 [2] No
CM.20.508	Why was consent not given? If no consent, skip to End	[1] Household head/primary caregiver not available [2] Household head/ primary caregiver refused [3] Subject not available [4] Genital skin disease [5] Other: Specify
CM.20.508a	If CM.20.508 is "Other", specify reason:	
CM.20.509	Volume of Lactulose-Mannitol Fed to Child <i>Volume (ml) = (average weight) X 2 (maximum of 20 ml)</i>	_ _ . _ mL
CM.20.510	Lactulose-Mannitol Batch Number	_ _ _ _
CM.20.511	Fasting Start Time (24hr)	_ _ : _ _
CM.20.512	Fasting End Time (24hr)	_ _ : _ _
CM.20.513	Urine Collection Start Time (24hr)	_ _ : _ _

Urination Episodes					
	CM.20.514 Urination Episode	CM.20.515 Time of Collection (24hr)	CM.20.516 Volume of Each Urination (mL)	CM.20.517 Estimated Volume Lost	CM.20.518 Stool in Bag?
a.	1	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
b.	2	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
c.	3	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
d.	4	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
e.	5	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
f.	6	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
g.	7	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
h.	8	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
i.	9	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No
j.	10	_ _ : _ _	_ _ _ mL	[1] None [2] < ½ [3] ½ [4] > ½ [5] All	[1] Yes [2] No

Urine Collection		
CM.20.519	Urine Collection End Time for 2-Hour Urine Sample (24h)	_ _ : _ _
CM.20.520	Total Urine Volume After 2 Hours (mL)	_ _ _ mL
CM.20.521	Total Number of Thimerasol Drops Added After 2 Hours	_ _ drops
CM.20.522	Number of Loose Stools During 2-Hour Collection	_ loose stools
CM.20.523	Total Volume of All Aliquots from 2-Hour Urine Collection (mL)	_ _ _ mL
CM.20.524	Urine Collection End Time for 5-Hour Urine Sample (24h)	_ _ : _ _
K.20.525a	Urine Volume Collected During Final 3 Hours (mL)	_ _ _ mL
CM.20.525	Total Urine Volume After 5 Hours (mL)	_ _ _ mL
K.20.526a	Number Thimerasol drops added after final 3 hours	_ _ drops
CM.20.526	Total Number of Thimerasol Drops Added After 5 Hours	_ _ drops
K.20.527a	Number of Loose Stools during final 3 hours	_ loose stools
CM.20.527	Total Number of Loose Stools during 5-hour collection	_ loose stools
CM.20.528	Total Volume of All Aliquots from 5 hour Urine Collection	_ _ _ mL

CM.20.529	Did Child Eat During First 1-Hour Fasting Period? <i>Before LM Dose</i>	[1] Yes [2] No
CM.20.530	Did Child Eat During Last half hour Fasting Period? <i>Immediately after LM dose</i>	[1] Yes [2] No

Urine Aliquots						
	CM.20.531. Barcode ID <i>Aliquots 01-06 after 2 hrs. Aliquots 07- 12 after 5 hrs</i>	CM.20.532. Random ID	CM.20.533 Sample Type	CM.20.534. Aliquots <i>For sample type U, full aliquot = 2 ml per cryovial.</i>	CM.20.535. Why was it not fully collected?	CM.20.536. Cold Chain Start Time (24hr) <i>Time when sample is placed in cold box</i>
a.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536	a. 2 Hour: [1] Child did not urinate [2] Urination volume insufficient [3] Leakage [4] Partial: Parent Refused [5] Other: Specify CM.20.535a1 Specify Other: _____ _____	_ _ : _ _
b.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
c.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
d.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
e.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
f.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536	_____	_ _ : _ _
g.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536	b. 5 Hour: [1] Child did not urinate [2] Urination volume insufficient [3] Leakage [4] Partial: Parent Refused [5] Other: Specify CM.20.535b1 Specify Other: _____ _____	_ _ : _ _
h.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
i.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
j.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
k.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536		_ _ : _ _
l.			BU	[1] No Aliquot [2] Partial Aliquot [3] Full Aliquot → Skip to CM.20.536	_____	_ _ : _ _

Conclusion		
CM.20.537	Why was urine collection stopped before 5 hours?	[1] Baby crying a lot [2] Baby developed a rash at U-bag attachment site [3] Other parent came home and refused [4] Another family member arrived and encouraged mother to refuse [5] Mother and child left to visit another place

		[6] Other: Specify [77] Not applicable
CM.20.537a	If CM.20.537 is “Other”, specify reason:	
CM.20.538	Cooler Box Temperature Data Logger ID	_ _ _ _

EE SAMPLE COLLECTION FORM – Section 6: Infant feeding and morbidity

Child Identification

CM.20.601a	Cluster ID	_ _ _ _ _ _ _
CM.20.601b/c	Village Name/Village ID	_ _ _ _ _ _ _ / _ _ _ _ _ _
CM.20.601d	Household ID	_ _ _ _ _ _ _ _ _
CM.20.601e	Child ID	_ _ _ _ _ _ _ _ _
CM.20.602	Staff ID	_ _ _ _ _
CM.20.603	Staff Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.604	Date of Data Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
CM.20.612a	Child's Full Name: Last Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.612b	First Name	_ _ _ _ _ _ _ _ _ _ _ _ _
CM.20.612c	Second Name	_ _ _ _ _ _ _ _ _ _ _ _ _

INFANT FEEDING

Now I would like to ask you some questions about feeding [NAME]. First, I need to know if you will be able to tell me about feeding [NAME] yesterday and over the last week.

Sasa ningependa nikuulize maswali juu ya ulishaji wa [NAME]. Kwanza, nataka kujua ikiwa utaweza kunieleza juu ya ulishaji wa [NAME] jana na kwa wiki iliyo pita.

C.601	Do you know what [NAME] consumed yesterday? Je unajua ni nini[JINA] alikula jana?	[1] Yes → Skip to C.603 [2] No
C.602	IF NO → Is there someone else who knows what the child ate, who can sit with us today and help answer questions? Je kuna mtu mwingine anayejua ni nini mtoto alikula, akae na sisi leo na atusaidie kujibu maswali?	[1] Yes [2] No → Skip to End
C.603	Respondent Relationship to participating child	[1] Mother [2] Father [77] Other: Specify
C.604	When [CHILD] was born, how long after the birth did you first put [CHILD] to the breast? Wakati [MTOTO] alizaliwa ulichukuwa muda gani baada ya kujifungua kumuweka [MTOTO] kwenye titi?	[0] Immediately [1] Within the first hour [2] More than one hour but less than 24 hours [3] More than 24 hours [88] Never breastfed (skip pattern if never breastfed) [99] Don't Know/Not sure
C.604a	When [CHILD] was born, did you start breastfeeding him/her with the very first breast milk (colostrum)? Wakati [MTOTO] alizaliwa, je ulimnyonyesha maziwa ile ya kwanza?	[1] YES [2] NO
C.605	Is [CHILD] still breastfeeding, or is he/she completely weaned? Je [MTOTO] angali anayonyya, au ushawacha kumnyonyesha kabisa?	[1] YES (still breastfeeding) → Skip to 607 [2] NO (weaned, not receiving any breastmilk) →
C.606	How old was [CHILD] the last time he/she breastfed? Ni umri gani [MTOTO] alikuwa aliponyonya mara ya mwisho?	_ _ weeks [99] Don't Know/Not sure

C.607	Now I would like you to tell me how many times [CHILD] breastfed yesterday. Sasa ningependa unieleze ni mara ngapi [MTOTO] alinyonya jana.	__ __ times
C.607a	What was the very first thing that [NAME] consumed apart from breastmilk? Ni nini kitu cha kwanza kabisa [JINA] alikula kando na maziwa ya titi?	[1] Honey [2] Water [3] Crystalline sugar cube from palm sugar [4] Plain Water [5] Nothing [77] Other:Specify
C.607a1	Specify Other:	
C.607b	At what age did [NAME] consume this item? Ni kwa umri gani [JINA] alikula chakula hiki?	__ __ Days (if mother mentioned days) __ __ Months (if mother mentioned months)
C.607c1	In the past week, were there any days that [NAME] lost his/her appetite? Katika wiki iliyopita, kulikuwana siku ambazo [JINA] alipoteza hamu ya kukula?	[1] Yes [2] No [99] Don't Know
C.607c2	How many days? Ilikuwa kwa siku ngapi?	__ days

C.608 LIQUID FOODS

Now I would like to ask you about liquids that [NAME] may have had yesterday during the day or night. I am interested in whether your child had the item even if it was combined with other foods.

Sasa ningependa kukuuliza juu ya vinywaji ambavyo [JINA] anaweza kula alikunywa jana mchana au usiku. Nina hamu kujua ni nini mtoto alikunywa hata ikiwa ilikuwa pamoja na vyakula vingine?

C.608.1	Did [NAME] drink any water? Je [JINA] alikunywa maji?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.2	Did [NAME] drink any sugar water? Je [JINA] alikunywa maji yoyote iliyo na sukari?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.3	Did [CHILD] drink milk, including fresh milk, milk in a tin or box, or powdered milk? Je [MTOTO] alikunywa maziwa, ikiwemo maziwa 'freshi', maziwa ya mkebe au pakiti, au maziwa unga?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.4	Did [CHILD] drink any infant formula such as Lactogen or NAN or Aspen? Je [MTOTO] alikunywa chakula cha watoto wachanga kama Lactogen au NAN au Aspen?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.5	Did [CHILD] drink any tea made with milk? Je [MTOTO] alikunywa chai yoyote iliyotengenezwa na maziwa?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.6	Did [CHILD] drink any tea made without milk? Je [MTOTO] alikunywa chai yoyote isiyo na maziwa?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.7	Did [CHILD] drink any yogurt? Je [MTOTO] alikunywa maziwa yenye imetindi?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times

C.608.8	Did [CHILD] take thin porridge? Je [MTOTO] alikunywa uji nyepesi?	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times
C.608.9	Did [CHILD] drink other liquids (ex: juice, broth, drinking chocolate)? Je [MTOTO] alikunywa vinywaji vingine(kwa mfano: 'juisi', supu, 'drinking chocolate'	a. [1] YES [2] NO [99] Don't Know/Not Sure	b. __ __ times

C.609 Next I would like to ask you some questions about the foods that [NAME] ate yesterday during the day or at night. I would like to know everything that [CHILD] ate, whether at home or someplace else. Inayofuata sasa ningependa kuuliza maswali kuhusu vyakula ambavyo [JINA] alikula jana wakati wa mchana au usiku. Ningependa kujua kila kitu ambacho [MTOTO] alikula, iwapo nyumbani au mahali pengine. Use the separate page of instructions, with questions to help the mother remember. Do not read the list below. Let the mother tell you what the child ate. Circle each food (or ingredient) that the child ate, and tick "[1] Yes" for that food group				
Foods/ingredients in recipes (may be in a sauce or porridge) eaten by the child yesterday				
C.609.1	Porridge			[1] Yes [2] No
C.609.2	Maize Fried Dough	Nsima/Ugali Sorghum	Rice Millet	Bread Noodles
C.609.3	Pumpkin	Orange or yellow fleshed sweet potato	Carrots	
C.609.4	Cassava	White yam	Irish potato	Plantain
C.609.5	Pumpkin leaves Cassava leaves	Mustard leaves Pigeon pea leaves	Rape leaves	Bean leaves
C.609.6	Ripe mango		Ripe papaya	
C.609.7.	Banana Masau	Pineapple Orange	Guava Malambe	Avocado Other fruit (Baobab)
C.609.8	Tomato Fresh bean	Onion pea pod	Mushroom Other vegetable	Okra
C.609.9.	Liver	Kidney	Heart	Other organ meat
C.609.10.	Any type of meat / flesh, including from birds and animals			[1] Yes [2] No
C.609.11	Any type of bird egg			[1] Yes [2] No
C.609.12	Fresh fish	Dried fish	Crab (freshwater)	Other fish / seafood
C.609.13	Beans Cashew	Peas Pounded groundnut	Soya Lentils	Groundnut Any other legume or nut

C.609.14	Cheese Yogurt Chambiko Other milk products (curdled milk)	[1] Yes [2] No
C.609.15	Vegetable oil Animal fat Margarine	[1] Yes [2] No
C.609.16	Chocolate Sweets / candies Cookies / sweet biscuits Cake	[1] Yes [2] No
C.609.17	Seasonings Garlic Spices Spice/seasoning mix	[1] Yes [2] No
C.609.18	Snails Any type of insect	[1] Yes [2] No
C.609.19	<i>If not on list above, write food(s) here and at bottom</i>	
C.610	You mentioned that [NAME] ate [read back circled foods on previous page] yesterday during the day or at night. Did [NAME] have any other food at all, including snacks? <i>If "Yes", use the same probing questions and circle on the list in C.609. Once any foods have been named, tick "No" if no food is circled in a given group.</i>	[1] Yes [2] No

Now I would like to ask you about timing of giving foods other than breastmilk. Sasa ningependa kuuliza juu ya wakati wa kupeana chakula kando na maziwa ya titi.		
?K.610b	At what age did you start feeding [NAME] liquids (water/sugar water/tea w milk/tea without milk/fresh or powdered milk, infant formula, yogurt) Ni kwa umri gani ulianza kumlisha [JINA] vinywaji (maji/maji ya sukari/ chai ya maziwa/ chai bila maziwa/ maziwa 'freshi' au ya poda, chakula cha watoto, maziwa ya kuganda)	_ _ days _ _ weeks _ _ months <i>Enter 99 for don't know</i>
?K.610c	At what age did you start feeding solid and semi-solid foods (porridge, ugali, sweet potato – any of the food items listed above that were mentioned as given yesterday) Ni kwa umri gani ulianza kumlisha vyakula vigumugumu na viepesi (uji, ugali, viazi tamu- aina yoyote ya vyakula nilivyotaja hapo mbeleni ambavyo umesema ulimlisha jana)	_ _ days _ _ weeks _ _ months <i>Enter 99 for don't know</i>
C.610a	How many times did [NAME] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or night? Ni mara ngapi [JINA] alikula vyakula vigumuvigumu au vyakula viepesi kando na vinywaji jana mchana au usiku? <i>Note: include all forms of porridge, including thin porridge.</i>	_ _ times

C.611

Now I would like to ask you some questions about foods [NAME] ate in the last 7 days, since last [INTERVIEW DAY OF WEEK]. For each food I ask about, please tell me how many days in the last 7 days you think [NAME] ate that food.

Sasa ningependa kuuliza maswali juu ya vyakula [JINA] alikula kwa muda wa siku 7, tangu siku ya leo. Kwa kila chakula nitakuuliza, tafadhali nieleze ni kwa siku ngapi kwa muda wa siku 7 unafikiri [JINA] alikula chakula.

I would like to know if [NAME] had the food even if it was combined with other foods. For example, if [NAME] ate a sauce or relish made with chicken, onions, and tomatoes, you should say “yes” when I ask about meat, and again “yes” when I ask about vegetables. However if [NAME] only had the broth, not the chicken or vegetables, do not say “yes” because they did not eat it.

Ningetaka kujua ikiwa [JINA] alikula chakula hata ikiwa ilikuwa pamoja na vyakula vingine. Kwa mfano, ikiwa [JINA] alikula kitoweo au mchuzi iliyotengenezwa na kuku, vitunguu, na nyanya, utasema “ndiyo” nitakapouliza juu ya nyama, tena sema “ndiyo” nitakapouliza mboga. Hata hivyo ikiwa [JINA] alikunywa supu na sio kuku au mboga, usiseme “ndiyo” kwa sababu hakukula.

For each item on the list, read the question below and fill in the number of days the respondent says (0-7)

Eaten, don't know how many days = 66

Don't know if eaten or not = 99

Foods (in groups) eaten by the child in the last seven days		Number of days food was eaten by child (0-7) <i>Eaten, don't know how many days = 66</i> <i>Don't know if eaten or not = 99</i>
C.611.1	Porridge, nsima/ugali, rice, fried dough or bread?	_ _
C.611.2	Pumpkin, carrots or sweet potatoes that are yellow or orange inside?	_ _
C.611.3	Cassava, plantains, white sweet potato, Irish potato, white yams, or any other root or tuber?	_ _
C.611.4	Any sauce or relish made with dark green leaves such as pumpkin leaves or mustard leaves?	_ _
C.611.5	Ripe mango or ripe papaya?	_ _
C.611.6	Any other fruit such as banana, guava, avocado, or any other fruit?	_ _
C.611.7	Any other vegetable such as tomato, onions, mushroom, fresh bean pod or any other?	_ _
C.611.8	Any type of meat, including from birds or from animals?	_ _
C.611.9	Any type of egg?	_ _

C.611.10	Any type of dried fish or fresh fish?	_ _
C.611.11	Any dishes made with beans, peas, lentils, groundnut, or other nuts, including pounded nuts?	_ _
C.611.12	Any milk, cheese, yogurt, chambiko or foods/drinks made with milk?	_ _
C.611.13	Vegetable oil, fat from animals, margarine, or any foods made with these?	_ _
C.611.14	Sweet foods such as chocolate, sweets/candies, cake or cookies/sweet biscuits?	_ _

C.612

Now I would like to ask you about infant formula and about some special foods that are sometimes given to infants and small children. Even if you already told me about the food, please tell me again so I can be sure to write down these special foods.

Sasa ningependa kukuliza kuhusu vyakula vya watoto wachanga na vyakula spesheli vya watoto wachanga na watoto wadogo. Hata ikiwa ushانيةlezea kuhusu chakula, tafadhali nielezee tena ili niwe na uhakika niandike chini hivi vyakula spesheli.

On how many days in the last 7 days, since [TODAY], did [NAME] have any [ITEM FROM LIST]?

Infant formula and special foods eaten by the child in the last seven days		Number of days food was eaten by child (0-7) <i>Eaten, don't know how many days = 66</i> <i>Don't know if eaten or not = 99</i>
C.612.1	Infant formula such as Lactogen or NAN or Aspen?	_ _
C.612.1.1	If yes, what type?	_____
C.612.2	Porridge or other food made with Likuni Phala or Rab's Sunshine, of the type bought in stores	_ _
C.612.3	Other baby cereal such as Baby's Best, Nestle Nestum, Cerelac or other?	_ _
C.612.3.1	If yes, what type?	_____
C.612.4	Foods to which you added a [powder or micronutrient sprinkles] such as [list brands or show common micronutrient powders available in the study area]?	_ _
C.612.4.1	If yes, what type?	_____
C.612.5	[Lipid-based nutrient supplement (LNS)] you received from us?	_ _
C.612.6	Any other [Lipid-based nutrient supplement (LNS)]?	_ _
C.612.6.1	If Yes, ask to see and write name/type:	_____
C.612.7	[Optional: include locally available LNS brand identified by country teams]	_ _

VITAMINS/MINERALS

Now I would like to ask you about vitamin/mineral pills or drops.

Sasa ningependa kuuliza juu ya dawa au matone ya vitamini/madini.

C.613	On how many days did [NAME] have any vitamin/mineral pills or drops in the last 7 days? Ni kwa siku ngapi [JINA] amepata dawa au matone ya vitamin/madini kwa siku saba zilizopita?	__ __ days [66] <i>Child had, but number of days not known</i> [99] <i>Don't know if child had or not</i>
C.614	If baby was given vitamin /mineral drops or pills: What type? <i>Ask the respondent to show the package and record the name</i>	_____
C.614a	Observation: What is the source of the information on the pill or drop name?	[1] Information not available [2] Data collector saw package [3] Respondent remembered and told name [88] Vitamins/minerals were not given

C.615 DIRT AND SOIL

	Leo Today	Jana Yesterday	Juzi Day Before Yesterday	Siku Saba Zilizopita In the past 7 days
Je, [CHILD] amekula uchafu wowote au udongo? <i>Has [CHILD] eaten any dirt or soil?</i>	C.615.a [1] YES [2] NO	C.615.b [1] YES [2] NO	C.615.c [1] YES [2] NO	C.615.d [1] YES [2] NO

Common Module 6 Notes

Adaptation Needed to Version 7 for Kenya

This module and the manual are based on Form 13a from the iLiNS project. The measurement is based on the WHO guidelines for the measurement of infant and young child feeding (WHO 2010).

This instrument has been adapted to Bangladesh, but final adaptations are needed for Kenya.

References

WHO. 2010. *Indicators for assessing infant and young child feeding practices. Part 2: Measurement*. Geneva, Switzerland: World Health Organization.

Instructions for Interviewers

Finding the right respondent (C.601 - 603)

First we need to find out if the person you are talking to knows what the child ate yesterday. If the respondent says “yes”, she knows what the child ate, code C.601 as “1” and code C.602 as “88” not applicable.

If she does not know what the child ate, it is possible there is someone else who can help answer the questions. If this is not possible, do not do the interview. If no one is available who knows what the child ate, the information will not be true. Mark “[2] No” for BOTH questions C.601 and C.602, thank the respondent, and end the interview.

However, in most cases you should be able to find someone who knows what the child ate. **Question 603 should always be answered.** The code will always be “1” for mother, “2” for father, or “77” for other. When it is someone else (“other”) please write down who it is in the space provided.

Questions about breastfeeding (C.604 - 607)

C.604 asks the mother about breastfeeding immediately after birth. Please ask this question of all mothers. For this question, please *do read all the responses* to the mother, except for “don’t know”.

C.605 asks if the baby is still being breastfed. If yes, then do not ask C.606. Then, ask C.607.

If the baby is completely weaned, then do ask C.606. This question asks how old the baby was when the mother completely stopped breastfeeding. Ask the child’s age in months at that time. If the mother cannot recall, put “99”.

Do not put the number of the month (for example “12” for December). If the baby was fully weaned in December at the age of 15 months, the correct answer is “15” not “12”.

C.607 asks the mother how many times the baby was breastfed yesterday during the day. Please ask this question of all mothers. Even if she just told you the child was weaned, you can ask this question. For this question, please *do read all the responses* to the mother, except for “don’t know”.

Liquids and thin foods yesterday (C.608)

This question asks about both liquids and thin foods that the child had yesterday. You will ask about a short list of liquids and thin foods. For the question on milk, milk from any animal is included. The list includes some things you might not think of as drinks, such thin porridge and yogurt. These foods are sometimes very thin and liquid. Each country team should adapt this question to use a list of common drinks that are provided to young infants.

Foods eaten yesterday (C.609 - 610)

Next you will ask about foods eaten yesterday. You will ask the mother (or other respondent) to begin when the child woke up, and tell you about the foods the child ate. There are a series of questions to help her remember. These questions are on a separate page that you can carry with you. This way of asking about foods is called a “free recall” because the respondent can just tell you everything she remembers.

There is a food group list on the questionnaire. *For this question, you do not read the list of foods that are written on the questionnaire.* Instead, for each food that the respondent mentions, circle the food, and also tick the “1” to the right of the food group/row, to show that the child received a food from that group. If she mentions a drink you do not need to mark it down.

When she mentions that the child ate a “mixed dish” or recipe that has more than one ingredient, you need to ask her about all the ingredients and circle each ingredient. For example, if the child ate a relish with pumpkin leaves, tomato, and onion, you would circle all three of these foods and also tick the “[1] Yes” to the right for these food groups. That is, you would circle pumpkin leaves in row 5 and circle both tomato and onion in row 8. You would tick the “[1] Yes” for two rows (two food groups): the row of 5 and the row of 8.

If the dish had fish or meat, ask if the child got the fish/meat or only the broth. If child ate only the broth, do not circle fish or meat.

When the mother mentions a porridge, be sure to probe to find out the ingredients she put in the porridge. She may have added something, such as oil, milk, meat or vegetables. Use “neutral” questions to probe for all ingredients (see examples in Box below).

There are certain ingredients, such as salt, chilis, garlic, and certain herbs, that are added to the dish in very small amounts, just to give flavor. These ingredients have a separate category (row 17), because even though the child eats them the amount is very small.

Ask “neutral” questions, not “leading” questions

To help the respondent (usually the mother) recall the foods the child ate, remember to use the questions on your instruction sheet, and do not use “leading questions”.

Example 1. It is better to say:

“Think about when [NAME] first woke up yesterday. Did [NAME] eat anything at that time?”

Instead of “What did [NAME] have for breakfast?”

Why: If the mother did not feed her child breakfast, she may feel bad and make something up.

Example 2. Do not ask questions like:

“Did you add any meat to the stew?”

Why: If you ask about meat then the mother may feel like saying she did add meat, even if she could not.

Example 3. Probe for ingredients in mixed dishes. If the mother says she fed her child porridge, ask:

“What ingredients did you use to make the porridge”. After she finishes telling you, ask “did you include anything else?”

If the respondent mentions a food or ingredient that is not listed on the questionnaire, write down this food in the space for other foods at the bottom of the list (row 19). If this space becomes full, you can also write on the bottom margin of the page. Later on, a researcher will decide what to do with this information.

After the respondent finishes telling you about yesterday, there is a reminder to review her responses and probe for any other foods (C.610). For example, you would say “You mentioned that [NAME] ate porridge, banana, nsima, and pumpkin leaf sauce yesterday. Did [NAME] have any other food at all, including any snacks?” If the respondent tells you more foods, follow the instructions above for C.608: circle the food, and also tick the “[1] yes” to the right of the food group, to show that the child received a food from that group.

After you have circled all the foods and ticked “yes” for all the rows, go back and tick “[2] no” for any food group (row) where there are no circled foods. That is, tick “[2] no” if the mother did not mention any food at all in that row.

Foods eaten last week (C.611)

You will next ask the respondent to estimate how many days in the last seven days the child ate certain kinds of foods. The questionnaire includes some of the main foods infants and young children eat. This question about the last week is not a “free recall” because a free recall of the whole week would be too difficult for anyone to remember. *For this question, read each item on the list exactly as it appears on the questionnaire.*

Sometimes the respondent might be confused or wonder why you are asking about last week when you already know what the child ate yesterday. Yesterday is a part of the last week, so some of the information may be repeated. But you can tell her you are asking because you would like to know the **number of days** that the child had the food, not just if they had it yesterday.

For each food group on the list, record the number of days. The number of days could be zero (none) up to seven days. Do not record the number of times the child ate the food, just the mother’s estimate of the number of days.

If the respondent knows the child ate the food last week but cannot remember the number of days, try to help her estimate. However, if she really cannot estimate, record “66” in the spaces. If the respondent does not know if the child had the food last week, record “99” in the spaces.

All the boxes for C.611 must be filled, and the only allowed responses are a number 0-7, 66, or 99.

Infant formula and special foods for infants and young children - last week (C.612)

This question will take some development work in each country to identify the right products to list in this section and to make sure that the interviewers and respondents know what we are asking about. We are trying to ascertain consumption of micronutrient fortified products which may be available in shops or might be distributed for free through MCH programs. Respondents might be more familiar with the products by their brand names or by their packaging.

Infant formula and certain foods are specially designed for infants and young children, and have vitamins and/or minerals added to them. You will ask how many days the child had infant formula or ate these special foods in the last week. You need to ask all of the questions, even if the mother (or other respondent) is not familiar with the special foods. The codes for C.614 are the same as for C.613.

Q1. asks about commercial infant formula, the kinds one can buy in a shop. Examples include: Lactogen, NAN, and Aspen [country teams need to identify local brands]. Here are some things that are NOT infant formula: Cremora, Vega condensed milk, other condensed milk, fresh milk, Vega milk powder [country teams need to identify local brands]. Please discuss types of infant formula during training until you feel sure you know how to probe to help the mother answer this question.

If the caregiver tells you the infant had formula, record the number of days and also write down the type of formula. If she does not know how many days the infant had the formula, but she knows the infant had it, record “66”. If she does not know whether or not the infant had any formula in the last 7 days, record “99”. If she knows the infant had formula but cannot tell you the type, write down “don’t know” in the space for Q1.1. During an interview, if you are not sure if something the mother mentions is an infant formula, you can go ahead and write it down in the space for Q1.1.

Q2. asks about porridges made with special flours that are fortified with vitamins and minerals, such as Likuni phala of the type sold in shops, or Rab’s Sunshine [country teams need to identify local brands]. This question does not refer to porridge made with normal ufa or mgaiwa, nor to porridge made with homemade Likuni phala. This is because we are trying to find out about all the foods that the infants eat that are fortified with vitamins and minerals.

Q3. asks about special baby cereals, the kinds one can buy in a shop. The coding is just the same as for the question about infant formula. If the caregiver reports that the baby had an infant cereal, but they cannot tell you the type, be sure to write in “don’t know” for Q3.1. Otherwise it will look as if you forgot to ask her.

Q4. Asks about micronutrient sprinkles. These are sachets of micronutrient powders that are added to prepared foods. Country teams should identify locally available products.

Q5. asks about the LNS that our project is giving to infants. If the infant is not receiving LNS from our project, do not ask this question. Instead, you need to record a number without asking the caregiver.

- At enrollment visit: Record “00” because at the time of enrollment, none of the children have been eating LNS.
- At all other visits (year 1 and year 2 follow-up): Record “07” even though it is not true that the infant consumed our LNS on 7 days in the last week.

We are recording it that way so that if anyone is looking at these forms, they cannot tell that the child is in the group receiving LNS, or not.

Q6. asks about “Any other LNS?” This question should be asked of all caregivers. But if the infant is not receiving LNS from the Project, please ask how many days the infant consumed “any LNS” instead of “any other LNS”. If the caregiver says the child has had another type of LNS, ask her to show you or tell you about it. Record any available information in Q6.1, or write “don’t know” if the caregiver does not know the type. Discuss types of LNS during training.

Q7. Provides space to ask about one specific LNS product not provided by the study. This may or may not be relevant in each country (it was in the Malawi version on which this is based).

Vitamin and mineral drops or pills (C.613 - 614)

You will also ask about any vitamin and/or mineral drops or pills that the child has been given in the last week. The codes for C.615 are the same as for C.611 and C.612.

If they were given, please ask to see the drops or pills, and write down the name. If you are not sure what part of the label tells the name, write down everything from the label that will help us know what the child had. If the caregiver reports that the child had vitamin drops or pills, but the package is not available, write “not available”.

Finally, C.614 asks where you got the information about the name of the drops or pills (from package, mother’s memory, etc.). *Do not read this question to the respondent, just record the information silently.* C.614 should always be filled in. If the caregiver says the infant was not given any vitamin drops or pills, fill in “88” for “vitamins/minerals were not given”.

Geophagia (C.615)

Ask about whether the child ate any soil or dirt in the past two days and in the past week. If the caregiver does not know, then mark the 99 box.

Instructions to carry to the field

The next page has questions, probes and instructions for how to help the respondent remember foods the child ate yesterday. It can be covered in plastic and carried to the field. For brand name products, it might be helpful to have photos of the products that the field worker carries with them.

Household ID: |_|_|_|_|_|_|_|_|_|

Child ID: |_|_|_|_|_|_|_|_|_|

Questions to help respondent (usually mother) remember the foods her child ate yesterday

Use questions a), b), c) to help guide her through the day (a; corresponds to time of the day approached, b; activities or plays etc the child may have been doing in between feeds).

a) Think about when [NAME] first woke up yesterday. Did [NAME] eat anything at that time?

IF YES: Please tell me everything (NAME) ate at that time.

PROBE: Anything else?

Continue until respondent says 'nothing else'.

IF NO, continue to b)

b) What did (NAME) do after that? Did (NAME) eat anything at that time?

IF YES: Please tell me everything (NAME) ate at that time.

PROBE: Anything else?

Continue until respondent says 'nothing else'.

Repeat question b) above until respondent says the child went to sleep for the night.

If respondent mentions mixed dishes like a soup, sauce or stew, probe. Do the same for porridges:

c) What ingredients were in that (MIXED DISH)? - or – What ingredients were in the porridge?

PROBE: Anything else?

Continue until respondent says 'nothing else'

Recording answers on the questionnaire

As the mother mentions each food:

Household ID: |_|_|_|_|_|_|_|_|
Child ID: |_|_|_|_|_|_|_|_|

Circle the food AND

Tick '1' for "YES" in the column to the right for that food group.

If the food is not listed in any of the food groups:

Write the food in the space for "other foods" (C.610.19)

If foods are used in small amounts for seasoning or as a condiment:

Include them under the condiments food group (C.610.17)

After mother has recalled the whole day, review what she has said for completeness (question C.611).
For any food group where no food is circled, tick "0" for "NO" in the column to the right of the food group.

Mother ID: | | | | | | | | | |

EE SAMPLE COLLECTION FORM – Section 7: Maternal Characteristics and Household Food Security

Child Identification

K.20.701a	Cluster ID	_ _ _ _ _ _ _
K.20.701b/c	Village Name/Village ID	_____ _ _ _ _ _
K.20.701d	Household ID	_ _ _ _ _ _ _ _
K.20.701e	Mother ID	_ _ _ _ _ _ _ _ _
K.20.702	Staff ID	_ _ _ _ _
K.20.703	Staff Name	_____
K.20.704	Date of Data Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
K.20.705	<div> <div>Identification the relationship of the Primary Caregiver</div> <div> <div>[1] Child’s Mother</div> <div>[3] Child’s Paternal Grandparents</div> <div>[5] Child’s Paternal Aunt/Uncle</div> <div>[7] Other: Specify</div> </div> <div> <div>[2] Child’s Maternal Grandparents</div> <div>[4] Child’s Maternal Aunt/Uncle</div> <div>[6] Child’s Father (and new partner/wife)</div> </div> </div>	

Mother's General Information

Complete 706 - 717 ONLY if **CM.20.108** = 1, Child's Mother

K.20.706	Je, uko na miaka ngapi mama? How many years old are you, mama?	__ __ years
K.20.707	Je, huyo ni motto wako wa kwanza? Is this your first child?	[1] YES [2] NO [99] Don't Know/Not Sure
K.20.708	Je, umejifungua watoto wangapi kwa jumla? How many children have you given birth to?	[1] ONE [2] TWO [3] THREE [4] FOUR [5] FIVE [6] SIX [7] SEVEN [8] EIGHT OR MORE [99] Don't Know/Not Sure
K.20.709	Je, ulitembelewa na mkunga wa jadi (TBA) wakati wa mimba yako ya hivi karibuni? Were you visited by a traditional birth attendant (TBA) during your most recent pregnancy?	[1] YES [2] NO → Skip to K.20.711
K.20.710	Je, ulikutana mara ngapi na mkunga wa jadi wakati wa ujauzito huu (wakati mimba, wakati wa tukio la kuzaliwa, baada ya kujifungua)? How many times did you meet with the TBA during this pregnancy (while pregnant, during birth event, after giving birth)?	[1] One time [2] Two times [3] Three times [4] Four times [5] Five times [6] Six times [7] Seven or more times [99] Don't Know/Not Sure
K.20.711	Je, ulitembelea kituo cha afya kwa ajili ya ziara ya huduma za kliniki za wajawazito? Did you go to health facility for antenatal care visits?	[1] YES [2] NO → Skip to K.20.713
K.20.712	Je, ulitembelea kituo cha afya mara ngapi wakati ulipokuwa mjamzito kwa huduma ya kliniki? How many times did you go to the health facility while you were pregnant for antenatal care?	[1] One time [2] Two times [3] Three times [4] Four times [5] Five or more times [99] Don't Know/Not Sure
K.20.713	Je, ulijifungua mtoto wako kwa hospitali au kituo cha afya? Did you give birth at a hospital or health facility?	[1] YES [2] NO [99] Don't Know/Not Sure

Household ID: |_|_|_|_|_|_|_|_|
 Mother ID: |_|_|_|_|_|_|_|_|

K.20.714	Ask to see child's vaccination card. Record birth weight.	<i>If birth weight not recorded or card unavailable, enter 99.99</i> _ _ _ . _ _ kg
K.20.715	[Only ask if the answer to 713 is yes.] Je, moto wako alizaliwa kwa njia ya kawaida au ulifanyiwa upasuaji? Was your baby born vaginally or via caesarian section?	[1] Vaginally [2] Caesarian [99] Don't Know/Not Sure
K.20.716	Ni mara ngapi wewe huenda kwenye soko (kununua au kuuza vitu)? How often do you go to the market (to buy or sell things)?	[1] One or more times per week [2] Less often than every week [99] Don't Know/Not Sure
K.20.717	[Only ask if the answer to 13.11 is one or more times per week.] Je, ni siku zipi kwa wiki wewe huenda sokoni? What day(s) during the week do you visit the market?	[1] Monday [2] Tuesday [3] Wednesday [4] Thursday [5] Friday [6] Saturday [7] Sunday [99] DK

Maternal 7 Day FFQ		
Food Item		Number of Days (0-7) <i>Eaten, DK number of day = 66</i> <i>DK if eaten or not = 99</i>
1823	Unga wa mahindi Any maize meal	_ _
1824	Mchele Rice	_ _
1825	Mhogo Cassava	_ _
1826	Mtama Sorghum	_ _
1827	Bidhaa zilizotengenezwa na mtama Any wheat flour product (e.g. chapati, mandazi, bread)	_ _
c1809	Maharagwe, kunde, ndengu na mboga zingine za jamii ya kunde Beans, cowpeas, green grams and other legumes	_ _
1828	Peas	_ _
c1810	Njugu, Simsim Groundnuts, sesame seeds (simsim), other nuts	_ _
c1813	Dark green leafy vegetables (sukuma wiki, chisaga, manage, kunde, dodo, mrenda)	_ _
c1814	Red leafy vegetables	_ _
c1811	Viazi tamu Orange flesh sweet potato	_ _
c1812	Malenge, butternut Pumpkins/orange, butternut or yellow squash	_ _
c1813	Maembe Mango	_ _
c1816	Mapera Guava	_ _
c1817	Nanasi	_ _

Household ID: |_|_|_|_|_|_|_|_|_|_|
 Mother ID: |_|_|_|_|_|_|_|_|_|_|

	Pineapple	
c1820	Avocado	_ _
c1818	Papai Pawpaw (Papaya)	_ _
c1819	Ndizi Banana	_ _
c1821	Nyanya Tomato	_ _
c1801	<i>DO NOT ask about pig if the respondent is Muslim</i> Any kind of meat (cow/rabbit/sheep/goat/pig)	_ _
c1802	Nyama ya kuku Any kind of poultry meat (chicken/duck/turkey)	_ _
1829	Maini/Matumbo Any type of organ meat (liver/intestines)	_ _
c1804	Samaki ilio kaushwa/Omena/Obambla Any kind of dried fish (omena/obambla)	_ _
c1803	Samaki Any kind of fresh fish	_ _
c1805	Kumbekumbe Termites	_ _
c1806	Mayai Eggs	_ _
c1807	Maziwa Milk	_ _
c1808	Maziwa lala Yogurt/home-made clotted milk/maziwa lala	_ _
1830	Sukari, asali Sugar, molasses, honey	_ _
1831	Siagi Blue band, margarine, butter	_ _
1832	Maziwa ya kupikia Cooking fat	_ _
1833	Mafuta ya mboga Vegetable Oil	_ _
1822	Udongo Ant hill soil, brick, soft stones, earthen wall, mud walls	_ _
1834	Kahawa, Chai Coffee, tea	_ _
1835	Chumvi, viungo Salt, spices	_ _

Household Food Security		
For each question, if the answer is [2] NO, proceed to the next numbered question, and skip “how often”		
C1907a	Katika kipindi cha wiki nne zilizopita, je kuna siku ambayo umekosa chakula cha aina yoyote kwa nyumba yako kwa sababu ya ukosefu wa rasilimali ya kupata chakula? In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources	[1] YES [2] NO

Household ID: |_|_|_|_|_|_|_|_|_|
 Mother ID: |_|_|_|_|_|_|_|_|_|

	to get food?	
C1907b	Mara ngapi? How often?	[1] Rarely (once or twice in the past four weeks) [2] Sometimes (three to ten times in the past four weeks) [3] Often (more than ten times in the past four weeks)
C1908a	Katika kipindi cha wiki nne zilizopita, je, wewe au wanaoishi kwao wamelala usiku njaa kwa sababu hapakuwa na chakula cha kutosha? In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	[1] YES [2] NO
C1908b	Mara ngapi? How often?	[1] Rarely (once or twice in the past four weeks) [2] Sometimes (three to ten times in the past four weeks) [3] Often (more than ten times in the past four weeks)
C1909a	Katika kipindi cha wiki nne, je, wewe au anayeishi kwako amekaa siku nzima na usiku bila kula kitu chochote kwa sababu hapakuwa na chakula cha kutosha? In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	[1] YES [2] NO
C1909b	Mara ngapi? How often?	[1] Rarely (once or twice in the past four weeks) [2] Sometimes (three to ten times in the past four weeks) [3] Often (more than ten times in the past four weeks)
C1910a	Katika kipindi cha wiki nne zilizopita, je, wewe au wanaoishi kwa nyumba waliomba unga kwa sababu hakukua na unga ya kutosha? In the past four weeks, did you or any household member have to borrow flour because you did not have enough flour?	[1] YES [2] NO
C1910b	Mara ngapi? How often?	[1] Rarely (once or twice in the past four weeks) [2] Sometimes (three to ten times in the past four weeks) [3] Often (more than ten times in the past four weeks)
C1911	Ikilinganishwa na siku nyinginezo, je, nyumba yako chakula hupungua wakati wa ukame? Compared to other times, does your household face food deficiency during drought?	[1] No difference [2] Reduced quality [3] Reduced quantity
1913	Je, ni miezi ngapi kwa mwaka uliopita nyumba yako imekuwa na upungufu wa chakula? How many months in the past year did your household experience a food deficit?	_ _ months

Household ID: |_|_|_|_|_|_|_|_|_|_|
 Child ID: |_|_|_|_|_|_|_|_|_|_|

EE SAMPLE COLLECTION FORM – Section 8: Breastmilk collection form		
Mother Identification		
K.20.801a	Cluster ID	_ _ _ _ _ _ _
K.20.801b/c	Village Name/Village ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.801d	Household ID	_ _ _ _ _ _ _ _ _
K.20.801e	Mother ID	_ _ _ _ _ _ _ _ _ _ _
K.20.802	Staff ID	_ _ _ _ _
K.20.803	Staff Name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.804	Date of Data Collection (DD/MM/YY)	_ _ _ / _ _ _ / _ _ _ _ _
K.20.805	Consent	[1] Yes [2] No
K.20.806	Why was consent not given?	[1] Mother doesn't want to share milk [2] Household head not home; wants to ask permission [3] Mother too busy to express milk [4] Household head refused [9] No reason given [10] Other: Specify
K.20.806a	If K.20.106 is "Other", specify:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.807	Verify Primary Caregiver's Identity: Does Caregiver Match Household and Cluster ID?	[1] Yes [2] No
K.20.808	Identification the relationship of the Primary Caregiver	[1] Child's Mother [2] Child's Maternal Grandparents [3] Child's Paternal Grandparents [4] Child's Maternal Aunt/Uncle [5] Child's Paternal Aunt/Uncle [6] Child's Father (and new partner/wife) [7] Other: Specify
K.20.808a	If K.20.108a is "Other", specify relationship:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.809	Mobile Number of Household Head	_ _ _ _ _ _ _ - _ _ _ _ _ _ - _ _ _ _
K.20.810	Mobile Number of Primary Caregiver	_ _ _ _ _ _ _ - _ _ _ _ _ _ - _ _ _ _
K.20.812a	Mother's Full Name: Last Name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.812b	First Name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
K.20.812c	Second Name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Breastmilk Collection Information		
Complete 13.1 – 13.12 ONLY if K.20.108 = 1, Child's Mother		
K.20.813	Did you observe mother breastfeeding before the child fast and lactulose: mannitol dosing?	[1] YES [2] NO - if feeding before fast period is not observed, continue to 816
K.20.814	Breastfeeding prior to the fast was observed from which breast?	[1] LEFT [2] RIGHT [3] BOTH
K.20.815	Record end time of observed breastfeeding prior to fast.	_ _ _ : _ _ _

Household ID: |_|_|_|_|_|_|_|_|

Child ID: |_|_|_|_|_|_|_|_|

K.20.816	Record last time mother reports breastfeeding.	_ _ _ : _ _ _
K.20.817	Which breast was used for sample collection?	[1] LEFT [2] RIGHT
K.20.818	Start time of infant suckling at the breast	_ _ _ : _ _ _
K.20.819	Start time of breastmilk sample collection	_ _ _ : _ _ _
K.20.820	Breastmilk sample collection volume obtained?	[1] All (10mL) [2] Partial (1-10mL) [3] None (0mL)
K.20.821	Breastmilk aliquot unique ID numbers:	_ _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ _
K.20.822	Were aliquots placed into one labeled Ziploc and sealed?	[1] YES [2] NO
K.20.823	Time that aliquots were placed into cooler (cold-chain start time):	_ _ _ : _ _ _
K.20.824	Cooler Box Temperature Data Logger ID:	_ _ _ _ _
K.20.825	Time that aliquots were moved into freezer (cold-chain end? time):	_ _ _ : _ _ _
K.20.826	Freezer ID number:	_ _ _ _ _