

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS)  
 REMEASUREMENT QUESTIONNAIRE

KENYA  
 KENYA NATIONAL BUREAU OF STATISTICS (KNBS)

IDENTIFICATION				
COUNTY	<input style="width: 90%;" type="text"/>			
SUB COUNTY	<input style="width: 90%;" type="text"/>			
LOCATION	<input style="width: 90%;" type="text"/>			
SUB LOCATION	<input style="width: 90%;" type="text"/>			
KDHS CLUSTER NUMBER	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>			
FIELDWORKER VISITS				
	1	2	3	FINAL VISIT
DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	DAY <input style="width: 20px; height: 20px;" type="text"/>
FIELDWORKER'S NAME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/>
				YEAR <input style="width: 20px; height: 20px;" type="text"/>
NEXT VISIT: DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px;" type="text"/>
TIME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		
FIELDWORKER OBSERVATIONS <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>				TOTAL CHILDREN TO REMEASURE <input style="width: 20px; height: 20px;" type="text"/>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>0 1</b> </div> <div>           LANGUAGE OF INTERVIEW** <input style="width: 20px; height: 20px;" type="text"/> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <input style="width: 20px; height: 20px;" type="text"/> </div> <div>           TRANSLATOR (YES = 1, NO = 2) <input style="width: 20px; height: 20px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div> <b>**LANGUAGE CODES:</b>            01 ENGLISH   06 KAMBA   11 LUO   16 SOMALI            02 KISWAHILI   07 KIKUYU   12 MAASAI   17 TURKANA            03 BORANA   08 KISII   13 MERU   96 OTHER            04 EMBU   09 LUHYA   14 MIJIKENDA            05 KALENJIN   10 MARAGOLI   15 POKOT   <b>SPECIFY</b> </div> </div>				
TEAM	TEAM SUPERVISOR			
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>			
NUMBER	NUMBER			

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD TO REMEASURE	SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116
106	WEIGHT IN KILOGRAMS.	KG ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES ..... 1 NO ..... 2
108	HEIGHT IN CENTIMETERS.  IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES ..... 1 NO ..... 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
115	TODAY'S DATE:	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END	