

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEYS
 BIOMARKER QUESTIONNAIRE- SHORT VERSION

KENYA
 KENYA NATIONAL BUREAU OF STATISTICS

SHORT

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"/>			
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			<div style="border: 1px solid black; padding: 2px; width: 20px;">2</div>
FIELDWORKER VISITS				
	1	2	3	FINAL VISIT
DATE	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	DAY <input style="width: 20px; height: 20px;" type="text"/>
FIELDWORKER'S NAME	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/>
				YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div>
NEXT VISIT: DATE	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div>
TIME	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>		
NOTES: <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 ELIGIBLE CHILDREN <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px;">01</div> </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> <div> TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 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 <u> </u> SPECIFY </div> </div>				
TEAM	TEAM SUPERVISOR			
<div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> NUMBER	<div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).																	
	CHILD 1	SKIP																
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125																
106	WEIGHT IN KILOGRAMS.	KG. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 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. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> 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.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> FIELDWORKER NUMBER																
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116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.																	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.																	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

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	CHILD 2	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	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"/>
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105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
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
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116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

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