

Men Label



Household ID
CLUSTER NUMBER

HH NUMBER

Men 15-54 YEARS
KENYA NATIONAL MICRONUTRIENT SURVEY 2011

IDENTIFICATION		
HH01. CLUSTER (EA) NAME.....		HH02. CLUSTER NUMBER: _____
HH03. HOUSEHOLD NUMBER: _____	HH04. PROVINCE	
HH05. DISTRICT		
HH06. RESIDENCE (Urban = 1, Rural = 2): ____		
HH07. HOUSEHOLD HEAD NAME: _____		
HH08. INTERVIEWER _____ NAME CODE	HH09. TEAM LEADER _____ NAME CODE	HH10. SUPERVISOR _____ NAME CODE
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY

INTERVIEWER VISITS		
VISIT 1	VISIT 2	FINAL VISIT
DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY
TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____
**RESULT.....	**RESULT.....	**RESULT.....
NEXT VISIT DATE: ____ / ____ / ____ DD MM YY	NEXT VISIT DATE: ____ / ____ / ____ DD MM YY	**Result Of Individual Interview: 1. COMPLETED 2. NOT AT HOME 3. POSTPONED 4. REFUSED 5. PARTLY COMPLETED 6. INCAPACITATED 7. OTHER
TIME: ____:____	TIME: ____:____	

FOR OFFICE USE	
<i>The following section will be filled in office during data entry:</i>	
DATA MANAGER: _____ NAME CODE	DATA KEYED BY: _____ NAME CODE
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY

No.	QUESTION	CODING CATEGORIES	SKIP
M1	Record time: interview start (hour of the day in 24h code)	____ : ____	
M2	Name of the Interviewee (Man's name)		
M3	Line number	<input type="text"/> <input type="text"/>	



Health questions

Now I would like to ask you some questions about your health.

M4	Have you been diagnosed with anaemia in the previous 6 months?	No..... 0 Yes 1	
M5	Have you been ill with diarrhoea in the past two weeks ? (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes 1	0→M7
M6	Have you been ill with diarrhoea in the past 24 hours ? (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes 1	
M7	Have you been ill with a cough or breathing problems in the past two weeks ?	No..... 0 Yes 1	0→M13
M8	When you had an illness with a cough, did you breathe faster than usual with short, rapid breaths or have difficulty breathing?	No..... 0 Yes 1	0→M10
M9	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only 1 Nose only 2 Both 3 Other 7 Specify _____ Don't know 8	
M10	Have you been ill with a cough or breathing problems in the past 24 hours ?	No..... 0 Yes 1	0→M13
M11	When you had an illness with a cough, did you breathe faster than usual with short, rapid breaths or have difficulty breathing?	No..... 0 Yes 1	0→M13
M12	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only 1 Nose only 2 Both 3 Other 7 Specify _____ Don't know 8	
M13	Have you been ill with a fever in the past two weeks ?	No..... 0 Yes 1	0→M15
M14	Have you been ill with a fever in the past 24 hours ?	No..... 0 Yes 1	
M15	Have you been ill with malaria in the past two weeks ?	No..... 0 Yes 1	0→M17
M16	Have you been ill with malaria in the past 24 hours ?	No..... 0 Yes 1	
M17	Have you had any hospitalization and /or clinic visits due to illness in the last 2 weeks ?	No..... 0 Yes 1	0→M19
M18	Have you had any hospitalization and /or clinic visits due to illness in the last 24 hours ?	No..... 0 Yes 1	
M19	(IF YES TO ANY ILLNESS) At any time during the illness, did you take any drugs for the illness?	No..... 0 Yes 1	0→M21
M20	What drugs did you take? Any other drugs? (record all mentioned)	ANTIMALARIAL DRUGS Sp/Fansidar..... 01 Chloroquine..... 02 Amodiaquine..... 03 Quinine 04 Artemisinin (ACT)..... 05 Al/Coartem..... 06 Other anti-malaria..... 07 Specify _____ DIARRHOEA	

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		<p>TREATMENT</p> <p><u>Pill/Syrup</u></p> <p>Antibiotic 08</p> <p>Antimotility..... 09</p> <p>Zinc 10</p> <p>Other (not antibiotic, antimotility or zinc) 11</p> <p>Unknown pill/syrup... 12</p> <p><u>Injection</u></p> <p>Antibiotic..... 13</p> <p>Non-antibiotic..... 14</p> <p>Unknown injection... 15</p> <p><u>Intravenous (IV)</u> 16</p> <p>OTHER DRUGS</p> <p>Aspirin 17</p> <p>Acetaminophen..... 18</p> <p>Ibuprofen 19</p> <p>Home remedy/ Herbal medicine 20</p> <p>Other (Specify)..... 21</p> <p>_____</p> <p>Don't know 88</p>	
M21	Have you ever been tested to see if you have the virus that causes AIDS?	<p>No..... 0</p> <p>Yes 1</p>	
M22	Record time: interview end (hour of the day in 24h code)	___ ___ : ___ ___	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

TEAM LEADER'S OBSERVATIONS

NAME OF TEAM LEADER: _____ ID OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ ID OF EDITOR: _____ DATE: _____