

Men Label



Household ID

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CLUSTER NUMBER

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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 : _____ _____/_____/_____ DD MM YY		HH09. TEAM LEADER NAME : _____ CODE : _____ _____/_____/_____ DD MM YY	
		HH10. SUPERVISOR NAME : _____ CODE : _____ _____/_____/_____ 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

The following section will be filled in office during data entry:

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		<table><tr><td></td><td></td></tr></table>			

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