

CONFIDENTIAL

REPUBLIC OF KENYA

FORM A



MINISTRY OF FINANCE AND PLANNING
CENTRAL BUREAU OF STATISTICS
MULTIPLE INDICATOR CLUSTER SURVEY 2000

HOUSEHOLD QUESTIONNAIRE

Enumerator _____

District _____

Supervisor _____

CLUSTER _____

Date _____

RESULT OF HOUSEHOLD INTERVIEW _____

CLUSTER		

HOUSEHOLD		

DISTRICT	

Number of Household members

HOUSEHOLD LISTING AND ORPHANHOOD MODULE

To be answered by HEAD of Household/Caretaker/Knowledgeable person in the household

- 1 COMPLETED
2 REFUSED
3 NOT AT HOME
4 HOUSEHOLD NOT FOUND/DESTROYED
5 OTHER (SPECIFY) _____

Serial No of HH Member	Name	For All household members				All persons aged 15+	ORPHANHOOD				Eligibility for:			
		Is [Name] Male or Female ?	How old was [Name] as at his/her last birthday	When was [Name] born ? (Give day, month, year)	How is [Name] related to the head of the household ?		What is the marital status of [Name] ?	For all Children aged under 15 years				women's Module Indicate whether the woman is aged 15 - 49	Child Labour Module Indicate whether the child is aged 5 - 17	Child Module Indicate whether the child is aged under 5 years
								Is [Name's] biological mother alive	If yes, in Col A6 does she live in this household ?	Is [Name's] biological father alive	If yes, in Col A8 does he live in this household ?			
		1=Male 2=Female	Years	Date A3	See codes	See codes	1=Yes, 2=No 9=DK	1=Yes, 2=No	1=Yes, 2=N 9=DK	1=Yes, 2=No	Give serial Number	Give serial Number	Give serial Number	
		A1	A2	D M Y	A4	A5	A6	A7	A8	A9	A10	A11	A12	
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

Col. A4
1 Head
2 Spouse

3 Son
4 Daughter
5 Brother/Sister
9 DK
6 Father/Mother
7 Other relative
8 Non-relative

Col. A5

1 Currently married/in union
2 Widowed

3 Divorced
4 Separated
5 Never married

Checked/Edited by

Entered by

Date

EDUCATION AND LITERACY MODULE

To be answered by HEAD of Household/Caretaker/Knowledgeable person in the household

CLUSTER				HOUSEHOLD		DISTRICT	

[illegible]

Col. B4, B7 & B9

- | | |
|----------|------------------------------------|
| 01 STD 1 | 09 FORM 1 |
| 02 STD 2 | 10 FORM 2 |
| 03 STD 3 | 11 FORM 3 |
| 04 STD 4 | 12 FORM 4 |
| 05 STD 5 | 13 FORM 5 |
| 06 STD 6 | 14 FORM 6 |
| 07 STD 7 | 15 University/Other post secondary |
| 08 STD 8 | 16 Non-standard curriculum |
| | 99 DK |

Col B10

- 1 Easily
2 With difficulty
3 Not at all
4 Refusal
5 Absent (after 3 times)
6 N/A

Checked/Edited by

Entered by

Date _____

CHILD LABOUR MODULE

To be administered to the principal caretaker of children aged 5 to 17 years (or the child if available)

CLUSTER			HOUSEHOLD			DISTRICT	

[illegible]

Col. C12

- 1 Argument household income
- 2 Suggestion of parents
- 3 Imitation of peers
- 4 Support self
- 5 Help with household chores
- 6 Support self to pay school fees
- 7 Other (specify)

Checked/Edited by

Entered by

Date

WATER , SANITATION AND SALT IODIZATION MODULE

FORM D

To be administered once for each household visited					CLUSTER	HOUSEHOLD	DISTRICT
Water and Sanitation					Salt iodization		
Record one response for each question. If more than one response is given, record the most usual source or facility							
What is the main source of drinking water for your household ?	How long does it take to get water and come back from main water source ?	What kind of toilet facility does the household use ?	Is the toilet facility located within your dwelling or yard or compound	How do you dispose off stools of young children (0-3) yrs	Do you use salt for cooking in this household ?	If Yes in Col. D6 type of salt (test of salt) used for cooking	
See codes	Completed minutes 888. Water on the premises 999. DK	See codes	1=Yes, 2=No	See codes	1=Yes 2=No	See codes	
		If 8 Go to Col. D5					
D1	D2	D3	D4	D5 1 2 3 4 5 6 8	D6	D7	

Col. D1

- 1 Piped into dwelling
- 2 Piped into yard or plot
- 3 Public tap
4. Tubewell/borehole with pump
- 5 Protected dug well
- 6 Protected spring

- 7 Rainwater collection
- 8 Bottled water
- 9 Unprotected dug well/unprotected spring
- 10 Pond/River/Stream
- 11 Tanker-truck, vendor
- 12 Other (Specify) _____

Col. D3

- 1 Flush to sewage system/septic tank
- 2 Pour flush latrine (water seal type)
- 3 Ventilated Improved pit latrine (VIP)
- 4 Traditional pit latrine
- 5 Open pit latrine
- 6 Bucket
- 7 Other (Specify) _____
- 8 No facilities/Bush/Field

Col. D5

- 1 Children always use toilet/latrine
- 2 Thrown into toilet/latrine
- 3 Thrown outside the yard
- 4 Buried in the yard
- 5 Not disposed off/left on the ground
- 6 Other (Specify) _____
- 8 No young children in the household

Col. D7

- 1 Not iodized 0 PPM - No colour
- 2 Less than 15 PPM -Weak colour
- 3 15 PPM or more - Strong colour
- 8 No salt in the house
- 9 Salt not tested

SOCIO-ECONOMIC CHARACTERISTICS MODULE

FORM E

To be administered once for each household visited.							
Materials of the floor of main dwelling unit	Materials of the walls of main dwelling unit	Materials of the roof of main dwelling unit	How many separate rooms are available in main dwelling unit	Main source of cooking fuel	Main source of lighting	Does the household own/have any of the following items	
See codes	See codes	See codes	Number	See codes	See codes	Bicycle	Radio
E1	E2	E3	E4	E5	E6	1=Yes 2=No	1=Yes 2=No
						E7	E8

Col. E1

- 1 Mud/cowdung
- 2 Stone
- 3 Cement/Bricks
- 4 Wood
- 5 Other (specify) _____

Col. E2 & E3

- 1 Mud/cowdung
- 2 Stone
- 3 Cement/Bricks/Tiles
- 4 Wood

5. Grass/Makuti
6. Iron sheets
7. Other (specify) _____

Col. E5

- 1 Firewood
2. Charcoal
3. Kerosine
- 4 Gas

5. Electricity
6. Other _____

Col. E6

- 1 Electricity
- 2 Kerosine
3. Gas
4. Candle

- 5 Firewood
6. Solar
7. Other (specify) _____

Checked/Edited by _____

Entered by _____

Date _____

CLUSTER			HOUSEHOLD			DISTRICT		

**QUESTIONNAIRE FOR INDIVIDUAL WOMAN
CHILD MORTALITY MODULE**

Number of women eligible for interview

Number of women interviews completed

To be administered to all women age 15 through 49

Serial No of Female respon- dent From Form A	Name	How old were you as at your last birthday ?	When were you born ? (Give day, month, year)	All questions refer only to LIVE births. Follow instructions as provided in training														Birth order of the last live birth	Inter- Stat									
				Have you ever given birth ? probe by asking "To a child who ever breathed or cried or showed other signs of life - even if he or she lived for only a few minutes or hours?"	How many years ago was your first birth ?	What was the date of your first live birth ? * Even if the child is no longer living, or is not living with you or is the child of a man other than your current partner*	Do you have any children whom you have given birth to and are now living with you ?	If yes in Col F7 How many of these children live with you ?		Do you have any children to whom you have given birth to and are now not living with you ?	If yes in Col F10 how many of these children do not live with you ?		Have you ever given birth to a child born alive but died later ?	If yes in Col F13 How many have died ?		Sum answers to Cols F8,F9 F11,F12 F14,F15	When did you deliver your last child ¹ ? * Even if he/she has died* (Give day, month year)											
								1=Yes 2=No	years		Date	1=Yes 2=No		Number	Number					1=Yes 2=No	Number	Number	1=Yes 2=No	Numbe	Number	Number	Date	Give the order
F1		F2	D M Y	F4	F5	D M Y	F7	F8	F9	F10	F11	F12	F13	F14	F15	F16	D M Y	F18	F									

1 If the live birth is within 12 months preceding the survey date GO TO TETANUS TOXOID MODULE (FORM G)

1 If there is no live birth within 12 months preceding the survey date GO TO HIV/AIDS MODULE (FORM I)

Col. F19

1 Completed

2 Refused

3 Not at home

4 Other specify

Checked/Edited by

Entered by

Date

FORM C

CLUSTER				HOUSEHOLD			DISTRICT	

[illegible]

Col. G10
1 Completed
2 Refused
3 Not at home
4 Other specify

Kenya

FORM H

MATERNAL AND NEWBORN HEALTH MODULE

To be answered by all women aged 15 - 49 with a live birth within the last 12 months

		CLUSTER				HOUSEHOLD				DISTRICT																															
Serial No. of Female respondent From Form G	In the first two months after your last birth did you receive a vitamin A dose ¹ ? ¹ Show 200,000 IU capsule or dispenser	Did you see anyone for antenatal care during your last pregnancy ? <i>You may give more than one response</i>				Who assisted with the delivery of your last child ? <i>You may give more than one response</i>				When your last child [Name] was born, was he/she large, Average or small ?				Was [Name] weighed at birth ?				How much did [Name] weigh ? From card Record from the card only				From recall				When you were pregnant with your last child, did you have difficulty with your vision during daylight ?				During that pregnancy did you suffer from night blindness ?				Inter Statu							
	1=Yes 2=No, 9=DK	See codes				See codes				See codes				1=Yes 2=No				Kilograms				1=Yes 2=No				1=Yes 2=No				See codes											
		H3				H4								If 2 Go to Col.H8																											
	H1	H2	1	2	3	4	5	6	1	2	3	4	5	6	H5				H6				H7				H8				H9				H10				H		

Col. H3

1. Doctor
2. Nurse/midwife
3. Auxiliary midwife
4. Traditional birth attendant
5. Relative/Friend
6. Other (Specify)

Col. H4

1. Doctor
2. Nurse/midwife
3. Auxiliary midwife
4. Traditional Birth Attendant (TBA)
5. Relative/Friend
6. Other (Specify)

Col. H5

1. Large/Big
2. Average
3. Small
9. DK

Col. H11

1. Completed
2. Refused
3. Not at home
4. Other specify

//AIDS MODULE - WOMEN

To be administered to all Women age 15-49 years

Serial No. of HH Member From Form F	Have you ever heard of the virus HIV or illness called AIDS ?	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS ?	Do you know whether people can protect themselves from getting infected with HIV/AIDS by :-			Can a person get HIV/AIDS from ?		Is it possible for a healthy looking person to have the HIV/AIDS ?	Can the HIV/AIDS be transmitted from a mother to child during ... ?			If you knew that a teacher has HIV/AIDS, should he/she be allowed to continue teaching in school ?	If you knew that a shopkeeper or a food seller had HIV/AIDS, would you buy food from him/her ?	Many people these days get tested for AIDS Have you ever been tested for AIDS ?	If so, have you been told of the results ?	Do you know of a place where one can get the AIDS test
			Having one partner	Abstaining from sex	Use of Condoms	supernatural means ?	mosquito bites ?		Pregnancy	Delivery	Breastfeeding					
	1=Yes 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No
	If 2 Go to Col I19	If 2 or 9 Go to Col I9												If 2 Go to Col I17		
I1	I2	I3	I4	I5	I6	I7	I8	I9	I10	I11	I12	I13	I14	I15	I16	I17

Serial No. of HH Member From Form F	From which sources has [Name] learnt about HIV/AIDS ?											Interview status
	You may give more than one response											
	I18											
	1	2	3	4	5	6	7	8	9	10	11	I19

Col. I18

- 1 Newspapers
- 2 Pamphlets/Posters/Billboards
- 3 Health workers
- 4 Churches/Mosque
- 5 Community meetings
- 6 Friends
- 7 Relatives
- 8 Work place

9 Radio

10 TV

11. Other (Specify) _____

Col. I19

- 1 Completed
- 2 Refused
3. Not at home
- 4 Other specify

Checked/Edited by

Entered by

Date

HIV/AIDS MODULE - MEN

FORM J

To be administered to all men age 15-54 years

Serial No of HH Member From Form A	Have you ever heard of the virus HIV or illness called AIDS ?	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS ?	Do you know whether people can protect themselves from getting infected with HIV/AIDS by :-			Can a person get HIV/AIDS from ... ?		Is it possible for a healthy looking person to have the HIV/AIDS ?	Can the HIV/AIDS be transmitted from a mother to child during ... ?			If you knew that a teacher has HIV/AIDS, should he/she be allowed to continue teaching in school ?	If you knew that a shopkeeper or a food seller had HIV/AIDS, would you buy food from him/her ?	Many people these days get tested for AIDS Have you ever been tested for AIDS ?	If so, have you been told of the results ?	Do you know of a place where one can get the AIDS test ?
			Having one partner	Abstaining from sex	Use of Condoms	supernatural means ?	mosquito bites ?		Pregnancy	Delivery	Breastfeeding					
J1	1=Yes 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 9=DK 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No
	If 2 Go to Col J19	If 2 or 9 Go to Col J9												If 2 Go to Col J17		
	J2	J3	J4	J5	J6	J7	J8	J9	J10	J11	J12	J13	J14	J15	J16	J17

Serial No of HH Member From Form A	From which sources has [Name] learnt about HIV/AIDS ?											Interview status
	You may give more than one response											
	J18											
	1	2	3	4	5	6	7	8	9	10	11	J19

Col. J18

- 1 Newspapers
- 2 Pamphlets/Posters/Billboards
- 3 Health workers
- 4 Churches/Mosque
- 5 Community meetings
- 6 Friends
- 7 Relatives
- 8 Work place

- 9.Radio
- 10.TV
11. Other (Specify) _____

Col.J19

- 1 Completed
- 2 Refused
- 3 Not at home
- 4 Other specify

Checked/Edited by

Entered by

Date

Number of children under 5 eligible for interview

Number of children under 5 interviews completed	
---	--

For persons aged under 5 years

[illegible]

Col. K13
1 Completed
2 Refused
3 Not at home
4 Other specify

Checked/Edited by

Entered by

Date

VITAMIN A AND BREASTFEEDING MODULE

To be answered by Mother/Caretaker who care for a child that lives with them and is under the age of 5 years

		CLUSTER			HOUSEHOLD			DISTRICT							
Serial No of child On Form K	Serial No of child's caretaker/ mother on Form A	VITAMIN A			BREASTFEEDING									Since this time yesterday Has [Name] been given anything to drink from a bottle with a nipple or teat ?	Interview status
					SUPPLEMENTARY FEEDING										
					Read each item aloud and record response before proceeding to the next item										
					Since yesterday did [Name] receive the following?										
		Has [Name] ever received vitamin A capsule ¹ ? ¹ Show a vitamin capsule or a dispenser	How many months ago did [Name] take the last dose ?	Where did [Name] get the last dose ?	Has [Name] ever been breastfed ?	Is [Name] still breastfeeding ?	Vitamin supplements or medicines	Plain Water	Sweetened Water or Juice	Oral Rehydra- tion Solution (ORS)	Milk or infant formula	Any other Fluids	semi-solid Foods		
		1=Yes 2=No	Months	See Codes	1=Yes 2=No 9=DK	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No	
		If 2 Go to Col L6			If 2 Go to Col L15	If 2 Go to Col L15									
I 1	I 2	I 3	I 4	I 5	I 6	I 7	I 8	I 9	I 10	I 11	I 12	I 13	I 14	I 15	I 16

Col L5

- 1 On routine visit to health centre
2 Sick child's visit to health centre
3 National Immunization day campaign

4 Other (Specify) _____
9 DK _____

- Col L16
1 Completed
2 Refused
3 Not at home
4 Other, specify _____

Checked/Edited by

Entered

Date

CARE OF ILLNESS MODULE

FORM M

To be answered by Mother/Caretaker who care for a child that lives with them and is under the age of 5 years

CLUSTER				HOUSEHOLD				DISTRICT			

Serial No. of child On Form K	Serial No. of child's caretaker/ mother on Form A	Has [Name] had diarrhoea*	In the last 14 days Has [Name] had any other illness such as cough or fever, or any other health problem ?	During the last episode of diarrhoea was [Name] given any fluid(s) to drink ?	<i>Read each item aloud and record response before proceeding to the next item</i> During the last episode of Diarrhoea did [Name] drink any of the following?							
					Breast Milk	Cereal based Gruel From roots or soup ?	Other acceptable fluids (e.g. yoghurt etc)	ORS solution	Other Milk or infant formula	Water with feeding	Water alone	Unacceptable Fluids (e.g. Soda etc)
		1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK	1=Yes 2=No 9 = DK
		If 1 Go to Col. M5	If 1 Go to Col. M14 If 2 or 9 Go to Col. M21	If 2 or 9 Go to Col. M15								
M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13

* Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool

CARE OF ILLNESS MODULE: Continuation.

FORM 1

									CLUSTER		HOUSEHOLD		DISTRICT																	
Serial No. of child On Form K	Serial No. of child's caretaker/ mother on Form A	During [Name's] illness did he/she drink much less, about the same or more than usual ?	During [Name's] illness did he/she eat less about the same or more food than usual ?	Has [Name] had an illness with a cough at any time in the last 14 days ?	When [Name] had an illness with a cough, did he or she breathe faster than usual with short, quick breath or have difficulty in breathing	Were the symptoms due to a problem in the chest or a blocked nose ?	Did you seek advice or treatment for the illness outside the home ?	From where did you first seek advice or treatment ?	What types of symptoms would cause you to take your child to health facility right away ?	Interview status																				
		See codes	See codes	1=Yes 2=No 9 = DK	1=Yes 2=No 9=DK	See codes	1=Yes 2=No 9=DK	See codes	See codes																					
				If 2 or 9 Go to Col. M21	If 2 or 9 Go to Col. M21	If 1 or 4 Go to Col. M21	If 2 or 9 Go to Col. M21	You may give more than one response*	You may give more than one response*																					
M1	M2	M14	M15	M16	M17	M18	M19	M20											M21											M22
								1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10		

* Keep asking for more signs or symptoms until the Mother/Caretaker cannot recall any additional sources of treatment or symptoms DO NOT prompt any suggestions

Col. M14

- 1 Much less or none
2 About the same
3 More
9 DK

Col. M15

- 1 None
2 Much less
3 Somewhat less
4 More
9 DK

Col. M18

- 1 Blocked nose
2 Problem in chest
3 Both
4 Other (Specify) _____
9 DK

Col. M20

- 1 Hospital
2 Health centre
3 Dispensary
4 Village health worker
5 MCH clinic
6 Mobile/outreach clinic
7 Private physician
8 Traditional healer

9 Pharmacy/drug seller

- 10 Relative/friend
11 Other (Specify) _____

Col. M21

- 1 Child not able to drink or breastfeed
2 Child becomes sicker
3 Child develops fever
4 Child has fast breathing
5 Child has difficult breathing
6 Child has blood in stool
7 Child is drinking/eating poorly
8 Vomiting
9 Diarrhea
10 Other (Specify) _____

Col. M22

- 1 Completed
2 Refused
3 Not at home
4 Other specify

IMMUNIZATION AND CHILD ANTHROPOMETRY MODULE

FORM P

This module is to be administered to Mother/Caretaker who care for a child that lives with them and is under the age of 5 years

			CLUSTER			HOUSEHOLD			DISTRICT																																																																											
Serial No. of child	Serial No. of child's caretaker/ mother	Is there a vaccination card for [Name] ?	<p><i>To be completed for children whose immunization cards are available</i></p> <p><i>Copy the dates for each type of immunization recorded on the card</i></p> <p><i>Write '44' in day column if card shows that vaccination was given but no date recorded</i></p> <table border="1"> <thead> <tr> <th colspan="3">BCG</th> <th colspan="3">OPV0</th> <th colspan="3">OPV1</th> <th colspan="3">OPV2</th> <th colspan="3">OPV3</th> <th colspan="3">DPT1</th> <th colspan="3">DPT2</th> <th colspan="3">DPT3</th> <th colspan="3">MEASLES</th> </tr> <tr> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> <th>Day</th><th>Month</th><th>Year</th> </tr> </thead> </table>																											BCG			OPV0			OPV1			OPV2			OPV3			DPT1			DPT2			DPT3			MEASLES			Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	<p>In addition to the vaccinations shown on this card did [Name] receive any other vaccinations-including vaccinations received in a national immunization day¹ ?</p> <p>1=yes 2=No 9 = DK</p> <p>If 1,2 or 9 Go to Col P40</p>
BCG			OPV0			OPV1			OPV2			OPV3			DPT1			DPT2			DPT3			MEASLES																																																												
Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year																																																										
Form K	Form A	If 2 or 3 Go to Col P32																																																																																		
1=Yes, seen 3= No 2=Yes, not seen			Date			Date			Date			Date			Date			Date			Date			Date																																																												
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30	P31																																																						

¹ Record 'yes' only if respondent mentions BCG, OPV 0-3,DPT 1-3, and /or Measles vaccine(s)
 Probe for vaccinations and write '66' in the appropriate on columns P2 to P28- Go to P38 after you finish

IMMUNIZATION AND CHILD ANTHROPOMETRY MODULE: Continuation

FORM P cont'd

To be filled for all children under 5 years who do not have their immunization cards

											CLUSTER			HOUSEHOLD			DISTRICT		
											ANTHROPOMETRY					Result of child measurement		Inter status	
Serial No. of child On Form K	Serial No. of child's caretaker/ mother on Form A	Has [Name] ever received any vaccinations to prevent him/her from getting diseases-including vaccinations received in a national immunization day?	Has [Name] ever been given a BCG vaccination against Tuberculosis-that is an injection in the left arm that caused a scar ?	Has [Name] ever been given any "vaccination drops in the mouth" to protect him/her from getting the disease that is, POLIO ?	How old was he/she when the first dose was given- just after birth or later ?	How many more times has he/she been given these drops since the first dose ?	Has [Name] ever been given a "vaccination injection" in the thigh to prevent him/her from getting Tetanus,Whooping Cough and Diphtheria ¹	How many times	Has [Name] ever been given a "vaccination injection" in the arm at the age of 9 months or later to prevent him/her from getting measles ?	Has [Name] participated in immunization days ? e.g Kick POLIO out of Kenya	Child's weight	Length Child lying down <i>Measure length if the child is under 2 years</i>	Height Child standing up <i>Measure height if the child is 2 or more years</i>	Weight	Height				
		If 2 or 9 Go to Col. P40		If 2 or 9 Go to Col. P37			If 2 or 9 Go to Col. P39					If child is 2 years or older Go to P43							
		1=Yes 2=No 9=DK	1=Yes 2=No 9=DK	1=Yes 2=No 9=DK	See codes	Number	1=Yes 2=No 9=DK	Number	1=Yes 2=No 9=DK	1=Yes 2=No 9=DK	Kgs	Cms	Cms			See Code			
P1	P2	P32	P33	P34	P35	P36	P37	P38	P39	P40	P41	P42	P43	P44	P45	P46			

¹ Sometimes given at the same time as POLIO

Col. P35
1. 6 weeks or less
2 More than 6 weeks

Col. P44 & P45
1 Measured
2 Not Present
3 Refused
4 Other (Specify)

Col. P46
1 Completed
2. Refused
3 Not at home
4 Other specify

IMMUNIZATION AND CHILD ANTHROPOMETRY MODULE: Continuation

CLUSTER				HOUSEHOLD			DISTR

To be filled for all children under 5 years who do not have their immunization cards

[illegible]

¹ Sometimes given at the same time as POLIO

Col. P35
1 6 weeks or less
2 More than 6 weeks

Col. P44 & P45
1 Measured
2 Not Present
3 Refused
4 Other (Specify)

Col. P46

1. Completed

2. Refused

3 Not at home

4 Other specif