

PERSONAL IDENTIFIER INFORMATION

Interviewer name & code no.....|_|_| INTCODE Date of interview: |_|_| |_|_| |_|_|_|_|
dd mm yyyy

STICKER with participant's personal identifier information

Residence code: |_|_| VNO |_|_|_| HNO |_|_| STM

Child's full names..... |_|_|_|_|_|_|_|_| IDNO

SEX |_| DOB |_|_| |_|_| |_|_|_|_| → If year of birth unknown, ask or estimate age (years) |_|_| AGE
1 = M, 2 = F dd mm yy

Respondent's name.....RNAME |_|_|_|_|_|_|_|_| RIDNO

1. Olina luganda ki kumwana ono? What is your relationship to this child? |_| CRELT
1 = mother, 2 = father, 3 = step-mother/father, 4 = brother/sister, 5 = grandparent,
6 = other guardian (related), 7 = other guardian (not related)

Information for survey clerks and data manager

Indicate major differences to enumeration list such as age, names etc.

NAME.....NNAME

Revised date of birth |_|_|_|_| DDOB |_|_| MDOB |_|_|_|_| YDOB or AGER |_|_|

Remarks.....

EDUCATION (all children aged 5-12 yrs)

2. Omwana ono yali asomyeko? Has this child ever been to school? |_| STUD
1 = yes, 2 = no, 8 = don't know

If no, go to question 5

If yes, continue

3. Omwana ono akyasoma? Is the child currently at school? |_| CSCH
1 = yes, 2 = no, 3 = don't know

4. Oba ye ali mu kibina ki? What level is the child at? |_|_| LED
18 = pre-primary, 1-7 = primary P1 - P7, 10-14 = secondary S1 – S4,
19 = other (specify).....

EARLY LIFE (children aged less than 3 years): **delivery, infant feeding and immunisations**

DELIVERY

5. Omwana ono ba/wamuzaalira wa? Where was the child delivered? PDEL
1 = clinic/hospital, 2 = home with TBA, 3 = home with relative, 4 = unassisted,
5 = delivered on the way, assisted, 8 = not known/not sure

If clinic/hospital,

6. Ddwaliro ki mwe ba muzalira? Where was this child delivered? CDEL
(Use coding list 3)

7. Omwana ba/wamuzaala otya? How was the baby delivered? TDEL
1 = vaginal, 2 = assisted vaginal, 3 = surgical, 8 = not known/not sure

INFANT FEEDING

8. Omwaana ono yayonsebwako? Has the child ever been breastfed? EVBFD
1 = yes, 2 = no, 3 = don't know

If no, go to question 12

If yes, continue

9. Omwana ono akyayonka? Is the child still breastfeeding? Cbfd
1 = yes, 2 = no, 8 = don't know

If no,

10. Yakoma okuyonka nga wa bukulu ki? ABFD
At what age (in years and months) did this child stop breastfeeding? (8.88 = don't know) y mm

11. Omwana yayonkera emyezi emeka nga tonnatandika kumuwa kya kunywa oba kya kulya kirala kyonna?
For how many months was the child exclusively breastfed before having any other liquids or solid foods?
Jjuza emyezi gy'awadde BRF

99 = Akyayonka mabeere gokka Still exclusive breastfeeding

88 = Simanyi Don't know

66 = Teyaweza mwezi gumu Less than 1 month

IMMUNISATIONS

12. Omwana ono mpiso ki ez'okugema zeyakafuna?
What immunisations has the child received up to now?
1 = received, 2 = not received, 8 = don't know

BCG OPV0 PVT1 OPV1 PVT2

OPV2 PVT3 OPV3 MEASLES

13. Immunisation card seen? 1 = yes, 2 = no CARD

If yes, check that answers to questions 12 & 13 agree; if they do not, correct answers to question 12.

14. BCG scar seen (*check right shoulder*) 1 = yes, 2 = no BCGS

BLOOD SAMPLE

1 = specimen obtained, 2 = specimen to be obtained later, 7 = refused, 9 = failed

Blood: (microtainer)

|_| MICRO

Interviewer code of the person taking the blood sample if different from the interviewer

|_|_| DINTCODE

|_|_|_|_|_|_|_| LABNO

TREATMENT (all children)

Instruction to interviewer: please record here if any treatment provided to participant on the spot

Diagnosis:

Treatment: