

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

Delivery

10. 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,

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

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

Infant feeding

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

If no, go to question 179. If yes, continue.

If yes,

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

If yes, go to question 168. If no, continue.

If no,

15. 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

All participants:

16. 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 (all participants)

17. 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
 DPT1 DPT2 DPT3 (PVT replaced DPT in 2002 at MRC Kyamulibwa)

OVP= oral polio vaccine

PVT = combined diphtheria, heamophilus influenzae B, hepatitis B, pertussis and tetanus vaccine

DPT = combined diphtheria, pertussis and tetanus vaccine

18. Kugembwa kwangeri ki omwana kweyefuna okuva olwo?

What immunisations, if any, has the child received since then?

1 = received, 2 = not received, 8 = don't know

TB	<input type="checkbox"/>	<input type="checkbox"/>	IMMTB
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	IMMHB
Tetanus (3 dose course)	<input type="checkbox"/>	<input type="checkbox"/>	IMMTET
Tetanus (boosters)	<input type="checkbox"/>	<input type="checkbox"/>	IMMTETB
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	IMMR
Other	<input type="checkbox"/>	<input type="checkbox"/>	IMMO specify _____

IMMOSP

19. Immunisation card seen? 1 = yes, 2 = no

CARD

If yes, check that answers to questions 17/18 & 19 agree; if they do not, correct answers to question 17/18.

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

BCGS

BLOOD SAMPLE

21. Consent obtained for taking blood?

1 = yes, 2 = no

CONSBLD

22. Blood: (microtainer)

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

MICRO

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

DINTCODE

24.

LABNO

TREATMENT - *all participants*

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

Diagnosis:

Treatment: