

## Appendices

Appendix 1: Approval of the Promise-EBF study by the Research and Ethics Committee, Makerere University

September 5, 2008

Prof. James Tumwine  
Department of Paediatrics

Dear Prof. Tumwine

**Re: Approval of Renewal and Amendment to proposal entitled "Promoting Infant Health and Nutrient in Sub-Saharan Africa: Safety and Efficacy of Exclusive Breastfeeding Promotion in the era of HIV"**

Your proposal entitled "Promoting Infant Health and Nutrient in Sub-Saharan Africa: Safety and Efficacy of Exclusive Breastfeeding Promotion in the era of HIV" was initially reviewed and approved by the Faculty of Medicine Research and Ethics Committee in 2005.

On July 15, 2008, you requested permission to revisit all children who are 18months and above rather than revisiting only those 18months.

The committee considered these changes on August 25, 2008. On behalf of the committee, I am glad to inform you that this change has been approved and a renewal approval extension has been granted until August 1<sup>st</sup> 2009. You may now proceed with the study.

Yours sincerely,

  
Dr. Charles Ingira  
Chair Research & Ethics Committee

Appendix 2: Promise-EBF consent form

**The PROMISE EBF Study**

**Promoting infant health and nutrition in Sub-Saharan Africa: Safety and efficacy of exclusive breastfeeding promotion in the era of HIV**

**Information for mothers**

We come from Department of Paediatrics and Child Health, Faculty of Medicine Makerere University and we are conducting a study on child health. The study is being conducted by the PROMISE Study group which is a collaboration project between different sites in Africa; Burkina Faso, Uganda, Zambia and South-Africa. Mbale District is chosen as the site for research in Uganda and the study is run from Mt.Elgon International Centre for Health Research (located at Health Manpower Development Centre inside Mbale Hospital).

The purpose of this research study is to understand how infants are fed during the first six months of life and how that influences the health of the child. Approximately 850 pregnant mothers from Mbale District in Uganda and the same number in the other African sites are being asked to participate in this study.

The study will also involve examining the mouths of mothers and that of their babies.

**CONFIDENTIALITY**

All information obtained from you will be kept confidential. Any reporting of data will be anonymous. The information obtained will be recorded with a hand held computer. There is no risk for lack of confidentiality.

**RISKS & BENEFITS**

You will be interviewed a number of times from today till the baby is 6 months old. The expected amount of time for each interview is about 30 minutes. We will also measure your weight and height, and the baby's weight and length when the baby is 3, 12 and 24 weeks old. We will also draw 4ml of blood from your baby when the baby is 6 months old. The dentist will also look into your mouth to see that it is healthy. The baby will also have his mouth examined when his teeth begin to grow.

**ADVANTAGES:**

- Monitoring of your babies growth (weight and length) and health.
- Referral to a clinic or hospital if the researcher believes that this is needed.
- Referral to a hospital for treatment if the researcher finds any problem that needs dental attention.
- Standard therapy for malaria shall be provided for infants at 24 weeks with significant malaria parasitaemia in the collected blood samples.

There will be no other direct benefits to you from this study; however the findings may help us to improve the health of babies in Uganda. Your care at the hospital or the clinic will not be affected if you do not want to participate in this study.

**You may withdraw from the study at any time or refuse to participate in any part of the study without prejudice to further care.**

#### EXPECTATIONS

- Private interviews in your home about you and your baby when you are pregnant, and when the baby is 3, 6, 12 and 24 weeks old. Each interview will last approximately 30 minutes.
- The researchers will ask to look at your health card and other recorded health information you might have for information about your pregnancy and delivery, the baby's vaccination status, and its health until 6 months old.
- Your height and weight will be taken, and the baby's height and length will be measured during the 3, 12 and 24 week interview.
- Blood will be drawn from one of your baby's vein, the femoral vein being the first alternative, at the 24 week interview for micronutrient analysis and assessment for malaria parasites.
- A dentist will look at your mouth and later at that of your baby when his / she begin to grow teeth to see that it is healthy.

The answers you and others give will help us to find ways of how to properly assist parents to keep their children healthy and in good nutritional status

The Ugandan coordinator is Professor James Tumwine and the

Mbale Site coordinator is Dr. Victoria Nankabirwa

If you experience any problems with the study or you want to make any inquiry;

**Contact: Dr. Victoria Nankabirwa, Site Coordinator**

**Mt Elgon International Centre for Health Research (located at Health Manpower Development Centre, inside Mbale Hospital)**

**Address: P.O Box: 187, Mbale**

**Office phone: 04536419, Mobile: 0712662340**

Other contacts: 0772494120, 0772415291, 0772503234, 0772898944

The foreign collaborators are:

**Africa:**

- Centre Muraz, Bobo-Dioulasso, Burkina Faso
- Dept of Pediatrics and Child Health, University of Zambia, School of Medicine, Lusaka, Zambia
- HIV Prevention Research Unit, Medical Research Council, Durban South Africa
- University of Western Cape, South Africa

**Europe:**

- Laboratory of bacteriology-virology, University Hospital Montpellier, and Research Unit 145, UMR 145, University of Montpellier and Institute of Research in Development (IRD)
- International Maternal and Child Health (IMCH), Uppsala University, Sweden
- Centre for International Health, University of Bergen, Norway

**INFORMED CONSENT TO PARTICIPATE IN PROMISE EBF STUDY**

The above study and conditions have been explained to me and my questions have been satisfactorily answered by \_\_\_\_\_ (name of interviewer).

I understand what has been explained to me and I agree to participate in this study, and have blood drawn from my baby at 24 weeks.

I acknowledge that I have been informed concerning the possible advantages and possible adverse effects which may result from the above mentioned procedure.

I acknowledge that I understand and accept that this study involves research.

**I am aware that I may withdraw my consent at any time without prejudice to further care.**

Printed name of mother (SUBJECT): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subject & Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness

**For those who cannot write:**

..... Date: .....

Mark with a 'X' or thumbprint

Appendix 3: Recruitment questionnaire



A: Recruitment interview

(Data Item Code (DIC): 01Q

List of abbreviations

EH = Epi Handy

Radio Button (RB), One alternative only

Check Boxes (CB), Multiple alternatives allowed

Other alternatives: text (tx) and numeric (Num) (The rest: See EpiHandy manuals and separate entry SOP)

Lumasaaba = Local Language Uganda, will be corrected later in Uganda/Will have to be replaced with other local languages and French (Column 3. and 4. )

Column 5: Skip instructions EH/Paper + other comments on content

Column 6: Entry rule in EH + var.name (VN), Alternative coding (a)

**Rule for all categorical answers: DNK tick in under question mark**

**Rule for all numerical answers: DNK = 99**

SECTION 0 Background

Page a (1) EH

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Country/Site	1. Burkina Faso 2. Uganda: MM 3. Uganda: B 4. Zambia: Site 1 5. Zambia: Site 2 6. SA Paarl 7. SA Rietveli 8. SA Umlazi				EH: RB VN: 01a01 a1=40 a2=51 a3=52 a4=61 a5=62 a6=71 a7=72 a8=73
2. Interviewer	_____		1. DONA 2. EVNA 3. FRWE 4. HEMU 5. MAKI 6. RANA 7. ZANG 8. Other, specify		EH: RB 4 LETTER CODE; UPPER CASE Choose between drop down list/text  VN: 01a02U for Uganda <b>VN</b> <b>ALTERNATIVES:</b> <b>KEEP 4 DIGIT</b> <b>CODE</b>
3. Date:					EH: Date

					VN: 01a03
4. Time					EH: Time VN: 01a04
5. GPS	1. Long 2. Lat 3. Alt			Optional: Can be deleted as an entry alternative for those who will have this automatic in EH Needs a cable in addition to the GPS Alt recorded in m	EH: GPS VN: 01a05 a1:E/(W)###°##.### a2: N/S ##°##.### a3: ##### (#-#####)

Enter the following under the EpiHandy type question Label/Title. Remember max. 250 characters.

English: Consent for screening:

**READ OUT LOUD:**

(COUNTRY SPECIFIC PRESENTATION OF SITE: UGANDA HERE AN EXAMPLE)

We come from The Department of Paediatrics and Child Health of Makerere University Medical School. We are conducting a study on Child Health. Will you allow me to include you in the study? Thank you so much. Now let's answer the following questions together.

Lumasaaba: Consent for screening:

**READ OUT LOUD**

*Fe khaama mushitongole shirambila khukhubana ni bulamu bwawe Imakerere Univesite Mu isomelo Iya Medical. Khuli khumusomo kwe byebulamu mubaana.*

*Nakhwakhumanya oba wanfukilisile nkhutubasa mumusomo kuno? Wanyala nabi. Ari khekhuiremo bireebo bino khatwera.*

6. Oral consent for screening given:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			<b>If no, Rule EH: No → Discontinuation from SI - Say thank you and ask for non-participation; fill in separate form</b>	EH: RB VN: 01a06
7. Another language talked than the one chosen from the list:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			<b>If no, skip to 10</b>	EH: RB VN: 01a07
8. Which language is the interview translated into:	_____				EH: Tx VN: 01a08
9. External translator needed:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				EH: RB VN: 01a09

UGANDA SPECIFIC SITE TABLE/HAS TO BE SITE SPECIFIC FOR ALL SITES:

	<b>Do not read out:</b> 10. Note Sub-County/Division	<b>Do not read out:</b> 11. Note ward/parish= CLUSTER CODE (In Uganda)	<b>12. Read English:</b> What is the name of your <u>village/cell</u> ? <b>Read Lugishu:</b> Lisina lye shishalo shoowo, namwe khasiintsa khoowo bakhalanga barye?	<b>CODING!</b>
	1. <input type="checkbox"/> Nakaloke 2. <input type="checkbox"/> Namanyonyi 3. <input type="checkbox"/> Bung.- Mutoto 4. <input type="checkbox"/> Bukonde 5. <input type="checkbox"/> Bunghoko 6. <input type="checkbox"/> Busoba 7. <input type="checkbox"/> Busiu 8. <input type="checkbox"/> Bukiende  9. <input type="checkbox"/> Industrial 10. <input type="checkbox"/> Nothern 11. <input type="checkbox"/> Wanale	1. <input type="checkbox"/> Nakaloke 2. <input type="checkbox"/> Namunsi 3. <input type="checkbox"/> Kireka 4. <input type="checkbox"/> Namanyonyi 5. <input type="checkbox"/> Namagumba 6. <input type="checkbox"/> Bumuluya 7. <input type="checkbox"/> Bukasakya 8. <input type="checkbox"/> Bumboi 9. <input type="checkbox"/> Bumutoto 10. <input type="checkbox"/> Bubirabi 11. <input type="checkbox"/> Bukhumwa 12. <input type="checkbox"/> Bumbobi 13. <input type="checkbox"/> Bumasikye Busoba 14. <input type="checkbox"/> Bunamini 15. <input type="checkbox"/> Bufukhula 16. <input type="checkbox"/> Bunambutye 17. <input type="checkbox"/> Bumasikye Busiu 18. <input type="checkbox"/> Bunashimolo  19. <input type="checkbox"/> Namatala S 20. <input type="checkbox"/> Namatala D 21. <input type="checkbox"/> Malukhu 22. <input type="checkbox"/> Namakwekwe 23. <input type="checkbox"/> Nkoma 24. <input type="checkbox"/> Mooni	1a. <input type="checkbox"/> Kolonyi I B 1b. <input type="checkbox"/> Kolonyi I C 2. <input type="checkbox"/> Namunsi cent B, part 1 3. <input type="checkbox"/> Kireka mile 6 4. <input type="checkbox"/> Namanyonyi central 5. <input type="checkbox"/> Namagumba 6. <input type="checkbox"/> Bumuluya Upper 7. <input type="checkbox"/> Munkaga B 8a. <input type="checkbox"/> Kamisyo 8b. <input type="checkbox"/> Nalwoka 9. <input type="checkbox"/> Bunamwani 10. <input type="checkbox"/> Makambo 11a. <input type="checkbox"/> Nambiti 11b. <input type="checkbox"/> Luyekhe 12a. <input type="checkbox"/> Bukumeka II A 12b. <input type="checkbox"/> Bukumeka II B 13. <input type="checkbox"/> Mahanga 14a. <input type="checkbox"/> Lwangoli 14b. <input type="checkbox"/> Buwangolo 15a. <input type="checkbox"/> Bumulahawasu 15b. <input type="checkbox"/> Bululsambu A 16a. <input type="checkbox"/> Musese Wapomokha 16b. <input type="checkbox"/> Musese Nakunuku 17a. <input type="checkbox"/> Wokukiri A 17b. <input type="checkbox"/> Wokukiri B 18a. <input type="checkbox"/> Bumahena 18b. <input type="checkbox"/> Nabikhoso  19. <input type="checkbox"/> Sisye cell B 20. <input type="checkbox"/> Doko cell C 21a. <input type="checkbox"/> Muti cell A 21b. <input type="checkbox"/> Muti cell B 21c. <input type="checkbox"/> Muti cell C 22a. <input type="checkbox"/> Mugisu cell A 22b. <input type="checkbox"/> Mugisu cell B 22c. <input type="checkbox"/> Kachumbala 23a. <input type="checkbox"/> Bujoroto cell B 23b. <input type="checkbox"/> Bujoroto	EH: RB/ All Mand VN: q 10 Subcounty/Division: 03a10 q 11 Ward/Parish: 03a11 q 12 Village: 03a12  Uganda as an example  03a10: a1=5101 a2=5102.....n.... a12=5112  03a11: 1a=5101a 1b=5101b 2: 5102 ....n .... 25=5125  Replace 51 with 52 according to which site it is  The other countries do the same for coding of alternatives: BF: 4101-410x Z: 6101-610x SA: 7101-710x For question 10-13



			cell D 24a. <input type="checkbox"/> Naksibisho cell A 24b. <input type="checkbox"/> Naksibisho cell B 24c. <input type="checkbox"/> Nagudi	
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Screening questions:

EH page b (2)

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Do you have any intention to move from your <u>village/cell</u> within the next year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. Ulikho ni shitsililwa shee khurula mushaalo namwe khasiintsa namwe shisiintsa shoowo mu mwiiko kukwiitsa?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If no, skip to q. 3</b>	EH: RB VN: 01b01
2. Where will you move to?	1. <input type="checkbox"/> Within the cluster/village 2. <input type="checkbox"/> Outside the cluster/village	2. Ukhatse wayena?	1. <input type="checkbox"/> Mukhasitsa muno 2. <input type="checkbox"/> Ibulafu we khasitsa khaano	<b>If alternative 2 chosen Rule EH: No → Discontinuation from SI - Say thank you and fill in form 'reason for non-participation</b>	EH: RB VN: 01b02
3. I can see / have understood / have been told that you are pregnant now, can you please tell me how many months	1. <input type="checkbox"/> Seven or more than seven months pregnant, specify Months : _____ (#)	3. Ari nabone ndi/ nashimanyile/bamboolele bari uli shisoombo, unyala wamboolelakho kimyesi kyenga kyesi ubelele shisoombo?	1. <input type="checkbox"/> Kyimwesi musafu oba khufuramo : _____ (#) 2. <input type="checkbox"/> Asi ekyimwesi musafu	<b>Alternative 2: Enable question 7 by branching Alternative 3: Enable question 8 by branching</b>	EH: RB a1: Num a2: Nothing a3: Nothing VN: 01b03

you have been pregnant? If obviously given birth; ask when.	2. <input type="checkbox"/> Less than seven months pregnant 3. <input type="checkbox"/> Have given birth		3. <input type="checkbox"/> Nasalakho		
4. Do you have any intention to breastfeed the baby you are expecting? (U/BF/Z)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	4. Ulikho ni shitsililwa she khununisa umwaana isi usubila khufuna?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>Rule EH: No → Discontinuation from SI - Say thank you and fill in form 'reason for non-participation'</b>	EH: RB VN: 01b04

Make rule EH: p b q. 2=alt 1, 3= $\leq$ 7 mo or delivered, 4(-SA)= Yes →Continue

Make rule EH p b q. 1=Yes and q. 2 = alt 2, 3> 7 (ask for permission to come back later), q. 4 = No → Discontinuation

5. All inclusion criteria fulfilled:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No, specify			<b>Rule EH: No → Discontinuation from SI</b>	EH: RB VN: 01b05
6. No exclusion criteria fulfilled	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No, specify			<b>Rule EH: No → Discontinuation from SI</b>	EH: RB VN: 01b06

Inclusion criteria:

Lives in the selected cluster

Is pregnant  $\geq$  7 months

Has no plans to move outside the cluster within 1 year

Exclusion criteria:

Pregnant < 7, months, the recruiter will then ask for permission to come back at a later point in time

Reduced ability to collaborate for psychological/mental reasons

Severely ill

Having given birth more than 1 week ago

U/Z/BF: Planning to replacement feed from start

**If she has already given birth the exclusion criteria from the 3 week interview applies here: Agreement by Sept 10<sup>th</sup>: include newborns if reported before birth and baby  $\leq$  1 week old.**

Multiple birth

Severe malformation

Death of baby or mother

7. If < 7 months pregnant : Ask for permission to come back later, and note approximate date of revisit:	dd/mm/yyyy				EH: Date VN: 01b07 Disabled, to be enabled see q. 3
8. In case she has given birth less than 1 week ago note Birth Date of baby.	dd/mm/yyyy				EH: Date VN: 01b08 Disabled, to be enabled see q. 3

PAPER CONSENT FORM EXPLAINED AND ACCEPTED: USI given

If not, ask for reason for non participation and note it down on the form "Reason for non-participation"

9. Participant Id no/ Unique Subject Identifier (USI)	####				EH: Num VN: 01b09 4 digit code starting at 1001 all sites
10. Reason for non-participation	_____			RULE: Do separate form: Reason for non-participation on paper, copi, fill in separately	EH: Tx VN: 01b10

SECTION I Mother's characteristics:

EpiHandy page c (3)

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. RULE/ SKIP INSTRUCTION	6. COLUMN FOR CODING
1. How old are you?  1b. What is your date of birth?	_____ (##)	Uli ni kimiiko kyenga?  1b. Usalikha lunakhu shiina?	_____ (##)	<b>RULE:</b> Age in completed years.	EH: BIRTH DATE FORM  VN: 01c01
2. Have you ever attended school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	2. Waatsyakho i somelo?	1. <input type="checkbox"/> Ehh <input type="checkbox"/> 2. <input type="checkbox"/> Taawe ↓ <input type="checkbox"/>	<b>SKIP: If no, skip to q.4</b>	EH: RB VN: 01c02
3. What is your highest level of education?	1. <input type="checkbox"/> P1 2. <input type="checkbox"/> P2 3. <input type="checkbox"/> P3 4. <input type="checkbox"/> P4 5. <input type="checkbox"/> P5 6. <input type="checkbox"/> P6 7. <input type="checkbox"/> P7 PLE 8. <input type="checkbox"/> S1 9. <input type="checkbox"/> S2 10. <input type="checkbox"/> S3 11. <input type="checkbox"/> S4 O-level 12. <input type="checkbox"/> S5 13. <input type="checkbox"/> S6 A-level 14. <input type="checkbox"/> Certf 1 yr 15. <input type="checkbox"/> Certf 2 yrs 16. <input type="checkbox"/> Degree/Bach 17. <input type="checkbox"/> > Bachelor 18. <input type="checkbox"/> Other, completed years:	3. Khusoma khoowo khukhufurayo, khwa shibiina shina?	1. <input type="checkbox"/> P1 2. <input type="checkbox"/> P2 3. <input type="checkbox"/> P3 4. <input type="checkbox"/> P4 5. <input type="checkbox"/> P5 6. <input type="checkbox"/> P6 7. <input type="checkbox"/> P7 PLE 8. <input type="checkbox"/> S1 9. <input type="checkbox"/> S2 10. <input type="checkbox"/> S3 11. <input type="checkbox"/> S4 O-level 12. <input type="checkbox"/> S5 13. <input type="checkbox"/> S6 A-level 14. <input type="checkbox"/> Certf 1 yr 15. <input type="checkbox"/> Certf 2 yrs 16. <input type="checkbox"/> Degree/Bach 17. <input type="checkbox"/> > Bachelor 18. <input type="checkbox"/> Other, completed years: _	Comment: Note completed year/level	EH: RB VN: 01c03  a18: tx
4. Do you have any vocational training or have you had any apprenticeship	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	4. Ulikho ni bulekele bwoosi bwekhukhwiraambisa ?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01c04

?	(-SA)				
5. Can you read?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	5. Unyala khusooma?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01c05
6. Can you write?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	6. Unyala khuwandikha?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01c06
7. How often do you read a newspaper/ have them read for you (those who cannot read)?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Less than once a week 3. <input type="checkbox"/> At least once a week 4. <input type="checkbox"/> A few times a week 5. <input type="checkbox"/> Almost everyday	7. Kyi milundu kyenga kyese usoomamo kamawulire namwe kyese bakhusomela kamawulire (Bakhanya la khusoma)	1. <input type="checkbox"/> Mbaawo taawe 2. <input type="checkbox"/> Asi ewiki 3. <input type="checkbox"/> Lutwela muwiki 4. <input type="checkbox"/> Kyimilundu mikyekhe muwiki 5. <input type="checkbox"/> Aambi bulunakhu		EH: RB VN: 01c07
8. How often do you listen to the radio?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Less than once a week 3. <input type="checkbox"/> At least once a week 4. <input type="checkbox"/> A few times a week 5. <input type="checkbox"/> Almost everyday	8. Kyimilundu kyenga kyese uwulilisa iradio?	1. <input type="checkbox"/> Mbaawo taa 2. <input type="checkbox"/> Asi ewiki 3. <input type="checkbox"/> Lutwela muwiki 4. <input type="checkbox"/> Kyimilundu mikyekhe muwiki 5. <input type="checkbox"/> Aambi bulunakhu		EH: RB VN: 01c08
9. How often do you watch television?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Less than once a week 3. <input type="checkbox"/> At least once a week 4. <input type="checkbox"/> A few times a week 5. <input type="checkbox"/> Almost everyday	9. Kyimilundu kyenga kyese ulolela itivi?	1. <input type="checkbox"/> Mbaawo taa 2. <input type="checkbox"/> Asi ewiki 3. <input type="checkbox"/> Lutwela muwiki 4. <input type="checkbox"/> Kyimilundu mikyekhe muwiki 5. <input type="checkbox"/> Aambi bulunakhu		EH: RB VN: 01c09
10. Are you single, married, co-habiting, widowed, divorced or separated now?	1. <input type="checkbox"/> Single ↓ 2. <input type="checkbox"/> Married 3. <input type="checkbox"/> Co-habiting ↓ 4. <input type="checkbox"/> Widowed ↓ 5. <input type="checkbox"/> Divorced/ Separated ↓	10. Uli wenyene, namwe uli umukhwaalikhe, umenyabusa nuwebusaale, uli namulekhwa, mwalekhana namwe mwayawukhana?	1. <input type="checkbox"/> Wenyene/ yenyene ↓ 2. <input type="checkbox"/> Umukhwaalikhe 3. <input type="checkbox"/> Khumenya nuwebusale busa ↓ 4. <input type="checkbox"/> Namulekhwa ↓ 5. <input type="checkbox"/> Khwalekhana/ khwayawukhana ↓	<b>SKIP: If not married (alt.2) skip to q.15</b>	EH: RB/Mand VN: 01c10
11. How did you get married?	1. <input type="checkbox"/> Religious 2. <input type="checkbox"/> Civil 3. <input type="checkbox"/> Traditional	11. Bukwaale wabufuna uryeene?	1. <input type="checkbox"/> Mu diini 2. <input type="checkbox"/> Mumakambira 3. <input type="checkbox"/> Isaambo ye bakhale		EH: RB VN: 01c11
12. Does your husband have any other wives?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓ 3. <input type="checkbox"/> Do not know ↓	12. Umuseetsa woowo alikho nibakhasi babandi akhali iwe?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓ 3. <input type="checkbox"/> Nakhumanya Taawe ↓	<b>SKIP: If no (alt. 2) or do not know (alt. 3), skip to q.15</b>	EH: RB VN: 01c12
13. How many?	___ (#(#))	13. Bali benga?	___ (#(#))		EH: Num VN: 01c13
14. Do you share the same compound?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	14. Muraambisa lu lwaanyi lutweela?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01c14
15. What is	UGANDA:	15. Uli walinambo	1. <input type="checkbox"/> Mugishu		EH: RB

your tribe?	1. <input type="checkbox"/> MUGISHU 2. <input type="checkbox"/> Other, specify : _____	shiina?	2. <input type="checkbox"/> Linambo ilindi,shiina..... .....		VN: 01c15 Overall VN in Uganda is 01c15U a1=501 The other countries replace a1=501 with local lists and name it 40x,60x
16. What is your religion?	1. <input type="checkbox"/> Protestantism/ National Church 2. <input type="checkbox"/> Catholicism 3. <input type="checkbox"/> Islam 4. <input type="checkbox"/> Hinduism 5. <input type="checkbox"/> Buddhism 6. <input type="checkbox"/> Judaism 7. <input type="checkbox"/> Jehovas witness/ mormones 8. <input type="checkbox"/> SDA 9. <input type="checkbox"/> Traditional religion 10. <input type="checkbox"/> Other, specify _____	16. Uli wadiini shiina?	1. <input type="checkbox"/> Protestand 2. <input type="checkbox"/> Katuliki 3. <input type="checkbox"/> Musilamu 4. <input type="checkbox"/> Umubudda 5. <input type="checkbox"/> Umuyudaya 5. <input type="checkbox"/> Uwayahova 6. <input type="checkbox"/> Uwadventista 7. <input type="checkbox"/> Diini iye bakuka 8. <input type="checkbox"/> Ikyindi,shiina.....	Protestantism= Any national church or free church sharing the basic theological concepts with Protestantism as Anglicans/ Lutherans/ Calvinists/ Baptists/ Methodists/ Pentecostals/ Newer free churches etc. SDA: Seventh Day Adventists	EH: RB VN: 01c16

SECTION II Pregnancy history:

EpiHandy p d (4)

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. RULE/ SKIP INSTRUCTION	6. COLUMN FOR CODING
1. How many children have you given birth to?	1. <input type="checkbox"/> Given birth to 1 or more, specify number 2. <input type="checkbox"/> Not given birth  (#/#) *!	1. Iwe wasalakho babaana beenga? <b>R</b>	1. <input type="checkbox"/> Wasalakho khufura mumwana mutwela 2. <input type="checkbox"/> Nakhusalakho taa.	<b>ALT 2: See skip instruction SIII and SVII if alternative 2 ticked off</b>	EH: Num VN: 01d01
Now I will ask you questions about the child you expect: 2. Can you please tell us when your last menstrual period started?	          _/_/_/____ dd/mm/yyyy	Ari ntysa khukhureeba birebo bibiamba khu mwaana isi usubila: 2. Unyala wamboolelakho imbuka isi wananikhila khuutsa mumweesi nga bakhasi ni bali	          _/_/_/____ dd/mm/yyyy	<b>To be disabled and activated if question : 01b03 alternative 3 is ticked off</b>  <b>PROBE: If she does not know</b>	EH: Birth Day Card  VN: 01d02  The probing questions fits into the birthday card and we also see a calculated

		kumulundu kusembaayo? P			GA
<b>PROBE:</b> Maybe you remember which month it was? Maybe you remember if it was in the beginning, middle or end of that month?		<b>PROBE:</b> Manya ushebulila kumwesi isi shabelakho? Manya ushebulila nga yaaba akari namwe nga kumwesi kuwakho?			
3. Do you have any card from the ante natal clinic (ANC-card)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	3. Ulikho ni kaada khukhwaama mu likangilo mwesi bapimila bakhasi baali bisoombo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no, skip to S III</b>	EH: RB VN: 01d03
4. May I please see it?	1) Note last menstrual period given in the card: ____/____/____  Note estimated duration of pregnancy at a given date: 2) Duration in months _____ 3) Given date: ____/____/____ dd/mm/yyyy  4) Note estimated date of delivery: ____/____/____ dd/mm/yyyy	4. Manya inyala nakibonakho	1) Note last menstrual period given in the card: ____/____/____  Note estimated duration of pregnancy at a given date: 2) Duration in months _____ 3) Given date: ____/____/____ dd/mm/yyyy  4) Note estimated date of delivery: ____/____/____ dd/mm/yyyy		EH: CB a1) Date a2) Num a3) Date a4) Date  VN: 01d04

SECTION III Breastfeeding experience and intentions:

**SKIP instruction: If section II, question 1 = Alternative 2 Skip to question 5**

**English:**

Now I am going to ask you questions about the children you had before the one you are expecting now (*if she has already given birth*; before the last one you gave birth to less than one week ago).

**Lugishu:**

Ari tsya khukhureba kho birebo bibyaama khu baana besi wanyowa khu saala akhaali isi ulishisoombo (*if she has already given birth*; Akhaali isi wasalile isabiti iya wele).

**EpiHandy p. e (5)**

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. RULE/ SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Did you ever breastfeed any of your children?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. Wanunisitsakakho umwana woowo yeesi?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If No, skip to q. 3</b>	EH: RB VN: 01e01
2. For how	1. [ ]	2. Umwaana		Probe till you get	EH: Num

many months did you breastfeed your lastborn child?	_____(#/#) mo 2. <input type="checkbox"/> Still breastfeeding	woowo uwa kamayo wamununisila kinyeesi kyeenga?	_____(#/#)Kinyesi	it as exact as possible (<1 mo = 0)	VN: 01e02
3. How old was your last born child when you, for the first time, introduced water or any other water/juice like liquid? R	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo	3. Umwana wowo uwa kamayo aba na bukhulu shina kkumu lundi kunyoowa khweesi wamunankhisila khumuwa kameetsi namwe kametsi kakandi koosi/shekhuywa shoosi?	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo	RULE: Write answer in days or weeks or months. Probe till you get it as exact as possible	EH: RB a1) Num a2) Num a3) Num  VN: 01e03
4. How old was the last born child when you, for the first time, introduced animal milk, porridge or any feeds?	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo	4. Umwaana woowo usembayo aba na bukhulu shina kuumu lundi kunyoowa khweesi wananikhisila khumuwa kamabeele kengaaфу, bugyi namwe byekhuulya bibiindi?	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo	RULE: Write answer in days or weeks or months Probe till you get it as exact as possible	EH: RB a1) Num a2) Num a3) Num  VN: 01e04
Now I will ask you questions about the child you expect: 5. How do you plan to feed your baby in the first month after birth?	1. <input type="checkbox"/> Breast milk only 2. <input type="checkbox"/> Formula feed only 3. <input type="checkbox"/> Only give other liquids like cow's milk/water 4. <input type="checkbox"/> Breast feed and give other liquids 5. <input type="checkbox"/> Breast feed and give other semi-solid/solid feeds 6. <input type="checkbox"/> Other, specify	Ari nakhureba bireebo bibiamba khumwaana isi ulindilile: 5. Wangoonagoonile uryeena khulisa umwaana woowo mumwesi kunyoowa nga wamalile khumusaaala?	1. <input type="checkbox"/> Khununisa busa 2. <input type="checkbox"/> Kamabele kebufu kebabana 3. <input type="checkbox"/> Byekhunya nga kamabele kengafu ni kametsi 4. Khununisa ni byekhunyuwa 5. <input type="checkbox"/> Khununisa ni byekhulya 6. <input type="checkbox"/> Bibindi,shiina	<b>RULE: Tick off all that apply</b> <b>RULE: Probe if alt. 1 only</b> <b>PROBE:</b> Is that all?/Anything else?	EH: CB VN: 01e05
6. Have you ever had any problems with your breasts?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	6. Wabetsakakho ni bulwale khu mabele	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If no, skip to section IV SES, EH page f q. 1</b>	EH: RB VN: 01e06
7. What was the problem?	1. <input type="checkbox"/> Engorgement 2. <input type="checkbox"/> Cracked nipples 3. <input type="checkbox"/> Inverted /flat nipples 4. <input type="checkbox"/> Abscess 5. <input type="checkbox"/> Infection 6. <input type="checkbox"/> Operation 7. <input type="checkbox"/> Trauma 8. <input type="checkbox"/> Other, specify	7. Bwaba bulwale shiina?	1. <input type="checkbox"/> Khubimba 2. <input type="checkbox"/> Khu khwatikha busonga 3. <input type="checkbox"/> Busonga bulola mukari 4. <input type="checkbox"/> Libimba 5. <input type="checkbox"/> Shishaaro 6. <input type="checkbox"/> Khulumisibwa 7. <input type="checkbox"/> Shindi shiina		EH: CB VN: 01e07  s
8. When was that?	ANSWER GIVEN IN:	8. Shino shakholekha lina?	.....Imbuka iye kumwesi	RULE: Write answer in	EH: RB a1: Num

	____ (#/#) mo ago OR: ____ (#/#) years ago		Oba .....Imbuka iye kimyakha	months or years ago. Probe till you get it as exact as possible (< 1 mo=0)	a2: Num VN: 01e08
9. What did you do about the problem?	1. <input type="checkbox"/> Nothing 2. <input type="checkbox"/> Local medicine 3. <input type="checkbox"/> Modern medicine, describe _____ 4. <input type="checkbox"/> Operation 5. <input type="checkbox"/> Other, specify	9. Bulwale wabukhola uryena?	1. <input type="checkbox"/> Mbawo taa 2. <input type="checkbox"/> Kamalesi kamachisu 3. <input type="checkbox"/> Kamalesi kamazungu, shiina..... 4. Khukhwara 5. <input type="checkbox"/> Shiina shindi.....		EH: CB a3: Tx a5: Tx VN: 01e09

SECTION: IV Socio Economic Status:

EpiHandy p f (6)

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. How many people normally live in your household?	_____ (#/#)	1. Babandu benga babamenya mungo mwoowo?	_____ (#/#)		EH: Num VN: 01f01
2. How many of these are adults over 18 years?	_____ (#/#)	2. Benga khu baano baali bakhulu angaki e kimiiko likhumi nashinaane?	_____ (#/#)	<b>SKIP: If 0, skip to 4</b>	EH: Num VN: 01f02
3. How many of these adults over 18 years are women, and how many are men?	1. Women: _____ (#/#) 2. Men: _____ (#/#)		1. Women: _____ (#/#) 2. Men: _____ (#/#)		EH: CB a1: Num a2: Num VN: 01f03
4. How many are children between 5 and 18 years?	_____ (#/#)	4. Benga khu baana baali babaana akari e kimiiko kiraano ni kimiiko likhumi na shinaane?	_____ (#/#)	<b>SKIP: If 0, skip to 6</b>	EH: Num VN: 01f04
5. How many of these children between 5 and 18 are girls, and how many are boys?	1. Girls: _____ (#/#) 2. Boys: _____ (#/#)		1. Girls: _____ (#/#) 2. Boys: _____ (#/#)		EH: CB a1: Num a2: Num VN: 01f05
6. How many are children less than five years old?	_____ (#/#)	6. Benga khu baana boowo bano baali aasi e kimiikho kiraano?	_____ (#/#)		EH: Num VN: 01f06
7. How many of these children less than 5 years are girls, and how many are boys?	1. Girls: _____ (#/#) 2. Boys: _____ (#/#)		1. Girls: _____ (#/#) 2. Boys: _____ (#/#)		EH: CB a1: Num a2: Num VN: 01f07



**English:** I am now going to ask you about what you have in your household. Please answer yes if you have it and no if you do not have it. Sometimes, I'll ask you to specify how many you have of a certain subject. I am interested in the items which are in working condition.

**EpiHandy p g (7)**

8. How many of the following items do you have in your household?	1. Chairs/stools ____ 2. Foam mattresses ____ 3. Lanterns _____	8. Ulikho nabyenga khu bindu bino mutsu yoowo? <b>R</b>	1. Tsindebe/ busitulu ____ 2. Kimifaliso kwa siponji ____ 3. Tsitaala _____	<b>RULE:</b> <b>Write correct number for all alt.s</b>	EH: CB a1: Num a2: Num a3: Num VN: 01g08
9. Do you have electricity in the house you are living?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	9. Uli ni kamasanyalatse mustsu yoowo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01g09
10. Do you have any of the following in your household?	1. <input type="checkbox"/> Cupboard 2. <input type="checkbox"/> Bicycle 3. <input type="checkbox"/> Radio 4. <input type="checkbox"/> TV 5. <input type="checkbox"/> Mobile phone/ Telephone 6. <input type="checkbox"/> Gas heater/ electric heater 7. <input type="checkbox"/> Refrigerator 8. <input type="checkbox"/> Motorcycle/ Scooter 9. <input type="checkbox"/> Car/Truck	10. Uli kho nikibindu bino? <b>R</b>	1. <input type="checkbox"/> Kabada 2. <input type="checkbox"/> Igali 3. <input type="checkbox"/> Iradio 4. <input type="checkbox"/> Itivi 5. <input type="checkbox"/> Isimu 6. <input type="checkbox"/> Shishuma shitekha shekamasanyalatse 7. <input type="checkbox"/> Ifirigi 8. <input type="checkbox"/> Ipikipiki 9. <input type="checkbox"/> Imotokha oba ilore	Help: Read the alternatives from the list item by item	EH: List with Y/No buttons VN: 01g10
11. What is the fuel used for cooking in your household?	1. <input type="checkbox"/> Wood 2. <input type="checkbox"/> Charcoal 3. <input type="checkbox"/> Paraffin/ Kerosene 4. <input type="checkbox"/> Gas 5. <input type="checkbox"/> Electricity 6. <input type="checkbox"/> Other , specify _____	11. Shiina sheesi utela khutehela mungo mwoowo? <b>R</b>	1. <input type="checkbox"/> Tsikhu 2. <input type="checkbox"/> Kamanda 3. <input type="checkbox"/> Kamafura 4. <input type="checkbox"/> Kumukha 5. <input type="checkbox"/> Kamasanyalatse 6. <input type="checkbox"/> Shishiindi _____		EH: CB a6: Tx VN: 01g11
12. What is the source of drinking water in your household?	1. <input type="checkbox"/> Pond, river or stream 2. <input type="checkbox"/> Unprotected natural spring 3. <input type="checkbox"/> Protected natural spring 4. <input type="checkbox"/> Rainwater 5. <input type="checkbox"/> Open or unprotected well 6. <input type="checkbox"/> Covered well 7. <input type="checkbox"/> Borehole 8. <input type="checkbox"/> Public tap 9. <input type="checkbox"/> Piped into yard / plot 10. <input type="checkbox"/> Piped into dwelling 11. <input type="checkbox"/> Bottled water 12. <input type="checkbox"/> Other, specify _____	12. Eena isi waamisa kameetsi kekhu nywa mungo mwoowo? <b>R</b>	1. <input type="checkbox"/> Shidibo 2. <input type="checkbox"/> Lulutsi luchafu 3. <input type="checkbox"/> Lulutsi lungone 4. <input type="checkbox"/> Kametsi kefula 5. <input type="checkbox"/> Isebele ikhali ingone 6. <input type="checkbox"/> Isebele imimbekho 7. <input type="checkbox"/> Nayikote 8. <input type="checkbox"/> Khatapu khe babandu boosi 9. <input type="checkbox"/> Kametsi ke angu 10. <input type="checkbox"/> Kametsi ke mutsu 11. <input type="checkbox"/> Kametsi ke kyupa 12. <input type="checkbox"/> Shindi,shiina.....		EH: CB a12: Tx VN: 01g12
13. What do you do to the water before drinking it?	1. <input type="checkbox"/> Nothing 2. <input type="checkbox"/> Boil it 3. <input type="checkbox"/> Other, specify _____	13. Kameetsi koowo ukakhola uryeena,nga ushiili	1. <input type="checkbox"/> Mbaawo ta 2. <input type="checkbox"/> Ingatekha 3. <input type="checkbox"/> Nibawo shishiindi shiboole	<b>Help: Do not read out the list. Note spontaneous</b>	EH: RB a3: Tx VN: 01g13

		khukanywa ta?		answer	
14. Do you own or rent the house you live in?	1. <input type="checkbox"/> Own 2. <input type="checkbox"/> Rent 3. <input type="checkbox"/> Other, specify	14. Itsu isi umenyamo iyooowo namwe upangisa busa?	1. <input type="checkbox"/> Iyeese 2. <input type="checkbox"/> Ipangisa 3. <input type="checkbox"/> Shishindi , shiina		EH: RB VN: 01g14

**EpiHandy page h (8)**

15. Does someone in your household own land?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	15. Aliwo umundungo muno uli ni liswa	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01h15
16. Do you grow crops on any land?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	16. Mulima kho bilimwa khwiswa lyosi	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If no, skip to q. 22</b>	EH: RB VN: 01h16
17. Approximately how big is it?	Acres: _____	17. Lyekana liryena bukaali	Tsi eka:.....	<b>Help: Ask for size in acres, if it is less than one write the correct 0.x</b>	EH: Num VN:01h17
18. What are you growing?	1. <input type="checkbox"/> Maize 2. <input type="checkbox"/> Rice 3. <input type="checkbox"/> Matoke 4. <input type="checkbox"/> Sorghum/ Millet 5. <input type="checkbox"/> Fruits 6. <input type="checkbox"/> Legumes 7. <input type="checkbox"/> Root vegetables 8. <input type="checkbox"/> Cotton 9. <input type="checkbox"/> Tea 10. <input type="checkbox"/> Coffee 11. <input type="checkbox"/> Tobacco 12. <input type="checkbox"/> Other, specify	18. Mulima shiina?	1. <input type="checkbox"/> Mahindi 2. <input type="checkbox"/> Kumushele 3. <input type="checkbox"/> Kamatore 4. <input type="checkbox"/> Kamahemba / Bulo 5. <input type="checkbox"/> Bibala 6. <input type="checkbox"/> Nabutama / wandyambi 7. <input type="checkbox"/> Tsinyanyi 8. <input type="checkbox"/> Famba 9. <input type="checkbox"/> Kamajani 10. <input type="checkbox"/> Tsimwani 11. <input type="checkbox"/> Iraba 12. <input type="checkbox"/> Shindi, shiina.....		EH: CB VN: 01h18
19. How much do you harvest of these crops per year?	1. <input type="checkbox"/> Maize sacks: _____ 2. <input type="checkbox"/> Rice sacks: _____ 3. <input type="checkbox"/> Matoke bunch: _____ 4. <input type="checkbox"/> Sorghum/ Millet sacks: _____ 5. <input type="checkbox"/> Fruits sacks: _____ 6. <input type="checkbox"/> Legumes sacks: _____ 7. <input type="checkbox"/> Root vegetables sacks: _____ 8. <input type="checkbox"/> Cotton sacks _____ 9. <input type="checkbox"/> Tea sacks _____ 10. <input type="checkbox"/> Coffee sacks: _____ 11. <input type="checkbox"/> Tobacco sacks _____ 12. <input type="checkbox"/> Other, specify _____	19. Kamahungula mwamisamo kikhana karyena buli mwakha?	1. <input type="checkbox"/> Tsisawu tsa mahindi:..... 2. <input type="checkbox"/> Tsisawu tse kumushele:..... 3. <input type="checkbox"/> Tsikota tse kamatore:..... 4. <input type="checkbox"/> Tsisawu tse kamahemba / bulo..... 5. <input type="checkbox"/> Tsisawu tse bibala..... 6. <input type="checkbox"/> Tsisawu tse nabutama..... 7. <input type="checkbox"/> Tsisawu tse tsinyanyi..... 8. <input type="checkbox"/> Tsisawu tsa famba..... 9. <input type="checkbox"/> Tsisawu tse kamajani..... 10. <input type="checkbox"/> Tsisawu tse tsimwani..... 11. Tsisawu tse raba..... 12. <input type="checkbox"/> Shindi, shiina.....	<b>RULE: If the answer is difficult for the mother, train the DC to probe for season and multiply the crops with number of seasons. Year is more precise as number of seasons vary across countries and is item specific</b>	EH: CB a1-a11: Num a12: Tx  VN: 01h19

<p>20. How much are you usually selling of your crops per year?</p>	<p>1. <input type="checkbox"/> Maize sacks: _____                  2. <input type="checkbox"/> Rice sacks: _____                  3. <input type="checkbox"/> Matoke bunch: _____                  4. <input type="checkbox"/> Sorghum/ Millet sacks: _____                  5. <input type="checkbox"/> Fruits sacks: _____                  6. <input type="checkbox"/> Legumes sacks: _____                  7. <input type="checkbox"/> Root vegetables sacks: _____                  8. <input type="checkbox"/> Cotton sacks _____                  9. <input type="checkbox"/> Tea sacks _____                  10. <input type="checkbox"/> Coffee sacks: _____                  11. <input type="checkbox"/> Tobacco sacks _____                  12. <input type="checkbox"/> Other, specify _____                  13. <input type="checkbox"/> Do not sell</p>	<p>20. Kamakhungula mukulisamo tsinusu tsenga mumwakha?</p>	<p>1. <input type="checkbox"/> Tsisawu tsa mahindi:.....                  2. <input type="checkbox"/> Tsisawu tse kumushele:.....                  3. <input type="checkbox"/> Tsikota tse kamatore:.....                  4. <input type="checkbox"/> Tsisawu tse kamahemba / bulo.....                  5. <input type="checkbox"/> Tsisawu tse bibala.....                  6. <input type="checkbox"/> Tsisawu tse nabutama.....                  7. <input type="checkbox"/> Tsisawu tse tsinyanyi.....                  8. <input type="checkbox"/> Tsisawu tsa famba.....                  9. <input type="checkbox"/> Tsisawu tse kamajani.....                  10. <input type="checkbox"/> Tsisawu tse.....                  tsimwani.....                  11. Tsisawu tse raba.....                  12. <input type="checkbox"/> Shindi,shiina.....                  13. <input type="checkbox"/> Ingulisa taawe.....</p>	<p><b>Uganda: A sack is approximately 100 kg, and we allow for 5 buckets in 1 sack. One bucket is therefore 0.2 sack.</b></p>	<p>EH: CB                  a1-a11: Num                  a12: Tx                  a13: Nothing                    VN:                  01h20</p>
<p>21. How much do you usually consume of your crops per season?</p>	<p>1. <input type="checkbox"/> Maize sacks: _____                  2. <input type="checkbox"/> Rice sacks: _____                  3. <input type="checkbox"/> Matoke bunch: _____                  4. <input type="checkbox"/> Sorghum/ Millet sacks: _____                  5. <input type="checkbox"/> Fruits sacks: _____                  6. <input type="checkbox"/> Legumes sacks: _____                  7. <input type="checkbox"/> Root vegetables sacks: _____                  8. <input type="checkbox"/> Cotton sacks _____                  9. <input type="checkbox"/> Tea sacks _____                  10. <input type="checkbox"/> Coffee sacks: _____                  11. <input type="checkbox"/> Tobacco sacks _____                  12. <input type="checkbox"/> Other, specify _____</p>	<p>21. <b>Khu bilimwa mulyakho bilengana biryena?</b></p>	<p>1. <input type="checkbox"/> Tsisawu tsa mahindi:.....                  2. <input type="checkbox"/> Tsisawu tse kumushele:.....                  3. <input type="checkbox"/> Tsikota tse kamatore:.....                  4. <input type="checkbox"/> Tsisawu tse kamahemba / bulo.....                  5. <input type="checkbox"/> Tsisawu tse bibala.....                  6. <input type="checkbox"/> Tsisawu tse nabutama.....                  7. <input type="checkbox"/> Tsisawu tse tsinyanyi.....                  8. <input type="checkbox"/> Tsisawu tsa famba.....                  9. <input type="checkbox"/> Tsisawu tse kamajani.....                  10. <input type="checkbox"/> Tsisawu tse.....                  tsimwani.....                  11. Tsisawu tse raba.....                  12. <input type="checkbox"/> Shindi,shiin</p>	<p><b>A sack is approximately 100 kg, and we allow for 5 buckets in 1 sack. One bucket is therefore 0.2 sack.</b></p>	<p>EH: CB                  a1-a11: Num                  a12: Tx                  a13: Nothing                    VN:                  01h21</p>
<p>22. Do you own domestic animals or birds?</p>	<p>1. <input type="checkbox"/> Yes                  2. <input type="checkbox"/> No ↓</p>	<p>15. Ulikho ni bibayisibwa nga tsingokho?</p>	<p>1. <input type="checkbox"/> Ehh                  2. <input type="checkbox"/> Taawe ↓</p>	<p><b>SKIP: If no, skip to SV; EH page i q. 1</b></p>	<p>EH: RB                  VN:                  01h22</p>
<p>23. How many</p>	<p>1. <input type="checkbox"/> Cows,</p>	<p>16. Khu byaayo</p>	<p>1. <input type="checkbox"/> Tsingafu tsinjisu</p>	<p><b>RULE: Write</b></p>	<p>EH: CB</p>

animals do you have of the following?	<p>traditional cattle</p> <p>2. <input type="checkbox"/> Cows, diary (exotic) cattle _____</p> <p>3. <input type="checkbox"/> Oxen/bulls _____</p> <p>4. <input type="checkbox"/> Pigs _____</p> <p>5. <input type="checkbox"/> Goats _____</p> <p>6. <input type="checkbox"/> Sheep _____</p> <p>7. <input type="checkbox"/> Horses/ donkeys/ mules _____</p> <p>8. Other: not specified above _____</p> <p>_____</p> <p>_____</p>	bino,ulikho na byenga? <b>R</b>	<p>2. <input type="checkbox"/> Tsingafu tsizungu tse kamabele</p> <p>3. <input type="checkbox"/> Tsingafu tsisetsa tsilima</p> <p>4. <input type="checkbox"/> Tsimbitsi</p> <p>5. Tsimbusi</p> <p>6. Tsinjese</p> <p>7. <input type="checkbox"/> Tsipunda</p> <p>8. <input type="checkbox"/> Ikyindi ikhalikho angakyi taa.....</p>	<p><b>correct number for all alternatives (0 → n)</b></p> <p><b>Only write animals in alternative 8 which has an income generating potential</b></p> <p><b>If she does not know probe for the nearest number in groups of 5</b></p>	<p>a1-a7: Num</p> <p>a8: Tx</p> <p>VN: 01h23</p>
24. Approximately how much fowl do you have?	<p>1. <input type="checkbox"/> 0</p> <p>2. <input type="checkbox"/> 1-4</p> <p>3. <input type="checkbox"/> 5-9</p> <p>4. <input type="checkbox"/> 10-19</p> <p>5. <input type="checkbox"/> 20-29</p> <p>6. <input type="checkbox"/> ≥ 30</p>	24. Ulikho ni binywinywi benga?	<p>1. <input type="checkbox"/> 0</p> <p>2. <input type="checkbox"/> 1-4</p> <p>3. <input type="checkbox"/> 5-9</p> <p>4. <input type="checkbox"/> 10-19</p> <p>5. <input type="checkbox"/> 20-29</p> <p>6. <input type="checkbox"/> &gt;30</p>	<p><b>RULE: Chicken, turkeys, hens/ cocks, ducks, geese (Do not count doves here. Count ostriches as other animals q. 23)</b></p>	<p>EH: RB</p> <p>VN: 01h24</p>
25. Do you have any of these animals or birds on your compound?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No ↓</p>	25. Ulikho ni bisolo namwe binywinywi bino khulwanyani?	<p>1. <input type="checkbox"/> Ehh</p> <p>2. <input type="checkbox"/> Taawe ↓</p>	<p><b>SKIP: If no, skip to q. 27</b></p>	<p>EH: RB</p> <p>VN: 01h25</p>
26. Which animals do you have on your compound?	<p>1. <input type="checkbox"/> Cows, traditional cattle</p> <p>2. <input type="checkbox"/> Cows, diary (exotic) cattle</p> <p>3. <input type="checkbox"/> Oxen/bulls</p> <p>4. <input type="checkbox"/> Pigs</p> <p>5. <input type="checkbox"/> Goats</p> <p>6. <input type="checkbox"/> Sheep</p> <p>7. <input type="checkbox"/> Horses/ donkeys/ mules</p> <p>8. <input type="checkbox"/> Fowl</p> <p>9. <input type="checkbox"/> Other, specify _____</p> <p>_____</p>	26. Bibyaayo shiina byeesi ulininabyo khulwanyani lwoowo?	<p>1. <input type="checkbox"/> Tsingafu tsinjisu</p> <p>2. <input type="checkbox"/> Tsingafu tsizungu tse kamabele</p> <p>3. <input type="checkbox"/> Tsingafu tsisetsa tsilima</p> <p>4. <input type="checkbox"/> Tsimbitsi</p> <p>5. Tsimbusi</p> <p>6. Tsinjese</p> <p>7. <input type="checkbox"/> Tsipunda</p> <p>8. <input type="checkbox"/> Binywinywi</p> <p>9. <input type="checkbox"/> Tsindi, tsiliyena.....</p>		<p>EH: CB</p> <p>a1-a8: Num</p> <p>a9: Tx</p> <p>VN: 01h26</p>
27. Do you have any of these animals or birds in your house?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No ↓</p>	27. Ulikho ni bisolo namwe binywinywi mutsu muno?	<p>1. <input type="checkbox"/> Ehh</p> <p>2. <input type="checkbox"/> Taawe ↓</p>	<p><b>SKIP: If no, skip to SV; EH page i q. 1</b></p>	<p>EH: RB</p> <p>VN: 01h27</p>
28. Which animals do you have in your house?	<p>1. <input type="checkbox"/> Cows, traditional cattle</p> <p>2. <input type="checkbox"/> Cows, diary (exotic) cattle</p> <p>3. <input type="checkbox"/> Oxen/bulls</p> <p>4. <input type="checkbox"/> Pigs</p> <p>5. <input type="checkbox"/> Goats</p> <p>6. <input type="checkbox"/> Sheep</p>	28. Bibyaayo shiina byeesi ulininabyo ango woowo?	<p>1. <input type="checkbox"/> Tsingafu tsinjisu</p> <p>2. <input type="checkbox"/> Tsingafu tsizungu tse kamabele</p> <p>3. <input type="checkbox"/> Tsingafu tsisetsa tsilima</p> <p>4. <input type="checkbox"/> Tsimbitsi</p> <p>5. Tsimbusi</p> <p>6. Tsinjese</p>		<p>EH: CB</p> <p>a1-a8: Num</p> <p>a9: Tx</p> <p>VN: 01h28</p>

	7. <input type="checkbox"/> Horses/ donkeys/ mules 8. <input type="checkbox"/> Fowl 9. <input type="checkbox"/> Other, specify _____		7. <input type="checkbox"/> Tsipunda 8. <input type="checkbox"/> Binywinywi 9. <input type="checkbox"/> Tsindi, tsiliyena.....		
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SECTION V Activities/employment:

EpiHandy p i (9)

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION
1. Who is the head of the household?	1. <input type="checkbox"/> A man 2. <input type="checkbox"/> A woman 3. <input type="checkbox"/> Not applicable, specify	1.Nanu ukhulila mungo muno?	1.Umusani 2. Umukhasi 3. Isho ishibawo taa	
2. Who is the main provider of income in the household?	1. <input type="checkbox"/> Father of the child you are carrying in womb 2. <input type="checkbox"/> Yourself 3. <input type="checkbox"/> Older male relative 4. <input type="checkbox"/> Older female relative 5. <input type="checkbox"/> Other household member living at home 6. <input type="checkbox"/> Not applic. 7. <input type="checkbox"/> Other, specify who _____	2.Nanu ufura khurela buyeti mungo muno?	1. <input type="checkbox"/> Papa wo mwaana isi uli shisoombo 2. <input type="checkbox"/> Wamweene *!!! 3. <input type="checkbox"/> Umulebe umukhulu uwe saani 4. <input type="checkbox"/> Umulebe umukhulu uwe khasi 5. <input type="checkbox"/> Babandu babandi babamenya mungo 6. <input type="checkbox"/> Sishiabagana taa/Mbaawo isi shitsila ta 7. <input type="checkbox"/> Ukundi, naanu	<b>RULE:</b> Tick off her answers in the right category, do not read the list, but probe from it  <b>SKIP: If alternative 2, skip q. 5 and 6</b>
3. Is the 'main provider of income' currently employed?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	4.Ufura khurela buyeti aramba?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	
4. What are the main sources of income 'the main provider' has?	1. <input type="checkbox"/> Regular employment 2. <input type="checkbox"/> Irregular employment 3. <input type="checkbox"/> Home employment 4. <input type="checkbox"/> Contribution from others 5. <input type="checkbox"/> Retirement pension/Grant 6. <input type="checkbox"/> Other state Grant, specify  7. <input type="checkbox"/> Relief programme 8. <input type="checkbox"/> No response 9. <input type="checkbox"/> Do not know 10. <input type="checkbox"/> Other, specify _____	4. Intsila shiina tseesi babandu babafuurisa khuuwa buyeeti bafunamo tsinusu?	1. <input type="checkbox"/> Kumulimo kwa buli lunakhu/shifukhu 2. <input type="checkbox"/> Kumulimo ku khali kwa buli lunakhu/shifukhu 3. <input type="checkbox"/> Kumulimo kwemungo 4. <input type="checkbox"/> Buyeeti khukhwaama khubandu babandi 5. <input type="checkbox"/> Tsinusu tsesi govummenti iwa barambi nga bawumule 6. <input type="checkbox"/> Buyeeti bubundi khukhwama mugavummenti 7. <input type="checkbox"/> Buyeeti bwebulafu 8. <input type="checkbox"/> Mbaawo 9. <input type="checkbox"/> Nakhumanya taawe 10. <input type="checkbox"/> Shishindi shiina	(Alt 3 = Any income generating activity performed at home)  <b>RULE:</b> Tick off her answers in the right category, do not read the list, but probe from it  Home employment= Animals Farming Small business And others work at home

5. Do you earn money for yourself?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	5. Ufuna tsinusu wamweene?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe↓	<b>Not to be asked when she is the main provider q. 1 alt 2</b> <b>SKIP: If no, skip to q. 7</b>
6. How do you earn money for yourself?	1. <input type="checkbox"/> Regular employment 2. <input type="checkbox"/> Irregular employment 3. <input type="checkbox"/> Home employment 4. <input type="checkbox"/> No response 5. <input type="checkbox"/> Do not know 6. <input type="checkbox"/> Other, specify _____	6. Ufuna uryeena tsinusu wamweene?	1. <input type="checkbox"/> Kumulimo kwa buli lunakhu/shifukhu 2. <input type="checkbox"/> Kumulimo ku khali kwa buli lunakhu/shifukhu 3. <input type="checkbox"/> Kumulimo kwemungo 4. <input type="checkbox"/> Mbaawo shoosi 5. <input type="checkbox"/> Nakhumanya taawe 6. <input type="checkbox"/> Nibayo bibiindi biboole	(Alt 3 = Any income generating activity performed at home)  <b>RULE: Tick off all that apply</b>
7. Does your household have any other sources of income?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	7. Mulikho ni njeli ikyindi iye khufuna tsinusu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If no, skip to 9</b>
8. What kind of sources is that?	1. <input type="checkbox"/> Regular employment 2. <input type="checkbox"/> Irregular employment 3. <input type="checkbox"/> Home employment  4. <input type="checkbox"/> Contribution from others  5. <input type="checkbox"/> Retirement pension/Grant 6. <input type="checkbox"/> Other state Grant, specify _____ 7. <input type="checkbox"/> Relief programme 8. <input type="checkbox"/> No response 9. <input type="checkbox"/> Do not know 10. <input type="checkbox"/> Other, specify _____	8. Njeli shiina yo ikyindi	1. <input type="checkbox"/> Kumulimo kwa buli lunakhu/shifukhu 2. <input type="checkbox"/> Kumulimo ku khali kwa buli lunakhu/shifukhu 3. <input type="checkbox"/> Kumulimo kwemungo 4. <input type="checkbox"/> Buyeeti khukhwaama khubandu babandi 5. <input type="checkbox"/> Tsinusu tsesi govumenti iwa barambi nga bawumule 6. <input type="checkbox"/> Buyeeti bubundi khukhwama mugavumenti 7. <input type="checkbox"/> Buyeeti bwebulafu 8. <input type="checkbox"/> Mbaawo 9. <input type="checkbox"/> Nakhumanya taawe 10. <input type="checkbox"/> Shishindi shiina _____	
9. Do you work on land?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	9. Ulima?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	<b>SKIP: If no, skip to 11</b> <b>ADDRESSED TO THE MOTHER</b>
10. Is the land you work on your own land or rented land?	1. <input type="checkbox"/> Own land 2. <input type="checkbox"/> Rented land 3. <input type="checkbox"/> Other, specify _____	10. Ulima muliswa lilyowo namwe upangisa?	1. <input type="checkbox"/> Lilyase 2. <input type="checkbox"/> Ipangisa 3. <input type="checkbox"/> Shiina shindig.....	<b>ADDRESSED TO THE MOTHER</b> <b>Your own land refers to the hh's land.</b>
11. Do you work in a small or large business?	1. <input type="checkbox"/> Small 2. <input type="checkbox"/> Large 3. <input type="checkbox"/> Do not work in a business	11. Busubuzi bworambakho indini namwe ngali.	1. <input type="checkbox"/> Indini 2. <input type="checkbox"/> Ingali 3. <input type="checkbox"/> Ingola busubuzi taa.	<b>SKIP: If alt. 3 ticked off, skip to 13</b> <b>ADDRESSED TO THE MOTHER</b>
12. Do you work in your own business, family business or someone else's business?	1. <input type="checkbox"/> Own business 2. <input type="checkbox"/> Family business 3. <input type="checkbox"/> Someone else's business 4. <input type="checkbox"/> Does not apply	12. Busubuzi bworambakho bubwowo, bwemungo namwe bwemundu	1. <input type="checkbox"/> Iyase 2. <input type="checkbox"/> Iyemungo 3. <input type="checkbox"/> Iye mundu kundi 4. <input type="checkbox"/> Ishiyambakana taawe	<b>ADDRESSED TO THE MOTHER</b>

	5. <input type="checkbox"/> Other, specify	kundi?	5. <input type="checkbox"/> Shiina shindig.....	
13. What is your monthly salary?	_____ USH  (Each site specify their own currency)	13. Mumwesi ufuna tsinusu tsenga?	.....U SH	<b>Remember to make skip instruction at Country above</b>  <b>ADDRESSED TO THE MOTHER</b>
14. How much of your monthly earnings are you spending on yourself only?	_____ USH  (Each site specify their own currency)	14. Tsinusu tsesi ufuna wamwene urambisakho tsenga?	.....U SH	<b>ADDRESSED TO THE MOTHER</b>
15. Do you usually work throughout the year, or do you work seasonally, or only once in a while or does it not apply to you?	1. <input type="checkbox"/> Throughout the year 2. <input type="checkbox"/> Seasonally 3. <input type="checkbox"/> Once in a while 4. <input type="checkbox"/> Does not apply 5. <input type="checkbox"/> Other, specify	15. Uramba kumwakha kwosi, imbuka busa, namwe lutwela oba iwe ishikhuambakho taa?	1. <input type="checkbox"/> Kumwakha kwosi 2. <input type="checkbox"/> Imbuka busa 3. <input type="checkbox"/> Lutwela mumwakha 4. <input type="checkbox"/> Ishimambakho taa 5. <input type="checkbox"/> Ishindi shiina.....	
16. How much does your household spend a normal month on the following expenses?	1. <input type="checkbox"/> Feeding ___ 2. <input type="checkbox"/> Housing ___ 3. <input type="checkbox"/> Schooling ___ 4. <input type="checkbox"/> Clothing ___ 5. <input type="checkbox"/> Water and Drainage ___ 6. <input type="checkbox"/> Electricity ___  7. Rent of land ___ 8. Modern medicine ___  9. Traditional medicine ___  10. <input type="checkbox"/> Social activities ___ 11. <input type="checkbox"/> Other, specify	16. Mumwesi urambisa tsinusu tsenga khubindu bino?	1. <input type="checkbox"/> Khulya..... 2. <input type="checkbox"/> Khupangisa..... 3. <input type="checkbox"/> Mukhusomesa..... 4. <input type="checkbox"/> Mukhukwarisa..... 5. <input type="checkbox"/> Khumetsi..... 6. <input type="checkbox"/> Khumasanjalatse... 7. <input type="checkbox"/> Khupangisa liswa..... 8. <input type="checkbox"/> Kamalesi kamazungu..... 9. <input type="checkbox"/> Kamalesi kamachisu..... 10. <input type="checkbox"/> Khubyebulamu... 11. <input type="checkbox"/> Bibindi shiina.....	Alt 1: Write the estimated amount from 0 and upward  Rule: Do not ask about electricity to hh without electricity  Probe for baptisms, weddings, funerals/burials and specify that under social, specify. Also ask for other expenses

SECTION VI Questions on use of clinical/medical services

EpiHandy p. j (10)

RULE for section: If she refuses to answer; tick in "Missing" under the question mark alternative

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Have you attended any sessions at the antenatal care clinic (ANC)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	1. Watsyatsakakho mulikaangiro esi bapimila bakhasi baali shisoombo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no skip to q. 3</b>	EH: RB VN: 01j01
2. How many times have you been there in this pregnancy?	_____ (#)	2. Kimilundi kyenga kyesi utsilileyo nga uli shisombo?	_____ (#)		EH: Num VN: 01j02
3. Do you use a bed net for yourself?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Sometimes	3. Iwe wamweene urambisa khatiimba khebikuuntsyu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe 3. <input type="checkbox"/> Kimiilundu kimilaala		EH: RB VN: 01j03

4. Have you been informed about the HIV voluntary counselling and testing (VCT) service?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	4. Baboolelakho bibiamba khu khuboolelela, ni khukhwipimisa bye bulwaale bwa muniafu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no skip to q. 9</b>	EH: RB VN: 01j04
5. Have you been counselled on HIV?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	5. Wafunitsakakho bubwakaanisi buno?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no skip to q. 9</b>	EH: RB VN: 01j05
6. Have you been tested for HIV?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓ 3. <input type="checkbox"/> Do not know	6. Bakhupimakakho haukha kha muniafu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓ 3. <input type="checkbox"/> Nakhumanya taawe	<b>SKIP: If no skip to q. 9</b>	EH: RB VN: 01j06
7. Are you willing to tell me the result of your HIV-test?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	8. Unyala wafukilila khukhumbola bibyama mukhupima muniafu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no skip to q. 9</b>	EH: RB VN: 01j07
8. What was the result?	1. <input type="checkbox"/> Negative 2. <input type="checkbox"/> Positive 3. <input type="checkbox"/> Do not know	<b>To be tested in U:</b> 8. Unyala wambolelakho bi byaama mu khupima?	1. <input type="checkbox"/> Mbamo 2. <input type="checkbox"/> Khalimo 3. <input type="checkbox"/> Nakhumanya taawe		EH: RB VN: 01j08
9. If you were given the chance, are you willing to go for voluntary counselling and testing?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	9. Yabawo ingabi, unyala fukilila khutsa bakhupima muniafu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01j09

SECTION VII Previous child mortality

SKIP: If section 2 q.1=No previous children, skip this section and jump to SECTION VIII

**EpiHandy p. k (11)**

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Have any of your children who were born alive died?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	1. Iliwo khubaana boowo beesi wasaala nga balamu nebamala baafa? <b>R</b>	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	<b>SKIP: If no, skip to SVIII; EH page 1</b>	EH: RB VN: 01k01
2. How many of your children have died?	1. <input type="checkbox"/> 1 child has died 2. <input type="checkbox"/> More than 1 child has died, specify number	2. Benga khubaana boowo babaaffa?	_____ (#/#)	<b>If alternative 1 given, disable q. 5</b>	EH: Num VN: 01k02
3. May I ask how old your lastborn: (if more than 1 child death) child was when he/she died? <b>R</b>	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo OR: 4. _____ (#/#) years	3. Khekhurebekho, umwaana woowo uwa kamayo (if more than 1 child death) aafa nga ali nabukhulu shiina? <b>R</b>	ANSWER GIVEN IN: 1. _____ (#/#) days OR: 2. _____ (#/#) wks OR: 3. _____ (#/#) mo OR: 4. _____ (#/#) years	<b>If she does not remember: PROBE and fill in right cat below</b>  <b>Rule: Lastborn refers to the one "before the one</b>	EH: CB a1: Num a2: Num a3: Num a4: Num VN: 01k03



	5. <input type="checkbox"/> Do not know		5. <input type="checkbox"/> Do not know	she is carrying"/gave birth to ≤ 1wk ago who might have died	
<b>4. PROBE:</b> Was he/she less than one month, between one month and one year or between one year and 5 years:	1. <input type="checkbox"/> Less than one month 2. <input type="checkbox"/> Greater than or equal to one month and less than one year 3. <input type="checkbox"/> Greater than or equal to one year and less than five years 4. <input type="checkbox"/> Greater than or equal to five years	<b>4. PROBE:</b> Aba asi ekumwesi mutwela,kumwesi mutwela ni kumwakha namwe kumwakha ni kyimyakha kyirano?	1. <input type="checkbox"/> Asi ekumwesi 2. <input type="checkbox"/> Akari ekumwesi ni kumwakha mutwela 3. <input type="checkbox"/> Akari ekumwakha ni kyimyakha kyirano 4. <input type="checkbox"/> Angakyi ekimyakha kyirano	<b>Disable this one if q. 3 answered</b>	EH: RB VN: 01k04
<b>5. IF &gt; 1 child deaths</b> <b>Note right age category for the other children from alt 1-4 above</b>	1. Alt: ___ Child 2 2. Alt: ___ Child 3 3. Alt: ___ Child 4 4. <input type="checkbox"/> ≥ 5 child deaths Comment: _____	<b>5. IF &gt; 1 child deaths</b> <b>Note right age category for the other children from alt 1-4 above</b>	1. Alt: ___ Child 2 2. Alt: ___ Child 3 3. Alt: ___ Child 4 4. <input type="checkbox"/> ≥ 5 child deaths Comment: _____	Age categories used: 1. <input type="checkbox"/> Less than one month 2. <input type="checkbox"/> Greater than or equal to one month and less than one year 3. <input type="checkbox"/> Greater than or equal to one year and less than five years 4. <input type="checkbox"/> Greater than or equal to five years	EH: CB a1: Num a2: Num a3: Num a4: Tx  VN: 01k05
<b>6. What was the main sickness or reason which led to death for the child(ren) you have lost?</b>	1. <input type="checkbox"/> Child 1 _____ 2. <input type="checkbox"/> Child 2 _____ 3. <input type="checkbox"/> Child 3 _____ 4. <input type="checkbox"/> Child 4 _____ 5. <input type="checkbox"/> Child 5 _____ 6. <input type="checkbox"/> More than 5, comment _____				EH: CB Alternatives: tx VN: 01k06

EpiHandy p | (12)

**VIII Observation:** Help text: "Thank you, now I am going to ask you some questions about your house and it's surroundings."

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
<i>If a single room hut, do not ask, just note down:.</i> 1. How many rooms do you have in your household which are used for sleeping?	_____ (#/#)	1.Itsu yino murambisa bisenge byenga khukonamo?	_____ (#/#)		EH: Num VN: 01101
2. Do you have a	1. <input type="checkbox"/> Yes	2. Uli ni	1. <input type="checkbox"/> Ehh	<b>SKIP: If no, skip</b>	EH: RB

toilet?	2. <input type="checkbox"/> No ↓	shishiiko?	2. <input type="checkbox"/> Taawe ↓	<b>to q. 5</b>	VN: 01102
3. May I please see your toilet? (U) What type of toilet is it? (BF/Z)	1. <input type="checkbox"/> Nothing 2. <input type="checkbox"/> Open pit 3. <input type="checkbox"/> Pit latrines 4. <input type="checkbox"/> VIP latrine 5. <input type="checkbox"/> Flush toilette 6. <input type="checkbox"/> Other, specify	3. Inyala nabonakho shishiiko shoowo?	1. <input type="checkbox"/> Nothing 2. <input type="checkbox"/> Open pit 3. <input type="checkbox"/> Pit latrines 4. <input type="checkbox"/> VIP latrine 5. <input type="checkbox"/> Flush toilette 6. <input type="checkbox"/> Other, specify		EH: RB VN: 01103
4. Do you share this/your toilet with any neighbouring households?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	4. Murambisa shishiiko shiino ni babesanwa boowo/ nitsu ekhulilwanile yoosi?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		EH: RB VN: 01104
5. Where do you wash your hands? ( <i>If within reach/existing</i> ): May I please see it?	1. <input type="checkbox"/> Not within reach 2. <input type="checkbox"/> Insufficient water supply, no soap 3. <input type="checkbox"/> Sufficient water supply, no soap 4. <input type="checkbox"/> Sufficient water supply, soap	5. Ena isi usingila kamakhono koowo? ( <i>If within reach/existing</i> ): Inyala nabonawo?	1. <input type="checkbox"/> Aali ambi taa 2. <input type="checkbox"/> Kametsi makyekhe,mbawo saabuni 3. <input type="checkbox"/> Kametsi kamala,mbawo saabuni 4. <input type="checkbox"/> Kametsi kamala,saabuni aliwo	Tick off for the type of washing equipment or lack of washing equipment you see  Not within reach=she normally never wash hands because of the distance after a visit to the toilet	EH: RB VN: 01105

RECORD OBSERVATION: RULE: Do not read out loud!

**EpiHandy p m (13)**

1. QUESTION ENGLISH	2. ANSWER ENGLISH	5. SKIP INSTRUCTION	6.COLUMN FOR CODING
6. Main material of the floor:	1. <input type="checkbox"/> Earth/Dung 2. <input type="checkbox"/> Cement 3. <input type="checkbox"/> Tiles 4. <input type="checkbox"/> Rudimentary wooden 5. <input type="checkbox"/> Finished wooden 6. <input type="checkbox"/> Carpet/Vinyl 7. <input type="checkbox"/> Other, specify	<b>Tick off 1 alternative only</b>  <b>(Choose alternative which makes up &gt; half of the floor)</b>	EH: RB a7: Tx  VN: 01m06
7. Main material of the roof:	1. <input type="checkbox"/> Thatch, grass 2. <input type="checkbox"/> Iron sheets 3. <input type="checkbox"/> Tiles 4. <input type="checkbox"/> Concrete 5. <input type="checkbox"/> Wood 6. <input type="checkbox"/> Other, specify	<b>Tick off 1 alternative only</b>  <b>(Choose alternative which makes up &gt; half of the roof)</b>	EH: RB A6: Tx  VN: 01m07
8. Main material of the walls:	1. <input type="checkbox"/> Mud and pole 2. <input type="checkbox"/> Wood 3. <input type="checkbox"/> Tin 4. <input type="checkbox"/> Bricks without mortar 5. <input type="checkbox"/> Burnt brick with mortar 6. <input type="checkbox"/> Plastered walls 7. <input type="checkbox"/> Other, specify	<b>Tick off 1 alternative only</b>  <b>(Choose alternative which makes up &gt; half of the walls)</b>	EH: RB a7: Tx  VN: 01m08
9. Status of toilet:	1. <input type="checkbox"/> Visible faeces 2. <input type="checkbox"/> Not visible faeces	<b>Tick off 1 alternative only</b>	EH: RB VN: 01m09
10. Status of compound:	1. <input type="checkbox"/> Littered	<b>Tick off all that apply</b>	EH: CB

	2. <input type="checkbox"/> Not littered 3. <input type="checkbox"/> Animal faeces on the ground 4. <input type="checkbox"/> Human faeces on the ground		VN: 01m10
11. Main material of windows:	1. <input type="checkbox"/> No material 2. <input type="checkbox"/> Wood 3. <input type="checkbox"/> Glass 4. <input type="checkbox"/> Other, specify		EH: RB VN: 01m11
12. Main material of doors:	1. <input type="checkbox"/> No doors 2. <input type="checkbox"/> Only outer doors 3. <input type="checkbox"/> Outer and inner doors 4. <input type="checkbox"/> Other, specify		EH: RB VN: 01m12
13. The data collector ticks off the type of house the mother lives in:	1. <input type="checkbox"/> Shack 2. <input type="checkbox"/> Traditional Hut 3. <input type="checkbox"/> Semi-permanent house 4. <input type="checkbox"/> Permanent house 5. <input type="checkbox"/> Other, specify	<b>Tick off 1 alternative only</b>	EH: RB VN: 01m13
14. Other comments:			EH: Tx VN: 01m 14

READ OUT LOUD:

Thank you very much for your help! This is a great help for us!  
 Be free to thank/greet in local language to round off nicely!

