

Appendices

Appendicies:

Appendix 1: Study instrument for paper I and II

Cross-sectional survey:
Informed consent form and questionnaire (English version)

**Infant Feeding Practices and Nutrition Status of Infants
in Mbale District, Eastern Uganda**

September - October 2003

Study participant information form

We come from the Department of Paediatrics and Child Health, Makerere University. We are doing a study on children's health and nutrition, and we want to ask you some questions about your child. 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 amount of your time needed will be around 45 minutes. Participation in the survey is voluntary. Even if you participate, you may decide to stop answering questions at any time. Whatever answers you provide will be kept confidential and will not be shown to other persons.

Whether you participate or not and whatever your answer maybe will have no effect on the health care you receive. There are no risks for you in the study. There are no direct benefits for you from the study. However, the results of the study will be used to make recommendations that may improve the health and nutrition of children. If you would like to know more about your rights as a research volunteer please contact PROFESSOR ELLY KATABIRA (Tel 041-530020).

We hope you will participate in this survey since your views are important.

**INFANT FEEDING PRACTICES AND NUTRITION STATUS OF
INFANTS IN MBALE DISTRICT, EASTERN UGANDA**

Household Survey Questionnaire

Identification:

Id no. _____

District/LCIV: Mbale town: _____

Sub-county (zones) /LCIII: _____

Village /LCI: _____

Head of the family: (Name) _____

Female Male Age in years ____

GPS-Data: Long _____ Lat _____ Altitude _____

Date of Interview (dd/mm/yy) _____ / _____ / _____

Name of Interviewer(s):

Main interviewer: _____

Recorder: _____

Inclusion criteria:

Note that the eligible households for this questionnaire are those that have children aged 0 -11 months. A household is usually considered to be a group of people, living in the same compound, who prepare and share meals together. Under this definition, a polygamous family may be made up of two or more households.

If the mother has more than one child less than one year, randomise between them according to methods learned in the training before the interviews.

Interviewee: Preferably the mother of the infant

If the mother is out on a short trip, then wait or come back later to interview the mother. If there is another female caretaker who looks after the child most of the time, then interview her (this might also be a man). If the father is the main caretaker then interview him.

IF RESPONDENT DOES NOT WISHES TO BE INTERVIEWED, then say “thank you” and go to the next sampled house.

Consent form:

I HAVE READ THE PARTICIPANT INFORMATION FORM AND EXPLAINED THE SAME TO THE RESPONDENT, AND SHE HAS AGREED TO BE INTERVIEWED.

Respondent: _____ Age _____ Date _____

Witness: _____ Age _____ Date _____

A. Social/demographic characteristics

I will start by asking you some personal questions:

<p>1. How old are you? (Age in completed years)</p> <p>2. In which year were you born? PROBE: In question 1+2 help sorting out inconsistency</p>	<p>Years ____ <input type="checkbox"/> Do not know</p> <p>19____ <input type="checkbox"/> Do not know</p>
<p>3. What is your relationship to the child?</p> <p>4. Why is the mother not here?</p>	<p><input type="checkbox"/> Mother, Skip to question 5</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> On a trip/longer visit</p> <p><input type="checkbox"/> Ill</p> <p><input type="checkbox"/> Dead</p> <p><input type="checkbox"/> Other, specify _____</p>
<p>5. Are you married?</p> <p>6. How did you get married?</p> <p>7. Are you widowed, divorced, separated, single or anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 7</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Traditional</p> <p><input type="checkbox"/> Civil</p> <p><input type="checkbox"/> Elopement</p> <p><input type="checkbox"/> Other, specify _____</p> <p>If any tick, skip to question 8</p> <p><input type="checkbox"/> Widowed, Exclude question 10, 11, 16, 17, 18, 19!</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Single, Exclude question 10, 11, 16, 17, 18, 19!</p> <p><input type="checkbox"/> None of the above, specify:</p>
<p>8. Which level of school have you reached?</p> <p>9. How many years of completed schooling have you had? PROBE: Help with counting: If they have any higher education they will have more than 13 years. Do not count repeated years and do not count pre-school.</p>	<p>Level _____</p> <p>No. _____</p>
<p>Exclude 10+11 when widowed or single:</p> <p>10. Which level of school has the father the child reached?</p> <p>11. How many years of completed schooling has the father of the baby had? PROBE: Help with counting: If they have any higher education they will have more than 13 years. Do not count repeated years and do not count pre-school.</p>	<p>Level _____ <input type="checkbox"/> Do not know</p> <p>No. _____ <input type="checkbox"/> Do not know</p>
<p>12. Do you work as a farmer?</p> <p>13. Do you have any additional job?</p> <p>14. Are you employed by someone else?</p> <p>15. What is your main occupation or job?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to no. 16</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Shop-keeper</p> <p><input type="checkbox"/> Sell groceries in the market</p> <p><input type="checkbox"/> Health worker</p> <p><input type="checkbox"/> Works in the school system</p> <p><input type="checkbox"/> Office work, specify: _____</p> <p><input type="checkbox"/> Industrial work, what kind: _____</p> <p><input type="checkbox"/> Other, specify:</p>
<p>Exclude 16-19 when widowed or single:</p> <p>16. Is the father of the child a farmer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>17. Does the father of the child have any additional job? 18. Is he employed by someone else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to no. 20 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. What is his main occupation or job?</p>	<p><input type="checkbox"/> Shop-keeper <input type="checkbox"/> Sell own groceries in the market <input type="checkbox"/> Business <input type="checkbox"/> Health worker <input type="checkbox"/> Works in the school system <input type="checkbox"/> Office work, specify: _____ <input type="checkbox"/> Industrial work what kind: _____ <input type="checkbox"/> Transport, specify: _____ <input type="checkbox"/> Other, specify:</p>
<p>20. How many people live in this household? (Ask for each age-group by reading the groups, then count the total number)</p>	<p>0 – 4 years: No.____ 5 – 9 years: No.____ 10 – 14 years: No.____ 15 years and above: No.____ Total: No.____</p>
<p>21. How many rooms do you have in your house?</p>	<p>No. _____</p>
<p>22. How many beds do you have?</p>	<p>No. _____</p>
<p>23. Does your household have a working: (Read the alternatives)</p>	<p><input type="checkbox"/> Lantern <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Telephone <input type="checkbox"/> Cupboard <input type="checkbox"/> Refrigerator (<input type="checkbox"/> Tick off for none of the above)</p>
<p>24. Does any member of your household own: (Read the alternatives)</p>	<p><input type="checkbox"/> A bicycle <input type="checkbox"/> A motor cycle or motor scooter <input type="checkbox"/> A car or truck <input type="checkbox"/> Any machine for earning income, specify: (<input type="checkbox"/> Tick off for none of the above)</p>
<p>25. What type of fuel does your household mainly use for lighting:</p>	<p><input type="checkbox"/> Wood <input type="checkbox"/> Candle light <input type="checkbox"/> Oil lamp <input type="checkbox"/> Kerosene/paraffin <input type="checkbox"/> Gas Light <input type="checkbox"/> Electricity <input type="checkbox"/> Other, specify:</p>
<p>26. What kind of fuel does your household mainly use for cooking?</p>	<p><input type="checkbox"/> Wood, open fire <input type="checkbox"/> Charcoal stove <input type="checkbox"/> Any oven without electricity <input type="checkbox"/> Paraffin/Kerosene heater <input type="checkbox"/> Gas heater <input type="checkbox"/> Electricity <input type="checkbox"/> Other, specify:</p>
<p>27. Do you get drinking water from any of the following sources? (Read the alternatives and tick off all that apply, only record the drinking water)</p>	<p><input type="checkbox"/> A spring <input type="checkbox"/> A stream <input type="checkbox"/> A dam <input type="checkbox"/> A well <input type="checkbox"/> A pump/borehole <input type="checkbox"/> Any other source, specify _____</p>
<p>28. Is the water protected or unprotected?</p>	<p>If none ticked off, skip to question 29 <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected</p>

29. Is the drinking water brought to your house in one of the following ways? (Read the alternatives and tick off all that apply)	<input type="checkbox"/> A tap outside the house <input type="checkbox"/> A tap inside the house <input type="checkbox"/> Buy from someone privately <input type="checkbox"/> Buy from a shop, including bottles <input type="checkbox"/> Any other source, specify _____
30. Do you pay for the water?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 32
31. How is the water paid for?	<input type="checkbox"/> Pay every time they collect <input type="checkbox"/> Pay on a regular basis <input type="checkbox"/> Paid initially for equipment <input type="checkbox"/> Other, specify _____ _____
32. How do you store drinking water in the house?	Method _____
33. How many have you got of the following animals? Read the alternatives. (If they do not have the animals mentioned write '0'.)	- Hens, no. _____ - Turkeys, no. _____ - Goats, no. _____ - Cows, no. _____ - Pigs, no. _____ - Others, specify _____ No ____
34. Does your family own land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. What is your main religion?	<input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Muslim <input type="checkbox"/> Local religion <input type="checkbox"/> Other, specify _____

B. Questions about the child:

I am now going to ask you questions about your child:

1. What is the name of the child?	Name: _____
2. Is <NAME> a boy or a girl?	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
3. How old is <NAME>?	Weeks if younger than 1 month: Weeks: _____ Months: _____
4. Has <NAME> got any sisters or brothers?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 8
5. How many sisters or brothers?	No. _____
6. What is the age of the eldest? (Sibling of the infant)	Years _____
7. How old is the youngest one? (Sibling of the infant)	Years _____
8. Are you pregnant now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

C. Child feeding practices: For any care-taker who is not the mother:

Skip to question 12.

I am now going to ask you questions about how you feed your baby:

1. Do you breastfeed your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 4
2. Do you breastfeed your child during the daytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you breastfeed your child at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No, For any 'Yes' in question 2 or 3 : Skip to question 8
4. Did you ever breastfeed your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 7
5. For how long did you breastfeed your child?	Months _____
6. What was your main reason for stopping breastfeeding your child?	<input type="checkbox"/> "Not enough" <input type="checkbox"/> Had to go back to work <input type="checkbox"/> The child not interested <input type="checkbox"/> Other, specify _____

7. Only for those who did not breastfeed: What was your main reason for not breastfeeding your child?		Reason_____	
8. Within the first three days after delivery, was <NAME> given anything to drink other than breast milk?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to 11 <input type="checkbox"/> Don't remember, Skip to 11 <input type="checkbox"/> Glucose water <input type="checkbox"/> Sugar water <input type="checkbox"/> Water <input type="checkbox"/> Other, specify:_____	
9. What did you give?			
10. What was your main reason for giving this?		<input type="checkbox"/> Waited till the milk started flowing <input type="checkbox"/> Other, specify_____	
11. Within the first three days after delivery, when was <NAME> put to the breast		<input type="checkbox"/> Immediately <input type="checkbox"/> Within the second day <input type="checkbox"/> Within the first 2 hours <input type="checkbox"/> Within the third day <input type="checkbox"/> Within the first day <input type="checkbox"/> Not put to the breast	
12. From when you woke up yesterday morning till you woke up this morning: Did you give any of the following items to the child? - Glucose water <input type="checkbox"/> Yes <input type="checkbox"/> No - Sugar water <input type="checkbox"/> Yes <input type="checkbox"/> No - Water <input type="checkbox"/> Yes <input type="checkbox"/> No - Ugandan tea (milk + sugar) <input type="checkbox"/> Yes <input type="checkbox"/> No - Black tea (dry) with sugar <input type="checkbox"/> Yes <input type="checkbox"/> No - Black tea (dry) without sugar <input type="checkbox"/> Yes <input type="checkbox"/> No - Fruit juice <input type="checkbox"/> Yes <input type="checkbox"/> No - Gripe water <input type="checkbox"/> Yes <input type="checkbox"/> No - Rice water <input type="checkbox"/> Yes <input type="checkbox"/> No - Herbs in water <input type="checkbox"/> Yes <input type="checkbox"/> No - Formula, powdered milk for infants <input type="checkbox"/> Yes <input type="checkbox"/> No - Fresh cow milk, diluted <input type="checkbox"/> Yes <input type="checkbox"/> No - Fresh cow milk, not diluted <input type="checkbox"/> Yes <input type="checkbox"/> No - Powdered milk (Nido, Dutchlady etc) <input type="checkbox"/> Yes <input type="checkbox"/> No - Goats milk <input type="checkbox"/> Yes <input type="checkbox"/> No - Matoke <input type="checkbox"/> Yes <input type="checkbox"/> No - Maize-Posho <input type="checkbox"/> Yes <input type="checkbox"/> No - Porridge of maize <input type="checkbox"/> Yes <input type="checkbox"/> No - Millet bread <input type="checkbox"/> Yes <input type="checkbox"/> No - Porridge of millet <input type="checkbox"/> Yes <input type="checkbox"/> No - Bread <input type="checkbox"/> Yes <input type="checkbox"/> No - Beans <input type="checkbox"/> Yes <input type="checkbox"/> No - Peas <input type="checkbox"/> Yes <input type="checkbox"/> No - Groundnuts <input type="checkbox"/> Yes <input type="checkbox"/> No - Sweet potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No - Irish potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No - Cassava <input type="checkbox"/> Yes <input type="checkbox"/> No - Rice <input type="checkbox"/> Yes <input type="checkbox"/> No - Meat <input type="checkbox"/> Yes <input type="checkbox"/> No - Fish <input type="checkbox"/> Yes <input type="checkbox"/> No - Avocado <input type="checkbox"/> Yes <input type="checkbox"/> No - Fruit <input type="checkbox"/> Yes <input type="checkbox"/> No - Sugar cane <input type="checkbox"/> Yes <input type="checkbox"/> No - Any alcohol like beer, brew or gin <input type="checkbox"/> Yes <input type="checkbox"/> No - Others _____ If yes, specify: _____		13. Have you ever given one of the following liquids or foods to <NAME>? If the answer is yes, then ask: How old was <NAME> first time he/she got it? - Glucose water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Sugar water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Ugandan tea (milk + sugar) <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Black tea (dry) with sugar <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Black tea (dry) without sugar <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Fruit juice <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Gripe water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Rice water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Herbs in water <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Formula, powdered milk for infants <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Fresh cow milk, diluted <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Fresh cow milk, not diluted <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Powdered milk (Nido, Dutchlady etc) <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Goats milk <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Matoke <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Maize-Posho <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Porridge of maize <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Millet bread <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Porridge of millet <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Bread <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Beans <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Peas <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Groundnuts <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Sweet potatoes <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Irish potatoes <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Cassava <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Rice <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Meat <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Fish <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Avocado <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Fruit <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Sugar cane <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Any alcohol like beer, brew or gin <input type="checkbox"/> Yes..... <input type="checkbox"/> No - Others _____ If yes, specify: _____	

<p>14. What kind of utensils does <NAME> drink or eat from? (READ the list and mark all that apply)</p>	<p><input type="checkbox"/> Cup with no lid <input type="checkbox"/> Cup with a lid <input type="checkbox"/> Bottle with a nipple <input type="checkbox"/> Teaspoon <input type="checkbox"/> Mother's hands <input type="checkbox"/> His/Her own hands <input type="checkbox"/> Other, specify:_____</p>
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D. Knowledge and teaching/learning practices: For any care-taker who is not the mother: Do not ask question 1-3 and 9-13.

I am now going to ask you about what you think and what you might have heard about breastfeeding:

<p>(Question 1-3 to be left out for care-takers who is not the mother)</p> <p>1. Has anyone talked with you about how you should breastfeed your baby?</p> <p>2. Who did that? (Tick all that apply)</p> <p>3. What did they talk about? (Tick all that apply)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, skip to 4</p> <p><input type="checkbox"/> The mother's mother <input type="checkbox"/> Female relative on the mothers side, except her mother <input type="checkbox"/> The father's mother <input type="checkbox"/> Female relative on the fathers side, except his mother <input type="checkbox"/> Health worker or a nurse <input type="checkbox"/> Friends <input type="checkbox"/> On the radio/television <input type="checkbox"/> Other, specify_____</p> <p><input type="checkbox"/> To put the child to the breast immediately <input type="checkbox"/> Position <input type="checkbox"/> Technique <input type="checkbox"/> Duration of meals <input type="checkbox"/> Amount of milk measured in frequency of feeds <input type="checkbox"/> Duration of the whole breastfeeding period <input type="checkbox"/> Not to give additional food before 6 months <input type="checkbox"/> To give additional food after 6 months <input type="checkbox"/> To give additional food anytime <input type="checkbox"/> Not to give additional food before a certain age, specify: _____ <input type="checkbox"/> Other things: _____</p>
<p>4. What would happen if a child got nothing to eat or drink except breast milk, not even water, for the first six months?</p> <p>5. Would it be; Read the alternatives:</p>	<p>Note spontaneous comments: _____</p> <p><input type="checkbox"/> Nothing (Skip to 6) <input type="checkbox"/> Thirsty <input type="checkbox"/> Hungry <input type="checkbox"/> Crying <input type="checkbox"/> Sick <input type="checkbox"/> Die <input type="checkbox"/> Family would react</p> <p><input type="checkbox"/> Not enough <input type="checkbox"/> Maybe enough <input type="checkbox"/> Enough <input type="checkbox"/> More than enough</p>
<p>6. Which of the following should determine when a baby should get food additional to breast milk? should it be:</p> <p>- Time, If yes, when? - Any sign, If yes, which one? - Any difficulty, If yes, which one? - The child's interest in food - The mothers feeling of lack of milk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, Months _____ <input type="checkbox"/> Yes <input type="checkbox"/> No, Sign _____ <input type="checkbox"/> Yes <input type="checkbox"/> No, Difficulty _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

- Any tradition, If yes , which? - Other things, If yes , what?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Which _____ <input type="checkbox"/> Yes <input type="checkbox"/> No, What:	
7. Do you think a baby needs anything extra except breast milk for the first three days of his or her life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
8. The colostrum, this is the first blank fluid that comes from the breast after delivery, how do you think that is for the child? READ the alternatives:	<input type="checkbox"/> Good <input type="checkbox"/> Somehow good <input type="checkbox"/> Not good or bad <input type="checkbox"/> Somehow bad <input type="checkbox"/> Bad (Do not read: only for those who refuse to answer: <input type="checkbox"/> Do not know)	
(Question 9-13 to be left out for care-takers who is not the mother)		
9. Have you had any problems or difficulties breastfeeding your baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 13 <input type="checkbox"/> Do not know, Skip to question 13	
10. What was that:	<input type="checkbox"/> Engorgement/ Breast pain/ swollen breasts/ Lumps <input type="checkbox"/> Infection in the breast (s)/ Mastitis <input type="checkbox"/> Abscess <input type="checkbox"/> Sore or bleeding nipples <input type="checkbox"/> Pain while breastfeeding <input type="checkbox"/> Technical problems while breastfeeding <input type="checkbox"/> The infants had oral trush <input type="checkbox"/> Other, specify _____	
11. How was that dealt with?	Describe _____	
12. Did that help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
13. If you had any problems with breastfeeding, who would you like to ask for help?	<input type="checkbox"/> The mother's mother <input type="checkbox"/> Female relative on the mothers side, except her mother <input type="checkbox"/> The father's mother <input type="checkbox"/> Female relative on the fathers side, except his mother <input type="checkbox"/> Health worker or a nurse <input type="checkbox"/> Friends <input type="checkbox"/> Other, specify _____	

E. Questions about feeding practices while leaving the child.

1. Have you ever left your child with someone else for approximately half a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to section F	
2. What are your main reasons for leaving your child?	<input type="checkbox"/> Work as farmer, digging <input type="checkbox"/> Sell things <input type="checkbox"/> Other kind of work outside the home <input type="checkbox"/> Studies <input type="checkbox"/> Other things, what:	
3. First time you left your child, how old was the child then?	Age in: Months _____ or weeks _____	
4. How many times per week do you leave your child?	No. _____	
5. Who is babysitting?	<input type="checkbox"/> Older siblings <input type="checkbox"/> Grandmothers <input type="checkbox"/> Other relatives <input type="checkbox"/> Neighbours <input type="checkbox"/> Others, who:	
6. Do you get reports on what the child has eaten?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Sleeping habits

1. Does the child sleep in your bed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Skip to section G	
2. Did the child ever sleep in your bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to section G	
3. What was the age of the child when you started not sleeping together?	Months: _____ Weeks: _____	

G. Height and Weight measurements of the child:

I am now going to ask you some questions about your child's health:

1. Has <NAME> been ill with any of the following symptoms at any time the last two weeks (14 days before today)? (Read the alternatives)	Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No Diarrhoea: <input type="checkbox"/> Yes <input type="checkbox"/> No Any other symptoms, specify: _____ If no symptoms: Skip to question 4 <input type="checkbox"/> Yes <input type="checkbox"/> No, Skip to question 4 <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Traditional health worker <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Others, who:	
2. Did you seek help?		
3. Who was that?		
4. Was <NAME> weighed at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. May I see the CHILD HEALTH CARD?	Card seen: <input type="checkbox"/> No <input type="checkbox"/> Yes,	
6. May I see the birth certificate or any other health card instead? RECORD THE BIRTH WEIGHT AND BIRTHDATE FROM THE CARD!	Skip to question 7 after recording birth weight! Card seen: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth weight: _____ kg Birth date (dd/mm/yy)	
7. Record the dates of the following vaccines: (dd/mm/yy)	BCG: _____ Polio 0: _____ Polio 1: _____ DPT-HebB+Hib1: _____ Polio 2: _____ DPT-HebB+Hib2: _____ Polio3: _____ DPT-HebB+Hib3: _____ Measles: _____	
8. Record when Vit A was given: (dd/mm/yy)	Dates: _____	

H. Record measurements and observations

We are now going to measure your child's length and weight. Will you please undress your child?

1. Weight	kg:	
2. Length	cm:	
3. Observation: Oedema (Pretibial)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I. Recording observations on housing and hygiene:

Record observations:	<input type="checkbox"/> Earth/Dung	
1. Main material of the floor:	<input type="checkbox"/> Cement <input type="checkbox"/> Tiles <input type="checkbox"/> Other, specify:	

Record observations: 2. Main material of the roof:	<input type="checkbox"/> Thatch, grass <input type="checkbox"/> Iron sheets <input type="checkbox"/> Tiles <input type="checkbox"/> Concrete <input type="checkbox"/> Other, specify:	
Record observations: 3. Main material of the walls:	<input type="checkbox"/> Mud and pole <input type="checkbox"/> Bricks with mortar <input type="checkbox"/> Brick stones without mortar <input type="checkbox"/> Cement <input type="checkbox"/> Other, specify:	
Record observations: 4. Type of toilet: 5. Status of toilet PROBE: The toilet can be asked for if you have not seen it.	<input type="checkbox"/> Nothing <input type="checkbox"/> Open pit <input type="checkbox"/> Pit latrines <input type="checkbox"/> VIP latrine <input type="checkbox"/> Flush toilet <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Visible faeces <input type="checkbox"/> Not visible faeces	
Record observation: 6. Status of compound: (Tick off any that apply)	<input type="checkbox"/> Littered <input type="checkbox"/> Not littered <input type="checkbox"/> Faeces on the ground	
Only observation: Does the child seem healthy to you as an observer:	<input type="checkbox"/> Very healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Not so healthy <input type="checkbox"/> Unhealthy: What do you see:	
The unhealthy child has been referred to the health unit:	Sign:	

End the interview by saying:

“Thank you very much for your participation. This is a great help for us.”

Appendix 2: Study instrument for paper III

12 week follow-up study:
The three week interview given (translated)

V3: Interview while the infant is 3 weeks old

Interviewer(s) _____
Participant id no: _____ (####)

GPS
Long _____
Lat _____
Alt _____

Country code: Uganda
Today's date
____/____/____
(dd/mm/yyyy)

Time: _____
Any reason for loss to follow up: _____

SECTION I Questions about the baby:

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
<p>1. What is the exact birth date of your baby?</p> <p>PROBE: Maybe you remember which month it was? Maybe you remember if it was in the beginning, middle or end of that month?</p>	<p>____/____/____ (dd/mm/yyyy) [] Do not know P ____ (month) mm</p> <p>1. [] Beginning 2. [] Middle 3. [] End 4. [] Do not know</p>	<p>1. Shifukhu shima shisheene khweesi umwaana woowo asaalikhanilakho? kweesi shabelakho ? Manya usheebullila kumwesi Many a usheebullila nga yaba ikhunaniikha , akari namwe ukhwakamayo e kumwesi?</p>	<p>____/____/____ (dd/mm/yyyy) [] Nakhumanya taawe P ____ (kumwesi) mm</p> <p>1. [] Ikhumaniikha 2. [] Akari 3. [] Ukhwakamayo 4. [] Nakhumanya taawe</p>	<p>PROBE: If she does not know</p> <p>Jan=01 Sept=09 Feb=02 Okt=10 Mar=03 Nov=11 Apr=04 Des=12 May=05 Jun=06 Jul=07 Aug=08</p>	
<p>2. Do you have a Child Health Card or any other health card or book for your baby?</p> <p>3. May I please see it?</p> <p>Birth date confirmed with written card CHC/or other signed statement:</p>	<p>1. [] Yes 2. [] No ↓ Birth day written in the card: ____/____/____ (dd/mm/yyyy) 1. [] Yes 2. [] No ↓</p>	<p>2. Uli ni lupapula lwe byebulamu namwe shitaaboo she byebulamu bwo mwaana woowo? 3. Inyala nakyibonakho?</p>	<p>1. [] Eh 2. [] Taawe ↓ Birth day written in the card: ____/____/____ (dd/mm/yyyy) 1. [] Eh 2. [] Taawe ↓</p>	<p>SKIP: If no, skip to q. 4</p>	
<p>4. Was the child weighed at birth?</p> <p>5. What was the birth weight?</p> <p>Do not read out: Birth weight confirmed with written card CHC/or other signed statement:</p>	<p>1. [] Yes 2. [] No ↓ Birth weight written in the card: ____kg (#,#) [] Do not remember Birth weight written in the card: ____kg (#,#)</p>	<p>4. Umwaana bamupima nga asaalikha? 5. Busiro bwelhana buryena nga asaalikhana? Do not read out: Birth weight confirmed with written card CHC/or other signed statement:</p>	<p>1. [] Eh 2. [] Taawe ↓ Birth day written in the card: ____/____/____ (dd/mm/yyyy) 1. [] Eh 2. [] Taawe ↓ Ukhwilamo khwa maayi: ____kg (#,#) [] Sisheebullila taawe Busiro bwe khu lupapula ____kg (#,#)</p>	<p>SKIP: If no, skip to q.6</p>	
<p>6. Was it a single birth? R</p> <p>7. What is the name of the child?</p>	<p>1. [] Yes 2. [] Twins *! 3. [] Triplets *! 4. [] Other, specify _____ <NAME></p>	<p>6. Umwaana asaalikhana mutweela? R</p>	<p>1. [] Eh 2. [] Bakhwaana *! 3. [] Bataaru *! 4. [] Nibayo shishindi , shiboole <LISIINA></p>	<p>RULE: *! Alt 2:Twins, switch to appr. questionnaire Alt 3: *!Triplets/ Deformity: Exclude</p>	

<p>8. Is <NAME> a boy or a girl?</p> <p>9. a) <i>Only if the baby is not there:</i> Is the baby still alive? <i>If the baby is there:</i> b 1) Is this the baby? b 2) Are you the mother of the baby?</p>	<p>1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl</p> <p>1. <input type="checkbox"/> She has confirmed that the baby is alive and that she is the mother of the baby 2. <input type="checkbox"/> Inf. death *13 3. <input type="checkbox"/> Mat. death * 14 4. <input type="checkbox"/> Other, specify _____</p>	<p>8. <LISIINA> Ali umukhaana namwe umusiinde?</p> <p>9. a) <i>Only if the baby is not there:</i> Umwaana woowo ashili umulamu? <i>If the baby is there:</i> b 1) Oyumo niye umwaana woowo? b 2). Iwe niye maayi wo mwaana?</p>	<p>1. <input type="checkbox"/> Umusiinde 2. <input type="checkbox"/> Umukhaana</p> <p>1. <input type="checkbox"/> She has confirmed that the baby is alive and that she is the mother of the baby 2. <input type="checkbox"/> Inf. death *13 3. <input type="checkbox"/> Mat. death * 14 4. <input type="checkbox"/> Other, specify _____</p>	<p>*13 Administer Infant Verbal Autopsy *14 Administer Maternal Verbal Autopsy</p>	
<p>10. Where and how did the birth take place?</p>	<p>1. <input type="checkbox"/> At home with no TBA, not assisted by friends or family 2. <input type="checkbox"/> At home with no TBA, assisted by friends or family 3. <input type="checkbox"/> Assisted by TBA at home/in her place 4. <input type="checkbox"/> At the local health unit/clinic 5. <input type="checkbox"/> At the main hospital 6. <input type="checkbox"/> Under transport 7. <input type="checkbox"/> Other, specify _____</p>	<p>10. Ena isi wasaalila umwaana nalundi wamusaala uryeena?</p>	<p>1. <input type="checkbox"/> Ango nga mbaawo umusawu we shimali, mbawo basaale namwe balebe babanjatakho ta 2. <input type="checkbox"/> Ango nga mbawo umusawu we shimali, nenga nayetebwakho basaale ni balebe 3. <input type="checkbox"/> Ango ni buyeeti bwo musawu we shimali / Ingo weewe 4. <input type="checkbox"/> Mukhakaangilo khe khushaalo 5. <input type="checkbox"/> Mwikaangilo likhulu 6. <input type="checkbox"/> Khuntisla 7. <input type="checkbox"/> Nibayo Shishiindi, Shiboole</p>		
<p>11. What kind of delivery did you have? Was it normal, c-section (caesarean) a breech or something else?</p> <p>12. During your pregnancy, did you ever discuss with anyone at the antenatal clinic the best way for you to feed your baby?</p>	<p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Caesarean-section 3. <input type="checkbox"/> Breech 4. <input type="checkbox"/> Other, specify _____</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>11. Wasala musambo shiina? Yaba bulayi, c-section (bakhwara), umwaana khurulila bikyeye namwe shiina shishiindi? 12. Isi wabela nga uli shisoombo, wakamkhitsakakho numundu yeesi mwikaangilo isi watsitsaka khusambo ifuutisa bulayi iye khuluisa umwaana woowo?</p>	<p>1. <input type="checkbox"/> Bulayi 2. <input type="checkbox"/> Basaara 3. <input type="checkbox"/> Umwaana khurulila bikyeye 4. <input type="checkbox"/> Nibayo Shishiindi, Shiboole 1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe</p>		

SECTION II Initiation of breastfeeding:

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
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<p>1. Have you ever given breast milk to <NAME>?</p> <p>2. When did you put the baby to the breast after delivery?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓</p> <p>1. <input type="checkbox"/> Within the first 2 hours 2. <input type="checkbox"/> Within the first 12 hours 3. <input type="checkbox"/> Within the first 24 hours 4. <input type="checkbox"/> Within the first 2 days 5. <input type="checkbox"/> Within the first 3 days 6. <input type="checkbox"/> After 3 days</p>	<p>1. Wanunisisakaho <LISINA> libele? 2. Wananiikha liina khunutsa umwaana woowo nga uimalile khusaala?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓</p> <p>1. <input type="checkbox"/> Mutisawisa tsibili tsitsa nyooowa 2. <input type="checkbox"/> Mutisawisa likhumi na tsibili tsitsa nyooowa 3. <input type="checkbox"/> Mutisawisa kabili na tsine tsitsa nyooowa 4. <input type="checkbox"/> Mufukhu bibili bibya nyooowa 5. <input type="checkbox"/> Mufukhu bitaru bibya nyooowa 6. <input type="checkbox"/> Lwayuma lwe bifukhu bitaru</p>	<p>SKIP: If no, skip to S III q. 5</p>	
<p>3. Within the first three days after delivery, was <NAME> given anything to drink other than breast milk?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No P</p>	<p>3. Mubifukhu bibyanyoowa bitaaru nga wamalile khusala, wawakho <LISINA> shekhuunywa shoosi akhali libelele?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe P</p>	<p>If no, PROBE</p>	
<p>PROBE: Not any liquid on the tongue?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓</p>	<p>PROBE: Siwaronyisakho shekhuunywa shoost khulufimi ta?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓</p>	<p>SKIP: If no, skip to q. 5</p>	

<p>4. What was that? R</p>	<p>1. <input type="checkbox"/> Water 2. <input type="checkbox"/> Water with sugar or glucose 3. <input type="checkbox"/> Diluted cow's milk 4. <input type="checkbox"/> Not diluted cow's milk 5. <input type="checkbox"/> Infant formula 6. <input type="checkbox"/> Any other powdered milk 7. <input type="checkbox"/> Any porridge 8. <input type="checkbox"/> Any soup Type: _____ 9. <input type="checkbox"/> Any liquid as part of a ritual, specify _____ 10. <input type="checkbox"/> Other, specify _____</p>	<p>4. Shaba shakhuuya shina? R</p>	<p>1. <input type="checkbox"/> Kameetsi 2. <input type="checkbox"/> Kameetsi ka sukaali namwe ka kulukosi 3. <input type="checkbox"/> Kamabele kengafu kalimo, kameetsi 4. <input type="checkbox"/> Kamabele kengafu ka khalimo kameetsi 5. <input type="checkbox"/> Kamabele kebuufu ke babaana 6. <input type="checkbox"/> Kamabele kamalala kosi ke buufu 7. <input type="checkbox"/> Bugyi bwe shikuuka shoosi 8. <input type="checkbox"/> Supu uwe shikuuka shoosi, shikuuka shina 9. <input type="checkbox"/> Shekhuuya shoosi _____ 10. <input type="checkbox"/> Iityo Shishiindi shoosi, shiboole _____</p>	<p>RULE: Tick off all that apply ASK for item by item</p>	
<p>5. Did you give the first milk to the baby or did you express and discard it?</p>	<p>1. <input type="checkbox"/> Gave the first milk 2. <input type="checkbox"/> Express and discard the first milk 3. <input type="checkbox"/> Both gave and expressed it 4. <input type="checkbox"/> Other, specify _____</p>	<p>5. Wawakho umwaana kamabele kakanyowa namwe wakhama wamala wakatsukha?</p>	<p>1. <input type="checkbox"/> Namuwa kamabele kakanyowa 2. <input type="checkbox"/> Nakhama namala nakatsukha 3. <input type="checkbox"/> Nakhama namala namuwa 4. <input type="checkbox"/> Nibayo Shishiindi, Shiboole _____</p>		
SECTION III Infant feeding recalls					
<p>1. QUESTION ENGLISH</p>	<p>2. ANSWER ENGLISH</p>	<p>3. QUESTION LUMASAABA</p>	<p>4. ANSWER LUMASAABA</p>	<p>5. SKIP INSTRUCTION</p>	<p>6. COLUMN FOR CODING</p>
<p>1. Do you breastfeed <NAME>?</p>	<p>1. <input type="checkbox"/> Yes ↓ 2. <input type="checkbox"/> No</p>	<p>1. Unumisakho <LISINA>?</p>	<p>1. <input type="checkbox"/> Ehh ↓ 2. <input type="checkbox"/> Taawe</p>	<p>SKIP: If yes, skip to q. 6</p>	
<p>2. Did you ever breastfeed your child?</p>	<p>1. <input type="checkbox"/> Yes *15 2. <input type="checkbox"/> No ↓</p>	<p>2. Wanunitsakakho umwaana woowo?</p>	<p>1. <input type="checkbox"/> Ehh *15 2. <input type="checkbox"/> Taawe ↓</p>	<p>SKIP: If no, skip to q. 5 *15 see instruction q. 5 and SKIP q. 5</p>	
<p>3. For how long did you breastfeed your child?</p>	<p>1. Weeks _____ 2. <input type="checkbox"/> Do not know</p>	<p>3. Imbuka shina isi wayitila nga ununisilamo umwaana woowo?</p>	<p>1. Weeks _____ 2. <input type="checkbox"/> Nakhumanya taawe</p>		

<p>4. What was your main reason for stopping to breastfeed your child?</p>	<p>1. <input type="checkbox"/> Work 2. <input type="checkbox"/> Education 3. <input type="checkbox"/> Illness, other than lactation problems 4. <input type="checkbox"/> Lactation problems 5. <input type="checkbox"/> No answer 6. <input type="checkbox"/> Other, specify _____</p>	<p>4. Shina shinyene ishakyila wakamisa khununisa umwaana woowo?</p>	<p>1. <input type="checkbox"/> Khuramba 2. <input type="checkbox"/> Khusoma 3. <input type="checkbox"/> Bulwale, akhali bizibu bye khurusa umwana khulibe 4. <input type="checkbox"/> Biangafu bye khurusa umwana khulibe 5. <input type="checkbox"/> Mbawo 6. <input type="checkbox"/> Nibayo Shishiindi, Shiboole</p>		
<p>5. What was your main reason for not breastfeeding your child?</p>	<p>1. <input type="checkbox"/> Work 2. <input type="checkbox"/> Education 3. <input type="checkbox"/> Illness, other than lactation problems 4. <input type="checkbox"/> Lactation problems 5. <input type="checkbox"/> No answer 6. <input type="checkbox"/> Other, specify _____</p>	<p>5. Shina shinyene ishakila walekha khununisa umwaana woowo?</p>	<p>1. <input type="checkbox"/> Khuraamba 2. <input type="checkbox"/> Khusoma 3. <input type="checkbox"/> Bulwale, akhali biangafu bye khurusa umwaana khulibe 4. <input type="checkbox"/> Biangafu bye khurusa umwaana khulibe 5. <input type="checkbox"/> Mbaawo 6. <input type="checkbox"/> Nibayo Shishiindi, Shiboole</p>	<p>SKIP: If yes q. 2 skip to q. 6</p>	
<p>6. Have you ever had any infection, operation or trauma to your breasts?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓</p>	<p>6. Wabetsakakho ni bulwale ,shishaaro namwe khutimisawa khwoosi khumabele koowo?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓</p>	<p>SKIP: If no, skip to the dietary 24-hour recall and q. 10</p>	
<p>7. What did you have?</p>	<p>1. <input type="checkbox"/> Infection 2. <input type="checkbox"/> Operation 3. <input type="checkbox"/> Trauma 4. <input type="checkbox"/> Other, specify _____</p>	<p>7. Waaba na shiina?</p>	<p>1. <input type="checkbox"/> Bulwale 2. <input type="checkbox"/> Shishaaro 3. <input type="checkbox"/> Khutimiswa 4. <input type="checkbox"/> Nibayo Shishiindi, Shiboole</p>		
<p>8. Did this happen while you were breastfeeding? 9. How old was your baby when this occurred?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 1. Weeks _____ 2. <input type="checkbox"/> Do not know 3. <input type="checkbox"/> Before the last child was born _____ Years ago</p>	<p>8. Shiino shakholikha nga ununisa? 9. Umwaana woowo aba nabukhulu shina nga shakholekha?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe 1. Weeks _____ 2. <input type="checkbox"/> Nakhumanya taawe 3. <input type="checkbox"/> Lwanyuma lwe tsisabiti shinane _____ Years ago</p>		

Dietary 24-hour recall:

English:

I am now going to ask you questions about what you fed your baby from the time you woke up yesterday morning till you woke up this morning.

Lumasaaba:

Ari itiya khukhureba bireebo biambagana khubyeesi walisile umwaana woowo khukwaama wenyukhile ingolobe kumutikhini khukhwoleesa shalee lo kumutikhini

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
10. From the time you woke up yesterday morning till you woke up this morning did you breastfeed your baby?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	10. Khukhwaama nga wenyukhile ingolobe kumutikhini khukhwoleesa shalee lo kumutikhini wanuni:silekho umwaana woowo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 13	
11. Approximately how many times did you breastfeed your baby last night?	_____ (# #)	11. Kimilundu kyenga nga watebelesile, kyeesi wanunisilemo umwaana woowo ingolobe shiilo?	_____ (# #)		
12. Approximately how many times did you breastfeed your baby yesterday/the day before last night?	_____ (# #)	12. Kimulundi kyenga nga watebelesile, kyeesi wanunisilemo umwaana woowo ingolobe/lunakhu lukhaali lweshiilo shengolobe taa?	_____ (# #)		

13. From the time you woke up yesterday morning till you woke up this morning: Did you give any of the following items to the child? And if you did, will you please tell how many times you gave it? Did you give any:

1. Water
Yes No Freq.
2. Any water with sugar or glucose
Yes No Freq.
3. Any fruit juice
Yes No Freq.
4. Any herbs in water
Yes No Freq.
5. Any tea without milk
Yes No Freq.
6. Any tea with milk
Yes No Freq.
7. Rice water
Yes No Freq.
8. Diluted cow's milk
Yes No Freq.
9. Not diluted cow's milk
Yes No Freq.
10. Infant formula
Yes No Freq.
11. Other powdered milk
Yes No Freq.
12. Any other dairy product
like yoghurt, cheese or cream
Yes No Freq.
13. Goat's milk
Yes No Freq.
14. Cereals, porridge or bread
Yes No Freq.
15. Any fruits/vegetables
Yes No Freq.
16. Any meat
Yes No Freq.
17. Any fish
Yes No Freq.
18. Eggs
Yes No Freq.
19. Gripe water
Yes No Freq.
20. Any medicine, specify
Yes No Freq.
21. Any alcohol like beer or brew
Yes No Freq.
22. Other, Specify
Yes No Freq.

13. Khukhwaama nga niwenyuhile ingolobe khukhwolesa shaleelo kumutikhini :Umwana wamuwelekho byosi khubindu bino?Kale nga wamuwelekho, unyala wakhubolelakho kimilundi kyenga kyeesi wamuwele? Wamuwakho shoosi khubino:

- 1.Kameetsi
Ehh Taawe Kimi
- 2.Kameetsi koosi ka sukaali namwe kulukosi
Ehh Taawe Kimi
3. Butuunda boosi
Ehh Taawe Kimi
4. Kamalesi koosi keshimali nga kal i mummeetsi
Ehh Taawe Kimi
5. Kyaayi yeesi umukhalu
Ehh Taawe Kimi
6. Kyaayi yeesi uwe kamabeele
Ehh Taawe Kimi
7. Kameetsi kekmukyele
Ehh Taawe Kimi
8. Kamabeele kengafu kakalimo kameetsi
Ehh Taawe Kimi
9. Kamabeele kengafu kakhaliimo kameetsi
Ehh Taawe Kimi
10. Kamabeele kebututu kebabaama
Ehh Taawe Kimi
11. Kamabeele koosi kebuturu
Ehh Taawe Kimi
12. Kamabeele kamaboyise,kamafura kakama numabele/lubondo
Ehh Taawe Kimi
13. Kamabeele kembusi
Ehh Taawe Kimi
14. Bilyo bye tsimunga bibyoomu, bugyi namwe kumugazi
Ehh Taawe Kimi
15. Kamatuunda/bsinyinyi tsimali
Ehh Taawe Kimi
16. Inyama yoosi
Ehh Taawe Kimi
17. Inyeeni yoosi
Ehh Taawe Kimi
18. Kamakyi
Ehh Taawe Kimi
19. Kameetsi kakalimo kamalesi
Ehh Taawe Kimi
20. Kamalesi koosi, Malesi shina
Ehh Taawe Kimi
21. Shimeesa shoosi nga indali, inguli
Ehh Taawe Kimi
22. Nibayo Shishindi, shiboote
Ehh Taawe Kimi

Dietary 1 Week recall

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
14. Thinking one week back, have you breastfed your baby?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	14. Nga wambasile musabiti indwela ibirile, wanumisakho umwana woowo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 17	
15. On average how many times did you breastfeed at night?	_____ (#/#)	15. Nga wayilile atwela, kyimilundi kyinga kyese i wanumisa shilo?	_____ (#/#)		
16. On average how many times did you breastfeed during daytime?	_____ (#/#)	16. Nga wayilile atwela, kimilundi kyenga kyesei wanumisa kumuusi?_	_____ (#/#)		
17. Now I am going to ask you if you gave the following items at all the last week. Please answer yes if you gave it and no if you did not give it, and if you gave it please tell us approximately how many times you gave the item last week:		17. Ari ndi khuutsya khukhureeba nga wawakho umwana khubindu bino musabiti indwela ibirile, nga wamuwakho ilamo uri eh, nga si wamuwakho ilamo uri taawe, nalundi nga wamuwakho unyala wakhubolekho kimilundi kyenga kyesei wamuwela bibindu bino musabiti indwela ibirile			
1. Water	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		1. Kameetsi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
2. Any water with sugar or glucose	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		2. Kameetsi koosi ka sukaali namwe kulukosi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
3. Any fruit juice	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		3. Butuunda boosi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
4. Any herbs in water	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		4. Kamalesi koosi keshimali nga kal i mumeetsi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
5. Any tea without milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		5. Kyaayi yeesi umukhalu	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
6. Any tea with milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		6. Kyaayi yeesi uwe kamabele	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
7. Rice water	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		7. Kameetsi kekumukyele	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
8. Diluted cow's milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		8. Kamabele kengafu kakalimo kameetsi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
9. Not diluted cow's milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		9. Kamabele kengafu kakalimo kameetsi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
10. Infant formula	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		10. Kamabele kebuufu kebabaana	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
11. Other powdered milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		11. Kamabele koosi kebuufu	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
12. Any other dairy product like yoghurt, cheese or cream	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		12. Kamabele kamaboyise, kamafura kakama mumabele/lubondo	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
13. Goat's milk	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		13. Kamabele kembusi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
14. Cereals, porridge or bread	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		14. Bilyo bye tsimunga bibyoomu, bugyi namwe kumugati	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
15. Any fruits/vegetables	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		15. Kamatuunda/isinyinyi isimali	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
16. Any meat	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		16. Inyama yoosi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
17. Any fish	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		17. Inyeeni yoosi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
18. Eggs	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		18. Kamakayi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
19. Grape water	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		19. Kameetsi kakalimo kamalesi	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
20. Any medicine, specify	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		20. Kamalesi koosi, Mallesi shina	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
21. Any alcohol like beer or brew	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		21. Shimeesa shoosi nga indali, inguli	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	
22. Other, Specify	Yes <input type="checkbox"/> No <input type="checkbox"/> Freq. <input type="checkbox"/>		22. Nibayo Shishindi, shiboole	Ehh <input type="checkbox"/> Taawe <input type="checkbox"/> Kimi <input type="checkbox"/>	

Dietary Recall since birth (Only asked at 6 and 12 weeks)

18. Now I am going to ask you if you ever have given the following to your baby and if you have done that, please tell us when you did that for the first time:

1. Water
Yes No Wk. []
2. Any water with sugar or glucose
Yes No Wk. []
3. Any fruit juice
Yes No Wk. []
4. Any herbs in water
Yes No Wk. []
5. Any tea without milk
Yes No Wk. []
6. Any tea with milk
Yes No Wk. []
7. Rice water
Yes No Wk. []
8. Diluted cow's milk
Yes No Wk. []
9. Not diluted cow's milk
Yes No Wk. []
10. Infant formula
Yes No Wk. []
11. Other powdered milk
Yes No Wk. []
12. Any other dairy product like yoghurt, cheese or cream
Yes No Wk. []
13. Goat's milk
Yes No Wk. []
14. Cereals, porridge or bread
Yes No Wk. []
15. Any fruits/vegetables
Yes No Wk. []
16. Any meat
Yes No Wk. []
17. Any fish
Yes No Wk. []
18. Eggs
Yes No Wk. []
19. Grape water
Yes No Wk. []
20. Any medicine, specify
Yes No Wk. []
21. Any alcohol like beer or brew
Yes No Wk. []
22. Other, Specify
Yes No Wk. []

18. Ari indi khuutsya khureebakho nga wawetsakakho umwaana woowo khubindu bino, atenga washikhola , unyala wakhuboolakho isi washikholela kumilundi kunyoowa:

1. Kameetsi
Ehh Taawe Wk []
2. Kameetsi koosi ka sukaali namwe kulukosi
Ehh Taawe Wk []
Ehh Taawe Wk []
3. Butuunda boosi
Ehh Taawe Wk []
4. Kamalesi koosi keshimali nga kal i mumeetsi
Ehh Taawe Wk []
Ehh Taawe Wk []
5. Kyaayi yeesi umukhalu
Ehh Taawe Wk []
6. Kyaayi yeesi uwe kamabele
Ehh Taawe Wk []
7. Kameetsi kekumukyele
Ehh Taawe Wk []
8. Kamabele kengafu kakalimo kameetsi
Ehh Taawe Wk []
9. Kamabele kengafu kakhalimo kameetsi
Ehh Taawe Wk []
10. Kamabele kebuufu kebaaana
Ehh Taawe Wk []
11. Kamabele koosi kebuufu
Ehh Taawe Wk []
12. Kamabele kamaboyise, kamafura kakama mumabele/lubondo
Ehh Taawe Wk []
13. Kamabele kembusi
Ehh Taawe Wk []
14. Bilyo bye tsimunga bibyoonu, bugyi namwe kumugati
Ehh Taawe Wk []
15. Kamatuunda/isinyinyi tsimali
Ehh Taawe Wk []
16. Inyama yoosi
Ehh Taawe Wk []
17. Inyeeni yoosi
Ehh Taawe Wk []
18. Kamakayi
Ehh Taawe Wk []
19. Kameetsi kakalimo kamalesi
Ehh Taawe Wk []
20. Kamalesi koosi, Malesi shina
Ehh Taawe Wk []
21. Shimeesa shoosi nga indali, inguli
Ehh Taawe Wk []
22. Nibayo Shishindi, shiboole
Ehh Taawe Wk []

SECTION IV Questions about leaving the child

1- QUESTION ENGLISH	2. ANSWER ENGLISH	3- QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Have you ever left your child since childbirth so that someone else has fed the child?	1. [] Yes 2. [] No ↓	1. Walekhisakakho umwaana woowo khukhwaama umusala numundi ukuundi khumuliisa?	1. [] Ehh 2. [] Taawe ↓	SKIP: If no, skip to S V	
2. How often did that happen the last week?	1. [] 0 2. [] 1-2 3. [] 3-4 4. [] 5-6 5. [] ≥ 7	2. Isho shakholekha kimilundi kyenga isabiti ibirile	1. [] 0 2. [] 1-2 3. [] 3-4 4. [] 5-6 5. [] ≥ 7		

<p>3. How often have you left your child on average per week since birth?</p> <p>1. <input type="checkbox"/> Less than weekly 2. <input type="checkbox"/> 1-2 times/ week 3. <input type="checkbox"/> 3-4 times/ week 4. <input type="checkbox"/> 5-6 times/ week 5. <input type="checkbox"/> \geq 7 times/ week</p>	<p>3. Nga wayilife atweela kimilundi kyenga kyeesi walekhela unwaana wowo buli sabiti khukhwaama umusaala?</p>	<p>1. <input type="checkbox"/> Less than weekly 2. <input type="checkbox"/> 1-2 times/ week 3. <input type="checkbox"/> 3-4 times/ week 4. <input type="checkbox"/> 5-6 times/ week 5. <input type="checkbox"/> \geq 7 times/ week</p>	<p>1. <input type="checkbox"/> Asi esambitti 2. <input type="checkbox"/> 1-2 3. <input type="checkbox"/> 3-4 4. <input type="checkbox"/> 5-6 5. <input type="checkbox"/> \geq 7</p>		
<p>4. What did they feed? R</p> <p>1. <input type="checkbox"/> Water based liquids 2. <input type="checkbox"/> Milk based liquids/semi-solid feeds 3. <input type="checkbox"/> Expressed breast milk 4. <input type="checkbox"/> Do not know</p>	<p>4. Baamuliisa shiina? R</p>	<p>1. <input type="checkbox"/> Water based liquids 2. <input type="checkbox"/> Milk based liquids/semi-solid feeds 3. <input type="checkbox"/> Expressed breast milk 4. <input type="checkbox"/> Do not know</p>	<p>1. <input type="checkbox"/> Byekhuunywa nga Kametsi 2. <input type="checkbox"/> Byekhuunywa nga Kamabeele/Byekhulya byibyangu 3. <input type="checkbox"/> Libeele likhamule 4. <input type="checkbox"/> Nakhumanya taawe</p>	<p>RULE: Tick off all that apply</p>	

SECTION V Bed Net and vaccination

Now I am going to ask you questions which are related to your baby's health:

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
<p>1. Do you use a separate bed net for your baby?</p>	<p>1. <input type="checkbox"/> Yes ↓ 2. <input type="checkbox"/> No</p>	<p>1. Umwaana woowo araambinsa khatimba khebulili yenyene?</p>	<p>1. <input type="checkbox"/> Ehh ↓ 2. <input type="checkbox"/> Taawe</p>	<p>SKIP: If yes, skip to q.3</p>	
<p>2. Does <NAME> share bed net with you?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>2. <JISINA> araambisa khatimba khebulili ni nawe?</p>	<p>1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe</p>	<p>SKIP: If no, skip to S VI</p>	
<p>3. Has <NAME> got any vaccinations?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓</p>	<p>3. <JISINA> wafuna khugemebwa khosi?</p>	<p>1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓</p>	<p>SKIP: If no, skip to S VI</p>	
<p>4. Which vaccinations has your baby got?</p>	<p>1. <input type="checkbox"/> BCG *16 2. <input type="checkbox"/> Polio 0 3. <input type="checkbox"/> Polio 1 4. <input type="checkbox"/> DPT-HebB+Hib1 5. <input type="checkbox"/> Polio 2 6. <input type="checkbox"/> DPT-HebB+Hib2 7. <input type="checkbox"/> Polio3 8. <input type="checkbox"/> DPT-HebB+Hib3 9. <input type="checkbox"/> Measles</p>	<p>4. Khugemebwa shina khwesi afuna?</p>	<p>1. <input type="checkbox"/> BCG *16 2. <input type="checkbox"/> Polio 0 3. <input type="checkbox"/> Polio 1 4. <input type="checkbox"/> DPT-HebB+Hib1 5. <input type="checkbox"/> Polio 2 6. <input type="checkbox"/> DPT-HebB+Hib2 7. <input type="checkbox"/> Polio3 8. <input type="checkbox"/> DPT-HebB+Hib3 9. <input type="checkbox"/> Measles</p>	<p>*16 RULE: If BCG given ask q. 5, if not SKIP to VI</p>	
<p>Comtd' q. 4: List confirmed with a written statement like the CHC:</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>Comtd' q. 4: List confirmed with a written statement like the CHC:</p>	<p>1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe</p>		
<p>5. May I please see where they gave the BCG-vaccine at your baby's right shoulder/upper arm?</p>	<p>Look for BCG-lesion 1. <input type="checkbox"/> BCG – lesion seen: 2. <input type="checkbox"/> BCG – lesion not seen</p>	<p>5. IF BCG is given:Inyala nabonakho libekala lwe kumukhono kumulayi ko mwana?</p>	<p>Look for BCG-lesion 1. <input type="checkbox"/> BCG – lesion seen: 2. <input type="checkbox"/> BCG – lesion not seen</p>		

VI Morbidity

VLA Diarrhoea

Diarrhoea 24-hour recall

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Did <NAME> have diarrhoea from yesterday morning till now?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	1. Ne <LISINA> wabeleekho ni shialukho khukhwaama ingolobe kumutikhinyi? Khukwolesa ari?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 11	
2. Did <NAME> pass any watery stools?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	2. Ne < LISINA> awaalukhilekho bibi bilinga kameetsi?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	Watery stools= stools with no formed matter whatsoever	
3. How many loose or watery stools did <NAME> pass? R	_____ (#/#)	3. Kimilundi kyenga kyeesi <LISINA> a waalukhile bibi bilinga kameetsi? R	_____ (#/#)	RULE: Write xx for number of stools if informant does not remember	
4. Did any of the stools contain blood?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	4. Many a yabelewo byoosi khubibi byo bibilemo kamafukyi?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		
5. Were the stools of different consistency than before <NAME> fell ill with diarrhoea?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	5.. Abe bibi bishukhaana nga <LISINA> ashili khulwaala shialukho?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		
6. Did you during the diarrheal illness give the following treatment to <NAME> at home? R	1. <input type="checkbox"/> ORS (oral rehydration solution) or Sugar/Salt solution 2. <input type="checkbox"/> Traditional medicine 3. <input type="checkbox"/> Modern medicine, specify _____ 4. <input type="checkbox"/> Other treatment, specify _____	6. Mushiseela sheesi abeella ni shialukho , wawakho <LISINA> bukaangi buno ango? R	1. <input type="checkbox"/> Kamalesi keshimali 2. <input type="checkbox"/> Kamelesi kabusheele/ kemwikangilo 3. <input type="checkbox"/> Kamelesi kabusheele/ kemwikangilo 4. <input type="checkbox"/> Iliyo bukaangi bubundi, butboole _____	RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.	

7. Did you seek treatment for <NAME> because of the diarrhoea from the following people or places? R	<p>1. <input type="checkbox"/> Relatives and friends</p> <p>2. <input type="checkbox"/> Traditional healer</p> <p>3. <input type="checkbox"/> Drugshop/ Pharmacy</p> <p>4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner</p> <p>5. <input type="checkbox"/> The emergency/ outpatient department of a hospital</p> <p>6. <input type="checkbox"/> Other, specify _____</p>	7. Waetsakakho <LISINA > bukaangi bwe shialukho khukhwaama mu bandu bano namwe bifo bino? R	<p>1. <input type="checkbox"/> Balebe ni basaale</p> <p>2. <input type="checkbox"/> Umusawo uweshimali</p> <p>3. <input type="checkbox"/> Umusawo uwe mwikangilo</p> <p>4. <input type="checkbox"/> Likangilo lya gavumeti namwe lyo mundu uwiraambisa/umwaari, ni baraaambi babushheele?</p> <p>5. <input type="checkbox"/> Khakangilo khe khushaalo/mushifi shekushaalo sheyebulamu/esi babandu batima khangu/shiifo she mwikangilo isi balwaale bebulafu baba?</p> <p>6. <input type="checkbox"/> Nibaawo akhundi , aboole</p>	RULE: Read from the list: RULE: Write 1 for visiting and 0 for not visiting	
8. Was <NAME> given any of the following treatments for diarrhoea ? R	<p>1. <input type="checkbox"/> ORS (oral rehydration solution) or Sugar/Salt solution</p> <p>2. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____</p> <p>3. <input type="checkbox"/> Medicine; specify _____</p>	8. Ne <LISINA> banuwakho bukangi bwe shialukho buno bwoosi? R	<p>1. <input type="checkbox"/> Kameetsi kakalimo sukali ni kyumbi</p> <p>2. <input type="checkbox"/> Ikyupa iyekameetsi, indala shiina</p> <p>3. <input type="checkbox"/> Kamalesi; Shiina</p>	RULE: Read from the list: RULE: Write 1 for giving and 0 for not giving.	
9. Was the child admitted to a hospital?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No ↓</p>	9. Ne umwana bamuwa shitanda mwikangilo	<p>1. <input type="checkbox"/> Eh</p> <p>2. <input type="checkbox"/> Taawe ↓</p>	SKIP: If no, skip to q. 11	
10. Please give name of hospital?	Name of hospital: _____	10. Kale khubolelekho lisina lye likangilo?	Lisina lye likangilo: _____		
Diarrhoea 1 week-recall					
1. QUESTION ENGLISH	2. ANSWER ENGLISH				
11. Did <NAME> have diarrhoea from previous <day of week of interview> morning till yesterday morning?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No ↓</p>	3. QUESTION LUMASAABA 11. Ne lisina wabelekho nishialukho khukwama <lunaaku lweesi khwakhurebelakho> khukholesa ingolobe kumutikhinyi?		4. ANSWER LUMASAABA 1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓	5. SKIP INSTRUCTION SKIP: If no, skip to q. 21
12. Did <NAME> pass any watery stools during this period?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>	12. Ne <LISINA > aalukhakho bibi bibilinga kameetsi mumbuka eyo?		<p>1. <input type="checkbox"/> Eh</p> <p>2. <input type="checkbox"/> Taawe</p>	Watery stools= stools with no formed matter whatsoever
				6. COLUMN FOR CODING	

<p>13. On the day that the child had the most number of loose or watery stools - What was the number of loose or watery stools <NAME> passed on that day during this period? R</p>	<p>_____ (#/#)</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>13. Kimilundi kyenga kyeesi <LISINA > awalukhila bibi bibilinga kameesti mushufukhu sheesi abeela ni shialukho mumbuka eyo? R</p>	<p>_____ (#/#)</p> <p>1. <input type="checkbox"/> Elhh 2. <input type="checkbox"/> Taawe</p>	<p>RULE: Write xx for number of stools if informant does not remember</p>
<p>14. Did any of the stools <NAME> passed during this period contain blood?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>14. Ne bibi byoosi byeesi <LISINA> aalukha khukhwaama mumbuka eyo byabamo kanfukuyi?</p>	<p>1. <input type="checkbox"/> Elhh 2. <input type="checkbox"/> Taawe</p>	
<p>15. Were the stools of different consistency than before <NAME> fell ill with diarrhoea?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>15. Abe bibi bishukhaana nga <LISINA> ashilii khulwala shialukho ta?</p>		
<p>16. Did you during the diarrheal illness give the following treatment to <NAME> at home? R</p>	<p>1. <input type="checkbox"/> ORS (oral rehydration solution) or Sugar/Salt solution 2. <input type="checkbox"/> Traditional medicine 3. <input type="checkbox"/> Modern medicine, specify _____ 4. <input type="checkbox"/> Other treatment, specify _____</p>	<p>16. Mushisela sheesi abeela ni shialukho , wawakho <LISINA> bukaangi buno ango? R</p>	<p>1. <input type="checkbox"/> Kameesti kakalimo sukali ni kyuumbi 2. <input type="checkbox"/> Kamalesi keshimali 3. <input type="checkbox"/> Kamelesi kabu-sheele/kemwikangilo 4. <input type="checkbox"/> Nibayo bukangi bubundi bwoosi, buboole _____</p>	<p>RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.</p>
<p>17. Did you seek treatment for <NAME> because of the diarrhoea from the following people or places? R</p>	<p>1. <input type="checkbox"/> Relatives and friends 2. <input type="checkbox"/> Traditional healer 3. <input type="checkbox"/> Drugshop/ Pharmacy 4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner? 5. <input type="checkbox"/> The emergency/ outpatient department of a hospital? 6. <input type="checkbox"/> Other, specify _____</p>	<p>17. Waetselakho <LISINA > bukaangi bye shialukho khukhwaama mu bandu bano namwe mubifo bimo? R</p>	<p>1. <input type="checkbox"/> Balebe ni basaale 2. <input type="checkbox"/> Umusawo uweshimali 3. <input type="checkbox"/> Umusawo uwe mudwalilo 4. <input type="checkbox"/> Likangilo Iya gavumeti namwe Iyo mundu uwiraambisa/umwari ni baraambi babushele? 5. <input type="checkbox"/> Khakangilo khe khushaalo/mushifo shekushalo sheyebulamu/esi babandu batima khangu/shifo she mudwalilo isi balwale bebulafu baba? 6. <input type="checkbox"/> Akhundi,shima _____</p>	<p>RULE: Read from the list: RULE: Write 1 for visiting and 0 for not visiting</p>

18. Was <NAME> given any of the following treatments for diarrhoea? R	1. <input type="checkbox"/> ORS ((oral rehydration solution) or Sugar/Salt solution) 2. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____ 3. <input type="checkbox"/> Medicine; specify _____	18. Ne <LISINA> bamuwakho khubukaangi bwe shialukho buno bwoosi? R	1. <input type="checkbox"/> Kameesti kakalimo sukali ni kyumbi 2. <input type="checkbox"/> Ikyupa iyekameesti 3. <input type="checkbox"/> Kamaleesi; Shina _____	RULE: Read from the list: RULE: Write 1 for giving and 0 for not giving.	
19. Was the child admitted to a hospital?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	19. Ne umwaana bamuwa shitaanda mwikangilo lyoosi?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 21	
20. Please give name of hospital?	Name of hospital: _____	20. Kale khubooolekho lisina lye likangilo?	Lisina lwe likangilo _____		
Diarrhoea 2 week-recall					
1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
21. During the week that ended last <day of week of interview> morning, did <NAME> have diarrhoea?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	21. Musabiti iyabirire, <khushifukhu sheesi bakhurebeelakho>, <LISINA> afunaakho shialukho?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 31 / SEE SEPARATE SKIP INSTRUCTION q. 31	
22. Did <NAME> pass any watery stools during this period?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	22. Ne <LISINA > aalukhakho bibi bibilinga kametsi mumbuka eyo?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	Watery stools= stools with no formed matter whatsoever	
23. On the day that the child had the most number of loose or watery stools - What was the number of loose or watery stools <NAME> passed on that day during this period? R	(#(#))	23. Kimilundi kyenga kyeesi <LISINA > aalukhila bibi bilinga kameesti mushifukhu shoosi mumbuka eyo? R		RULE: Write xx for number of stools if informant does not remember	
24. Did any of the stools <NAME> passed during this period contain blood?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	24. Ne bibi byoosi byeesi <LISINA> aalukha khukhwaama mumbuka eyo byabam. Kamfukyi	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		
25. Were the stools of different consistency than before <NAME> fell ill with diarrhoea?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	25. Abe bibi bishukhaana nga <LISINA> ashitili khulwaala shialukho ta?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		

<p>26. Did you during the diarrheal illness give the following treatment to <NAME> at home? R</p>	<p>1. <input type="checkbox"/> ORS (oral rehydration solution) or Sugar/Salt solution 2. <input type="checkbox"/> Traditional medicine 3. <input type="checkbox"/> Modern medicine, specify _____ 4. <input type="checkbox"/> Other treatment, specify _____</p>	<p>26. Mushisela sheesi abeele ni shialukho, wawakho <LISINA> bukaangi buno ango? R</p>	<p>1. <input type="checkbox"/> Kameetsi kakalimo sukali ni kyumbi 2. <input type="checkbox"/> Kamalesi keshimali 3. <input type="checkbox"/> Kamelesi kabushetele/kemwikangilo 4. <input type="checkbox"/> Nibayo bukangi bubundi bwoosi, buboole</p>	<p>RULE: Read from the list RULE: Write 1 for giving and 0 for not giving</p>	
<p>27. Did you seek treatment for <NAME> because of the diarrhoea from the following people or places? R</p>	<p>1. <input type="checkbox"/> Relatives and friends 2. <input type="checkbox"/> Traditional healer 3. <input type="checkbox"/> Drugshop/ Pharmacy 4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner? 5. <input type="checkbox"/> The emergency/ outpatient department of a hospital? 6. <input type="checkbox"/> Other, specify _____</p>	<p>27. Waetselakho <LISINA > bukaangi bye shialukho khukhwaama mu bandu bano namwe mubifo bino? R</p>	<p>1. <input type="checkbox"/> Balebe ni basaale 2. <input type="checkbox"/> Umusawo uweshimali 3. <input type="checkbox"/> JM/widuka likulisa kamalesi 4. <input type="checkbox"/> Likangilo lya gavumeti namwe lyo mundu uwiraambisa/umwari,ni baraaambi babushetele? 5. <input type="checkbox"/> Khakangilo khekushaalo/mushifo shekushalo shebyebulamu/esi babandu batima khangw/shifo she mudwalilo isi balwale bebulafu baba? 6. <input type="checkbox"/> Akhundi,shina</p>	<p>RULE: Read from the list; RULE: Write 1 for visiting and 0 for not visiting</p>	
<p>28. Was <NAME> given any of the following treatments for diarrhoea?</p>	<p>1. <input type="checkbox"/> ORS ((oral rehydration solution) or Sugar/Salt solution 2. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____ 3. <input type="checkbox"/> Medicine; specify _____</p>	<p>28. Ne <LISINA> bamuwakho khubukaangi bwe shialukho buno bwoosi?</p>	<p>1. <input type="checkbox"/> Kameetsi kakalimo sukali ni kyumbi 2. <input type="checkbox"/> Ikyupa iyekameetsi 3. <input type="checkbox"/> Kamalesi; Shina</p>	<p>RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.</p>	
<p>29. Was the child admitted to a hospital? 30. Please give name of hospital?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Name of hospital: _____</p>	<p>29. Ne umwaana bamuwa shitaanda mwikangilo lyoosi? 30. Kate khubooolelekhho lisisima lye likangilo?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawel Lisina lwe likangilo</p>	<p>SKIP: If no, skip to q. 31</p>	

To be pretested U:

SKIP: In case of no diarrhoeal illness question SECTION VI A, q, 1, 11 and 21, SKIP to VIB ALRI/pneumonia

English:

31. During this period of illness you have described, did you change the way you were feeding your child in any way? Describe _____

Lumasaba:

31. Mumbuka iye bulwaale bweesi ukamihilekho, washusakho khuliirisa umwaana woowo musaambo yooosi? Shikaankhekho, _____

VIB ALRI/pneumonia

Pneumonia 24-hour recall

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASABA	4. ANSWER LUMASABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
1. Did <NAME> have cough or difficult breathing from yesterday morning till now?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	LUMASABA 1. Ne <LISIINA > abaakho nishikholoto namwe buangafu mukhuela , khukhwaama ingolobe kumutikhinyi khukhwolesa ari?	1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q, 9	
2. Did <NAME> also have fast breathing?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	2. Ne <LISIINA > naye abaakho mukhuela khwaamangu?	1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe		
3. Did the illness interfere with <NAME>'s ability to drink or eat?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. Ne bulwale Bwatumbusa indya namwe inywa ye <LISIINA>?	1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe		
4. Did you during the illness give the following treatment to <NAME> at home? R	1. <input type="checkbox"/> Traditional medicine 2. <input type="checkbox"/> Modern medicine, specify _____ 3. <input type="checkbox"/> Other treatment, specify _____	4. Mushisela she bulwaale, wawakho <LISIINA> bukaangi buno angu? R	1. <input type="checkbox"/> Kamalesi keshimali 2. <input type="checkbox"/> Kamalesi kabusheele/ kemwikanglo, kaboole 3. <input type="checkbox"/> Nibayo bukaangi bubundi, buboole	RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.	

5. Did you seek treatment for <NAME> because of the illness from the following people and places? R	1. <input type="checkbox"/> Relatives and friends 2. <input type="checkbox"/> Traditional healer 3. <input type="checkbox"/> Drugshop/ Pharmacy 4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner? 5. <input type="checkbox"/> The emergency/ outpatient department of a hospital? 6. <input type="checkbox"/> Other, specify _____	5. Waetselakho <LISIINA > bukaangi lwe bulwale khukhwaama mu bandu bano namwe mubifo bino? R	1. <input type="checkbox"/> Baleebe ni basiale 2. <input type="checkbox"/> Umusawu uweshimali 3. <input type="checkbox"/> Umusawu uwe mwikangilo 4. <input type="checkbox"/> Likangilo lya gavumeti namwe lyo mundu uwiramba/umwari, ni baraaambi babushela 5. <input type="checkbox"/> Khakangilo khekushaaloo/mushifo shekushalalo sheyebulamu/est babandu batima khangu/shifo she mudwalilo isi balwale bebulafu baba? 6. <input type="checkbox"/> Akhundi ,shima _____ 1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe	RULE: Read from the list: RULE: Write 1 for visiting and 0 for not visiting *17 See qualification rules/ Skip instruction q.8	
6. Was <NAME> admitted to a hospital for the illness?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	6. Ne < LISIINA> barnuwa shitaanda Mwikangilo lwe bulwale	Lisima lye likangilo: 1. <input type="checkbox"/> Ikyupa lya kameetsi , malala shina 2. <input type="checkbox"/> Kamalesi lekhumila , Malala shina 3. <input type="checkbox"/> Khumuwa imbewo khubirila mushikofila shemumoni	SKIP: If no, skip to q. 8	
7. Please give name of hospital?	Name of hospital:	7. Kale khubolekko lisiima lyelikangilo?			
8. When <NAME> was taken to clinic/surgery or hospital, was <NAME> given any of the following treatments? R	1. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____ 2. <input type="checkbox"/> Medicine taken by mouth, specify _____ 3. <input type="checkbox"/> Air or oxygen being given via a mask on the face	8. Nga <LISIINA> ayilibwa mwikangilo , bawakho < LISIINA> khubukaangi buno bwoosi? R		*17 SKIP: If no tickoff for received health service in q. 5 and 6 skip to q.9	
9. Did <NAME> have cough or difficult breathing from previous <day of week of interview> morning till yesterday morning?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	9. Ne < LISIINA> abaakho ni shikhololo namwe buangafu mukhuela khukhwaama linakhu lwe sabiti isi bakhurebelakaho kumutikhini khukholosa kumutikhini kwe ingolobe?		RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.	
10. Did <NAME> also have fast breathing?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	10. Ne <LISIINA > naye abaakho mikhuela khwaamangu?	1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe	5. SKIP INSTRUCTION SKIP: If no, skip to q. 17	6. COLUMN FOR CODING

<p>11. Did the illness interfere with <NAME>'s ability to drink or eat?</p> <p>12. Did you during the illness give the following treatment to <NAME> at home? R</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>1. <input type="checkbox"/> Traditional medicine specify _____ 2. <input type="checkbox"/> Modern medicine, specify _____ 3. <input type="checkbox"/> Other treatment, specify _____</p>	<p>11. Ne bulwale Bwatumbusa indya namwe inywa ye <LISIINA>?</p> <p>12. Mushisela she bulwaale, wawakho <LISIINA> bukakaangi buno ango? R</p>	<p>1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe</p> <p>1. <input type="checkbox"/> Kamalesi keshimali 2. <input type="checkbox"/> Kamelesi kabushhele/kemwikangilo, Kaboole 3. <input type="checkbox"/> Nibayo bukakaangi bubundi, buboole</p>	<p>RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.</p>	
<p>13. Did you seek treatment for <NAME> because of the illness from the following people and places? R</p>	<p>1. <input type="checkbox"/> Relatives and friends 2. <input type="checkbox"/> Traditional healer 3. <input type="checkbox"/> Drugshop/ Pharmacy 4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner. 5. <input type="checkbox"/> The emergency/ outpatient department of a hospital. 6. <input type="checkbox"/> Other, specify _____</p>	<p>13. Waetselakho <LISIINA> bukakaangi lwe bulwale khukhwaama mu bandu bano namwe mubifo bino? R</p>	<p>1. <input type="checkbox"/> Baleebe ni basaal 2. <input type="checkbox"/> Umusawu uweshimali 3. <input type="checkbox"/> Umusawu uwe mwikangilo 4. <input type="checkbox"/> Likangilo lya gavumeti namwe lyo munda 5. <input type="checkbox"/> uwiraambisa/umwari, ni baraaambi babushhele 6. <input type="checkbox"/> Khakangilo khekhusaal/mushifo shekhushalo shebyebulamu/esi babandu batuma khangu/shifo she mudwalilo isi balwale bebulafu baba? 6. <input type="checkbox"/> Akhundi,shina _____</p>	<p>RULE: Read from the list: RULE: Write 1 for visiting and 0 for not visiting</p> <p>*18 See qualification rules/Skip instruction q. 16</p>	
<p>14. Was <NAME> admitted to a hospital for the illness?</p> <p>15. Please give name of hospital?</p> <p>16. If <NAME> was taken to clinic/surgery or hospital, was <NAME> given any of the following treatments? R</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>Name of hospital: _____</p> <p>1. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____ 2. <input type="checkbox"/> Medicine taken by mouth, specify _____ 3. <input type="checkbox"/> Air or oxygen being given via a mask on the face</p>	<p>14. Ne <LISIINA> banuwa shitaanda Mwikangilo lwe bulwaale</p> <p>15. Kale khutolekho isiina lyetikangilo?</p> <p>16. Nga <LISIINA> ayilibwa mwikangilo, bawakho <LISIINA> khubukaangi buno bwoosi? R</p>	<p>1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe</p> <p>Lisima lye likangilo:</p> <p>1. <input type="checkbox"/> Ikyupa iya kameesi, malala shina _____ 2. <input type="checkbox"/> Kamalesi kexhumila, Malala shina _____ 3. <input type="checkbox"/> Khumuwa imbewo khubirila mushikofila shemumoni</p>	<p>SKIP: If no, skip to q. 16</p> <p>*18 SKIP: If no tickoff for received health service in q. 13 and 14 skip to q.17 RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.</p>	

Pneumonia 2 Week recall

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
17. Did <NAME> have cough, or difficult breathing during the week that ended last <day of week of interview> morning?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓	17. Ne <LISINA> abaakho ni shikhololo namwe buangafu mukhela khukhwaama khulunakhu lulwakamayoy lwe sabiti ibirile yessi bakhurebelakho?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe ↓	SKIP: If no, skip to q. 25 / SEE SEPARATE SKIP INSTRUCTION q. 25	
18. Did <NAME> also have fast breathing?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	18. Ne <LISINA > naye abaakho mikhuela khwaamanagu?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		
19. Did the illness interfere with <NAME>'s ability to drink or eat?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	19. Ne bulwale Bwatumbusa indya namwe inywa ye <LISINA>?	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe		
20. Did you during the illness give the following treatment to <NAME> at home? R	1. <input type="checkbox"/> Traditional medicine 2. <input type="checkbox"/> Modern medicine, specify _____ 3. <input type="checkbox"/> Other treatment, specify _____	20. Mushisela she bulwale, wawakho <LISINA> bukaangi buno ango? R	1. <input type="checkbox"/> Kamalesi keshimali 2. <input type="checkbox"/> Kamalesi Kabushheele/kemwikanglo, kabooole 3. <input type="checkbox"/> Nibayo bukaangi bubundi, bubooole	RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.	
21. Did you seek treatment for <NAME> because of the illness from the following people and places? R	1. <input type="checkbox"/> Relatives and friends 2. <input type="checkbox"/> Traditional healer 3. <input type="checkbox"/> Drugshop/ Pharmacy 4. <input type="checkbox"/> Government or private clinic/ surgery/community health centre including general practitioner. 5. <input type="checkbox"/> The emergency/ outpatient department of a hospital. 6. <input type="checkbox"/> Other, specify _____	21. Waitesekakho <LISINA > bukaangi lwe bulwale khukhwaama mu bandu bano namwe mubifo bino? R	1. <input type="checkbox"/> Baleebe ni basaaale 2. <input type="checkbox"/> Umusawu uweshimali 3. <input type="checkbox"/> Umusawu uwe mwikangilo 4. <input type="checkbox"/> Likangilo lya gavumeti namwe lyo mundu uwiraambisa/umwari, ni baraaambi babushhele 5. <input type="checkbox"/> Khakangilo khekhusaaloo/mushifo shekhushalo sheyebulamu/est babandu batima khangu/shifo she mudwalilo isi balwale bebulafu baba? 6. <input type="checkbox"/> Akhundidi, shima _____	RULE: Read from the list: RULE: Write 1 for visting and and 0 for not visting *19 See qualification rules/ Skip instruction q. 14	
22. Was <NAME> admitted to a hospital for the illness?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Ne < LISINA > bamuwa shitaanda Mwikangilo lwe bulwale	1. <input type="checkbox"/> Ehh 2. <input type="checkbox"/> Taawe	SKIP: If no, skip to q. 24	
23. Please give name of hospital?	Name of hospital: _____	Kale khuholekho lisima lyelikangilo? _____	Lisima lye likangilo: _____		

<p>24. If <NAME> was taken to clinic/surgery or hospital, was <NAME> given any of the following treatments? R</p>	<p>1. <input type="checkbox"/> Intravenous fluids (DRIP), specify _____ 2. <input type="checkbox"/> Medicine taken by mouth, specify _____ 3. <input type="checkbox"/> Air or oxygen being given via a mask on the face</p>	<p>Nga <LISINA> ayilibwa mwikangilo, bawakho < LISINA> khubukaangi buno bwoosi? R</p>	<p>1. <input type="checkbox"/> Ikyupa iya kameetsi , malala shina _____ 2. <input type="checkbox"/> Kamalesi kekhumila , Malala shina _____ 3. <input type="checkbox"/> Khumuwa imbewo khubirila mushikoffila shemumoni</p>	<p>*19 SKIP: If no tickoff for received health service in q- 21 and 22 skip to q.25 RULE: Read from the list RULE: Write 1 for giving and 0 for not giving.</p>
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SKIP: In case of no ALRI/pneumonia illness question SECTION VI B, q. 1, 9 and 17, SKIP to VIC Hospitalization

English: 25. During this period of illness you have described, did you change the way you were feeding your child in any way?
Describe _____

Lumasaba:
25. Mumbuka iye bulwaale bweesi ukamikhlekho , washusakho khuliisa unwaana woowo musaambo yooosi?
Shikamkhekhe, _____

VIC Hospitalizations

1. QUESTION ENGLISH	2. ANSWER ENGLISH	3. QUESTION LUMASAABA	4. ANSWER LUMASAABA	5. SKIP INSTRUCTION	6. COLUMN FOR CODING
<p>1. Has <NAME> ever been admitted to hospital?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No ↓</p>	<p>1. Ne <LISINA> wabakho khushitaanda mwikangilo?</p>	<p>1. <input type="checkbox"/> Eh 2. <input type="checkbox"/> Taawe ↓</p>	<p>SKIP: If no, skip to S VII</p>	
<p>2. How many times has <NAME> been admitted to hospital?</p>	<p>(#(#))</p>	<p>2. Kimilundi kyenga kyeesi<LISINA>abeela shitaanda mwikangilo?</p>	<p>(#(#))</p>		
<p>3. When was that? / How old was the baby at that time?</p>	<p>1. <input type="checkbox"/> During the 1st week 2. <input type="checkbox"/> Between 1 and 2 weeks 3. <input type="checkbox"/> Between 2 and 3 weeks 4. <input type="checkbox"/> Do not know</p>	<p>3. Yaba lina?</p>	<p>1. <input type="checkbox"/> Musabiiti inyowa 2. <input type="checkbox"/> Akari e tsisabiiti indwela ni tsisabiiti tsibili 3. <input type="checkbox"/> Akari e tsisabiiti tsibili ni tsisabiiti tsitaru 4. <input type="checkbox"/> Nakhumanya taawe</p>	<p>RULE: Tick off all that apply</p>	
<p>4. The last time <NAME> was admitted to a hospital, for which illness was <NAME> admitted?</p>	<p>1. <input type="checkbox"/> Diarrhoea 2. <input type="checkbox"/> Pneumonia/ "Cough and difficult breathing" 3. <input type="checkbox"/> Malaria 4. <input type="checkbox"/> Accident 5. <input type="checkbox"/> Other, specify _____</p>	<p>4. Kumulundi ukwasembayo kwesi bawelakho lisina shitaanda mwikaangilo, yaba bulwaale shina bwesi lisina atumilakho shitaanda?</p>	<p>1. <input type="checkbox"/> Shialukho 2. <input type="checkbox"/> Buangafu mu khuela 3. <input type="checkbox"/> Kumusunja 4. <input type="checkbox"/> Khabebe 5. <input type="checkbox"/> Bubundi, shina _____</p>		

VII Anthropometry

1. Baby's weight _____ kg (# #)
2. Baby's length _____ cm (# # #)
Thank you very much for your help! This is a great help for us!
Other comments: _____

Appendix 3:
Study instrument for paper IV

Thematic focus group discussion guide

Thematic Focus Group Discussion Guide September - October 2003

Information about breastfeeding

- Initiation of breastfeeding
(when, how, why, rituals)
Cleansing?
Spiritual healer must bless the milk (Botswana)?
An older child to suck?
Which breast first?)
- Use of prelacteal feeds
(Salt water?
Porridge?)
- Use of colostrum
- Exclusive breastfeeding
(perceptions and practices, relation to lifestyle, breastfeeding on demand when the mother is out in the field?)
- Introduction of other feeds
(what, when, how, why, rituals)
- “Not enough milk” – how do they experience that?

Information about non-breastfeeding

- Initiation of non-breastfeeding
(supposing a mother has started not to breastfeed at all, when should supplementary feeding start?)
- Exclusive non-breast feeding
(perceptions and practices, relation to lifestyle)
- Introduction of other feeds
(what, when, how, why, rituals)
- Stigma regarding non-breastfeeding
- Availability, accessibility, affordability, safety

Information on feeding priorities and practices in the family and communities

- Feeding priorities in the family
- Feeding practices in the family
(What is the special foods and what happens)
- Poverty and infant feeding
- Education and infant feeding
- Parity and infant feeding
- Gender and infant feeding
- Men’s role in infant feeding when mothers are breastfeeding and when the children are weaned off. Who needs what in terms of feed. Who should eat what and how much. How will they prioritise it.

Information on malnutrition

- Are children in the community malnourished?
- How do you recognize malnutrition?
- What causes malnutrition?
- What do you do to treat malnutrition?
- How do you prevent malnutrition?
- Do people see it?

Supervision

- When the food is served how, one dish?
- Who is supervising, helping the youngest?
- Find out what they do

Errata

Errata

Page 17 The following sentence should be added under the sub-heading ‘complementary feeding’ in the end of the paragraph:

“Complementary feeding was originally a term used for infants older than six months.”

Page 18 Bottom page, add the following:

*“**Semi-exclusive breastfeeding:** A term used to describe exclusive breastfeeding, but disregarding information about early feeding practices. By early feeding practices we mean: time of initiation of breastfeeding after birth, practices regarding colostrum and pre-lacteal feeding.**

****Pre-lacteal feeding:** Here defined as feeds other than breast-milk given within the first three days after birth to infants.*

***Partial breastfeeding:** Giving a baby some breastfeeds, and some artificial feeds, either milk or cereal, or other food. A commonly used term instead of mixed feeding, but not used in this thesis work. Mixed feeding is most commonly used in PMTCT discussions, and was chosen here as it also was the most commonly used term in Uganda.”*

Page 33 “To describe anthropometric status among community based infants in Eastern Uganda”

Should read:

“To update the current knowledge of community-based infants’ anthropometric status in Eastern Uganda by using the new WHO growth standards.”

Page 33 “To assess demographic, cultural and wealth related factors from quantitative and qualitative perspectives as determinants for feeding practices and infant anthropometric status”

Should read:

“To provide more up-to-date information on the demographic, cultural and wealth related determinants in Uganda important for feeding practices and anthropometric status.”

Page 33 The following sentence should be added under the 2nd paragraph under the sub-headings Primary objectives and Infant feeding:

“To explore programmatically relevant types of dietary recall obtained through short single survey instruments” (paper I and III)

PAPER 1

Paper 1 p 4/12 under the heading 24-hour recall, first paragraph:
The statement: “..., but still at nine months about a quarter did not get any water or milk-based food items or semi-solid and solid food items from the previous morning to the morning of the interview.”

This statement is based on life-table analysis used for a 24-hour recall for an infant population aged 0 to 11.9 months. The method was chosen for comparative purposes in the paper. The life-table analysis yield higher estimates for a 24-hour recall than prevalence-per-age group as a substantial number are “older but not contributing into earlier life categories.” The sentence was therefore omitted from the abstract p. 4 to avoid confusion for readers not reading the statistical background. The statement is kept p. 59 in the summary where the analysis is explained.

PAPER 3

Page 21

Table heading: 5th column was “proportion concurrent”

Should read:

“Proportion concordant”

Page 15 Ref. 21: *American Journal of Obstetrics and Gynecology* 2007, **197** (3Suppl):22. is wrong:

Should read:

“American Journal of Obstetrics and Gynecology 2007, **197** (3Suppl):113-122”

Page 16 Ref. 26 should be omitted from the reference list.