Sannut Kenya Endline Survey Version 1

Field	Question	Answer		
enumerator *(required)*	Select your name			
County/Ward/Village				
id_subcounty *(required)*	What is the sub county?		subcounty	subcountyname
id_ward *(required)*	What is the ward?		ward	wardname
id_village *(required)*	What is the village?		village	villagename
Can I speak to the following person?				
name *(required)*	What is your full name? *If respondent is not on the list, contact supervisor immediately*		hhid	name
status *(required)*	What is the status of this respondent?	1	Interviewed	
		2	Not interviewed, but will return later	
		3	Permanently moved	
		4	Not interviewed due to language barrier, will return later	
		5	Deceased or not available	
		6	Ineligible (that is no child below 5 years)	
		7	Ineligible (physical/mental incapacity)	
		8	Respondent not known in the village/doesn't exist	
		9	Household/caregiver duplicated	
		10	From another village	
		11	Visited thrice unsuccessfully	

informed_consent *(required)*	Has the respondent given their written consent? *Enumerator: Read out loud the informed consent form and ask the respondent sign two copies, one for their records and the other to be retained by us. If the respondent is illiterate, ask for a witness who will sign the consent on their behalf.*	1	Yes
		0	No
Can I speak to the following person? > household			
phone1_has *(required)*	Do you have a phone?	1	Yes
		0	No
phone1 *(required)*	What is your phone number? *Enumerator: Number format between 700000000 and 799999999*		
contact_name_exists *(required)*	Is there family member or friend we can contact in case we cannot reach you?	1	Yes
		0	No
contact_name *(required)*	What's their name? *Enumerator: Enter -999 if the respondent does not know/have an alternative contact person.*		
phone2_has *(required)*	Does [contact_name] have a phone?	1	Yes
		0	No
phone2	What is their phone number? *Enumerator: Number format between 700000000 and 799999999*		
dob *(required)*	What year were you born? *Enumerator: Please enter in 1900 - 2017 format. Enter -999 if the respondent doesn't know or -777 if the respondent refuses to answer*		
Household Overview			
Household Overview > ppi			
ppi_household_size *(required)*	How many people are members of your household, i.e. eat from the same pot? *Include all the members in the household, including children. Enumerator: If the respondent does not know, ask them to go through each person one by one to come up with a tally*		
ppi_school_grade *(required)*	What is the highest school grade that the female head has completed?	1	None, or pre-school
		2	Primary standards 1 to 6
		3	Primary standard 7
		4	Primary standard 8, or secondary forms 1 to 3
		5	No female head/spouse
		6	Secondary form 4 or higher
		-999	Don't know
		-777	Refuse to answer
ppi_business_type *(required)*	What kind of business is the main occupation of the male head of household connected with?	1	Does not work
		2	No male head
		3	Agriculture, forestry, hunting, fishery, mining or quarrying
		4	Any other
		-999	Don't know
		-777	Refuse to answer
ppi_rooms_house *(required)*	How many habitable rooms does this household occupy in its main dwelling? *Do not count bathrooms, toilets, dedicated storerooms, or garage*		
ppi_lighting *(required)*	What is the main source of lighting in the household?	1	Collected firewood, purchased firewood, grass or dry cell (torch)
		2	Paraffin, candles, biogas or other
		3	Electricity, solar or gas
		-999	Don't know
		-777	Refuse to answer
water_distance *(required)*	Approximately, how long does it take to go get water and come back? *Enumerator: Enter the answer in minutes. If water is available inside the home/homestead, enter ZERO (0). Enter -999 for don't know and -777 for refuse to answer.*		
child_booklet	Next we are going to talk about the ages of the children below 5 years. Can I please see the Mother and Child Health Handbook if available as we discuss the children		
children *(required)*	How many children below five years live in this house? That is the children who are directly under your care, those that you either feed, attend to their sanitation needs or attend to when they are sick *Please list the children in ascending order of age*		
Child Roster (1)		**(Repeated group)**	
child_name *(required)*	What is the name of child 1?		
child_date *(required)*	How old in months is [child_name]? *Enumerator: If the child was born that month, put the month of birth as that month 1. Ask to see the date of birth for the child in the Mother and Child Health Handbook and record the month and year. 2. If the handbook is not there, ask for the month and year when the child was born. A newly born child's age is listed as the previous month 3. If the child's age is not known, probe on the year they were born and give the age to the nearest half year i.e. if born in 2014, take date of birth as June - 2014.*		
Relationship of respondent to youngest child			
caregiver_relationship *(required)*	What is your relationship to [youngest_name]?	1	Parent
		2	Grandparent
		3	Older sibling
		4	Other family member
		5	Yaya

		98	Other
		-999	Don't know
		-777	Refuse to answer
caretaker_relationship_other *(required)*	Please specify relationship to [youngest_name].		
total_children_experience *(required)*	How many children have you ever cared for?		
Latrine Construction			
toilet *(required)*	What kind of (toilet) facility do members of your household usually use? *Enumerator: If different household members use different toilets, focus on what type of toilet the respondent primarily uses.*	1	No facility/bush/field
		2	Bucket toilet
		3	Latrine
		4	Flush toilet i.e. WC
		98	Other
		-999	Don't know
		-777	Refuse to answer
toilet_other *(required)*	Please specify what type of toilet you use.		
own_latrine *(required)*	Does this household have a latrine or is there a latrine that you use?	1	Yes
		2	No, uses neighbor's latrine
		3	No
		-999	Don't know
		-777	Refuse to answer
toilet_construction_date *(required)*	Do you know when the latrine was constructed? *If only the year is known but the month unknown, take the date from the middle of the said year i.e. June-YYYY*	1	Yes
		0	No
toilet_date *(required)*	When was this toilet constructed?		
Latrine Use			
last_od *(required)*	The last time you defecated here at home (or at the neighbor's), did you use a toilet/latrine?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
toilet_problems *(required)*	Why not?	1	Dirty
		2	Full
		3	No water to flush
		4	Slab broken
		5	Superstructure broken / missing
		6	Not finished building
		7	Used as storage
		8	Smells bad
		9	Prefer the field/forest
		98	Other
		-999	Don't know
		-777	Refuse to answer
toilet_problems_other *(required)*	Please specify why you were not able to use the toilet.		
Disposal of child feces six to two			
diapers *(required)*	What kind of diapers do you most regularly use for [min_name2]?	0	No diapers ever used
		1	Disposable / Pampers
		2	Reusable / Nappies / Cloth
		3	Child has grown out of diapers
		4	Child uses latrine
		5	Child uses potty
		98	Other
		-999	Don't know
		-777	Refuse to answer
diapers_oth *(required)*	Please specify what other type of diaper you use for your child.		
diapers_oth_dispose	How do you dispose [diapers_oth]?		
diapers_disposable *(required)*	The last time [min_name2] passed stools, what was done to dispose of diaper and the stools?	0	Left in the open
		1	Buried
		2	Thrown into garbage
		3	Thrown into the latrine
		4	Burnt
		98	Other
		-999	Don't know
		-777	Refuse to answer
diapers_disposable_other *(required)*	Please specify how you disposed of your child's stools.		
diapers_reusable *(required)*	The last time [min_name2] passed stools, what was done to rid the nappy of the stools? *Enumerator: Clarify whether the nappies were washed with other clothes or by themselves*	1	Washed with other laundry
		2	Washed alone
		98	Other

			-999	Don't know
			-777	Refuse to answer
diapers_reusable_other *(required)*	Please specify how you disposed of your child's stools.			
diapers_water *(required)*	The last time [min_name2] passed stools, what did you do with the waste water after washing the diapers?		1	Pour outside / in the drain
			2	Pour in the latrine
			3	Pour in the farm
			4	Pour with other water from washing
			98	Other
			-999	Don't know
			-777	Refuse to answer
diapers_water_other *(required)*	Please specify how you disposed of the waste water			
diapers_none *(required)*	The last time [min_name2] passed stools, what was done to dispose of the stools?		0	Left feces in the open
			1	Buried
			2	Scoop feces into latrine
			3	Thrown in the farm
			98	Other
			-999	Don’t know
			-777	Refuse to answer
diapers_none_other *(required)*	Please specify how you disposed of your child's stools.			
Disposal of child feces for child aged two to five				
diapers_25 *(required)*	What kind of diapers do you most regularly use for [oldest_name]?		0	No diapers ever used
			1	Disposable / Pampers
			2	Reusable / Nappies / Cloth
			3	Child has grown out of diapers
			4	Child uses latrine
			5	Child uses potty
			98	Other
			-999	Don't know
			-777	Refuse to answer
diapers_25_oth *(required)*	Please specify what other type of diaper you use for your child.			
diapers_25_oth_dispose	How do you dispose [diapers_25_oth]?			
diapers_25_disposable *(required)*	The last time [oldest_name] passed stools, what was done to dispose of diaper and the stools?		0	Left in the open
			1	Buried
			2	Thrown into garbage
			3	Thrown into the latrine
			4	Burnt
			98	Other
			-999	Don't know
			-777	Refuse to answer
diapers_25_disposable_other *(required)*	Please specify how you disposed of your child's stools.			
diapers_25_reusable *(required)*	The last time [oldest_name] passed stools, what was done to dispose of the stools?		1	Washed with other laundry
			2	Washed alone
			98	Other
			-999	Don't know
			-777	Refuse to answer
diapers_25_reusable_other *(required)*	Please specify how you disposed of your child's stools.			
diapers_25_water *(required)*	The last time [oldest_name] passed stools, what did you do with the waste water after washing the nappy?		1	Pour outside / in the drain
			2	Pour in the latrine
			3	Pour in the farm
			4	Pour with other water from washing
			98	Other
			-999	Don't know
			-777	Refuse to answer
diapers_25_water_other *(required)*	Please specify how you disposed of the waste water			
diapers_25_none *(required)*	The last time [oldest_name] passed stools, what was done to dispose of the stools?		0	Left feces in the open
			1	Buried
			2	Scoop feces into latrine
			3	Thrown in the farm
			98	Other
			-999	Don’t know
			-777	Refuse to answer
diapers_25_none_other *(required)*	Please specify how you disposed of your child's stools.			

child_od *(required)*	Do any of your (other) children openly defecate or are their feces thrown in the open?	1	Yes
		0	No
courtyard_walk	Now we will walk around the courtyard to observe the same *Courtyard is defined as the environs around the house where children under 2 years play*		
Courtyard Cleanliness.			
courtyard_human_feces *(required)*	Are human feces visible in the courtyard? *Note whether human feces are present*	1	Yes
		0	No
courtyard_feces_animal *(required)*	Are animal/poultry feces visible in the courtyard? *Note whether there are any animal or poultry feces present*	1	Yes
		0	No
courtyard_trash *(required)*	Is there trash that has attracted flies visible in the courtyard? *Observe whether there is any trash with flies*	1	Yes
		0	No
courtyard_bad_water *(required)*	Is there stagnant water present? *Observe whether there is stagnant water*	1	Yes
		0	No
courtyard_animals *(required)*	Are there animals present? *Observe whether there are any animals*	1	Yes
		0	No
courtyard_animals_type *(required)*	Which ones? *List type of animals present*	1	Chicken/other poultry
		2	Goats or sheep
		3	Dogs
		5	Cows
		6	Donkeys
		98	Others
courtyard_animals_other	Please specify which other animals are observed *List a maximum of three animals seprated by a comma*		
courtyard_swept *(required)*	Does the courtyard look like it has been swept today?	1	Yes
		0	No
		2	Can't tell
Child Play Area			
child_surface_obs *(required)*	Can you point to where [min_name2] normally plays/stays when outside the house while at home? *Enumerator: Observe the play area*	1	Yes, there is a designated child play area close to the house
		2	No, there is no designated child play area close to the house
		3	Child plays far from the house
		4	Child only plays in the house
		5	Child doesn't play
child_surface *(required)*	Is there a specific surface for the child to play on? *Enumerator: Observe whether there is a specific surface (e.g. mattress or mat for the child to play on)*	1	Yes
		0	No
child_surface_clean *(required)*	Is the surface clean? *Enumerator: Clean entails not having dirt or anything that has attracted houseflies*	1	Yes
		0	No
child_on_surface *(required)*	Is the child on the surface? -	1	Yes
		0	No
child_area_general *(required)*	Is the general play area clean? *Enumerator: Clean entails not having dirt or anything that has attracted houseflies*	1	Yes
		0	No
child_play_comments	Other observations: *Leave blank if no other observations*		
toilet_visit	Kindly allow me to observe your toilet		
toilet_visit_permission *(required)*	Was any objection raised to observing the toilet? *Ask to be shown the toilet, and note whether permission is denied*	1	Yes
		0	No
Observe the toilet sorroundings			
latrine_cover *(required)*	Is there a cover for the pit/hole?	1	Yes
		0	No
latrine_aperture *(required)*	Is there a cover for the aperture?	1	Yes
		0	No
latrine_slab *(required)*	Is the slab smooth and easy to clean? *Focus on whether the slab is easy to clean: Cement is Yes, Wood, Stone or Mud is No*	1	Yes
		0	No
latrine_privacy *(required)*	Does the latrine have a structure that ensures privacy (e.g. walls, tarp)?	1	Yes
		0	No
latrine_roof *(required)*	Does the latrine have a roof?	1	Yes
		0	No
latrine_maintained *(required)*	Is the latrine structure safe (i.e. doesn't appear that it would collapse)?	1	Yes
		0	No
latrine_footpath *(required)*	Is there a well-used footpath towards the latrine?	1	Yes
		0	No
latrine_feces *(required)*	Are human feces visible on the latrine floor or slab?	1	Yes
		0	No
latrine_flies *(required)*	Are there flies in or near the latrine?	1	Yes

		0	No
latrine_clean *(required)*	In your opinion, is the general appearance/condition of the latrine area clean?	1	Yes
		0	No
latrine_dust *(required)*	Are there materials to cover the feces after defecation?	1	Yes
		0	No
latrine_cover_materials *(required)*	Which materials?	1	Ash
		2	Sawdust
		3	Soil/sand
		98	Other
latrine_materials_oth	Please specify which other materials are observed		
questions_proceed	Now we will talk about child feeding		
Exclusive breastfeeding			
breastfeeding *(required)*	Is [youngest_name] currently being breastfed?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
no_breastfeed *(required)*	Why is [youngest_name] not being breastfed? *Do not read the options. Probe the respondent and choose the option that matches best.*	1	Not enough breast milk
		2	Breast milk is not filling to baby
		3	Breast milk is not good for babies
		4	Cultural reasons
		5	Work-related obligations
		6	Weather too hot
		7	Child has outgrown breastfeeding/too old
		8	Mother is not available/around to breastfeed
		-777	Refuse to answer
		-999	Don't know
		98	Other
no_breatfeed_other *(required)*	Please specify other reason on why [youngest_name] is not being breastfed?		
breastfeed_freq *(required)*	Yesterday was [youngest_name] breastfed whenever he/she wanted or on a fixed schedule? *Enumerator: Ask for both day and night to cover a 24 hour period*	1	Whenever she/he wanted
		2	On a fixed schedule
		-999	Don't know
		-777	Refuse to answer
colostrum *(required)*	In the first three days after delivery, was [youngest_name] given anything to drink or eat other than breast milk?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
no_ebf *(required)*	Is [youngest_name] currently being fed anything other than breast milk?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
bf_plus_food_exclusive *(required)*	What else is [youngest_name] being fed?	1	Milk (other than breast milk)
		2	Plain water
		3	Sugar or glucose water/ sugar-salt-water solution/ fruit juice
		4	Rice, potatoes, ugali
		5	Infant formula
		6	Mashed food
		7	Porridge
		98	Other
		-999	Don't know
		-777	Refuse to answer
ebf_foods_age *(required)*	How many months old was [youngest_name] when you introduced other liquids/foods beyond breast milk? *If respondent does not remember, enter '-999' or enter '-777' if the respondent refuses to answer.*		
Complementary Feeding (1)		**(Repeated group)**	
Complementary Feeding (1) > Complementary Feeding			
breastfeeding_above2 *(required)*	Is [child_all_name_1] currently being breastfed?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
no_breastfeed_2 *(required)*	Why is [child_all_name_1] not being breastfed in addition to giving other foods? *Do not read the options. Probe the respondent and choose the option that matches best.*	1	Not enough breast milk
		2	Breast milk is not filling to

			baby
		3	Breast milk is not good for babies
		4	Cultural reasons
		5	Work-related obligations
		6	Weather too hot
		7	Child has outgrown breastfeeding/too old
		8	Mother is not available/around to breastfeed
		-777	Refuse to answer
		-999	Don't know
		98	Other
breastfeed_freq_2 *(required)*	Yesterday was [child_all_name_1] breastfed whenever he/she wanted or on a fixed schedule? *Enumerator: Ask for both day and night to cover a 24 hour period*	1	Whenever she/he wanted
		2	On a fixed schedule
		-999	Don't know
		-777	Refuse to answer
breastfeed_freq_above2 *(required)*	How many times a day is [child_all_name_1] breastfed?		
no_ebf_above2 *(required)*	Is [child_all_name_1] currently being fed anything other than breast milk?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
bf_plus_food_daily *(required)*	How many times a day is [child_all_name_1] fed?		
bf_plus_food_complementary *(required)*	What else is [child_all_name_1] being fed?	1	Milk (other than breast milk)
		2	Plain water
		3	Sugar or glucose water/ sugar-salt-water solution/ fruit juice
		4	Rice, potatoes, ugali
		5	Infant formula
		6	Mashed food
		7	Porridge
		98	Other
		-999	Don't know
		-777	Refuse to answer
ebf_foods_age_above2 *(required)*	How many months old was [child_all_name_1] when you introduced other liquids/foods beyond breast milk? *Enumerator: If respondent does not remember, enter '-999' or enter '-777' if the respondent refuses to answer. If age is given in years, convert to months and enter in months eg. If 1.5 years, enter 18 months. Confirm "once attaining or after attaining x" for every answer!*		
cards	I would now like to see the health cards for your children below 5 years (who we've just talked about)		
Health Facility Visits (1)		**(Repeated group)**	
Health Facility Visits (1) > Health Facility Visits for Vitamin A			
health_card_obs_vita *(required)*	Do you have a card / child health book where [child_all_name_2]'s vaccinations/facility visits are written down that you could show me?	2	Yes, seen
		1	Yes, not seen
		3	Yes, different type of MCH booklet
		0	No
Health Facility Visits (1) > Health Facility Visits for Vitamin A > Observations of health card for Vitamin A			
vitA_date_present *(required)*	Is there a date for the most recent Vit A visit?	1	Yes, date indicated
		2	No, but there's a tick mark
		3	No, no date or tick mark
vitA_date *(required)*	Enumerator: Copy down the dates for Vitamin A *Dates are diplayed on PAGE 34 of the child health book. Scroll down to copy dates*		
vitA_ticks *(required)*	Enumerator: When was the Vitamin A administered? *Note the box where there's a tick*	1	< 6 months
		2	6 months
		3	12 months (1 year)
		4	18 months (1 1/2 year)
		5	24 months (2 years)
		6	30 months (2 1/2 years)
		7	36 months (3 years)
		8	42 months (3 1/2 years)
		9	48 months (4 years)
		10	54 months (4 1/2 years)
		11	59 months (5 years)
Health Facility Visits for Deworming (1)		**(Repeated group)**	

Health Facility Visits for Deworming (1) > Health Facility Visits for Deworming			
health_card_obs_worm *(required)*	Do you have a card / child health book where [child_all_name_3]'s vaccinations/facility visits are written down that you could show me?	2	Yes, seen
		1	Yes, not seen
		3	Yes, different type of MCH booklet
		0	No
Health Facility Visits for Deworming (1) > Health Facility Visits for Deworming > Observations of health card for Deworming			
deworming_date_present *(required)*	Is there a date for the most recent deworming visit?	1	Yes, date indicated
		2	No, but there's a tick mark
		3	No, no date or tick mark
deworming *(required)*	Enumerator: Copy down the dates for Al/Mebendazole) *Dates are diplayed on PAGE 34 of the child health book. Scroll down to copy dates*		
deworming_ticks *(required)*	Enumerator: When was deworming administered? *Note the box where there's a tick*	1	< 6 months
		2	6 months
		3	12 months (1 year)
		4	18 months (1 1/2 year)
		5	24 months (2 years)
		6	30 months (2 1/2 years)
		7	36 months (3 years)
		8	42 months (3 1/2 years)
		9	48 months (4 years)
		10	54 months (4 1/2 years)
		11	59 months (5 years)
General health seeking behaviour			
facility_name *(required)*	Which health facility do you go to? *Enumerator: Input the first letter of the health facility. If the respondent visits multiple facilities, ask which one they visit most often. Enter "None" on the next screen if the repondent hasn't visited a facility in the past two years*		
health_facility_name *(required)*	Select health facility *If the only options are none and other, please confirm you've typed the correct letter on the previous screen. If these are still the only options, select other and proceed*	mfl_code	facility
		0	None (I don't go to any health facility)/Haven't gone to a HF in the last two years
		98	Other
health_facility_name_oth *(required)*	Please specify which other health facility you go to		
General health seeking behaviour > Household visits health facilities			
health_facility_date *(required)*	When was the last time you went to [health_facility]? *Enumerator: If the repondent does not remember, probe, and if they still can't remember, go back and select "None../Haven't gone to hospital..."*		
health_facility_mode *(required)*	Which mode of transport do you mostly use when going to the hospital? *If a combination of two or more modes is used, note the mode which covers the greatest distance*	1	By car
		2	Walking
		3	By motorbike (boda boda)
		4	By donkey
		5	By bicycle
		98	Other
		-999	Don't know
		-777	Refuse to answer
health_distance *(required)*	Approximately, how long does it take to get to this health facility? *Enter the answer in minutes. Enter -999 for don't know and -777 for refuse to answer.*		
hf_mode_multiple *(required)*	Is more than one mode of transport used to travel to the health facility?	1	Yes
		0	No
health_distance_total *(required)*	What is the total time taken to travel to the health facility? *Enumerator: Include the time total time for the different transport modes*		
health_facility_success *(required)*	The last time you went to [health_facility], were you able to get what you had gone for?	1	Yes
		0	No
health_facility_failure *(required)*	Why were you not able to get what you had gone for?	1	Facility was out of stock
		2	No staff were present
		3	The wait was too long
		98	Other
		-999	Don't know
		-777	Refuse to answer
health_facility_failure_oth *(required)*	Please specify why you were not able to get what you had gone for.		
sick *(required)*	Have any of your [children] children been sick in the past two months?	1	Yes
		0	No
sick_child	Please answer this question for the child who has been unwell most recently		
Question regarding sick child			
Question regarding sick child > Health seeking for sick children			
health_child_name2 *(required)*	Which child has been sick most recently? *Enumerator: If there's more than one child, list the one who has been sick most recently.*	1	...

		2	...
		3	...
		4	...
		5	...
		6	...
		7	...
		8	...
		9	...
		10	...
health_child_hospital *(required)*	When [health_child_name] was sick, was he or she taken to hospital?	1	Yes
		0	No
Handwashing			
handwash_place *(required)*	Is there a place for hand-washing in the household? *Enumerator: Ask to see the place where handwashing takes place*	1	Yes
		0	No
Handwashing > Handwashing Structure			
handwash_water *(required)*	Is there water? *Enumerator: OBSERVE*	1	Yes
		0	No
handwash_materials *(required)*	What hand-washing materials are observed? *Enumerator: OBSERVE*	0	None
		1	Bar soap
		2	Ash
		3	Sand
		98	Other
handwash_materials_oth *(required)*	Please specify what other hand-washing materials are observed. *Enumerator: OBSERVE*		
handwash_use *(required)*	Is there evidence of the hand-washing station recently being used (e.g. wet ground, presence of water)? *Enumerator: OBSERVE*	1	Yes
		0	No
		2	Can't tell
Hand Washing Practice			
handwash_freq *(required)*	Approximately, how often per day do you usually wash your hands? *If the respondent does not know, enter "-999", and use "-777" if the respondent refuses to answer. Enter 0 if the respondent does not wash hands*		
handwash_soap *(required)*	When washing your hands, what do you use? Check all that apply.	1	Water only
		2	Water with ash
		3	Water with soap
		98	Other
		-999	Don't know
		-777	Refuse to answer
handwash_soap_oth *(required)*	Please specify what you use to wash your hands with.		
handwash_activities *(required)*	After which activities do you regularly wash your hands? *Do not read all of the options. Probe the respondent on which activities she regularly washes her hands and select the options that match best.*	1	When hands are dirty
		2	When returning to house from work or outside
		3	Before eating
		4	After eating
		5	Before preparing food
		6	After defecation/using the toilet
		7	After cleaning child/baby who has defecated
		8	After handling child/baby feces
		9	After touching animals
		10	After handling animal feces
		11	After taking care of sick family members / neighbors
		12	Before feeding the child
		98	Other
		-999	Don't know
		-777	Refuse to answer
handwash_activities_oth *(required)*	Please specify another activity after which you regularly wash your hands.		
Hand Washing Practice > How often child's hands are washed			
infant_handwash_activities *(required)*	After which activities do you (or someone else in your household) regularly wash [min_name2] 's hands? *Do not read all of the options. Probe the respondent on which activities she regularly washes her infant's hands for and select the option(s) that best match.*	0	I don't wash the child's hands
		1	Before food feeding
		2	After food feeding
		3	After infant has been playing courtyard
		4	After infant has defecated

			98	Other
			-999	Don't know
			-777	Refuse to answer
infant_handwash_activities_oth *(required)*	Please specify another activity for which you regularly wash your infant's hands.			
infant_handwash *(required)*	How often per day do you or someone else in your household wash [min_name2] 's hands?			
infant_handwash_soap *(required)*	When you or someone in your household washes [min_name2]'s hands, what do you usually use?		1	Water only
			2	Water with ash
			3	Water with soap
			98	Other
			-999	Don't know
			-777	Refuse to answer
Intances of diarrhoea (1)		**(Repeated group)**		
Intances of diarrhoea (1) > Diarrhoea for children over six months				
child_diarrhoea_self *(required)*	Has [child_all_name] had diarrhoea in the past two weeks?		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
child_diarrhoea_pic *(required)*	What did [child_all_name]'s stool look like in the past two weeks? *Enumerator: Show images to respondent and indicate the stool type that the respondent states. Do not tell the respondent what stool type indicates diarrhoea! Do not ask them what the stool looked like when the child had diarrhoea!*		1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			98	Other
			-999	Don’t know
			-777	Refuse to answer
Sanitation Knowledge				
good_sanitation *(required)*	In your opinion, what are ways to maintain a sanitary environment inside the home to prevent contamination of food from fecal matter? Please list as many as you can think of. *Enumerator: Do not read the options to the respondent. Let them state their answers and select the best fit where applicable*		1	Regular use of toilets/no open defecation
			2	Safe disposal of child/infant feces
			3	Safe disposal of animal feces
			4	Proper disposal of garbage and wastewater
			5	Handwashing before handling food
			6	Handwashing after defecation / using the toilet
			7	Covering food
			98	Other
			-999	Don't know
			-777	Refuse to answer
good_sanitation_oth *(required)*	Please specify another way to maintain a sanitary environment inside the home to prevent contamination of food from fecal matter.			
diarrhea_cause *(required)*	What are some practices that could cause a person to get diarrhea? Please list all you can think of. *Enumerator: Do not read the options to the respondent. Let them state their answers and select the best fit where applicable*		1	No / lack of hand-washing before eating
			2	No / lack of hand-washing after defecation
			3	No / lack of hand-washing after cleaning children's / disposal of feces
			4	Drinking untreated water / drinking dirty water
			5	Use of contaminated utensils
			6	Improper / lack of cooking food / use of dirty or untreated water to cook
			7	Improper / not cleaning or washing vegetables before cooking/eating
			98	Other
			-999	Don't know
			-777	Refuse to answer
diarrhea_cause_oth *(required)*	Please specify another way that a person can get diarrhea.			

diarrhoea_water_cause *(required)*	What are some practices that could prevent getting diarrhoea from water? *Enumerator: Do not read the options to the respondent. Let them state their answers and select the best fit where applicable*		1	Boil Water
			2	Treat with chlorine/ aquaguard (or any other chlorine based chemical)
			3	Sieve water
			4	Leave it out in the sun for over 4 hours
			98	Other
			-999	Don't know
			-777	Refuse to answer
diarrhoea_water_cause_other *(required)*	Please specify another way to prevent water-borne diarrhoea transmission			
handwash_activities_critical *(required)*	In your opinion, when do you think are the critical times to wash your hands? *Enumerator: Do not read the options to the respondent. Let them state their answers and select the best fit where applicable*		1	When hands are dirty
			2	When returning to house from work or outside
			3	Before eating
			4	After eating
			5	Before preparing food
			6	After defecation/using the toilet
			7	After cleaning child/baby who has defecated
			8	After handling child/baby feces
			9	After touching animals
			10	After handling animal feces
			11	After taking care of sick family members / neighbors
			12	Before feeding the child
			98	Other
			-999	Don't know
			-777	Refuse to answer
handwash_activities_critical_oth *(required)*	Please specify another activity after which you think it is critical to wash your hands.			
safe_child_feces_disposal *(required)*	In your opinion, what is the safest way to dispose of your child's stools? *Enumerator: Do not read the options to the respondent. Let them state their answers and select the best fit where applicable*		1	Child uses latrine
			2	Put feces/diaper/wastewater into toilet or latrine
			3	Put feces/diaper/wastewater into drain or ditch
			4	Throw into garbage
			5	Bury
			6	Leave in the open
			98	Other
			-999	Don't know
			-777	Refuse to answer
child_feces_safe_disposal_oth *(required)*	Please specify what is the safest way to dispose of your child's stools.			
Nutrition Knowledge				
breastfeed_benefits *(required)*	In your opinion, what are the benefits of feeding your child breast milk? *Do not read the options. Probe the respondent on what she thinks all the benefits are and select the option(s) that best match.*		1	Nutritious to baby / makes the baby strong
			2	Prevents diseases/infections
			3	Cleans baby's stomach
			4	Leads to bonding between mother and baby
			5	Nothing specific
			98	Other
			-999	Don't know
			-777	Refuse to answer
breastfeed_benefits_oth *(required)*	Please specify the other benefits of feeding your child breast milk.			
breastfeed_start *(required)*	How long after birth should a child be put to the breast? *If under one hour, enter the immediately option*		1	Immediately / less than an hour
			2	Respondent gives number of hours
			3	Respondent gives number of days
			-999	Don't know
			-777	Refuse to answer
breastfeed_start_hrs *(required)*	How many hours did the respondent give? *Do not read this question. Input the number of hours the respondent gave for the previous question.*			

breastfeed_start_days *(required)*	How many days did the respondent give? *Do not read this question. Input the number of days the respondent gave for the previous question.*		
breastmilk_months *(required)*	For how long in months should a child be fed on breast milk without being given anything else? *Enumerator: If the respondent gives an answer, ask whether they mean when the child attains that age, or after that age. If the respondent does not know, enter "-999", and use "-777" if the respondent refuses to answer*		
solid_foods_months *(required)*	At what age in months should one introduce first solid / semi-solid food to a baby? *Enumerator: If the respondent gives an answer, ask whether they mean when the child attains that age, or after that age. If the respondent does not know, enter "-999", and use "-777" if the respondent refuses to answer*		
Additional Questions			
chv_note	We are now talking about CHVs		
chv_visit *(required)*	Has your household been visited by a Community Health Volunteer in the last six months?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
chv_name *(required)*	What is the name of the Community Health Volunteer that visited you? *Pick one (the most recent to visit) if they remember more than one*		
chv_last_visit *(required)*	How long ago was the last visit you had with a Community Health Volunteer?	1	In the last week
		2	In the last month
		3	In the last three months
		4	In the last six months
		98	Other
		-999	Don't know
		-777	Refuse to answer
chv_last_visit_oth	Please specify the duration when the CHV last visited		
chv_freq *(required)*	How regularly are you being visited by a Community Health Volunteer?	1	Every couple of days
		2	Every couple of weeks
		3	About once a month
		4	Every couple of months
		98	Other
		-999	Don't know
		-777	Refuse to answer
chv_freq_oth	Please specify the how often you are visited by the CHV		
chv_topics *(required)*	Which topics has the Community Health Volunteer spoken to you about? *Do not read all of the options. Probe the respondent on which topics the Community Health Volunteer has spoken to her about and pick the option(s) that match best.*	1	Build a latrine
		2	Always use a latrine / stop open defecation
		3	Safe disposal of infant feces
		4	Wash hands with soap and water
		5	Drink safe water
		6	Treat drinking water
		7	Store drinking water safely
		8	Good food hygiene
		9	Wastewater / stagnant water managemenet
		10	Proper solid waste disposal / management
		11	Exclusive breastfeeding
		12	Complementary feeding
		13	Importance of visiting Health Facility with infant for routine check-up
		14	Importance of visiting Health Facility with infant when it is ill
		98	Other
		-999	Don't know
		-777	Refuse to answer
chv_topics_oth *(required)*	Please specify another topic the Community Health Volunteer has spoken to you about.		
trigger *(required)*	Have you heard of community meetings mapping open defecation being held in your village in the past one year?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
trigger_attend *(required)*	Has your household taken part in a community meeting that maps open defecation in your kijiji?	1	Yes
		2	No
		-999	Don't know
		-777	Refuse to answer
trigger_recall *(required)*	How many months ago did this community meeting take place? *If the respondent does not know, enter "-999", and use "-777" if the respondent refuses to answer*		
trigger_hear *(required)*	How did you hear about this community meeting?	1	From a Community Health

				Volunteer
			2	From someone in the household
			3	From someone in my community/kijiji
			4	From someone in another community/kijiji
			98	Other
			-999	Don't know
			-777	Refuse to answer
trigger_hear_oth *(required)*	Please specify how you heard about the community meeting.			
trigger_oth_hh *(required)*	Do you know of other households in your kijiji that have taken part in a community meeting that maps open defecation in the kijiji?		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
trigger_spillover *(required)*	Have you heard of community meetings mapping open defecation being held in other villages in this area?		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
trigger_neighbors *(required)*	Did you or anyone in your village attend the meeting in the other village?		0	No, I know no one that attended
			1	My neighbors attended
			2	Someone in my household attended
			3	I attended
			-777	Refuse to answer
			-999	Don't know
caretaker_meeting *(required)*	Has a Community Health Volunteer organized a meeting for mothers and caregivers in your community that spoke about child sanitation and nutrition within the past six months?		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
caretaker_meetings_number *(required)*	How many of these meetings have you attended (in the past six months)? *Enumerator: Enter -999 if the respondent does not know or -777 if they refuse to answer*			
caretaker_meeting_recall *(required)*	How many months ago was the last meeting that you attended? *Enumerator: Enter -999 if the respondent does not know or -777 if they refuse to answer*			
caregiver_meeting_mobilize *(required)*	How did you hear about these caregiver meetings? *Enumerator: If they heard through multiple channels, ask where they first heard it*		1	From a Community Health Volunteer
			2	From a neighbour
			3	From someone in my household
			4	From someone in my community/kijiji
			98	Other
			-999	Don’t know
			-777	Refuse to answer
caregiver_mobilize_oth *(required)*	Please specify how you heard about the community meeting.			
caregiver_meeting_spill *(required)*	Have you attended any meeting by a community Health Volunteer from another village organized for mothers and caregivers in your community to speak about child sanitation and nutrition?		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
feeding_info_source *(required)*	From whom/where do you receive/have you received information about feeding your child? Select all that apply.		1	Mother / mother-in-law
			2	Father / father-in-law
			3	Other relative
			4	House girl
			5	Neighbor / friend
			6	Day care center
			7	Siblings
			8	Health care worker/Hospital
			9	Community Health Volunteer
			10	Print media
			11	Electronic media
			12	SMS
			13	I have not received feeding informatiom from anyone
			98	Other
			-999	Don't know

			-777	Refuse to answer
feeding_info_source_oth *(required)*	Please specify where else you have received information about feeding your child.			
womens_clubs *(required)*	Are there any women's groups in your kijiji that meet regularly? Select all that apply.		0	No group(s)
			1	Breastfeeding club
			2	Saving's groups/table banking/chama
			3	Sanitation clubs
			98	Other
			-999	Don't know
			-777	Refuse to answer
womens_clubs_there_oth *(required)*	Please specify the other women's group(s) you are a part of.			
womens_clubs_caretaker *(required)*	Are you a member of these breastfeeding or sanitation groups? Select all that apply.		1	Yes
			2	No
			-999	Don't know
			-777	Refuse to answer
womens_clubs_oth *(required)*	Please specify the other women's group(s) you are a part of.			
womens_clubs_freq *(required)*	How often does the group meet? *Select the schedule for the group that meets most often/regularly*		1	Weekly
			2	Every two weeks
			3	Monthly
			98	Other
			-999	Don’t know
			-777	Refuse to answer
womens_clubs_freq_oth *(required)*	Please specify how often the group meets.			
womens_clubs_attend *(required)*	How often are you able to attend the meetings?		1	Weekly
			2	Every two weeks
			3	Monthly
			98	Other
			-999	Don’t know
			-777	Refuse to answer
womens_clubs_attend_oth *(required)*	Please specify how often you are able to attend the meetings.			
revisit_date *(required)*	When will you revisit the household? *If you can't understand the respondent and can't communicate at all, indicate the following day*			
revisit_phone *(required)*	Do you have [revisit_name]'s phone number? *If you can't understand the respondent and can't communicate at all, indicate "No". If the respondent has permanently moved away, ask for their phone number from those in the homestead to enable follow up*		1	Yes
			0	No
moved_phone *(required)*	What is the phone number of [revisit_name]? *Enumerator: Number format between 700000000 and 799999999*			
moved_location *(required)*	Where has [revisit_name] moved to? *Type the description, starting by the county and then enter as precise of a location as possible. Eg Kiambu; Thika Town, near Ananas mall*			
overall_comment	Please record any observations about the survey, respondent or other important occurrence not already captured *Put comments on questions where correct answers could not be entered etc.*			
consent_comment *(required)*	What reason did the respondent give for refusing consent?			
primary_caregiver_confirm *(required)*	Was the caregiver the primary caregiver?		1	Targeted caregiver (correct name)
			2	Targeted caregiver (different name)
			3	Different primary caregiver in same HH (other than the one in the admin list)
name_change *(required)*	What is the name of the caregiver?			
status_comment *(required)*	Additional comment on status			
interview_language *(required)*	Which language was the interview conducted in?		1	Kiswahili
			2	Kamba
gps	GPS *Wait until accuracy less than 30m.*			
thank_you				