Maternal perception of malnutrition among infants using verbal and pictorial methods in rural Kenya

Date of visit: ___/___/____ Study Number: ________________

Village: ___________________________

Information on caretaker

1. Name of caretaker: ____________________  
2. DOB caretaker: ___/___/____  
3. Number of pregnancies: _____________  
4. Number of live births: _______________  
5. Number of live children: _____________  
6. Number of children under her care: _________  
7. Level of education:  
   None: =0  Lower than Std four: =1  higher than Std four: =2  
   Secondary: =3  Others: =4  

Information on infants

8. Name of infant: ____________________  
9. DoB of infant: ___/___/____  
10. Sex: Female: =1  Male=2  

11. Type of delivery:  
   Hospital =1  Home=2  On the way=3  

Describing infant’s growth

12. Is the infant still breastfeeding?  
   Yes =1  No =0  

Is the infant taking any of the following drinks or foods?  
   Water: _______  Juice: _______  Cow’s milk: _______  
   Porridge: _______  Marshed potatoes Ugali: _______  

Other foods: _____________________________  
   (If exclusively breastfeeding=1, if other foods and drinks=0)  

At what age did you start your child on other fluids/foods?  

Why did you start your child on other fluids/foods?  
_________________________________

13. Has your child been unwell in the recent past (2 weeks)  
   Yes: =1  No: =0  

If yes, please describe the illness:  
_________________________________
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14. How many times since birth has the infants visited the health centre for Vaccination alone: _____ For illness alone: _____
   For vaccination and illness together: ____________

   Total number of visits: ________

15. What infant services have you accessed at your clinic?

   Vaccination: ________ Nutrition and health advice: ________
   Treatment: ________ Growth monitoring: _____________
   Bed nets: ________ None: ________

   What other services are available for infants? ________________

Maternal perception of their infant’s nutritional status

Fill in Question 7 from the list of choices provided below it

16. How would you describe your infant’s growth and health (thrive)?
   Very good = 4  Good = 3  Not good = 2  Poor = 1  very poor = 0

Please look through these sketches. What do you see?

17. Please organize the sketches in an order of your choice

   (Perfect order = 2, correct extremes = 1, Wrong order = 0)

18. Using sketches presented together but in a random order and allow the mothers time to pick whichever one they think;

   i. Closely resembles the size of your child right now: ________

      What did you look for in comparison?

                    ________________________________

   ii. Closely resembles the ideal size for your child: ________

      What did you like in this sketch?

                    ________________________________

   iii. One that will alarm you to take the child to hospital ________

      What alarmed you about this sketch?

                    ________________________________

19. How would you know if your child is malnourished?

                    ________________________________

Taking and discussing anthropometry

The child’s MUAC, Weight and Length to be taken

Weight: ________ Length: ________ MUAC: _____________

Do you have any questions or concern from our discussion today?

                    ________________________________