

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 infants still breastfeeding?

Yes =1 No =0

Is the infant taking any of the following drinks or foods?

Water: \_\_\_\_\_ Juice: \_\_\_\_\_ Cow's milk: \_\_\_\_\_

Porridge: \_\_\_\_\_ Marshes 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?

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ii. Closely resembles the ideal size for your child:

What did you like in this sketch?

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

What alarmed you about this sketch?

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

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**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?

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