 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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THE YOUNG LIVES STUDY ENROLMENT FORM (RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

I am from the 'Young Lives' project. This is a study of child welfare done by Save the Children-UK and the Centre for Economic and Social Studies, Hyderabad, that is taking place in several countries. I was wondering if you had time to answer a few questions so we can check if there is anyone eligible for the study in this household. If the household is eligible we will explain the study in detail and answer any questions so you can decide if you want to take part. I would like to reassure you that all the information will be confidential. We will not give this information to anybody. It will be used for research purposes only.

E1.	Confirm that there is an eligible 6 to 17 month old baby (i.e. 17 completed months, less than 18 months) in the household
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DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

**E2. IF THERE IS MORE THAN ONE ELIGIBLE CHILD USE THE SELECTION LIST PROVIDED.
IF THERE IS NO ELIGIBLE CHILD, THANK THE RESPONDENT AND END THE INTERVIEW.**

SAY: *We would like to talk to you about the child aged between 6 -17 months that you told us about.*

ASK FOR THE SELECTED CHILD

E6.	On what date was the child born? CHECK WITH DOCUMENTATION WHERE AVAILABLE, MINIMUM ENTRY OF MONTH AND YEAR	___/___/___ <i>dd / mm / yy</i>	DOB
E7.	Is the child male or female?		SEX
	- Male	[] 1	
	- Female	[] 2	

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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THE YOUNG LIVES STUDY 6-17.9 MONTH CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

YOU MUST COMPLETE THIS FORM WITH THE PRIMARY CAREGIVER OF EACH CHILD ON YOUR LIST


When we visited you yesterday to tell you about the ‘Young Lives’ project you agreed to think about taking part in the project. Do you or anyone else in the household have any questions you want to ask me? Are you still happy to take part in the project?

IF NO: Thank the respondent and end the interview.

IF YES: Thank you for agreeing to take part in the ‘Young Lives’ project. This is the first interview. It will take about one and a half to two hours to complete. During the interview we will ask you some questions about yourself, your child and your home environment.

I would like to reassure you that all the information will be confidential. We will not give this information to anybody. It will be used for research purposes only.

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the interview just let me know. I just want to check again if you have any questions? I am going to start the interview now.

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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THE YOUNG LIVES STUDY 6 - 17.9 MONTHS HOUSEHOLD QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	IN ___ 0 ___	CHILDID
1.2	Date of interview	___ ___ / ___ ___ / ___ ___ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


SAY: *First I am going to ask some questions which will help us find you when we come back to see you in three years.*

1.3	What is your relationship to the child?		RELCARE
	- Biological mother	[] 1	
	- Grandmother	[] 2	
	- Sister/brother	[] 3	
	- Father	[] 4	
	- Aunt/Uncle	[] 5	
	- Other: SPECIFY  _____	[] 6	SPECARE
- NK	[] 99		

1.4	Where does the child's biological mother live?		MOMLIVE
	- Not in the household	[] 1	
	- In the household	[] 2	
	- Mother dead	[] 3	
	- NK	[] 99	

1.5	In the last 6 months how often has the child's biological mother seen him/her?		SEEMOM
	- Daily	[] 1	
	- Weekly	[] 2	
	- Monthly	[] 3	
	- Less than monthly	[] 4	
	- Never in last 6 months	[] 5	
	- N/A (Mother dead)	[] 88	
	- NK	[] 99	

1.6	Cluster ID (OBSERVE)	___ ___	CLUSTID
1.7	Community ID (OBSERVE)	___ ___ ___ ___	COMMID

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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1.8	Region of residence (OBSERVE)		REGION
	- Coastal Andhra	[] 21	
	- Rayalaseema	[] 22	
	- Telangana	[] 23	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

SAY: *Now I am going to ask some questions about the people who live in this household. That is the people who live together, usually pool their income and eat at least one meal together when they are at home. This does not include people who have permanently migrated or are considered visitors.*


2.1	What is your marital status? <i>(of the caregiver)</i>		PARTNER
	- Permanent partner	[] 1	
	- Divorced or separated	[] 2	
	- Single	[] 3	
	- Widowed	[] 4	
	- NK	[] 99	
2.2	Does your <i>(the caregiver's)</i> partner live in the household?		PARTLIVE
	- Yes	[] 1	
	- No	[] 2	
	- N/A <i>(caregiver has no partner)</i>	[] 88	
	- NK	[] 99	
2.3	Who do you consider to be the head of this household?		HEAD
	- Myself <i>(caregiver)</i>	[] 1	
	- Partner <i>(of caregiver)</i>	[] 2	
	- Other: SPECIFY ☒ _____	[] 3	SPECHEAD
	- NK	[] 99	
2.4	In total how many people live in the household? <i>(99=NK)</i>	___ ___	HHSIZE

SAY: *Starting with oldest and finishing with the youngest could you please list the sex, age and relationship to the YL child of each person who lives in the household? You don't have to include the YL child as I have already written down his/her name, but please include yourself.*

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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INSTRUCTIONS FOR HOUSEHOLD ROSTER:

1. RECORD THE SEX, AGE AND RELATIONSHIP TO YL CHILD IN **TABLE 2.5**. ANY MEMBERS REPORTED AS BEING UNDER FIVE YEARS MUST BE ENTERED IN **TABLE 2.6**. YOU DO NOT HAVE TO INCLUDE THE YL CHILD IN THE ROSTER.
2. THEN WORK DOWN THE COLUMNS IN **TABLE 2.5** ASKING QUESTIONS 2.5.6-2.5.7 FOR EACH MEMBER. WHEN YOU HAVE COMPLETED THE EDUCATION QUESTION FOR EACH HOUSEHOLD MEMBER ASK 2.5.8, 2.5.9 AND 2.5.10.
3. WHEN YOU HAVE ASKED THE QUESTIONS FOR ALL HOUSEHOLD MEMBERS OVER 5 YEARS OF AGE GOTO TABLE 2.6.

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	IN ___ 0 ___	R11NDX

2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Highest grade reached in school
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(GRADING)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	
01									
02									
03									
04									
05									
06									
07									

CODE BOX 1: RELATIONSHIP TO YL CHILD	
01=Biological parent	06= Cousin
02= Partner of biological parent	07=Labourer/tenant/servant
03= Grandparent	12= Step-brother/sister
04= Uncle/aunt	13= Other: SPECIFY ABOVE
05= Brother/sister	99=NK

2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Highest grade reached in school
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(GRADING)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	
08									
09									
10									
11									
12									
13									
14									

CODE BOX 1: RELATIONSHIP TO CHILD	
01=Biological parent	06= Cousin
02= Partner of biological parent	07=Labourer/tenant/servant
03= Grandparent	12= Step-brother/sister
04= Uncle/aunt	13= Other: SPECIFY ABOVE
05 = Brother/sister	99=NK

WRITE DOWN THE FULL NAMES OF ALL THE CHILDREN **UNDER FIVE** AND WORK DOWN THE ROWS ASKING FOR EACH:,,,,,

2.6.1	2.6.3	2.6.4	2.6.5	2.6.6
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'NAME OF CHILD'?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(DISABLED)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW	1=Yes 2=No 9=NK
15				
16				
17				
18				
19				
20				
21				

CODE BOX 1: RELATIONSHIP TO CHILD	
01=Biological parent	06= Cousin
02= Partner of biological parent	07=Labourer/tenant/servant
03= Grandparent	12= Step-brother/sister
04= Uncle/aunt	13= Other: SPECIFY ABOVE
05 = Brother/sister	99=NK

2.7	Enter the ROSTER ID of the caregiver	___ ___	CAREID
2.8	Which of the people you listed is the head of the household? Enter the roster ID of the household head (99=NK)	___ ___	HEADID
2.9	Which of the people you listed is your husband/partner? Enter the roster ID of the partner of the caregiver. (88=N/A – Caregiver does not have partner or partner does not live in the household, 99=NK)	___ ___	PARTID

2.10	Where does 'NAME's' biological father live?		DADDEAD
	- Not in household	[] 1	
	- In the household	[] 2	
	- Father dead	[] 3	
	- NK	[] 99	
2.10.1	In the last 6 months how often has 'NAME's' biological father seen him/her?		SEEDAD
	- Daily	[] 1	
	- Weekly	[] 2	
	- Monthly	[] 3	
	- Less than monthly	[] 4	
	- Never in last 6 months	[] 5	
	- N/A – <i>Father dead</i>	[] 88	
	- NK	[] 99	

SECTION 3: PREGNANCY, DELIVERY AND BREAST-FEEDING

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT CAREGIVER)

SAY: *I want to ask you some questions around the time of 'NAME's' birth and delivery.*

3.1	How much did 'NAME' weigh at birth? (-9999=NK) CROSS CHECK WITH DOCUMENTATION IF AVAILABLE	_____ grams	BWGHT
3.1.1	Was the birth weight from documentation (OBSERVE)		BWDOC
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.1.2	Is the respondent the biological mother? (OBSERVE)		BIO1
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.2	During your pregnancy with 'NAME' did you see anyone for antenatal care? EXCLUDE VISITS FOR NON-PREGNANCY RELATED ILLNESS		ANTNATA
	- Yes	[] 1	
	- No	[] 2	
	- N/A (respondent not mother)	[] 88	
	- NK	[] 99	
3.2.1	During your pregnancy with 'NAME' how many months pregnant were you when you first saw somebody for antenatal care? CHECK WITH DOCUMENTATION WHERE AVAILABLE 88=N/A not mother or no antenatal, 99=NK	_____	FRSTANTE
3.2.2	How many antenatal visits did you have during your pregnancy with 'NAME'? 88 = N/A (not mother or no antenatal), 99=NK	_____	NUMANTE
3.2.3	During the antenatal visits did you receive at least two injections for Tetanus?		INJECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or no antenatal)	[] 88	
	- NK	[] 99	

3.3	At the time you became pregnant with 'NAME' did you want to become pregnant?		WANTCLD
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.4	Were you given iron folate tablets or syrup during the antenatal visits?		IRONABS
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.5	Did you take iron folate tablets or syrup for at least 3 months?		IRON3MTH
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or no iron tablets taken)	[] 88	
	- NK	[] 99	
3.6	During your pregnancy with 'NAME' was your health good/average or bad/poor?		DIFFPREG
	- Good/ average	[] 1	
	- Bad /poor	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.7	Did you have a difficult labour with 'NAME'?		DIFFLAB
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.8	Where was 'NAME' born?		BPLACE
	- Home	[] 1	
	- Hospital	[] 2	
	- Other health facility	[] 3	
	- Other: SPECIFY _____	[] 4	BRTHSPEC
- NK	[] 99		

3.9.1	Was 'NAME' delivered by a caesarean section?		CSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or born at home)	[] 88	
	- NK	[] 99	
3.9.2	Did you know it was going to be a Caesarean section before the birth?		PLANSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or not c-section)	[] 88	
	- NK	[] 99	

3.10	Who assisted with your delivery? (PROMPT)	Yes	No	N/A (not mother)	NK	
3.10.1	- Doctor	[] 1	[] 2	[] 88	[] 99	DOCBRTH
3.10.2	- Nurse	[] 1	[] 2	[] 88	[] 99	NURBRTH
3.10.3	- Midwife	[] 1	[] 2	[] 88	[] 99	MIDBRTH
3.10.5	- Traditional birth attendant	[] 1	[] 2	[] 88	[] 99	TBABRTH
3.10.6	- Relative	[] 1	[] 2	[] 88	[] 99	RELBRTH
3.10.7	- Other: SPECIFY _____	[] 1	[] 2	[] 88	[] 99	OTHBRTH SPECBRTH

3.11	Was 'NAME' born before you expected?		PREMATUR	
	- Yes	[] 1		
	- No	[] 2		
	- N/A (not mother)	[] 88		
	- NK	[] 99		
3.11.1	By how many weeks was the birth early? 88=N/A (not mother or not premature), 99=NK		___	NWEEKS

3.12	When 'NAME' was born was he/she very large, large, average, small or very small?		BSIZE
	-Very large	[] 1	
	- Large	[] 2	
	- Average	[] 3	
	- Small	[] 4	
	- Very small	[] 5	
	- N/A (not mother)	[] 88	
	- NK	[] 99	

3.13	Did you ever breastfeed 'NAME'?		EVERBFED
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.13.1	How many months did you breastfeed 'NAME'? 77=Still breastfeeding, 88=N/A (not mother or not breastfed), 99=NK	___	LNGBFED
3.14	From what month did you start giving solid or mushy foods? 77=Not yet given, 99=NK	___	SOLIDS
3.15	Has the child been part of a food supplement programme?		FOODNUT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SAY: Now I want to ask you about all the children you/'NAMES's' biological mother have given birth to.

3.16	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___	CHDBORN
3.16.1	In all how many of the children were boys? (00=None,99=NK)	___	BOYBORN
3.16.2	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.12.1 AND 3.12.2 TALLY WITH 3.12	___	GRLBORN


3.17	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE
3.18	INTERVIEWER SELF CALCULATE: How many children died? (3.12 - 3.13) (99=NK)	___	BRCHK
3.19	Did any of the children die before their fifth birthday? - Yes - No - N/A (no children died) - NK	[] 1 [] 2 [] 88 [] 99	CHLDEAD

SECTION 4: CHILD CARE (RESPONDENT: PRIMARY CAREGIVER)

SAY: Now I want to ask you some questions about who takes care of 'NAME'.

4.1	During the last 6 months has 'NAME' attended formal and informal creches or any other child care groups for a whole morning, afternoon, evening or night at a time almost every week?		CRECH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.2	Has 'NAME' attended the nurseries, creches or play schools for less than 6 months, for between 6 months and a year, for more than a year or since birth?		CARE
	- Less 6 months	[] 1	
	- 6 months-1 year	[] 2	
	- More than a year	[] 3	
	- Since birth	[] 4	
	- N/A (not attending child care facility)	[] 88	
4.3	During the last 6 months has anyone who is NOT a member of the household or a creche/nursery worker been responsible for 'NAME' for a whole morning, afternoon, evening or night at a time almost every week?		CHLDCARE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

	4.4	4.5	4.6
	Can you tell me how each person who has been responsible for 'NAME' for a whole morning, afternoon evening or night at a time is related to you? INSERT THE CODES AND FOR EACH ASK 4.5 1=Relative 2=Neighbour/ Friend 3=Other 99=NK	How long has this person helped take care of 'NAME'? 1=Less 6 months 2= 6 months- 1 year 3= More than 1year 4= Since birth 99=NK	Do you have to pay for this care in money or goods? 1=Yes 2=No 99=NK
(CAID)	(WHO)	(TIMECARE)	(PAYCARE)
01	___ If other: SPECIFY _____	___	___
02	___ If other: SPECIFY _____	___	___
03	___ If other: SPECIFY _____	___	___

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN ___ 0 ___	FORM NO: R1INDX
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4.7	During the last 6 months has 'NAME' been left alone with a child or a group of children under five for a whole morning, afternoon, evening or night almost every week?		CAREYUNG
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 5: CHILD HEALTH (RESPONDENT: PRIMARY CARE GIVER)

SAY: *Now I am going to ask you some questions about 'NAME's' health.*

5.1	Compared to other children of this age would you say 'NAME's' health is the same, better or worse?		HEALTHY
	- Same	[] 1	
	- Better	[] 2	
	- Worse	[] 3	
	- NK	[] 99	

5.2	Since this time yesterday has 'NAME' had:	Yes	No	NK	
5.2.1	- 3 or more loose or watery stools?	[] 1	[] 2	[] 99	STTOOLS
5.2.2	- Blood in their stools?	[] 1	[] 2	[] 99	BLOOD
5.2.3	- High fever?	[] 1	[] 2	[] 99	FEVER
5.2.4	- Cough?	[] 1	[] 2	[] 99	COUGH
5.2.5	- Very fast or difficult breathing?	[] 1	[] 2	[] 99	RAPIDB
5.2.6	- Vomiting everything?	[] 1	[] 2	[] 99	VOMIT
5.2.7	- Serious loss of appetite/inability to breastfeed?	[] 1	[] 2	[] 99	APPETITE
5.2.8	- Convulsions?	[] 1	[] 2	[] 99	CONVLSE
5.2.9	- Unconsciousness?	[] 1	[] 2	[] 99	UNCONS
5.2.10	- Extreme lethargy (e.g. extremely weak/listless)?	[] 1	[] 2	[] 99	LETHARGY

5.3	Has 'NAME' ever had any serious illnesses or injuries when you REALLY thought he/she might DIE ?		MIGHTDIE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.4	What were the illnesses/injuries?		
5.5	Serious illness1: INSERT CODES FROM BOX 2 BELOW	___	ILLNESS1
	If other: SPECIFY _____		ILL1SPEC
5.5.1	At any point during 'NAME EPISODE' did you take 'NAME' to a health facility for treatment?		ILL1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

5.6	Serious illness2: INSERT CODES FROM BOX 2 BELOW If other: SPECIFY _____	___	ILLNESS2
			ILL2SPEC
5.6.1	At any point during 'NAME EPISODE' did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness or only one illness)	[] 88	
	- NK	[] 99	

CODE BOX 2: SEVERE ILLNESS AND INJURY		
01= High fever/ malaria	05= Burns	11=Other: SPECIFY ABOVE
02= Pneumonia/ severe cough	06= Traffic injuries	17= Jaundice
03= Fits/ epilepsy/convulsions	07= Nearly drowned	88=N/A (no illness or fewer illnesses)
04= Diarrhoea	08=Suffocation/asphyxia	99= NK

5.7	Has 'NAME' ever had a burn which left a scar?		BURNT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.8	Has 'NAME' ever broken a bone?		BONE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9	Has 'NAME' ever had a serious fall?		FALL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9.1	Did this fall result in vomiting or loss of consciousness?		HEADINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no serious fall)	[] 88	
	- NK	[] 99	
5.10	Does 'NAME' have any other long term health problem? INCLUDE DISABILITY AND SEASONAL ILLNESSES		LONGTERM
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What are they?		
5.11.1	Long term health problem1: INSERT CODES FROM BOX 3 BELOW If other: SPECIFY _____	___	HEALTH1
			HTH1SPEC

5.11.2	Long term health problem 2: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH2
	If other: SPECIFY _____		HTH2SPEC
5.11.3	Long term health problem3: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH3
	If other: SPECIFY _____		HTH3SPEC
5.11.4	Long term health problem 4: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH4
	If other: SPECIFY _____		HTH4SPEC
5.11.5	Long term health problem 5: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH5
	If other: SPECIFY _____		HTH5SPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	06=Anaemia	11=Other: SPECIFY ABOVE
02=Mental disability	07=HIV/AIDS	14= Migraine
03= Fits/ epilepsy/convulsions	08=Failure to thrive	88=N/A (no illness or fewer illnesses)
04=Skin problems	10=Congenital illness	99=NK
05=Asthma/respiratory problem		

SAY: Now I am going to ask you about vaccinations which 'NAME' has received.

CROSS CHECK WITH DOCUMENTATION WHERE AVAILABLE

5.12	Did 'NAME' ever receive a BCG vaccination against Tuberculosis, that is, an injection on the shoulder usually given around the time of birth?		BCG
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.13	Has 'NAME' ever been vaccinated against measles, that is, an injection on the shoulder usually given at about 9-12 months?		MEASLES
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.14	Did 'NAME' ever receive a vaccination against Polio?		POLIO
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 6: CAREGIVER BACKGROUND (RESPONDENT: PRIMARY CAREGIVER)

SAY: *Now I am going to ask you some questions about yourself.*

6.1	How long have you lived in this community? (YEARS) <i>00=<1year, 99=NK</i>	___ ___	TIMELIVE
6.2	What is the highest grade you completed in formal school? <i>(00=None, 99=NK)</i>	___ ___	SHIGH
6.3	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in any language?		LITERANY
	- Easily	[] 1	
	- With difficulty	[] 2	
	- Not at all	[] 3	
	- NK	[] 99	
6.4	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in Telegu, Urdu, or Hindi?		LITERSPC
	- Easily	[] 1	
	- Difficulty	[] 2	
	- Not at all	[] 3	
	- NK	[] 99	
6.5	Can you speak Telegu, Urdu or Hindi?		SPEAK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.5.1	Do you speak Telegu, Urdu or Hindi like it's your mother tongue, can easily get yourself understood or struggle to get yourself understood?		FLUENCY
	- Fluent	[] 1	
	- Good	[] 2	
	- Basic	[] 3	
	- N/A (does not speak specified language)	[] 88	
	- NK	[] 99	

6.6	What is your caste? (<i>caregiver's caste</i>)		MOTHETH
	- SC (scheduled caste)	[] 21	
	- ST (scheduled tribe)	[] 22	
	- BC	[] 23	
	- OC	[] 24	
	- Other: SPECIFY _____	[] 10	
	- NK	[] 99	
6.6.1	Does the child have the same caste as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' caste?		CHLDETH
	- SC (scheduled caste)	[] 21	
	- ST (scheduled tribe)	[] 22	
	- BC	[] 23	
	- OC	[] 24	
	- Other: SPECIFY _____	[] 10	
	- NK	[] 99	CETHSPEC

6.7	What is your religion?		MOTHREL
	- Christian	[] 1	
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Sikh	[] 8	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	
- NK	[] 99	MRELSPEC	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

6.7.2	What is 'NAME OF CHILD's' religious group?	CHLDREL
	- Christian	[] 1
	- Muslim	[] 2
	- Buddhist	[] 3
	- Hindu	[] 4
	- Sikh	[] 8
	- None	[] 14
	- Other: SPECIFY _____	[] 15
	- NK	[] 99
		CRELSPEC


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

SAY: *I am going to ask you about what people in this household do to make a living.*

7.1 I'm going to list each household member. For each can you tell me the three most important activities they have done in the last 12 months in terms of earning money or goods for themselves or for the household and to survive from day to day.

READ OUT THE HOUSEHOLD MEMBERS LISTED IN THE ROSTER, INCLUDING CHILDREN AND RECORD UP TO THREE ACTIVITIES FOR EACH IN TABLE 7.1 UNDER 'ACTIVITY DESCRIPTION' AND THE ID UNDER 'ID'. IF THE MEMBER HAS MORE THAN ONE ACTIVITY RECORD THEIR ID MORE THAN ONCE. IF SEVERAL MEMBERS ARE INVOLVED IN THE SAME ACTIVITY RECORD EACH MEMBER'S PARTICIPATION SEPARATELY. **DO NOT INSERT ACTIVITY CODES.** WORK ALONG THE ROWS AND FOR EACH ACTIVITY ASK:

7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
01	___	/ _____	___	___	___	___
02	___	/ _____	___	___	___	___
03	___	/ _____	___	___	___	___
04	___	/ _____	___	___	___	___
05	___	/ _____	___	___	___	___
06	___	/ _____	___	___	___	___
07	___	/ _____	___	___	___	___

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	IN ___ 0 ____	R11NDX

7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
08	___	/ _____	___	___	___	___
09	___	/ _____	___	___	___	___
10	___	/ _____	___	___	___	___
11	___	/ _____	___	___	___	___
12	___	/ _____	___	___	___	___
13	___	/ _____	___	___	___	___
14	___	/ _____	___	___	___	___
15	___	/ _____	___	___	___	___
16	___	/ _____	___	___	___	___
17	___	/ _____	___	___	___	___
18	___	/ _____	___	___	___	___
19	___	/ _____	___	___	___	___
20	___	/ _____	___	___	___	___

7.2	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?		
7.2.1	Most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – no activities, 99=NK)	___ ___	INC1
7.2.2	Second most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 2 activities, 99=NK)	___ ___	INC2
7.2.3	Third most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 3 activities, 99=NK)	___ ___	INC3

TRANSFERS

SAY: Now I am going to ask you some questions about money or goods that people send or give you and that you send or give others.

7.3	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:		
		7.3.1	7.3.2
	SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK
	- Government Benefit	___ (REMIT1)	___ (MOMREM1)
	- Religious organization	___ (REMIT3)	___ (MOMREM3)
	- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)
	- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)



7.4	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:			
	7.4.1	7.4.2	7.4.3	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/ goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(RE MID)	(RE MREL)	(SPE CREM)	(RE MQNT)	(RE MTYPE)
01	___	_____	___	___
02	___	_____	___	___
03	___	_____	___	___
04	___	_____	___	___
05	___	_____	___	___
06	___	_____	___	___

7.5	During the last 12 months have you or any other household member given money or goods that supports any individual/s outside the household?		OREMIT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

7.5.1	For each individual who you or any other household member gave money or goods:			
	7.5.2	7.5.3	7.5.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUTID)	(RE MREL)	(SPE CREM)	(RE MQNT)	(RE MTYPE)
01	___	_____	___	___
02	___	_____	___	___
03	___	_____	___	___
04	___	_____	___	___

7.6	Do you have any serious debts?		DEBT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

7.7	Who are these debts owed to (DO NOT PROMPT)	Yes	No	N/A (no debts)	NK	
7.7.1	Formal institutions such as a bank, microfinance?	[] 1	[] 2	[] 88	[] 99	FRMDEBT
7.7.2	NGO, church organisation or a co-operative?	[] 1	[] 2	[] 88	[] 99	SEMDEBT
7.7.3	Shop/hire purchase?	[] 1	[] 2	[] 88	[] 99	HIREDDEBT
7.7.4	Money lenders?	[] 1	[] 2	[] 88	[] 99	INFDEBT
7.7.5	Relatives, friends, neighbours?	[] 1	[] 2	[] 88	[] 99	RELDEBT
7.7.6	Do you think that you/they will be able to repay all of these debts on time?	[] 1	[] 2	[] 88	[] 99	REPAY

7.8	What plans/preparation have you or other members of your household made in case of hard times and/or misfortune caused by for example a natural disaster, crop failure, someone losing their job? <i>ENTER CODES FROM BOX 6 BELOW</i>		
(PLANID)	(PLAN)	(PLANSP)	
01	Plan 1	___	IF OTHER SPECIFY  _____
02	Plan 2	___	IF OTHER SPECIFY  _____


CODE BOX 4: PLANS FOR HARD TIMES		
01 = Do nothing	05 = Would use formal savings	09 = Credit from informal loan systems
02 = Family would help	06 = Would use informal savings	10 = Other, SPECIFY ABOVE
03 = Friends/neighbours would help	07 = Would use formal credit	99 = NK
04 = Would get job	08 = Credit from money lenders	

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

SAY: Now I want to ask you about events and changes that have happened since you were/NAME's' biological mother was pregnant with 'NAME'.

8.1	Since you found you/NAME's' mother were pregnant with 'NAME' have there been any big changes or events that decreased the economic welfare of your household?		BADEVENT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

PROMPT THE PRIMARY CAREGIVER TO TELL YOU THE 'STORY' OF THE EVENTS. WHILST HE/SHE IS TELLING YOU THE STORY RECORD ANY EVENTS THEY MENTION BELOW. THEN PROMPT BY ASKING 'WERE THERE ANY OTHER BIG CHANGES OR EVENTS?'. IF EVENTS ARE LINKED E.G MOVED HOUSE DUE TO FLOOD, RECORD BOTH.

		Yes	No	N/A (no event)	NK	
01	A natural disaster	[] 1	[] 2	[] 88	[] 99	PHYCHNGE
02	Decrease, change in food availability	[] 1	[] 2	[] 88	[] 99	HHFOOD
03	Livestock died	[] 1	[] 2	[] 88	[] 99	HHLSTCK
04	Crops failed	[] 1	[] 2	[] 88	[] 99	HHCRPS
05	Livestock stolen	[] 1	[] 2	[] 88	[] 99	HHLSTL
06	Crops stolen	[] 1	[] 2	[] 88	[] 99	HHCSTL
07	Death/reduction in household members	[] 1	[] 2	[] 88	[] 99	HHDEATH
08	Job loss/source of income/family enterprises	[] 1	[] 2	[] 88	[] 99	HHJOB
09	Severe Illness or injury	[] 1	[] 2	[] 88	[] 99	HHILL
10	Victim of crime	[] 1	[] 2	[] 88	[] 99	HHCRIME
11	Divorced or separated	[] 1	[] 2	[] 88	[] 99	HHDIV
12	Birth/new household member	[] 1	[] 2	[] 88	[] 99	HHBIRTH
13	Paying for child's education	[] 1	[] 2	[] 88	[] 99	EDU
14	Moved/migrated/fled	[] 1	[] 2	[] 88	[] 99	HHMOVE
15	Other: SPECIFY	[] 1	[] 2	[] 88	[] 99	HHOTH
	SPECIFY  _____					SPECOTH

8.2	INTERVIEWER SELF CALCULATE: How many events are there?		EVTCHK
	- No event	[] 0	
	- Only one event	[] 1	
	- More than one event	[] 2	

8.3	Which of the changes/events you mentioned affected the household welfare most? ENTER QUESTION NUMBER FROM ABOVE (1 to 15) 88=N/A (no event) 99=NK	___ ___	WORSEVNT
-----	---	---------	----------

8.4	What did the household do as a result of this big change/event? ENTER THE CODES FROM CODE BOX 5 BELOW STOP AFTER THREE 88 = N/A (no event or fewer responses), 99=NK		
8.4.1	Response 1	___ ___	BRSP1
	If other: SPECIFY ✎ _____		BRSP1SPC
8.4.2	Response 2	___ ___	BRSP2
	If other: SPECIFY ✎ _____		BRSP2SPC
8.4.3	Response 3	___ ___	BRSP3
	If other: SPECIFY ✎ _____		BRSP3SPC




CODE BOX 5: RESPONSE TO ECONOMIC SHOCKS		
01 = Nothing	07 = Worked more/Started work	13 = Received help from government
02 = Sold things	08 = Took children out of school	14 = Insurance paid
03 = Used savings	09 = Sent children to work	15 = Other, SPECIFY ABOVE
04 = Used credit	10 = Fled/moved away from the problem	88 = N/A (no event or fewer responses)
05 = Ate less	11 = Migrated to look for work	99 = NK
06 = Bought less	12 = Received help from family & friends	

SECTION 9: SOCIO-ECONOMIC STATUS (RESPONDENT: PRIMARY CAREGIVER)

SAY: Now I am going to ask some questions about the place where you live.

9.1	Does anyone in your household own the land your house is on?		OWNHOUSE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
9.2	How many rooms are there in the house? 99=NK	___	NUMROOM
9.2.1	Do you have electricity		ELEC
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

OBSERVE BUILDING MAIN MATERIAL:

9.2.2	WALL:		WALL
	- Brick/concrete	[] 1	
	- Adobe/mud	[] 2	
	- Wood/branches	[] 3	
	- Galvanised iron	[] 4	
	- Matting	[] 5	
	- Other: SPECIFY  _____	[] 6	
	- NK	[] 99	SPECWAL
9.2.3	ROOF:		ROOF
	- Straw/thatch	[] 1	
	- Earth/mud	[] 2	
	- Wood/planks	[] 3	
	- Galvanised iron	[] 4	
	- Concrete/ cement	[] 5	
	- Tiles/slates	[] 6	
	- Other: SPECIFY  _____	[] 7	SPECROF
	- NK	[] 99	
9.2.4	FLOOR		FLOOR
	- Earth	[] 1	
	- Wood	[] 2	
	- Stone/brick	[] 3	
	- Cement/tile	[] 4	
	- Laminated material	[] 5	
		- Other: SPECIFY  _____	
	- NK	[] 99	

9.3	What is the main source of drinking water for members of your household?		DRWATER
	- Piped into dwelling/yard/plot	[] 1	
	- Tubewell in dwelling	[] 2	
	- Public standpipe/tubewell	[] 3	
	- Unprotected well/spring/pond/river/stream	[] 4	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 5	WATRSPEC
	- NK	[] 99	
9.4	What kind of toilet facility does your household use?		TOILET
	- Flush toilet/ septic tank	[] 1	
	- Pit latrine (household's)	[] 2	
	- Pit latrine (communal)	[] 3	
	- None	[] 4	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 5	TOILSPEC
	- NK	[] 99	
9.5	What is the main type of fuel you usually use for cooking?		COOKING
	- Wood	[] 1	
	- Kerosene/paraffin	[] 2	
	- Charcoal	[] 3	
	- Gas/electricity	[] 4	
	- Coal	[] 5	
	- Cow dung	[] 6	
	- None	[] 7	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8	COOKSPEC
	- NK	[] 99	

9.6	What is the main type of fuel you usually use for heating?		HEATING
	- Wood	[] 1	
	- Kerosene/paraffin	[] 2	
	- Charcoal	[] 3	
	- Gas/electricity	[] 4	
	- Coal	[] 5	
	- Cow dung	[] 6	
	- None	[] 7	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8	HEATSPEC
	- N/A (no heating in this region)	[] 88	
	- NK	[] 99	

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.1	- Working radio?	[] 1	[] 2	[] 99	RADIO
9.7.2	- Working refrigerator?	[] 1	[] 2	[] 99	FRIDGE
9.7.3	- Working bicycle?	[] 1	[] 2	[] 99	BIKE
9.7.4	- Working television?	[] 1	[] 2	[] 99	TV
9.7.5	- Working motorbike/scooter?	[] 1	[] 2	[] 99	MOTOR
9.7.6	- Working car/truck etc?	[] 1	[] 2	[] 99	CAR
9.7.7	- Working tractor?	[] 1	[] 2	[] 99	TRACTOR
9.7.8	- Farm equipment (pump, plough etc)?	[] 1	[] 2	[] 99	PUMP
9.7.9	- Working cell/mobile telephone?	[] 1	[] 2	[] 99	MOBPHONE
9.7.10	- Working landline telephone?	[] 1	[] 2	[] 99	PHONE
9.7.11	- Working sewing machine?	[] 1	[] 2	[] 99	SEWING
9.7.12	- Working fan?	[] 1	[] 2	[] 99	FAN
9.7.13	- Almairah (wardrobe)?	[] 1	[] 2	[] 99	ALMR
9.7.14	- Working clock?	[] 1	[] 2	[] 99	CLCK
9.7.15	- Bullock cart?	[] 1	[] 2	[] 99	CART
9.7.16	- Thresher?	[] 1	[] 2	[] 99	THRESH

SAY: Now I am going to ask you some questions about land owned or rented by household members in the last 12 months.

9.8	Did anyone in the household own or rent/borrow any land in the last 12 months apart from the land your house is on?	OWNLAND	
	- Yes	[] 1	
	- No	[] 2 => skip to 9.14	

9.9	Please tell me about each plot of land owned or rented/borrowed by members of the household during the last 12 months? Starting with the largest and finishing with the smallest plot can you tell me:			
	9.9.1		9.9.3	9.9.4
	What is the total area of the plot? (<i>Acres</i>)	What is the total area of the plot? (<i>Square Metres</i>)	Is the plot rented, borrowed, sharecropped, or owned? 1=Rented 2=Borrowed 3=Sharecropped 4=Owned 5= Other: 99 = NK	What is the plot used for? 1= Agriculture (crops) 2= Pasture 3= Forestry/Woodland 4= Building (house/shop) 5= Industry 6= Factory 7= Nothing (left fallow) 8=Other: SPECIFY BELOW 99 = NK
(PLOT)	(ACRES)	(LAREA)	(LOWN)	(LUSE) (LUSESPEC)
01	_____ . ____	_____ . ____	_____	_____ / _____
02	_____ . ____	_____ . ____	_____	_____ / _____
03	_____ . ____	_____ . ____	_____	_____ / _____
04	_____ . ____	_____ . ____	_____	_____ / _____
05	_____ . ____	_____ . ____	_____	_____ / _____
06	_____ . ____	_____ . ____	_____	_____ / _____
07	_____ . ____	_____ . ____	_____	_____ / _____
08	_____ . ____	_____ . ____	_____	_____ / _____

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	

9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	
9.13	In the last 12 months did you or anyone in your household ever share labour with other people in the community?		LABSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	
9.14	Have you owned any livestock in the last 12 months?		ANIMALS
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SAY: Now I am going to ask you some questions about animals owned by household members in the last 12 months.

9.15	9.16	9.17	9.18	9.19
Type of livestock	Has anyone in the household owned any 'NAME OF ANIMAL' in the last 12 months? 1=Yes 2=No 88 = N/A (no livestock) 99=NK	IF YES: How many does the household currently own? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were purchased by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were sold by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK
Draught animals (e.g. donkey, horse, bullock)	_____ (ANYAIM1)	_____ (ANIOWN1)	_____ (ANIBUY1)	_____ (ANISOLD1)
Cattle (including cow and calf)	_____ (ANYAIM2)	_____ (ANIOWN2)	_____ (ANIBUY2)	_____ (ANISOLD2)
Sheep/Goats/Pigs	_____ (ANYAIM3)	_____ (ANIOWN3)	_____ (ANIBUY3)	_____ (ANISOLD3)
Poultry/Rabbits	_____ (ANYAIM4)	_____ (ANIOWN4)	_____ (ANIBUY4)	_____ (ANISOLD4)

SECTION 10: PSYCHO SOCIAL WELL-BEING

(RESPONDENT: PRIMARY CAREGIVER)

SAY: The following questions are related to certain pains and problems that may have bothered you in the last 30 days. If you think the question applies to you and you have had the described problem in the last 30 days, answer YES. If you did not have the problem in the last thirty days answer NO. If you are unsure about how to answer a question, please give the best answer you can.

		Yes	No	NK	
10.1	Did you often have headaches?	[] 1	[] 2	[] 99	HEADACHE
10.2	Was your appetite poor?	[] 1	[] 2	[] 99	POORAPP
10.3	Did you sleep badly?	[] 1	[] 2	[] 99	SLEEP
10.4	Were you easily frightened?	[] 1	[] 2	[] 99	FRIGHT
10.5	Did your hands shake?	[] 1	[] 2	[] 99	HNDSHAKE
10.6	Did you feel nervous, tense or worried?	[] 1	[] 2	[] 99	TENSE
10.7	Was your digestion poor?	[] 1	[] 2	[] 99	DIGESTIN
10.8	Did you have trouble thinking clearly?	[] 1	[] 2	[] 99	THINK
10.9	Did you feel unhappy?	[] 1	[] 2	[] 99	UNHAPPY
10.10	Did you cry more than usual?	[] 1	[] 2	[] 99	CRY
10.11	Did you find it difficult to enjoy your daily activities?	[] 1	[] 2	[] 99	ENJOY
10.12	Did you find it difficult to make decisions?	[] 1	[] 2	[] 99	DECISION
10.13	Did your daily work suffer?	[] 1	[] 2	[] 99	WORK
10.14	Were you unable to play a useful part in life?	[] 1	[] 2	[] 99	USEFUL
10.15	Did you lose interest in things?	[] 1	[] 2	[] 99	LOST
10.16	Did you feel you were a worthless person?	[] 1	[] 2	[] 99	WORTH
10.17	Were things so bad that you felt that you just couldn't go on?	[] 1	[] 2	[] 99	ENDING
10.18	Did you feel tired all of the time?	[] 1	[] 2	[] 99	ALLTIRED
10.19	Did you have uncomfortable feelings in your stomach?	[] 1	[] 2	[] 99	STOMACH
10.20	Were you easily tired?	[] 1	[] 2	[] 99	TIRED


SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

SAY Now I am going to ask some questions about your community. (Administrative boundaries)

11.1 In the last 12 months have you been an active member of any of the following types of groups in your community? READ LIST IN THE TABLE AND RECORD WHETHER A MEMBER UNDER 'GROUP CODE', RECORD THE POSITIVE ANSWERS AND THEN ASK ABOUT SUPPORT:

	11.1.1	11.1.2
	Are you a member of this type of group? 1=Yes 2=No 99=NK	In the last 12 months, did you receive from the group any emotional help, economic help or assistance in helping you know or do things? 1=Yes, 2=No 88=N/A (not a member), 99=NK
Work related/ trade union	___ (MEMBER1)	___ (ANYSUP1)
Community association/ co-op	___ (MEMBER2)	___ (ANYSUP2)
Women's group	___ (MEMBER3)	___ (ANYSUP3)
Political group	___ (MEMBER4)	___ (ANYSUP4)
Religious group	___ (MEMBER5)	___ (ANYSUP5)
Credit or Funeral group	___ (MEMBER6)	___ (ANYSUP6)
Sports group	___ (MEMBER7)	___ (ANYSUP7)

SAY: Now I am going to ask some questions about individuals who have given you support in the last 12 months.

11.2	In the Last 12 months, have you received any help or support from any of the following, this can be emotional help, economic help or assistance in helping you know or do things? READ LIST IN THE TABLE AND RECORD WHETHER ANY SUPPORT WAS RECEIVED UNDER SUPPORT CODE.		
		Support received - 1=Yes, 2=No, 99=NK	
	Family	___	SUPPORT1
	Neighbours	___	SUPPORT2
	Friends who are not neighbours	___	SUPPORT3
	Community leaders	___	SUPPORT4
	Religious leader	___	SUPPORT5
	Politicians	___	SUPPORT6
	Government officials/civil service	___	SUPPORT7
	Charitable organisations/NGO	___	SUPPORT8
	Other:	___	SUPPORT9
	SPECIFY	 _____	SPECSUP

11.3	In the last 12 months, have you joined together with other community members to address a problem or common issue?		JOIN
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
11.4	In the last 12 months, have you talked with a local authority or governmental organisation about problems in this community?		AUTHORIT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
11.5	Do you consider yourself better off, similar to or worse off than most other households in this community?		SELFASS
	- Better off	[] 1	
	- Similar	[] 2	
	- Worse off	[] 3	
	- NK	[] 99	
11.6	In general, can the majority of people in this community be trusted?		TRUST
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
11.7	Do the majority of people in this community generally get along with each other?		ALONG
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
11.8	Do you feel as though you are really a part of this community?		PART
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
11.9	Do you think that the majority of people in this community would try to take advantage of you if they got the chance?		ADVANTAG
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

11.10	In the last three years, has anyone in your household suffered from any of the following?	Yes	No	NK	
	- Theft/robbery	[] 1	[] 2	[] 99	THEFT
	- Threats to inheritance	[] 1	[] 2	[] 99	INHERIT
	- Threats to land rights (e.g. forced removal)	[] 1	[] 2	[] 99	LNDRIGHT

11.11	When the theft/robbery, threat to inheritance and/or to land rights occurred did they:	Yes	No	N/A (no thefts or threats)	NK	
	Go to the police?	[] 1	[] 2	[] 88	[] 99	POLICE
	Go to traditional authorities?	[] 1	[] 2	[] 88	[] 99	TRADAUT
	Take your case to court?	[] 1	[] 2	[] 88	[] 99	COURT


SECTION 13. ANTHROPOMETRY

SAY: Now I am going to weigh and measure 'NAME'. First, I want to ask you what you think about 'NAME's' height and weight

13.1	Compared to other children of this age would you say 'NAME's' weight is the same, heavier or lighter?	COMPWEIG
	- Heavier [] 1	
	- Similar [] 2	
	- Lighter [] 3	
	- NK [] 99	
13.2	Compared to other children of this age would you say 'NAME's' height is the same, taller or shorter?	COMPHEAL
	- Taller [] 1	
	- Similar [] 2	
	- Shorter [] 3	
	- NK [] 99	

SAY: I have to use scales and meters to make sure the measurements are right, this won't hurt. I am going to ask you to measure the weight and height of "Name of child".

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

13.6	Agreed child weight TO THE NEAREST 0.1 KG (-9999=NK)	___ . ___	CHWEGHT
13.9	Agreed child length MEASURE TO THE NEAREST 0.1 CM (-9999=NK)	___ . ___	CHHEGHT
13.10	Why was the child not measured?		NOTMEAS
	- Child not present [] 1		
	- Caretaker refused [] 2		
	- Child ill [] 3		MEASSPEC
	- Other: SPECIFY  _____ [] 4		
	- N/A (child measured) [] 88		
	- NK [] 99		

TELL THE RESPONDENTS THE INTERVIEW IS OVER AND THANK THEM FOR THEIR TIME.