

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHLIDID)
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## Enrolment Section

Household ID	PE - ____ - ____ - ____	HOGARID
Date section started	____ / ____ / ____	FINI
Time section started	____ : ____	HINI
Fieldworker code	____	STAFCODE
Who answers this section? (use code from Household roster)	____	ID

E1	Confirm that there is an eligible 6 to 17 month old baby in the household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	BABYHH
E2	<b>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</b>		
E3	What is his/her full name? ENTER FIRST NAME: _____ ENTER PATERNAL NAME: _____ ENTER MATERNAL NAME: _____		CHLDFST CHLDSUR CHLDLST
E4	Does he/she have a nickname?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	NICKNME
E5	If so, what is it? _____		WHATNICK
E6	On what date was NAME born?	____ / ____ / ____ d d / m m / y y	DOBD DOBM DOBY
E6a	Is the date of birth documented?	<input type="checkbox"/> <sub>1</sub> Yes birth certificate/register <input type="checkbox"/> <sub>2</sub> No, no document <input type="checkbox"/> <sub>3</sub> Yes, health card <input type="checkbox"/> <sub>4</sub> Other	DOCFN
E7	Is NAME male or female	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female	SEX

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E8	Who in the household can best answer questions about NAME's health and activities?  ENTER FIRST NAME: _____  ENTER SURNAME: _____		CAREFST  CARESUR
	What is the relationship to the child? _____		CAREPAR
E9	Is this the person who:		
E9a	Decides what NAME eats?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	CHLDEAT
E9b	Decides who is looking after NAME?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	CHLDCAR
E9c	Decides what to do if NAME is ill?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	CHLDILL
E9d	Has the main responsibility for looking after NAME, e.g. preparing meals, dressing?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	CHLDLOK
E10	Is NAME OF PRIMARY CAREGIVER at home at the moment?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	CAREHOME
E11	Physical address of household		PLACNAME
	Description of address		PLACREFE
E12	Do you have a postal address where letters or packets can be sent to you?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	TIENPOS
E12a	Same address as the house	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	DCVIV

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E12.b	In travel agency/terminus	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DCAT
	Specify travel agency: _____		SPECAT
E12.c	In post office	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DCOC
	Specify post office: _____		SPECOC
E12.d	In house of friends or relatives	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DCPA
	Specify friends or relatives: _____		SPECPA
E12.1	Telephone number	_____	TELEF
	Who does the phone belong to?	_____	TELAQ
	Relationship to YL household	_____	TELREL
<b>Visit #</b>	<b>Date</b>	<b>Reason for not finding primary caregiver</b>	
1	Day / month / year ____ / ____ / ____ DATEVIS1	REASMIS1	
2	____ / ____ / ____ DATEVIS2	REASMIS2	
3	____ / ____ / ____ DATEVIS3	REASMIS3	

E12.2	Final result of enrolment	<input type="checkbox"/> <sub>1</sub> Accepts, signs consent form <input type="checkbox"/> <sub>2</sub> Mother refused <input type="checkbox"/> <sub>3</sub> Father refused <input type="checkbox"/> <sub>4</sub> Mother and father refused <input type="checkbox"/> <sub>5</sub> Other, specify: _____ <input type="checkbox"/> <sub>9</sub> NK	RFENR  RFSPEC
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E12.3	Appointment for interview		
a) Immediate	1) Date	___/___/___	CITENT
	2) Time	__:__	HORCIT
b) Other day	1) Date	___/___/___	OTRENT
	2) Time	__:__	HOROTR
E12.4	Time this section was completed	__:__	HFIN

Comments/Observations:	OBSERV

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### Identification Section

1.	Sentinel Site Number	___	CLUSTID
1a	Child Number	_____	CHLDNRO
1b	District	_____	UBIGEO
1c	City	_____	CIUDAD

2	Start of interview Name of fieldworker: _____	Code: ___	STAFCODE
3	Date of Start of interview	___ / ___ / ___	DINT
2a	End of interview Name of fieldworker: _____	Code: ___	STAFCODE2
3a	Date of end of interview	___ / ___ / ___	DFINT
4	Name of supervisor: _____	Code: ___	SUPCODE
4a	Date of supervisor check	___ / ___ / ___	SUPRDATE
5	Name of data entry clerk: _____	Code: ___	DATACODE
5a	Date of data entry	___ / ___ / ___	DEDATE

### Section 1: Locating Information

	Household ID	PE - ____ - ____ - ____	HOGARID
1.0.1	Date section started	___ / ___ / ___	FINI
1.0.2	Time section started	___ : ___	HINI
1.0.3	Fieldworker code	___	STAFCODE
1.0.4	Who answers this section? (use code from Household roster)	___	ID

1.1	You told me your child was called NAME OF CHILD, I just want to check that this is correct		
	ENTER FIRST NAME: _____		CKCHFST
	ENTER SURNAME: _____		CKCHSUR
1.2	Can you please tell me your full name?		
	ENTER FIRST NAME: _____		CKCRFST
	ENTER SURNAME : _____		CKCRSUR
1.2a	Identity document number	_____	DNI

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1.2.b	Is the information documented	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No/did not want to <input type="checkbox"/> <sub>3</sub> Without documents <input type="checkbox"/> <sub>4</sub> Lost/stolen/etc.	DNIDOC
1.2.c	Military card	_____	LM
1.2.d	Is the information documented?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No/did not want to <input type="checkbox"/> <sub>3</sub> Without documents <input type="checkbox"/> <sub>4</sub> Lost/stolen/etc.	LMDOC
1.3	What is your relationship to NAME?	<input type="checkbox"/> <sub>1</sub> Biological mother <input type="checkbox"/> <sub>2</sub> Grandparent <input type="checkbox"/> <sub>3</sub> Sibling <input type="checkbox"/> <sub>4</sub> Biological father <input type="checkbox"/> <sub>5</sub> Aunt/Uncle <input type="checkbox"/> <sub>6</sub> Stepmother/father <input type="checkbox"/> <sub>7</sub> Other: _____ <input type="checkbox"/> <sub>9</sub> NK	RELCARE      SPECARE
1.3.a	Is the respondent the biological mother?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	RMBIO
1.3.b	Enter name of mother: _____		MOTHFST
	Enter surname of mother: _____		MOTHSUR
1.3.c	National Identity card of mother	_____	MOTHDNI
1.3.d	Is the information documented?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No/did not want to <input type="checkbox"/> <sub>3</sub> Without documents <input type="checkbox"/> <sub>4</sub> Lost/stolen/etc.	MOTHDNID
1.3.e	Military card	_____	MOTHLM
1.3.f	Is the information documented?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No/did not want to <input type="checkbox"/> <sub>3</sub> Without documents <input type="checkbox"/> <sub>4</sub> Lost/stolen/etc.	MOTHLMD
1.4	Where does the mother live?	<input type="checkbox"/> <sub>1</sub> Not in the household <input type="checkbox"/> <sub>2</sub> In the household <input type="checkbox"/> <sub>3</sub> Mother dead <input type="checkbox"/> <sub>9</sub> NK	MOMLIVE
	Address of mother (if different)		MOTHDIRE

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	Description of the address of the mother		MOTHREFE
1.5	In the last 6 months how frequently have you his mother seen him/her?	<input type="checkbox"/> <sub>1</sub> Daily <input type="checkbox"/> <sub>2</sub> Weekly <input type="checkbox"/> <sub>3</sub> Monthly <input type="checkbox"/> <sub>4</sub> Less than monthly <input type="checkbox"/> <sub>5</sub> Never in last 6 months <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	SEEMOM

3.19	Time this section was completed	____ : ____	HFIN
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Comments/Observations:	OBSERV

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## Section 2: Household Composition

	Household ID	PE - ____ - ____ - ____	HOGARID
2.0.1	Date section started	___ / ___ / ___	FINI
2.0.2	Time section started	___ : ___	HINI
2.0.3	Fieldworker code	___	STAFCODE
2.0.4	Who answers this section? (use code from Household roster)	___	ID

2.0.5	Civil state of mother or guardian?	<input type="checkbox"/> <sub>1</sub> Married <input type="checkbox"/> <sub>2</sub> Living together <input type="checkbox"/> <sub>3</sub> Divorced <input type="checkbox"/> <sub>4</sub> Separated <input type="checkbox"/> <sub>5</sub> Widowed <input type="checkbox"/> <sub>6</sub> Single <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	PARTNER1
2.1	Do you have a stable partner (mother/legal guardian)?	<input type="checkbox"/> <sub>1</sub> Yes stable partner <input type="checkbox"/> <sub>2</sub> Divorced/separated <input type="checkbox"/> <sub>3</sub> No, single <input type="checkbox"/> <sub>4</sub> Widow <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	PARTNER
2.2	Does your partner live in the household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	PARTLIVE
2.3	Who do you consider to be the head of this household?	<input type="checkbox"/> <sub>1</sub> Myself <input type="checkbox"/> <sub>2</sub> Partner <input type="checkbox"/> <sub>3</sub> Other, specify _____ <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HEAD  SPECHEAD
	Why do you consider this person to be the head of the household?	_____	
2.4	In total how many people live in the household?	___	HHSIZE



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2.5.1 ID	2.5.2a What are their names?	2.5.2b What are their surnames?	2.5.2c Permanence in the household - in the last 12 months		2.5.3 Age in complete years	2.5.4 Sex  1=Male 2=Female	2.5.2 Relationship to NAME - see code box below	2.5.6 Currently in school?  1=Yes 2=No	2.5.7 Level of schooling? See code box below			2.5.8 Does anyone have a chronic illness or incapacity which limits their daily activities? 1=Yes 2=No	2.5.9 Responsible for looking after NAME on a regular basis?  1=Yes 2=No	2.5.10 Helped support NAME financially ?  1=Yes 2=No
			How many months	Days per month					Level	Grade	Years			
ID	NAMEFST	NAMESUR	PERMAN	PERDIAS	AGE	SEX	RELATE SPECREL	STILL	YRSCHOOL	GRADO	ANHOS	DISABLED	CARE	SUPPORT
01														
02														
03														
04														
05														
06														
07														
08														
09														

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2.5.1 ID	2.5.2a What are their names?	2.5.2b What are their surnames?	2.5.2c Permanence in the household - in the last 12 months		2.5.3 Age in complete years	2.5.4 Sex  1=Male 2=Female	2.5.2 Relationship to NAME - see code box below	2.5.6 Currently in school?  1=Yes 2=No	2.5.7 Level of schooling? See code box below			2.5.8 Does anyone have a chronic illness or incapacity which limits their daily activities?  1=Yes 2=No	2.5.9 Responsible for looking after NAME on a regular basis?  1=Yes 2=No	2.5.10 Helped support NAME financially ?  1=Yes 2=No
			How many months	Days per month					Level	Grade	Years			
ID	NAMEFST	NAMESUR	PERMAN	PERDIAS	AGE	SEX	RELATE SPECREL	STILL	YRSCHOOL	GRADO	ANHOS	DISABLED	CARE	SUPPORT
10														
11														
12														
13														
14														

<b>Codes for Schooling levels</b>	00=None	03=Primary	06=Technical college (completed)	77=Other
	01=Nursery	04=Secondary	07=University (incomplete)	88=N/A
	02=Still in 1 <sup>st</sup> grade	05=Technical college (incomplete)	08=University (complete)	99=NK

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<b>Codes for relationships with index child</b>	01=Biological parent	04=Uncle/Aunt	07=Domestic servant	10=Half-sibling	
	02=Partner of biological parent	05=Brother/sister	08=Lodger	11=Brother/sister-in-law	
	03=Grandparent	06=Cousin	09=Nephew/Niece	13=Other	99=NK

2.6.1 ID	2.6.2a What are their names?	2.6.2b What are their surnames?	2.6.2c Permanence in the household - in the last 12 months		2.6.3 Sex  1=Male 2=Female	2.6.4 Age in complete years	2.6.5 Birthday?		2.6.6 Relationship to NAME - see code box above	2.6.7 Does anyone have a chronic illness or incapacity which limits their daily activities? 1=Yes 2=No	2.6.8 Does the child attend preschool or kindergarten?  1=Preschool, kindergarten 2=No 3=playschool or crèche 4=wawa wasi 5=Other
			How many months	Days per month			HBDAY	HBMON			
ID	NAMEFST	NAMESUR	PERMAN	PERDIAS	SEX	AGE	HBDAY	HBMON	RELATE SPECREL	DISABLED	EDINICIA
15											
16											
17											
18											
19											
20											

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2.7	FIND THE NAME OF THE CAREGIVER IN THE ROSTER AND ENTER THEIR ROSTER ID	___	CAREID
2.8	Which of the people listed is the head of the household? FIND THE NAME IN THE ROSTER AND ENTER THE ROSTER ID OF THE HEAD	___	HEADID
2.8a	Does the mother have a partner/spouse living in the home?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	TIEPAR
2.9	Which of the people listed is your husband/partner? FIND THE NAME IN THE ROSTER AND ENTER THE ROSTER ID OF THE PARTNER	___	PARTID
2.9a	Is the biological father in the list	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	PADRLIS
2.10	Where does the child's biological father live?	<input type="checkbox"/> <sub>1</sub> Not in the household <input type="checkbox"/> <sub>2</sub> Father dead <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DADDEAD
2.10.1	In the last 6 months how often has the child's biological father seen him/her?	<input type="checkbox"/> <sub>1</sub> Daily <input type="checkbox"/> <sub>2</sub> Weekly <input type="checkbox"/> <sub>3</sub> Monthly <input type="checkbox"/> <sub>4</sub> Less than monthly <input type="checkbox"/> <sub>5</sub> Never in the last 6 months <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	SEEDAD

2.11	Time this section was completed	___ : ___	HFIN
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Comments/Observations:	OBSERV

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### Section 3: Pregnancy, Delivery and Breastfeeding

	Household ID	PE - ____ - ____ - ____	HOGARID
3.0.1	Date section started	___ / ___ / ___	FINI
3.0.2	Time section started	___ : ___	HINI
3.0.3	Fieldworker code	___	STAFCODE
3.0.4	Who answers this section? (use code from Household roster)	___	ID

3.1	How much did 'NAME' weigh at birth? (999=NK)	___ ___ ___ grams	BWGHT
3.1.1	Was the weight documented?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	BWDOC
3.1.a	What was 'NAME's length at birth? (99=NK)	___ ___ cms	BHGHT
3.1.b	Was the length documented?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	BHDOC
3.1.2	Is the respondent the biological mother?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	BIO1
3.2	During your pregnancy did you see anyone for antenatal care?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ANTENATA
3.2.1	How many months pregnant were you when you first saw someone for antenatal care? 99=NK	___	FRSTANTE
3.2.2	How many antenatal visits did you have during your pregnancy? 99=NK	___	NUMANTE
3.2.3	During the antenatal visits did you receive two or more injections for tetanus?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	INJECT
3.2.3	During the antenatal care visits how many anti-tetanus injections did you receive? 8=N/A, 9=NK	___	INJECT1
3.2.4	Is the information documented in antenatal card?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CPDOC

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3.3	At the time you became pregnant with NAME did you want to become pregnant?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	WANTCLD
3.4	During your pregnancy with NAME was your health good/average or bad/poor?	<input type="checkbox"/> <sub>1</sub> Good more or less <input type="checkbox"/> <sub>2</sub> Bad with problems <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DIFFPREG
3.5	Did you have a difficult labour?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DIFFLAB
3.6	Where was NAME born?	<input type="checkbox"/> <sub>1</sub> Home <input type="checkbox"/> <sub>2</sub> Hospital <input type="checkbox"/> <sub>3</sub> Other health facility <input type="checkbox"/> <sub>4</sub> Other, specify <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK  <input type="checkbox"/> _____	BPLACE     BRTHSPEC
3.6.a	Why did you give birth at home?	<input type="checkbox"/> <sub>1</sub> Custom or tradition <input type="checkbox"/> <sub>2</sub> Not enough money to go to the hospital <input type="checkbox"/> <sub>3</sub> The service at the health centre isn't good <input type="checkbox"/> <sub>4</sub> Didn't have time to go anywhere else <input type="checkbox"/> <sub>5</sub> Health centre too far away <input type="checkbox"/> <sub>6</sub> Other, specify <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK  <input type="checkbox"/> _____	WHYHOME        SPECWHOM
3.6.1	Was NAME delivered by caesarean section?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CSECT
3.6.2	Did you know it was going to be a caesarean section before the labour?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	PLANSECT
3.7	Is the respondent the biological mother?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	BIO2

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3.8	Who assisted with your delivery?	Yes	No	NK	
3.8.1	- doctor	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	DOCBRTH
3.8.2	- nurse	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	NURBRTH
3.8.3	- midwife	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	MIDBRTH
3.8.4	- traditional birth attendant	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	TRANBRTH
3.8.6	- family member	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	RELBTRH
3.8.7	- other Specify	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>9</sub>	OTHBRTH SPECBRTH

3.9	Was NAME born before you expected him/her?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			PREMATUR
3.9.1	By how many weeks was the birth early? 99=NK	— —			NWEEKS
3.9.2	Did you hope that the baby would be a boy or a girl?	[ ] <sub>1</sub> Hoped for a boy [ ] <sub>2</sub> Hoped for a girl [ ] <sub>3</sub> Didn't mind which [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			WHICHSEX
3.10	When NAME was born was he/she very large, large, average, small or very small?	[ ] <sub>1</sub> Very large [ ] <sub>2</sub> Large [ ] <sub>3</sub> Average [ ] <sub>4</sub> Small [ ] <sub>5</sub> Very small [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			BSIZE
3.10.1	After the birth was NAME hospitalised?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			BHOSPIT
3.10.2	If yes, for how many days? 88=N/A, 99=NK	— —			BDHOSP
3.10.3	After the birth was NAME in an incubator?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			BINCUB
3.10.4	If yes, for how many days? 88=N/A, 99=NK	— —			BDINCU
3.11	Did you ever breastfeed NAME?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK			EVERBFED

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3.11.1	For how many months did you breastfeed NAME? 77=Still breastfeeding, 88=N/A, 99=NK	___	LNGBFED
3.12	Including NAME how many children did you (NAME's biological mother) give birth to? 99=NK	___	CHDBORN
3.12.0	Have you ever had an abortion or miscarriage? If yes, how many? 8=N/A, 9=NK	___	ABORTO
3.12.1	Of all the children born alive, how many were boys?	___	BOYBORN
3.12.2	Of all the children born alive, how many were girls?	___	GRLBORN
3.13	Including NAME how many children are still alive?	___	CHDALIVE
3.14	Fieldworker calculate how many children died?	___	BRCHK
3.15	Did any of the children die before their 5 <sup>th</sup> birthday?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CHLDEAD
3.15	Of all the children who died how many died before their 5 <sup>th</sup> birthday? 0=None, 8=N/A, 9=NK	___	CHLDEAD1
3.16	Since NAME was born have you got pregnant again?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	EMBARAZ
3.17	Are you pregnant at the moment?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ACTEMB
3.18	Would you like to have more children at some time?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DESEOHIJ

3.19	Time this section was completed	___ : ___	HFIN
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Comments/Observations:	OBSERV



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### Section 4: Child care

	Household ID	PE - ____ - ____ - ____	HOGARID
4.0.1	Date section started	___ / ___ / ___	FINI
4.0.2	Time section started	___ : ___	HINI
4.0.3	Fieldworker code	___	STAFCODE
4.0.4	Who answers this section? (use code from Household roster)	___	ID

4.1	Has NAME ever attended a kindergarten, preschool, crèche, playschool etc for at least a whole morning, afternoon or evening almost every week?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CRECH
4.2	For how long did they attend?	<input type="checkbox"/> <sub>1</sub> Less than 6 months <input type="checkbox"/> <sub>2</sub> Between 6 months & 1 year <input type="checkbox"/> <sub>3</sub> For more than 1 year <input type="checkbox"/> <sub>4</sub> Since birth <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CARE
4.3	Has anyone who is not a member of your household or of a preschool, playschool, etc. looked after NAME regularly for a whole morning, afternoon or evening more or less every week over the last 6 months?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CHLDCARE

	4.4	4.5	4.6
	What is their relationship to you?  <input type="checkbox"/> <sub>1</sub> Family Member <input type="checkbox"/> <sub>2</sub> Neighbour <input type="checkbox"/> <sub>3</sub> Other <input type="checkbox"/> <sub>4</sub> Godson/daughter <input type="checkbox"/> <sub>5</sub> Maid/servant <input type="checkbox"/> <sub>9</sub> NK	How long has this person helped take care of NAME?  <input type="checkbox"/> <sub>1</sub> Less than 6 months <input type="checkbox"/> <sub>2</sub> Between 6 months and 1 year <input type="checkbox"/> <sub>3</sub> For more than a year <input type="checkbox"/> <sub>4</sub> Since birth <input type="checkbox"/> <sub>9</sub> NK	Do you have to pay for this care in money or goods?  <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK
CAID	WHO SPECWHO	TIMECARE	PAYCARE
01	___ If other, specify: <del>_____</del>	___	___
02	___ If other, specify: <del>_____</del>	___	___
03	___ If other, specify: <del>_____</del>	___	___

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4.7	During the last 6 months has NAME been left alone or with a child or a group of children under 5yrs for a whole morning, afternoon, evening or night almost every week?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CAREYUNG
4.7	If yes then alone or with young children?	<input type="checkbox"/> <sub>1</sub> Yes, alone <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Yes, with children under 5yrs <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CAREYUNG1
4.8	Does NAME sleep on his/her own or does he/she share a bed?	<input type="checkbox"/> <sub>1</sub> Shares a bed <input type="checkbox"/> <sub>2</sub> Sleeps alone <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DUERMSOL
4.9	Who does he/she share the bed with?	<input type="checkbox"/> <sub>1</sub> Mother <input type="checkbox"/> <sub>2</sub> Carer <input type="checkbox"/> <sub>3</sub> Brother/sister <input type="checkbox"/> <sub>4</sub> With both parents <input type="checkbox"/> <sub>5</sub> Father and/or mother and siblings <input type="checkbox"/> <sub>6</sub> Other, specify <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DUERCO
4.10	Do you think your child cries as much, or more or less than other children or his/her age?	<input type="checkbox"/> <sub>1</sub> More <input type="checkbox"/> <sub>2</sub> Same <input type="checkbox"/> <sub>3</sub> Less <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	LLORCA

4.11 When NAME cries and cries and it is not because he/she is cold, hungry, sleepy or ill, what do you do to stop him/her crying?

4.11.1	Carry him/her (on my front or on my back)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LCARGA
4.11.2	I soothe him/her, sing to him/her, croon	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LTRANQ
4.11.3	I rock him/her, walk around with him/her in my arms	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LMECE
4.11.4	I give him/her water/infusion to calm him/her	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	DAGUA
4.11.5	I smack him/her, hit him/her	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	DPALM

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4.11.6	I shake him/her	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LSAC
4.11.7	I pinch him/her, squeeze him/her tightly	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LPELL
4.11.8	I threaten him/her (to hit him/her, bath him/her, etc.)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LAMEN
4.11.9	I take him/her to the doctor/health post/pharmacy	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LMED
4.11.10	I give him/her medicine/paracetamol	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LDMED
4.11.11	I put him/her to the breast/breastfeed/give him/her a bottle	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LDPECH
4.11.12	I put him face down on the bed so that he will cry into the bed/mattress	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LPBOC
4.11.13	I wrap/swaddle him/her in a sheet or blanket, tightly so that he is quiet	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LESAB
4.11.14	Nothing, I let him/her cry until he/she tires and falls asleep	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK	LNADA
4.11.15	Other:  Other, specify:	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>8</sub> Not mentioned <input type="checkbox"/> <sub>9</sub> NK  ☞ _____	LOTRO  LOTROSPEC

4.12	Time this section was completed	____ : ____	HFIN
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Comments/Observations:	OBSERV

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## Section 5: Child Health

	Household ID	PE - ____ - ____ - ____	HOGARID
5.0.1	Date section started	___ / ___ / ___	FINI
5.0.2	Time section started	___ : ___	HINI
5.0.3	Fieldworker code	___	STAFCODE
5.0.4	Who answers this section? (use code from Household roster)	___	ID

5.1	Compared to other children of this age would you say NAME's health is the same, better or worse?	<input type="checkbox"/> <sub>1</sub> Same <input type="checkbox"/> <sub>2</sub> Better <input type="checkbox"/> <sub>3</sub> Worse <input type="checkbox"/> <sub>9</sub> NK		HEALTHY
5.2	Since this time yesterday has NAME had:	Yes	No	
5.2.1	- 3 or more loose or watery stools?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	STTOOLS
5.2.2	- Blood in their stools?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	BLOOD
5.2.3	- High fever?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	FEVER
5.2.4	- Cough?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	COUGH
5.2.5	- Very fast or difficult breathing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	RAPIDB
5.2.6	- Vomiting everything?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	VOMIT
5.2.7	- Serious loss of appetite/inability to breastfeed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	APPETITE
5.2.8	- Convulsions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	CONVLSE
5.2.9	- Unconsciousness?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	UNCONS
5.2.10	- Extreme lethargy (e.g. extremely weak/listless)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	LETHARGY
5.3	Has NAME ever had any serious illness or injuries when you really thought he/she might die?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK		MIGHTDIE
5.4	If yes, what was this accident or illness? (Insert codes from Code Box 2 below)			
5.5	Serious illness 1	___		ILLNESS1
	If other, specify:	☞ _____		ILLISPEC
5.5.1	At any point during the illness did you take NAME to a health facility for treatment?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK		ILL1TRT
5.5.2	Was NAME hospitalised with this illness/injury?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK		ILL1HOSP

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5.6	Serious illness 2	__ __	ILLNESS2
	If other, specify	☞ _____	ILL2SPEC
5.6.1	At any point during the illness did you take NAME to a health facility for treatment?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	ILL2TRT
5.6.2	Was NAME hospitalised with this illness/injury?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	ILL2HOSP
5.6.3	Serious illness 3	__ __	ILLNESS3
	If other, specify	☞ _____	ILL3SPEC
5.6.4	At any point during the illness did you take NAME to a health facility for treatment?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	ILL3TRT
5.6.5	Was NAME hospitalised with this illness/injury?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	ILL3HOSP

<b>Code Box 2: Severe illness and injury</b>			
01 = High fever/malaria	05 = Burns	09 = Fright	88 = N/A
02 = Pneumonia/severe cough	06 = Traffic accident	10 = Evil spirits, air, cold	99 = NK
03 = Fits/epilepsy	07 = Nearly drowned	11 = Other	
04 = Diarrhoea	08 = Suffocation, asphyxia	12 = Asthma, wheezing	

5.7	Has NAME ever had a burn which left a scar?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	BURNT
5.8	Has NAME ever broken a bone?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	BONE
5.9	Has NAME ever had a serious fall?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	FALL

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5.9.1	Did this fall result in vomiting or loss of consciousness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HEADINJ
5.10	Does NAME have any long term health problem?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	LONGTERM
5.11	If yes, what are they? (Insert codes from Code Box 3 below)		
5.11.1	Long term health problem 1 Other, specify:	____ ☞ _____	HEALTH1 HTH1SPEC
	Have you sought treatment for this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH1TRT
	Has NAME been hospitalised with this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH1HOSP
5.11.2	Long term health problem 2 Other, specify:	____ ☞ _____	HEALTH2 HTH2SPEC
	Have you sought treatment for this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH2TRT
	Has NAME been hospitalised with this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH2HOSP
5.11.3	Long term health problem 3 Other, specify:	____ ☞ _____	HEALTH3 HTH3SPEC
	Have you sought treatment for this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH3TRT
	Has NAME been hospitalised with this illness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	HTH3HOSP
5.11.4	Long term health problem 4 Other, specify:	____ ☞ _____	HEALTH4 HTH4SPEC

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	Have you sought treatment for this illness?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	HTH4TRT
	Has NAME been hospitalised with this illness?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	HTH4HOSP
5.11.5	Long term health problem 5 Other, specify:	____ ☞ _____	HEALTH5 HTH5SPEC
	Have you sought treatment for this illness?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	HTH5TRT
	Has NAME been hospitalised with this illness?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	HTH5HOSP

<b>Code Box 3 : Long term health problems</b>			
01 = Physical disability	04 = Skin problems	07 = HIV/AIDS	10 = Congenital illness
02 = Mental disability	05 = Asthma, respiratory problems	08 = Failure to thrive	11 = Other
03 = Fits/epilepsy	06 = Anaemia	09 = Fright, spells	88 = N/A, 99=NK

5.11.16	Has NAME ever been hospitalised?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	HOSPITAL
5.11.17	If yes, for what illness was he/she hospitalised? (Insert code from Code Box 2) If other, specify:	____ ☞ _____	WHYHOSP WHYSPEC
5.11.a	Is NAME covered by any health insurance?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	PAGSS

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5.11.b	Insurance is:	<input type="checkbox"/> <sub>1</sub> Private <input type="checkbox"/> <sub>2</sub> Social security health service <input type="checkbox"/> <sub>3</sub> Government <input type="checkbox"/> <sub>4</sub> Other <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	SEGURO
	If other, specify	_____	SEGUSPEC
5.11.c	Can you show me NAME's health card?	<input type="checkbox"/> <sub>1</sub> Yes, produced card with vaccine information <input type="checkbox"/> <sub>2</sub> No, he/she has never had one <input type="checkbox"/> <sub>3</sub> Yes, produced card but no vaccine information <input type="checkbox"/> <sub>4</sub> No, she does not have it, it's lost	CARNET
5.12	Transcribe information from the vaccine card for each dose, if there is no information on the card note down what the mother says.		

Vaccine	Received? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	Informant <input type="checkbox"/> <sub>1</sub> Card <input type="checkbox"/> <sub>2</sub> Mother <input type="checkbox"/> <sub>3</sub> Caregiver (not mother) <input type="checkbox"/> <sub>6</sub> Other <input type="checkbox"/> <sub>9</sub> NK	Date	Age in months
BCG	___ BCG	___ IBCG	___ / ___ / ___ FBCG	___ EBCG
DPT 1 <sup>ST</sup>	___ DPT1	___ IDPT1	___ / ___ / ___ FDPT1	___ EDPT1
DPT 2 <sup>ND</sup>	___ DPT2	___ IDPT2	___ / ___ / ___ FDPT2	___ EDPT2
DPT 3 <sup>RD</sup>	___ DPT3	___ IDPT3	___ / ___ / ___ FDPT3	___ EDPT3
Polio New born	___ PRN	___ IPRN	___ / ___ / ___ FPRN	___ EPRN
Polio 1 <sup>ST</sup>	___ POL1	___ IPOL1	___ / ___ / ___ FPOL1	___ EPOL1
Polio 2 <sup>ND</sup>	___ POL2	___ IPOL2	___ / ___ / ___ FPOL2	___ EPOL2
Polio 3 <sup>RD</sup>	___ POL3	___ IPOL3	___ / ___ / ___ FPOL3	___ EPOL3
Haemophilus b 1 <sup>ST</sup>	___ HI1	___ IHI1	___ / ___ / ___ FHI1	___ EHI1
Haemophilus b 2 <sup>ND</sup>	___ HI2	___ IHI2	___ / ___ / ___ FHI2	___ EHI2
Haemophilus b 3 <sup>RD</sup>	___ HI3	___ IHI3	___ / ___ / ___ FHI3	___ EHI3



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Hepatitis B 1st	__ HB1	__ IHB1	___ / ___ / ___ FHB1	___ EHB1
Hepatitis B 2 <sup>nd</sup>	__ HB2	__ IHB2	___ / ___ / ___ FHB2	___ EHB2
Measles	__ MEASLES	__ IMEASLES	___ / ___ / ___ FMEASLES	___ EMEASLES
Reinforced measles	__ RSAR	__ IRSAR	___ / ___ / ___ FRSAR	___ ERSAR
Yellow Fever	__ FAMA	__ IFAMA	___ / ___ / ___ FFAMA	___ EFAMA
Other	__ OTRO	__ IOTRO	___ / ___ / ___ FOTRO	___ EOTRO
Specify	/ _____			OTROISPEC

5.14	What do you, the mother, father and siblings of the index child do in your spare time to relax?		
LINEID	ID (Who)	Activity (ACTIVI)	How Often (FREC)
1			
2			
3			
4			

5.15	Who plays with the index child?		
LINEID	ID (Who)	Activity (JACTIVI)	How Often (JFREC)
1			
2			
3			
4			

	Time this section was completed	___ : ___	HFIN
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Comments/Observations:	OBSERV

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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### Section 6: Caregiver Background

	Household ID	PE - ____ - ____ - ____	HOGARID
6.0.1	Date section started	___ / ___ / ___	FINI
6.0.2	Time section started	___ : ___	HINI
6.0.3	Fieldworker code	___	STAFCODE
6.0.4	Who answers this section? (use code from Household roster)	___	ID

6.1	In total how long have you lived in this community (complete years)? 00=Less than one year, 99=NK	___	TIMELIVE
6.1a	Where were you born? <input type="checkbox"/> <sub>1</sub> In this district <input type="checkbox"/> <sub>2</sub> In another district of the same province <input type="checkbox"/> <sub>3</sub> In another province of the same department <input type="checkbox"/> <sub>4</sub> In a coastal department <input type="checkbox"/> <sub>5</sub> In another department of the highlands <input type="checkbox"/> <sub>6</sub> In another department of the jungle <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK		DONDEN
6.2	What is the highest grade you completed in formal school?	___	SHIGH
6.4	Can you read and understand a letter or newspaper easily, with difficulty or not at all in any language?	<input type="checkbox"/> <sub>1</sub> Easily <input type="checkbox"/> <sub>2</sub> With difficulty <input type="checkbox"/> <sub>3</sub> Not at all <input type="checkbox"/> <sub>9</sub> NK	LITERSPC
6.4.1	What languages do you speak? (note the 3 in which they are the most fluent)		
6.4.a	First language Other, specify:	___ / _____	IDIO1 IDIOSPEC1
6.4.b	Second language Other, specify:	___ / _____	IDIO2 IDIOSPEC2
6.4.c	Third language Other, specify:	___ / _____	IDIO3 IDIOSPEC3

Languages	
1 = Spanish	5 = English
2 = Quechua	7 = Other foreign (specify)
3 = Aymara	8 = Other (specify)
4 = Native Amazon rain forest language	88 = N/A, 99 = NK

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHLIDID)
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6.4.2	What was the language in which your mother spoke to you when you were a child? (Insert code from language box above)	____	MOTHIDIO
6.5	Can you speak Spanish?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	SPEAK
6.5.1	Do you speak Spanish well, or can you just about understand it?	<input type="checkbox"/> <sub>1</sub> Fluent <input type="checkbox"/> <sub>2</sub> Good <input type="checkbox"/> <sub>3+</sub> Basic <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	FLUENCY
6.5.2	Where was your mother born?	<input type="checkbox"/> <sub>1</sub> In this district <input type="checkbox"/> <sub>2</sub> In another district of the same province <input type="checkbox"/> <sub>3</sub> In another province of the same department <input type="checkbox"/> <sub>4</sub> In a coastal department <input type="checkbox"/> <sub>5</sub> In another department of the highlands <input type="checkbox"/> <sub>6</sub> In another department of the jungle <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK  Other, specify ☞ _____	MOTHORIU          ORIUSPEC
6.6	To what racial group do you belong?	<input type="checkbox"/> <sub>1</sub> White <input type="checkbox"/> <sub>2</sub> Mestizo inc. Andean Indian <input type="checkbox"/> <sub>3</sub> Native of the Amazon <input type="checkbox"/> <sub>4</sub> Negro <input type="checkbox"/> <sub>5</sub> Asiatic <input type="checkbox"/> <sub>6</sub> Other <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	MOTHETH
	If other, specify	☞ _____	METHSPEC
6.6.1	Does your child belong to the same racial group?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	SAMETH
6.6.5	To what racial group does your child belong?	<input type="checkbox"/> <sub>1</sub> White <input type="checkbox"/> <sub>2</sub> Mestizo inc. Andean Indian <input type="checkbox"/> <sub>3</sub> Native of the Amazon <input type="checkbox"/> <sub>4</sub> Negro <input type="checkbox"/> <sub>5</sub> Asiatic <input type="checkbox"/> <sub>6</sub> Other <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CHLDETH
	If other, specify	☞ _____	CETHSPEC

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHLIDID)
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6.7	To what religion do you belong	<input type="checkbox"/> ]1 Catholic <input type="checkbox"/> ]2 None <input type="checkbox"/> ]3 Muslim <input type="checkbox"/> ]4 Buddhist <input type="checkbox"/> ]5 Hindu <input type="checkbox"/> ]6 Evangelist <input type="checkbox"/> ]7 Mormon <input type="checkbox"/> ]8 Other <input type="checkbox"/> ]88 N/A <input type="checkbox"/> ]99 NK	MOTHREL
	If other, specify:	✎ _____	MRELSPEC
6.7.1	Does your child belong to the same religion?	<input type="checkbox"/> ]1 Yes <input type="checkbox"/> ]2 No <input type="checkbox"/> ]8 N/A <input type="checkbox"/> ]9 NK	SAMEREL
6.7.2	To what religion does NAME belong?	<input type="checkbox"/> ]1 Catholic <input type="checkbox"/> ]2 None <input type="checkbox"/> ]3 Muslim <input type="checkbox"/> ]4 Buddhist <input type="checkbox"/> ]5 Hindu <input type="checkbox"/> ]6 Evangelist <input type="checkbox"/> ]7 Mormon <input type="checkbox"/> ]8 Other <input type="checkbox"/> ]88 N/A <input type="checkbox"/> ]99 NK	CHLDREL
	If other, specify	✎ _____	CRELSPEC

	Time this section was completed	___ : ___	HFIN
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Comments/Observations:	OBSERV

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: CI__ __ (SECTCODE)	Child ID: PE - ___ - 1 - ___ (CHILDID)
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### Section 7: Livelihoods

	Household ID	PE - ___ - ___ - ___	HOGARID
7.0.1	Date section started	___ / ___ / ___	FINI
7.0.2	Time section started	___ : ___	HINI
7.0.3	Fieldworker code	___	STAFCODE
7.0.4	Who answers this section? (use code from Household roster)	___	ID

7.1.1	7.1.2	7.1.3		7.1.3a	7.1.4	7.1.5	7.1.6	7.1.7
	ID from roster	Activity description	Activity Code	Importance to the individual (1, 2, 3)	Occupation code	Is NAME employed by anyone for this activity?  1=Yes 2=No 9=NK	In the last 12 months how many months have you worked in this activity?	In the months in which you worked, in general what was the average number of days in the week which you worked at this activity?  1=6-7 days a week 2=3-5 days a week 3=1-2 days a week 4=Less than one day a week
LINECODE	ID	ACTDES	ACTCODE	IMPORTA	SECT	PAYMT	MONTHS	DAYS
01								
02								
03								
04								
05								

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___ __</p> <p>(CHILID)</p>
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7.1.1	7.1.2	7.1.3		7.1.3a	7.1.4	7.1.5	7.1.6	7.1.7
	ID from roster	Activity description	Activity Code	Importance to the individual (1, 2, 3)	Occupation code	Is NAME employed by anyone for this activity?  1=Yes 2=No 9=NK	In the last 12 months how many months have you worked in this activity?	In the months in which you worked, in general what was the average number of days in the week which you worked at this activity?  1=6-7 days a week 2=3-5 days a week 3=1-2 days a week 4=Less than one day a week
LINECODE	ID	ACTDES	ACTCODE	IMPORTA	SECT	PAYMT	MONTHS	DAYS
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___ __  (CHILDID)</p>
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7.2	Of all the activities mentioned in table 7.1 what activity had been most important in terms of bringing in resources to the home in the last 12 months and which were the second and third most important contributors?		
7.2.1a	Most important contributor (ENTER LINE CODE FROM 7.1)	__ __	INC1
7.2.2	Second most important contributor (ENTER LINE CODE FROM 7.1)	__ __	INC2
7.2.3	Third most important contributor (ENTER LINE CODE FROM 7.1)	__ __	INC3

7.3	Over the last 12 months have you or any member of the family received money or goods regularly from one of the following sources?
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	Source of money	7.3.1 Did you receive?  1=Yes 2=No 8=N/A 9=NK	7.3.1a How much did you receive?  8888=N/A 9999=NK	7.3.1b In the last 12 months how many times have you received?  88=N/A 99=NK	7.3.2 Did you receive this money or goods personally?  1=Yes 2=No 8=N/A 9=NK
SRID	TRANSPEC	REMIT	MONTO	VECES	MOMREM
01	Pension or retirement fund of any type	__	__ __ __ __	__ __	__
02	Social security	__	__ __ __ __	__ __	__
03	Religious organisation, parish	__	__ __ __ __	__ __	__
04	Charity, NGO, social assistance	__	__ __ __ __	__ __	__

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___  (CHILDID)</p>
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	Source of money	7.3.1 Did you receive?  1=Yes 2=No 8=N/A 9=NK	7.3.1a How much did you receive?  8888=N/A 9999=NK	7.3.1b In the last 12 months how many times have you received?  88=N/A 99=NK	7.3.2 Did you receive this money or goods personally?  1=Yes 2=No 8=N/A 9=NK
SRID	TRANSPEC	REMIT	MONTO	VECES	MOMREM
07	Indemnizations	—	—	—	—
08	Medical or life insurance	—	—	—	—
09	Contribution for food, divorce, children etc.	—	—	—	—
10	Interest from savings accounts or other savings	—	—	—	—
11	Dividends for stock, shares, bonds, bonuses, shareout	—	—	—	—
12	Rent of house, buildings, land, machinery, vehicles (only net rent)	—	—	—	—
13	Inheritance, gambling, lottery	—	—	—	—
05	Money or donations sent by family, friends, etc. who are not current members of the household	—	—	—	—
06	Money sent from outside the country	—	—	—	—
14	Other, specify: ☒ _____	—	—	—	—



<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI ___  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___  (CHILDID)</p>
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7.4	For each individual who sent money or goods in the last 12 months, please tell me:		
ID	7.4.1 What is their relationship to the index child?	7.4.2 In the last 12 months how often have they sent money or goods?	7.4.3 What did they send?
	1=Parent 2=Aunt/Uncle 3=Grandparent 4=Sibling 5=Godparent 6=Friend/neighbour 7=Other 8=N/A 9=NK	88=N/A 99=NK	1=Money 2=Presents/goods 3=Both 9=NK
REMID	REMREL SPECREM	REMQNT	REMTYPE
01	___ If other, specify: <input type="checkbox"/> _____	___	___
02	___ If other, specify: <input type="checkbox"/> _____	___	___
03	___ If other, specify: <input type="checkbox"/> _____	___	___
04	___ If other, specify: <input type="checkbox"/> _____	___	___
05	___ If other, specify: <input type="checkbox"/> _____	___	___
06	___ If other, specify: <input type="checkbox"/> _____	___	___

7.5	During the last 12 months have you or anyone in the household regularly sent any money or goods to help anyone who is not a member of the household?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>8</sub> N/A [ ] <sub>9</sub> NK	OREMIT
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<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI ___  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___  (CHILDID)</p>
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7.5.1	For each person outside the household to whom you have sent money or goods in the last 12 months please tell me:		
ID	7.5.2 What is their relationship to the index child?  1=Parent 2=Aunt/Uncle 3=Grandparent 4=Sibling 5=Godparent 6=Friend/neighbour 7=Other 8=N/A 9=NK	7.5.3 In the last 12 months how often have they sent money or goods?  88=N/A 99=NK	7.5.4 What did they send?  1=Money 2=Presents/goods 3=Both 9=NK
REMID	REMREL    SPECREM	REMQNT	REMTYPE
01	___ If other, specify: <input type="checkbox"/> _____	___	___
02	___ If other, specify: <input type="checkbox"/> _____	___	___
03	___ If other, specify: <input type="checkbox"/> _____	___	___
04	___ If other, specify: <input type="checkbox"/> _____	___	___
05	___ If other, specify: <input type="checkbox"/> _____	___	___
06	___ If other, specify: <input type="checkbox"/> _____	___	___

7.6	Does any member of the household have any debts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	DEBT
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<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: CI ___ (SECTCODE)	Child ID: PE - ___ - 1 - ___ (CHILDID)
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	7.7 Who are these debts with?	Debt? 1=Yes 2=No 8=N/A 9=NK`	7.7a How much at the moment?  8888=N/A 9999=NK	7.7.6 Do you think that you will be able to pay back this debt in time?
7.7.1	With a formal institution such as a bank	___ FRMDEBT	___ FRMAMNT	___ FRMREPAY
7.7.2	With an NGO, church, cooperative	___ SEMDEBT	___ SEMAMNT	___ SEMREPAY
7.7.3	With a shop or credit company	___ HIREDEBT	___ HIREAMNT	___ HIREREPAY
7.7.4	With a money lender	___ INFDEBT	___ INFAMNT	___ INFREPAY
7.7.5	With a parent, friend, neighbour	___ RELDEBT	___ RELAMNT	___ RELREPAY
7.7.5a	Market, food shop or other for maintenance of the household	___ MERCDEBT	___ MERCAMNT	___ MERCREPAY
7.7.5b	Public services (electricity, etc.)	___ PUBLDEBT	___ PUBLAMNT	___ PUBLREPAY
7.7.5c	Other, specify: (OTHDSPEC) ☒ _____	___ OTHDEBT	___ OTHAMNT	___ OTHREPAY

7.8	Have you or other members of the household prepared a plan as to what you would do if you were faced with a difficult time or an emergency caused for example by a natural disaster, failure of a harvest, loss of work, etc.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 NK	HAYPLAN
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		Plan	No plan	Description of plan
PLANID		PLAN	NPLAN	PLANSPEC
01	Plan 1	___	___	☒ _____
02	Plan 2	___	___	☒ _____

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: CI__ __ (SECTCODE)	Child ID: PE - ___ - 1 - ___ (CHILDID)
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Code Box 4: Plans for hard times		
01=Nothing	05=Formal savings	09=Credit from informal loan systems e.g. rotating funds etc.
02=Family would help	06=Informal savings	
03=Friends/neighbours would help	07=Formal credit	10=Other, specify
04=Would get job	08=Credit from money lenders	

7.9	Do you or your household receive any donated foods?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ALIMDON
7.10	If so from what organisation?		

No.	Organisation or group	1=Yes, 2=No 8=N/A, 9=NK	For how long have you received it?	
			In months	In years
1	ADRA OFASA	__ ALIMD01	__ __	__ __
2	CARITAS	__ ALIMD02	__ __	__ __
3	PRISMA	__ ALIMD03	__ __	__ __
4	CARE	__ ALIMD04	__ __	__ __
5	Ministry of Health	__ ALIMD05	__ __	__ __
6	Glass of milk program	__ ALIMD06	__ __	__ __

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - __ __ - 1 - __ __ __ __  (CHILDID)</p>
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7	Municipality kitchen	__ ALIMD07	__ __	__ __
8	Community kitchen/club	__ ALIMD08	__ __	__ __
9	Mother's club	__ ALIMD09	__ __	__ __
10	Other, specify: ALIMSPEC _____	__ ALIMD10	__ __	__ __

7.10.A	In the last 12 months what donated food have you received?		
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No	Name of the food		Frequency	How much (the last time you received it)		If you had bought it how much would it have cost you?	
	Code			Quantity	Unit	Price in soles	Per unit
LINEID		CODIGO	FREC	CANT	UNID	PREC	PRECUNIT
1		__ __	__ __	__ __ __		__ . __	
2		__ __	__ __	__ __ __		__ . __	
3		__ __	__ __	__ __ __		__ . __	
4		__ __	__ __	__ __ __		__ . __	
5		__ __	__ __	__ __ __		__ . __	
6		__ __	__ __	__ __ __		__ . __	
7		__ __	__ __	__ __ __		__ . __	

<i>Young Lives 1yr old Household Questionnaire Peru</i>	<i>Section Number: CI__ __ (SECTCODE)</i>	<i>Child ID: PE - ___ - 1 - ___ - ___ (CHILDID)</i>
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***Codes for  
frequency***

01=Weekly      04=Every 2 months      07=Annually  
02=Fortnightly      05=Every 3 months      08=Other  
03=Monthly      06=Every 6 months      88=N/A, 99=NK

7.11	Who in the family eats the food		
7.11.1	Index child	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 NK	NINCON
7.11.2	Parents	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 NK	PADCON
7.11.3	Siblings	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 NK	HERCON
7.11.4	Other members of the household	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 NK	OTRCON

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - ____ - 1 - ____  (CHILDID)</p>
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7.12	Do you or any member of the household belong to or use a community kitchen?	<input type="checkbox"/> ]1 Member <input type="checkbox"/> ]2 Not member and don't use it <input type="checkbox"/> ]3 Use it but am not a member <input type="checkbox"/> ]9 NK	COMED
7.13.1	What type of community kitchen (3 responses)?	<input type="checkbox"/> ]1 Community kitchen <input type="checkbox"/> ]2 Communal club <input type="checkbox"/> ]3 Mothers' club <input type="checkbox"/> ]4 Local government kitchen/cafeteria <input type="checkbox"/> ]5 School cafeteria/kitchen <input type="checkbox"/> ]6 University cafeteria <input type="checkbox"/> ]7 Other <input type="checkbox"/> ]9 NK	COMTIP1
7.13.2	What type of community kitchen	<input type="checkbox"/> ]1 Community kitchen <input type="checkbox"/> ]2 Communal club <input type="checkbox"/> ]3 Mothers' club <input type="checkbox"/> ]4 Local government kitchen/cafeteria <input type="checkbox"/> ]5 School cafeteria/kitchen <input type="checkbox"/> ]6 University cafeteria <input type="checkbox"/> ]7 Other <input type="checkbox"/> ]9 NK	COMTIP2

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI__ __  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___</p> <p>(CHILDID)</p>
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7.13.3	What type of community kitchen	<input type="checkbox"/> <sub>1</sub> Community kitchen <input type="checkbox"/> <sub>2</sub> Communal club <input type="checkbox"/> <sub>3</sub> Mothers' club <input type="checkbox"/> <sub>4</sub> Local government kitchen/cafeteria <input type="checkbox"/> <sub>5</sub> School cafeteria/kitchen <input type="checkbox"/> <sub>6</sub> University cafeteria <input type="checkbox"/> <sub>7</sub> Other <input type="checkbox"/> <sub>9</sub> NK	COMTIP3
	Other, specify:	_____	SPECTCOM
7.14	Who in the family eats in these cafeterias at least once a week?		
7.14.1	Index child	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CINCOM
7.14.2	Parents	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CPADCOM
7.14.3	Siblings	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	CHERCON
7.14.4	Other members of the household	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	COTRCOM



<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p><i>Section Number:</i>  <i>CI__ __</i>  <i>(SECTCODE)</i></p>	<p><i>Child ID:</i>  <i>PE - __ __ - 1 - __ __ __</i>  <i>(CHILDID)</i></p>
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7.15	Time this section was completed	__ : __	HFIN
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Comments/Observations:	OBSERV

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDDID)
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## Section 8: Economic Changes

	Household ID	PE - ____ - ____ - ____	HOGARID
8.0.1	Date section started	___ / ___ / ___	FINI
8.0.2	Time section started	___ : ___	HINI
8.0.3	Fieldworker code	___	STAFCODE
8.0.4	Who answers this section? (use code from Household roster)	___	ID

8.1	Since you found you were pregnant with NAME have there been any big changes or events that decreased the economic welfare of your household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	BADEVENT
-----	--	--	----------

EVID		Yes	No	
01	A natural disaster	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	PHYCHNGE
02	Decrease, change in food availability	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHFOOD
03	Livestock died	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHLSTCK
04	Crops failed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHCRPS
05	Livestock stolen	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHLSTL
06	Crops stolen	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHCSTL
07	Death or reduction in household members	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHDEATH
08	Job loss/source of income/family enterprise	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHJOB
09	Severe illness or injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHILL
10	Victim of crime	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHCRIME
11	Divorce or separation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHDIV
12	Birth/new household member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHBIRTH
13	Paying for child's education	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	EDU
14	Moved, migrated or fled	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHMOVE
15	Other, specify: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHOTH SPECOTH
16	Other, specify: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	HHOTH1 SPECOTH1

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8.2	How many events have been mentioned?	<input type="checkbox"/> <sub>1</sub> No event <input type="checkbox"/> <sub>2</sub> Only one event <input type="checkbox"/> <sub>3</sub> More than one event <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	EVTCHK
8.3	Which of the changes/events you mentioned affected the household welfare most?	____	WORSEVNT
8.4	What did the household do as a result of this big change/event?		
8.4.1	Response 1 Other, specify:	____ ☞ _____	BRSP1 BRSP1SPC
8.4.2	Response 2 Other, specify:	____ ☞ _____	BRSP2 BRSP2SPC
8.4.3	Response 3 Other, specify:	____ ☞ _____	BRSP3 BRSP3SPC

Code Box 6: Response to economic shocks		
01=Nothing	07=Worked more/started new work	12=Received help from family or friends
02=Sold belongings		13=Received help from the government
03=Used savings	08=Took children out of school	14=Insurance paid
04=Used credit	09=Sent children to work	15=Other
05=Ate less	10=Fled	88=N/A
06=Bought less	11=Migrated looking for work	99=NK

8.5	Since you became pregnant with NAME have there been any important events that had a positive effect on the economy of the household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	GODEVENT
8.6	Please tell me what they were	Code	
8.6.1	Event 1: ☞ _____ Other, specify:	____ ☞ _____	EVPOS1 EVENPOS1
8.6.2	Event 2: ☞ _____ Other, specify:	____ ☞ _____	EVPOS2 EVENPOS2
8.6.3	Event 3: ☞ _____ Other, specify:	____ ☞ _____	EVPOS3 EVENPOS3

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8.7	How many events?	<input type="checkbox"/> <sub>1</sub> No event <input type="checkbox"/> <sub>2</sub> Only one event <input type="checkbox"/> <sub>3</sub> More than one event <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	NEVENTO
8.8	Which event had the greatest positive impact on household economy?	____	GOODEVENT
8.9	What did the household do as a result?		
8.9.1	Response 1 If other, specify	____ /_____	GEVN1 GEV1SPEC
8.9.2	Response 2 If other, specify:	____ /_____	GEVN2 GEV2SPEC
8.9.3	Response 3 If other, specify	____ /_____	GEVN3 GEV3SPEC

Code Box 7: Response to positive events		
01=Nothing	07=Worked more/started new work	12=Received help from family or friends
02=Sold belongings		13=Received help from the government
03=Used savings	08=Took children out of school	14=Insurance paid
04=Used credit	09=Sent children to work	15=Other
05=Ate less	10=Fled	88=N/A
06=Bought less	11=Migrated looking for work	99=NK
15=Bought things	20=Worked less or stopped working	25=Other
16=Increased savings	21=Sent children to school	
17=Paid debts	22=Children stopped working	
18=Ate more	23=Took a holiday/break	
19=Took out credit	24=Helped family or friends	

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	Time this section was completed	____ : ____	<i>HFIN</i>
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Comments/Observations:	<i>OBSERV</i>

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### Section 9: Socio-Economic Status

	Household ID	PE - ____ - ____ - ____	HOGARID
9.0.1	Date section started	___ / ___ / ___	FINI
9.0.2	Time section started	___ : ___	HINI
9.0.3	Fieldworker code	___	STAFCODE
9.0.4	Who answers this section? (use code from Household roster)	___	ID

9.0.5	Type of house	<input type="checkbox"/> <sub>1</sub> Independent house <input type="checkbox"/> <sub>2</sub> Flat <input type="checkbox"/> <sub>3</sub> Alley house <input type="checkbox"/> <sub>4</sub> Viv. En casa de vecindad <input type="checkbox"/> <sub>5</sub> Improvised (made of temporary material) <input type="checkbox"/> <sub>6</sub> Other	TIPVIV
9.1	Are you or a member of the household the owner of the house?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	OWNHOUSE
9.2	How many rooms are there in the house?	___	NUMROOM
9.2.1	Do you have electricity?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ELEC
9.2.1a	In the last 15 days how many days have you had electricity?	___	ULTDIAL
9.2.1b	In the days when you had electricity, on average, how many hours did you have it?	___	LUZHOR
9.2.2	Observe walls:	<input type="checkbox"/> <sub>1</sub> Brick/concrete <input type="checkbox"/> <sub>2</sub> Adobe/earth <input type="checkbox"/> <sub>3</sub> Wood/logs <input type="checkbox"/> <sub>4</sub> Metal/corrugated iron <input type="checkbox"/> <sub>5</sub> Straw matting <input type="checkbox"/> <sub>6</sub> Quincha (straw/dung/mud) <input type="checkbox"/> <sub>7</sub> Stones with mud/earth <input type="checkbox"/> <sub>8</sub> Other	WALL
	If other, specify:	<del>_____</del>	SPECWALL
9.2.3	Observe roof:	<input type="checkbox"/> <sub>1</sub> Straw/straw matting <input type="checkbox"/> <sub>2</sub> Adobe/earth <input type="checkbox"/> <sub>3</sub> Wood/leaves <input type="checkbox"/> <sub>4</sub> Metal/corrugated iron <input type="checkbox"/> <sub>5</sub> Concrete/cement <input type="checkbox"/> <sub>6</sub> Tiles <input type="checkbox"/> <sub>7</sub> Other	ROOF

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	If other, specify:	<del>/</del> _____	SPECROF
9.2.4	Observe floor	<input type="checkbox"/> <sub>1</sub> Earth or sand <input type="checkbox"/> <sub>2</sub> Wood <input type="checkbox"/> <sub>3</sub> Stone/brick <input type="checkbox"/> <sub>4</sub> Cement/tiles <input type="checkbox"/> <sub>5</sub> Linoleum or similar <input type="checkbox"/> <sub>6</sub> Other	FLOOR
	If other, specify:	<del>/</del> _____	SPECFLR
9.3	What is the main source of drinking water for members of your household?	<input type="checkbox"/> <sub>1</sub> Piped water to the house <input type="checkbox"/> <sub>2</sub> Well/tubewell with hand pump <input type="checkbox"/> <sub>3</sub> Common tap, water fountain, public well <input type="checkbox"/> <sub>4</sub> Lake, river, ditch, stream, natural spring, canal <input type="checkbox"/> <sub>5</sub> Water truck delivery <input type="checkbox"/> <sub>6</sub> Other <input type="checkbox"/> <sub>9</sub> NK	DRWATER
	If other, specify	<del>/</del> _____	WATRSPEC
9.3a	In the last 15 days how often have you had water?	___	ULTDIAA
9.3b	On the days when you had water on average how many hours did you have water?	___	AGUAHOR
9.4	What kind of toilet facility does your household use?	<input type="checkbox"/> <sub>1</sub> WC, septic tank inside house <input type="checkbox"/> <sub>2</sub> No toilet (uses hillside etc) <input type="checkbox"/> <sub>3</sub> Pit latrine inside house <input type="checkbox"/> <sub>4</sub> Communal latrine <input type="checkbox"/> <sub>5</sub> River, ditch, canal, stream <input type="checkbox"/> <sub>6</sub> Other <input type="checkbox"/> <sub>9</sub> NK	TOILET
	If other, specify	<del>/</del> _____	TOILSPEC
9.5	What is the main type of cooking fuel you use?	<input type="checkbox"/> <sub>1</sub> Wood <input type="checkbox"/> <sub>2</sub> None <input type="checkbox"/> <sub>3</sub> Paraffin/kerosene <input type="checkbox"/> <sub>4</sub> Charcoal <input type="checkbox"/> <sub>5</sub> Gas/electricity <input type="checkbox"/> <sub>6</sub> Coal <input type="checkbox"/> <sub>7</sub> Dung <input type="checkbox"/> <sub>8</sub> Other <input type="checkbox"/> <sub>99</sub> NK	COOKING
	If other, specify	<del>/</del> _____	COOKSPEC

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9.6	What is the main fuel used for heating?	<input type="checkbox"/> <sub>1</sub> Wood <input type="checkbox"/> <sub>2</sub> None <input type="checkbox"/> <sub>3</sub> Paraffin/kerosene <input type="checkbox"/> <sub>4</sub> Charcoal <input type="checkbox"/> <sub>5</sub> Gas/electricity <input type="checkbox"/> <sub>6</sub> Coal <input type="checkbox"/> <sub>7</sub> Dung <input type="checkbox"/> <sub>8</sub> Other <input type="checkbox"/> <sub>99</sub> NK	HEATING
	If other, specify:	_____	HEATSPEC

9.7	Does anyone in the household own a:	Yes	No	
9.7.1	- Working radio	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	RADIO
9.7.2	- Working refrigerator	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	FRIDGE
9.7.2.1	- Working iron	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	PLANCHA
9.7.2.2	- Working liquidizer/blender/mixer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	LICUA
9.7.2.3	- Working gas or electric cooker	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	COGGAS
9.7.3	- Working bicycle	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	BIKE
9.7.4	- Working television	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	TV
9.7.4.1	- Working record player/music centre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	TOCAD
9.7.4.2	- Working fan	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	VENT
9.7.4.3	- Working videocassette player	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	VIDEO
9.7.4.4	- Working washing machine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	LAVAD
9.7.4.5	- Working clothes dryer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	SECAD
9.7.4.6	- Working floor polisher/h Hoover	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	LUSTR
9.7.5	- Working motorcycle/moped/scooter	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	MOTOR
9.7.6	- Working motor vehicle (car, lorry, taxi)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	CAR
9.7.7	- Working tractor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	TRACTOR
9.7.8	- Agricultural equipment or tools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	PUMP
9.7.9	- Working mobile phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	MOBPHONE
9.7.10	- Working landline telephone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	PHONE
9.7.11	- Working sewing machine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	SEWING
9.7.12	- Working knitting machine/weaving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	CSPEC1
9.7.13	- Working water heater/immersion heater (electric or gas)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	CSPEC2
9.7.14	- Working computer/laptop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	CSPEC3



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9.7.15	- Working microwave cooker	[ ] <sub>1</sub>	[ ] <sub>2</sub>	CSPEC4
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9.7.15a	Do you or anyone in your household do agricultural work or raise animals?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only arable <input type="checkbox"/> <sub>4</sub> Only livestock <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	TRABAGR
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9.7.15b	Do you or your family possess any of the following agricultural tools or equipment?	Yes	No	
9.7.16	Animal drawn plough	[ ] <sub>1</sub>	[ ] <sub>2</sub>	ARADO
9.7.17	Pickaxe	[ ] <sub>1</sub>	[ ] <sub>2</sub>	CHAQU
9.7.18	Wheelbarrow, handcart	[ ] <sub>1</sub>	[ ] <sub>2</sub>	CARRET
9.7.19	Harness for animals	[ ] <sub>1</sub>	[ ] <sub>2</sub>	APARE
9.7.20	Fumigator	[ ] <sub>1</sub>	[ ] <sub>2</sub>	FUMIG
9.7.21	Hosepipe	[ ] <sub>1</sub>	[ ] <sub>2</sub>	MANG
9.7.22	Wire fencing	[ ] <sub>1</sub>	[ ] <sub>2</sub>	CERC
9.7.23	Sheds	[ ] <sub>1</sub>	[ ] <sub>2</sub>	GALP
9.7.24	Storehouse/granary	[ ] <sub>1</sub>	[ ] <sub>2</sub>	ALMAC
9.7.25	Motorised saw	[ ] <sub>1</sub>	[ ] <sub>2</sub>	MOTOSI
9.7.26	Electric motors	[ ] <sub>1</sub>	[ ] <sub>2</sub>	MOTOEL
9.7.27	Silo, storage pit	[ ] <sub>1</sub>	[ ] <sub>2</sub>	SILO
9.7.28	Harvester	[ ] <sub>1</sub>	[ ] <sub>2</sub>	COSEC
9.7.29	Milking machine	[ ] <sub>1</sub>	[ ] <sub>2</sub>	ORDEN
9.7.30	Spades, shovel, rakes	[ ] <sub>1</sub>	[ ] <sub>2</sub>	LAMP
9.7.31	Machete, sickle	[ ] <sub>1</sub>	[ ] <sub>2</sub>	MACHE
9.7.32	Axe, bar	[ ] <sub>1</sub>	[ ] <sub>2</sub>	HACHA
9.7.33	Other, specify: <input type="checkbox"/> _____	[ ] <sub>1</sub>	[ ] <sub>2</sub>	OTRO1 OTRO1SPEC
9.7.34	Other, specify: <input type="checkbox"/> _____	[ ] <sub>1</sub>	[ ] <sub>2</sub>	OTRO2 OTRO2SPEC

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?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	OWNLAND
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9.9	Please tell me about each plot of land owned or rented/borrowed by members of the household during the last 12 months?	
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	9.9.1 What is the total area of the plot		9.9.3 Is the plot rented, borrowed, sharecropped or owned? 1=Rented to me 2=Lent 3=Shared 4=Owner 5=Part owner 8=N/A 9=NK	9.9.4 What is the plot used for? 1=Agriculture (crops) 2=Nothing (abandoned) 3=Forest/Woodland 4=Housing/construction 5=Industry/Factory 6=Rented out to others 7=Pasture 8=Other 88=N/A, 99=NK	
	Size	Unit of measurement		Main use	Secondary use
PLOT	LAREA	LUNIT	LOWN	LUSE USESPEC	LUSE1 USESPEC1
1	_____		—	---	---
2	_____		—	---	---
3	_____		—	---	---
4	_____		—	---	---
5	_____		—	---	---
6	_____		—	---	---
7	_____		—	---	---
8	_____		—	---	---

9.10	In the last 12 months have you irrigated one or your landholdings?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	IRRIGAT
9.10.1	What area of land have you irrigated?	_____ . _____	PERIRRIG
	Unit of measurement	_____	UNIIRRI
9.11	In the last 12 months have you used a chemical fertiliser?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	FETILISE
9.11.1	What quantity of chemical fertiliser have you used in the last 12 months? Note unit of measurement.		

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	Type of fertiliser	9.11.1 Amount per year	9.11.2 Unit of measurement
LINEID	TIPO	PERFERT	UNITFERT
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

9.12	In the last 12 months have you or anyone in your household shared a tractor or other farming vehicle with other people in the community?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	FARMSHR
9.13	In the last 12 months have you or anyone in your household shared agricultural work, animal husbandry with anyone in the community?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	LABSHR
9.14	Have you owned any livestock in the last 12 months?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ANIMALS
9.15	For each type of animal can you tell me whether you or someone in your household has owned them in the last 12 months		

	9.15 Type of animal	9.16 Have you owned any? 1=Yes 2=No 8=N/A 9=NK	9.17 How many do you have now? 00=None 88=N/A 99=NK	9.18 How many have you bought in the last year? 00=None 88=N/A 99=NK	9.19 How many have you sold in the last year? 00=None 88=N/A 99=NK	9.19a How many have died in the last year? 00=None 88=N/A 99=NK
LINE NUM		ANYAIM	ANIOWN	ANIBUY	ANISOLD	ANYDIE
01	Work animals (donkeys, horses, oxen)	—	_____	_____	_____	_____
02	Cattle (including calves)	—	_____	_____	_____	_____
03	Sheep, goats, pigs	—	_____	_____	_____	_____
04	Rabbits, guinea pigs, etc.	—	_____	_____	_____	_____
05	Poultry, hens, ducks	—	_____	_____	_____	_____

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06	Llama, alpaca, Huanaco	—	_____	_____	_____	_____
07	Other	—	_____	_____	_____	_____

9.20	Fieldworker observe: How would you classify the hygiene of the child's home?		
Characteristic	Room - which room: _____ AMBIEN	Bathroom	Kitchen
LINEID	AMBIENTE	BANHO	COCINA
1) General order	—	—	—
2) Cleanliness	—	—	—
3) Rubbish	—	—	—
4) Presence of human faeces	—	—	—
5) Presence of animal faeces	—	—	—
6) Smoke blackened walls	—	—	—
7) Damp	—	—	—
8) Animals around	—	—	—

9.21	Do you use any type of soap?	<input type="checkbox"/> <sub>1</sub> Only hand/cosmetic soap <input type="checkbox"/> <sub>2</sub> None/never had any soap <input type="checkbox"/> <sub>3</sub> Yes, only laundry soap <input type="checkbox"/> <sub>4</sub> Both cosmetic & laundry soap <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	JABON
9.22	Ask them to show you the soap that they use	<input type="checkbox"/> <sub>1</sub> Yes, shown only cosmetic soap <input type="checkbox"/> <sub>2</sub> Doesn't have any <input type="checkbox"/> <sub>3</sub> Yes, shown only laundry soap <input type="checkbox"/> <sub>4</sub> Shown both cosmetic and laundry soap <input type="checkbox"/> <sub>5</sub> They had soap but it finished less than 2 days ago <input type="checkbox"/> <sub>6</sub> They had soap but it finished less than 15 days ago <input type="checkbox"/> <sub>7</sub> They had it but it finished more than 15 days ago <input type="checkbox"/> <sub>8</sub> Other, specify: ☒ _____ <input type="checkbox"/> <sub>88</sub> N/A <input type="checkbox"/> <sub>99</sub> NK	ENSJAB SPECJAB
9.23	Do you use detergent?	<input type="checkbox"/> <sub>1</sub> Yes always, only for laundry <input type="checkbox"/> <sub>2</sub> Never <input type="checkbox"/> <sub>3</sub> Always for laundry and the house <input type="checkbox"/> <sub>4</sub> Occasionally for laundry and the house <input type="checkbox"/> <sub>5</sub> Yes, rarely for laundry and household <input type="checkbox"/> <sub>6</sub> Other, specify: ☒ _____ <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	UTILDET SPECDET

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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9.24	Can you show me your detergent	<input type="checkbox"/> <sub>1</sub> Shows new bag <input type="checkbox"/> <sub>2</sub> None, never had any <input type="checkbox"/> <sub>3</sub> Shows half used bag <input type="checkbox"/> <sub>4</sub> Finished less than 2 days ago <input type="checkbox"/> <sub>5</sub> Finished less than 15 days ago <input type="checkbox"/> <sub>6</sub> Finished more than 15 days ago <input type="checkbox"/> <sub>7</sub> Other, specify: _____ <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	ENSDET SPECUTDT
9.25	Does anyone in the home use the Internet, Internet cabins, email?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK, or don't understand the question	

	Time this section was completed	____ : ____	HFIN
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Comments/Observations:	OBSERV

<i>Young Lives 1yr old Household Questionnaire Peru</i>	<i>Section Number:</i> C1____ (SECTCODE)	<i>Child ID:</i> PE - ____ - 1 - ____ (CHILDDID)
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## Section 10: Psycho Social Well-being

	Household ID	PE - ____ - ____ - ____	HOGARID
10.0.1	Date section started	___ / ___ / ___	FINI
10.0.2	Time section started	___ : ___	HINI
10.0.3	Fieldworker code	___	STAFCODE
10.0.4	Who answers this section? (use code from Household roster)	___	ID

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 30 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?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	HEADACHE
10.2	Was your appetite poor?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	POORAPP
10.3	Did you sleep badly?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	SLEEP
10.4	Were you easily frightened?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	FRIGHT
10.5	Did your hands shake?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	HNDSHAKE
10.6	Did you feel nervous, tense or worried?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	TENSE
10.7	Was your digestion poor?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	DIGESTN
10.8	Did you have trouble thinking clearly?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	THINK
10.9	Did you feel unhappy?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	UNHAPPY
10.10	Did you cry more than usual?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	CRY
10.11	Did you find it difficult to enjoy your daily activities?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	ENJOY
10.12	Did you find it difficult to make decisions?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	DECISION
10.13	Did your daily work suffer?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	WORK
10.14	Were you unable to play a useful part in life?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	USEFUL
10.15	Did you lose interest in things?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	LOST
10.16	Did you feel you were a worthless person?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	WORTH
10.17	Were things so bad that you felt that you just couldn't go on?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	ENDING
10.18	Did you feel tired all of the time?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	ALLTIRED
10.19	Did you have uncomfortable feelings in your stomach?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	STOMACH
10.20	Were you easily tired?	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	TIRED

10.21	In your parents house was there much violence				
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<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDDID)
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10.21.a	Child's paternal grandparents	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	VIOLENAP
10.21.b	Child's maternal grandparents	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	VIOLENAM
10.21.c	Have your parents told you if they were subjected to violence/beaten/hit when they were children?		
10.21.d	Child's paternal grandparents	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	PEGABAAP
10.21.e	Child's maternal grandparents	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	PEGABAAM
10.21.f	Were you or your partner beaten/hit when you were children?		
10.21.g	Mother	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	LPEGMA
10.21.h	Father	<input type="checkbox"/> <sub>1</sub> Physical and verbal <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Only verbal <input type="checkbox"/> <sub>9</sub> NK	LPEGPA
10.22a	Does the respondent have a partner?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	PETPAR
10.23	Does your partner drink alcohol at least once a week?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No, none <input type="checkbox"/> <sub>3</sub> Once or twice a month <input type="checkbox"/> <sub>4</sub> Occasionally <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	TOMA
10.24	When he drinks does he get drunk?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No, never <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	EMBORR

<i>Young Lives</i> <i>1yr old Household Questionnaire</i> <i>Peru</i>	<i>Section Number:</i> <i>C1</i> ____ <i>(SECTCODE)</i>	<i>Child ID:</i> <i>PE - ____ - 1 - ____</i> <i>(CHILDID)</i>
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10.25	When he gets drunk does he hit you?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No, never <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>8</sub> N/A <input type="checkbox"/> <sub>9</sub> NK	EMPEG
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	Time this section was completed	____ : ____	HFIN
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Comments/Observations:	OBSERV



<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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## Section 11: Social Capital

	Household ID	PE - ____ - ____ - ____	HOGARID
11.0.1	Date section started	___ / ___ / ___	FINI
11.0.2	Time section started	___ : ___	HINI
11.0.3	Fieldworker code	___	STAFCODE
11.0.4	Who answers this section? (use code from Household roster)	___	ID

11.1	In the last 12 months have you been an active member of any of the following types of groups in your community?		
		11.1.1	11.1.2
		Have you been a member? 1=Yes 2=No 8=N/A 9=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
	GRPID	MEMBER	ANYSUP
01	Trade Union, work syndicate	—	—
02	Community association, cooperative (e.g. neighbourhood association)	—	—
03	Women's group (e.g. mothers' club)	—	—
04	Political group/party	—	—
05	Religious group/parish	—	—
06	Credit group/funeral association	—	—
07	Sport group/team, social club	—	—
08	Association/health committee, water development, school committee/commission	—	—
09	Other, specify: ☞ _____	—	—

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDID)
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Now I am going to ask you 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?	
	Received help from:	11.2.1 Received help? 1=Yes, 2=No, 8=N/A, 9=NK
SUPID		SUPPORT
01	Parents or family	—
01a	Members of the household	—
02	Neighbours	—
03	Friends who are not neighbours	—
04	Community leaders	—
05	Religious leaders	—
06	Political leaders	—
07	Government or local government officials	—
08	Charity or NGO	—
09	Other, specify : <input type="checkbox"/> _____ SPECSUP	—

11.3	In the last 12 months have you met with other members of the community in order to resolve a problem or work together?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	JOIN
11.4	In the last 12 months have you talked to local authorities/government representatives about any problem in the community?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	AUTHORIT
11.5	Do you think that your household is better off, the same or poorer than the majority of households in this community?	[ ] <sub>1</sub> Better off [ ] <sub>2</sub> Similar [ ] <sub>3</sub> Worse off [ ] <sub>9</sub> NK	SELFASS
11.6	In general can you trust most people in this community?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	TRUST
11.7	Do most people get on well with each other?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	ALONG
11.8	Do you feel that you are really part of this community?	[ ] <sub>1</sub> Yes [ ] <sub>2</sub> No [ ] <sub>9</sub> NK	PART

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDIR)
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11.9	Do you think that most people in this community would take advantage of you if they had the chance?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	ADVANTAG
11.10	In the last 3 years has anyone in the household suffered the following events?		
11.10.1	Robbery/theft	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	THEFT
11.10.2	Threats to inheritance	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	INHERIT
11.10.3	Threats to land rights (e.g. forced removal)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	LNDRIGHT
11.11	When these robberies etc. occurred did you?		
11.11.1	Go to the police?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	POLICE
11.11.2	Go to the traditional authorities?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	TRADAUT
11.11.3	Have your case taken to the law/justice system?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 NK	COURT

	Time this section was completed	___ : ___	HFIN
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Comments/Observations:	OBSERV

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDDID)
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## Section 12: Tracking Details

	Household ID	PE - ____ - ____ - ____	HOGARID
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### A relative

Full name:	First name:	Surname:	FAMFNAME FAMLNAME
Address			FAMADD
Phone (home)	Code:		FAMCHOME FAMHOME
Phone (work)	Code:		FAMCWORK FAMWORK
Fax number	Code:		FAMCFAX FAMFAX
Mobile phone			FAMCELL
Email			FAMMAIL

### A close friend

Full name:	First name:	Surname:	FRDFNAME FRDLNAME
Address			FRDADD
Phone (home)	Code:		FRDCHOME FRDHOME
Phone (work)	Code:		FRDCWORK FRDWORK
Fax number	Code:		FRDCFAX FRDFAX
Mobile phone			FRDCELL
Email			FRDMAIL

12.1	Do you have a relative who lives in this town/city or nearby?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	HAYFLC
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Full name:	First name:	Surname:	FAMNOMO FAMAPEO
Relationship			FAMPARO
Ubigeo			UBIGEEO
City			CPO
Place or locality			LOCO
Physical address			DIRECCO
Home phone number			TELCASO

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILDID)
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Work phone number		TELTRA0
Other phone number		TELOTRO
References		REFERO

12.2	Do you have a relative who lives in another main city?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	HAYFCP
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1. Full name:	First name:	Surname:	FAMNOM1 FAMAPE1
Relationship			FAMPAR1
Ubigeo			UBIGEO1
City			CP1
Place or locality			LOC1
Physical address			DIRECC1
Home phone number			TELCAS1
Work phone number			TELTRA1
Other phone number			TELOTR1
References			REFER1

2. Full name:	First name:	Surname:	FAMNOM2 FAMAPE2
Relationship			FAMPAR2
Ubigeo			UBIGEO2
City			CP2
Place or locality			LOC2
Physical address			DIRECC2
Home phone number			TELCAS2
Work phone number			TELTRA2
Other phone number			TELOTR2
References			REFER2

3. Full name:	First name:	Surname:	FAMNOM3 FAMAPE3
Relationship			FAMPAR3
Ubigeo			UBIGEO3
City			CP3

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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Place or locality		LOC3
Physical address		DIRECC3
Home phone number		TELCAS3
Work phone number		TELTRA3
Other phone number		TELOTR3
References		REFER3

4. Full name:	First name:	Surname:	FAMNOM4 FAMAPE4
Relationship			FAMPAR4
Ubigeo			UBIGEO4
City			CP4
Place or locality			LOC4
Physical address			DIRECC4
Home phone number			TELCAS4
Work phone number			TELTRA4
Other phone number			TELOTR4
References			REFER4
12.3	Do you have a family friend in Lima or another important city?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> NK	HAYFA

1. Full name:	First name:	Surname:	FAMNOM5 FAMAPE5
Relationship			FAMPAR5
Ubigeo			UBIGEO5
City			CP5
Place or locality			LOC5
Physical address			DIRECC5
Home phone number			TELCAS5
Work phone number			TELTRA5
Other phone number			TELOTR5
References			REFER5

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p><i>Section Number:</i>  <i>C1</i>____  <i>(SECTCODE)</i></p>	<p><i>Child ID:</i>  <i>PE -</i> ____ - <i>1 -</i> ____</p> <p><i>(CHILDDID)</i></p>
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<i>Comments/Observations:</i>	<i>OBSERV</i>

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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### Section 13: Anthropometry

	Household ID	PE - ____ - ____ - ____	HOGARID
13.0.1	Date section started	___ / ___ / ___	FINI
13.0.2	Time section started	___ : ___	HINI
13.0.3	Fieldworker code	___	STAFCODE
13.0.4	Who answers this section? (use code from Household roster)	___	ID

13.1	Compared with other children of the same age do you think that your child is heavier (fatter) or lighter (thinner) than others?	<input type="checkbox"/> <sub>1</sub> Heavier <input type="checkbox"/> <sub>2</sub> Similar <input type="checkbox"/> <sub>3</sub> Lighter <input type="checkbox"/> <sub>9</sub> NK	COMPWEIG
13.2	Compared with other children of the same age would you say that your child was taller, the same or shorter than others?	<input type="checkbox"/> <sub>1</sub> Taller <input type="checkbox"/> <sub>2</sub> Similar <input type="checkbox"/> <sub>3</sub> Shorter <input type="checkbox"/> <sub>9</sub> NK	COMPHEAL
13.3	Is the balance calibrated?	<input type="checkbox"/> <sub>1</sub> Yes	TICK
13.3.1	Is the height board calibrated?	<input type="checkbox"/> <sub>1</sub> Yes	CALIB

#### Weight:

1) Mother PESOMAD1	2) Mother PESOMAD2	1) Child and Mother PESOMN1	2) Child and Mother PESOMN2
_____ . _____	_____ . _____	_____ . _____	_____ . _____

13.6	Agreed weight of child	_____ . _____	CHWEGHT
13.6.1	Why were you unable to weigh the child?	<input type="checkbox"/> <sub>1</sub> Child absent <input type="checkbox"/> <sub>2</sub> Mother or carer refused <input type="checkbox"/> <sub>3</sub> Child was ill <input type="checkbox"/> <sub>4</sub> Other, specify: _____ <input type="checkbox"/> <sub>8</sub> N/A (child measured) <input type="checkbox"/> <sub>9</sub> NK	NOPEARN  SPECNPRN
13.6.2	Why could you not weigh the mother?	<input type="checkbox"/> <sub>1</sub> Mother absent <input type="checkbox"/> <sub>2</sub> Mother refused <input type="checkbox"/> <sub>3</sub> Mother was ill <input type="checkbox"/> <sub>4</sub> Other, specify: _____ <input type="checkbox"/> <sub>8</sub> N/A (mother measured) <input type="checkbox"/> <sub>9</sub> NK	NOPEARM  SPECNPRM

#### Height:

1) Mother TALLMAD1	2) Mother TALLMAD2	3) Mother TALLMAD3	1) Child TALLNIN1	2) Child TALLNIN2	2) Child TALLNIN2
_____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____



<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1 ____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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13.9	Agreed height of child	_____ . ____	CHHEGHT
13.10	Why could you not measure the child's height?	<input type="checkbox"/> <sub>1</sub> Child absent <input type="checkbox"/> <sub>2</sub> Mother or carer refused <input type="checkbox"/> <sub>3</sub> Child was ill <input type="checkbox"/> <sub>4</sub> Other, specify: ☒ _____ <input type="checkbox"/> <sub>8</sub> N/A (child measured) <input type="checkbox"/> <sub>9</sub> NK	NOTMEAS  MEASSPEC
13.10.1	Why could you not measure the mother's height?	<input type="checkbox"/> <sub>1</sub> Mother absent <input type="checkbox"/> <sub>2</sub> Mother refused <input type="checkbox"/> <sub>3</sub> Mother was ill <input type="checkbox"/> <sub>4</sub> Other, specify: ☒ _____ <input type="checkbox"/> <sub>8</sub> N/A (mother measured) <input type="checkbox"/> <sub>9</sub> NK	NOTALLM  SPECNTM

13.11	1) Mother	2) Mother	3) Mother	
Mid arm circumference	_____ . ____	_____ . ____	_____ . ____	PERBRA1 PERBRA2 PERBRA3
Triceps skin fold	_____ . ____	_____ . ____	_____ . ____	PLITRI1 PLITRI2 PLITRI3

13.12	Why could you not measure the mother's skin fold thickness?	<input type="checkbox"/> <sub>1</sub> Mother absent <input type="checkbox"/> <sub>2</sub> Mother refused <input type="checkbox"/> <sub>3</sub> Mother was ill <input type="checkbox"/> <sub>4</sub> Other, specify: ☒ _____ <input type="checkbox"/> <sub>8</sub> N/A (mother measured) <input type="checkbox"/> <sub>9</sub> NK	NOMEDPLI  PLIMSPEC
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14.a	GPS:	W: _____ . _____ . _____	GPSW
14.B	GPS	S: _____ . _____ . _____	GPSS
15	Did you take the photos?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	FOTOS
15.1	Yes they were taken	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>8</sub> N/A	
	a. Child alone in....	—	FOTO1
	b. Child with mother in ....	—	FOTO2
	c. Child inside the house ...	—	FOTO3
	d. Child at the door of the house with panoramic view of the house	—	FOTO4
	e. Child in the street with panoramic view of the house and street	—	FOTO5

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI____  (SECTCODE)</p>	<p>Child ID:  PE - ____ - 1 - ____  (CHILDID)</p>
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	f. Other:	<input checked="" type="checkbox"/> _____	DESCRIBA
15.2	Why were the photos not taken?		FOTEXPLI

16	Time this section was completed	____ : ____	HFIN
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Comments/Observations:	OBSERV

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI ___  (SECTCODE)</p>	<p>Child ID:  PE - ___ - 1 - ___  (CHILDID)</p>
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## Section 14: Family Income

	Household ID	PE - ___ - ___ - ___	HOGARID
14.0.1	Date section started	___ / ___ / ___	FINI
14.0.2	Time section started	___ : ___	HINI
14.0.3	Fieldworker code	___	STAFCODE
14.0.4	Who answers this section? (use code from Household roster)	___	ID

**Continue from section 7 (Table 7.7.1):** Work in order for each member of the household from 14.2.1 to 14.2.13, first note the code of the household member which figures in column 7.1.2 and their name. In column 7.1.3a find the first activity (most important for that individual) and look up the line code in 7.1.1 corresponding to the person activity. Write this code in column 14.2.2. Do not enter the income for those who are defined as domestic servants in 2.5.5 but do include those defined in 7.1.5 as non-remunerated family workers.

<p><i>Young Lives</i> <i>1yr old Household Questionnaire</i> <i>Peru</i></p>	<p>Section Number: CI ___ (SECTCODE)</p>	<p>Child ID: PE - ___ - 1 - ___ (CHILID)</p>
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N°	14.2.1	NAME	14.2.2	14.2.3	14.2.4	14.2.5	14.2.6			14.2.7			14.2.8	14.2.9		14.2.10	14.2.11		
	ID		COD. LINE	How Many hours a day do they do this work?	In this work do (did) they work:  1=Dependent (Salaried)  2=Self- employed  3=For the family (not remunerat ed)	If 2) self employed or 3 ) family:  In this work what was your most recent net income (income -costs) for unit time  Continue to question 14.2.9  If dependent (salaried) how much did they earn in the last pay cheque, what period did this cover. ?	DEPENDENT or SALARIED?  Did they receive additional salaries or payments in this work (for instance Christmas bonus, etc)  How much?  How often?  8 = Not applicable  9 = Don't know, don't reply	1=Yes	Amount	Unit of time	1=Yes	Amount	Unit of time	What sort of work contract do/did they have?  Refer to codes below  Contract	00 = Days	Years	Months	In the last 7 days have you been working in this, what you say is your principal, job?  1 = Yes  2 = No --- →	In the last 7 days have you worked as a dependent (salaried), self employed or a family worker without pay?  1 = Yes  2 = No ---→  8 = Not applicable  9 = Don't know
	LINEID		ID	Name	Cod. Line	Hours	Amount	MTIEMPO	SUELDO	SMONTO	STIEMPO	BIENES	BMONTO	BTIEMPO	CTRAB	TRANHOS	TMESES	ULT7	ULT7T

<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p><i>Section Number:</i>  <i>CI</i>__ __  <i>(SECTCODE)</i></p>	<p><i>Child ID:</i>  <i>PE</i> - __ __ - <i>1</i> - __ __ __ __  <i>(CHILID)</i></p>
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1																		
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<p><i>Young Lives</i>  <i>1yr old Household Questionnaire</i>  <i>Peru</i></p>	<p>Section Number:  CI ____  ( <i>SECTCODE</i> )</p>	<p>Child ID:  PE - ____ - 1 - ____  ( <i>CHILID</i> )</p>
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13																		
14																		
15																		
16																		
17																		

Unit of time - Codes				Type of contract - Codes					
1=Hour	4=Fortnight	7=6 months		1=Indefinite/Permanent	4=Professional fees		7=Pre-professional work experience		
2=Day	5=Month	8=Year		2=Without contract	5=For service/Co-operative		8=Apprenticeship		
3=Week	6=3 months	88=N/A	99=NK	3=Fixed term/Defined	6=Youth employment program		9=Other	88=N/A	99=NK

<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	<i>Section Number:</i> <i>C1</i> ____ <i>(SECTCODE)</i>	<i>Child ID:</i> <i>PE - ____ - 1 - ____</i> <i>(CHILDID)</i>
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14.3 Fieldworker: Compare table 2.7 with table 2.5 (composition of the household) and identify all the household members aged 14 or more, note them and ask the information requested in each column:

N°	14.3.1  ID	NAME	AGE	14.3.2 In the past 7 days have you been looking for work?  1= Yes 2= No 9= Don't know
	LINEID ID			BUSCATRA
1				
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<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	Section Number: C1____ (SECTCODE)	Child ID: PE - ____ - 1 - ____ (CHILID)
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### Expenditure, consumption and home production of food

14.4 Has the family received food or been supplied with food from any family business or shop or food grown or raised by yourselves?

	14.3.1 In the last fortnight have you bought or been supplied with any of the following, including those that you grow or raise yourselves:  <i>*(Finish question 14.3.1. for each item then ask 14.3.2 and 14.3.3 for each item depending on the reply given in 14.3.1)</i>	14.4.1  1=Yes 2=No  8=Not applicable  9=Don't know	14.4.2 How much did you spend on food in the last 15 days (note soles, not cents.  999 NK  888 N/A	14.4.3 What is the total value of the home grown or self supplied food in the last 15 days food  888=Not applicable, 999=Don't know
ID		COMPRAR	GASTAR	AUTOCONS
01	Rice (Any quality, loose or in packet?)	___		
02	Wheat, wheat flour, semolina, maize, corn flour, corn derivatives?	___		
03	Oats, barley, quinoa, quinoa flour, barley flour or other derivatives of quinoa or barley?	___		
04	Bread (White, wholemeal etc)	___		
05	Biscuits, pastries etc	___		
06	Pasta of any type?	___		
07	Red meta (beef, pork, lamb, mutton, llama etc)	___		
08	Poultry meat (chicken, turkey etc)	___		
09	Processed meats (bacon, sausage, ham, pâté, hotdogs, bones etc)	___		
10	Fish or shellfish (fresh, frozen, smoked, canned etc)	___		
11	Milk	___		
12	Milk products (yoghurt, butter, cheese etc)	___		
13	Eggs	___		
14	Edible oils, margarine etc	___		
15	Salt, seasonings, spices (chilli, cinnamon, pepper, MSG, vinegar etc)	___		
16	Sauces (tomato, mayonnaise, mustard, ketchup etc)	___		



<b>Young Lives</b> <b>1yr old Household Questionnaire</b> <b>Peru</b>	<i>Section Number:</i> <i>C1</i> ____ <i>(SECTCODE)</i>	<i>Child ID:</i> <i>PE - ____ - 1 - ____</i> <i>(CHILID)</i>
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<b>17</b>	Tubers and roots (Potatoes, Sweet potatoes, cassava etc)	—		
<b>18</b>	Pulses (Dried peas, chick peas, lentils, broad beans, soy beans etc)	—		
<b>19</b>	Fresh vegetables	—		
<b>20</b>	Fresh fruit	—		
<b>21</b>	Vegetables (frozen, Canned etc).	—		
<b>22</b>	Dried fruit, jam etc	—		
<b>23</b>	White and brown sugar	—		
<b>24</b>	Coffee, tea, cocoa, herb drinks	—		
<b>25</b>	Packet foods/drinks (jelly, powdered drinks, instant puddings, packet soups etc)	—		
<b>26</b>	Sweets, chocolates, candies, honey, molasses etc	—		
<b>27</b>	Prepared food, take-aways bought outside the home and eaten at home	—		
<b>28</b>	Food prepared and eaten outside the house, e.g. restaurant	—		
<b>29</b>	Meals or food received in part payment for work (if not considered before)	—		
<b>30</b>	Alcoholic drinks	—		
<b>31</b>	Soft drinks, Coke, etc.	—		
<b>32</b>	Other: _____	—		
<b>33</b>	Other: _____	—		

14.5	Time this section was completed	___ : ___	HFIN
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