 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	ET ___ 0 ___	R1INDX

THE YOUNG LIVES STUDY ENROLMENT FORM (RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

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

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

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

ASK FOR THE SELECTED CHILD

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

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

One copy to be provided to each fieldworker

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


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

IF NO: Thank the respondent and end the interview.

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

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

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the

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

CHILD ID

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

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: ET ___ 0 ___	FORM NO: R1INDX
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1.8	Region of residence (OBSERVE)		REGION
	- Addis Ababa	[] 11	
	- Amhara	[] 12	
	- Oromia	[] 13	
	- SNNP	[] 14	
	- Tigray	[] 15	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: ET ___ 0 ___	FORM NO: R1INDX
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	(grades are from 1 to 15, 0=No education, 99=NK)	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No
01								
02								
03								
04								
05								
06								
07								

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

2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	(grades are from 1 to 15, 0=No education, 99=NK)	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)
08								
09								
10								
11								
12								
13								
14								

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

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

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

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

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

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

SECTION 3: PREGNANCY, DELIVERY AND BREAST-FEEDING


(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT CAREGIVER)

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

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

3.3	At the time you became pregnant with 'NAME' did you want to become pregnant?					WANTCLD
	- Yes	[]	1			
	- No	[]	2			
	- N/A (not mother)	[]	88			
	- NK	[]	99			
3.4	During your pregnancy with 'NAME' was your health good/average or bad/poor?					DIFFPREG
	- Good/ average	[]	1			
	- Bad /poor	[]	2			
	- N/A (not mother)	[]	88			
	- NK	[]	99			
3.5	Did you have a difficult labour with 'NAME'?					DIFFLAB
	- Yes	[]	1			
	- No	[]	2			
	- N/A (not mother)	[]	88			
	- NK	[]	99			
3.6	Where was 'NAME' born?					BPLACE
	- Home	[]	1			
	- Hospital	[]	2			
	- Other health facility	[]	3			
	- Other: SPECIFY _____	[]	4			BRTHSPEC
	- NK	[]	99			
3.6.1	Was 'NAME' delivered by a caesarean section?					CSECT
	- Yes	[]	1			
	- No	[]	2			
	- N/A (not mother or born at home)	[]	88			
	- NK	[]	99			
3.6.2	Did you know it was going to be a Caesarean section before the labour?					PLANSECT
	- Yes	[]	1			
	- No	[]	2			
	- N/A (not mother or not c-section)	[]	88			
	- NK	[]	99			

3.8	Who assisted with your delivery? (PROMPT)	Yes	No	N/A (not mother)	NK	
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3.8.1	- Doctor	[] 1	[] 2	[] 88	[] 99	DOCBRTH
3.8.2	- Nurse	[] 1	[] 2	[] 88	[] 99	NURBRTH
3.8.3	- Midwife	[] 1	[] 2	[] 88	[] 99	MIDBRTH
3.8.5	- Traditional birth attendant	[] 1	[] 2	[] 88	[] 99	TBABRTH
3.8.6	- Relative	[] 1	[] 2	[] 88	[] 99	RELBRTH
3.8.7	- Other: SPECIFY _____	[] 1	[] 2	[] 88	[] 99	OTHRBRTH SPECBRTH

3.9	Was 'NAME' born before you expected?					PREMATUR
	- Yes	[] 1				
	- No	[] 2				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.9.1	By how many weeks was the birth early? 88=N/A (not mother or not premature), 99=NK			___	___	NWEEKS
3.10	When 'NAME' was born was he/she very large, large, average, small or very small?					BSIZE
	- Very large	[] 1				
	- Large	[] 2				
	- Average	[] 3				
	- Small	[] 4				
	- Very small	[] 5				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.11	Did you ever breastfeed 'NAME'?					EVERBFED
	- Yes	[] 1				
	- No	[] 2				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.11.1	How many months did you breastfeed 'NAME'? 77=Still breastfeeding, 88=N/A (not mother or not breastfed), 99=NK			___	___	LNGBFED

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

3.12	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS			___	___	CHDBORN
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3.12.1	In all how many of the children were boys? (00=None,99=NK)	___	BOYBORN
3.12.2	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.12.1 AND 3.12.2 TALLY WITH 3.12	___	GRLBORN
3.13	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___	CHDALIVE
3.14	INTERVIEWER SELF CALCULATE: How many children died? (3.12 - 3.13)	___	BRCHK
3.15	Did any of the children die before their fifth birthday?		CHLDEAD
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no children died)	[] 88	
	- NK	[] 99	

SECTION 4: CHILD CARE (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

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

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

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

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

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

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

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

CODE BOX 2: SEVERE ILLNESS AND INJURY		
01= High/Bad fever/malaria/	05= Burns	09= Evil eye
02= Pneumonia/ severe cough	06= Traffic injuries	11=Other: SPECIFY ABOVE
03= Fits/ epilepsy/convulsions	07= Nearly drowned	14=Stomach ache
04= Diarrhoea	08=Suffocation/asphyxia	88=N/A (no illness or fewer illnesses)
		99= NK

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

5.11.1	Long term health problem1: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH1
	If other: SPECIFY _____		HTH1SPEC
5.11.2	Long term health problem 2: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH2
	If other: SPECIFY _____		HTH2SPEC
5.11.3	Long term health problem3: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH3
	If other: SPECIFY _____		HTH3SPEC
5.11.4	Long term health problem 4: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH4
	If other: SPECIFY _____		HTH4SPEC
5.11.5	Long term health problem 5: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH5
	If other: SPECIFY _____		HTH5SPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	06=Anaemia	11=Other: SPECIFY ABOVE
02=Mental disability	07=HIV/AIDS	12=Stomach ache/abdominal problems
03= Fits/ epilepsy/convulsions	08=Failure to thrive	88=N/A (no illness or fewer illnesses)
04=Skin problems	09=Evil eye	99=NK
05=Asthma/respiratory problem	10=Congenital illness	

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

CROSS CHECK WITH DOCUMENTATION WHERE AVAILABLE

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

SECTION 6: CAREGIVER BACKGROUND (RESPONDENT: PRIMARY CAREGIVER)

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

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

¹ The important key language depends on the region; *Tigrigna* in Tigray region; *Oromo* in Oromia region; *Sidama*, *Guraghe* or *Wolayta* in SNNP; *Amharic* In Amahar Region and any of these languages in Addis Ababa.

6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHEETH
	- Agew	[] 11	
	- Amhara	[] 12	
	- Gurage	[] 13	
	- Hadiya	[] 14	
	- Kambata	[] 15	
	- Oromo	[] 16	
	- Sidama	[] 17	
	- Tigran	[] 18	
	- Wolayta	[] 19	
	- Other: SPECIFY _____	[] 10	METHSPEC
- NK	[] 99		
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDEETH
	- Agew	[] 11	
	- Amhara	[] 12	
	- Gurage	[] 13	
	- Hadiya	[] 14	
	- Kambata	[] 15	
	- Oromo	[] 16	
	- Sidama	[] 17	
	- Tigran	[] 18	
	- Wolayta	[] 19	
	- Other: SPECIFY _____	[] 10	CETHSPEC
- NK	[] 99		

6.7	What is your religion?		MOTHREL
	- Muslim	[] 2	
	- Catholic	[] 5	
	- Protestant	[] 6	
	- Orthodox	[] 7	
	- Other: SPECIFY _____	[] 15	MRELSPEC
	- NK	[] 99	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Muslim	[] 2	
	- Catholic	[] 5	
	- Protestant	[] 6	
	- Orthodox	[] 7	
	- Other: SPECIFY _____	[] 15	CRELSPEC
	- NK	[] 99	


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: ET ___ 0 ___	FORM NO: R11NDX
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
08	___	/ _____	___	___	___	___
09	___	/ _____	___	___	___	___
10	___	/ _____	___	___	___	___
11	___	/ _____	___	___	___	___
12	___	/ _____	___	___	___	___
13	___	/ _____	___	___	___	___
14	___	/ _____	___	___	___	___
15	___	/ _____	___	___	___	___
16	___	/ _____	___	___	___	___
17	___	/ _____	___	___	___	___
18	___	/ _____	___	___	___	___
19	___	/ _____	___	___	___	___
20	___	/ _____	___	___	___	___

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

TRANSFERS


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

7.3	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:		
		7.3.1	7.3.2
	SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK
	- Government Benefit	___ (REMIT1)	___ (MOMREM1)
	- Religious organization	___ (REMIT3)	___ (MOMREM3)
	- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)
	- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)
	- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)

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



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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	ET ___ 0 ___	R1INDX

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

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

7.8	What plans/preparation have you or other members of your household made in case of hard times and/or misfortune caused by for example a natural disaster, crop failure, someone losing their job?				
(PLANID)	ENTER CODES FROM BOX 4 BELOW				
01	Plan 1	___	IF OTHER SPECIFY  _____		
02	Plan 2	___	IF OTHER SPECIFY  _____		


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

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	ET ___ 0 ___	R1INDX

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

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

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

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

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

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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.1	- Working radio?	[] 1	[] 2	[] 99	RADIO
9.7.2	- Working refrigerator?	[] 1	[] 2	[] 99	FRIDGE
9.7.3	- Working bicycle?	[] 1	[] 2	[] 99	BIKE
9.7.4	- Working television?	[] 1	[] 2	[] 99	TV
9.7.5	- Working motorbike/scooter?	[] 1	[] 2	[] 99	MOTOR
9.7.6	- Working car/truck etc?	[] 1	[] 2	[] 99	CAR
9.7.7	- Working tractor?	[] 1	[] 2	[] 99	TRACTOR
9.7.8	- Farm equipment (pump, plough etc)?	[] 1	[] 2	[] 99	PUMP
9.7.9	- Working cell/mobile telephone?	[] 1	[] 2	[] 99	MOBPHONE
9.7.10	- Working landline telephone?	[] 1	[] 2	[] 99	PHONE
9.7.11	- Working sewing machine?	[] 1	[] 2	[] 99	SEWING
9.7.12	- Bed sted (modern bed)?	[] 1	[] 2	[] 99	BEDSTED
9.7.13	- Table and chair?	[] 1	[] 2	[] 99	TABCHAIR
9.7.14	- Sofa?	[] 1	[] 2	[] 99	SOFA

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

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

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

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming land</i>)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming land</i>)	[] 88	
	- NK	[] 99	
9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming</i>)	[] 88	
	- NK	[] 99	

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

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

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

SECTION 10: PSYCHO SOCIAL WELL-BEING

(RESPONDENT: PRIMARY CAREGIVER)

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

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

SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	ET ___ 0 ___	R1INDX

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

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

SECTION 13. ANTHROPOMETRY

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


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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

Young Lives  CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD QUESTIONNAIRE

CHILD ID (RESPONDENT: YOUNG LIVES STAFF)

1. INSERT CHILD ID

--	--	--	--	--	--	--	--

 CHILDDID

2. Date of interview:

D	D	M	M	Y	Y
---	---	---	---	---	---

 CDINT

SECTION 2: PERCEPTIONS OF WELLBEING (RESPONDENT: CHILD)

SAY: *First I am going to ask you some questions about what you like and don't like and things you would like to do*

2.1	What do you want to be when you grow up?		AMBITION
	- President/Prime minister/Secretary general (of country/village)	[] 1	
	- Doctor	[] 2	
	- Nurse	[] 3	
	- Policeman/woman	[] 4	
	- Teacher	[] 5	
	- Farmer	[] 6	
	- Trader/businessman	[] 7	
	- Soldier	[] 8	
	- Film actor	[] 9	
	- Other: SPECIFY ✎ _____	[] 18	SPECAMB
- NK	[] 99		
2.2	What makes you happy?		LIKE
	- Being bought clothes	[] 1	
	- Being bought food/sweets	[] 2	
	- Having a party	[] 3	
	- Playing with friends	[] 4	
	- Playing games	[] 5	
	- Playing sports	[] 6	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- NK	[] 99		

2.3	What makes you unhappy?		DISLIKE
	- Being beaten	[] 1	
	- Parents fighting	[] 2	
	- Place is dirty	[] 3	
	- Going to school	[] 4	
	- Going to clinic/medical centre	[] 5	
	- Being poor	[] 6	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCDLIKE
- NK	[] 99		


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

2.4	What do you like about the area you live in?		LIKELIVE
	- My friends	[] 1	
	- My family	[] 2	
	- My garden	[] 3	
	- Neighbours	[] 4	
	- Playground/sports ground	[] 5	
	- Animals	[] 6	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- NK	[] 99		
2.5	What don't you like about the area you live in?		BADLIVE
	- Being beaten up, shouted at or hit by others	[] 1	
	- It's ugly/horrible	[] 2	
	- The place is dangerous/unsafe	[] 3	
	- The place is crowded/noisy	[] 4	
	- Bad smell/dirty place/bad sanitation	[] 5	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCBLIVE
- NK	[] 99		

2.6	Is the water people drink around here good, bad or average?		WATER
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.7	Is the air people breath around here good, bad or average?		AIR
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.8	Is there rubbish on the ground/the streets around here?		RUBBISH
	- None/very little	[] 1	
	- A lot	[] 2	
	- Some	[] 3	
	- NK	[] 99	
2.9	Do you think people in this area treat you well or badly?		RESPECT
	- Well	[] 1	
	- Badly	[] 2	
	- NK	[] 99	
2.10	Is the area you live in safe for children?		SAFE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
2.11	Do you get enough food to eat?		FOOD
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	


SECTION 3: SOCIAL CAPITAL (RESPONDENT: CHILD)

3.1	How often do you play with your friends?	VISIT	
	- Daily	[] 1	
	- Weekly	[] 2	
	- Less than once a week	[] 3	
	- Never	[] 4	
	- NK	[] 99	
3.2	If you had a problem is there someone who would help you?	TURN TO	
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

3.2.1	Who is this person	Yes	N/A (no one to turn to)	NK (or not mentioned)	
	Mother	[] 1	[] 88	[] 99	WHOTO1
	Grandparent	[] 1	[] 88	[] 99	WHOTO2
	Sister/brother	[] 1	[] 88	[] 99	WHOTO3
	Cousin	[] 1	[] 88	[] 99	WHOTO4
	Friends	[] 1	[] 88	[] 99	WHOTO5
	Others: SPECIFY  _____	[] 1	[] 88	[] 99	WHOTO6 SPCWHO
	Father	[] 1	[] 88	[] 99	WHOTO7
	Aunt/Uncle	[] 1	[] 88	[] 99	WHOTO8

SECTION 4: SCHOOL AND WORK (RESPONDENT: CHILD)

4.1	Did you attend school last year?		SCHOOL	
	- Yes	[] 1		
	- No	[] 2		
	- <i>NK</i>	[] 99		
4.2	What is the main thing you don't like about school?		PROBSCH	
	- Teachers beating	[] 1		
	- Pupils beating	[] 2		
	- The noise	[] 3		
	- Being bored	[] 4		
	- Having to work hard	[] 5		
	- Dirty toilets	[] 6		
	- Too far from home	[] 7		
	- No safe drinking water	[] 8		
	- No playground	[] 9		
	- Nothing	[] 10		
	- Other: SPECIFY <input type="checkbox"/> _____	[] 11		SPCBSCH
	<i>N/A (child not in school)</i>	[] 88		
	<i>NK</i>	[] 99		
4.3	What is the main thing you like about school?		SCHGOD	
	- My teacher	[] 1		
	- My friends	[] 2		
	- Learning	[] 3		
	- Playground/gardens/football field	[] 4		
	- Nothing	[] 7		
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8		SPCLKSCH
	<i>N/A (child not in school)</i>	[] 88		
	<i>NK</i>	[] 99		

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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4.4	Have you done anything in the last 12 months to earn money for yourself and/or your family		CHLDWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	


4.5	What were these activities?		
4.5.1	Activity 1: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY ✎ _____		WORK1
4.5.2	Activity 2: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WK1SPEC
4.5.3	Activity 3: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WORK2
			WK2SPEC
			WORK3
			WK3SPEC

CODE BOX 1: ACTIVITIES		
01=Working in a factory/mine/industry	06=Non-family agricultural activities	11=Family agricultural activities
02=Domestic work outside household	07=Selling things	12=Family enterprise
03=Family work inside (cooking, cleaning, caring)	08=Cleaning shoes	13=Transporting goods/selling and buying in the market
04=Family work outside (fetching water, tending animals)	09=Begging	88=N/A (child does not work or has fewer jobs)
05= Piece work in the household	10=Other: SPECIFY ABOVE	99=NK

4.5.4	Do you like doing "FIRST ACTIVITY"?		JOBSAT1
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.5	What is the main thing you don't like about doing FIRST ACTIVITY		
	ENTER CODES FROM BOX 2 BELOW		___ ___
	If other: SPECIFY ✎ _____		NOTLIKE1
			NL1SPEC

4.5.6	Do you like doing "SECOND ACTIVITY"?		JOBSAT2
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID:	FORM NO:
	ET ___ 1 ___	R18YRS

4.5.7	What is the main thing you don't like about doing SECOND ACTIVITY		
	ENTER CODES FROM BOX 2 BELOW		___
	If other: SPECIFY ☞ _____		NL2SPEC

4.5.8	Do you like doing "THIRD ACTIVITY"?		JOBSAT3
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.9	What is the main thing you don't like about doing THIRD ACTIVITY		
	ENTER CODES FROM BOX 2 BELOW		___
	If other: SPECIFY ☞ _____		NL3SPEC

CODE BOX 2: DISLIKES		
01=No time for school	04=Relationship with employer	09=Other: SPECIFY ABOVE
02=Poor working environment	05=Low earnings	88=N/A (no job or child likes job)
03=Long hours	06=Too tiring	99=NK

4.6	Have you ever missed school because you were working?		SCHATT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 5: HEALTH (RESPONDENT: CHILD)

SAY: *Now I am going to ask you some questions about your health*

5.1	Do you have any problems that affect how you make friends or play?		CHILFREN
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.2	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHFRSPEC

5.3	Do you have any problems that stop you studying, attending school or working like other children?		CHILPLAY
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.4	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHPLSPEC

5.5	Do you have any other health problems?		CHILOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.6	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHOTSPEC

CODE BOX 3: HEALTH PROBLEMS		
01=Physical disability	05=Skin problems	09=Stomach problems
02=Mental disability	06=Anaemia	88=N/A (no health problem)
03=Asthma/respiratory problem	07=Evil eye	99=NK
04=HIV/AIDS	08=Other: SPECIFY ABOVE	

SECTION 6: LITERACY AND NUMERACY (RESPONDENT: CHILD)


SAY: *Now I want to ask you about reading and writing*

6.1	Can you please read me the letters, word and sentence on this card	LEVLREAD
	- Can't read anything [] 1	
	- Reads letters [] 2	
	- Reads word [] 3	
	- Reads sentence [] 4	
	- <i>NK (including child refuses the test)</i> [] 99	
6.2	Can you write these sentences for me	LEVLWRT
	- No [] 1	
	- Yes without difficulties/errors [] 2	
	- Yes with difficulties/errors [] 3	
	- <i>NK</i> [] 99	
6.2	Please tell me the answer to the calculation "2 times 4"	NUMERACY
	- Correct [] 1	
	- Incorrect [] 2	
	- <i>NK</i> [] 99	

SECTION 7: CHILD DEVELOPMENT, RAVENS CPM:
(RESPONDENT: CHILD)

FOLLOW THE RAVENS INSTRUCTIONS, PUT THE CHILD'S FINAL ANSWER IN THE APPROPRIATE BOX.

Item no.	SERIES A	SERIES A _B	SERIES B
1	(A1)	(AB1)	(B1)
2	(A2)	(AB2)	(B2)
3	(A3)	(AB3)	(B3)
4	(A4)	(AB4)	(B4)
5	(A5)	(AB5)	(B5)
6	(A6)	(AB6)	(B6)
7	(A7)	(AB7)	(B7)
8	(A8)	(AB8)	(B8)
9	(A9)	(AB9)	(B9)
10	(A10)	(AB10)	(B10)
11	(A11)	(AB11)	(B11)
12	(A12)	(AB12)	(B12)

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY ENROLMENT FORM (RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

E1.	Confirm that there is an eligible 7.5 to 8.5 year old child in the household
-----	--


DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

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

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

ASK FOR THE SELECTED CHILD

E6.	On what date was the child born? CHECK WITH DOCUMENTATION WHERE AVAILABLE, MINIMUM ENTRY OF MONTH AND YEAR	$\frac{_ _}{d d} / \frac{_ _}{m m} / \frac{_ _}{y y}$	DOB
E7.	Is the child male or female?		SEX
	- Male	[] 1	
	- Female	[] 2	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

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

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

IF NO: Thank the respondent and end the interview.

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

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

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the


THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD HOUSEHOLDS QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	ET ___ 1 ___	CHILIDID
1.2	Date of interview	___ / ___ / ___ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

 <p>HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)</p>	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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1.8	Region of residence (OBSERVE)		REGION
	- Addis Ababa	[] 11	
	- Amhara	[] 12	
	- Oromia	[] 13	
	- SNNP	[] 14	
	- Tigray	[] 15	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)


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

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


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

INSTRUCTIONS FOR HOUSEHOLD ROSTER:

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


Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET __ 1 __ __	FORM NO: R18YRS
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3. WHEN YOU HAVE ASKED THE QUESTIONS FOR ALL HOUSEHOLD MEMBERS OVER 5 YEARS OF AGE GOTO TABLE 2.6.

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled? <i>(grades are from 1 to 15, 0=No education, 99=NK)</i>	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(SUPPORT)
01							
02							
03							
04							
05							
06							
07							

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
--	---------------------------	--------------------

2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled? <i>(grades are from 1 to 15, 0=No education, 99=NK)</i>	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No
08								
09								
10								
11								
12								
13								
14								


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

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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2.10	Where does 'NAME's' biological father live? - Not in household - In the household - Father dead - <i>NK</i>	[] 1 [] 2 [] 3 [] 99	DADDEAD
2.10.1	In the last 6 months how often has 'NAME's' biological father seen him/her? - Daily - Weekly - Monthly - Less than monthly - Never in last 6 months - <i>N/A – Father dead</i> - <i>NK</i>	[] 1 [] 2 [] 3 [] 4 [] 5 [] 88 [] 99	SEEDAD

SECTION 3: BIRTHS AND DEATHS

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT THEN PRIMARY CAREGIVER)

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


3.1	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___ ___	CHDBORN
3.2	In all how many of the children were boys? (00=None, 99=NK)	___ ___	BOYBORN
3.3	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.2 AND 3.3 TALLY WITH 3.1	___ ___	GRLBORN
3.4	How many of the children were born before "NAME"? (00=None, 99=NK)	___ ___	ORDER
3.5	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE

SECTION 4: CHILD'S SCHOOL

(RESPONDENT: PRIMARY CAREGIVER)

SAY: *Now I am going to ask you about 'NAME's' schooling*

4.1	Has "NAME" ever attended formal school?		EVERSCH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.1.1	What age did "NAME" turn the year they first went to school? (99=NK)	___ ___	SCHSTART
4.1.2	In total how many years has "NAME" attended school (COMPLETED YEARS, SUM IF ON AND OFF ATTENDANCE), 00=in first year of school 99=NK	___ ___	SCHTOT
4.1.3	What is the highest grade "NAME" completed in formal school? (00=in 1 st grade, 99=NK)	___ ___	SCHHIGH
4.2	Is "NAME" currently in school?		SCHNOW
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.3	What is the MAIN reason "NAME" is not currently in school?		SCHWHY
	- Fees too expensive	[] 1	
	- Uniform/books too expensive	[] 2	
	- Transport too expensive	[] 3	
	- School too far	[] 4	
	- Child plays truant/refuses	[] 5	
	- Child banned from school	[] 6	
	- Fear of teachers/bullies	[] 7	
	- Quality of school bad	[] 8	
	- Disability	[] 9	
	- Needed to help family	[] 10	
	- Other SPECIFY ☒ _____	[] 11	
	- N/A (Child currently in school)	[] 88	
	- NK	[] 99	
4.4	Is the school public or private?		SCHTYP
	- Public	[] 1	
	- Private	[] 2	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	
4.5	In the last 6 months what is the MAIN thing "NAME" has done for fun?		FUN
	- Plays with friends outside	[] 1	
	- Plays with friends inside	[] 2	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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- Plays with toys	[] 3	
- Plays sport	[] 4	
- Watches TV	[] 5	
- Plays on the computer	[] 6	
- Reads	[] 7	
- Writes/draws	[] 8	
- Helps parents	[] 9	
- Visits relatives	[] 10	
- Nothing	[] 11	
- Other SPECIFY ✎ _____	[] 12	SPCFUN
- NK	[] 99	

SECTION 5: CHILD HEALTH


(RESPONDENT: PRIMARY CAREGIVER)

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

5.1	Compared to other children of this age would you say 'NAME's' health is the same, better or worse?		HEALTHY
	- Same	[] 1	
	- Better	[] 2	
	- Worse	[] 3	
	- NK	[] 99	
5.2	Has 'NAME' been ill in the last two weeks?		EVRMORB
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.3	What were the illnesses?		
5.3.1	Illness 1: ENTER CODE FROM BOX 2	___	ILL2WK1
	If other: SPECIFY ☒ _____		ILWKSPC1
5.3.2	Illness 2: ENTER CODE FROM BOX 2	___	ILL2WK2
	If other: SPECIFY ☒ _____	___	ILWKSPC2

CODE BOX 2: ILLNESS IN LAST 2 WEEKS		
01= High/Bad fever/malaria	05= Anaemia	09=Flu
02= Pneumonia/ severe cough	06= Tummy ache/diarrhoea	10=Evil eye
03= Fits/ epilepsy/convulsions	07= Headache	11=Other, SPECIFY ABOVE
04= Skin disease	08=Malnutrition	88=N/A (no illness or fewer illnesses)
		99= NK


5.4	Does 'NAME' have any long term health problem that affects how they make friends or play?		HPFRIEND
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.5	What is the problem? ENTER CODE FROM BOX 3 BELOW	___	ILFRIEND
	If other: SPECIFY ☒ _____		ILFRSPEC
5.6	Does 'NAME' have any long term health problem that affects how they attend school or work?		HPWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.7	What is the problem? ENTER CODE FROM BOX 3 BELOW	___	ILLPLAY
	If other: SPECIFY ☒ _____		ILPLSPEC
5.8	Does 'NAME' have any other long term health problem?		HPOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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5.9	What is the problem? ENTER CODE FROM BOX 3 BELOW	___	ILLOTHER
	If other: SPECIFY ☒ _____		ILOTSPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	05= Anaemia	09=Stomach ache/abdominal problems
02=Mental disability	06=HIV/AIDS	10=Evil eye
03=Fits/epilepsy	07=Asthma/respiratory problem	11=Other, SPECIFY ABOVE
04=Skin problems	08=Congenital illness	88=N/A (no illness or fewer illnesses)
		99= NK

5.10	In the last 3 years has the child had a serious illness when you really thought they might die?		MIGHTDIE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What were the illnesses/injuries?		
5.11.1	Serious illness 1: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS1
	If other: SPECIFY ☒ _____		ILL1SPEC
5.11.2	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.3	Serious illness 2: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS2
	If other: SPECIFY ☒ _____		ILL2SPEC
5.11.4	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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CODE BOX 4: ILLNESSES/INJURIES THAT NEARLY KILLED		
01=Malaria/bad fever	04=Suffocation	07=Burns
02=Pneumonia/bad cough	05=Near drowning	10=Other: SPECIFY ABOVE
03=Fits/epilepsy	06=Traffic accident	88=N/A (no illness or fewer illnesses) 99= NK

5.12	In the last year has 'NAME' had toothache so severe they couldn't eat properly?	TOOTH
	- Yes	[] 1
	- No	[] 2
	- NK	[] 99


SECTION 6: CAREGIVER BACKGROUND

(RESPONDENT: PRIMARY CAREGIVER)


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

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

¹ The important key language depends on the region; *Tigrigna* in Tigray region; *Oromo* in Oromia region; *Sidama*, *Guraghe* or *Wolayta* in SNNP; *Amharic* In Amahar Region and any of these languages in Addis Ababa.

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHETH
	- Agew	[] 11	
	- Amhara	[] 12	
	- Gurage	[] 13	
	- Hadiya	[] 14	
	- Kambata	[] 15	
	- Oromo	[] 16	
	- Sidama	[] 17	
	- Tigrian	[] 18	
	- Wolayta	[] 19	
	- Other: SPECIFY _____	[] 10	
- NK	[] 99		
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDETH
	- Agew	[] 11	
	- Amhara	[] 12	
	- Gurage	[] 13	
	- Hadiya	[] 14	
	- Kambata	[] 15	
	- Oromo	[] 16	
	- Sidama	[] 17	
	- Tigrian	[] 18	
	- Wolayta	[] 19	
	- Other: SPECIFY _____	[] 10	
- NK	[] 99		

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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6.7	What is your religion?		MOTHREL
	- Muslim	[] 2	
	- Catholic	[] 5	
	- Protestant	[] 6	
	- Orthodox	[] 7	
	- Other: SPECIFY _____	[] 15	
	- NK	[] 99	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Muslim	[] 2	
	- Catholic	[] 5	
	- Protestant	[] 6	
	- Orthodox	[] 7	
	- Other: SPECIFY _____	[] 15	
	- NK	[] 99	


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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


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

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

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


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE GOVERNMENT BENEFITS</u>		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
08	___	/ _____	___	___	___	___
09	___	/ _____	___	___	___	___
10	___	/ _____	___	___	___	___
11	___	/ _____	___	___	___	___
12	___	/ _____	___	___	___	___
13	___	/ _____	___	___	___	___
14	___	/ _____	___	___	___	___
15	___	/ _____	___	___	___	___
16	___	/ _____	___	___	___	___
17	___	/ _____	___	___	___	___
18	___	/ _____	___	___	___	___
19	___	/ _____	___	___	___	___
20	___	/ _____	___	___	___	___

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: ET ___ 1 ___	FORM NO: R18YRS
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7.2 NOW ASK ABOUT WORK THAT THE YOUNG LIVES CHILD DOES.

7.2.1	7.2.2		7.2.4	7.2.5		7.2.6	7.1.7
Line code	Activity Description		Is the child employed by anyone for this activity? 1=Yes 2=No 99=NK	Please describe where this work takes place 1=Own dwelling 2=Employers dwelling 3=Factory/Workshop 4=Farm 5=Street 6=Other: SPECIFY BELOW 99=NK		Over how many months in the last 12 months has the child engaged in this activity?	In the months "NAME" engaged in this activity how often did he/she usually do the activity? 1 = 5-7 days a week 2 = 3-5 days a week 3 = 1-2 days a week 4 = Less than 1 day a week
(LINE CODE)	(ACTDES)	(ACTCODE) 00=NK	(PAYMNT)	(PLACE)	(PLSPEC)	(MONTHS)	(WEEKS)
22	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
23	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
24	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
25	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
26	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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7.3	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?		
7.3.1	Most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – no activities, 99=NK)	___ ___	INC1
7.3.2	Second most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 2 activities, 99=NK)	___ ___	INC2
7.3.3	Third most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 3 activities, 99=NK)	___ ___	INC3

7.4	Has "NAME" EVER engaged in any formal or informal activities for money or goods?		NAMEWRK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.5	How old was "NAME" when he/she started working for the first time? 88=N/A (Child has not worked), 99=NK	___ ___	AGEWRK
7.6	Does "NAME" engage in this activity in term, in the school holidays or both?		WHNSCH
	- Term	[] 1	
	- Holidays	[] 2	
	- Both	[] 3	
	- Not currently enrolled in school	[] 4	
	- N/A (Child does not work)	[] 88	
	- NK	[] 99	
7.7	Does "NAME" keep/save all, some or none of his/her earnings?		KEEPSALY
	- All	[] 1	
	- Some	[] 2	
	- None	[] 3	
	- N/A (child does not work)	[] 88	
	- NK	[] 99	

7.8	What is the MAIN reason "NAME" is working?	WHYWWRK
	- Supplement HH income [] 1	
	- Generate own income [] 2	
	- Pay HH debt [] 3	
	- Assist HH enterprise/help out [] 4	
	- To pay for school [] 5	
	- To gain experience [] 6	
	- They like to [] 7	
	- Keep them busy/out of trouble [] 8	
	- Bonded labour [] 9	
	- Other SPECIFY ☒ _____ [] 10	WRKSPEC
	- N/A (Child is not working) [] 88	
	- NK [] 99	
7.9	Has "NAME" been engaged in any house keeping activities or household chores for the household almost every day during the past 7 days?	CHORES
	- Yes [] 1	
	- No [] 2	
	- NK [] 99	
7.9.1	On average how many hours a day does "NAME" do these household activities? (TO NEAREST HOUR, 00=<1hr, 88=N/A (child doesn't do household chores), 99=NK)	___ ___
7.9.2	Does "NAME" receive any money or things for doing these chores?	MONCHORE
	- Yes [] 1	
	- No [] 2	
	- N/A (Child doesn't do household chores) [] 88	
	- NK [] 99	

7.10	Has "NAME" ever been seriously injured while he/she was working or while he/she was doing house-keeping activities or has he/she been seriously ill due to work?		WRKINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child does not work or do household chores)	[] 88	
	- NK	[] 99	
7.11	What was the serious illnesses/injuries?		
7.11.1	Serious illness/injury 1: ENTER CODES FROM BOX 5 BELOW	___ ___	WORKINJ1
	If other SPECIFY ☒ _____		WDIS1SPC
7.11.2	Serious illness/injury 2: ENTER CODES FROM BOX 5 BELOW	___ ___	WORKINJ2
	If other SPECIFY ☒ _____		WDIS2SPC

CODE BOX 5: SERIOUS ILLNESS/INJURY			
1 = Amputation/loss of body parts	4 = Eye problem	7 = Psychological injury	
2 = Burns	5 = Crushing injury	8 = Other: specify above	
3 = Skin problem	6 = Respiratory problem	88 = N/A (child has not had a work related injury) 99=NK	

TRANSFERS


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

7.12	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:	
	7.12.1	7.12.2
SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK
- Government Benefit	___ (REMIT1)	___ (MOMREM1)
- Religious organization	___ (REMIT3)	___ (MOMREM3)
- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)
- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)
- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)

7.13	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:			
	7.13.1	7.13.2	7.13.3	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/ goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(REMID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____



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

7.14.1	For each individual who you or any other household member gave money or goods:			
	7.14.2	7.14.3	7.14.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUT ID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____

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

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

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


CODE BOX 6: PLANS FOR HARD TIMES		
01 = Do nothing	05 = Would use formal savings	09 = Credit from informal loan systems
02 = Family would help	06 = Would use informal savings	10 = Other, SPECIFY ABOVE
03 = Friends/neighbours would help	07 = Would use formal credit	99 = NK
04 = Would get job	08 = Credit from money lenders	

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)


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

8.1	In the last 3 years have there been any big changes or events that decreased the economic welfare of your household?		BADEVENT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	ET ___ 1 ___	R18YRS

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

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




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

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

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


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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	ET ___ 1 ___	R18YRS

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.1	- Working radio?	[] 1	[] 2	[] 99	RADIO
9.7.2	- Working refrigerator?	[] 1	[] 2	[] 99	FRIDGE
9.7.3	- Working bicycle?	[] 1	[] 2	[] 99	BIKE
9.7.4	- Working television?	[] 1	[] 2	[] 99	TV
9.7.5	- Working motorbike/scooter?	[] 1	[] 2	[] 99	MOTOR
9.7.6	- Working car/truck etc?	[] 1	[] 2	[] 99	CAR
9.7.7	- Working tractor?	[] 1	[] 2	[] 99	TRACTOR
9.7.8	- Farm equipment (pump, plough etc)?	[] 1	[] 2	[] 99	PUMP
9.7.9	- Working cell/mobile telephone?	[] 1	[] 2	[] 99	MOBPHONE
9.7.10	- Working landline telephone?	[] 1	[] 2	[] 99	PHONE
9.7.11	- Working sewing machine?	[] 1	[] 2	[] 99	SEWING
9.7.12	- Bed sted (modern bed)?	[] 1	[] 2	[] 99	BEDSTED
9.7.13	- Table and chair?	[] 1	[] 2	[] 99	TABCHAIR
9.7.14	- Sofa?	[] 1	[] 2	[] 99	SOFA

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

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

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

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming)	[] 88	
	- NK	[] 99	

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

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

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


SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	ET ___ 1 ___	R18YRS

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

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

SECTION 13. ANTHROPOMETRY

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


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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

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

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

E1.	Confirm that there is an eligible 6 to 17 month old baby (i.e. 17 completed months, less than 18 months) in the household
-----	---


DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

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

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

ASK FOR THE SELECTED CHILD

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

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

One copy to be provided to each fieldworker

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


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

IF NO: Thank the respondent and end the interview.

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

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

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

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


THE YOUNG LIVES STUDY 6 - 17.9 MONTHS HOUSEHOLD QUESTIONNAIRE

CHILD ID

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

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

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

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3: PREGNANCY, DELIVERY AND BREAST-FEEDING

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT CAREGIVER)

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

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

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

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

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

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

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

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

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

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


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

SECTION 4: CHILD CARE (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: IN __ _ 0 __ _ _	FORM NO: R1INDX
--	-------------------------------	--------------------

4.7	During the last 6 months has 'NAME' been left alone with a child or a group of children under five for a whole morning, afternoon, evening or night almost every week?		CAREYUNG
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

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

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

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

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

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

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

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

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

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

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

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

CROSS CHECK WITH DOCUMENTATION WHERE AVAILABLE

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

SECTION 6: CAREGIVER BACKGROUND (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

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

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

SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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

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

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

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

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

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

TRANSFERS

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

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



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

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

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

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

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

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


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

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

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




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

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

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

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

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

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




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

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

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

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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

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

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

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

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

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

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

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

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

SECTION 10: PSYCHO SOCIAL WELL-BEING

(RESPONDENT: PRIMARY CAREGIVER)

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

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


SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	IN ___ 0 ___	R1INDX

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

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


SECTION 13. ANTHROPOMETRY

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

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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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

THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD QUESTIONNAIRE

CHILD ID (RESPONDENT: YOUNG LIVES STAFF)

1. INSERT CHILD ID

--	--	--	--	--	--	--	--

 CHILDDID


2. Date of interview:

D	D	M	M	Y	Y
---	---	---	---	---	---

 CDINT

SECTION 2: PERCEPTIONS OF WELLBEING (RESPONDENT: CHILD)

SAY: *First I am going to ask you some questions about what you like and don't like and things you would like to do*


2.1	What do you want to be when you grow up?		AMBITION	
	- President/Prime minister/Secretary general (of country/village)	[] 1		
	- Doctor	[] 2		
	- Nurse	[] 3		
	- Policeman/women	[] 4		
	- Teacher	[] 5		
	- Engineer	[] 10		
	- Collector	[] 11		
	- Political leader	[] 12		
	- Social activist	[] 13		
	- Driver	[] 14		
	- Industrialist	[] 15		
	- Other: SPECIFY  _____	[] 18		SPECAMB
	- NK	[] 99		


2.2	What makes you happy?		LIKE
	- Being bought clothes	[] 1	
	- Being bought food/sweets	[] 2	
	- Having a party	[] 3	
	- Playing with friends	[] 4	
	- Nothing	[] 7	
	- Being loved by parents	[] 9	
	- Being loved by teachers	[] 10	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- NK	[] 99		

2.3	What makes you unhappy/feel sad?		DISLIKE
	- Being beaten	[] 1	
	- Parents fighting	[] 2	
	- Place is dirty	[] 3	
	- Lack of adequate food	[] 11	
	- Forced to work	[] 12	
	- Lack of good clothes to wear	[] 13	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCDLIKE
- NK	[] 99		

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

2.4	What do you like about the area you live in?		LIKELIVE
	- My friends	[] 1	
	- My family	[] 2	
	- Playground/sports ground	[] 5	
	- Grandparents and other relatives nearby	[] 9	
	- Teachers	[] 10	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- NK	[] 99		

2.5	What don't you like about the area you live in?		BADLIVE
	- Being beaten up, shouted at or hit by others	[] 1	
	- It's ugly/horrible	[] 2	
	- The place is dangerous/unsafe	[] 3	
	- Bad smell/dirty place/bad sanitation	[] 5	
	- Lack of place to play	[] 6	
	- Lack of basic infrastructure	[] 9	
	- Nothing	[] 7	
	- Other: SPECIFY  _____	[] 8	SPCBLIVE
- NK	[] 99		
2.6	Is the water people drink around here good, bad or average?		WATER
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.7	Is the air people breath around here good, bad or average?		AIR
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.8	Is there rubbish on the ground/the streets around here?		RUBBISH
	- None/very little	[] 1	
	- A lot	[] 2	
	- Some	[] 3	
	- NK	[] 99	
2.9	Do you think people in this area treat you well or badly?		RESPECT
	- Well	[] 1	
	- Badly	[] 2	
	- NK	[] 99	


 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: IN ___ 1 ___	FORM NO: R18YRS
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2.10	Is the area you live in safe for children?	SAFE
	- Yes	[] 1
	- No	[] 2
	- <i>NK</i>	[] 99

2.11	Do you get enough food to eat?	FOOD
	- Yes	[] 1
	- No	[] 2
	- <i>NK</i>	[] 99

SECTION 3: SOCIAL CAPITAL (RESPONDENT: CHILD)


3.1	How often do you play with your friends?		VISIT
	- Daily	[] 1	
	- Weekly	[] 2	
	- Less than once a week	[] 3	
	- Never	[] 4	
	- <i>NK</i>	[] 99	
3.2	If you had a problem is there someone who would help you?		TURNT0
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	

3.2.1	Who is this person	Yes	<i>N/A (no one to turn to)</i>	<i>NK (or not mentioned)</i>	
	Mother	[] 1	[] 88	[] 99	WHOTO1
	Grandparent	[] 1	[] 88	[] 99	WHOTO2
	Sister/brother	[] 1	[] 88	[] 99	WHOTO3
	Cousin	[] 1	[] 88	[] 99	WHOTO4
	Friends	[] 1	[] 88	[] 99	WHOTO5
	Others: SPECIFY  _____	[] 1	[] 88	[] 99	WHOTO6 SPCWHO
	Father	[] 1	[] 88	[] 99	WHOTO7
	Aunt/Uncle	[] 1	[] 88	[] 99	WHOTO8

3.3	Do you have children's clubs?		CHCLUBS
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	
3.4	Are you a member of a children's club?		MEMCLUBS
	- Yes	[] 1	
	- No	[] 2	
	- <i>N/A (no children's clubs)</i>	[] 88	
	- <i>NK</i>	[] 99	

SECTION 4: SCHOOL AND WORK (RESPONDENT: CHILD)

4.1	Did you attend school last year?		SCHOOL	
	- Yes	[] 1		
	- No	[] 2		
	- NK	[] 99		
4.2	What is the main thing you don't like about school?		PROBSCH	
	- Teachers beating	[] 1		
	- Pupils beating	[] 2		
	- The noise	[] 3		
	- Being bored	[] 4		
	- Having to work hard	[] 5		
	- Dirty toilets	[] 6		
	- Too far from home	[] 7		
	- No safe drinking water	[] 8		
	- No playground	[] 9		
	- Poor teaching	[] 12		
	- No good school building	[] 13		
	- Nothing	[] 10		
	- Other: SPECIFY ☒ _____	[] 11		SPCBSCH
	<i>N/A (child not in school)</i>	[] 88		
<i>NK</i>	[] 99			
4.3	What is the main thing you like about school?		SCHGOD	
	- My teacher	[] 1		
	- My friends	[] 2		
	- Learning	[] 3		
	- Playground/gardens/football field	[] 4		
	- Good teachers	[] 5		
	- Good school complex	[] 6		
	- Nothing	[] 7		
	- Other: SPECIFY ☒ _____	[] 8		SPCLKSCH
	<i>N/A (child not in school)</i>	[] 88		
<i>NK</i>	[] 99			

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: IN ___ 1 ___	FORM NO: R18YRS
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4.4	Have you done anything in the last 12 months to earn money for yourself and/or your family		CHLDWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5	What were these activities?		
4.5.1	Activity 1: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY ✎ _____		WORK1
4.5.2	Activity 2: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WK1SPEC
4.5.3	Activity 3: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WORK2
			WK2SPEC
			WORK3
			WK3SPEC

CODE BOX 1: ACTIVITIES		
01=Working in a factory/mine/industry	05= Piece work in the household	11=Family agricultural activities
02=Domestic work outside household	06=Non-family agricultural activities	12=Family enterprise
03=Family work inside (cooking, cleaning, caring)	07=Selling things	88=N/A (child does not work or has fewer jobs)
04=Family work outside (fetching water, tending animals)	10=Other: SPECIFY ABOVE	99=NK

4.5.4	Do you like doing "FIRST ACTIVITY"?		JOBSAT1
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.5	What is the main thing you don't like about doing FIRST ACTIVITY		
	ENTER CODES FROM BOX 2 BELOW		___ ___
	If other: SPECIFY ✎ _____		NOTLIKE1
			NL1SPEC

4.5.6	Do you like doing “SECOND ACTIVITY”?		JOBSAT2
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.7	What is the main thing you don't like about doing SECOND ACTIVITY		NOTLIKE2
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY <input type="text"/>		
		___	NL2SPEC

4.5.8	Do you like doing “THIRD ACTIVITY”?		JOBSAT3
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.9	What is the main thing you don't like about doing THIRD ACTIVITY		NOTLIKE3
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY <input type="text"/>		
		___	NL3SPEC

CODE BOX 2: DISLIKES		
<i>01=No time for school</i>	<i>05=Low earnings</i>	<i>09=Other: SPECIFY ABOVE</i>
<i>02=Poor working environment</i>	<i>06=Too tiring</i>	<i>88=N/A (no job or child likes job)</i>
<i>03=Long hours</i>	<i>07=Heavy work</i>	<i>99=NK</i>
<i>04=Relationship with employer</i>	<i>08=No time to play</i>	

4.6	Have you ever missed school because you were working?		SCHATT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 5: HEALTH (RESPONDENT: CHILD)

SAY: Now I am going to ask you some questions about your health

5.1	Do you have any problems that affect how you make friends or play?		CHILFREN
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.2	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ✎ _____		CHFRSPEC

5.3	Do you have any problems that stop you studying, attending school or working like other children?		CHILPLAY
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.4	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ✎ _____		CHPLSPEC

5.5	Do you have any other health problems?		CHILOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.6	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ✎ _____		CHOTSPEC

CODE BOX 3: HEALTH PROBLEMS		
01=Physical disability	05=Skin problems	88=N/A (no health problem)
02=Mental disability	06=Anaemia	99=NK
03=Asthma/respiratory problem	08=Other: SPECIFY ABOVE	
04=HIV/AIDS	10=Fits/epilepsy	

SECTION 6: LITERACY AND NUMERACY (RESPONDENT: CHILD)


SAY: *Now I want to ask you about reading and writing*

6.1	Can you please read me the letters, word and sentence on this card	LEVLREAD
	- Can't read anything [] 1	
	- Reads letters [] 2	
	- Reads word [] 3	
	- Reads sentence [] 4	
	- <i>NK (including child refuses the test)</i> [] 99	
6.2	Can you write these sentences for me	LEVLWRT
	- No [] 1	
	- Yes without difficulties/errors [] 2	
	- Yes with difficulties/errors [] 3	
	- <i>NK</i> [] 99	
6.2	Please tell me the answer to the calculation "2 times 4"	NUMERACY
	- Correct [] 1	
	- Incorrect [] 2	
	- <i>NK</i> [] 99	

SECTION 7: CHILD DEVELOPMENT, RAVENS CPM:
 (RESPONDENT: CHILD)

FOLLOW THE RAVENS INSTRUCTIONS, PUT THE CHILD'S FINAL ANSWER IN THE APPROPRIATE BOX.

Item no.	SERIES A	SERIES A _B	SERIES B
1	(A1)	(AB1)	(B1)
2	(A2)	(AB2)	(B2)
3	(A3)	(AB3)	(B3)
4	(A4)	(AB4)	(B4)
5	(A5)	(AB5)	(B5)
6	(A6)	(AB6)	(B6)
7	(A7)	(AB7)	(B7)
8	(A8)	(AB8)	(B8)
9	(A9)	(AB9)	(B9)
10	(A10)	(AB10)	(B10)
11	(A11)	(AB11)	(B11)
12	(A12)	(AB12)	(B12)

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN ___ 1 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY ENROLMENT FORM
(RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

E1.	Confirm that there is an eligible 7.5 to 8.5 year old child in the household
-----	--


DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

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

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

ASK FOR THE SELECTED CHILD

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __ __ __	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

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

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

IF NO: Thank the respondent and end the interview.

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

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

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


THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD HOUSEHOLDS QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	IN__ 1 __ __ __	CHILDDID
1.2	Date of interview	__ __ / __ __ / __ __ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __ __ __	FORM NO: R18YRS
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1.8	Region of residence (OBSERVE)	REGION
- Coastal Andhra	[] 21	
- Rayalaseema	[] 22	
- Telangana	[] 23	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __ __ __	FORM NO: R18YRS
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INSTRUCTIONS FOR HOUSEHOLD ROSTER:

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __ __	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Highest grade reached in school
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(SUPPORT)	(GRADING)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No	
01								
02								
03								
04								
05								
06								
07								

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __ __	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Highest grade reached in school
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(SUPPORT)	(GRADING)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK		1=Yes 2=No 9=NK	1=Yes 2=No	
08								
09								
10								
11								
12								
13								
14								


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

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 ____	FORM NO: R18YRS
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2.10	Where does 'NAME's' biological father live? - Not in household - In the household - Father dead - <i>NK</i>	[] 1 [] 2 [] 3 [] 99	DADDEAD
2.10.1	In the last 6 months how often has 'NAME's' biological father seen him/her? - Daily - Weekly - Monthly - Less than monthly - Never in last 6 months - <i>N/A – Father dead</i> - <i>NK</i>	[] 1 [] 2 [] 3 [] 4 [] 5 [] 88 [] 99	SEEDAD

SECTION 3: BIRTHS AND DEATHS

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT THEN PRIMARY CAREGIVER)

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


3.1	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___ ___	CHDBORN
3.2	In all how many of the children were boys? (00=None, 99=NK)	___ ___	BOYBORN
3.3	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.2 AND 3.3 TALLY WITH 3.1	___ ___	GRLBORN
3.4	How many of the children were born before "NAME"? (00=None, 99=NK)	___ ___	ORDER
3.5	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE

SECTION 4: CHILD'S SCHOOL

(RESPONDENT: PRIMARY CAREGIVER)

SAY: *Now I am going to ask you about 'NAME's' schooling*

4.1	Has "NAME" ever attended formal school?		EVERSCH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.1.1	What age did "NAME" turn the year they first went to school? (99=NK)	__ __	SCHSTART
4.1.2	In total how many years has "NAME" attended school (COMPLETED YEARS, SUM IF ON AND OFF ATTENDANCE), 00=in first year of school 99=NK	__ __	SCHTOT
4.1.3	What is the highest grade "NAME" completed in formal school? (00=in 1 st grade, 99=NK)	__ __	SCHHIGH
4.2	Is "NAME" currently in school?		SCHNOW
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.3	What is the MAIN reason "NAME" is not currently in school?		SCHWHY
	- Fees too expensive	[] 1	
	- Uniform/books too expensive	[] 2	
	- Transport too expensive	[] 3	
	- School too far	[] 4	
	- Child plays truant/refuses	[] 5	
	- Child banned from school	[] 6	
	- Fear of teachers/bullies	[] 7	
	- Quality of school bad	[] 8	
	- Disability	[] 9	
	- Needed to help family	[] 10	
	- Other SPECIFY ☒ _____	[] 11	
	- N/A (Child currently in school)	[] 88	
	- NK	[] 99	
4.4	Is the school public or private?		SCHTYP
	- Public	[] 1	
	- Private	[] 2	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 __	FORM NO: R18YRS
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4.5	In the last 6 months what is the MAIN thing "NAME" has done for fun?	FUN
	- Plays with friends outside [] 1	
	- Plays with friends inside [] 2	
	- Plays with toys [] 3	
	- Plays sport [] 4	
	- Watches TV [] 5	
	- Plays on the computer [] 6	
	- Reads [] 7	
	- Writes/draws [] 8	
	- Helps parents [] 9	
	- Visits relatives [] 10	
	- Nothing [] 11	
	- Other SPECIFY ✎ _____ [] 12	SPCFUN
	- NK [] 99	

SECTION 5: CHILD HEALTH


(RESPONDENT: PRIMARY CAREGIVER)


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

5.1	Compared to other children of this age would you say 'NAME's' health is the same, better or worse?		HEALTHY
	- Same	[] 1	
	- Better	[] 2	
	- Worse	[] 3	
	- NK	[] 99	
5.2	Has 'NAME' been ill in the last two weeks?		EVRMORB
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.3	What were the illnesses?		
5.3.1	Illness 1: ENTER CODE FROM BOX 2	__ __	ILL2WK1
	If other: SPECIFY ✎ _____		ILWKSPC1
5.3.2	Illness 2: ENTER CODE FROM BOX 2	__ __	ILL2WK2
	If other: SPECIFY ✎ _____	__ __	ILWKSPC2



CODE BOX 2: ILLNESS IN LAST 2 WEEKS		
01= High/Bad fever/malaria	05= Anaemia	09=Flu
02= Pneumonia/ severe cough	06= Tummy ache/diarrhoea	11=Other, SPECIFY ABOVE
03= Fits/ epilepsy/convulsions	07= Headache	88=N/A (no illness or fewer illnesses)
04= Skin disease	08=Malnutrition	99= NK


5.4	Does 'NAME' have any long term health problem that affects how they make friends or play?		HPFRIEND
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.5	What is the problem? ENTER CODE FROM BOX 3 BELOW	__ __	ILFRIEND
	If other: SPECIFY ✎ _____		ILFRSPEC
5.6	Does 'NAME' have any long term health problem that affects how they attend school or work?		HPWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.7	What is the problem? ENTER CODE FROM BOX 3 BELOW	__ __	ILLPLAY
	If other: SPECIFY ✎ _____		ILPLSPEC
5.8	Does 'NAME' have any other long term health problem?		HPOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

5.9	What is the problem? ENTER CODE FROM BOX 3 BELOW	___	ILLOTHER
	If other: SPECIFY  _____		ILOTSPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	05= Anaemia	11=Other, SPECIFY ABOVE
02=Mental disability	06=HIV/AIDS	12=Migraine
03=Fits/epilepsy	07=Asthma/respiratory problem	88=N/A (no illness or fewer illnesses)
04=Skin problems	08=Congenital illness	99= NK

5.10	In the last 3 years has the child had a serious illness when you really thought they might die?		MIGHTDIE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What were the illnesses/injuries?		
5.11.1	Serious illness 1: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS1
	If other: SPECIFY  _____		ILL1SPEC
5.11.2	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.3	Serious illness 2: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS2
	If other: SPECIFY  _____		ILL2SPEC
5.11.4	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

CODE BOX 4: ILLNESSES/INJURIES THAT NEARLY KILLED		
01=Malaria/bad fever	04=Suffocation	07=Burns
02=Pneumonia/bad cough	05=Near drowning	10=Other: SPECIFY ABOVE
03=Fits/epilepsy	06=Traffic accident	88=N/A (no illness or fewer illnesses) 99= NK


5.12	In the last year has 'NAME' had toothache so severe they couldn't eat properly?		TOOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 6: CAREGIVER BACKGROUND


(RESPONDENT: PRIMARY CAREGIVER)

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

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


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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


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

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

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


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 ____	FORM NO: R18YRS
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE GOVERNMENT BENEFITS</u>		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
08	__ __	/ _____	__ __	__	__ __	__
09	__ __	/ _____	__ __	__	__ __	__
10	__ __	/ _____	__ __	__	__ __	__
11	__ __	/ _____	__ __	__	__ __	__
12	__ __	/ _____	__ __	__	__ __	__
13	__ __	/ _____	__ __	__	__ __	__
14	__ __	/ _____	__ __	__	__ __	__
15	__ __	/ _____	__ __	__	__ __	__
16	__ __	/ _____	__ __	__	__ __	__
17	__ __	/ _____	__ __	__	__ __	__
18	__ __	/ _____	__ __	__	__ __	__
19	__ __	/ _____	__ __	__	__ __	__
20	__ __	/ _____	__ __	__	__ __	__

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 ____	FORM NO: R18YRS
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7.2 NOW ASK ABOUT WORK THAT THE YOUNG LIVES CHILD DOES.

7.2.1	7.2.2		7.2.4	7.2.5		7.2.6	7.1.7
Line code	Activity Description		Is the child employed by anyone for this activity? 1=Yes 2=No 99=NK	Please describe where this work takes place 1=Own dwelling 2=Employers dwelling 3=Factory/Workshop 4=Farm 5=Street 6=Other: SPECIFY BELOW 99=NK		Over how many months in the last 12 months has the child engaged in this activity?	In the months "NAME" engaged in this activity how often did he/she usually do the activity? 1 = 5-7 days a week 2 = 3-5 days a week 3 = 1-2 days a week 4 = Less than 1 day a week
(LINE CODE)	(ACTDES)	(ACTCODE) 00=NK	(PAYMNT)	(PLACE)	(PLSPEC)	(MONTHS)	(WEEKS)
22	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
23	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
24	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
25	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
26	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: IN__ 1 ____	FORM NO: R18YRS
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7.3	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?		
7.3.1	Most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – no activities, 99=NK)	__ __	INC1
7.3.2	Second most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 2 activities, 99=NK)	__ __	INC2
7.3.3	Third most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 3 activities, 99=NK)	__ __	INC3

7.4	Has "NAME" EVER engaged in any formal or informal activities for money or goods?		NAMEWRK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.5	How old was "NAME" when he/she started working for the first time? 88=N/A (Child has not worked), 99=NK		AGEWRK
7.6	Does "NAME" engage in this activity in term, in the school holidays or both?		WHNSCH
	- Term time	[] 1	
	- School holidays	[] 2	
	- Both	[] 3	
	- Not currently enrolled in school	[] 4	
	- N/A (Child does not work)	[] 88	
	- NK	[] 99	
7.7	Does "NAME" keep/save all, some or none of his/her earnings?		KEEPSALY
	- All	[] 1	
	- Some	[] 2	
	- None	[] 3	
	- Does not get paid	[] 4	
	- N/A (child does not work)	[] 88	
	- NK	[] 99	

7.8	What is the MAIN reason "NAME" is working?		WHYWRK
	- Supplement household income	[] 1	
	- Generate own income	[] 2	
	- Pay household debt	[] 3	
	- Assist household enterprise/help out	[] 4	
	- To pay for school	[] 5	
	- To gain experience	[] 6	
	- They like to	[] 7	
	- Keep them busy/out of trouble	[] 8	
	- Bonded labour	[] 9	
	- Other SPECIFY ✎ _____	[] 10	WRKSPEC
	- N/A (Child is not working)	[] 88	
	- NK	[] 99	
7.9	Has "NAME" been engaged in any house keeping activities or household chores for the household almost every day during the past 7 days?		CHORES
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.9.1	On average how many hours a day does "NAME" do these household activities? (TO NEAREST HOUR, 00=<1hr, 88=N/A (child doesn't do household chores), 99=NK)	__ __	TMCHORE
7.9.2	Does "NAME" receive any money or things for doing these chores?		MONCHORE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Child doesn't do household chores)	[] 88	
	- NK	[] 99	

7.10	Has "NAME" ever been seriously injured while he/she was working or while he/she was doing house-keeping activities or has he/she been seriously ill due to work?		WRKINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child does not work or do household chores)	[] 88	
	- NK	[] 99	
7.11	What was the serious illnesses/injuries?		
7.11.1	Serious illness/injury 1: ENTER CODES FROM BOX 5 BELOW	____ ____	WORKINJ1
	If other SPECIFY ☒ _____		WDIS1SPC
7.11.2	Serious illness/injury 2: ENTER CODES FROM BOX 5 BELOW	____ ____	WORKINJ2
	If other SPECIFY ☒ _____		WDIS2SPC

CODE BOX 5: SERIOUS ILLNESS/INJURY			
1 = Amputation/loss of body parts	4 = Eye problem	7 = Psychological injury	
2 = Burns	5 = Crushing injury	8 = Other: specify above	
3 = Skin problem	6 = Respiratory problem	88 = N/A (child has not had a work related injury) 99=NK	

TRANSFERS

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

7.12	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:	
	7.12.1	7.12.2
SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK
- Government Benefit	____ (REMIT1)	____ (MOMREM1)
- Religious organization	____ (REMIT3)	____ (MOMREM3)
- Charity groups/NGO	____ (REMIT4)	____ (MOMREM4)
- Individuals outside the household (e.g family/friends)	____ (REMIT5)	____ (MOMREM5)

7.13	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:			
	7.13.1	7.13.2	7.13.3	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/ goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(REMID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____

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

7.14.1	For each individual who you or any other household member gave money or goods:			
	7.14.2	7.14.3	7.14.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUTID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____

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

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

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


CODE BOX 6: PLANS FOR HARD TIMES		
01 = Do nothing	05 = Would use formal savings	09 = Credit from informal loan systems
02 = Family would help	06 = Would use informal savings	10 = Other, SPECIFY ABOVE
03 = Friends/neighbours would help	07 = Would use formal credit	99 = NK
04 = Would get job	08 = Credit from money lenders	

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)


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

8.1	In the last 3 years have there been any big changes or events that decreased the economic welfare of your household?		BADEVENT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

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

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




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

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

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

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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

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

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

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

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

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

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

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

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

SECTION 10: CHILD MENTAL HEALTH (RESPONDENT: CAREGIVER)

SAY: For each of the following statements could you tell me if this is not true, somewhat true or certainly true for 'NAME'. It would help us if you answer as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

		Not true	Somewhat true	Certainly true	
10.1	Considerate of other people's feelings	[] 1	[] 2	[] 3	FEEL
10.2	Restless, overactive, cannot stay still for long	[] 1	[] 2	[] 3	RESTLESS
10.3	Often complains of headaches, stomach-aches or sickness	[] 1	[] 2	[] 3	CHHEAD
10.4	Shares readily with other children (treats, toys, pencils etc)	[] 1	[] 2	[] 3	SHARES
10.5	Often has temper tantrums or hot tempers	[] 1	[] 2	[] 3	TEMPER
10.6	Rather solitary, tends to play alone	[] 1	[] 2	[] 3	SOLITARY
10.7	Generally obedient, usually does what adult requests	[] 1	[] 2	[] 3	OBEDIENT
10.8	Many worries, often seems worried	[] 1	[] 2	[] 3	WORRIES
10.9	Helpful if someone is hurt, upset or feeling ill	[] 1	[] 2	[] 3	HELPFUL
10.10	Constantly fidgeting or squirming	[] 1	[] 2	[] 3	FIDGET
10.11	Has at least one good friend	[] 1	[] 2	[] 3	FRIEND
10.12	Often fights with other children or bullies them	[] 1	[] 2	[] 3	FIGHTS
10.13	Often unhappy, down-hearted or tearful	[] 1	[] 2	[] 3	CHUNHAPY
10.14	Generally liked by other children	[] 1	[] 2	[] 3	LIKED
10.15	Easily distracted, concentration wanders	[] 1	[] 2	[] 3	DISTRACT
10.16	Nervous or clingy in new situations, easily loses confidence	[] 1	[] 2	[] 3	CLINGY
10.17	Kind to younger children	[] 1	[] 2	[] 3	KIND
10.18	Often lies or cheats	[] 1	[] 2	[] 3	LIES
10.19	Picked on or bullied by other children	[] 1	[] 2	[] 3	BULLIED
10.20	Often volunteers to help others (parents, teachers, other children)	[] 1	[] 2	[] 3	VOLUNTER
10.21	Thinks things out before acting	[] 1	[] 2	[] 3	THINKS
10.22	Steals from home, school or elsewhere	[] 1	[] 2	[] 3	STEALS
10.23	Gets on better with adults than with other children	[] 1	[] 2	[] 3	ADULTS
10.24	Many fears, easily scared	[] 1	[] 2	[] 3	FEARS
10.25	Sees tasks through to the end, good attention span	[] 1	[] 2	[] 3	TASKS

10.26	Overall, do you think the child has difficulties in one or more of the following areas: emotions, concentration, behaviour or able to get on with people?		DIFFCULT
	- No	[] 1	
	- Yes, minor difficulties	[] 2	
	- Yes, definite difficulties	[] 3	
	- Yes, severe difficulties	[] 4	
	- NK	[] 99	


SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	IN__ 1 ____	R18YRS

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

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

SECTION 13. ANTHROPOMETRY

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


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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THE YOUNG LIVES STUDY ENROLMENT FORM (RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

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

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

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

ASK FOR THE SELECTED CHILD

E6.	On what date was the child born? CHECK WITH DOCUMENTATION WHERE AVAILABLE, MINIMUM ENTRY OF MONTH AND YEAR	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%; text-align: center;"> ___/___/___ <i>d d / m m / y y</i> </div>	DOB
E7.	Is the child male or female?		SEX
	- Male	[] 1	
	- Female	[] 2	

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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THE YOUNG LIVES STUDY 6-17.9 MONTH CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

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

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

IF NO: Thank the respondent and end the interview.

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

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

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the


THE YOUNG LIVES STUDY 6 - 17.9 MONTHS HOUSEHOLD QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	PE ___ 1 ___	CHILDDID
1.2	Date of interview	___ ___ / ___ ___ / ___ ___ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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


<p>Young Lives </p> <p>HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)</p>	<p>CHILD ID: PE ___ 1 ___</p>	<p>FORM NO: R1INDX</p>
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1.8	Region of residence (OBSERVE)		REGION
	- Coast	[] 31	
	- Mountain	[] 32	
	- Jungle	[] 33	

SECTION 2: HOUSEHOLD COMPOSITION

2.0	ID of respondent for this section	___ ___	ID2
-----	-----------------------------------	---------	-----

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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SAY: *Starting with oldest and finishing with the youngest could you please list the sex, age and relationship to the YL child of each person who lives in the household? You don't have to include the YL child as I have already written down his/her name, but please include yourself.*

INSTRUCTIONS FOR HOUSEHOLD ROSTER:

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


2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Highest grade reached in school	Number of years at school level	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW	1=Yes 2=No 9=NK	SEE CODE BOX 1a BELOW	88=N/A	88=N/A	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(GRADO)	(ANHOS)	(DISABLED)	(CARE)	(SUPPORT)
01										
02										
03										
04										
05										
06										
07										

CODE BOX 1: RELATIONSHIP TO YL CHILD			CODE BOX 1a: SCHOOLING LEVEL	
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE	00=None	35=Technical college (incomplete)
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK	31=Transition	36 = Technical college (complete)
03= Grandparent	09=Nephew/Niece		32=In 1 st grade	37=University (incomplete)
04= Uncle/aunt	10=Half-sibling		33=Primary	38=University complete)
05 = Brother/sister	11=Brother/sister-in-law		34=Secondary	99=NK

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Highest grade reached in school	Number of years at school level	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(GRADO)	(ANHOS)	(DISABLED)	(CARE)	(SUPPORT)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	SEE CODE BOX 1a BELOW	88=N/A	88=N/A	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No
08										
09										
10										
11										
12										
13										
14										


CODE BOX 1: RELATIONSHIP TO YL CHILD			CODE BOX 1a: SCHOOLING LEVEL	
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE	00=None	35=Technical college (incomplete)
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK	31=Transition	36 = Technical college (complete)
03= Grandparent	09=Nephew/Niece		32=In 1 st grade	37=University (incomplete)
04= Uncle/aunt	10=Half-sibling		33=Primary	38=University complete)
05 = Brother/sister	11=Brother/sister-in-law		34=Secondary	99=NK

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R11NDX
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WRITE DOWN THE FULL NAMES OF ALL THE CHILDREN **UNDER FIVE** AND WORK DOWN THE ROWS ASKING FOR EACH:,,,,,

2.6.1	2.6.3	2.6.4	2.6.5	2.6.6	2.6.7
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'NAME OF CHILD'?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	Does this child attend pre-school or kindergarten?
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW	1=Yes 2=No 9=NK	1=Pre-school/Kindergarten 2=No 3=Playschool/crèche 4=Wawa wasi 5=Other 99=NK
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(DISABLED)	(EDINICIA)
15					
16					
17					
18					
19					
20					
21					

CODE BOX 1: RELATIONSHIP TO YL CHILD		
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK
03= Grandparent	09=Nephew/Niece	
04= Uncle/aunt	10=Half-sibling	
05 = Brother/sister	11=Brother/sister-in-law	

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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2.7	Enter the ROSTER ID of the caregiver	___ ___	CAREID
2.8	Which of the people you listed is the head of the household? Enter the roster ID of the household head (99=NK)	___ ___	HEADID
2.9	Which of the people you listed is your husband/partner? Enter the roster ID of the partner of the caregiver. (88=N/A – Caregiver does not have partner or partner does not live in the household, 99=NK)	___ ___	PARTID

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

SECTION 3: PREGNANCY, DELIVERY AND BREAST-FEEDING

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT CAREGIVER)

3.0	ID of respondent for this section	___	ID3
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SAY: *I want to ask you some questions around the time of 'NAME's' birth and delivery.*

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

3.2.3	During the antenatal visits did you receive at least two injections for Tetanus?		INJECT
	- Yes	[] 1	
	- No	[] 2	
	- <i>N/A (not mother or no antenatal)</i>	[] 88	
	- <i>NK</i>	[] 99	
3.2.4	How many injections for tetanus did you receive during the pregnancy? 88 = <i>N/A (not mother)</i> , 99= <i>NK</i>	___ ___	INJECT1
3.2.5	Is the information about tetanus injections documented?		CPDOC
	- Yes	[] 1	
	- No	[] 2	
	- <i>N/A (not mother)</i>	[] 88	
	- <i>NK</i>	[] 99	

3.3	At the time you became pregnant with 'NAME' did you want to become pregnant?		WANTCLD
	- Yes	[] 1	
	- No	[] 2	
	- <i>N/A (not mother)</i>	[] 88	
	- <i>NK</i>	[] 99	
3.4	During your pregnancy with 'NAME' was your health good/average or bad/poor?		DIFFPREG
	- Good/ average	[] 1	
	- Bad /poor	[] 2	
	- <i>N/A (not mother)</i>	[] 88	
	- <i>NK</i>	[] 99	
3.5	Did you have a difficult labour with 'NAME'?		DIFFLAB
	- Yes	[] 1	
	- No	[] 2	
	- <i>N/A (not mother)</i>	[] 88	
	- <i>NK</i>	[] 99	

3.6	Where was 'NAME' born?		BPLACE
	- Home	[] 1	
	- Hospital	[] 2	
	- Other health facility	[] 3	
	- Other: SPECIFY _____	[] 4	BRTHSPEC
	- NK	[] 99	
3.6.0	Why was the child born at home?		WHYHOM E
	- Custom or tradition	[] 1	
	- Not enough money to go to the hospital	[] 2	
	- Service at the health centre is not good	[] 3	
	- No time to go elsewhere	[] 4	
	- The health centre is too far away	[] 5	
	- Other: SPECIFY _____	[] 6	SPECWHOM
	- N/A (child born in hospital)	[] 88	
	- NK	[] 99	
3.6.1	Was 'NAME' delivered by a caesarean section?		CSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or born at home)	[] 88	
	- NK	[] 99	
3.6.2	Did you know it was going to be a Caesarean section before the labour?		PLANSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or not c-section)	[] 88	
	- NK	[] 99	

3.8	Who assisted with your delivery? (PROMPT)	Yes	No	N/A (not mother)	NK	
3.8.1	- Doctor	[] 1	[] 2	[] 88	[] 99	DOCBRTH
3.8.2	- Nurse	[] 1	[] 2	[] 88	[] 99	NURBRTH
3.8.3	- Midwife	[] 1	[] 2	[] 88	[] 99	MIDBRTH
3.8.5	- Traditional birth attendant	[] 1	[] 2	[] 88	[] 99	TBABRTH
3.8.6	- Relative	[] 1	[] 2	[] 88	[] 99	RELBRTH
3.8.7	- Other: SPECIFY _____	[] 1	[] 2	[] 88	[] 99	OTHRBRTH SPECBRTH

3.9	Was 'NAME' born before you expected?					PREMATUR
	- Yes	[] 1				
	- No	[] 2				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.9.1	By how many weeks was the birth early? 88=N/A (not mother or not premature), 99=NK			___ ___		NWEEKS
3.9.2	Did you hope that the baby would be a boy or a girl?					WHICHSEX
	- Hoped for a boy	[] 1				
	- Hoped for a girl	[] 2				
	- Didn't mind which	[] 3				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.10	When 'NAME' was born was he/she very large, large, average, small or very small?					BSIZE
	-Very large	[] 1				
	- Large	[] 2				
	- Average	[] 3				
	- Small	[] 4				
	- Very small	[] 5				
	- N/A (not mother)	[] 88				
	- NK	[] 99				

3.10.1	Was the child hospitalized after the birth?		BHOSPIT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Not mother)	[] 88	
	- NK	[] 99	
3.10.2	For how many days was the child hospitalized after the birth? 88=N/A (not mother or not hospitalized), 99=NK	___ ___	BDHOSP
3.10.3	Was the child in an incubator after the birth?		BINCUB
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Not mother)	[] 88	
	- NK	[] 99	
3.10.4	For how many days was the child in an incubator after the birth? 88=N/A (not mother or not in an incubator), 99=NK	___ ___	BDINCU
3.11	Did you ever breastfeed 'NAME'?		EVERBFED
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.11.1	How many months did you breastfeed 'NAME'? 77=Still breastfeeding, 88=N/A (not mother or not breastfed), 99=NK	___ ___	LNGBFED

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

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

3.13	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE
3.14	INTERVIEWER SELF CALCULATE: How many children died? (3.12 - 3.13)	___ ___	BRCHK
3.15	Did any of the children die before their fifth birthday?		CHLDEAD
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no children died)	[] 88	
	- NK	[] 99	
3.16	How many children died before their 5 th birthday? 00=None, 88=N/A (no children died), 99=NK	___ ___	CHLDEAD1
3.17	Have you (the mother) ever had an abortion or miscarriage? If yes, then how many? 00=No, none; 88=N/A (not mother), 99=NK	___ ___	ABORTO
3.18	Since the index child was born have you (child's mother) been pregnant again?		EMBARAZ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.19	Are you (child's mother) pregnant at the moment?		ACTEMB
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.20	Would you (child's mother) like more children at some time?		DESEOHIJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	

SECTION 4: CHILD CARE (RESPONDENT: PRIMARY CAREGIVER)

4.0	ID of respondent for this section	___ ___	ID4
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SAY: Now I want to ask you some questions about who takes care of 'NAME'.

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

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

4.7	During the last 6 months has 'NAME' been left alone with a child or a group of children under five for a whole morning, afternoon, evening or night almost every week? - Yes - No - NK		CAREYUNG
		[] 1	
		[] 2	
		[] 99	
4.8	Does the child sleep alone or share a bed? - Shares a bed - Sleeps alone - NK		DUERMSOL
		[] 1	
		[] 2	
		[] 99	
4.9	Who does the child share a bed with? - Mother - Caregiver (not mother) - Brother/sister - Both parents - Father and/or mother and siblings - Other - N/A (doesn't share a bed) - NK		DUERCO
		[] 1	
		[] 2	
		[] 3	
		[] 4	
		[] 5	
		[] 6	
		[] 88	
		[] 99	

4.10	When the child cries and cries and it is not because he/she is hungry, tired or ill, then what do you do?	1=Yes	8=Not mentioned	99=NK	
1	Carry him/her around on my front or back	[]	[]	[]	LCARGA
2	Soothe him/her, sing to him/her	[]	[]	[]	LTRANQ
3	Rock him/her, walk around with child in my arms	[]	[]	[]	LMECE
4	Give him/her water or infusion to calm him/her	[]	[]	[]	DAGUA
5	Smack him/her, hit him/her	[]	[]	[]	DPALM
6	Shake him/her	[]	[]	[]	LSAC
7	Pinch him/her, squeeze him/her tightly	[]	[]	[]	LPELL
8	Threaten him/her	[]	[]	[]	LAMEN
9	Take him/her to the doctor/health post or pharmacy	[]	[]	[]	LMED
10	Give him/her medicine	[]	[]	[]	LDMED
11	Put him/her to the breast or bottle feed him/her	[]	[]	[]	LDPECH
12	Put him/her face down on the bed so he/she cries into the mattress	[]	[]	[]	LPBOC
13	Swaddle him/her in a blanket tightly so he/she is quiet	[]	[]	[]	LESAB
14	Nothing, let him/her cry until he/she falls asleep	[]	[]	[]	LNADA
15	Other SPECIFY: _____	[]	[]	[]	LOTRO LOTROSPC

4.11	Do you think your child cries as much, or more or less than other children of this age?		LLORA
	- More	[] 1	
	- Same	[] 2	
	- Less	[] 3	
	- NK	[] 99	

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

5.0	ID of respondent for this section	___	ID5
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SAY: *Now I am going to ask you some questions about 'NAME's' health.*

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

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

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

5.5.2	Was the child hospitalized with this illness?		ILL1HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.6	Serious illness2: INSERT CODES FROM BOX 2 BELOW If other: SPECIFY _____	___ ___	ILLNESS2
			ILL2SPEC
5.6.1	At any point during 'NAME EPISODE' did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness or only one illness)	[] 88	
	- NK	[] 99	
5.6.2	Was the child hospitalized with this illness?		ILL2HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.6.3	Serious illness3: INSERT CODES FROM BOX 2 BELOW If other: SPECIFY _____	___ ___	ILLNESS3
			ILL3SPEC
5.6.4	At any point during 'NAME EPISODE' did you take 'NAME' to a health facility for treatment?		ILL3TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness or fewer illnesses)	[] 88	
	- NK	[] 99	
5.6.5	Was the child hospitalized with this illness?		ILL3HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

CODE BOX 2: SEVERE ILLNESS AND INJURY		
01= High/Bad fever/malaria/	06= Traffic injuries	11=Other, SPECIFY ABOVE
02= Pneumonia/ severe cough	07= Nearly drowned	12=Asthma
03= Fits/ epilepsy/convulsions	08=Suffocation/asphyxia	88=N/A (no illness)
04= Diarrhoea	09= Evil eye	99=NK
05= Burns	10=Evil spirits	

5.7	Has 'NAME' ever had a burn which left a scar?		BURNT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.8	Has 'NAME' ever broken a bone?		BONE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9	Has 'NAME' ever had a serious fall?		FALL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9.1	Did this fall result in vomiting or loss of consciousness?		HEADINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no serious fall)	[] 88	
	- NK	[] 99	
5.10	Does 'NAME' have any other long term health problem? INCLUDE DISABILITY AND SEASONAL ILLNESSES		LONGTERM
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What are they?		
5.11.1	Long term health problem1: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH1
	If other: SPECIFY _____		HTH1SPEC
5.11.2	Has treatment been sought for this illness?		HTH1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.3	Has the child been hospitalized with this illness?		HTH1HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

5.11.4	Long term health problem 2: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH2
	If other: SPECIFY _____		HTH2SPEC
5.11.5	Has treatment been sought for this illness?		HTH2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.6	Has the child been hospitalized with this illness?		HTH2HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.7	Long term health problem3: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH3
	If other: SPECIFY _____		HTH3SPEC
5.11.8	Has treatment been sought for this illness?		HTH3TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.9	Has the child been hospitalized with this illness?		HTH3HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.10	Long term health problem 4: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH4
	If other: SPECIFY _____		HTH4SPEC
5.11.11	Has treatment been sought for this illness?		HTH4TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

5.11.12	Has the child been hospitalized with this illness?		HTH4HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.13	Long term health problem 5: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH5
	If other: SPECIFY _____		HTH5SPEC
5.11.14	Has treatment been sought for this illness?		HTH5TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.15	Has the child been hospitalized with this illness?		HTH5HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	


CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	06=Anaemia	11=Other: SPECIFY ABOVE
02=Mental disability	07=HIV/AIDS	
03= Fits/ epilepsy/convulsions	08=Failure to thrive	88=N/A (no illness or fewer illnesses)
04=Skin problems	09=Evil eye	99=NK
05=Asthma/respiratory problem	10=Congenital illness	

5.11.16	Has the child ever been hospitalized?		HOSPITAL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11.16	Why was the child hospitalized?		WHYHOSP
	- High fever/malaria	[] 1	
	- Pneumonia/severe cough	[] 2	
	- Fits/epilepsy	[] 3	
	- Diarrhoea	[] 4	
	- Burns	[] 5	
	- Traffic accident	[] 6	
	- Nearly drowned	[] 7	
	- Suffocation	[] 8	
	- Evil eye	[] 9	
	- Evil spirits	[] 10	
	- Other: SPECIFY: _____	[] 11	WHYSPEC
	- Asthma	[] 12	
	- N/A (not hospitalized)	[] 88	
- NK	[] 99		
5.11.17	Is the child covered by health insurance?		PAGSS
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11.18	Type of insurance?		SEGURO
	- Private	[] 1	
	- Social Security/health service	[] 2	
	- Government	[] 3	
	- Other: SPECIFY: _____	[] 4	SEGUSPEC
	- N/A (no insurance)	[] 88	
	- NK	[] 99	

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

CROSS CHECK WITH DOCUMENTATION WHERE AVAILABLE

5.12	Did 'NAME' ever receive a BCG vaccination against Tuberculosis, that is, an injection on the shoulder usually given around the time of birth?		BCG
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

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5.13	Has 'NAME' ever been vaccinated against measles, that is, an injection on the shoulder usually given at about 9-12 months?	MEASLES	
	- Yes		[] 1
	- No		[] 2
	- NK		[] 99
5.14	Has NAME ever been vaccinated against Polio	POLIO	
	- Yes		[] 1
	- No		[] 2
	- NK		[] 99

SECTION 6: CAREGIVER BACKGROUND (RESPONDENT: PRIMARY CAREGIVER)


6.0	ID of respondent for this section	___ ___	ID6
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SAY: *Now I am going to ask you some questions about yourself.*

6.1	How long have you lived in this community? (YEARS) <i>00=<1year, 99=NK</i>	___ ___	TIMELIVE
6.2	What is the highest grade you completed in formal school? <i>(00=None, 99=NK)</i>	___ ___	SHIGH
6.4	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in Spanish		LITERSPC
	- Easily	[] 1	
	- Difficulty	[] 2	
	- Not at all	[] 3	
	- NK	[] 99	
6.5	Can you speak any Spanish?		SPEAK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.5.1	Do you speak Spanish like it's your mother tongue, can easily get yourself understood or struggle to get yourself understood?		FLUENCY
	- Fluent	[] 1	
	- Good	[] 2	
	- Basic	[] 3	
	- N/A (does not speak specified language)	[] 88	
	- NK	[] 99	
6.5.2	What languages do you speak? INSERT CODE FROM CODE BOX BELOW	___ ___	IDIO1
	If other: SPECIFY _____		IDIOSPC1
6.5.3	Second language: INSERT CODE FROM CODE BOX BELOW	___ ___	IDIO2
	If other: SPECIFY _____		IDIOSPC2
6.5.4	Third language: INSERT CODE FROM CODE BOX BELOW	___ ___	IDIO3
	If other: SPECIFY _____		IDIOSPC3
6.5.5	In which language did your mother speak to you? INSERT CODE FROM CODE BOX BELOW	___ ___	MOTHIDIO

CODE BOX: LANGUAGES		
01=Spanish	04=Native Amazon rain forest language	08=Other
02=Quecha	05=English	88=N/A (fewer languages)
03=Aymara	07=Other foreign language	99=NK

6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHETH
	- White	[] 31	
	- Mestizo (inc. Andean Indian)	[] 32	
	- Native of the Amazon	[] 33	
	- Negro	[] 34	
	- Asiatic	[] 35	
	- Other: SPECIFY _____	[] 10	METHSPEC
	- NK	[] 99	
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDETH
	- White	[] 31	
	- Mestizo (inc. Andean Indian)	[] 32	
	- Native of the Amazon	[] 33	
	- Negro	[] 34	
	- Asiatic	[] 35	
	- Other: SPECIFY _____	[] 10	CETHSPEC
	- NK	[] 99	
6.7	What is your religion?		MOTHREL
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Catholic	[] 5	
	- Evangelist	[] 9	
	- Mormon	[] 10	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	MRELSPEC
	- NK	[] 99	

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Catholic	[] 5	
	- Evangelist	[] 9	
	- Mormon	[] 10	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	
	- NK	[] 99	

SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)


7.0	ID of respondent for this section	___ ___	ID7
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SAY: *I am going to ask you about what people in this household do to make a living.*

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

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

7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7	7.1.8
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK	Importance of this activity to the individual. Ranking is 1, 2 or 3
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)	(IMPORTA)
01	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
02	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
03	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
04	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
05	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
06	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___
07	___ ___	/ _____	___ ___	___ ___	___ ___	___ ___	___ ___

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R1INDX
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7	7.1.8
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK	Importance of this activity to the individual. Ranking is 1, 2 or 3
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)	(IMPORTA)
08	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
09	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
10	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
11	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
12	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
13	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
14	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
15	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
16	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
17	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
18	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
19	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
20	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___

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

TRANSFERS

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

7.3	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:			
		7.3.1	7.3.2	7.3.3
	SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK	Number of times received this transfer in the last year. 88=N/A (no transfer) 99=NK
	- Government Benefit	___ (REMIT1)	___ (MOMREM1)	___ ___ ___ (VECES1)
	- Religious organization	___ (REMIT3)	___ (MOMREM3)	___ ___ ___ (VECES3)
	- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)	___ ___ ___ (VECES4)
	- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)	___ ___ ___ (VECES5)
	- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)	___ ___ ___ (VECES6)

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

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

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

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

7.7	Who are these debts owed to (DO NOT PROMPT)	Yes	No	N/A (no debts)	NK	
7.7.1	Formal institutions such as a bank, microfinance?	[] 1	[] 2	[] 88	[] 99	FRMDEBT
7.7.2	NGO, church organisation or a co-operative?	[] 1	[] 2	[] 88	[] 99	SEMDEBT
7.7.3	Shop/hire purchase?	[] 1	[] 2	[] 88	[] 99	HIREDEBT
7.7.4	Money lenders?	[] 1	[] 2	[] 88	[] 99	INFDEBT
7.7.5	Relatives, friends, neighbours?	[] 1	[] 2	[] 88	[] 99	RELDEBT
7.7.6	Market or food shop?	[] 1	[] 2	[] 88	[] 99	MERCDEBT
7.7.7	Public services (e.g. electricity supplier)	[] 1	[] 2	[] 88	[] 99	PUBLDEBT
7.7.8	Others: SPECIFY	[] 1	[] 2	[] 88	[] 99	OTHDEBT OTHDSPEC

		Yes	No	N/A (no debts)	NK	
7.7.9	Do you think that you/they will be able to repay all of these debts on time?	[] 1	[] 2	[] 88	[] 99	REPAY
7.7.10	Repay debts to formal institutions?	[] 1	[] 2	[] 88	[] 99	FRMREPAY
7.7.11	Repay debts to NGO, church or co-op?	[] 1	[] 2	[] 88	[] 99	SEMREPAY
7.7.12	Repay debts to Shop (hire purchase)?	[] 1	[] 2	[] 88	[] 99	HIREPAY
7.7.13	Repay debts to money lenders?	[] 1	[] 2	[] 88	[] 99	INFREPAY
7.7.14	Repay debts to relatives & friends?	[] 1	[] 2	[] 88	[] 99	RELREPAY
7.7.15	Repay debts to markets or food shops?	[] 1	[] 2	[] 88	[] 99	MRCREPAY
7.7.16	Repay debts to public services?	[] 1	[] 2	[] 88	[] 99	PUBREPAY
7.7.17	Repay debts to other creditors?	[] 1	[] 2	[] 88	[] 99	OTHREPAY

7.8	Do you or your household receive any donated food?		ALIMDON
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.8.1	Do you or any members of the household belong to or use a community kitchen?		COMED
	- Member	[] 1	
	- Not member and don't use	[] 2	
	- Use but not a member	[] 3	
	- NK	[] 99	

7.9	What plans/preparations have you or other members of your household made in case of hard times and/or misfortune caused by for example a natural disaster, crop failure, job loss?			
Plan Number	Formal plan (ENTER CODES FROM BOX 4 BELOW)		If no plan then what (ENTER CODES FROM BOX 4 BELOW)	
(PLANID)	(PEPLAN)	(PEPLANSP)	(PENPLAN)	(PENPLNSP)
01	___ ___	_____	___ ___	_____
02	___ ___	_____	___ ___	_____

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


SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

8.0	ID of respondent for this section	___ ___	ID8
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SAY: *Now I want to ask you about events and changes that have happened since you were 'NAME's' biological mother was pregnant with 'NAME'.*

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

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

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

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

8.3	Which of the changes/events you mentioned affected the household welfare most? ENTER QUESTION NUMBER FROM ABOVE (1 to 15) 88=N/A (no event) 99=NK	___ ___	WORSEVNT
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8.4	What did the household do as a result of this big change/event? ENTER THE CODES FROM CODE BOX 5 BELOW STOP AFTER THREE 88 = N/A (no event or fewer responses), 99=NK		
8.4.1	Response 1	___ ___	BRSP1
	If other: SPECIFY ✎ _____		BRSP1SPC
8.4.2	Response 2	___ ___	BRSP2
	If other: SPECIFY ✎ _____		BRSP2SPC
8.4.3	Response 3	___ ___	BRSP3
	If other: SPECIFY ✎ _____		BRSP3SPC

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

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

9.0	ID of respondent for this section	___ ___	ID9
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SAY: Now I am going to ask some questions about the place where you live.

9.1	Does anyone in your household own the land your house is on?		OWNHOUSE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
9.2	How many rooms are there in the house? 99=NK	___ ___	NUMROOM
9.2.1	Do you have electricity		ELEC
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
9.2.2	Number of days with electricity in the last 15 – 88=N/A (no electricity), 99=NK	___ ___	ULTDIAL
9.2.3	On the days when you had electricity how many hours per day on average did you have electricity? 88=N/A (no electricity), 99=NK	___ ___	LUZHOR
9.2.4	Type of house/dwelling		TIPVIV
	- Independent house	[] 1	
	- Flat	[] 2	
	- Alley house	[] 3	
	- Multi-occupant house (shared facilities)	[] 4	
	- Improvised (temporary dwelling)	[] 5	
	- Other, SPECIFY: _____	[] 6	PETIPVSP
- NK	[] 99		

OBSERVE BUILDING MAIN MATERIAL:

9.2.5	WALL:		WALL
	- Brick/concrete	[] 1	
	- Adobe/mud	[] 2	
	- Wood/branches	[] 3	
	- Galvanised iron	[] 4	
	- Matting	[] 5	
	- Other: SPECIFY ☒ _____	[] 6	SPECWAL
	- NK	[] 99	
9.2.6	ROOF:		ROOF
	- Straw/thatch	[] 1	
	- Earth/mud	[] 2	
	- Wood/planks	[] 3	
	- Galvanised iron	[] 4	
	- Concrete/ cement	[] 5	
	- Tiles/slates	[] 6	
	- Other: SPECIFY ☒ _____	[] 7	SPECROF
	- NK	[] 99	
9.2.7	FLOOR		FLOOR
	- Earth	[] 1	
	- Wood	[] 2	
	- Stone/brick	[] 3	
	- Cement/tile	[] 4	
	- Laminated material	[] 5	
	- Other: SPECIFY ☒ _____	[] 6	SPECFLR
	- NK	[] 99	
9.3	What is the main source of drinking water for members of your household?		DRWATER
	- Piped into dwelling/yard/plot	[] 1	
	- Public standpipe/tubewell	[] 3	
	- Unprotected well/spring/pond/river/stream	[] 4	
	- Other: SPECIFY ☒ _____	[] 5	WATRSPEC
	- NK	[] 99	
9.3.2	Number of days with water in the last 15 – 88=N/A (no electricity), 99=NK	___ ___	ULTDIAA
9.3.3	On the days when you had water how many hours per day on average did you have water? 88=N/A (no water), 99=NK	___ ___	AGUAHOR

9.4	What kind of toilet facility does your household use?		TOILET
	- Flush toilet/ septic tank	[] 1	
	- Pit latrine (household's)	[] 2	
	- Pit latrine (communal)	[] 3	
	- None	[] 4	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 5	TOILSPEC
	- NK	[] 99	

9.5	What is the main type of fuel you usually use for cooking?		COOKING
	- Wood	[] 1	
	- Kerosene/paraffin	[] 2	
	- Charcoal	[] 3	
	- Gas/electricity	[] 4	
	- Coal	[] 5	
	- Cow dung	[] 6	
	- None	[] 7	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8	COOKSPEC
	- NK	[] 99	

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

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.1	- Working radio?	[] 1	[] 2	[] 99	RADIO
9.7.2	- Working refrigerator?	[] 1	[] 2	[] 99	FRIDGE
9.7.3	- Working bicycle?	[] 1	[] 2	[] 99	BIKE
9.7.4	- Working television?	[] 1	[] 2	[] 99	TV
9.7.5	- Working motorbike/scooter?	[] 1	[] 2	[] 99	MOTOR
9.7.6	- Working car/truck etc?	[] 1	[] 2	[] 99	CAR
9.7.7	- Working tractor?	[] 1	[] 2	[] 99	TRACTOR
9.7.8	- Farm equipment (pump, plough etc)?	[] 1	[] 2	[] 99	PUMP
9.7.9	- Working cell/mobile telephone?	[] 1	[] 2	[] 99	MOBPHONE
9.7.10	- Working landline telephone?	[] 1	[] 2	[] 99	PHONE

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.11	- Working sewing machine?	[] 1	[] 2	[] 99	SEWING
9.7.12	- Working iron?	[] 1	[] 2	[] 99	PLANCHA
9.7.13	- Working blender/liquidizer?	[] 1	[] 2	[] 99	LICUA
9.7.14	- Gas or electric cooker?	[] 1	[] 2	[] 99	COCGAS
9.7.15	- Working record player?	[] 1	[] 2	[] 99	TOCAD
9.7.16	- Working fan?	[] 1	[] 2	[] 99	FAN
9.7.17	- Working video player?	[] 1	[] 2	[] 99	VIDEO
9.7.18	- Working washing machine?	[] 1	[] 2	[] 99	LAVAD
9.7.19	- Clothes dryer?	[] 1	[] 2	[] 99	SECAD
9.7.20	- Vacuum cleaner?	[] 1	[] 2	[] 99	LUSTR
9.7.21	- Knitting machine/loom?	[] 1	[] 2	[] 99	LOOM
9.7.22	- Water heater?	[] 1	[] 2	[] 99	WATHEAT
9.7.23	- Computer?	[] 1	[] 2	[] 99	COMPUTER
9.7.24	- Micro-wave cooker?	[] 1	[] 2	[] 99	MWAVCOOK

9.7.25	Does anyone in the household do agricultural work or raise animals?				TRABAGR
	- Yes, arable and livestock	[] 1			
	- No	[] 2			
	- Yes, arable only	[] 3			
	- Yes, livestock only	[] 4			
	- NK	[] 99			
9.7.26	Does the household own any agricultural items?				POSAGRIC
	- Yes	[] 1			
	- No	[] 2			
	- NK	[] 99			

9.7.27	Does anyone in the household own	Yes	No	N/A (no agric items)	NK	
	- Animal drawn plough	[] 1	[] 2	[] 88	[] 99	ARADO
	- Pickaxe	[] 1	[] 2	[] 88	[] 99	CHAQU
	- Wheelbarrow, handcart	[] 1	[] 2	[] 88	[] 99	CARRET
	- Harness for animals	[] 1	[] 2	[] 88	[] 99	APARE
	- Fumigator	[] 1	[] 2	[] 88	[] 99	FUMIG
	- Hosepipe	[] 1	[] 2	[] 88	[] 99	MANG
	- Wire fencing	[] 1	[] 2	[] 88	[] 99	CERC
	- Sheds	[] 1	[] 2	[] 88	[] 99	GALP
	- Storehouse/granary	[] 1	[] 2	[] 88	[] 99	ALMAC


9.7.27	Does anyone in the household own	Yes	No	N/A (no agric items)	NK	
	- Motorised saw	[] 1	[] 2	[] 88	[] 99	MOTOSI
	- Electric motors	[] 1	[] 2	[] 88	[] 99	MOTOEL
	- Silo, storage pit	[] 1	[] 2	[] 88	[] 99	SILO
	- Harvester	[] 1	[] 2	[] 88	[] 99	COSEC
	- Milking machine	[] 1	[] 2	[] 88	[] 99	ORDEN
	- Spades, shovel, rakes	[] 1	[] 2	[] 88	[] 99	LAMP
	- Machete, sickle	[] 1	[] 2	[] 88	[] 99	MACHE
	- Axe, bar	[] 1	[] 2	[] 88	[] 99	HACHA
	- Other farming equipment SPECIFY: _____	[] 1	[] 2	[] 88	[] 99	OTRO1 OTR1SPEC
	- Other farming equipment SPECIFY: _____	[] 1	[] 2	[] 88	[] 99	OTRO2 OTR2SPEC

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

9.8	Did anyone in the household own or rent/borrow any land in the last 12 months apart from the land your house is on?	OWNLAND	
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

9.9	Please tell me about each plot of land owned or rented/borrowed by members of the household during the last 12 months? Starting with the largest and finishing with the smallest plot can you tell me:						
	9.9.1	9.9.3		9.9.4		9.9.5	
	What is the total area of the plot? (<i>square metres</i>)	Is the plot rented, borrowed, sharecropped, or owned? 1=Rented 2=Borrowed 3=Sharecropped 4=Owned 5= Other: SPECIFY 99 = NK		What is the plot used for? 1= Agriculture (crops) 2= Pasture 3= Forestry/Woodland 4= Building (house/shop) 5= Industry 6= Factory 7= Nothing (left fallow) 8=Other: SPECIFY BELOW 99 = NK		Secondary use for the plot? 1= Agriculture (crops) 2= Pasture 3= Forestry/Woodland 4= Building (house/shop) 5= Industry 6= Factory 7= Nothing (left fallow) 8=Other: SPECIFY BELOW 99=NK	
(PLOT)	(LAREA)	(LOWN)	(LOWNSPEC)	(LUSE)	(LUSESPEC)	(LUSE1)	(USESPEC)
01	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
02	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
03	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
04	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
05	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
06	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
07	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	
08	_____ . ____	___ ☒ _____		___ ☒ _____		___ ☒ _____	

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming)	[] 88	
	- NK	[] 99	
9.13	In the last 12 months did you or anyone in your household ever share labour with other people in the community?		LABSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	
9.14	Have you owned any livestock in the last 12 months?		ANIMALS
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: PE ___ 1 ___	FORM NO: R11NDX
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SAY: Now I am going to ask you some questions about animals owned by household members in the last 12 months.

9.15	9.16	9.17	9.18	9.19	9.20
Type of livestock	Has anyone in the household owned any 'NAME OF ANIMAL' in the last 12 months? 1=Yes 2=No 88 = N/A (no livestock) 99=NK	IF YES: How many does the household currently own? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were purchased by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were sold by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many died in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK
Draught animals (e.g. donkey, horse, bullock)	(ANYAIM1)	(ANIOWN1)	(ANIBUY1)	(ANISOLD1)	(ANYDIE1)
Cattle (including cow and calf)	(ANYAIM2)	(ANIOWN2)	(ANIBUY2)	(ANISOLD2)	(ANYDIE2)
Sheep/Goats/Pigs	(ANYAIM3)	(ANIOWN3)	(ANIBUY3)	(ANISOLD3)	(ANYDIE3)
Poultry/Rabbits	(ANYAIM4)	(ANIOWN4)	(ANIBUY4)	(ANISOLD4)	(ANYDIE4)
Llama, alpaca, huanaco	(ANYAIM6)	(ANIOWN6)	(ANIBUY6)	(ANISOLD6)	(ANYDIE6)

SECTION 10: PSYCHO SOCIAL WELL-BEING

(RESPONDENT: PRIMARY CAREGIVER)

10.0 ID of respondent for this section	_____	ID10
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SAY: The following questions are related to certain pains and problems that may have bothered you in the last 30 days. If you think the question applies to you and you have had the described problem in the last 30 days, answer YES. If you did not have the problem in the last thirty days answer NO. If you are unsure about how to answer a question, please give the best answer you can.

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

10.21	In the paternal grandparents house was there much violence?		VIOLENAP
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.22	In the maternal grandparents house was there much violence?		VIOLENAM
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.23	Were the paternal grandparents subjected to violence as children?		PEGABAAP
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.24	Were the maternal grandparents subjected to violence as children?		PEGABAAM
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.25	Was the child's mother beaten as a child?		LPEGMA
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal abuse	[] 3	
	- NK	[] 99	
10.26	Was the child's father beaten as a child?		LPEGPA
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal abuse	[] 3	
	- NK	[] 99	
10.27	Does the respondent have a partner?		PETPAR
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
10.28	Does the partner drink alcohol at least once a week?		TOMA
	- Yes	[] 1	
	- No, none	[] 2	
	- Once or twice a month	[] 3	
	- Occasionally	[] 4	
	- N/A (no partner)	[] 88	
	- NK	[] 99	

10.29	When he drinks does he get drunk?		EMBORR
	- Yes	[] 1	
	- No, never	[] 2	
	- Sometimes	[] 3	
	- <i>N/A (no partner or partner doesn't drink)</i>	[] 88	
	- <i>NK</i>	[] 99	
10.30	When he gets drunk does he hit you?		EMBPEG
	- Yes	[] 1	
	- No, never	[] 2	
	- Sometimes	[] 3	
	- <i>N/A (no partner or partner doesn't get drunk)</i>	[] 88	
	- <i>NK</i>	[] 99	

SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

11.0	ID of respondent for this section	___ ___	ID11
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SAY Now I am going to ask some questions about your community. (Administrative boundaries)


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

	11.1.1	11.1.2
	Are you a member of this type of group? 1=Yes 2=No 99=NK	In the last 12 months, did you receive from the group any emotional help, economic help or assistance in helping you know or do things? 1=Yes, 2=No 88=N/A (not a member), 99=NK
Work related/ trade union	___ (MEMBER1)	___ (ANYSUP1)
Community association/ co-op	___ (MEMBER2)	___ (ANYSUP2)
Women's group	___ (MEMBER3)	___ (ANYSUP3)
Political group	___ (MEMBER4)	___ (ANYSUP4)
Religious group	___ (MEMBER5)	___ (ANYSUP5)
Credit or Funeral group	___ (MEMBER6)	___ (ANYSUP6)
Sports group	___ (MEMBER7)	___ (ANYSUP7)
Other	___ (MEMBER9)	___ (ANYSUP9)

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	PE ___ 1 ___	R1INDX

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

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

SECTION 13. ANTHROPOMETRY


13.0	ID of respondent for this section	___ ___	ID13
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SAY: Now I am going to weigh and measure 'NAME'. First, I want to ask you what you think about 'NAME's' height and weight


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

13.6	Agreed child weight TO THE NEAREST 0.1 KG (-9999=NK)	___ . ___	CHWEIGHT
13.9	Agreed child length MEASURE TO THE NEAREST 0.1 CM (-9999=NK)	___ . ___	CHHEIGHT
13.10	Why was the child not measured?		NOTMEAS
	- Child not present	[] 1	
	- Caretaker refused	[] 2	
	- Child ill	[] 3	
	- Other: SPECIFY	[] 4	MEASSPEC
	 _____ - N/A (child measured)	[] 88	
	- NK	[] 99	
13.11	Weight of Mother in Kgs (-9999=NK)	___ . ___	PESOMAD
13.12	Height of Mother in cms (-9999=NK)	___ . ___	TALLMAD

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

Young Lives  CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD QUESTIONNAIRE

CHILD ID (RESPONDENT: YOUNG LIVES STAFF)

1. INSERT CHILD ID

P	E			8			
---	---	--	--	---	--	--	--

CHILDID



2. Date of interview:


D	D	M	M	Y	Y
---	---	---	---	---	---

CDINT

SECTION 2: PERCEPTIONS OF WELLBEING (RESPONDENT: CHILD)

SAY: *First I am going to ask you some questions about what you like and don't like and things you would like to do*

2.1	What do you want to be when you grow up?		AMBITION
	- President/Prime minister/Secretary general (of country/village)	[] 1	
	- Doctor	[] 2	
	- Nurse	[] 3	
	- Policeman/woman	[] 4	
	- Teacher	[] 5	
	- Engineer	[] 10	
	- Mechanic	[] 16	
	- Other: SPECIFY  _____	[] 18	SPECAMB
	- NK	[] 99	
2.2	What makes you happy?		LIKE
	- Being bought clothes	[] 1	
	- Being bought food/sweets	[] 2	
	- Having a party	[] 3	
	- Playing with friends	[] 4	
	- Nothing	[] 7	
	- Excursions/days out	[] 11	
	- My family (being together)	[] 12	
	- Other: SPECIFY  _____	[] 8	SPCLIKE
	- NK	[] 99	

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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2.3	What makes you unhappy?		DISLIKE
	- Being beaten	[] 1	
	- Parents fighting	[] 2	
	- Place is dirty	[] 3	
	- Being alone, no one taking any notice of me	[] 14	
	- When someone in the family dies	[] 15	
	- Fights with siblings/cousins/friends	[] 16	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCDLIKE
- NK	[] 99		


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

2.4	What do you like about the area you live in?		LIKELIVE
	- My friends	[] 1	
	- My family	[] 2	
	- Playground/sports ground	[] 5	
	- Parks	[] 11	
	- Seeing plants grow	[] 12	
	- The street	[] 13	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- NK	[] 99		
2.5	What don't you like about the area you live in?		BADLIVE
	- Being beaten up, shouted at or hit by others	[] 1	
	- It's ugly/horrible	[] 2	
	- The place is dangerous/unsafe	[] 3	
	- Bad smell/dirty place/bad sanitation	[] 5	
	- Drug addicts/robbers/gangs	[] 10	
	- People often quarrel	[] 13	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCBLIVE
- NK	[] 99		

2.6	Is the water people drink around here good, bad or average?		WATER
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.7	Is the air people breath around here good, bad or average?		AIR
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	
2.8	Is there rubbish on the ground/the streets around here?		RUBBISH
	- None/very little	[] 1	
	- A lot	[] 2	
	- Some	[] 3	
	- NK	[] 99	
2.9	Do you think people in this area treat you well or badly?		RESPECT
	- Well	[] 1	
	- Badly	[] 2	
	- NK	[] 99	
2.10	Is the area you live in safe for children?		SAFE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
2.11	Do you get enough food to eat?		FOOD
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	


SECTION 3: SOCIAL CAPITAL (RESPONDENT: CHILD)

3.1	How often do you play with your friends?		VISIT
	- Daily	[] 1	
	- Weekly	[] 2	
	- Less than once a week	[] 3	
	- Never	[] 4	
	- <i>NK</i>	[] 99	
3.2	If you had a problem is there someone who would help you?		TURNTO
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	


3.2.1	Who is this person	Yes	<i>N/A (no one to turn to)</i>	<i>NK (or not mentioned)</i>	
	Mother	[] 1	[] 88	[] 99	WHOTO1
	Grandparent	[] 1	[] 88	[] 99	WHOTO2
	Sister/brother	[] 1	[] 88	[] 99	WHOTO3
	Cousin	[] 1	[] 88	[] 99	WHOTO4
	Friends	[] 1	[] 88	[] 99	WHOTO5
	Others: SPECIFY  _____	[] 1	[] 88	[] 99	WHOTO6 SPCWHO
	Father	[] 1	[] 88	[] 99	WHOTO7
	Aunt/Uncle	[] 1	[] 88	[] 99	WHOTO8

SECTION 4: SCHOOL AND WORK (RESPONDENT: CHILD)


4.1	Did you attend school last year?		SCHOOL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.2	What is the main thing you don't like about school?		PROBSCH
	- Teachers beating	[] 1	
	- Pupils beating	[] 2	
	- The noise	[] 3	
	- Being bored	[] 4	
	- Having to work hard	[] 5	
	- Dirty toilets	[] 6	
	- Exams, tests	[] 14	
	- Chaos/disorder	[] 15	
	- Nothing	[] 10	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 11	
	<i>N/A (child not in school)</i>	[] 88	
	NK	[] 99	
4.3	What is the main thing you like about school?		SCHGOD
	- My teacher	[] 1	
	- My friends	[] 2	
	- Learning	[] 3	
	- Playground/gardens/football field	[] 4	
	- Playtime/games	[] 9	
	- Everything	[] 10	
	- Nothing	[] 7	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8	
	<i>N/A (child not in school)</i>	[] 88	
	NK	[] 99	


Young Lives  CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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4.4	Have you done anything in the last 12 months to earn money for yourself and/or your family		CHLDWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5	What were these activities?		
4.5.1	Activity 1: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY  _____		WORK1
4.5.2	Activity 2: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WK1SPEC
4.5.3	Activity 3: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WORK2
			WK2SPEC
			WORK3
			WK3SPEC

CODE BOX 1: ACTIVITIES		
01=Working in a factory/mine/industry	05= Piece work in the household	88=N/A (child does not work or has fewer jobs)
02=Domestic work outside household	06=Non-family agricultural activities	99=NK
03=Family work inside (cooking, cleaning, caring)	07=Selling things	
04=Family work outside (fetching water, tending animals)	10=Other: SPECIFY ABOVE	

4.5.4	Do you like doing "FIRST ACTIVITY"?		JOBSAT1	
	- Yes	[] 1		
	- No	[] 2		
	- NK	[] 99		
4.5.5	What is the main thing you don't like about doing FIRST ACTIVITY		NOTLIKE1	
	ENTER CODES FROM BOX 2 BELOW			___ ___
	If other: SPECIFY  _____			NL1SPEC

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

4.5.6	Do you like doing “SECOND ACTIVITY”?		JOBSAT2
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.5.7	What is the main thing you don't like about doing SECOND ACTIVITY		NOTLIKE2
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY ☞ _____		
		___	NL2SPEC

4.5.8	Do you like doing “THIRD ACTIVITY”?		JOBSAT3
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.9	What is the main thing you don't like about doing THIRD ACTIVITY		NOTLIKE3
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY ☞ _____		
		___	NL3SPEC


CODE BOX 2: DISLIKES		
01=No time for school	04=Relationship with employer	09=Other: SPECIFY ABOVE
02=Poor working environment	05=Low earnings	88=N/A (no job or child likes job)
03=Long hours	06=Too tiring	99=NK

4.6	Have you ever missed school because you were working?		SCHATT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Child not at school or not at work)	[] 88	
	- NK	[] 99	


SECTION 5: HEALTH (RESPONDENT: CHILD)

SAY: *Now I am going to ask you some questions about your health*


5.1	Do you have any problems that affect how you make friends or play?		CHILFREN
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.2	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY  _____		CHFRSPEC

5.3	Do you have any problems that stop you studying, attending school or working like other children?		CHILPLAY
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.4	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY  _____		CHPLSPEC

5.5	Do you have any other health problems?		CHILOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.6	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY  _____		CHOTSPEC

CODE BOX 3: HEALTH PROBLEMS		
01=Physical disability	05=Skin problems	88=N/A (no health problem)
02=Mental disability	06=Anaemia	99=NK
03=Asthma/respiratory problem	08=Other: SPECIFY ABOVE	
04=HIV/AIDS		

SECTION 6: LITERACY AND NUMERACY (RESPONDENT: CHILD)

SAY: *Now I want to ask you about reading and writing*

6.1	Can you please read me the letters, word and sentence on this card	LEVLREAD
	- Can't read anything [] 1	
	- Reads letters [] 2	
	- Reads word [] 3	
	- Reads sentence [] 4	
	- <i>NK (including child refuses the test)</i> [] 99	
6.2	Can you write these sentences for me	LEVLWRIT
	- No [] 1	
	- Yes without difficulties/errors [] 2	
	- Yes with difficulties/errors [] 3	
	- <i>NK</i> [] 99	
6.2	Please tell me the answer to the calculation "2 times 4"	NUMERACY
	- Correct [] 1	
	- Incorrect [] 2	
	- <i>NK</i> [] 99	

SECTION 7: CHILD DEVELOPMENT, RAVENS CPM:
 (RESPONDENT: CHILD)

FOLLOW THE RAVENS INSTRUCTIONS, PUT THE CHILD'S FINAL ANSWER IN THE APPROPRIATE BOX.

Item no.	SERIES A	SERIES A _B	SERIES B
1	(A1)	(AB1)	(B1)
2	(A2)	(AB2)	(B2)
3	(A3)	(AB3)	(B3)
4	(A4)	(AB4)	(B4)
5	(A5)	(AB5)	(B5)
6	(A6)	(AB6)	(B6)
7	(A7)	(AB7)	(B7)
8	(A8)	(AB8)	(B8)
9	(A9)	(AB9)	(B9)
10	(A10)	(AB10)	(B10)
11	(A11)	(AB11)	(B11)
12	(A12)	(AB12)	(B12)

THE YOUNG LIVES STUDY ENROLMENT FORM
(RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

E1.	Confirm that there is an eligible 7.5 to 8.5 year old child in the household
-----	--


DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

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

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

ASK FOR THE SELECTED CHILD

E6.	On what date was the child born? CHECK WITH DOCUMENTATION WHERE AVAILABLE, MINIMUM ENTRY OF MONTH AND YEAR	$\frac{_ _ _}{d d} / \frac{_ _ _}{m m} / \frac{_ _ _}{y y}$	DOB
E7.	Is the child male or female? - Male - Female	[] 1 [] 2	SEX

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

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


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

IF NO: Thank the respondent and end the interview.

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

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

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD HOUSEHOLDS QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	PE ___ 8 ___	CHILDDID
1.2	Date of interview	___ / ___ / ___ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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1.8	Region of residence (OBSERVE)		REGION
	- Coast	[] 31	
	- Mountain	[] 32	
	- Jungle	[] 33	


SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

2.0	ID of respondent for this section	___	ID2
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SAY: Now I am going to ask some questions about the people who live in this household. That is the people who live together, usually pool their income and eat at least one meal together when they are at home. This does not include people who have permanently migrated or are considered visitors.


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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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INSTRUCTIONS FOR HOUSEHOLD ROSTER:

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Highest grade reached in school	Number of years at school level	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(GRADO)	(ANHOS)	(DISABLED)	(CARE)	(SUPPORT)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW	1=Yes 2=No 9=NK	SEE CODE BOX 1a BELOW	88=N/A	88=N/A	1=Yes 2=No 9=NK	1=Yes 2=No 9=NK	1=Yes 2=No
01										
02										
03										
04										
05										
06										
07										

CODE BOX 1: RELATIONSHIP TO YL CHILD			CODE BOX 1a: SCHOOLING LEVEL	
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE	00=None	35=Technical college (incomplete)
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK	31=Transition	36 = Technical college (complete)
03= Grandparent	09=Nephew/Niece		32=In 1 st grade	37=University (incomplete)
04= Uncle/aunt	10=Half-sibling		33=Primary	38=University complete)
05 = Brother/sister	11=Brother/sister-in-law		34=Secondary	99=NK

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.8	2.5.9	2.5.10
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What grade has 'NAME' completed or is 'NAME' currently enrolled?	Highest grade reached in school	Number of years at school level	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(GRADO)	(ANHOS)	(DISABLED)	(CARE)	(SUPPORT)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	SEE CODE BOX 1a BELOW	88=N/A	88=N/A	1=Yes 2=No 9=NK	1=Yes 2=No 9=NK	1=Yes 2=No
08										
09										
10										
11										
12										
13										
14										


CODE BOX 1: RELATIONSHIP TO YL CHILD			CODE BOX 1a: SCHOOLING LEVEL	
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE	00=None	35=Technical college (incomplete)
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK	31=Transition	36 = Technical college (complete)
03= Grandparent	09=Nephew/Niece		32=In 1 st grade	37=University (incomplete)
04= Uncle/aunt	10=Half-sibling		33=Primary	38=University complete)
05 = Brother/sister	11=Brother/sister-in-law		34=Secondary	99=NK

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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WRITE DOWN THE FULL NAMES OF ALL THE CHILDREN **UNDER FIVE** AND WORK DOWN THE ROWS ASKING FOR EACH:,,,,,

2.6.1	2.6.3	2.6.4	2.6.5	2.6.6	2.6.7
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'NAME OF CHILD'?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	Does this child attend pre-school or kindergarten?
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW	1=Yes 2=No 9=NK	1=Pre-school/Kindergarten 2=No 3=Playschool/crèche 4=Wawa wasi 5=Other 99=NK
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(DISABLED)	(EDINICIA)
15					
16					
17					
18					
19					
20					
21					

CODE BOX 1: RELATIONSHIP TO YL CHILD		
01=Biological parent	06=Cousin	13=Other: SPECIFY ABOVE
02= Partner of biological parent	07=Labourer/tenant/servant	99=NK
03= Grandparent	09=Nephew/Niece	
04= Uncle/aunt	10=Half-sibling	
05 = Brother/sister	11=Brother/sister-in-law	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

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

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

SECTION 3: BIRTHS AND DEATHS


(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT THEN PRIMARY CAREGIVER)

3.0	ID of respondent for this section	___ ___	ID3
-----	-----------------------------------	---------	-----

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

3.1	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___ ___	CHDBORN
3.2	In all how many of the children were boys? (00=None, 99=NK)	___ ___	BOYBORN
3.3	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.2 AND 3.3 TALLY WITH 3.1	___ ___	GRLBORN
3.4	How many of the children were born before "NAME"? (00=None, 99=NK)	___ ___	ORDER
3.5	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE
3.6	When you became pregnant with 'NAME' did you want to become pregnant at that time?		WANTCLD
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.7	Where was 'NAME' born?		BPLACE
	- Home	[] 1	
	- Hospital	[] 2	
	- Other health facility	[] 3	
	- Other: SPECIFY ☞ _____	[] 4	
	- NK	[] 99	BRTHSPEC

3.8	Where was 'NAME' born? (district)		DONDEN
	- In this district	[] 1	
	- In another district of the same province	[] 2	
	- In another province of the same department	[] 3	
	- In another department of the coast	[] 4	
	- In another department of the highlands	[] 5	
	- In another department of the jungle	[] 6	
	- In another country	[] 7	
	- NK	[] 99	
3.9	Was 'NAME' born by caesarean section?		CSECT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.10	Is the respondent the biological mother?		BIO1
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.11	Did you prefer a boy or a girl?		WHICHSEX
	- Wanted a boy	[] 1	
	- Wanted a girl	[] 2	
	- Didn't mind which	[] 3	
	- N/A (respondent not mother)	[] 88	
	- NK	[] 99	
3.12	Was 'NAME' ever breastfed?		EVERBFED
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
3.13	Have you (the mother) ever had a miscarriage or abortion? If yes, how many? (0=No, none, 99=NK)	___	ABORTO
3.14	Number of children that died?	___	BRKCHK
3.15	How many children died before their 5 th birthday? (0=None, 88=N/A (none died), 99=NK)	___	CHLDEAD1
3.16	Would you ('NAME's mother) like more children at some time?		DESEOHJ
	- Yes	[] 1	

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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- No	[] 2
<i>N/A (not mother)</i>	[] 88
<i>NK</i>	[] 99

SECTION 4: CHILD'S SCHOOL
(RESPONDENT: PRIMARY CAREGIVER)

4.0	ID of respondent for this section	___ ___	ID4
-----	-----------------------------------	---------	-----

SAY: Now I am going to ask you about 'NAME's' schooling

4.1	Has "NAME" ever attended formal school?		EVERSCH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.1.1	What age did "NAME" turn the year they first went to school? (99=NK)	___ ___	SCHSTART
4.1.3	What is the highest grade "NAME" completed in formal school? (00=in 1 st grade, 99=NK)	___ ___	SCHHIGH
4.2	Is "NAME" currently in school?		SCHNOW
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.3	What is the MAIN reason "NAME" is not currently in school?		SCHWHY
	- Fees too expensive	[] 1	
	- Uniform/books too expensive	[] 2	
	- Transport too expensive	[] 3	
	- School too far	[] 4	
	- Child plays truant/refuses	[] 5	
	- Child banned from school	[] 6	
	- Fear of teachers/bullies	[] 7	
	- Quality of school bad	[] 8	
	- Disability	[] 9	
	- Needed to help family	[] 10	
	- Other SPECIFY ☞ _____	[] 11	
	- N/A (Child currently in school)	[] 88	
	- NK	[] 99	
4.4	Is the school public or private?		SCHTYP
	- Public	[] 1	
	- Private	[] 2	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	
4.5	What grade is NAME in at the moment? (0=Still in 1 st grade, 88=N/A – not currently in school, 99=NK)	___ ___	ACTGRADO


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

4.5	In the last 6 months what is the MAIN thing "NAME" has done for fun?		FUN
	- Plays with friends outside	[] 1	
	- Plays with friends inside	[] 2	
	- Plays with toys	[] 3	
	- Plays sport	[] 4	
	- Watches TV	[] 5	
	- Plays on the computer	[] 6	
	- Reads	[] 7	
	- Writes/draws	[] 8	
	- Helps parents	[] 9	
	- Visits relatives	[] 10	
	- Nothing	[] 11	
	- Other SPECIFY ✎ _____	[] 12	SPCFUN
- NK	[] 99		

4.6	Does the teacher do a good job of teaching?		ASPECTO1
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	

4.7	Does the teacher often miss classes?		ASPECTO2
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	


4.8	Is the relationship between the teachers and the pupils good?		ASPECTO3
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

4.9	Does the teacher keep parents informed of their child's progress?		ASPECTO4
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	
4.10	Does the head-teacher do a good job?		ASPECTO5
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	
4.11	Does the parents' association administer the money it collects well?		ASPECTO6
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	
4.12	Are you happy with the education your child is receiving?		EDRECIBE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	
4.13	Would you change to another school if possible?		ESCAMBIO
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not in school)	[] 88	
	- NK	[] 99	


4.14. In which of the following school activities have you, the mother, the child's caregiver or the father participated?							
	Yes	No	Does not happen	N/A (child not in school)	NK		
Work days for the school: building, repair, cleaning, etc.	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI1	
Meetings of the parents' association	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI2	
Group meetings (parents association) with child's teacher	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI3	
Individual meetings with child's teacher	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI4	
School parties	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI5	
Fund raising activities	[] 1	[] 2	[] 3	[] 88	[] 99	PARTICI6	

4.15	Who mostly helps 'NAME' with homework?		QAYUDA
	- Father	[] 1	
	- Mother	[] 2	
	- Caregiver	[] 3	
	- Older siblings	[] 4	
	- Other family members	[] 5	
	- Other adults (not family)	[] 6	
	- Other	[] 7	
	- N/A (child not in school)	[] 88	
- NK	[] 99		
4.16	How would you rate your child's education performance?		CALIFICA
	- Good	[] 1	
	- Average	[] 2	
	- Bad	[] 3	
	- N/A (child not in school)	[] 88	
- NK	[] 99		
4.17	Please give the 3 most common reasons why 'NAME' misses school.		
	Reason 1: ENTER CODE FROM CODE BOX BELOW	___ ___	FALTA1
	Reason 2: ENTER CODE FROM CODE BOX BELOW	___ ___	FALTA2
	Reason 3: ENTER CODE FROM CODE BOX BELOW	___ ___	FALTA3


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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CODE BOX : REASONS FOR MISSING SCHOOL		
01= Illness	05= Helping at home (cooking, washing, etc.)	09= Other
02= Bad weather	06= Looking after siblings	22= Never missed school
03= Working	07= The school is a long way away	88= N/A (Child not in school)
04= Lack of interest	08= Travelling (away from home)	99= NK

4.18	How far away is the school in Km?	_____ . ____	DISTANK
4.19	How long does it take to get to school?		
	Number of hours: (0=Less than 1 hour, 88=N/A – child not in school, 99=NK)	_____	DISTANH
	Number of minutes: (88=N/A – child not in school, 99=NK)	_____	DISTANM

4.20. How does 'NAME' get to school? Select all modes of transport used						
		Yes	No	N/A (child not in school)	NK	
	Walking	[] 1	[] 2	[] 88	[] 99	TRANSP1
	By bicycle	[] 1	[] 2	[] 88	[] 99	TRANSP2
	By bus	[] 1	[] 2	[] 88	[] 99	TRANSP3
	By van/car	[] 1	[] 2	[] 88	[] 99	TRANSP4
	By lorry	[] 1	[] 2	[] 88	[] 99	TRANSP5
	On horseback/mule/donkey	[] 1	[] 2	[] 88	[] 99	TRANSP6
	Other means of transport: (SPECIFY)	[] 1	[] 2	[] 88	[] 99	TRANSP7
	 _____					SPECTRAN

4.21	Number of hours each day spent at school (88=N/A – child not in school, 99=NK)	_____	HORAESC
4.22	Number of hours each day spent studying at home (88=N/A – child not in school, 99=NK)	_____	HORESCA
4.23	Does 'NAME' have a meal at school?		DESAESC
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child not currently in school)	[] 88	
	- NK	[] 99	
4.24	Number of days per week that child has a meal at school. (88=N/A – not currently in school or does not have meals in school, 99=NK)	_____	DESADIAS

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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4.25	Did 'NAME' attend a pre-school or nursery?		ASISTCEI
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.25.1	If Yes, what type of pre-school did 'NAME' attend?	Yes	No	NK	
	Did child attend a state pre-school?	[] 1	[] 2	[] 99	ASISTIO1
	Did child attend a parish of private pre-school?	[] 1	[] 2	[] 99	ASISTIO2
	Did child attend PRONOEI (government programme)?	[] 1	[] 2	[] 99	ASISTIO3
	Child attended pre-school but type unknown	[] 1	[] 2	[] 99	ASISTIO4

4.25.2	Age when 'NAME' first attended pre-school. (88=N/A – never attended pre-school, 99=NK)	___	ASISEDAD
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SECTION 5: CHILD HEALTH
(RESPONDENT: PRIMARY CAREGIVER)


5.0	ID of respondent for this section	_____	ID5
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SAY: Now I am going to ask you some questions about 'NAME's' health.

5.1	Compared to other children of this age would you say 'NAME's' health is the same, better or worse?		HEALTHY
	- Same	[] 1	
	- Better	[] 2	
	- Worse	[] 3	
	- NK	[] 99	
5.2	Has 'NAME' been ill in the last two weeks?		EVRMORB
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.3	What were the illnesses?		
5.3.1	Illness 1: ENTER CODE FROM BOX 2	_____	ILL2WK1
	If other: SPECIFY ☞ _____		ILWKSPC1
5.3.2	Illness 2: ENTER CODE FROM BOX 2	_____	ILL2WK2
	If other: SPECIFY ☞ _____		ILWKSPC2



CODE BOX 2: ILLNESS IN LAST 2 WEEKS		
01= High/Bad fever/malaria	05= Anaemia	09=Flu
02= Pneumonia/ severe cough	06= Tummy ache/diarrhoea	11=Other, SPECIFY ABOVE
03= Fits/ epilepsy/convulsions	07= Headache	12=Evil spirits, air, cold
04= Skin disease	08=Malnutrition	88=N/A (no illness or fewer illnesses)
		99= NK

5.4	Does 'NAME' have any long term health problem that affects how they make friends or play?		HPFRIEND
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.5	What is the problem? ENTER CODE FROM BOX 3 BELOW	_____	ILFRIEND
	If other: SPECIFY ☞ _____		ILFRSPEC
5.6	Does 'NAME' have any long term health problem that affects how they attend school or work?		HPWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.7	What is the problem? ENTER CODE FROM BOX 3 BELOW	_____	ILLPLAY
	If other: SPECIFY ☞ _____		ILPLSPEC

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

5.8	Does 'NAME' have any other long term health problem?		HPOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9	What is the problem? ENTER CODE FROM BOX 3 BELOW	___	ILLOTHER
	If other: SPECIFY  _____		ILOTSPEC

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

5.10	In the last 3 years has the child had a serious illness when you really thought they might die?		MIGHTDIE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What were the illnesses/injuries?		
5.11.1	Serious illness 1: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS1
	If other: SPECIFY  _____		ILL1SPEC
5.11.2	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.3	Was 'NAME' hospitalised with this illness or injury?		ILL1HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.4	Serious illness 2: ENTER CODES FROM BOX 4 BELOW	___	ILLNESS2
	If other: SPECIFY  _____		ILL2SPEC

5.11.5	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.6	Was 'NAME' hospitalised with this illness or injury?		ILL2HOSP
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

CODE BOX 4: ILLNESSES/INJURIES THAT NEARLY KILLED		
01=Malaria/bad fever	05=Near drowning	10=Other: SPECIFY ABOVE
02=Pneumonia/bad cough	06=Traffic accident	88=N/A (no illness or fewer illnesses)
03=Fits/epilepsy	07=Burns	99= NK
04=Suffocation	08=Asthma/respiratory problems	

5.12	In the last year has 'NAME' had toothache so severe they couldn't eat properly?		TOOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.13	Is 'NAME' covered by health insurance?		PAGSS
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.13.1	Type of health insurance		SEGURO
	- Private	[] 1	
	- Social security/health service	[] 2	
	- Government	[] 3	SEGUSPEC
	- Other SPECIFY <input type="checkbox"/> _____	[] 4	
	- N/A (no insurance)	[] 88	
	- NK	[] 99	

SECTION 6: CAREGIVER BACKGROUND

(RESPONDENT: PRIMARY CAREGIVER)


6.0	ID of respondent for this section	___ ___	ID6
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SAY: *Now I am going to ask you some questions about yourself.*

6.1	How long have you (the caregiver) lived in this community? (YEARS) 00=<1year, 99=NK	___ ___	TIMELIVE
6.2	What is the highest grade you completed in formal school? (00=None, 99=NK)	___ ___	SHIGH
6.4	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in Spanish?		LITERSPC
	- Easily	[] 1	
	- Difficulty	[] 2	
	- Not at all	[] 3	
	- NK	[] 99	
6.5	Can you speak any Spanish?		SPEAK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.5.1	Do you speak Spanish like it's your mother tongue, can easily get yourself understood or struggle to get yourself understood?		FLUENCY
	- Fluent	[] 1	
	- Good	[] 2	
	- Basic	[] 3	
	- N/A (does not speak specified language)	[] 88	
	- NK	[] 99	
6.5.2	What languages do you speak?		
6.5.3	First language: ENTER CODES FROM BOX BELOW	___ ___	IDIO1
	If other: SPECIFY ☞ _____		IDIOSPC1
6.5.4	Second language: ENTER CODES FROM BOX BELOW	___ ___	IDIO2
	If other: SPECIFY ☞ _____		IDIOSPC2
6.5.5	Third language: ENTER CODES FROM BOX BELOW	___ ___	IDIO3
	If other: SPECIFY ☞ _____		IDIOSPC3
6.5.6	In which language did your mother speak to you? ENTER CODES FROM BOX BELOW	___ ___	MOTHIDIO

CODE BOX : LANGUAGES		
01 = Spanish	04 = Native Amazon rain forest language	08 = Other (SPECIFY ABOVE)
02 = Quecha	05 = English	88 = N/A (speak fewer languages)
03 =Aymara	07 = Other foreign language (SPECIFY ABOVE)	99= NK

6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHETH
	- White	[] 31	
	- Mestizo (inc. Andean Indian)	[] 32	
	- Native of the Amazon	[] 33	
	- Negro	[] 34	
	- Asiatic	[] 35	
	- Other: SPECIFY _____	[] 10	METHSPEC
	- NK	[] 99	
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDETH
	- White	[] 31	
	- Mestizo (inc. Andean Indian)	[] 32	
	- Native of the Amazon	[] 33	
	- Negro	[] 34	
	- Asiatic	[] 35	
	- Other: SPECIFY _____	[] 10	CETHSPEC
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

6.7	What is your religion?		MOTHREL
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Catholic	[] 5	
	- Evangelist	[] 9	
	- Mormon	[] 10	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	
	- NK	[] 99	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Catholic	[] 5	
	- Evangelist	[] 9	
	- Mormon	[] 10	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	
	- NK	[] 99	

SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)


7.0	ID of respondent for this section	___ ___	ID7
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SAY: *I am going to ask you about what people in this household do to make a living.*


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

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

7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7	7.1.8
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK	Importance of this activity to the individual. Ranking is 1, 2 or 3
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)	(IMPORTA)
01	___ ___	/ _____	___	___	___	___	___
02	___ ___	/ _____	___	___	___	___	___
03	___ ___	/ _____	___	___	___	___	___
04	___ ___	/ _____	___	___	___	___	___
05	___ ___	/ _____	___	___	___	___	___
06	___ ___	/ _____	___	___	___	___	___
07	___ ___	/ _____	___	___	___	___	___


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7	7.1.8
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE</u> GOVERNMENT BENEFITS		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK	Importance of this activity to the individual. Ranking is 1, 2 or 3
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)	(IMPORTA)
08	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
09	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
10	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
11	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
12	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
13	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
14	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
15	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
16	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
17	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
18	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
19	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___
20	___	<input checked="" type="checkbox"/> _____	___	___	___	___	___

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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7.2 NOW ASK ABOUT WORK THAT THE YOUNG LIVES CHILD DOES.

7.2.1	7.2.2		7.2.4	7.2.5		7.2.6	7.2.7	7.2.8	7.2.9	7.2.10
Line code	Activity Description		Is the child employed by anyone for this activity?	Please describe where this work takes place 1=Own dwelling 2=Employers dwelling 3=Factory/Workshop 4=Farm 5=Street 6=Other: SPECIFY BELOW 99=NK		Over how many months in the last 12 months has the child engaged in this activity?	In the months "NAME" engaged in this activity how often did he/she usually do the activity? 1 = 5-7 days a week 2 = 3-5 days a week 3 = 1-2 days a week 4 = Less than 1 day a week	Importance of this activity to the child. The activity is ranked 1, 2, or 3	Number of hours per day on this activity.	Has the child missed school because of this activity? 1 = Yes 2 = No 88 = N/A (not in school) 99 = NK
(LINECODE)	(ACTDES)	(ACTCODE) 00=NK	(PAYMNT)	(PLACE)	(PLSPEC)	(MONTHS)	(WEEKS)	(IMPORTA)	(HORAS)	(FALTA)
22	<input type="checkbox"/>	_____	___	___	<input type="checkbox"/>	_____	_____	_____	_____	_____
23	<input type="checkbox"/>	_____	___	___	<input type="checkbox"/>	_____	_____	_____	_____	_____
24	<input type="checkbox"/>	_____	___	___	<input type="checkbox"/>	_____	_____	_____	_____	_____
25	<input type="checkbox"/>	_____	___	___	<input type="checkbox"/>	_____	_____	_____	_____	_____
26	<input type="checkbox"/>	_____	___	___	<input type="checkbox"/>	_____	_____	_____	_____	_____

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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7.3	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?		
7.3.1	Most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – no activities, 99=NK)	___ ___	INC1
7.3.2	Second most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 2 activities, 99=NK)	___ ___	INC2
7.3.3	Third most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 3 activities, 99=NK)	___ ___	INC3

7.4	Has "NAME" EVER engaged in any formal or informal activities for money or goods?		NAMEWRK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.5	How old was "NAME" when he/she started working for the first time? 88=N/A (Child has not worked), 99=NK		AGEWRK
7.6	Does "NAME" engage in this activity in term, in the school holidays or both?		WHNSCH
	- Term	[] 1	
	- Holidays	[] 2	
	- Both	[] 3	
	- Not currently enrolled in school	[] 4	
	- N/A (Child does not work)	[] 88	
	- NK	[] 99	
7.7	Does "NAME" keep/save all, some or none of his/her earnings?		KEEPSALY
	- All	[] 1	
	- Some	[] 2	
	- None	[] 3	
	- N/A (child does not work)	[] 88	
	- NK	[] 99	

7.8	What is the MAIN reason "NAME" is working?	WHYWRK
	- Supplement HH income [] 1	
	- Generate own income [] 2	
	- Pay HH debt [] 3	
	- Assist HH enterprise/help out [] 4	
	- To pay for school [] 5	
	- To gain experience [] 6	
	- They like to [] 7	
	- Keep them busy/out of trouble [] 8	
	- Bonded labour [] 9	
	- Other SPECIFY ☒ _____ [] 10	WRKSPEC
	- N/A (Child is not working) [] 88	
	- NK [] 99	
7.9	Has "NAME" been engaged in any house keeping activities or household chores for the household almost every day during the past 7 days?	CHORES
	- Yes [] 1	
	- No [] 2	
	- NK [] 99	
7.9.1	On average how many hours a day does "NAME" do these household activities? (TO NEAREST HOUR, 00=<1hr, 88=N/A (child doesn't do household chores), 99=NK)	___ ___
7.9.2	Does "NAME" receive any money or things for doing these chores?	MONCHORE
	- Yes [] 1	
	- No [] 2	
	- N/A (Child doesn't do household chores) [] 88	
	- NK [] 99	

7.10	Has "NAME" ever been seriously injured while he/she was working or while he/she was doing house-keeping activities or has he/she been seriously ill due to work?		WRKINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child does not work or do household chores)	[] 88	
	- NK	[] 99	
7.11	What was the serious illnesses/injuries?		
7.11.1	Serious illness/injury 1: ENTER CODES FROM BOX 5 BELOW	___	WORKINJ1
	If other SPECIFY ☒ _____		WDIS1SPC
7.11.2	Serious illness/injury 2: ENTER CODES FROM BOX 5 BELOW	___	WORKINJ2
	If other SPECIFY ☒ _____		WDIS2SPC

CODE BOX 5: SERIOUS ILLNESS/INJURY			
1 = Amputation/loss of body parts	4 = Eye problem	7 = Psychological injury	
2 = Burns	5 = Crushing injury	8 = Other: specify above	
3 = Skin problem	6 = Respiratory problem	88 = N/A (child has not had a work related injury) 99=NK	

TRANSFERS

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

7.12	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:		
	7.12.1	7.12.2	7.12.3
SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK	Number of times received this transfer in the last year. 88=N/A (no transfer) 99=NK
- Government Benefit	___ (REMIT1)	___ (MOMREM1)	___ ___ (VECES1)
- Religious organization	___ (REMIT3)	___ (MOMREM3)	___ ___ (VECES3)
- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)	___ ___ (VECES4)
- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)	___ ___ (VECES5)
- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)	___ ___ (VECES6)

7.13	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:			
	7.13.1	7.13.2	7.13.3	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/ goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(REMID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	___	_____	___	_____
02	___	_____	___	_____
03	___	_____	___	_____
04	___	_____	___	_____
05	___	_____	___	_____
06	___	_____	___	_____

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

7.14.1	For each individual who you or any other household member gave money or goods:			
	7.14.2	7.14.3	7.14.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUT ID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	___	_____	___	_____
02	___	_____	___	_____
03	___	_____	___	_____
04	___	_____	___	_____

7.15	Who are these debts owed to (DO NOT PROMPT)	Yes	No	N/A (no debts)	NK	
7.15.1	Formal institutions such as a bank, microfinance?	[] 1	[] 2	[] 88	[] 99	FRMDEBT
7.15.2	NGO, church organisation or a co-operative?	[] 1	[] 2	[] 88	[] 99	SEMDEBT
7.15.3	Shop/hire purchase?	[] 1	[] 2	[] 88	[] 99	HIREDDEBT
7.15.4	Money lenders?	[] 1	[] 2	[] 88	[] 99	INFDEBT
7.15.5	Relatives, friends, neighbours?	[] 1	[] 2	[] 88	[] 99	RELDEBT
7.15.6	Market or food shop?	[] 1	[] 2	[] 88	[] 99	MERCDEBT
7.15.7	Public services (e.g. electricity supplier)	[] 1	[] 2	[] 88	[] 99	PUBLDEBT
7.15.8	Others: SPECIFY	[] 1	[] 2	[] 88	[] 99	OTHDEBT OTHDSPEC

		Yes	No	N/A (no debts)	NK	
7.15.9	Do you think that you/they will be able to repay all of these debts on time?	[] 1	[] 2	[] 88	[] 99	REPAY
7.15.10	Repay debts to formal institutions?	[] 1	[] 2	[] 88	[] 99	FRMREPAY
7.15.11	Repay debts to NGO, church or co-op?	[] 1	[] 2	[] 88	[] 99	SEMREPAY
7.15.12	Repay debts to Shop (hire purchase)?	[] 1	[] 2	[] 88	[] 99	HIREDDEBT
7.15.13	Repay debts to money lenders?	[] 1	[] 2	[] 88	[] 99	INFREPAY
7.15.14	Repay debts to relatives & friends?	[] 1	[] 2	[] 88	[] 99	RELREPAY
7.15.15	Repay debts to markets or food shops?	[] 1	[] 2	[] 88	[] 99	MRCREPAY
7.15.16	Repay debts to public services?	[] 1	[] 2	[] 88	[] 99	PUBREPAY
7.15.17	Repay debts to other creditors?	[] 1	[] 2	[] 88	[] 99	OTHREPAY

7.16	Do you or your household receive any donated food?					ALIMDON
	- Yes	[] 1				
	- No	[] 2				
	- NK	[] 99				
7.16.1	Do you or any members of the household belong to or use a community kitchen?					COMED
	- Member	[] 1				
	- Not member and don't use	[] 2				
	- Use but not a member	[] 3				
	- NK	[] 99				

7.17	What plans/preparations have you or other members of your household made in case of hard times and/or misfortune caused by for example a natural disaster, crop failure, job loss?			
Plan Number	Formal plan (ENTER CODES FROM BOX 4 BELOW)		If no plan then what (ENTER CODES FROM BOX 4 BELOW)	
(PLANID)	(PEPLAN)	(PEPLANSP)	(PENPLAN)	(PENPLNSP)
01	___	_____	___	_____
02	___	_____	___	_____

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


SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

8.0	ID of respondent for this section	___ ___	ID8
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SAY: *Now I want to ask you about events and changes that have happened since you were 'NAME's' biological mother was pregnant with 'NAME'.*

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

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

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

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

8.3	Which of the changes/events you mentioned affected the household welfare most? ENTER QUESTION NUMBER FROM ABOVE (1 to 15) 88=N/A (no event) 99=NK	___ ___	WORSEVNT
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8.4	What did the household do as a result of this big change/event? ENTER THE CODES FROM CODE BOX 5 BELOW STOP AFTER THREE 88 = N/A (no event or fewer responses), 99=NK		
8.4.1	Response 1	___ ___	BRSP1
	If other: SPECIFY ✎ _____		BRSP1SPC
8.4.2	Response 2	___ ___	BRSP2
	If other: SPECIFY ✎ _____		BRSP2SPC
8.4.3	Response 3	___ ___	BRSP3
	If other: SPECIFY ✎ _____		BRSP3SPC

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

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

9.0	ID of respondent for this section	___ ___	ID9
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SAY: Now I am going to ask some questions about the place where you live.

9.1	Does anyone in your household own the land your house is on?		OWNHOUSE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
9.2	How many rooms are there in the house? 99=NK	___ ___	NUMROOM
9.2.1	Do you have electricity		ELEC
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
9.2.2	Number of days with electricity in the last 15 – 88=N/A (no electricity), 99=NK	___ ___	ULTDIAL
9.2.3	On the days when you had electricity how many hours per day on average did you have electricity? 88=N/A (no electricity), 99=NK	___ ___	LUZHOR
9.2.4	Type of house/dwelling		TIPVIV
	- Independent house	[] 1	
	- Flat	[] 2	
	- Alley house	[] 3	
	- Multi-occupant house (shared facilities)	[] 4	
	- Improvised (temporary dwelling)	[] 5	
	- Other, SPECIFY: _____	[] 6	
	- NK	[] 99	PETIPVSP

OBSERVE BUILDING MAIN MATERIAL:

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

9.3	What is the main source of drinking water for members of your household?		DRWATER
	- Piped into dwelling/yard/plot	[] 1	
	- Public standpipe/tubewell	[] 3	
	- Unprotected well/spring/pond/river/stream	[] 4	
		- Other: SPECIFY ✎ _____	[] 5
	- NK	[] 99	
9.3.2	Number of days with water in the last 15 – 88=N/A (no electricity), 99=NK	___ ___	ULTDIAA
9.3.3	On the days when you had water how many hours per day on average did you have water? 88=N/A (no water), 99=NK	___ ___	AGUAHOR

9.4	What kind of toilet facility does your household use?		TOILET
	- Flush toilet/ septic tank	[] 1	
	- Pit latrine (household's)	[] 2	
	- Pit latrine (communal)	[] 3	
	- None	[] 4	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 5	
- NK	[] 99		

9.5	What is the main type of fuel you usually use for cooking?		COOKING
	- Wood	[] 1	
	- Kerosene/paraffin	[] 2	
	- Charcoal	[] 3	
	- Gas/electricity	[] 4	
	- Coal	[] 5	
	- Cow dung	[] 6	
	- None	[] 7	
	- Other: SPECIFY <input type="checkbox"/> _____	[] 8	
- NK	[] 99		

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

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.1	- Working radio?	[] 1	[] 2	[] 99	RADIO
9.7.2	- Working refrigerator?	[] 1	[] 2	[] 99	FRIDGE
9.7.3	- Working bicycle?	[] 1	[] 2	[] 99	BIKE
9.7.4	- Working television?	[] 1	[] 2	[] 99	TV
9.7.5	- Working motorbike/scooter?	[] 1	[] 2	[] 99	MOTOR
9.7.6	- Working car/truck etc?	[] 1	[] 2	[] 99	CAR
9.7.7	- Working tractor?	[] 1	[] 2	[] 99	TRACTOR
9.7.8	- Farm equipment (pump, plough etc)?	[] 1	[] 2	[] 99	PUMP
9.7.9	- Working cell/mobile telephone?	[] 1	[] 2	[] 99	MOBPHONE
9.7.10	- Working landline telephone?	[] 1	[] 2	[] 99	PHONE

9.7	Does anyone in the household own a:	Yes	No	NK	
9.7.11	- Working sewing machine?	[] 1	[] 2	[] 99	SEWING
9.7.12	- Working iron?	[] 1	[] 2	[] 99	PLANCHA
9.7.13	- Working blender/liquidizer?	[] 1	[] 2	[] 99	LICUA
9.7.14	- Gas or electric cooker?	[] 1	[] 2	[] 99	COCGAS
9.7.15	- Working record player?	[] 1	[] 2	[] 99	TOCAD
9.7.16	- Working fan?	[] 1	[] 2	[] 99	FAN
9.7.17	- Working video player?	[] 1	[] 2	[] 99	VIDEO
9.7.18	- Working washing machine?	[] 1	[] 2	[] 99	LAVAD
9.7.19	- Clothes dryer?	[] 1	[] 2	[] 99	SECAD
9.7.20	- Vacuum cleaner?	[] 1	[] 2	[] 99	LUSTR
9.7.21	- Knitting machine/loom?	[] 1	[] 2	[] 99	LOOM
9.7.22	- Water heater?	[] 1	[] 2	[] 99	WATHEAT
9.7.23	- Computer?	[] 1	[] 2	[] 99	COMPUTER
9.7.24	- Micro-wave cooker?	[] 1	[] 2	[] 99	MWAVCOOK

9.7.25	Does anyone in the household do agricultural work or raise animals?				TRABAGR
	- Yes, arable and livestock	[] 1			
	- No	[] 2			
	- Yes, arable only	[] 3			
	- Yes, livestock only	[] 4			
	- NK	[] 99			
9.7.26	Does the household own any agricultural items?				POSAGRIC
	- Yes	[] 1			
	- No	[] 2			
	- NK	[] 99			

9.7.27	Does anyone in the household own	Yes	No	N/A (no agric items)	NK	
	- Animal drawn plough	[] 1	[] 2	[] 88	[] 99	ARADO
	- Pickaxe	[] 1	[] 2	[] 88	[] 99	CHAQU
	- Wheelbarrow, handcart	[] 1	[] 2	[] 88	[] 99	CARRET
	- Harness for animals	[] 1	[] 2	[] 88	[] 99	APARE
	- Fumigator	[] 1	[] 2	[] 88	[] 99	FUMIG
	- Hosepipe	[] 1	[] 2	[] 88	[] 99	MANG
	- Wire fencing	[] 1	[] 2	[] 88	[] 99	CERC
	- Sheds	[] 1	[] 2	[] 88	[] 99	GALP
	- Storehouse/granary	[] 1	[] 2	[] 88	[] 99	ALMAC


9.7.27	Does anyone in the household own	Yes	No	N/A (no agric items)	NK	
	- Motorised saw	[] 1	[] 2	[] 88	[] 99	MOTOSI
	- Electric motors	[] 1	[] 2	[] 88	[] 99	MOTOEL
	- Silo, storage pit	[] 1	[] 2	[] 88	[] 99	SILO
	- Harvester	[] 1	[] 2	[] 88	[] 99	COSEC
	- Milking machine	[] 1	[] 2	[] 88	[] 99	ORDEN
	- Spades, shovel, rakes	[] 1	[] 2	[] 88	[] 99	LAMP
	- Machete, sickle	[] 1	[] 2	[] 88	[] 99	MACHE
	- Axe, bar	[] 1	[] 2	[] 88	[] 99	HACHA
	- Other farming equipment SPECIFY: _____	[] 1	[] 2	[] 88	[] 99	OTRO1 OTR1SPEC
	- Other farming equipment SPECIFY: _____	[] 1	[] 2	[] 88	[] 99	OTRO2 OTR2SPEC

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

9.8	Did anyone in the household own or rent/borrow any land in the last 12 months apart from the land your house is on?	OWNLAND	
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

9.9	Please tell me about each plot of land owned or rented/borrowed by members of the household during the last 12 months? Starting with the largest and finishing with the smallest plot can you tell me:						
	9.9.1	9.9.3		9.9.4		9.9.5	
	What is the total area of the plot? (<i>square metres</i>)	Is the plot rented, borrowed, sharecropped, or owned ? 1=Rented 2=Borrowed 3=Sharecropped 4=Owned 5= Other: SPECIFY 99 = NK		What is the plot used for? 1= Agriculture (crops) 2= Pasture 3= Forestry/Woodland 4= Building (house/shop) 5= Industry 6= Factory 7= Nothing (left fallow) 8=Other: SPECIFY BELOW 99 = NK		Secondary use for the plot? 1= Agriculture (crops) 2= Pasture 3= Forestry/Woodland 4= Building (house/shop) 5= Industry 6= Factory 7= Nothing (left fallow) 8=Other: SPECIFY BELOW 99=NK	
(PLOT)	(LAREA)	(LOWN)	(LOWNSPEC)	(LUSE)	(LUSESPEC)	(LUSE1)	(USESPEC)
01	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
02	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
03	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
04	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
05	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
06	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
07	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	
08	_____ . ____	___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____		___ <input type="checkbox"/> _____	

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming land)	[] 88	
	- NK	[] 99	
9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no farming)	[] 88	
	- NK	[] 99	
9.13	In the last 12 months did you or anyone in your household ever share labour with other people in the community?		LABSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no land or no farming)	[] 88	
	- NK	[] 99	
9.14	Have you owned any livestock in the last 12 months?		ANIMALS
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: PE ___ 8 ___	FORM NO: R18YRS
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SAY: Now I am going to ask you some questions about animals owned by household members in the last 12 months.

9.15	9.16	9.17	9.18	9.19	9.20
Type of livestock	Has anyone in the household owned any 'NAME OF ANIMAL' in the last 12 months? 1=Yes 2=No 88 = N/A (no livestock) 99=NK	IF YES: How many does the household currently own? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were purchased by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many were sold by the household in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK	How many died in the last 12 months? (00=None) -8888=N/A (none of NAME OF ANIMAL) -9999=NK
Draught animals (e.g. donkey, horse, bullock)	(ANYAIM1)	(ANIOWN1)	(ANIBUY1)	(ANISOLD1)	(ANYDIE1)
Cattle (including cow and calf)	(ANYAIM2)	(ANIOWN2)	(ANIBUY2)	(ANISOLD2)	(ANYDIE2)
Sheep/Goats/Pigs	(ANYAIM3)	(ANIOWN3)	(ANIBUY3)	(ANISOLD3)	(ANYDIE3)
Poultry/Rabbits	(ANYAIM4)	(ANIOWN4)	(ANIBUY4)	(ANISOLD4)	(ANYDIE4)
Llama, alpaca, huanaco	(ANYAIM6)	(ANIOWN6)	(ANIBUY6)	(ANISOLD6)	(ANYDIE6)

SECTION 10: DOMESTIC VIOLENCE
 (RESPONDENT: PRIMARY CAREGIVER)

10.0	ID of respondent for this section	___ ___	ID10
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10.1	In the paternal grandparents house was there much violence?		VIOLENAP
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.2	In the maternal grandparents house was there much violence?		VIOLENAM
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.3	Were the paternal grandparents subjected to violence as children?		PEGABAAP
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.4	Were the maternal grandparents subjected to violence as children?		PEGABAAM
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal	[] 3	
	- NK	[] 99	
10.5	Was the child's mother beaten as a child?		LPEGMA
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal abuse	[] 3	
	- NK	[] 99	
10.6	Was the child's father beaten as a child?		LPEGPA
	- Yes, physical and verbal	[] 1	
	- No	[] 2	
	- Yes, only verbal abuse	[] 3	
	- NK	[] 99	
10.7	Does the respondent have a partner?		PETPAR
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

10.8	Does the partner drink alcohol at least once a week?		TOMA
	- Yes	[] 1	
	- No, none	[] 2	
	- Once or twice a month	[] 3	
	- Occasionally	[] 4	
	- <i>N/A (no partner)</i>	[] 88	
	- <i>NK</i>	[] 99	
10.9	When he drinks does he get drunk?		EMBORR
	- Yes	[] 1	
	- No, never	[] 2	
	- Sometimes	[] 3	
	- <i>N/A (no partner or partner doesn't drink)</i>	[] 88	
	- <i>NK</i>	[] 99	
10.10	When he gets drunk does he hit you?		EMBPEG
	- Yes	[] 1	
	- No, never	[] 2	
	- Sometimes	[] 3	
	- <i>N/A (no partner or partner doesn't get drunk)</i>	[] 88	
	- <i>NK</i>	[] 99	
10.11	When he gets drunk does he hit 'NAME'?		EMBPEGNI
	- Yes	[] 1	
	- No, never	[] 2	
	- Sometimes	[] 3	
	- <i>N/A (no partner or partner doesn't get drunk)</i>	[] 88	
	- <i>NK</i>	[] 99	

SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

11.0	ID of respondent for this section	___ ___	ID11
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SAY Now I am going to ask some questions about your community. (Administrative boundaries)


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

	11.1.1	11.1.2
	Are you a member of this type of group? 1=Yes 2=No 99=NK	In the last 12 months, did you receive from the group any emotional help, economic help or assistance in helping you know or do things? 1=Yes, 2=No 88=N/A (not a member), 99=NK
Work related/ trade union	___ (MEMBER1)	___ (ANYSUP1)
Community association/ co-op	___ (MEMBER2)	___ (ANYSUP2)
Women's group	___ (MEMBER3)	___ (ANYSUP3)
Political group	___ (MEMBER4)	___ (ANYSUP4)
Religious group	___ (MEMBER5)	___ (ANYSUP5)
Credit or Funeral group	___ (MEMBER6)	___ (ANYSUP6)
Sports group	___ (MEMBER7)	___ (ANYSUP7)
Other	___ (MEMBER9)	___ (ANYSUP9)

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	PE ___ 8 ___	R18YRS

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

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

SECTION 13. ANTHROPOMETRY

13.0	ID of respondent for this section	___ ___	ID13
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SAY: Now I am going to weigh and measure 'NAME'. First, I want to ask you what you think about 'NAME's' height and weight


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

13.6	Agreed child weight TO THE NEAREST 0.1 KG (-9999=NK)	___ . ___	CHWEIGHT
13.9	Agreed child length MEASURE TO THE NEAREST 0.1 CM (-9999=NK)	___ . ___	CHHEGHT
13.10	Why was the child not measured?		NOTMEAS
	- Child not present	[] 1	
	- Caretaker refused	[] 2	
	- Child ill	[] 3	MEASSPEC
	- Other: SPECIFY _____	[] 4	
	- N/A (child measured)	[] 88	
	- NK	[] 99	
13.11	Weight of Mother in Kgs (-9999=NK)	___ . ___	PESOMAD
13.12	Height of Mother in cms (-9999=NK)	___ . ___	TALLMAD

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

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

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

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

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

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

ASK FOR THE SELECTED CHILD

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

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

One copy to be provided to each fieldworker

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

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

IF NO: Thank the respondent and end the interview.

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

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

If there are questions you don’t want to answer that is fine, just tell me and we will move onto the next question. If there are any questions you want to ask me at any time during the interview please do not hesitate to ask me. If at any time you want to stop the


THE YOUNG LIVES STUDY 6 - 17.9 MONTHS HOUSEHOLD QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	VN ___ 0 ___	CHILDDID
1.2	Date of interview	___ ___ / ___ ___ / ___ ___ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

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

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


1.8	Region of residence (OBSERVE)		REGION
	- Northern Uplands	[] 41	
	- Red River Delta	[] 42	
	- North Central	[] 43	
	- Central Coastal	[] 44	
	- Highlands	[] 45	
	- South Eastern	[] 46	
	- Mekong River Delta	[] 47	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: VN ___ 0 ___	FORM NO: R11NDX
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11	2.5.12
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What level has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Number of cigarettes smoked per household member per day.	Number of tobacco pipes smoked per day
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(V1020511)	(V1020512)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	0=None 42=Primary 43=Secondary 44=High School 45=Vocational School 46=College/ University	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	0=None, non-smoker 88=N/A (under 5yrs) 99=NK	0=None (non-smoker) 88=N/A (under 5yrs) 99=NK
01										
02										
03										
04										
05										
06										
07										

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID: VN ___ 0 ___	FORM NO: R11NDX
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11	2.5.12
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What level has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Number of cigarettes smoked per household member per day.	Number of tobacco pipes smoked per day
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	0=None 42=Primary 43=Secondary 44=High School 45=Vocational School 46=College/ University	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	0=None, non-smoker 99=NK	0=None (non-smoker) 99=NK
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(V1020511)	(V1020512)
08										
09										
10										
11										
12										
13										
14										

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

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

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

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

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


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

SECTION 3: PREGNANCY, DELIVERY AND BREAST-FEEDING

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT CAREGIVER)

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

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

 HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	VN ___ 0 ___	R1INDX

3.3	At the time you became pregnant with 'NAME' did you want to become pregnant?		WANTCLD
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.4	During your pregnancy with 'NAME' was your health good/average or bad/poor?		DIFFPREG
	- Good/ average	[] 1	
	- Bad /poor	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.5	Did you have a difficult labour with 'NAME'?		DIFFLAB
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother)	[] 88	
	- NK	[] 99	
3.6	Where was 'NAME' born?		BPLACE
	- Home	[] 1	
	- Hospital	[] 2	
	- Other health facility	[] 3	
	- Other: SPECIFY _____	[] 4	BRTHSPEC
- NK	[] 99		
3.6.1	Was 'NAME' delivered by a caesarean section?		CSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or born at home)	[] 88	
	- NK	[] 99	
3.6.2	Did you know it was going to be a Caesarean section before the labour?		PLANSECT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not mother or not c-section)	[] 88	
	- NK	[] 99	

3.8	Who assisted with your delivery? (PROMPT)	Yes	No	N/A (not mother)	NK	
3.8.1	- Doctor	[] 1	[] 2	[] 88	[] 99	DOCBRTH
3.8.2	- Nurse	[] 1	[] 2	[] 88	[] 99	NURBRTH
3.8.3	- Midwife	[] 1	[] 2	[] 88	[] 99	MIDBRTH
3.8.5	- Traditional birth attendant	[] 1	[] 2	[] 88	[] 99	TBABRTH
3.8.6	- Relative	[] 1	[] 2	[] 88	[] 99	RELBRTH
3.8.7	- Other: SPECIFY _____	[] 1	[] 2	[] 88	[] 99	OTHRBRTH SPECBRTH

3.9	Was 'NAME' born before you expected?					PREMATU R
	- Yes	[] 1				
	- No	[] 2				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.9.1	By how many weeks was the birth early? 88=N/A (not mother or not premature), 99=NK			___ ___		NWEEKS
3.10	When 'NAME' was born was he/she very large, large, average, small or very small?					BSIZE
	- Very large	[] 1				
	- Large	[] 2				
	- Average	[] 3				
	- Small	[] 4				
	- Very small	[] 5				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.11	Did you ever breastfeed 'NAME'?					EVERBFED
	- Yes	[] 1				
	- No	[] 2				
	- N/A (not mother)	[] 88				
	- NK	[] 99				
3.11.1	How many months did you breastfeed 'NAME'? 77=Still breastfeeding, 88=N/A (not mother or not breastfed), 99=NK			___ ___		LNGBFED

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

3.12	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___ ___	CHDBORN
3.12.1	In all how many of the children were boys? (00=None,99=NK)	___ ___	BOYBORN
3.12.2	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.12.1 AND 3.12.2 TALLY WITH 3.12	___ ___	GRLBORN
3.13	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE
3.14	INTERVIEWER SELF CALCULATE: How many children died? (3.12 - 3.13)	___	BRCHK
3.15	Did any of the children die before their fifth birthday?		CHLDEAD
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no children died)	[] 88	
	- NK	[] 99	

SECTION 4: CHILD CARE (RESPONDENT: PRIMARY CAREGIVER)

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

4.1	During the last 6 months has 'NAME' attended formal and informal creches or any other child care groups for a whole morning, afternoon, evening or night at a time almost every week?		CRECH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.3	During the last 6 months has anyone who is NOT a member of the household or a creche/nursery worker been responsible for 'NAME' for a whole morning, afternoon, evening or night at a time almost every week?		CHLDCARE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

	Since the child was born has he/she been sent to any childcare facility such as the following?	Attended at least twice a month 1=Yes, 2=No, 99=NK	How old was NAME when first sent to the Childcare facility? 88=N/A (not attended), 99=NK	During the last 6 months has the child been sent to this facility? 1=Yes, 2=No, 88=N/A (not attended), 99=NK
1	Government Childcare Centre	___ (V1040121)	___ (V104021)	___ (V104031)
2	Private Childcare Centre	___ (V1040122)	___ (V104022)	___ (V104032)
3	Charitable childcare facility	___ (V1040123)	___ (V104023)	___ (V104033)
4	Other private childcare (individuals – not crèche workers)	___ (V1040124)	___ (V104024)	___ (V104034)

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

4.7	During the last 6 months has 'NAME' been left alone with a child or a group of children under five for a whole morning, afternoon, evening or night almost every week?		CAREYUNG
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	

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

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

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

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

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

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

CODE BOX 2: SEVERE ILLNESS AND INJURY		
01= High/Bad fever/malaria/	05= Burns	11=Other: SPECIFY ABOVE
02= Pneumonia/ severe cough	06= Traffic injuries	16=Hepatitis
03= Fits/ epilepsy/convulsions	07= Nearly drowned	88=N/A (no illness or fewer illnesses)
04= Diarrhoea	08=Suffocation/asphyxia	99= NK

5.7	Has 'NAME' ever had a burn which left a scar?		BURNT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.8	Has 'NAME' ever broken a bone?		BONE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9	Has 'NAME' ever had a serious fall?		FALL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.9.1	Did this fall result in vomiting or loss of consciousness?		HEADINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no serious fall)	[] 88	
	- NK	[] 99	
5.10	Does 'NAME' have any other long term health problem? INCLUDE DISABILITY AND SEASONAL ILLNESSES		LONGTERM
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.11	What are they?		
5.11.1	Long term health problem1: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH1
	If other: SPECIFY _____		HTH1SPEC
5.11.2	Long term health problem 2: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH2
	If other: SPECIFY _____		HTH2SPEC
5.11.3	Long term health problem3: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH3
	If other: SPECIFY _____		HTH3SPEC
5.11.4	Long term health problem 4: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH4
	If other: SPECIFY _____		HTH4SPEC
5.11.5	Long term health problem 5: INSERT CODES FROM BOX 3 BELOW	___ ___	HEALTH5
	If other: SPECIFY _____		HTH5SPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	06=Anaemia	11=Other: SPECIFY ABOVE
02=Mental disability	07=HIV/AIDS	15=Tuberculosis
03= Fits/ epilepsy/convulsions	08=Failure to thrive	88=N/A (no illness or fewer illnesses)
04=Skin problems	10=Congenital illness	99=NK
05=Asthma/respiratory problem		

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

CROSS CHECK WITH DOCUMENTATION WHERE AVAILABLE

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

SECTION 6: CAREGIVER BACKGROUND (RESPONDENT: PRIMARY CAREGIVER)

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

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

6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHETH
	- Kinh	[] 41	
	- H'Mong	[] 42	
	- Cham	[] 43	
	- Ede	[] 44	
	- Ba na	[] 45	
	- Nung	[] 46	
	- Tay	[] 47	
	- Dao	[] 48	
	- Other: SPECIFY _____	[] 10	METHSPEC
	- NK	[] 99	
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDETH
	- Kinh	[] 41	
	- H'Mong	[] 42	
	- Cham	[] 43	
	- Ede	[] 44	
	- Ba na	[] 45	
	- Nung	[] 46	
	- Tay	[] 47	
	- Dao	[] 48	
	- Other: SPECIFY _____	[] 10	CETHSPEC
	- NK	[] 99	

6.7	What is your religion?		MOTHREL
	- Christian	[] 1	
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Protestant	[] 6	
	- Ancestor Worship	[] 11	
	- Hao Hao	[] 12	
	- Cao Dai	[] 13	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	MRELSPEC
	- NK	[] 99	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Christian	[] 1	
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Protestant	[] 6	
	- Ancestor Worship	[] 11	
	- Hao Hao	[] 12	
	- Cao Dai	[] 13	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	CRELSPEC
	- NK	[] 99	


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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

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

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

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

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

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

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

TRANSFERS

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

7.3	During the past 12 months have you or any other household member received any money or goods on a regular basis from the following? LIST THE SOURCES AND FOR EACH POSITIVE ANSWER ASK:
-----	--

	7.3.1	7.3.2	7.3.3
SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK	/was the benefit received as money, goods or both? 1=Money 2=In kind 3=Both 88=N/A (no transfers) 99=NK
- Government Benefit	___ (REMIT1)	___ (MOMREM1)	___ (V1070331)
- Religious organization	___ (REMIT3)	___ (MOMREM3)	___ (V1070333)
- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)	___ (V1070334)
- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)	___ (V1070335)
- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)	___ (V1070336)



7.4	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:				
	7.4.1	7.4.2	7.4.3	7.4.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	Was the support for the household as a whole or just for the child? 1=For child 2=For household 99=NK	
(RE MID)	(RE MREL)	(SPE CREM)	(RE MQNT)	(RE MTYPE)	(V1070403)
01	_____	_____	_____	_____	
02	_____	_____	_____	_____	
03	_____	_____	_____	_____	
04	_____	_____	_____	_____	
05	_____	_____	_____	_____	
06	_____	_____	_____	_____	

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

7.5.1	For each individual who you or any other household member gave money or goods:			
	7.5.2	7.5.3	7.5.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 8= Charitable donations 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUT ID)	(RE MREL)	(SPE CREM)	(RE MQNT)	(RE MTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____

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

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

7.8	What plans/preparation have you or other members of your household made in case of hard times and/or misfortune caused by for example a natural disaster, crop failure, someone losing their job?		
(PLANID)	ENTER CODES FROM BOX 4 BELOW		
01	Plan 1	___	IF OTHER SPECIFY  _____
02	Plan 2	___	IF OTHER SPECIFY  _____


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

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

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

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

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

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


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

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

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

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

8.5	Compared with 3 years ago is your household economy better, the same or worse?	V10805
	- Better	[] 1
	- Same	[] 2
	- Worse	[] 3

8.5.1	If better, then what has contributed to making the household economy better	Yes	No	N/A (economy not better)	NK	
01	Income from farming	[]1	[]0	[]88	[]99	V1080601
02	Income from gardening	[]1	[]0	[]88	[]99	V1080602
03	Income from animal husbandry/aquaculture	[]1	[]0	[]88	[]99	V1080603
04	Income from trading/extra job	[]1	[]0	[]88	[]99	V1080604
05	Decreased spending on sickness	[]1	[]0	[]88	[]99	V1080605
06	Decreased spending on children's education	[]1	[]0	[]88	[]99	V1080606
07	Decreased spending for travel	[]1	[]0	[]88	[]99	V1080607
08	Restricted use of utilities (electricity, water, etc.)	[]1	[]0	[]88	[]99	V1080608
09	Paid outstanding debts	[]1	[]0	[]88	[]99	V1080609
10	Found a job	[]1	[]0	[]88	[]99	V1080610
11	Other	[]1	[]0	[]88	[]99	V1080611
	SPECIFY  _____					V1080612

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

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

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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

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

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

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

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

9.10	In the last 12 months have you irrigated any of the land?		IRRIGAT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming land</i>)	[] 88	
	- NK	[] 99	
9.11	In the last 12 months have you used chemical fertiliser? (DO NOT INCLUDE MANURE)		FETILISE
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming land</i>)	[] 88	
	- NK	[] 99	
9.12	In the last 12 months did you or anyone in your household ever share a tractor or other farming vehicles with other people in the community?		FARMSHR
	- Yes	[] 1	
	- No	[] 2	
	- N/A (<i>no farming</i>)	[] 88	
	- NK	[] 99	

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

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

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

9.20	To what category does your household belong?		V10920
	- Hungry	[] 1	
	- Poor	[] 2	
	- Average	[] 3	
	- Better off	[] 4	
	- Rich	[] 5	
	- NK	[] 99	
9.21	Has your household been given a book certifying that it is a poor one?		V10921
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not a poor or hungry household)	[] 88	
	- NK	[] 99	

SECTION 10: PSYCHO SOCIAL WELL-BEING

(RESPONDENT: PRIMARY CAREGIVER)

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

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

SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (6-17.9 Month Child)	CHILD ID:	FORM NO:
	VN ___ 0 ___	R1INDEX

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

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

SECTION 13. ANTHROPOMETRY

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


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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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

Young Lives  CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: VN ___ 1 ___	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD QUESTIONNAIRE

CHILD ID (RESPONDENT: YOUNG LIVES STAFF)

1. INSERT CHILD ID

V	N			8			
---	---	--	--	---	--	--	--

CHILID


2. Date of interview:

D	D	M	M	Y	Y
---	---	---	---	---	---

CDINT

SECTION 2: PERCEPTIONS OF WELLBEING (RESPONDENT: CHILD)

SAY: *First I am going to ask you some questions about what you like and don't like and things you would like to do*

2.1	What do you want to be when you grow up?		AMBITION
	- President/Prime minister/Secretary general (of country/village)	[] 1	
	- Doctor	[] 2	
	- Nurse	[] 3	
	- Policeman/women	[] 4	
	- Teacher	[] 5	
	- Driver	[] 14	
	- Salesperson	[] 17	
	- Other: SPECIFY  _____	[] 18	SPECAMB
	- NK	[] 99	

2.2	What makes you happy?		LIKE
	- Being bought clothes	[] 1	
	- Being bought food/sweets	[] 2	
	- Having a party	[] 3	
	- Playing with friends	[] 4	
	- Nothing	[] 7	
	- Visiting new and distant places	[] 13	
	- Presence of mother at home	[] 14	
	- Getting good marks at school	[] 15	
	- Being praised by teachers	[] 16	
	- Other: SPECIFY ✎ _____	[] 8	SPCLIKE
- <i>NK</i>	[] 99		

2.3	What makes you unhappy/feel sad?		DISLIKE
	- Being beaten	[] 1	
	- Parents fighting	[] 2	
	- Place is dirty	[] 3	
	- Not doing well at school	[] 10	
	- Not being allowed to go out	[] 17	
	- Friends do not play with me	[] 18	
	- Not being able to travel	[] 19	
	- Nothing	[] 7	
	- Other: SPECIFY ✎ _____	[] 8	SPCDLIKE
	- <i>NK</i>	[] 99	


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

2.4	What do you like about the area you live in?		LIKELIVE
	- My friends	[] 1	
	- My family	[] 2	
	- Playground/sports ground	[] 5	
	- Grandparents and other relatives nearby	[] 9	
	- There is a market near here	[] 14	
	- The rivers, lake, pond	[] 15	
	- Nothing	[] 7	
	- Other: SPECIFY ☞ _____	[] 8	SPCLIKE
- NK	[] 99		

2.5	What don't you like about the area you live in?		BADLIVE
	- Being beaten up, shouted at or hit by others	[] 1	
	- It's ugly/horrible	[] 2	
	- The place is dangerous/unsafe	[] 3	
	- Bad smell/dirty place/bad sanitation	[] 5	
	- I don't have friends	[] 11	
	- This place is not a city	[] 12	
	- People often quarrel	[] 13	
	- Nothing	[] 7	
	- Other: SPECIFY ☞ _____	[] 8	SPCBLIVE
- NK	[] 99		

2.6	Is the water people drink around here good, bad or average?		WATER
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	

2.7	Is the air people breath around here good, bad or average?		AIR
	- Good	[] 1	
	- Bad	[] 2	
	- Average	[] 3	
	- NK	[] 99	

 CHILD QUESTIONNAIRE (7.5 – 8.5yr old Child)	CHILD ID: VN ___ 1 ___	FORM NO: R18YRS
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2.8	Is there rubbish on the ground/the streets around here?		RUBBISH
	- None/very little	[] 1	
	- A lot	[] 2	
	- Some	[] 3	
	- <i>NK</i>	[] 99	
2.9	Do you think people in this area treat you well or badly?		RESPECT
	- Well	[] 1	
	- Badly	[] 2	
	- <i>NK</i>	[] 99	


2.10	Is the area you live in safe for children?		SAFE
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	

2.11	Do you get enough food to eat?		FOOD
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	



2.12	Do you think boys or girls are preferred where you live or are they treated equally?		V30212
	- Boys are preferred to girls	[] 1	
	- Girls are preferred to boys	[] 2	
	- They are treated equally	[] 3	
	- <i>NK</i>	[] 99	

SECTION 3: SOCIAL CAPITAL (RESPONDENT: CHILD)

3.1	How often do you play with your friends?	VISIT		
	- Daily			[] 1
	- Weekly			[] 2
	- Less than once a week			[] 3
	- Never			[] 4
	- NK			[] 99
3.2	If you had a problem is there someone who would help you?	TURNTO		
	- Yes			[] 1
	- No			[] 2
	- NK			[] 99

3.2.1	Who is this person	Yes	N/A (no one to turn to)	NK (or not mentioned)	
	Mother	[] 1	[] 88	[] 99	WHOTO1
	Grandparent	[] 1	[] 88	[] 99	WHOTO2
	Sister/brother	[] 1	[] 88	[] 99	WHOTO3
	Cousin	[] 1	[] 88	[] 99	WHOTO4
	Friends	[] 1	[] 88	[] 99	WHOTO5
	Others: SPECIFY  _____	[] 1	[] 88	[] 99	WHOTO6 SPCWHO
	Father	[] 1	[] 88	[] 99	WHOTO7
	Aunt/Uncle	[] 1	[] 88	[] 99	WHOTO8

SECTION 4: SCHOOL AND WORK (RESPONDENT: CHILD)

4.1	Did you attend school last year?		SCHOOL
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.2	What is the main thing you don't like about school?		PROBSCH
	- Teachers beating	[] 1	
	- Pupils beating	[] 2	
	- The noise	[] 3	
	- Being bored	[] 4	
	- Having to work hard	[] 5	
	- Dirty toilets	[] 6	
	- No safe drinking water	[] 8	
	- No football stadium	[] 16	
	- Too few seats in classroom	[] 17	
	- Nothing	[] 10	
	- Other: SPECIFY  _____	[] 11	SPCBSCH
	- N/A (child not in school)	[] 88	
	- NK	[] 99	
4.3	What is the main thing you like about school?		SCHGOD
	- My teacher	[] 1	
	- My friends	[] 2	
	- Learning	[] 3	
	- Playtime/games	[] 9	
	- Newspapers/storybooks	[] 11	
	- Nothing	[] 7	
	- Other: SPECIFY  _____	[] 8	SPCLKSCH
	- N/A (child not in school)	[] 88	
- NK	[] 99		

4.4	Have you done anything in the last 12 months to earn money for yourself and/or your family		CHLDWORK
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	

4.5	What were these activities?		
4.5.1	Activity 1: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY ☒ _____		WORK1
4.5.2	Activity 2: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WK1SPEC
4.5.3	Activity 3: ENTER CODES FROM BOX 1 BELOW		___ ___
	If other: SPECIFY _____		WORK2
			WK2SPEC
			WORK3
			WK3SPEC

CODE BOX 1: ACTIVITIES		
01=Working in a factory/mine/industry	05= Piece work in the household	11=Family agricultural activities
02=Domestic work outside household	06=Non-family agricultural activities	12=Family enterprise
03=Family work inside (cooking, cleaning, caring)	07=Selling things	88=N/A (child does not work or has fewer jobs)
04=Family work outside (fetching water, tending animals)	10=Other: SPECIFY ABOVE	99=NK

4.5.4	Do you like doing "FIRST ACTIVITY"?		JOBSAT1
	- Yes	[] 1	
	- No	[] 2	
	- <i>NK</i>	[] 99	

4.5.5	What is the main thing you don't like about doing FIRST ACTIVITY		
	ENTER CODES FROM BOX 2 BELOW		___ ___
	If other: SPECIFY ☒ _____		NOTLIKE1
			NL1SPEC

4.5.6	Do you like doing “SECOND ACTIVITY”?		JOBSAT2
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.7	What is the main thing you don't like about doing SECOND ACTIVITY		NOTLIKE2
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY <input type="text"/>		
		___	NL2SPEC

4.5.8	Do you like doing “THIRD ACTIVITY”?		JOBSAT3
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

4.5.9	What is the main thing you don't like about doing THIRD ACTIVITY		NOTLIKE3
	ENTER CODES FROM BOX 2 BELOW		
	If other: SPECIFY <input type="text"/>		
		___	NL3SPEC

CODE BOX 2: DISLIKES		
01=No time for school	05=Low earnings	09=Other: SPECIFY ABOVE
02=Poor working environment	06=Too tiring	10=Long distance
03=Long hours	07=Heavy work	11=Hard work
04=Relationship with employer	08=No time to play	88=N/A (no job or child likes job)
		99=NK

4.6	Have you ever missed school because you were working?		SCHATT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

		Yes	No	If yes, in the morning, afternoon or evening?		
				Morning	Afternoon	Evening
4.7.1	Did you study at home yesterday?	[] 1	[] 2	() (V3040721)	() (V3040731)	() (V3040741)
4.7.2	Did you read stories or listen to stories yesterday?	[] 1	[] 2	() (V3040722)	() (V3040732)	() (V3040742)
4.7.3	Did you watch TV/video/film yesterday?	[] 1	[] 2	() (V3040723)	() (V3040733)	() (V3040743)
4.7.4	Did you participate in cooking, washing, cleaning rooms yesterday?	[] 1	[] 2	() (V3040724)	() (V3040734)	() (V3040744)
4.7.5	Did you play with your friends yesterday?	[] 1	[] 2	() (V3040725)	() (V3040735)	() (V3040745)
4.7.6	Are there any other things you did yesterday?	[] 1	[] 2			
	Activity 1: _____ (V3040717)			() (V3040726)	() (V3040736)	() (V3040746)
	Activity 2: _____ (V3040718)			() (V3040727)	() (V3040737)	() (V3040747)
	Activity 3: _____ (V3040719)			() (V3040728)	() (V3040738)	() (V3040748)

4.8	Did you sleep during the day yesterday?		V30408
	- Yes	[] 1	
	- No	[] 2	
	- No answer	[] 3	
	- NK	[] 99	
4.9	What time did you go to bed last night?	___ hour ___ minute	V3040901 V3040902
4.10	What time did you wake up this morning?	___ hour ___ minute	V3041001 V3041002

SECTION 5: HEALTH (RESPONDENT: CHILD)

SAY: *Now I am going to ask you some questions about your health*

5.1	Do you have any problems that affect how you make friends or play?		CHILFREN
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.2	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHFRSPEC

5.3	Do you have any problems that stop you studying, attending school or working like other children?		CHILPLAY
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.4	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHPLSPEC

5.5	Do you have any other health problems?		CHILOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.6	What is the problem?		
	ENTER CODES FROM BOX 3 BELOW		___
	If other: SPECIFY ☒ _____		CHOTSPEC

CODE BOX 3: HEALTH PROBLEMS		
01=Physical disability	05=Skin problems	88=N/A (no health problem)
02=Mental disability	06=Anaemia	99=NK
03=Asthma/respiratory problem	08=Other: SPECIFY ABOVE	
04=HIV/AIDS	11=Tuberculosis	

SECTION 6: LITERACY AND NUMERACY (RESPONDENT: CHILD)

SAY: *Now I want to ask you about reading and writing*


6.1	Can you please read me the letters, word and sentence on this card - Can't read anything [] 1 - Reads letters [] 2 - Reads word [] 3 - Reads sentence [] 4 - <i>NK (including child refuses the test)</i> [] 99	LEVLREAD
6.2	Can you write these sentences for me - No [] 1 - Yes without difficulties/errors [] 2 - Yes with difficulties/errors [] 3 - <i>NK</i> [] 99	LEVLWRIT
6.3	Please tell me the answer to the calculation "2 times 4" - Correct [] 1 - Incorrect [] 2 - <i>NK</i> [] 99	NUMERACY
6.4	Can you tell the time - Tells the time exactly [] 1 - Can tell the hour [] 2 - Cannot tell the time [] 3 - <i>NK</i> [] 99	V30604

SECTION 7: CHILD DEVELOPMENT, RAVENS CPM:

(RESPONDENT: CHILD)

FOLLOW THE RAVENS INSTRUCTIONS, PUT THE CHILD'S FINAL ANSWER IN THE APPROPRIATE BOX.

Item no.	SERIES A	SERIES A _B	SERIES B
1	(A1)	(AB1)	(B1)
2	(A2)	(AB2)	(B2)
3	(A3)	(AB3)	(B3)
4	(A4)	(AB4)	(B4)
5	(A5)	(AB5)	(B5)
6	(A6)	(AB6)	(B6)
7	(A7)	(AB7)	(B7)
8	(A8)	(AB8)	(B8)
9	(A9)	(AB9)	(B9)
10	(A10)	(AB10)	(B10)
11	(A11)	(AB11)	(B11)
12	(A12)	(AB12)	(B12)

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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THE YOUNG LIVES STUDY ENROLMENT FORM (RESPONDENT: AVAILABLE HOUSEHOLD MEMBER)

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

E1.	Confirm that there is an eligible 7.5 to 8.5 year old child in the household
-----	--


DEFINITION OF HOUSEHOLD: A GROUP OF PEOPLE WHO LIVE TOGETHER, USUALLY POOL THEIR INCOME AND EAT AT LEAST ONE MEAL TOGETHER A DAY WHEN THEY ARE AT HOME. THIS DOES NOT INCLUDE PEOPLE WHO HAVE MIGRATED PERMANENTLY OR ARE CONSIDERED VISITORS.

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

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

ASK FOR THE SELECTED CHILD

E6.	On what date was the child born? CHECK WITH DOCUMENTATION WHERE AVAILABLE, MINIMUM ENTRY OF MONTH AND YEAR	$\frac{_ _}{d d} / \frac{_ _}{m m} / \frac{_ _}{y y}$	DOB
E7.	Is the child male or female?		SEX
	- Male	[] 1	
	- Female	[] 2	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD FIELDWORK INSTRUCTIONS

One copy to be provided to each fieldworker

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

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

IF NO: Thank the respondent and end the interview.

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

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

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


THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD HOUSEHOLDS QUESTIONNAIRE

CHILD ID

1.1	INSERT CHILD ID	VN__ 1 ____	CHILDDID
1.2	Date of interview	__ __ / __ __ / __ __ d d / m m / y y	DINT

SECTION 1: LOCATING INFORMATION (RESPONDENT: PRIMARY CAREGIVER)


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

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

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

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


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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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1.8	Region of residence (OBSERVE)		REGION
	- Northern Uplands	[] 41	
	- Red River Delta	[] 42	
	- North Central	[] 43	
	- Central Coastal	[] 44	
	- Highlands	[] 45	
	- South Eastern	[] 46	
	- Mekong River Delta	[] 47	

SECTION 2: HOUSEHOLD COMPOSITION (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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INSTRUCTIONS FOR HOUSEHOLD ROSTER:

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11	2.5.12
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What level has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Number of cigarettes smoked per household member per day.	Number of tobacco pipes smoked per day
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(V2020511)	(V2020512)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	0=None 42=Primary 43=Secondary 44=High School 45=Vocational School 46=College/ University	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	0=None, non-smoker 88=N/A (under 5yrs) 99=NK	0=None (non-smoker) 88=N/A (under 5yrs) 99=NK
01										
02										
03										
04										
05										
06										
07										

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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2.5.1	2.5.3	2.5.4	2.5.5	2.5.6	2.5.7	2.5.8	2.5.9	2.5.10	2.5.11	2.5.12
ID	How old is 'NAME'?	Is 'NAME' male or female?	How is 'NAME' related to 'YL CHILD'?	Is 'NAME' currently in school?	What level has 'NAME' completed or is 'NAME' currently enrolled?	Do any of the people you have listed have a permanent health problem that stops them performing normal daily activities?	During the last 6 months which of the people you have listed has been responsible for taking care of 'YL CHILD' almost every week for a whole morning, afternoon, evening or night?	During the last 6 months which of the people you have listed helped support YL CHILD almost every month directly with money or goods?	Number of cigarettes smoked per household member per day.	Number of tobacco pipes smoked per day
(ID)	(AGE)	(SEX)	(RELATE) (SPECREL)	(STILL)	(YRSCHOOL)	(DISABLED)	(CARE)	(SUPPORT)	(V2020511)	(V2020512)
	ANSWER IN COMPLETED YEARS	1=Male 2=Female	SEE CODE BOX 1 BELOW (RELATE)	1=Yes 2=No 9=NK	0=None 42=Primary 43=Secondary 44=High School 45=Vocational School 46=College/ University	1=Yes 2=No 9=NK	1=Yes 2=No	1=Yes 2=No	0=None, non-smoker 99=NK	0=None (non-smoker) 99=NK
08										
09										
10										
11										
12										
13										
14										


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

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

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

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

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

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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2.10	Where does 'NAME's' biological father live? - Not in household - In the household - Father dead - <i>NK</i>	[] 1 [] 2 [] 3 [] 99	DADDEAD
2.10.1	In the last 6 months how often has 'NAME's' biological father seen him/her? - Daily - Weekly - Monthly - Less than monthly - Never in last 6 months - <i>N/A – Father dead</i> - <i>NK</i>	[] 1 [] 2 [] 3 [] 4 [] 5 [] 88 [] 99	SEEDAD

SECTION 3: BIRTHS AND DEATHS

(RESPONDENT: BIOLOGICAL MOTHER, IF NOT PRESENT THEN PRIMARY CAREGIVER)

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

3.1	Including 'NAME', how many children did you/'NAME's' biological mother give birth to (BORN ALIVE)? (99=NK) PROBE TO INCLUDE CHILDREN WHO CRIED OR SHOWED SOME SIGN OF LIFE BUT DIED AFTER A FEW HOURS OR DAYS	___ ___	CHDBORN
3.2	In all how many of the children were boys? (00=None, 99=NK)	___ ___	BOYBORN
3.3	In all how many of the children were girls? (00=None, 99=NK) CHECK 3.2 AND 3.3 TALLY WITH 3.1	___ ___	GRLBORN
3.4	How many of the children were born before "NAME"? (00=None, 99=NK)	___ ___	ORDER
3.5	Including 'NAME' how many of the children are still alive? (99=NK) PROBE FOR THOSE LIVING AWAY FROM THE HOUSEHOLD	___ ___	CHDALIVE

SECTION 4: CHILD'S SCHOOL


(RESPONDENT: PRIMARY CAREGIVER)

SAY: *Now I am going to ask you about 'NAME's' schooling*

4.1	Has "NAME" ever attended formal school?		EVERSCH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.1.1	What age did "NAME" turn the year they first went to school? (99=NK)	__ __	SCHSTART
4.1.2	In total how many years has "NAME" attended school (COMPLETED YEARS, SUM IF ON AND OFF ATTENDANCE), 00=in first year of school 99=NK	__ __	SCHTOT
4.1.3	What is the highest grade "NAME" completed in formal school? (00=in 1 st grade, 99=NK)	__ __	SCHHIGH
4.2	Is "NAME" currently in school?		SCHNOW
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
4.3	What is the MAIN reason "NAME" is not currently in school?		SCHWHY
	- Fees too expensive	[] 1	
	- Uniform/books too expensive	[] 2	
	- Transport too expensive	[] 3	
	- School too far	[] 4	
	- Child plays truant/refuses	[] 5	
	- Child banned from school	[] 6	
	- Fear of teachers/bullies	[] 7	
	- Quality of school bad	[] 8	
	- Disability	[] 9	
	- Needed to help family	[] 10	
	- Other SPECIFY ☒ _____	[] 11	
	- N/A (Child currently in school)	[] 88	
	- NK	[] 99	
4.4	Is the school public or private?		SCHTYP
	- Public	[] 1	
	- Private	[] 2	
	- Other: SPECIFY _____	[] 3	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	
			V20404

4.5	In the last 6 months what is the MAIN thing "NAME" has done for fun?		FUN
	- Plays with friends outside	[] 1	
	- Plays with friends inside	[] 2	
	- Plays with toys	[] 3	
	- Plays sport	[] 4	
	- Watches TV	[] 5	
	- Plays on the computer	[] 6	
	- Reads	[] 7	
	- Writes/draws	[] 8	
	- Helps parents	[] 9	
	- Visits relatives	[] 10	
	- Nothing	[] 11	
	- Other SPECIFY ✎ _____	[] 12	SPCFUN
- NK	[] 99		
4.6	Is the school that 'NAME' attends a semi-boarding school?		V20406
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	
4.7	Does the child attend any extra classes?		V20407
	- Yes	[] 1	
	- No	[] 2	
	- N/A (Child not in school)	[] 88	
	- NK	[] 99	

4.7.1	Which subjects does 'NAME' study in these extra classes? 1=Yes, 2=No, 88=N/A (no extra classes), 99=NK	Who recommended the child to take this class? 1= Father, mother or household member 2= Teachers at school that child currently attends 3 = Teachers at school that child is not attending 4 = The child 5 = Other person	How many hours does the child attend the extra classes within a week? (total hours per week per subject group) 8888=N/A (no extra classes) 9999=NK
Similar to what NAME learns at formal school	__ __ (V2040731)	__ __ (V2040741)	__ __ (V2040751)
Other maths and literature	__ __ (V2040731)	__ __ (V2040741)	__ __ (V2040751)
Only music, foreign language, sport	__ __ (V2040731)	__ __ (V2040741)	__ __ (V2040751)
Others	__ __ (V2040731)	__ __ (V2040741)	__ __ (V2040751)

<p>Young Lives </p> <p>HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)</p>	<p>CHILD ID: VN__ 1 ____</p>	<p>FORM NO: R18YRS</p>
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4.8	How much did you have to pay for 'NAME's education in the last month? 9999=NK	____ . ____ VND	V204081
	Fees to attend extra classes. 8888=N/A, 9999=NK	____ . ____ VND	V204082

SECTION 5: CHILD HEALTH


(RESPONDENT: PRIMARY CAREGIVER)

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



5.1	Compared to other children of this age would you say 'NAME's' health is the same, better or worse?		HEALTHY
	- Same	[] 1	
	- Better	[] 2	
	- Worse	[] 3	
	- NK	[] 99	
5.2	Has 'NAME' been ill in the last two weeks?		EVRMORB
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.3	What were the illnesses?		
5.3.1	Illness 1: ENTER CODE FROM BOX 2	__ __	ILL2WK1
	If other: SPECIFY ✎ _____		ILWKSPC1
5.3.2	Illness 2: ENTER CODE FROM BOX 2	__ __	ILL2WK2
	If other: SPECIFY ✎ _____	__ __	ILWKSPC2


CODE BOX 2: ILLNESS IN LAST 2 WEEKS		
01= High/Bad fever/malaria	05= Anaemia	09=Flu
02= Pneumonia/ severe cough	06= Tummy ache/diarrhoea	11=Other, SPECIFY ABOVE
03= Fits/ epilepsy/convulsions	07= Headache	13=Traditional illness
04= Skin disease	08=Malnutrition	88=N/A (no illness or fewer illnesses)
		99= NK

5.4	Does 'NAME' have any long term health problem that affects how they make friends or play?		HPFRIEND
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.5	What is the problem? ENTER CODE FROM BOX 3 BELOW	__ __	ILFRIEND
	If other: SPECIFY ✎ _____		ILFRSPEC
5.6	Does 'NAME' have any long term health problem that affects how they attend school or work?		HPWORK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.7	What is the problem? ENTER CODE FROM BOX 3 BELOW	__ __	ILLPLAY
	If other: SPECIFY ✎ _____		ILPLSPEC
5.8	Does 'NAME' have any other long term health problem?		HPOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

5.9	What is the problem? ENTER CODE FROM BOX 3 BELOW	__ __	ILLOTHER
	If other: SPECIFY  _____		ILOTSPEC

CODE BOX 3: LONG TERM HEALTH PROBLEMS		
01=Physical disability	05= Anaemia	11=Other, SPECIFY ABOVE
02=Mental disability	06=HIV/AIDS	14=Tuberculosis
03=Fits/epilepsy	07=Asthma/respiratory problem	15=Congenital disease
04=Skin problems	08=Congenital illness	88=N/A (no illness or fewer illnesses)
		99= NK

5.10	In the last 3 years has the child had a serious illness when you really thought they might die?		MIGHTDIE
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
5.11	What were the illnesses/injuries?		
5.11.1	Serious illness 1: ENTER CODES FROM BOX 4 BELOW	__ __	ILLNESS1
	If other: SPECIFY  _____		ILL1SPEC
5.11.2	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL1TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	
5.11.3	Serious illness 2: ENTER CODES FROM BOX 4 BELOW	__ __	ILLNESS2
	If other: SPECIFY  _____		ILL2SPEC
5.11.4	At any point during this illness did you take 'NAME' to a health facility for treatment?		ILL2TRT
	- Yes	[] 1	
	- No	[] 2	
	- N/A (no illness)	[] 88	
	- NK	[] 99	

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
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CODE BOX 4: ILLNESSES/INJURIES THAT NEARLY KILLED		
01=Malaria/bad fever	04=Suffocation	07=Burns
02=Pneumonia/bad cough	05=Near drowning	10=Other: SPECIFY ABOVE
03=Fits/epilepsy	06=Traffic accident	88=N/A (no illness or fewer illnesses) 99= NK

5.12	In the last year has 'NAME' had toothache so severe they couldn't eat properly?		TOOTH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

SECTION 6: CAREGIVER BACKGROUND

(RESPONDENT: PRIMARY CAREGIVER)

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

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

6.6	What is your ethnic group? (<i>caregiver's ethnic group</i>)		MOTHETH
	- Kinh	[] 41	
	- H'Mong	[] 42	
	- Cham	[] 43	
	- Ede	[] 44	
	- Ba na	[] 45	
	- Nung	[] 46	
	- Tay	[] 47	
	- Dao	[] 48	
	- Other: SPECIFY _____	[] 10	METHSPEC
- NK	[] 99		
6.6.1	Does the child have the same ethnic group as the caregiver?		SAMETH
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.6.2	What is 'NAME OF CHILD's' ethnic group?		CHLDETH
	- Kinh	[] 41	
	- H'Mong	[] 42	
	- Cham	[] 43	
	- Ede	[] 44	
	- Ba na	[] 45	
	- Nung	[] 46	
	- Tay	[] 47	
	- Dao	[] 48	
	- Other: SPECIFY _____	[] 10	CETHSPEC
- NK	[] 99		

6.7	What is your religion?		MOTHREL
	- Christian	[] 1	
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Protestant	[] 6	
	- Ancestor Worship	[] 11	
	- Hao Hao	[] 12	
	- Cao Dai	[] 13	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	MRELSPEC
	- NK	[] 99	
6.7.1	Does the child have the same religion as the caregiver?		SAMEREL
	-Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
6.7.2	What is 'NAME OF CHILD's' religious group?		CHLDREL
	- Christian	[] 1	
	- Muslim	[] 2	
	- Buddhist	[] 3	
	- Hindu	[] 4	
	- Protestant	[] 6	
	- Ancestor Worship	[] 11	
	- Hao Hao	[] 12	
	- Cao Dai	[] 13	
	- None	[] 14	
	- Other: SPECIFY _____	[] 15	CRELSPEC
	- NK	[] 99	


SECTION 7: LIVELIHOODS (RESPONDENT: PRIMARY CARE GIVER)

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


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

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

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


 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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7.1.1	7.1.2	7.1.3		7.1.5	7.1.6	7.1.7
Line code	ENTER ID NUMBER FROM HOUSEHOLD ROSTER	Activity Description <u>EXCLUDE GOVERNMENT BENEFITS</u>		Is 'NAME' employed by anyone for this activity? 1=Yes 2=No 99=NK	Over how many months in the last 12 months has 'NAME' engaged in this activity ? 99=NK	In the months 'NAME' engaged in this activity how often did he/she usually do the activity? 1= 6 to 7 days a week 2= 3 to 5 days a week 3= 1 to 2 days a week 4= Less than 1 day a week 99 = NK
(LINECODE)	(ID)	(ACTDES)	(ACTCODE) 00=NK	(PAYMT)	(MONTHS)	(DAYS)
08	__ __	/ _____	__ __	__	__ __	__
09	__ __	/ _____	__ __	__	__ __	__
10	__ __	/ _____	__ __	__	__ __	__
11	__ __	/ _____	__ __	__	__ __	__
12	__ __	/ _____	__ __	__	__ __	__
13	__ __	/ _____	__ __	__	__ __	__
14	__ __	/ _____	__ __	__	__ __	__
15	__ __	/ _____	__ __	__	__ __	__
16	__ __	/ _____	__ __	__	__ __	__
17	__ __	/ _____	__ __	__	__ __	__
18	__ __	/ _____	__ __	__	__ __	__
19	__ __	/ _____	__ __	__	__ __	__
20	__ __	/ _____	__ __	__	__ __	__

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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7.2 NOW ASK ABOUT WORK THAT THE YOUNG LIVES CHILD DOES.

7.2.1	7.2.2		7.2.4	7.2.5		7.2.6	7.1.7
Line code	Activity Description		Is the child employed by anyone for this activity? 1=Yes 2=No 99=NK	Please describe where this work takes place 1=Own dwelling 2=Employers dwelling 3=Factory/Workshop 4=Farm 5=Street 6=Other: SPECIFY BELOW 99=NK		Over how many months in the last 12 months has the child engaged in this activity?	In the months "NAME" engaged in this activity how often did he/she usually do the activity? 1 = 5-7 days a week 2 = 3-5 days a week 3 = 1-2 days a week 4 = Less than 1 day a week
(LINE CODE)	(ACTDES)	(ACTCODE) 00=NK	(PAYMNT)	(PLACE)	(PLSPEC)	(MONTHS)	(WEEKS)
22	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
23	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
24	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
25	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __
26	<input type="text"/>	__ __		__ __	<input type="text"/>	__ __	__ __

 HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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7.3	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?		
7.3.1	Most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – no activities, 99=NK)	__ __	INC1
7.3.2	Second most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 2 activities, 99=NK)	__ __	INC2
7.3.3	Third most important contributor ENTER LINE CODE FROM 7.1 (88=N/A – less than 3 activities, 99=NK)	__ __	INC3

7.4	Has "NAME" EVER engaged in any formal or informal activities for money or goods?		NAMEWRK
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	
7.5	How old was "NAME" when he/she started working for the first time? 88=N/A (Child has not worked), 99=NK	__ __	AGEWRK
7.6	Does "NAME" engage in this activity in term, in the school holidays or both?		WHNSCH
	- Term time	[] 1	
	- School holidays	[] 2	
	- Both	[] 3	
	- Not currently enrolled in school	[] 4	
	- N/A (Child does not work)	[] 88	
	- NK	[] 99	
7.7	Does "NAME" keep/save all, some or none of his/her earnings?		KEEPSALY
	- All	[] 1	
	- Some	[] 2	
	- None	[] 3	
	- Does not get paid	[] 4	
	- N/A (child does not work)	[] 88	
	- NK	[] 99	

7.8	What is the MAIN reason "NAME" is working?	WHYWRK
	- Supplement household income [] 1	
	- Generate own income [] 2	
	- Pay household debt [] 3	
	- Assist household enterprise/help out [] 4	
	- To pay for school [] 5	
	- To gain experience [] 6	
	- They like to [] 7	
	- Keep them busy/out of trouble [] 8	
	- Bonded labour [] 9	
	- Other SPECIFY ☒ _____ [] 10	WRKSPEC
	- N/A (Child is not working) [] 88	
	- NK [] 99	
7.9	Has "NAME" been engaged in any house keeping activities or household chores for the household almost every day during the past 7 days?	CHORES
	- Yes [] 1	
	- No [] 2	
	- NK [] 99	
7.9.1	On average how many hours a day does "NAME" do these household activities? (TO NEAREST HOUR, 00=<1hr, 88=N/A (child doesn't do household chores), 99=NK)	___ __
7.9.2	Does "NAME" receive any money or things for doing these chores?	MONCHORE
	- Yes [] 1	
	- No [] 2	
	- N/A (Child doesn't do household chores) [] 88	
	- NK [] 99	

7.10	Has "NAME" ever been seriously injured while he/she was working or while he/she was doing house-keeping activities or has he/she been seriously ill due to work?		WRKINJ
	- Yes	[] 1	
	- No	[] 2	
	- N/A (child does not work or do household chores)	[] 88	
	- NK	[] 99	
7.11	What was the serious illnesses/injuries?		
7.11.1	Serious illness/injury 1: ENTER CODES FROM BOX 5 BELOW	___	WORKINJ1
	If other SPECIFY ☒ _____		WDIS1SPC
7.11.2	Serious illness/injury 2: ENTER CODES FROM BOX 5 BELOW	___	WORKINJ2
	If other SPECIFY ☒ _____		WDIS2SPC

CODE BOX 5: SERIOUS ILLNESS/INJURY			
1 = Amputation/loss of body parts	4 = Eye problem	7 = Psychological injury	
2 = Burns	5 = Crushing injury	8 = Other: specify above	
3 = Skin problem	6 = Respiratory problem	88 = N/A (child has not had a work related injury) 99=NK	

TRANSFERS

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

	7.3.1	7.3.2	7.3.3
SOURCE OF MONEY	TRANSFER 1=Yes, 2=No 99=NK	Did you receive these money or goods personally? 1=Yes, 2=No, 88=N/A (no transfer), 99=NK	/was the benefit received as money, goods or both? 1=Money 2=In kind 3=Both 88=N/A (no transfers) 99=NK
- Government Benefit	___ (REMIT1)	___ (MOMREM1)	___ (V2070331)
- Religious organization	___ (REMIT3)	___ (MOMREM3)	___ (V2070333)
- Charity groups/NGO	___ (REMIT4)	___ (MOMREM4)	___ (V2070334)
- Individuals outside the household (e.g family/friends)	___ (REMIT5)	___ (MOMREM5)	___ (V2070335)
- Other specify _____ (SRCSPEC)	___ (REMIT6)	___ (MOMREM6)	___ (V2070336)

7.13	For each individual the household received money, gifts or goods from in the last 12 months can you please tell me:			
	7.13.1	7.13.2	7.13.3	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99= NK	In the last 12 months how often have they sent money, gifts or goods? 9999=NK	Do they send money or gifts/ goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(REMID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____

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

7.14.1	For each individual who you or any other household member gave money or goods:			
	7.14.2	7.14.3	7.14.4	
	How are they related to 'NAME OF CHILD'? 1= Parent 2= Uncle/aunt 3= Grandparent 4= Brother/sister 5= Friend/neighbour 6= Other (SPECIFY BELOW) 99 = NK	In the last 12 months how often have you sent them money, gifts or goods? 9999=NK	Do you send them money or gifts/goods or both? 1=Money 2=Gifts/goods 3=Both 99=NK	
(OUTID)	(REMREL)	(SPECREM)	(REMQNT)	(REMTYPE)
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____

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

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

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


CODE BOX 6: PLANS FOR HARD TIMES		
01 = Do nothing	05 = Would use formal savings	09 = Credit from informal loan systems
02 = Family would help	06 = Would use informal savings	10 = Other, SPECIFY ABOVE
03 = Friends/neighbours would help	07 = Would use formal credit	99 = NK
04 = Would get job	08 = Credit from money lenders	

SECTION 8: ECONOMIC CHANGES (RESPONDENT: PRIMARY CAREGIVER)

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

8.1	In the last 3 years have there been any big changes or events that decreased the economic welfare of your household?		BADEVENT
	- Yes	[] 1	
	- No	[] 2	
	- NK	[] 99	

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

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


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


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

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

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

8.5	Compared with 3 years ago is your household economy better, the same or worse?	V20805
	- Better	[] 1
	- Same	[] 2
	- Worse	[] 3

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	VN__ 1 ____	R18YRS




8.5.1	If better, then what has contributed to making the household economy better	Yes	No	N/A (economy not better)	NK	
01	Income from farming	[] 1	[] 0	[] 88	[] 99	V2080601
02	Income from gardening	[] 1	[] 0	[] 88	[] 99	V2080602
03	Income from animal husbandry/aquaculture	[] 1	[] 0	[] 88	[] 99	V2080603
04	Income from trading/extra job	[] 1	[] 0	[] 88	[] 99	V2080604
05	Decreased spending on sickness	[] 1	[] 0	[] 88	[] 99	V2080605
06	Decreased spending on children's education	[] 1	[] 0	[] 88	[] 99	V2080606
07	Decreased spending for travel	[] 1	[] 0	[] 88	[] 99	V2080607
08	Restricted use of utilities (electricity, water, etc.)	[] 1	[] 0	[] 88	[] 99	V2080608
09	Paid outstanding debts	[] 1	[] 0	[] 88	[] 99	V2080609
10	Found a job	[] 1	[] 0	[] 88	[] 99	V2080610
11	Other	[] 1	[] 0	[] 88	[] 99	V2080611
	SPECIFY  _____					V2080612

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

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

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

OBSERVE BUILDING MAIN MATERIAL:

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

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

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

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

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

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID: VN__ 1 ____	FORM NO: R18YRS
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9.20	To what category does your household belong?		V20920
	- Hungry	[] 1	
	- Poor	[] 2	
	- Average	[] 3	
	- Better off	[] 4	
	- Rich	[] 5	
	- NK	[] 99	
9.21	Has your household been given a book certifying that it is a poor one?		V20921
	- Yes	[] 1	
	- No	[] 2	
	- N/A (not a poor or hungry household)	[] 88	
	- NK	[] 99	

SECTION 10: CHILD MENTAL HEALTH (RESPONDENT: CAREGIVER)

SAY: For each of the following statements could you tell me if this is not true, somewhat true or certainly true for 'NAME'. It would help us if you answer as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

		Not true	Somewhat true	Certainly true	
10.1	Considerate of other people's feelings	[] 1	[] 2	[] 3	FEEL
10.2	Restless, overactive, cannot stay still for long	[] 1	[] 2	[] 3	RESTLESS
10.3	Often complains of headaches, stomach-aches or sickness	[] 1	[] 2	[] 3	CHHEAD
10.4	Shares readily with other children (treats, toys, pencils etc)	[] 1	[] 2	[] 3	SHARES
10.5	Often has temper tantrums or hot tempers	[] 1	[] 2	[] 3	TEMPER
10.6	Rather solitary, tends to play alone	[] 1	[] 2	[] 3	SOLITARY
10.7	Generally obedient, usually does what adult requests	[] 1	[] 2	[] 3	OBEDIENT
10.8	Many worries, often seems worried	[] 1	[] 2	[] 3	WORRIES
10.9	Helpful if someone is hurt, upset or feeling ill	[] 1	[] 2	[] 3	HELPFUL
10.10	Constantly fidgeting or squirming	[] 1	[] 2	[] 3	FIDGET
10.11	Has at least one good friend	[] 1	[] 2	[] 3	FRIEND
10.12	Often fights with other children or bullies them	[] 1	[] 2	[] 3	FIGHTS
10.13	Often unhappy, down-hearted or tearful	[] 1	[] 2	[] 3	CHUNHAPY
10.14	Generally liked by other children	[] 1	[] 2	[] 3	LIKED
10.15	Easily distracted, concentration wanders	[] 1	[] 2	[] 3	DISTRACT
10.16	Nervous or clingy in new situations, easily loses confidence	[] 1	[] 2	[] 3	CLINGY
10.17	Kind to younger children	[] 1	[] 2	[] 3	KIND
10.18	Often lies or cheats	[] 1	[] 2	[] 3	LIES
10.19	Picked on or bullied by other children	[] 1	[] 2	[] 3	BULLIED
10.20	Often volunteers to help others (parents, teachers, other children)	[] 1	[] 2	[] 3	VOLUNTER
10.21	Thinks things out before acting	[] 1	[] 2	[] 3	THINKS
10.22	Steals from home, school or elsewhere	[] 1	[] 2	[] 3	STEALS
10.23	Gets on better with adults than with other children	[] 1	[] 2	[] 3	ADULTS
10.24	Many fears, easily scared	[] 1	[] 2	[] 3	FEARS
10.25	Sees tasks through to the end, good attention span	[] 1	[] 2	[] 3	TASKS

10.26	Overall, do you think the child has difficulties in one or more of the following areas: emotions, concentration, behaviour or able to get on with people?		DIFFCULT
	- No	[] 1	
	- Yes, minor difficulties	[] 2	
	- Yes, definite difficulties	[] 3	
	- Yes, severe difficulties	[] 4	
	- <i>NK</i>	[] 99	


SECTION 11: SOCIAL CAPITAL (RESPONDENT: PRIMARY CAREGIVER)

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


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

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

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

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

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

Young Lives  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child)	CHILD ID:	FORM NO:
	VN__ 1 ____	R18YRS

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

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

SECTION 13. ANTHROPOMETRY

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

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

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

MAKE SURE THE CHILD IS WEARING ONLY LIGHT CLOTHES

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

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