

--- APPENDIX VII ---  
Survey Instrument

Hello. My name is \_\_\_\_\_, and I am working with (NAME OF ORGANIZATION). We are conducting a survey and would appreciate your participation. I would like to ask you about your health and the health of children who live here who are less than 8 years old. The survey usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential.

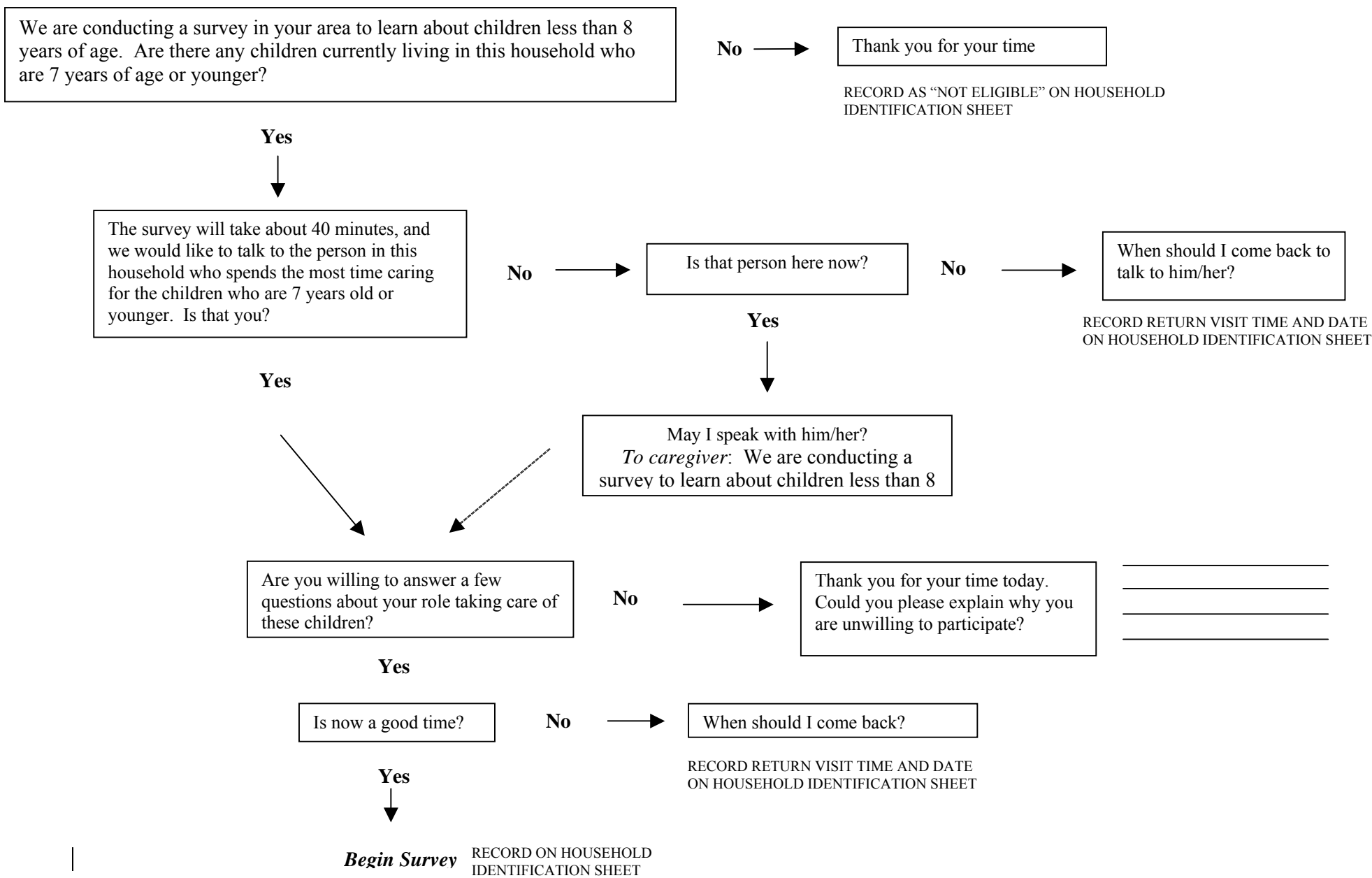
Taking part in this survey is voluntary. There is very little risk in taking part in this project. It is possible that you may feel uncomfortable answering some of the questions. You may refuse to answer any questions asked of you, and you may refuse to take part in this project with no loss of your rights. If you decide to participate, we will give you [money or item valued at (value of item in local currency)] to reimburse you for your time and effort.

At this time, do you want to ask me anything about the survey?

RESPONDENT **AGREES** TO BE INTERVIEWED  **CONTINUE WITH SURVEY**

RESPONDENT **DOES NOT AGREE** TO BE INTERVIEWED  **END**

**All household contacts should follow this general flow.  
Please circle your endpoint.**





## Household Survey

### IDENTIFICATION

*Complete the information below for all households approached.*

**Province** \_\_\_\_\_

**District** \_\_\_\_\_

**Location/Town** \_\_\_\_\_

**Cluster Number**.....

**Household Number**.....


Name of Primary Caregiver \_\_\_\_\_

*Record Caregiver's first name ONLY.*

INTERVIEWER VISITS	1	2	3	Final Visit		
<b>Date</b>	[DD/MM/YYYY]	[DD/MM/YYYY]	[DD/MM/YYYY]	<b>Day</b>		
<b>Interviewer's Name</b>				<b>Month</b>		
<b>Result</b>				<b>Year</b>	2	0
				<b>Result</b>		
<b>NEXT VISIT:</b> <i>If survey not completed on first visit.</i>	[DD/MM/YYYY]	[DD/MM/YYYY]		Results Codes: 1 = Completed 2 = Not at Home 3 = Postponed 4 = Partially Completed 5 = Refused 6 = Not Eligible		
<b>Time</b>						
<b>Name</b>	<b>Field Edited By</b>		<b>Office Edited By</b>		<i>Keyed By</i>	
<b>Date</b>						
	[DD/MM/YYYY]		[DD/MM/YYYY]		[DD/MM/YYYY]	



**HOUSEHOLD SURVEY**

Cluster No: \_\_\_\_\_ Household No: \_\_\_\_\_

First, I would like to know about all of the people who currently live in this household. I'll begin by asking you questions about yourself. WRITE CAREGIVER'S NAME ON LINE ONE AND COMPLETE ALL QUESTIONS RELEVANT TO THE CAREGIVER. THEN, PROBE FOR EVERYONE IN THE HOUSEHOLD. REPEAT QUESTIONS FOR EACH PERSON WHO IS LIVING IN HOUSEHOLD NOW.

LINE NO.	HOUSEHOLD MEMBERS Please give me the names of persons who currently live in this household?  PROBE FOR EVERYONE IN HOUSEHOLD.  RECORD FIRST NAMES ONLY.	SEX		RELATIONSHIP What is [NAME'S] relationship to you?	AGE How old is [NAME]?  IN YEARS	FOR CHILDREN LESS THAN 18 YEARS OLD									
		PRIMARY CAREGIVER Are you [CHILD'S] primary caregiver?  1 Yes 0 No	PARENTAL SURVIVORSHIP AND RESIDENCE												
			Is [NAME's] natural mother alive?  1 Yes 0 No 8 DK  IF NO, SKIP TO 7b  IF DK, SKIP TO 8			IF ALIVE Does [NAME's] natural mother live in this household?  1 Yes 0 No  SKIP TO 8	IF NOT ALIVE When did [NAME's] mother die? In what Year?	Is [NAME's] natural father alive?  1 Yes 0 No 8 DK  IF NO, SKIP TO 8b  IF DK, SIP TO 9	IF ALIVE Does [NAME'S] natural father live in this household?  1 Yes 0 No  SKIP TO 9	IF NOT ALIVE When did [NAME's] Father die? In what Year?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7a)	(7b)	(8)	(8a)	(8b)				
Line	Name	M	F	Relationship	Years	Y	N	Y	N	DK	Year	Y	N	DK	Year
01		1	2	00 (Self	_____	-----		1	0	8	_____	1	0		_____
02		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
03		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
04		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
05		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
06		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
07		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
08		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
09		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
10		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
11		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
12		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
13		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
14		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____
15		1	2	_____	_____	1	0	1	0	8	_____	1	0		_____

**Relationship Codes**  
 01 = Wife/husband 02 = Son/daughter 03 = Son-in-law/daughter-in-law  
 04 = Grandchild 05 = Brother/sister 06 = Parent

07 = Parent-in-law 08 = Maternal niece/nephew 09 = Paternal niece/nephew  
 10 = Co-wife 11 = Other Relative 12 = Not related

LINE NO.	< 18 YEARS OLD		FOR CHILDREN 5-17 YEARS							
	BIRTH REGISTRATION		SCHOOL ATTENDANCE				WORK AND HOUSEWORK			
	Does [NAME] have a birth certificate?	IF NO BIRTH CERTIFICATE Was [NAME'S] birth been registered?	How many years of school has [NAME] completed?	Is [NAME] currently attending school?	IF NOT ATTENDING Why isn't [NAME] attending school?	IF ATTENDING SCHOOL Are [NAME'S] school fees paid up to date?	During the past week, did [NAME] do any kind of work for someone who is not a member of this household?	IF WORKED About how many hours did s/he do this work for someone who is not a member of this household?	During the past week, did [NAME] do any household chores, such as farming, childcare or other housework?	IF DID HOUSEWORK About how many hours did [NAME] spend doing these chores?
1 Yes 2 No 8 DK  IF YES, SKIP TO 10	1 Yes 2 No 8 DK	0 No school 1 year 2 years 3 years 4 years 5 years 6 years 7 years 8 years 9 years 10 years 11 years	1 Yes 0 No 8 DK  IF YES, SKIP TO 10c  IF DK, SKIP TO 11	1 School fees 2 Ill/handicapped 3 Chores 4 Too far 5 Too young 6 Other  SKIP TO 11	1 Yes 0 No 8 DK	1 Yes, Paid 2 Yes, Unpaid 0 No  IF NO, SKIP TO 12	1 Yes, Paid 2 Yes, Unpaid 0 No  IF NO, SKIP TO 12	1 Yes 0 No 8 DK  IF NO, SKIP TO 13		
	(9)	(9a)	(10)	(10a)	(10b)	(10c)	(11)	(11a)	(12)	(12a)
	Y N DK	Y N DK	Grade	Y N DK	Reason	Y N DK	Y-Paid Y-Unpaid No	Hours	Y N DK	Hours
01	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
02	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
03	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
04	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
05	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
06	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
07	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
08	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
09	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
10	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
11	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
12	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
13	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
14	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
15	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___

Record the number of children less than 8 years of age for whom the respondent is the primary caregiver: \_\_\_\_\_ (# CHILD MODULES to be completed)

MAIN MATERIALS OF HOUSE			
13	OBSERVE MAIN MATERIAL OF FLOOR	Concrete 1 Mud 2 Tile 3 Dirt 4 Other: _____ 5	
14	OBSERVE MAIN MATERIAL OF WALLS	Brick 1 Mud 2 Tin 3 Cement 4 Grass/Thatch 5 Wood 6 Other: _____ 7	
15	OBSERVE MAIN MATERIAL OF ROOF	Iron/metal sheets/asbestos 1 Grass thatched 2 Flattened tins 3 Tile/Shingles 4 Wood 5 Other: _____ 6	
CAREGIVER CHARACTERISTICS			
16	What is your marital status?	Married 1 Never married 2 Divorced 3 Separated 4 Widowed 5	
17	How many years of school have you completed?	No school 0 1 year 1 2 years 2 3 years 3 4 years 4 5 years 5 6 years 6 7 years 7 8 years 8 9 years 9 10 years 10 11 years 11	

**HOUSEHOLD CHARACTERISTICS**

Now I will ask you some basic questions about your household.

18	What is the main source of drinking water for members of your household?  PROBE IF NECESSARY	Piped into dwelling 1 Piped into yard or plot 2 Public tap 3 Tubewell/borehole with pump 4 Protected dug well 5 Protected spring 6 Rainwater collection 7 Bottled water 8 Unprotected dug well 9 Unprotected spring 10 Pond, river or stream 11 Tanker-truck, vendor 12  Other: _____ [OTHER, SAFE] 13 [OTHER, UNSAFE] 14 Don't Know 88	
19	How long does it take you to go there, get water and come back?	_____ Minutes  Water on premises 777 Don't Know 888	
20	What kind of toilet facility do most members of your household use?	Flush to sewage system or septic tank 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP) 3 Traditional pit latrine 4 Open pit 5 Bucket 6 No facilities or bush or field 7  Other: _____ [OTHER, SANITARY] 8 [OTHER, UNSANITARY] 9 Don't Know 88	
21	Excluding the bathroom, how many rooms does this household use?	_____ Rooms	
Please tell me all the sources of cash income this household receives.			
22	Does this household receive income from.... Salaried work?	Yes 1 No 0 Don't know 8	
23	Does this household receive income from.... Casual labor?	Yes 1 No 0 Don't know 8	

24	Does this household receive income from.... Gifts/donations/charity?	Yes 1 No 0 Don't know 8	
25	Does this household receive income from.... Self-employed business?	Yes 1 No 0 Don't know 8	
26	Does this household receive income from.. Farming its own plot?	Yes 1 No 0 Don't know 8	
27	Does this household receive income from.... Vending?	Yes 1 No 0 Don't know 8	
28	Does this household receive income from..... Any other sources?	Yes 1 No 0 Don't know 8	Skip to 29 Skip to 29
28a	From what other source does this household receive income?	_____ (SPECIFY)	
29	Does your household grow any food crops?	Yes 1 No 0 Don't Know 8	
30	In the past month, how many meals did most adult members of this household eat per day?	Did not eat everyday 0 1 meal per day 1 2 meals per day 2 3 meals per day 3 > 3 meals per day 4 Don't Know 8	
31	How often in the past month did your household consume meat? Would you say Every day, A few times per week, A few times per month, Once in the past month, or Never?	Every day 1 A few times per week (2-6 times per week) 2 Once a week, few times a month 3 Once 4 Never 5 N/A Household does not eat meat 7 Don't Know 8	
<b>CAREGIVER SUPPORT</b>			
The next few questions are about help you or the young children in this household might have received in the past 6 months. I am interested in whether you or the children received money, food or clothing or other types of help. Other examples of help might be help with education or educational expenses, childcare, transportation, medical care or some other type of help.			
32	In the past 6 months, did you or the young children receive clothing, medical care, food, childcare, counseling or emotional support, help with transportation or educational expenses or some other type of help from.... <b>Extended family?</b>	Yes 1 No 0 Don't Know 8	Skip to 33 Skip to 33

32a	<p>What type of help did you receive from extended family? RECORD ALL MENTIONED.</p>	<p>Food <input type="checkbox"/> Clothing <input type="checkbox"/> Education or educational expenses <input type="checkbox"/> Monetary <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling/Emotional <input type="checkbox"/> Medical care/Medicines <input type="checkbox"/> Transportation <input type="checkbox"/>  Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
33	<p>In the past 6 months, did you or the young children receive clothing, medical care, food, childcare, counseling or emotional support, help with transportation or educational expenses or some other type of help from..... <b>Friends/neighbors?</b></p>	<p>Yes 1 No 0 Don't Know 8</p>	<p>Skip to 34 Skip to 34</p>
33a	<p>What type of help did you receive from friends/neighbors? RECORD ALL MENTIONED.</p>	<p>Food <input type="checkbox"/> Clothing <input type="checkbox"/> Education or educational expenses <input type="checkbox"/> Monetary <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling/Emotional <input type="checkbox"/> Medical care/Medicines <input type="checkbox"/> Transportation <input type="checkbox"/>  Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
34	<p>In the past 6 months, did you or the young children receive clothing, medical care, food, childcare, counseling or emotional support, help with transportation or educational expenses or some other type of help from..... <b>Church?</b></p>	<p>Yes 1 No 0 Don't Know 8</p>	<p>Skip to 35 Skip to 35</p>
34a	<p>What type of help did you receive from church? RECORD ALL MENTIONED.</p>	<p>Food <input type="checkbox"/> Clothing <input type="checkbox"/> Education or educational expenses <input type="checkbox"/> Monetary <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling/Emotional <input type="checkbox"/> Medical care/Medicines <input type="checkbox"/> Transportation <input type="checkbox"/>  Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
35	<p>In the past 6 months, did you or the young children receive clothing, medical care, food, childcare, counseling or emotional support, help with transportation or educational expenses or some other type of help from..... <b>Community organizations ?</b></p>	<p>Yes 1 No 0 Don't Know 8</p>	<p>Skip to 36 Skip to 36</p>

35a	What type of help did you receive from community organizations? RECORD ALL MENTIONED.	Food <input type="checkbox"/> Clothing <input type="checkbox"/> Education or educational expenses <input type="checkbox"/> Monetary <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling/Emotional <input type="checkbox"/> Medical care/Medicines <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	
36	Did you receive help from anyone else?	Yes 1 No 0 Don't Know 8	Skip to 37 Skip to 37
36a	Who else did you receive help from?	_____ (SPECIFY)	
36b	What type of help did you receive? RECORD ALL MENTIONED.	Food <input type="checkbox"/> Clothing <input type="checkbox"/> Education or educational expenses <input type="checkbox"/> Monetary <input type="checkbox"/> Childcare <input type="checkbox"/> Counseling/Emotional <input type="checkbox"/> Medical care/Medicines <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	
<p><b>CAREGIVER ROLE AND ACTIVITIES</b>                  The next set of questions is about yourself and about your role as caregiver.</p>			
37	Do you earn an income?	Yes 1 No 0	Skip to 38
37a	What is the main source of the income you earn?	Salary 1 Casual Labor 2 Gifts/donations/charity 3 Self-employed 4 Farming own plot 5 Vending 6 Other: _____ 7	
37b	Do you do this work mostly at home or away from this household?	At home 1 Away from household 2 Home and away from household equally 3	
37c	On average, how many hours per week do you spend earning an income?	_____ Hours	

37d	<p>How many days in the past 2 weeks could you not earn an income because of your household duties or duties taking care of the children?</p> <p>IF MORE THAN 0 DAYS BUT LESS THAN 1 DAY, RECORD 1 DAY</p>	<p>_____ Days</p>	
37e	<p>How many days in the past 2 weeks could you not perform your household duties or duties taking care of the children because of your work earning an income?</p> <p>IF MORE THAN 0 DAYS BUT LESS THAN 1 DAY, RECORD 1 DAY</p>	<p>_____ Days</p>	
<p>Now, I would like to ask you about caring for sick children.</p>			
38	<p>Sometimes children have severe illnesses and should be taken immediately to a health facility. What symptoms would cause you to take your child to a health facility right away?</p> <p>PROMPT FOR MORE SIGNS OR SYMPTOMS UNTIL CAREGIVER CANNOT RECALL ANY ADDITIONAL SYMPTOMS. RECORD ALL SYMPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</p>	<p>Child not able to drink or breastfeed <input type="checkbox"/></p> <p>Sick child becomes sicker <input type="checkbox"/></p> <p>Child develops fever <input type="checkbox"/></p> <p>Child has fast breathing <input type="checkbox"/></p> <p>Child has difficult breathing <input type="checkbox"/></p> <p>Child has blood in stool <input type="checkbox"/></p> <p>Child is drinking poorly <input type="checkbox"/></p> <p>Other: _____ <input type="checkbox"/></p> <p>Other: _____ <input type="checkbox"/></p> <p>Don't Know <input type="checkbox"/></p>	
39	<p>The last time you sought treatment from someone outside of the home for a child's illness, where did you go?</p> <p>RECORD ONLY ONE RESPONSE.</p>	<p>Hospital 1</p> <p>Health center 2</p> <p>Dispensary/Pharmacy 3</p> <p>Community health worker 4</p> <p>MCH clinic 5</p> <p>Mobile/outreach clinic 6</p> <p>Private physician 7</p> <p>Traditional healer 8</p> <p>Friend/relative 9</p> <p>Other: _____ 10</p> <p>Don't Know 88</p>	<p>Skip to 42</p>
40	<p>How far away is the place you sought treatment for the child's illness? (km)</p>	<p>_____ Km</p> <p>N/A (mobile services) 777</p>	
41	<p>How did you get there?</p>	<p>Walk/bicycle 1</p> <p>Public transportation 2</p> <p>Own vehicle/someone else's vehicle 3</p> <p>Other: _____ 4</p> <p>N/A (mobile services) 7</p> <p>Don't Know 8</p>	

42	The last time you needed medicine for a sick child, where did you go? RECORD ONLY ONE RESPONSE.	Hospital 1 Health center 2 Dispensary/Pharmacy 3 Community health worker 4 MCH clinic 5 Mobile/outreach clinic 6 Private physician 7 Traditional healer 8 Friend/relative 9 Other: _____ 10 Don't Know 88	Skip to 45
43	How far away is the place you went for medicines? (km)	_____ Km N/A (mobile services) 777	
44	How did you get there?	Walk/bicycle 1 Public transportation 2 Own vehicle/someone else's vehicle 3 Other: _____ 4 N/A (mobile services) 7 Don't Know 8	
<b>CAREGIVER HEALTH STATUS</b>			
The next questions are about your health.			
45	WOMEN ONLY Are you pregnant?	Yes 1 No 0 Don't know/Suspect 8	
46	WOMEN ONLY Are you breastfeeding?	Yes 1 No 0	
47	In general, would you say your health during the past year has been Very Good, Good, Fair or Poor? RECORD ONLY ONE RESPONSE	Very Good 1 Good 2 Fair 3 Poor 4	Skip to 48 Skip to 48
47a	In the next 6 months, do you expect your health to improve, stay the same or decline?	Improve 1 Stay the same 2 Decline 3	
48	In the past year, have you had any difficulty caring for the children in this household due to health problems?	Yes 1 No 0	Skip to 49
48a	When you were sick, did you need any help with any of your daily activities?	Yes 1 No 0	Skip to 49
48b	Did you receive any help?	Yes 1 No 0	Skip to 48d

48c	<p>From whom did you receive help? RECORD ALL MENTIONED. PROBE FOR ALL..</p>	<p>Adult household member <input type="checkbox"/>                  Child household member <input type="checkbox"/>                  My extended family not living in the household <input type="checkbox"/>                  Friends/neighbors <input type="checkbox"/>                  Community organization <input type="checkbox"/>                  Other: _____ <input type="checkbox"/></p>	
48d	<p>For which activities did you not receive the help you needed? RECORD ALL MENTIONED.</p>	<p>Childcare <input type="checkbox"/>                  Housework <input type="checkbox"/>                  Cooking, preparing meals <input type="checkbox"/>                  Fetching water, firewood <input type="checkbox"/>                  Garden/Farm work <input type="checkbox"/>                  Buying things at market <input type="checkbox"/>                  Selling, trading things <input type="checkbox"/>                  Fetching medicine <input type="checkbox"/>                  Building, construction, home repair <input type="checkbox"/>                  Looking after livestock <input type="checkbox"/>                  Other: _____ <input type="checkbox"/>                  N/A Received all the help I needed <input type="checkbox"/></p>	
49	<p>In this area, when parents die, with whom do children go to live? RECORD ALL MENTIONED.</p>	<p>Children’s Paternal uncles/aunts <input type="checkbox"/>                  Children’s Maternal uncles/aunts <input type="checkbox"/>                  Their Mother’s parents <input type="checkbox"/>                  Their Father’s parents <input type="checkbox"/>                  Their Older or adult siblings of children <input type="checkbox"/>                  Clan, community, neighbors, etc <input type="checkbox"/>                  Orphanage/Institution <input type="checkbox"/>                  No one <input type="checkbox"/>                  Other: _____ <input type="checkbox"/>                  Don’t know <input type="checkbox"/></p>	
50	<p>Who would care for the children if, in the future, you weren’t able to due to health problems? RECORD ONLY ONE RESPONSE. IF CAREGIVER GIVES MORE THAN ONE RESPONSE, ASK, “WHO IS MOST LIKELY TO CARE FOR THE CHILDREN IF YOU WEREN’T ABLE TO?” (RECORD RELATIONSHIP TO CHILD).</p>	<p>Child’s mother 1                  Child’s father 2                  Paternal uncles/aunts 3                  Maternal uncles/aunts 4                  Mother’s parents 5                  Father’s parents 6                  Older or adult siblings of children 7                  Clan, community, neighbors, etc 8                  Orphanage/Institution 9                  No one 10                  Other: _____ 11                  Don’t know 88</p>	<p>Skip to 51                  Skip to 51                  Skip to 51</p>
50a	<p>Does this person live in this household?</p>	<p>Yes 1                  No 0</p>	
50b	<p>Have you talked to this person about taking care of the children if you weren’t able to due to health problems?</p>	<p>Yes 1                  No 0</p>	
51	<p>Have you made a will?</p>	<p>Yes 1                  No 0</p>	<p>Skip to 52</p>
51a	<p>Does it specify whom you wish to take care of the children?</p>	<p>Yes 1                  No 0                  Don’t Know 8</p>	

<b>INHERITANCE PATTERNS</b>			
The next questions will be about individuals' right to own property after someone dies.			
52	By law, do you know whether a woman has a right to her husband's property after he dies if there is <u>no</u> will?	Yes, she does have a right 1 No, she does not have a right 0 Don't know 8	
53	Do you know whether a woman has a right to her husband's property after he dies if there is a will specifying her as a beneficiary?	Yes, she does have a right 1 No, she does not have a right 0 Don't know 8	
54	By law, do children have rights to their parent's property after the parent dies, if there is <u>no</u> will?	Yes, they do have a right 1 No, they do not have a right 0 Don't know 8	
55	Do children have rights to their parent's property after the parent dies, if there is a will specifying them as beneficiaries?	Yes, they do have a right 1 No, they do not have a right 0 Don't know 8	
56	Do you think there are ever cases of property stealing in this community?	Yes 1 No 0 Maybe / Don't Know 8	Skip to 58 Skip to 58
57	In general, which people are most likely to steal property from surviving family members?  RECORD ALL MENTIONED.	Husband's relatives <input type="checkbox"/> Wife's relatives <input type="checkbox"/> Older or adult siblings of children <input type="checkbox"/> Step-siblings of children <input type="checkbox"/> Guardians of children <input type="checkbox"/> Executors, caretakers of children's property <input type="checkbox"/> Clan, community, neighbors, etc <input type="checkbox"/>  Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	
<b>HIV/AIDS AND STIGMA</b>			
The next questions are about people living with HIV/AIDS.			
58	If a relative of yours was sick with the AIDS virus, would you be willing to care for him or her in your own household?	Yes 1 No 0 Don't Know 8	
59	Would you allow your child to play with a child who has the AIDS virus?	Yes 1 No 0 Don't Know 8	
60	This next question will be about whether you are concerned anyone in your household has HIV/AIDS. I will not ask you to tell me the name of anyone with HIV/AIDS.  Are you worried that anyone in your household may have HIV/AIDS now?	Yes 1 No 0 Don't Know 8 Refused 9	Skip to 61 Skip to 61 Skip to 61
60a	I do not want to know whom, specifically, but are you concerned that a child may have HIV/AIDS?	Yes 1 No 0 Refused 9	

60b	Are you concerned that an adult may have HIV/AIDS	Yes 1 No 0 Refused 9	
60c	Are you concerned that you yourself have HIV/AIDS?	Yes 1 No 0 Refused 9	
<b>ANTICIPATION OF FURTHER STRESSES</b>			
61	Do you have any worries now about your responsibilities as a guardian for these children?	Yes 1 No 0	If NO, Skip to 62
61a	What worries you the most?  DO NOT READ LIST. IF CAREGIVER SAYS 'MONEY', ASK "MONEY FOR WHAT?". RECORD ALL MENTIONED.	Money to send children to school/day care <input type="checkbox"/> Money for food, <input type="checkbox"/> Money for clothes <input type="checkbox"/> Housing or money for housing <input type="checkbox"/> Other financial concerns <input type="checkbox"/> Caring for a child who is sickly <input type="checkbox"/> My own poor health or old age, physical limitations <input type="checkbox"/> Other: _____ <input type="checkbox"/>	

**IF CAREGIVER HAS NOT BEEN WIDOWED AND CAREGIVER IS 18 YEARS OR OLDER, GO TO CHILD'S MODULE**

<b>CAREGIVER'S INHERITANCE</b>			
IF CAREGIVER HAS BEEN WIDOWED (Q 16 = 5), CHECK HERE AND CONTINUE. <input type="checkbox"/>			
IF CAREGIVER HAS <u>NOT</u> BEEN WIDOWED, SKIP TO NEXT SECTION.			
Now, I would like to know about your experience after your spouse died.			
62	Since your spouse died, have you had any property stolen from you?	Yes 1 No 0	Skip to 63
62a	What type of property was taken?  RECORD ALL MENTIONED.	Land <input type="checkbox"/> Housing <input type="checkbox"/> Money <input type="checkbox"/> Material property (e.g., furniture, kitchen utensils, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/>	
62b	Who took your property?  RECORD ALL MENTIONED.	Husband's family <input type="checkbox"/> Wife's family <input type="checkbox"/> My family <input type="checkbox"/> Clan, community, neighbors, etc <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	

63	Did your spouse make a will before he/she died?	Yes 1 No 0 Don't know 8	If NO or DK, go to CHILD'S MODULE
63a	Were you the beneficiary of the will?	Yes 1 No 0 Don't know 8	
63b	Were any of the children a beneficiary of the will?	Yes 1 No 0 Don't know 8	
<p>IF CAREGIVER IS LESS THAN 18 YEARS OF AGE AND EITHER PARENT IS DECEASED (LINE 1: Question 4 = less than 18 and (Question 7 = 0 or Question 8 = 0), CHECK HERE AND CONTINUE. <input type="checkbox"/></p> <p>IF CAREGIVER IS 18 YEARS OR OLDER OR NEITHER PARENT IS KNOWN TO BE DECEASED, GO TO CHILD'S MODULE.</p> <p>Now, I would like to know about your experience after your parents died.</p>			
64	Since your parents died, have you had any property stolen from you?	Yes 1 No 0	Skip to 65
64a	What type of property was taken? RECORD ALL MENTIONED. PROMPT WITH SUGGESTIONS.	Land <input type="checkbox"/> Housing <input type="checkbox"/> Money <input type="checkbox"/> Material property (e.g., furniture, kitchen utensils, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/>	
64b	Who took your property? RECORD ALL MENTIONED.	Paternal uncles/aunts <input type="checkbox"/> Maternal uncles/aunts <input type="checkbox"/> Older or adult siblings of children <input type="checkbox"/> Step-siblings of children <input type="checkbox"/> Guardians of children <input type="checkbox"/> Executors, caretakers of children's property <input type="checkbox"/> Clan, community, neighbors, etc <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	
65	Did your parents make a will before they died?	Yes 1 No 0 Don't know 8	If NO of DK, Go to CHILD'S MODULE
65a	Were you the beneficiary of the will?	Yes 1 No 0 Don't know 8	Go to CHILD'S MODULE

Child's Name: \_\_\_\_\_

<b>CHILD'S BASIC NEEDS AND MATERIAL WELL-BEING</b>			
These next questions will all be about [Child].			
1	Is [Child] less than 1 year of age?	Yes No	
1a	How old is [Child]? IF LESS THAN ONE YEAR, RECORD THE NUMBER OF MONTHS. IF ONE YEAR OR MORE, RECORD THE NUMBER OF YEARS.	____ ____ Months ____ ____ Years	
2	ONLY IF <1 YEAR OF AGE What is child drinking? RECORD ALL MENTIONED	Breast milk <input type="checkbox"/> Commercial Formula <input type="checkbox"/> Other milk <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/>	
3	How often in the past month did [Child] go without getting enough to eat? Would you say Every day, A few times per week, A few times per month, Once, or Never?	Every day 1 A few times per week (2-6 times per week) 2 A few times per month 3 Once 4 Never 5	Skip to 4
3a	Why didn't [Child] get enough to eat? RECORD ALL MENTIONED	Not enough money to buy food <input type="checkbox"/> No one is able to prepare it <input type="checkbox"/> No water/water/wood/electricity <input type="checkbox"/> Other: _____ <input type="checkbox"/>	
4	Does [Child] sleep on a mattress?	Yes 1 No 0	
5	Does [Child] have a blanket?	Yes 1 No 0	
6	Does [Child] have more than one set of clothes?	Yes 1 No 0	
7	Does [Child] have a pair of shoes?	Yes 1 No 0	
<b>CHILD'S DAILY ACTIVITIES</b>			
Next, I'll ask you about [Child's] daily activities.			
8	Who generally takes care of [Child] when you cannot do so because of work or other reasons? RECORD ALL MENTIONED.	Someone living in the household <input type="checkbox"/> My family member not living in the household <input type="checkbox"/> Friends/neighbors <input type="checkbox"/> Day care/pre-school/School <input type="checkbox"/> No one else, Child stays alone <input type="checkbox"/> Other: _____ <input type="checkbox"/>	

**CHILD MODULE**

Cluster No: \_\_\_\_\_ Household No: \_\_\_\_\_ Line No. \_\_\_\_\_

Child's Name: \_\_\_\_\_

9	What is the age of the youngest person who takes care of [Child]?	_____ years Child stays alone or cares for younger children 777	
10	Does [Child] attend school or pre-school or any organized learning or education program?	Yes 1 No 0	Skip to 11
10a	How many hours per week does [Child] attend school or pre-school?	_____ hours	
11	What obstacles do you foresee which may prevent you from sending the child to primary school?	Unable to afford school fees 1 Need child labor at home 2 No interest 3 School too far 4 None 5 Other: _____ 6	
12	Does [Child] attend day care? By day care, I mean a place where you would take [Child] primarily for someone to watch him/her rather than for him/her to attend a learning or education program.	Yes 1 No 0	Skip to 13
12a	How many hours per week does [Child] attend day care?	_____ hours	
<b>CHILD'S HEALTH</b>			
The next questions are about [Child's] health.			
13	Would you say [Child's] health is very good, good, fair, or poor?	Very Good 1 Good 2 Fair 3 Poor 4	
14	How many times has [Child] visited a health center or health practitioner in the past month due to a health problem?	_____ times	
15	How many times has [Child] been hospitalized in the past year	_____ times	
16	Does [Child] have an immunization card?	Yes 1 No 0 Don't Know 8	
17	Does [Child] need any health services he/she is not receiving?	Yes 1 No 0 Don't Know 8	Skip to 18 Skip to 18
17a	What type of health services does [Child] need? DO NOT READ. RECORD ALL MENTIONED.	Healthcare <input type="checkbox"/> Medicine <input type="checkbox"/> Immunizations <input type="checkbox"/> Other: _____ <input type="checkbox"/>	

**CHILD MODULE**

Cluster No: \_\_\_\_\_ Household No: \_\_\_\_\_ Line No. \_\_\_\_\_

Child's Name: \_\_\_\_\_

17b	Why isn't [Child] receiving the health services he/she needs? RECORD ALL MENTIONED.	Caregiver doesn't have enough time to obtain <input type="checkbox"/> Not enough money to pay for <input type="checkbox"/> No transportation, too far away <input type="checkbox"/> Other: _____ <input type="checkbox"/>	
18	Does [Child] have any siblings less than 18 years of age who aren't living in this household?	Yes 1 No 0 Don't Know 8	Skip to 19 Skip to 19
18a	How many of [Child's] siblings less than 18 years of age live somewhere else?	_____ siblings Don't Know 88	
18b	Where are [Child's] siblings living? RECORD ALL MENTIONED.	With other family members <input type="checkbox"/> With friends, community members <input type="checkbox"/> School <input type="checkbox"/> Orphanage <input type="checkbox"/> On the street <input type="checkbox"/> In own home <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/>	

**PSYCHOSOCIAL WELL-BEING - FOR CHILDREN 2-7 YEARS OF AGE ONLY -**

Now, I have a list of some problems that children may have. Tell me if any of these apply to [Child] now.

19	.....Can't sit still, restless	Yes 1 No 0	
20	.....Is too dependent, clings	Yes 1 No 0	
21	.....Mean to other children	Yes 1 No 0	
22	.....Gets teased a lot by other children	Yes 1 No 0	
23	.....Cries a lot	Yes 1 No 0	
24	.....Destroys things belonging to others	Yes 1 No 0	
25	.....Refuses to eat	Yes 1 No 0	
26	.....Gets in many fights	Yes 1 No 0	

Child's Name: \_\_\_\_\_

27	.....Hurts animals	Yes 1 No 0	
28	.....Get in many arguments	Yes 1 No 0	
29	.....Not liked by other children	Yes 1 No 0	
30	.....Difficulty learning	Yes 1 No 0	
31	.....Has difficulty following directions or understand what people tell him/her to do	Yes 1 No 0	
32	.....Is difficult to understand because of speech problems	Yes 1 No 0	
33	.....Too fearful or anxious	Yes 1 No 0	
34	.....Withdrawn, prefers to be alone	Yes 1 No 0	
35	.....Unhappy, sad, depressed most of the time	Yes 1 No 0	
36	.....Stubborn	Yes 1 No 0	
37	.....Moody	Yes 1 No 0	
38	.....Trouble sleeping	Yes 1 No 0	
39	.....Wets bed	Yes 1 No 0	
40	.....Difficulty with bowel control	Yes 1 No 0	
41	.....Compared to other children [Child's] age, do you find he/she is difficult to manage or control?	Yes 1 No 0	

Child's Name: \_\_\_\_\_

<b>DEVELOPMENTAL AGE OF CHILD - FOR CHILDREN LESS THAN 2 YEARS OF AGE ONLY -</b>			
42	Does [Child] sit without support from another person?	Yes 1 No 0	
43	Does [Child] stand without support from another person?	Yes 1 No 0	
Which of the following does [Child] do regularly during the day?			
44	.....Sucks thumb	Yes 1 No 0	
45	.....Sucks or chews on objects	Yes 1 No 0	
46	.....Makes sounds	Yes 1 No 0	
47	.....Rocks and sways	Yes 1 No 0	
48	.....Shakes or bangs head	Yes 1 No 0	
49	.....Makes babytalk and sounds	Yes 1 No 0	
50	.....Plays with older children	Yes 1 No 0	
51	.....Stays close to adults	Yes 1 No 0	
<b>GROWTH MEASUREMENTS</b>			
52	What is [Child's] date of birth	___ ___ Day ___ ___ Month ___ ___ ___ Year	
53	Height / Length RECORD CHILD'S HEIGHT OR LENGTH TO THE NEAREST .1 CM	___ ___ . ___ cm	
53a	Height Measurement	Measured 1 Child not present 2 Refused 3	
54	Weight RECORD CHILD'S WEIGHT TO THE NEAREST .5 KG	___ ___ . ___ kg	

**CHILD MODULE**

Cluster No: \_\_\_\_ Household No: \_\_\_\_ Line No. \_\_\_\_

Child's Name: \_\_\_\_\_

54a	Weight Measurement	Measured 1 Child not present 2 Refused 3	
55	Child's sex	Male 1 Female 2	
56	Date child measured	____ Day ____ Month ____ Year	

**CHILD MODULE**

Cluster No: \_\_\_\_ \_\_\_\_

Household No: \_\_\_\_ \_\_\_\_

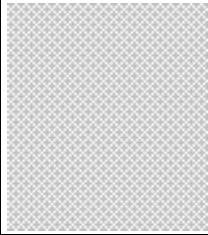
Line No. \_\_\_\_ \_\_\_\_

Child's Name: \_\_\_\_\_

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--- APPENDIX VIII ---

Blank Survey Template

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02		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
03		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
04		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
05		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
06		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
07		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
08		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
09		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
10		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
11		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
12		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
13		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
14		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___
15		1 2	___	___	1 0	1 0 8	1 0	___	1 0 8	1 0	___

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02	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
03	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
04	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
05	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
06	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
07	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
08	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
09	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
10	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
11	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
12	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
13	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
14	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___
15	1 0 8	1 0 8		1 0 8		1 0 8	1 2 0	___ ___	1 0 8	___ ___

13			1 2 3 4 5
14			1 2 3 4 5 6 7
15			1 2 3 4 5 6
16			1 2 3 4 5
17			0 1 2 3 4 5 6 7 8 9 10 11

18			1 2 3 4 5 6 7 8 9 10 11 12  13 14 88
19		— — —	777 888
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28a				
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40			777
41			1 2 3  4 7 8

42			1 2 3 4 5 6 7 8 9  10 88	
43			777	
44			1 2 3  4 7 8	
45			1 0 8	
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47a			1 2 3	
48			1 0	
48a			1 0	
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48c			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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60b			1 0 9	
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65a			1 0 8	

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