

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 | $\frac{_ _ _}{d d} / \frac{_ _ _}{m m} / \frac{_ _ _}{y y}$ | DOB |
| E7. | Is the child male or female? | | SEX |
| | - Male | [] 1 | |
| | - Female | [] 2 | |

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|  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? | | 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 |

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


| | | |
|------------------|-------------------------------|--------|
| 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 <input type="checkbox"/> _____ | [] 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 |
|--|------------------------|--------------------|


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 |
|--|--------------------------|--------------------|

| 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 |
|--|--------------------------|--------------------|

| 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 |

| | | | |
|--------|---|--------|---------|
| 2.10 | Where does 'NAME's' biological father live? | | DADDEAD |
| | - Not in household | [] 1 | |
| | - In the household | [] 2 | |
| | - Father dead | [] 3 | |
| | - <i>NK</i> | [] 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 | |
| | - <i>N/A – Father dead</i> | [] 88 | |
| | - <i>NK</i> | [] 99 | |

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 | SPCSCH |
| | - 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 |
| | - 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 |
| | - NK | [] 99 |
| | | SPCFUN |

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 | |

| | | |
|--|--------------|----------|
|  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= <i>Malaria/bad fever</i> | 04= <i>Suffocation</i> | 07= <i>Burns</i> |
| 02= <i>Pneumonia/bad cough</i> | 05= <i>Near drowning</i> | 10= <i>Other: SPECIFY ABOVE</i> |
| 03= <i>Fits/epilepsy</i> | 06= <i>Traffic accident</i> | 88= <i>N/A (no illness or fewer illnesses)</i> 99= <i>NK</i> |


| | | | |
|------|---|--------|-------|
| 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 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 | |

| | | |
|--|--------------------------|--------------------|
|  HOUSEHOLD QUESTIONNAIRE (7.5 to 8.5 Year Old Child) | CHILD ID: IN__ 1 ____ | FORM NO: 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: IN__ 1 ____ | FORM NO: 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 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 02 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 03 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 04 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 05 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 06 | ____ | / _____ | ____ | ____ | ____ | ____ |
| 07 | ____ | / _____ | ____ | ____ | ____ | ____ |


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

| 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 | __ __ | / _____ | __ __ | __ | __ __ | __ |

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

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 |
| (LINECODE) | (ACTDES) | (ACTCODE) 00=NK | (PAYMNT) | (PLACE) | (PLSPEC) | (MONTHS) | (WEEKS) |
| 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: IN___ 1 ___ | FORM NO: R18YRS |
|--|--------------------------|--------------------|

| | | | |
|-------|---|---------|------|
| 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 |
| | - N/A (Child is not working) | [] 88 |
| | - NK | [] 99 |
| | | WRKSPEC |
| 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) |



| | | | | |
|---------|--|--|--|-----------|
| 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 | |

| | | |
|---|-------------|----------|
|  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 | |
| | - <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 | |

| | | |
|--|-------------|----------|
|  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.