### MEASURE Evaluation: Child Questionnaire, Ages 0‒9 Years (for Caregiver)

## IDENTIFICATION DATA

|  |  |  |
| --- | --- | --- |
| **001** | QUESTIONNAIRE IDENTIFICATION NUMBER |  |
| **002** | PROVINCE OR STATE |  |
| **003** | DISTRICT OR LOCAL GOVERNMENT AREA |  |
| **004** | CONSTITUENCY |  |
| **005** | WARD |  |
| **006** | TYPE OF LOCATION***Circle*** | UrbanRural | 12 |
| **007** | TOWN/VILLAGE |  |
| **008** | NEIGHBORHOOD |  |
| **009** | GPS READINGS | A) Latitude S \_\_ \_\_.\_\_ \_\_ \_\_ \_\_ºB) Longitude E \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º |

## INTERVIEW LOG

|  |  |  |  |
| --- | --- | --- | --- |
|  | VISIT 1 | VISIT 2 | VISIT 3 |
| DATE (day/month/year) |  |  |  |
| INTERVIEWER COMMENTS  |  |  |  |

**Interview comment codes**: Interview completed: 1; Appointment made for later today: 2; Appointment made for another day: 3; Refused to continue and no appointment made: 4; Other (Specify): 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **010** | INTERVIEWER | 1. CODE
 |  | 1. NAME
 |  |
| **011** | DATE INTERVIEW COMPLETED (day/month/year) |  |
| **012** | START TIME | [\_\_|\_\_|:[\_\_|\_\_] |

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(dd/mm/yyyy)

**Comments**

## SECTION 1: CHILD HEALTH & PROTECTION

I am going to ask you a few questions about [insert the child’s name].

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | Record /Confirm the child’s name |  |  |
|  | Record the child’s line number from the Caregiver’s list of children (Caregiver Questionnaire Q105a) |  |  |
|  | Record /Confirm the child’s sex (Caregiver Questionnaire Q105b) | FemaleMale | 12 |  |
|  | Does [NAME] have a birth certificate?  | YesNoDon’t know | 1288 | **If No: 106****If DK: 106** |
|  | Could you please show me [NAME’s] birth certificate?  | Seen /confirmedNot seen /not confirmed | 12 |  |
|  | In what month and year was [NAME] born?**If the birth certificate is seen/confirmed, use the date from the birth certificate.** | Month[\_\_|\_\_]Year[\_\_|\_\_|\_\_|\_\_] |  |
|  | Remind me, how old was [NAME] at his/her last birthday?**Confirm with 106 and adjust if necessary. Do not leave blank. If unknown (and birth certificate is not seen/verified), ask the caregiver to estimate. If less than 1 year of age, enter 0 in years, and record the age in months.** | [\_\_|\_\_] Years[\_\_|\_\_] Months |  |
|  | Would you say that in general [NAME’s] health is……?**Read the responses out loud.** | ExcellentVery goodGoodFairPoor | 12345 |  |
|  | In the last 2 weeks, has [NAME] been too sick to participate in daily activities?  | Yes No | 12 |  |
|  | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
|  | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
|  | Filter: If the responses to Q110 and Q111 are both “None”, skip to 114. |
|  | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as school, work, or recreation? | Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
|  | Does [NAME] have a disability that makes it difficult for him/her to participate in daily activities? | YesNo | 12 | **If No: 116** |
|  | How would you describe [NAME’s] disability? | Blind or partially blindDeaf or partially deafHas difficulties learningPhysical disabilityOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 123466 |  |
|  | **FILTER.** Age of child  | 5 years or older0-4 years | 12 | **If 5+ years: 117** |
| **Placeholder for Optional Module 1: Immunizations**  |
|  | Has [NAME] had diarrhea in the last 2 weeks?  | YesNo | 12 |  |
|  | Did you seek advice or treatment for the diarrhea from any source? | YesNo | 12 | **If No: 120** |
|  | From where did you seek advice or treatment? Anywhere else?**Multiple responses are possible. Circle all that are mentioned.****Probe to identify the type of source. If you are unable to determine whether the public or private sector, write the name of the place under the last slot for “Other (specify).”** | **PUBLIC SECTOR**Government hospitalGovernment health centerGovernment health postPublic mobile clinicPublic field workerOther public sector (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRIVATE MEDICAL SECTOR**Private hospital/clinicPharmacyPrivate doctorPrivate mobile clinicPrivate field workerOther private medical sector (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OTHER SOURCE**ShopTraditional practitionerMarketItinerant drug sellerOther (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABCDEFGHIJKLMNOPX |  |
|  | Filter: How many facilities/places were selected in 119? | [\_\_] Number | **If 0: 122** |
|  | **If one place was selected in 119, then do not read this question. Record the letter code from the one selection in 119.** **If more than one place was selected in 119, read the following question:**From where did you first seek advice or treatment?**Use the letter code from 119.** | [\_\_] Letter Code |  |
|  | Was [NAME] given any of the following at any time since [NAME] started having diarrhea? | 1. A fluid made from a special packet [LOCAL NAME FOR ORS PACKET]?
2. A pre-packaged ORS liquid?
3. A government-recommended homemade fluid?
4. Zinc tablets or syrup?
 | Yes No DK1 2 8  1 2 81 2 81 2 8 |  |
|  | Was anything else given to treat the diarrhea? | YesNoDon’t know | 128 | **If No or DK: 125** |
|  | What else was given to treat the diarrhea?**Multiple responses are possible. Circle all that are mentioned.** | **PILL OR SYRUP**AntibioticAntimotilityOther (not antibiotic or antimotility)Unknown pill or syrup**INJECTION**AntibioticNon-antibiotic Unknown injection**OTHER**Intravenous (IV)Home remedy/Herbal medicineOther (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABCDEFGHIX |  |
|  | Has [NAME] been ill with a fever at any time in the last 2 weeks? | YesNo | 12 |  |
|  | Did you seek advice or treatment for the fever from any source? | YesNo | 12 | **If No: 130**  |
|  | From where did you seek advice or treatment? Anywhere else?**Multiple responses are possible. Circle all that are mentioned.****Probe to identify the type of source. If you are unable to determine whether the public or private sector, write the name of the place under the last slot for “Other (specify).”** | **PUBLIC SECTOR**Government hospitalGovernment health centerGovernment health postPublic mobile clinicPublic field workerOther public sector (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRIVATE MEDICAL SECTOR**Private hospital/clinicPharmacyPrivate doctorPrivate mobile clinicPrivate field workerOther private medical sector (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OTHER SOURCE**ShopTraditional practitionerMarketItinerant drug sellerOther (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABCDEFGHIJKL  MNOPX |  |
|  | Filter: How many facilities/places were selected in 127? | [\_\_] Number |  |
|  | **If one place was selected in 127, do not read this question. Record the letter code from the one selection in 127.** **If more than one place was selected in 127, read the question:**From where did you first seek advice ortreatment?Record the letter code from 127 for first place advice was sought. | [\_\_] Letter Code |  |
|  | At any time during the illness, did [NAME] take any drugs for the illness? | YesNo | 12 |  |
|  | Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children. On how many days in the past week was [NAME] left alone for more than one hour? | [\_\_|\_\_] days |  |
|  | On how many days in the past week was [NAME] left in the care of another child (that is, someone less than 10 years old) for more than one hour? | [\_\_|\_\_] days |  |
|  | Did [NAME] sleep under a mosquito net last night? | YesNo | 12 |  |
|  | Has [NAME] ever been tested for HIV?  | YesNoDon’t knowNo response | 128899 | **If No: 201** |
|  | How many months ago was [NAME’S] most recent HIV test?  | Months \_\_\_ \_\_\_Two or more years | 95 |  |
|  | Did you get the result of [NAME’s] test? | YesNoDon’t knowNo response | 128899 |  |
|  | I would like to know the results of [NAME’s] most recent HIV test so that we can find out more about how people living with HIV and AIDS are receiving medical care and treatment. You do not need to tell me the result of his/her most recent test if you don’t want to, but if you do tell me, please know that I won’t tell anyone in your family or in this community. Was the result of [NAME’s] last HIV test positive, negative, or would you prefer not to say?  | HIV positiveHIV negativeUnknown/IndeterminateDid not receive resultsDon’t know/Refused | 123499 |  |

**―END OF SECTION―-**

## SECTION 2: CHILD EDUCATION

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | **Filter:** Age of [NAME] (Question 107) | 5 years or older0-4 years  | 12 | **If 5 years or older: 204** |
|  | Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care? | YesNo | 12 |  |
|  | In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [NAME]:**Read the responses out loud a) through f) one at a time.**  |  | Yes | No | **All : 401** |
| 1. Read books to or looked at picture books with [NAME]?
 | 1 | 2 |
| 1. Told stories to [NAME]?
 | 1 | 2 |
| 1. Sang songs to or with [NAME], including lullabies?
 | 1 | 2 |
| 1. Took [NAME] outside the home, compound, yard, or enclosure?
 | 1 | 2 |
| 1. Played with [NAME]?
 | 1 | 2 |
| 1. Named, counted, or drew things to or with [NAME]?
 | 1 | 2 |
| Now I have some questions for you about [NAME’s] schooling. |
|  | Is [NAME] currently enrolled in school? | YesNo | 12 | **If No: 209** |
|  | In the last school month, did [NAME] miss 4 or more days of school for any reason?  | YesNo | 12 |  |
|  | During the last school week (that was not an exam week), did [NAME] miss any school days for any reason? | YesNo | 12 | **If No: 208** |
|  | Why did [NAME] miss school days during the last school month?**Do not read the responses out loud. Circle one primary response.** | No money for school fees, materials, transportChild is too sick to attend school School is too far away /no schoolChild has to work to help the family Child needs to care for sick household membersChild does not like schoolOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12345666 |  |
|  | What grade/form/year is [NAME] in now?  | [\_\_|\_\_] |  | **All: 211** |
|  | Why is [NAME] not enrolled in school? **Do not read the responses out loud. Circle one primary response.** | No money for school fees, materials, transportChild is too sick to attend schoolSchool is too far away /no schoolChild has to work to help the familyChild needs to care for sick household membersChild does not like schoolChild is too young to attend schoolOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 123456766 |  |
|  | Has [NAME] ever attended school?  | Yes No | 12 | **If No: 301** |
|  | Was [NAME] enrolled in school during the previous school year?  | YesNo | 12 | **If No: 213** |
| **212** | What grade/form/year was [NAME] in during the previous school year? | [\_\_|\_\_] |  | **All: 301** |
| **213** | What is the highest grade/form/year that [NAME] has completed? | [\_\_|\_\_] |  |  |

**―END OF SECTION―**

## SECTION 3: CHORES & WORK

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| Filter: Age of child (Question 107) | 5 years or older0-4 years | 12 | **If 0-4 years: 401** |
| Now I would like to ask about any work or chores [NAME] may do. Since last (day of the week), did [NAME] do any of the following activities, even for only one hour? |
|  | Did [NAME] do any work or help on (his/her) own with the household’s plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing, or milking animals? | YesNo | 12 |  |
|  | Did [NAME] help with a family business or a relative’s business with or without pay, or run (his/her) own business? | YesNo | 12 |  |
|  | Did [NAME] produce or sell articles, handicrafts, clothes, food, or agricultural products?  | YesNo | 12 |  |
|  | Since last (day of the week), did [NAME] engage in any other activity in return for income in cash or in kind, even for only one hour? | YesNo | 12 |  |
|  | Check 301‒304:  | At least one ‘Yes’All answers are ‘No’ | 12 | **If No: 315** |
|  | Since last (day of the week), about how many hours did [NAME] engage in (this activity/these activities), in total?**If less than one hour, record ‘00’.** | Number of hours[\_\_ \_\_] |  |
|  | (Does the activity/Do these activities) require carrying heavy loads? | YesNo | 12 |  |
|  | (Does the activity/Do these activities) require working with dangerous tools, such as knives and similar tools or operating heavy machinery? | YesNo | 12 |  |
| How would you describe the work environment of [NAME]? |  |
|  | Is (he/she) exposed to dust, fumes, or gas? | YesNo | 12 |  |
|  | Is (he/she) exposed to extreme cold, heat, or humidity? | YesNo | 12 |  |
|  | Is (he/she) exposed to loud noise or vibration? | YesNo | 12 |  |
|  | Is (he/she) required to work at heights? | YesNo | 12 |  |
|  | Is (he/she) required to work with chemicals, such as pesticides, glues, and similar chemicals, or with explosives? | YesNo | 12 |  |
|  | Is [NAME] exposed to other things, processes, or conditions that are bad for (his/her) health or safety? | YesNo | 12 |  |
|  | Since last (day of the week), did [NAME] fetch water or firewood for household use? | YesNo | 12 | **If No: 317** |
|  | In total, how many hours did [NAME] spend fetching water or firewood for household use since last (day of the week)?I**f less than one hour, record ‘00’.** | Number of hours[\_\_ \_\_] |  |
| Since last (day of the week), did [NAME] do any of the following: |  |
|  | Shopping for the family? | YesNo | 12 |  |
|  | Cooking?  | YesNo | 12 |  |
|  | Washing dishes or cleaning the dwelling? | YesNo | 12 |  |
|  | Washing clothes? | YesNo | 12 |  |
|  | Caring for children?  | YesNo | 12 |  |
|  | Caring for someone who is old or sick? | YesNo | 12 |  |
|  | Other tasks? | YesNo | 12 |  |
|  | Check 317‒323: | At least one ‘Yes’All answers are ‘No’ | 12 | **If** **305= No and 324= No: skip to 401** |
|  | Since last (day of the week), about how many hours did [NAME] engage in (this activity/these activities), in total?**If less than one hour, record ‘00’** | Number of hours[\_\_ \_\_] |  |
|  | What does [NAME] do with the money (he/she) gets? Anything else? **Multiple responses are possible. Circle all that are mentioned. Probe with response categories, if necessary.** | Give to parents / guardiansPays for (his/her) school expenses Pays for school expenses of others Buys food for himself/herself Buys food for others Buys other things for himself/herself Saves itOther:\_\_\_\_\_\_\_\_ | ABCDEFGX |  |
|  | How often does work or chores interfere with [NAME’s] school? | AlwaysSometimesNeverDon’t know/Refused | 12388 |  |
|  | How often does work or chores interfere with [NAME’s] sleep?  | AlwaysSometimesNeverDon’t know/Refused  | 12388 |  |

**―END OF SECTION―**

## SECTION 4: FOOD CONSUMPTION

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **Placeholder for Optional Module 2: Dietary Diversity (for children 2‒9 years old)** |
|  | Filter: Age of child (Question 107) | 2 years or older0-1 years | 12 | **If 0-1 years: 501** |
| Next, I would like to ask you about what [NAME] eats and drinks. |
|  | In the past four weeks, did [NAME] have to eat a smaller meal than you felt was needed because there was not enough food? | YesNo | 12 | **If No: 404** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks, did [NAME] have to skip a meal because there was not enough food? | YesNo | 12 | **If No: 406** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks did [NAME] go to sleep at night hungry because there was not enough food to eat? | YesNo | 12 | **If No: 408** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks did [NAME] go a whole day and night without eating anything because there was not enough food to eat? | YesNo | 12 | **If No: 501** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |

**―END OF SECTION―**

## SECTION 5: PROGRAM SERVICES RECEIVED

| **No.** | **Questions** | **Coding Categories** |
| --- | --- | --- |
| **Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.** I am going to read a list of items and services. Please tell me whether [NAME] has received or accessed any of these items or services in the last 12 months from [insert name of community-based organization]. This could include receiving the item(s) or service(s) * at home
* at a community event/space
* completing a referral for the item/service
* being transported/accompanied to a facility that provides the item/service

**Read each item(s)/service(s). Circle the final responses.** [ADD / DELETE ITEMS AS RELEVANT TO THE PURPOSE] |
|  | **Y** | **N** | **DK** |
|  | Individual health insurance coverage or health access card | 1 | 2 | 8 |
|  | Insecticide treated mosquito net  | 1 | 2 | 8 |
|  | Age-appropriate HIV treatment literacy for children living with HIV | 1 | 2 | 8 |
|  | Age-appropriate counseling and HIV disclosure support  | 1 | 2 | 8 |
|  | HIV adherence support | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV-related testing (HIV testing services, early infant diagnosis, TB testing, CD4 viral load) | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV (or related opportunistic infection) treatment and care | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain sexually transmitted infection treatment | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain routine healthcare | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain emergency healthcare | 1 | 2 | 8 |
|  | Structured support group for people living with HIV and AIDS | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain early Infant diagnosis  | 1 | 2 | 8 |
|  | Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., MUAC) | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain immunization appropriate to age-based national protocol  | 1 | 2 | 8 |
|  | Regularly tracked developmental milestones in HIV affected, HIV-exposed uninfected (HEU), and infected infants and young children | 1 | 2 | 8 |
|  | Completed referrals for developmental support for HEU and HIV- infected children  | 1 | 2 | 8 |
|  | Safety plan  | 1 | 2 | 8 |
|  | Structured family group conferencing to prevent occurrence/ reoccurrence of child abuse, exploitation, or neglect | 1 | 2 | 8 |
|  | Post-violence trauma-informed counseling from a trained provider  | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain post-violence medical care  | 1 | 2 | 8 |
|  | Session with a child protection officer, the police, or another local child protection authority | 1 | 2 | 8 |
|  | Project-filed report of suspected abuse to a child protection office, the police, or another local authority | 1 | 2 | 8 |
|  | Emergency shelter/care facility or kinship care placement and monitoring for children | 1 | 2 | 8 |
|  | Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation | 1 | 2 | 8 |
|  | Received regular assistance/support with homework (e.g., homework club participation) | 1 | 2 | 8 |
|  | Received school uniform, books, or other materials | 1 | 2 | 8 |
|  | Received bursary, tuition, school fees, or fee exemption | 1 | 2 | 8 |
|  | Received assistance for re-enrollment (i.e., for drop-outs or teen mothers) | 1 | 2 | 8 |

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

**―END OF SECTION―**

## SECTION 6: WEIGHT & HEIGHT

|  |  |  |
| --- | --- | --- |
| **No.** | **Questions** | **Coding Categories** |
| **601** | Filter: Age of child (Question 107) | Less than 6 months6 months to 4 years old>4 years old | 123 | **If 1 or 3: End survey** |
| We are almost finished! May I [weigh/measure] your child? |
| **602** | **Record MUAC measurements.**  | MUAC | [\_\_|\_\_].[\_\_|\_\_] Cm |

**―END OF SECTION―**

**I have come to the end of my questions.**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Coding Category** |
| **013** | Is there anything you would like to add or ask us?**Record questions or comments.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for participating in this interview!

|  |  |  |
| --- | --- | --- |
| **014** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |

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