



**QUALITY PRESCHOOL FOR GHANA STUDY
KINDERGARTEN CAREGIVER SURVEY
FOLLOW-UP II SURVEY
MAY 2017**



A. IDENTIFICATION		
A01.	Interviewer code	[][]
A02.	Interviewer name	[][][][][][][][][][][][][][][][]
A03.	Interview date	[][] [][] [_2_] [_0_] [_1_] [_7_] Day Month Year
A04.	Caregiver ID	[][][][]
A05.	Confirm caregiver ID	[][][][]
A06.	Primary caregiver's name (first name, surname)	[][][][][][][][][][][][][][][][]
A07.	Primary caregiver's gender	1. [] Male 2. [] Female
A08.	Caregiver telephone number 1	[][][][][][][][][][]
A09.	Caregiver telephone number 2	[][][][][][][][][][]
A10.	Caregiver telephone number 3	[][][][][][][][][][]
A11.	District name	[][][][][][][][][][][][][][][][]
A12.	School ID	[][][][]
A13.	Name of the school	[][][][][][][][][][][][][][][][]
A14.	Type of school	1. [] Private 2. [] Public
INTERVIEWER INSTRUCTION: Check your assignment sheet for [SCHOOL NAME] and record the number of children for which [CAREGIVER] has been listed as the caregiver. Record also, the child ID and name for each child counted.		
A15.	INTERVIEWER: How many children do you have listed in [SCHOOL NAME] school for [CAREGIVER]?	[__]
A16.	Child ID	[][][][][][]
A17.	Child's name 1	[][][][][][][][][][][][][][][][]
A18.	Child ID 2	[][][][][][]

[illegible]

I will now ask you some questions about your background.

C01.	Were you interviewed by an IPA Surveyor in Oct./Nov. 2016 on phone regarding [CHILD]'s education?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→C03
C02.	INTERVIEWER: Is primary caregiver same as follow-up I primary caregiver? REFER TO CALL RECORD AND SCREENER.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C02.1	If "NO", what is the name of the new primary caregiver?	[][] [][] [][] [][] [][] [][] [][] [][] [][] [][]	
C02.2	Caregiver telephone number 1	[][] [][] [][] [][] [][] [][] [][] [][] [][]	
C02.3	Caregiver telephone number 2	[][] [][] [][] [][] [][] [][] [][] [][] [][]	
C03.	IF INTERVIEWED BEFORE SAY: I just want to confirm your relationship to [CHILD]). IF NOT, ASK: What is your relationship to [CHILD]? PROBE .	1. <input type="checkbox"/> Biological mother 2. <input type="checkbox"/> Biological father 3. <input type="checkbox"/> Adoptive Mother 4. <input type="checkbox"/> Adoptive father 5. <input type="checkbox"/> Stepmother 6. <input type="checkbox"/> Stepfather 7. <input type="checkbox"/> Grandmother 8. <input type="checkbox"/> Grandfather 9. <input type="checkbox"/> Aunt 10. <input type="checkbox"/> Uncle 11. <input type="checkbox"/> Sister 12. <input type="checkbox"/> Brother 13. <input type="checkbox"/> Other relative 14. <input type="checkbox"/> Non-relative -999. <input type="checkbox"/> Refuse to answer	
C04.	For how many years and months have you been the primary caregiver of [CHILD]?	[][][][] [][][] Years Months -888 if don't know	
C05.	What is your age? IN COMPLETED YEARS.	[][][][] -888 if don't know -999 if Refused to answer	

No.	Questions	Coding Categories	Skip To
C06.	What is the highest level of education you have completed? DO NOT PROMPT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Some primary school 3. <input type="checkbox"/> Primary school 4. <input type="checkbox"/> Middle/JSS/JHS 5. <input type="checkbox"/> SSS/SHS 6. <input type="checkbox"/> O/A level 7. <input type="checkbox"/> Voc./Tech./Commercial 8. <input type="checkbox"/> Post-secondary certificates 9. <input type="checkbox"/> Diploma/HND 10. <input type="checkbox"/> Bachelor degree 11. <input type="checkbox"/> Masters 12. <input type="checkbox"/> PhD 13. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer	
C07.	What are the two main languages you use to communicate with your child at home? DO NOT PROMPT. MARK ONE IF ONLY ONE LANGUAGE USED.	1. <input type="checkbox"/> English 2. <input type="checkbox"/> Twi/Fanti 3. <input type="checkbox"/> Ewe 4. <input type="checkbox"/> Ga 5. <input type="checkbox"/> Dangme 6. <input type="checkbox"/> Hausa 7. <input type="checkbox"/> Other 1 (specify) _____ 8. <input type="checkbox"/> Other 2 (specify) _____	
C08.	What is your marital status? DO NOT PROMPT.	1. <input type="checkbox"/> Never married 2. <input type="checkbox"/> Betrothed 3. <input type="checkbox"/> Unmarried but living with partner 4. <input type="checkbox"/> Married 5. <input type="checkbox"/> Separated 6. <input type="checkbox"/> Divorced 7. <input type="checkbox"/> Widowed -999. <input type="checkbox"/> Refuse to answer	
C09.	In what year and month was [CHILD] born? PROBE	[__]__[__]__[__] [__]__[__] Year Month If don't know, indicate -888.	

No.	Questions	Coding Categories	Skip To
C10.	How old was [CHILD] at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	[__]__] If don't know, indicate -888.	
E. FOOD INSUFFICIENCY			
I will now ask you some questions about the food situation in your household.			
E01.	In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→ E03
E02.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
E03.	In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry because there was not enough food? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→ E05
E04.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
E05.	In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→ F01
E06.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
F. PARENT'S INVOLVEMENT WITH CHILD'S EDUCATION			
I will now ask you some questions about your involvement with [CHILD]'s education at home and school.			
F01	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [CHILD]?		
a.	Read books to or looked at picture books with [CHILD]? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F01b → F01b

No.	Questions	Coding Categories	Skip To
a(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel. 4. <input type="checkbox"/> Other Non-rel.	
b.	Told stories to [CHILD]? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F01c → F01c
b(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel. 4. <input type="checkbox"/> Other Non-rel.	
c.	Sang songs to or with [CHILD], including lullabies? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F01d → F01d
c(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel. 4. <input type="checkbox"/> Other Non-rel.	
d.	Taken [CHILD] outside the home? For example, to the market, to events, visit relatives? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F01e → F01e
d(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel. 4. <input type="checkbox"/> Other Non-rel.	
e.	Played with [CHILD]? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F01f → F01f
e(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)?	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel.	

No.	Questions	Coding Categories	Skip To
	MARK ALL THAT APPLY.	4. <input type="checkbox"/> Other Non-rel.	
f.	Named, counted, or drew things to or with [CHILD]? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Don't Know	→ F02 → F02
f(ii)	If yes: Who engages in this activity with [CHILD]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Another adult rel. 4. <input type="checkbox"/> Other Non-rel.	
F02	How many children's books or picture books do you have for [CHILD]? NOTE: THIS EXCLUDES SCHOOLBOOKS, AS WELL AS OTHER BOOKS FOR ADULTS THAT ARE PRESENT IN THE HOUSEHOLD.	[__]__[__]__ Indicate -888 if don't know	
F03	In the past 4 weeks (30 days), how often have you or has another adult in the household helped [CHILD] with (his/her) homework? PROMPT.	1. <input type="checkbox"/> Not at all 2. <input type="checkbox"/> Rarely 3. <input type="checkbox"/> Occasionally 4. <input type="checkbox"/> Regularly -888. 5. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refused to answer	
F04	How many times (have/has) [CHILD]'s (mother/father/both of them/{you or} other adults in your household) ... [READ CATEGORIES] during 2016/2017 last academic year?	Enter Number of Times. If none, enter 0.	
a.	... attended a PTA meeting	[__]__[__]__	
b.	... attended any scheduled meeting with [CHILD]'s teacher	[__]__[__]__	
c.	... attended school or class event such as play, sports events, science/culture fair	[__]__[__]__	
d.	... volunteered or served on school committee	[__]__[__]__	
e.	... participated in fund raising for [CHILD]'s school	[__]__[__]__	
F05	I am interested in learning about the things that [CHILD] plays with when he/she is at home. Does [CHILD] play with [READ CATEGORIES TO RESPONDENT] ?	Yes No Don't Know	

No.	Questions	Coding Categories	Skip To
a.	Homemade toys (such as dolls, cars, or other toys made at home)? DO NOT PROMPT.	[] [] []	
b.	Toys from a shop or manufactured toys? DO NOT PROMPT.	[] [] []	
c.	Household objects (such as bowls or pots)? DO NOT PROMPT.	[] [] []	
d.	Objects found outside (such as sticks, rocks, animal shells or leaves)? DO NOT PROMPT.	[] [] []	
e.	Any drawing or writing materials? DO NOT PROMPT.	[] [] []	
f.	Any puzzles (even a two-piece puzzle counts)? DO NOT PROMPT.	[] [] []	
F06	Did you or any other adults in your household attend any PTA meeting in [CHILD NAME]'s school between September 2016 and now? DO NOT PROMPT.	1. [] Yes 2. [] No	→F09
F07	Did you or any other adults in your household attend any PTA meeting in [CHILD NAME]'s school between November 2015 and July 2016 <u>involving video shows and discussions on children's education</u> ? DO NOT PROMPT.	1. [] Yes 2. [] No	→F09
F08	(If yes to F07): How many PTA meetings in [CHILD NAME]'s school did you or any other adults in your household attend where a video was shown between November 2015 and July 2016? DO NOT PROMPT.	NUMBER OF TIMES [__]__	
F09	Did you receive any flyers from [CHILD NAME]'s school between January and July 2016 featuring pictures with ideas of how to support your child to learn at home? DO NOT PROMPT.	1. [] Yes 2. [] No	
G. PERCEPTIONS OF EARLY CHILDHOOD DEVELOPMENT			
I am now going to ask you about your school choice decisions and important factors as well as your perception of quality education at the kindergarten level.			
G05.	Is [CHILD] still enrolled in the same school as September 2016 or has (he/she) stopped going to that school? DO NOT PROMPT.	1. [] Still going to the same school 2. [] Stopped going to that school -888. [] Don't know -999. [] Refuse to answer -222. [] Interview declined	→G05.1

No.	Questions	Coding Categories					Skip To
G05.1	<p>Why has [CHILD] stopped going to that school?</p> <p>DO NOT PROMPT. MARK ALL THAT APPLY.</p>	1. <input type="checkbox"/> Child not comfortable in school 2. <input type="checkbox"/> I am not satisfied with child's school 3. <input type="checkbox"/> My financial circumstances have changed 4. <input type="checkbox"/> Migration or family moved from old school's locality 5. <input type="checkbox"/> Other (Please specify) _____ -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer -222. <input type="checkbox"/> Interview declined					
G06.	<p>Developmentally Appropriate Practice</p> <p>When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENT]. Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.</p>	1	2	3	4	5	
a.	... know about children's needs as they grow and develop?						
b.	... encourage children to recognize letters or words?						
c.	... encourage children to recognize numbers or shapes?						
d.	... work with families to set individual plans and goals for children?						
e.	... provide materials for play and learning?						
f.	... measure children's development over time to determine how they're doing?						
G07.	<p>Supporting Children's Social and Emotional Development</p> <p>When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENT]? Use 1 = not very important, 2 = not important, 3 = somewhat important, 4 = important, and 5 = very important.</p>	1	2	3	4	5	
a.	... help children to build relationships with peers and adults?						
b.	... help children learn to control their behavior?						
c.	... encourage children to express thoughts and feelings?						
d.	... help children resolve conflicts with other children?						
e.	... discipline and/or behavior guidance styles match the parents?						
G08.	<p>Family-Sensitive Caregiving</p> <p>When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENT]? Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.</p>	1	2	3	4	5	

No.	Questions	Coding Categories	Skip To
a.	... consider parents' goals, ideas, and suggestions when caring for children?		
b.	... be willing to work with parents about their work schedules?		
c.	... include families in decision-making for the child's education?		
d.	... care about the entire family, not just the child?		
e.	... connect families to outside or community resources?		
I. CHILD DISCIPLINE			
I01.	I will now ask you some questions about how you or any adult in your household discipline your child. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used.		
a.	Please tell me if you or someone else in your household took away privileges, forbade something [CHILD] liked (e.g., watching TV, playing with friends) or did not allow [CHILD] to leave the house in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
b.	Please tell me if you or someone else in your household explained why [CHILD]'s behavior was wrong in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
c.	Please tell me if you or someone else in your household shook [CHILD] in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
d.	Please tell me if you or someone else in your household shouted, yelled at or screamed at [CHILD] in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
e.	Please tell me if you or someone else in your household gave [CHILD] something else to do in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
f.	Please tell me if you or someone else in your household spanked, hit or slapped [CHILD] on the bottom with bare hand in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know	

No.	Questions	Coding Categories	Skip To
		-999. [] Refuse to answer	
g.	Please tell me if you or someone else in your household hit [CHILD] on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
h.	Please tell me if you or someone else in your household called [CHILD] dumb, lazy, or another name like that in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
i.	Please tell me if you or someone else in your household hit or slapped [CHILD] on the face, head or ears in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
j.	Please tell me if you or someone else in your household hit or slapped [CHILD] on the hand, arm, or leg in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
k.	Please tell me if you or someone else in your household beat [CHILD] up, that is hit him/her over and over as hard as one could in the past month? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	
I02.	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? DO NOT PROMPT.	1. [] Yes 2. [] No -888. [] Don't know -999. [] Refuse to answer	

D. POVERTY STATUS

Household items and living conditions are topics that make many people uncomfortable, but research has shown that they could affect the learning and development of young children. We'd like to know what things you have in your household as they would help us get a sense of the facilities that support your child to learn and develop at home. As a reminder, everything in this survey is strictly confidential. These questions are being asked for research purposes only.

No.	Questions	Coding Categories	Skip To
D01.	How many members does your household have, including you? DO NOT PROMPT.	1. [] One 2. [] Two 3. [] Three 4. [] Four 5. [] Five 6. [] Six 7. [] Seven 8. [] Eight or more	
D02.	Are all household members ages 5 to 17 currently in school? DO NOT PROMPT.	1. [] Yes 2. [] No 3. [] No one ages 5 to 17	
D03.	Can the male head/spouse read a phrase/sentence in English? DO NOT PROMPT.	1. [] Yes 2. [] No 3. [] No male head/spouse	
D04.	What is the main construction material used for the outer walls of your current dwelling? DO NOT PROMPT.	1. [] Mud bricks/earth, wood, bamboo, metal sheet/slate/asbestos, palm leaves/thatch (grass/raffia etc.) 2. [] Cement/concrete blocks, landcrete, stone, or burnt bricks	
D05.	What type of toilet facility does the household usually use? DO NOT PROMPT.	1. [] No toilet facility (bush, beach) 2. [] Pit latrine, bucket/pan 3. [] Public toilet (e.g., WC, KVIP, pit pan) 4. [] Private toilet (KVIP, or WC)	
D06.	What is the main fuel used by the household for cooking? DO NOT PROMPT.	1. [] None/No cooking 2. [] Wood, crop residue, sawdust, animal waste, or other 3. [] Charcoal, or kerosene 4. [] Gas, or electricity	
D07.	Does any household member own a working box iron or electric iron? DO NOT PROMPT.	1. [] Yes 2. [] No	
D08.	Does any household member own a working television, video player, VCD/DVD/MP3/MP4 player/iPod, or satellite dish? DO NOT PROMPT.	1. [] No 2. [] Only television 3. [] Video player, VCD/DVD/MP3/MP4 player,	

No.	Questions	Coding Categories	Skip To
		iPod, or satellite dish (regardless of TV)	
D09.	How many working mobile phones do members of the household own? DO NOT PROMPT.	1. [] None 2. [] One 3. [] Two 4. [] Three or more	
D10.	Does any household member own a working bicycle, motor cycle, or car? DO NOT PROMPT.	1. [] None 2. [] Bicycle only 3. [] Motor or Car	
INTERVIEWER, SAY: Now I am going to ask you about your personal income and the total household income. Income is important in analyzing how parents support their children with the necessary facilities and materials to learn both at school and at home. For example, this information helps us to learn whether households in one income group provide different types of educational support or services to aid their children to learn than do others.			
D11.	How much income do you earn from wages and/or salaries in a normal work day? DO NOT PROMPT.	GH¢ [][][][] If none, enter 0 -888 if don't know -999 if Refused to answer	
D12.	Now I am going to ask you about the total household income for all the persons in your household. Please remember that by ("total household income"), I mean your income plus the income of all the other household members 18+ for a normal month. Can you tell me, on the average, the total income for your household from all sources such as wages, salaries, sales of products, Social Security or retirement benefits, and help from relatives? DO NOT PROMPT.	GH¢ [][][][] If none, enter 0 -888 if don't know -999 if Refused to answer	If don't know →D13
D13.	You may not be able to give us an exact figure for your total household income, but can you tell me if this income in a normal month is ... READ OPTIONS TO RESPONDENT.	1. [] Less than GH¢ 216.00 2. [] GH¢ 216.00 - GH¢ 324.00 3. [] GH¢ 325.00 - GH¢ 2,764.00 4. [] GH¢ 2,765.00 - GH¢ 3,239.00 5. [] More than GH¢ 3,240.00 -888. [] Don't know -999. [] Refused to answer	
INTERVIEWER INSTRUCTION: go through the survey to check for any missed questions, miscodes, incorrect skip patterns and any other errors. Ask the respondent any questions you may have missed and correct any errors. then			

No.	Questions	Coding Categories	Skip To
write your comment.			
I03.	Surveyor comment: <hr/> <hr/> <hr/>		
I04.	INTERVIEW END TIME (<i>use 24-hour clock</i>)	__ __ : __ __	
READ: This is the end of our interview, thank you so much for your participation in this survey; we really appreciate you taking time to speak to us today. We will send you 5 Ghana Cedis airtime for your mobile phone by close of tomorrow, but just before you hang up I will like to take your phone details for the top up.			
INTERVIEWER INSTRUCTION: <i>Complete questions B02 to B05, save the data, and continue on SECTION C of the CALL RECORD AND SCREENER to collect respondent's details for the phone top-up before hanging up.</i>			
B. OBSERVATION AND INTERVIEW RESULTS			
B02.	What is the main language used to conduct the interview? MARK ONLY ONE OPTION	1. <input type="checkbox"/> Twi/Fante 2. <input type="checkbox"/> Ga-Dangme 3. <input type="checkbox"/> Ewe 4. <input type="checkbox"/> Frafra/Grusi 5. <input type="checkbox"/> Nzema 6. <input type="checkbox"/> Wale/Dagari 7. <input type="checkbox"/> Hausa 8. <input type="checkbox"/> English 9. <input type="checkbox"/> French 10. <input type="checkbox"/> Other (specify) _____	
B02.a	Other (specify)		
B03.	Interview Result	1. <input type="checkbox"/> Complete 2. <input type="checkbox"/> Incomplete 3. <input type="checkbox"/> Refused 4. <input type="checkbox"/> Caregiver not locatable - wrong number, busy signal, ring but no response 5. <input type="checkbox"/> Caregiver not available 6. <input type="checkbox"/> Other (specify) _____	→B07 →B08

No.	Questions	Coding Categories	Skip To
B03a.	Other (specify)		
B04.	If refused, why?	1. [] Has no time - busy 2. [] Not interested 3. [] Doesn't do phone survey 4. [] Other (specify) _____	
B04a.	Other (specify)		
B05.	If incomplete, why?	_____ _____ _____	