

CONFIRMING RESPONDENT		Respondent 1		Final Respondent	
A. Respondent First Name				IF RESPONDENT 1 HAS QB=2 OR QC=2 THEN YOU MUST IDENTIFY A NEW RESPONDENT TO COMPLETE THE QUESTIONNAIRE	
B. Are you at least 16 years of age?		Yes...1	No...2	Yes...1 No...2	
C. Do you spend 20+ hrs/wk with the participating child(ren)? <i>YOU MAY REFER TO CHILD(REN) BY NAME(S)</i>		Yes...1	No...2	Yes...1 No...2	
D. Respondent ID from S1 roster		[]		[]	
CHILD RESPONDENT IDENTIFICATION					
1. Name of participating child: _____				Refer to CBCC childlisting but confirm correct spelling with respondent.	
2.. Nickname or other name: _____					
3. CBCC this child attended		4. Listing ID:		5. Child's ID	
3-digit code		2-digit code		1-digit code	
[][][]		[][]		[1]	
6. Is there another child respondent living in this HH?				NOTE: CHILD RESPONDENT'S ID IS THE 6-DIGIT CODE OF Q3-Q4-Q5 COMBINED.	
				1 = Yes	
				2 = No >>Q13a	
7. Name of participating child: _____				Refer to CBCC childlisting but confirm correct spelling with respondent.	
8. Nickname or other name: _____					
9. CBCC this child attended		10. Listing ID:		11. Child's ID	
3-digit code		2-digit code		1-digit code	
[][][]		[][]		[2]	
12. Does this child have the SAME M/G Respondent?				NOTE: CHILD RESPONDENT'S ID IS THE 6-DIGIT CODE OF Q9-Q10-Q11 COMBINED.	
				1 = Yes	
				2 = No	
13. Headman's name _____					
14. HH head's name _____ 15. Compound head name _____					
16. OUTCOME OF VISITS					
		Attempt 1		Attempt 2	
a. Interviewer initials		[][][]		[][][]	
b. Interviewer ID code		[][][]		[][][]	
c. Date of attempt		Fill date (dd/mm/yy) [][]/[][]/[][][]		[][]/[][]/[][][]	
LENGTH OF INTERVIEW		d. Time Interview Started (hh:mm): [][]:[][]		[][]:[][]	
		e. Time Interview Ended (hh:mm): [][]:[][]		[][]:[][]	
f. Outcome (USE CODES BELOW)		[]		[]	
TIME/DATE OF REVISIT		Time: []		Time: []	
		Date: []		Date: []	
g. Will another visit be attempted?		1 = Yes >> Next attempt		[]	
		2 = No >> DONE. >>Q20		[]	
17. Language of interview		[]		1=CHICHEWA 2=OTHER, SPECIFY: _____	
QUESTIONNAIRE VERIFIED BY		18. SUPERVISOR		19. LOGGED BY	
a. Initials:		[][]		[][]	
b. ID Code:		[][]		[][]	
c. Date:		[][]/[][]/[][][]		[][]/[][]/[][][]	
22. COMMENTS REGARDING VISITS				OUTCOME CODES:	
				1=COMPLETED	
				2=REFUSED, GIVE REASON AT Q24	
				3=TEMPORARILY ABSENT	
				4=CHILD RESPONDENT UNKNOWN/WRONG HH	
				5=OTHER, SPECIFY:	

SECTION 1: HOUSEHOLD ROSTER

[illegible]

CHECK THIS BOX IF THIS HOUSEHOLD HAS MORE THAN 13 (A-M) MEMBERS. MUST COMPLETE A SUPPLEMENTAL HH ROSTER.

SECTION 2: HOUSEHOLD & DWELLING CHARACTERISTICS

1	2	3	4	5	6a
What is the mother tongue/native language of the head of this household? 1= Chichewa 2= Chiyao 3= Chilomwe 4= Chitumbuka 5= Chingoni 6= Chisena 7= Chitonga 8= Chisenga 9= Other, specify: _____	The outer walls of the main dwelling of the household are predominantly made of what material? 1 = Grass 2 = Mud (yomata) 3 = Compacted earth 4 = Mud brick (unfired) 5 = Burnt bricks 6 = Concrete 7 = Wood 8 = Iron sheets 9 = Other, specify _____	The roof of the main dwelling is predominantly made of what material? 1 = Grass 2 = Iron sheets 3 = Clay tiles 4 = Concrete 5 = Plastic sheeting 6 = Other, specify _____	The floor of the main dwelling is predominantly made of what material? 1 = Natural (earth/sand/ mud/dung) 2 = Rudimentary (wood/ broken brick) 3 = Finished (polished wood/ _____) 4 = Other, specify _____	How many separate rooms do the members of your household occupy? INCLUDE ROOM(S) IN THE MAIN HOUSE PLUS ANY DWELLING UNITS. DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE. NUMBER OF ROOMS	What was your household's main source of drinking water over the past month? 1 = personal source (piped, well, etc) 2= shared source (piped, well, etc) 3 = open source (river, spring, lake, etc)

6b	7	8	9	10
Did your household pay to use that water source over the past month? 1 = Yes 2 = No	What is the main source of cooking fuel for this household? 1 = Firewood 2 = Paraffin 3 = Charcoal 4 = Electricity 5 = Other, specify: _____	Do you have electricity connected in your dwelling? 1 = Yes 2 = No	Does your household have access to a radio? 1 = Yes 2 = No	What kind of toilet facility does your household use? 1 = Flush toilet 2 = VIP pit latrine (lid, 3 = Standard pit latrine (cement floor, a roof) 4 = Traditional pit latrine (mud floor, thatched roof)

SECTION 3: DURABLE GOODS

1.	2. Does your household own a [ITEM]?	Circle the correct answers	
COD E	ITEM	Yes	No
1	Mortar/pestle (<i>mtondo</i>)	1	2
2	Bed and/or mattress	1	2
3	Table (dining and/or coffee table)	1	2
4	Chair (un-upholstered)	1	2
5	Upholstered chair or sofa set	1	2
6	Cupboard, drawers, wardrobe	1	2
7	Lantern (paraffin)	1	2
8	Torch (battery operated)	1	2
9	Clock	1	2
10	Iron (for pressing clothes)	1	2
11	Radio ('wireless')	1	2
12	Television	1	2
13	Mobile phone	1	2
14	Bicycle	1	2
15	Motorcycle	1	2
16	Car	1	2
17	Panga	1	2
18	Axe	1	2
19	Sickle	1	2

3	How much land is owned by you or any member of your household, including land which is farmed but also land which is fallow? If no land, put 0 as amount and leave unit blank. Record to the nearest .25 Amount [] Unit [] (1: Acres, 2: Hectares, 3: Football pitches, 4: Square m)		
4	Has any member of your household owned livestock or poultry during the past 12 months? By livestock, I mean goats, chickens, pigs, etc. 1 = Yes 2 = No >> NEXT SECTION []		
	5. How many [...] does your household own at present? IF 0 >> NEXT ANIMAL	6. If you sold one of those [...] today, how much money could you get for it? MK for 1 animal	
a.	Goats		
b.	Chickens		
c.	Pigs		
d.	Other, specify:		
e.	Other, specify:		

SECTION 4: ECONOMIC SHOCKS

1.	2.	3.	4.	26 RESPONSES FOR Q4: DO NOT READ 1 = SPENT CASH SAVINGS 2= BORROWED MONEY 3 = REDUCED CONSUMPTION/EXPENDITURES 4 = SOLD ASSETS/FARMLAND/ANIMALS/MORE CROPS 5 = RENTED OUT FARMLAND 6 = WORKED MORE/OTHER HH MEMBER WORKED MORE (includes piecework) 7 = WENT ELSEWHERE TO FIND WORK FOR MORE THAN A MONTH 8 = STARTED A NEW BUSINESS 9 = REMOVED CHILDREN FROM SCHOOL TO WORK 10 = SENT CHILDREN TO LIVE WITH RELATIVES 11 = RECEIVED HELP FROM RELATIVES /ANOTHER HOUSEHOLD 12 = RECEIVED HELP FROM NGO/GOVERNMENT/CHURCH 13= REPORTED TO POLICE/HEADMAN/VILLAGE CHIEF 14 = PRAYER - SPIRITUAL EFFORT, SACRIFICES, CONSULTED DIVINER 15 = WENT TO HOSPITAL (Gov't, Private, CHAM) 16 = BOUGHT MEDICINE 17= APPLIED MANURE OR FERTILISER (incl purchased, borrowed or gifted) 18 = PLANTED SEASONAL CROPS (winter/summer) 19 = BOUGHT OR USED PESTICIDES OR INSECTICIDES 20 = USED NATURAL INSECTICIDES OR TRADITIONAL PESTICIDES 21 = IRRIGATION FARMING 22 = WALK MORE INSTEAD OF TAKING BUS OR TAXI 23 = TRAVELED LESS/GO TO FEWER PLACES THAT REQUIRE USING TRANSPORT 24 = SWITCH TO USING TORCHES, PARRAFIN, OR OTHER TYPE OF FUEL (NON-TRANSPORT ISSUES) 25 = DID NOT DO ANYTHING 26 = OTHER (SPECIFY)	
	Over the past 12 months, was your household severely affected <u>negatively</u> (economically) by any of the following events? GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO QUESTION 3 & 4	1 = Yes 2 = No (»Next event)	[THIS SHOCK] effected: [READ] 1 = Your own HH only 2 = Some other HHs too 3 = Most HHs in community 4 = All HHs in community		What was the MOST IMPORTANT thing you did in response to this shock to try to regain your former welfare level?
1	Lower crop yields due to drought or floods				
2	Crop disease or crop pests				
3	Livestock died or were stolen				
4	Household business failure, non-agricultural				
5	Large fall in sale prices for crops				
6	Large rise in price of food, or unavailability of food.				
7	High price of agricultural inputs (e.g. fertilizer)				
8	Illness or accident of household member				
9	Death of previous HH head				
10	Death of other able-bodied adult HH member (not previous HH head)				
11	Fuel shortages or increase in fuel price				
5	For the following questions, please think of how often each item has occurred IN THE PAST MONTH.	a. Yes = 1 No = 2 >>NEXT ITEM	b. How often did this happen in the past MONTH 1 = Rarely (1-2 times) 2= Sometimes (3-10 times) 3= Often (more than 10 times)		
12	Did you worry that your household would run out of food before getting money to buy more?			if =2 >> Q17	
13	Did the food you BUY run out and you didn't have money to buy more? (don't include food grown at home)				
14	Couldn't afford to eat balanced meals.				
15	Did adult HH members cut the size of meals or skip meals?				
16	Did adult HH members cut the size of meals or skip meals for three or more months in the past year?				
17	Did you eat less than you felt you should?				
18	Were there times you were hungry but didn't eat?				
19	Did you lose weight?				
20	Did adult HH members ever go an entire day without eating?			if =2 >> NEXT SECTION	
21	Did adult HH members go an entire day without eating during 3 different months of the past year?				

SECTION 5: HEALTH PRACTICES

Next I would like to ask you some general questions about caring for the health of 3 & 4 year old children.

1	<p>Sometimes children have serious pain and must be taken immediately to the health post. What type of symptoms would make you take your child to a health post?</p> <p><i>DO NOT READ RESPONSES, CIRCLE ALL THAT APPLY</i></p> <p><i>Continue asking for more symptoms until the mother does not remember any more symptoms.</i></p>	<p>a) Child has a rash 1</p> <p>b) Child has diarrhea..... 1</p> <p>c) Child has fever..... 1</p> <p>d) Child is unhappy 1</p> <p>e) Blood in the stool..... 1</p> <p>f) Child drinks/eats almost nothing..... 1</p> <p>g) Child has difficulty breathing 1</p> <p>h) Child faints 1</p> <p>i) Other, specify 1</p> <p>j) would never take child to health post.... 1</p>
A	<p>ENUMERATOR CHECK: Is option “j” circled on Q1? IF YES, NO OTHER OPTIONS CAN BE CIRCLED IN Q1.</p>	<p style="text-align: center;">[] 1 = Yes</p> <p style="text-align: center;"> 2 = No >> Q3</p>
2	<p>Why do you choose to never take your child to a health post?</p> <p><i>DO NOT READ RESPONSES, CIRCLE ALL THAT APPLY</i></p>	<p>a) Too far away 1</p> <p>b) Can't afford the services 1</p> <p>c) Only use traditional healers 1</p> <p>d) Don't trust the service providers there 1</p> <p>e) Rely only on prayer for healing 1</p> <p>f) Other, specify: 1</p>
3	<p>When a child has diarrhea, he/she has to drink less liquids than usual, the same quantity as usual or more than usual?</p>	<p>Less..... 1</p> <p>Same..... 2</p> <p>More..... 3</p> <p>Don't know..... 8</p>
4	<p>When a child has diarrhea, he/she has to eat less than usual, the same as usual, or more than usual?</p>	<p>Less..... 1</p> <p>Same..... 2</p> <p>More..... 3</p> <p>Don't know..... 8</p>
5	<p>What actions can help prevent diarrhea?</p> <p><i>DO NOT READ RESPONSES, CIRCLE ALL THAT APPLY</i></p>	<p>a) Covering food..... 1</p> <p>b) Washing hands before meals..... 1</p> <p>c) Washing hands after the toilet..... 1</p> <p>d) Washing fruits/vegetables..... 1</p> <p>e) Boiling drinking water..... 1</p> <p>f) Avoid sharing food/utensils with someone with diarrhea 1</p> <p>g) Prevent people with diarrhea from preparing food/fetching water..... 1</p> <p>h) Using a toilet/latrine..... 1</p> <p>i) Doesn't know..... 1</p> <p>j) Other, specify: 1</p>

SECTION 6: CBCC INFORMATION

Now I would like to ask you some questions about the CBCC [CHILD 1] attends.

In this section, "CBCC" refers to both the CBCCs and any other child care facilities.

ENUMERATOR CHECK A:			
Number of sample children who live in HH (see Coversheet): [] If = 1 >> Q2			
1	Do both/all the participating children attend the same CBCC? [] Yes=1 No=2 IF = 1: Complete ONLY column 1 IF = 2: Complete this page for CHILD 1, then complete this form again for CHILD B. NOTE: use same 1/2 as on Coversheet & HH Roster		
ENUMERATOR CHECK B: Confirm the name of the CBCC(s) the child attends. Write them here for reference: CBCC Column 1: _____			
2	Why did you decide to send your child to the CBCC? <i>DO NO READ RESPONSES</i> <i>CIRCLE ALL THAT ARE MENTIONED</i>	a. Convenient location b. Provides a break to get HH chores done c. No other care available when I work (work outside of home) d. No other options available for the child e. It's good for my child f. Prepares child for school g. They feed my child h. They provide health services for my child i. Other, specify:	1 1 1 1 1 1 1 1 1
3	What qualities did you consider when deciding to send [NAME] to a CBCC? <i>DO NOT READ RESPONSES.</i> <i>CIRCLE THE FIRST 4 RESPONSES THAT ARE MENTIONED.</i>	a) Price/cost of program b) Proximity to your home c) Proximity to your work d) Their schedule, the times they are open e) Friends/family work at this CBCC f) The number of caretakers for children g) The caretakers' childcare experience h) The caretaker's childcare training (courses, training, etc) i) The warmth in the treatment of children j) The staff play with the children k) The availability of snacks/meals for my child l) The quality of the food m) Offers health services (growth monitoring, etc.) n) A clean place o) A safe place p) Recommended by friends/family q) The CBCC has a konde or yard r) The CBCC has books for the children s) Somewhere that children can play with toys or objects that make music or sounds or are meant to be constructed or stacked t) Other, specify:	1 1
4	Of the qualities you just mentioned, please rank the issues of most importance to you, where number 1 is the most important issue.	READ BACK ONLY ITEMS ALREADY MENTIONED. WRITE LETTER OF TOP 3.	Priority #1 [] Priority #2 [] Priority #3 []
5	How were you informed of [CBCC NAME]'s services? <i>DO NOT READ.</i> <i>CIRCLE ALL RESPONSES MENTIONED.</i>	a) Visited the CBCC b) Spoke with someone from the CBCC c) Recommendation from someone with children who attend/attended this CBCC d) Recommendation from someone WITHOUT children at the CBCC e) Don't remember f) Other, specify:	1 1 1 1 1 1
6	How much does it cost to send [NAME] to this CBCC this month?	KWACHA	[]
7	Did your household provide any in-kind contributions to the CBCC this year?	Yes..... No	1 2 >>Q9
8	What are the type(s) and total value of the in-kind contributions this year? <i>DO NOT READ. CIRCLE ALL THAT ARE MENTIONED.</i>	a) food b) labor c) supplies d) other, specify:	1 1 1 1
		Total Monthly Value of a-d in Kwacha	[]

9	Who usually takes [NAME] to the CBCC?	You (respondent) =1 Someone else =2 Child goes alone =3	<input type="text"/>
10	Approximately how long does it take to WALK from your HOME to the CBCC?	RECORD IN MINUTES	<input type="text"/>
11	In general, how would you rate the experience and training of the caretaker's and their assistants at this CBCC? <i>READ OPTIONS</i>	1= Very good 2 = Good 3 = Regular 4 = Bad 5 = Very bad	<input type="text"/>
12	Considering the number of children who regularly attend this CBCC, would you say the number of teachers/caretakers is ...	Excessive (too many) =1 Just enough, sufficient =2 Not enough =3	<input type="text"/>
13	In general, how would you rate the quality of the interaction between CBCC staff and the children? <i>READ OPTIONS</i>	1= Very good (caring) 2= Good (warm) 3= Regular (indifferent) 4= Bad (cold) 5= Very bad (mistreatment)	<input type="text"/>
14	On a scale of 0 to 10 where 0 means impossible and 10 means totally possible, what are the chances that something unfortunate could happen to your child while they are at this CBCC? <i>SHOW RESPONDENT THE SCALE CARD.</i>	NUMBER 0 - 10	<input type="text"/>
15	Does this CBCC have children's books?	1= Yes 2=No	<input type="text"/>
16	At this CBCC, do the children play with objects or toys that make sounds or that are meant to be constructed or stacked?	Yes =1 No =2	<input type="text"/>
17	Are you involved in the CBCC's management committee?	1= Yes 2=No	<input type="text"/>
18	Are you involved in any other committees at the CBCC? If yes, please specify:	1 = Yes. Specify: _____ 2=No	<input type="text"/>
19	Have you ever volunteered as a caregiver?	1= Yes 2=No	<input type="text"/>
20	Have you ever helped the CBCC by preparing food for children (other than your own) or tending the CBCC's garden? 1=YES 2=NO		<input type="text"/>

SECTION 7: ANTENATAL, BIRTH AND EARLY PRACTICES

ENUMERATOR CHECKS

A. CHECK HERE IF MORE THAN ONE SAMPLE CHILD LIVES IN THIS HOUSE.....
IF BOX IS CHECKED, YOU **MUST** COMPLETE A "SECOND SAMPLE CHILD SUPPLIMENT SURVEY".

B. COPY CHILD RESPONDENT'S NAME & ID FROM COVERSHEET *EXACTLY* (CS-Q1 AND Q3-Q5)

1. NAME: _____

2. CHILD ID (6-DIGITS): [] [] [] [] [] [] [] []

Now, I would like to ask you some questions about [NAME].

1	Does [NAME] have a birth certificate?	Yes 1 >>Q5 No 2 Don't Know 3
2	Has [NAME]'s birth been registered?	Yes 1 No 2 >>Q4 Don't Know 3 >>Q4
3	With whom? CIRCLE ALL THAT APPLY.	Civil Authorities 1 >>Q5 Village Head 1 <-- Other, specify 1
4	Do you know how to register a child's birth with the civil authorities?	Yes 1 No 2
5	Is [NAME]'s natural mother still alive?	Yes, respondent 1 >>Q7 Yes, someone else 2 No: year of death 3 >>Q7 yyyy []
6	Does [NAME]'s mother live in this household?	Yes 1 No 2
7	Is [NAME]'s natural father still alive?	Yes, respondent 1 >>Q9 Yes, someone else 2 No: year of death 3 >>Q9 yyyy []
8	Does [NAME]'s father live in this household?	Yes 1 No 2

NOTE: For the following questions, if the respondent is NOT the mother, ask about the mother and not the respondent.

9	While you were pregnant with [NAME] did you go to a clinic or other facility for antenatal consultations? <i>IF NOT MOTHER: Do you know if [NAME]'s mother went to a clinic or other facility for antenatal consultations?</i>	Yes 1 No 2 Don't Know 3
10	Did you take any antenatal vitamins during your pregnancy with [NAME]? <i>IF NOT MOTHER: Do you know if [NAME]'s mother took any antenatal vitamins during the pregnancy?</i>	Yes 1 No 2 Don't Know 3
11	Where did you give birth to [NAME]? <i>IF NOT MOTHER: Where was [NAME] born?</i>	Home (incl. TBA's place) 1 Hospital 2 Health center 3 Other, specify: 4 Don't Know 8
12	Who assisted you with [NAME]'s birth? <i>IF NOT MOTHER: Who assisted with [NAME]'s birth?</i>	Doctor 1 Midwife/Matron 2 Traditional Birth Assistant 3 Relative 4 Other, specify: 5 Don't Know 8
13	How much did [NAME] weigh at birth? (copy from health passport if available, otherwise ask respondent)	KGS [] [] . [] IF DK>> Q15
14	ENUMERATOR CHECK: Did you get this information (Q13) from the health passport?	Yes 1 No 2 >>NEXT SECTION
15	Was [NAME] born smaller than normal, bigger than normal, or about normal size? <i>NOTE: if available, use passport to answer this question.</i>	Bigger than normal 1 About normal 2 Smaller than normal 3 Don't Know 4

SECTION 8: CHILD IMMUNIZATIONS & HEALTH

1	Do you have a health passport that shows which vaccinations [NAME] has received? <i>NOTE: "VERIFIED" MEANS THE ENUMERATOR IS ABLE TO SEE THE HEALTH PASSPORT.</i>	Yes, verified 1 Yes, not verified ... 2 No 3 >> Q3
2	Is this passport up to date, or has [NAME] received vaccinations that are not on this passport? DON'T FORGET TO PROBE.	Up to date 1 Not up to date 2
		1 = Yes, in passport 2 = Yes, but not verified in passport 3 = No >>NEXT LINE
		b) How many times did [NAME] receive this treatment?
3	In the past 6 MONTHS, has [NAME] been given any Vitamin A?	
4	Has [NAME] ever received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar?	ONLY RECEIVE ONCE
5	Has [NAME] ever been given polio vaccine, that is pink or white drops in the mouth?	
6	Has [NAME] ever been given a DPT vaccination, that is an injection usually given at the same time as polio drops?	
7	Has [NAME] ever been given an injection against measles?	
8		
	In the last 7 DAYS, did [NAME] take iron pills, sprinkles with iron, or iron syrup?	
9		
	In the past 6 MONTHS, has [NAME] taken any drug for intestinal worms?	
10	Ask to see the passport and use it to fill out the remaining questions In the growth chart of the Health Passport, are there any entries in the past 3 MONTHS for [NAME]?	Yes 1 No 2>>Q14
11	At what age in months is the most recent growth chart entry in the Health Passport for [NAME]?	MONTHS [][]
12	What is the weight in KG of [NAME] in the most recent entry on the growth chart in the health passport?	KGS [][]
13	Is [NAME] above, below or of normal growth according to this entry?	Above 1 Normal 2 Below 3
14	During the last 7 DAYS did [NAME] suffer from an illness or injury?	Yes 1 No 2>> Q18
15	What illness/injury has [NAME] suffered from? RECORD only one. USING CODES. . Illness #1 (specify only if=22)	CODE [][]
	CODES FOR Q15 1 = Fever, no Malaria 2 = Fever with Malaria 3 = Stomach Ache 4 = Diarrhea 5 = Vomiting 6 = Upper respiratory (sinuses) 7 = Lower respiratory (chest, lungs) 8 = Flu/Cold 9 = Asthma 10 = Headache 11 = Fainting 12 = Skin problem 13 = Dental problem 14 = Eye problem 15 = Ear problem 16 = Backache 17 = TB 18 = Burn/Fracture/Wound/Minor cuts 19 = Illness with persistent cough 20 = Sore throat 21 = Difficulty Breathing 22= Other, specify	
16	Who diagnosed the illness? USE CODES Illness #1	[][]
17	What action did you take to find relief? USE CODES Illness #1	[][]
	CODES FOR Q16: 1 = Mother 2 = Father 3 = Guardian (non-parent) 4 = Doctor from a private clinic 5 = Doctor/clinician from a gov't hospital 6 = Traditional healer 7 = Any other relative CODES FOR Q17: 1 = Did nothing, not serious 2 = Did nothing, no money 3 = Used medicine had in stock 4 = Personally known remedies 5 = Sought treatment at gov't health facility 6 = Treatment at private health facility 7 = Sought treatment at church/mission facility 8 = Went to local pharmacy 9 = Went to local grocery for medicine 10 = Sought treatment with trad. healer 11 = Sought treatment with faith healer 12 = Other (specify)	
18	Does [NAME] usually sleep under a mosquito net?	Yes 1 No 2
19	Did [NAME] sleep under a mosquito net last night?	Yes 1 No 2

SECTION 9: NUTRITION AND DEVELOPMENT

Now I would like to ask you about liquids and foods that [NAME] may have had since this time yesterday (during the day or the night). I am interested in whether [NAME] had the item even if it was combined with other foods.

Please limit the scope of your answers to only beverages that were consumed SINCE THIS TIME YESTERDAY.

Did [NAME]?		EXAMPLES YOU MAY GIVE	1 = YES
			2 = NO
1	Drink plain water		
2	Drink Sobo or Squash		
3	Drink other juice made from fruits		
4	Drink or eat porridge		
5	Take any ORS (oral rehydration solution)		
6	Eat cereals, roots, tubers, nsima, bread	ufa mgaiwa or refined, rice, maize bran, cassava, potatoes, BREAD?	
7	Eat vitamin A rich fruits, vegetables	Mango, papaya, carrot, red sweet potatoes, thanaposi, nkhwani, spinach	
8	Eat other fruits	Bananas, apples, oranges	
9	Eat other vegetables	Cabbage, green beans, broccoli, cucumber, lettuce	
10	Eat legumes, pulses and nuts	Beans, nandolo, groundnut, groundnutflour, peanut butter?	
11	Eat oils and fats	cooking oil, kazinga, margarine	
12	Eat meat, poultry, fish	matemba, chambo chicken, beef, pork, goat, mice, insects	
13	Eat or drink dairy products	Milk (fresh or powder, yogurt, cheese), yogurt, cheese	
14	Eat eggs		
15	Eat other snack foods	sweets, crisps, kamba puffs, jiggs	

16	How many meals did [NAME] eat yesterday?	TIMES:	
17	How many snacks did [NAME] eat yesterday?	TIMES:	

For the following questions, please think of how often each item has occurred IN THE PAST MONTH.		a. Yes= 1 No= 0>>NEXT ITEM	b. How often did this happen? 1= Rarely (1-2 times/month) 2= Sometimes (3-8 times/month or up to 2x/week) 3= Often (9-16 times/month or up to 4x/week) 4= Frequently (5 or more times a week)
18	Relied on few kinds of low-cost food to feed [NAME]		
19	Couldn't feed [NAME] balanced meals		
20	[NAME] was not eating enough		
21	Cut size of [NAME]'s meals		
22	[NAME] was hungry		
23	[NAME] skipped meals		
24	[NAME] skipped meals in three or more months during the past year		
25	[NAME] did not eat for whole day		
26	The only food [NAME] ate during a whole day was provided at the CBCC or religious center.		

SECTION 10: HH STIMULATION/SUPPORT FOR LEARNING

Now I would like to ask you some questions about things [NAME] may play with at home.

1	Does [NAME] play with....				1 = Yes 0 = No				
	a) Homemade toys (such as dolls, cars, or other toys made at home)?								
	b) Toys from a shop or manufactured toys?								
	c) Household objects (such as bowls or pots), objects found outside (such as sticks, rocks, animal shells or leaves), or recycled/discarded objects (containers, bottle caps, etc)?								
	d) Paper and pen, pencils or crayon?								
2	How many children's books or picture books do you have for [NAME]?			None 0 1-2 1 3-5 2 6-10 3 11 or more 4					
3	In the past 3 DAYS, has anyone in the household who is at least 12 years old ...		1= Yes 2=No>> NEXT ACTIVITY	4. How many times did YOU do this with [NAME]?	5. Did anyone else do this with [NAME]?	6. Did anyone else do this with [NAME]?			
	<div> <p>CODES FOR Q5 & Q6 3= Sibling 7=adult non-relative in HH</p> <p>1=Mother 4= cousin</p> <p>2=Father 5=grandparent</p> <p> 6= other adult relative</p> </div> <p>GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO QUESTIONS 4-6</p>								
ITEM									
a.	Read books to or looked at picture books with [NAME]?								
b.	Told stories to [NAME]?								
c.	Sang a song to or with [NAME], including lullabies?								
d.	Chatted with [NAME] while doing chores or other tasks?								
e.	Took [NAME] outside the home, compound, yard or enclosure?								
f.	Played at physical activities with [NAME]? (Dancing, jumping, running, sports, etc.)								
g.	Helped [NAME] learn letters or numbers?								
h.	Helped [NAME] learn shapes or colors?								
i.	Drew objects in sand or with pen and paper for [NAME]?								
j.	Constructed objects (from paper, wire, mud, etc.) with [NAME]?								
k.	Identified plants, animals, or the natural environment for [NAME]?								
L.	Taught English words to [NAME]?								
m.	Taught [NAME] the names and uses of new objects?								
n.	Played with [NAME] in some other way not described here. Specify:								
Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with [NAME] in the PAST MONTH.					1 = Yes 2 = No				
7	Took away privileges, forbade something [NAME] liked or did not allow him/her to leave house.								
8	Explained why [NAME]'s behavior was wrong.								
9	Shouted, yelled at or screamed at him/her.								
10	Gave him/her something else to do.								
11	Called him/her dumb, lazy, or another name like that.								
12	Physically punish. for example kicking, slapping, beating and shaking him/her.								

SECTION 11: Child Respondent's CBCC & 10Qs

Now I would like to ask you some questions about the CBCC that [NAME] attends.

1	In the past 7 DAYS, how many days was the CBCC open? (including children's corner)	0-7 [] if =0, >>Q4
2	In the past 7 DAYS, how many DAYS did [NAME] attend the CBCC?	0-7 []
3	In the past 7 DAYS, what is the total amount of HOURS [NAME] attended the CBCC?	HOURS []
4	How long have you been sending [NAME] to <i>THIS</i> CBCC?	MONTHS [] IF <1 >>Q7a
5	In the past 6 months have you received a visit or attended a meeting to discuss the development or behavior of [NAME]?	Meeting(s) 1 Visit(s) 2 Both 3 No 4 >>Q7a
6	How many visits and meetings in the past 6 months?	NUMBER []
7a	Where do you expect [NAME] to be next year?	Same CBCC 1 >>Q8 Different CBCC or childcare facility 2 >>Q8 Primary School 3 >>Q8 No CBCC or School 4
7b	Why won't [NAME] attend a CBCC or other school next year?	Family is moving 1 Too far from where we live 1 Too young to start primary 1 Has reached CBCC's limit on years attended 1 Other: specify: 1
8	Does [NAME] attend any other community or religion-based child	Madrasa 1 Sunday/Sabath School 2 Other 3 No 4

Now I'd like to ask you some questions about [NAME]'s physical development.		1=Yes 2=No
9	Compared with other children, did [NAME] have any serious delay in sitting, standing, or walking?	
10	Compared with other children does [NAME] have difficulty seeing, either in the daytime or at night?	
11	Does [NAME] appear to have difficulty hearing?	
12	When you tell [NAME] to do something, does he/she seem to understand what you are saying?	
13	Does [NAME] have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	
14	Does [NAME] sometimes have fits, become rigid, or lose consciousness?	
15	Does [NAME] learn to do things like other children his/her age?	
16	Does [NAME] speak at all? (Can he/she make himself/herself understood in words; can he/she say any recognizable words?	
17	Is [NAME]'s speech in any way different from normal?	
18	Compared with other children of his/her age, does [NAME] appear in any way mentally backward or slow?	

SECTION 12: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

Now we would like to ask you some questions about [NAME'S] behavior.

Please tell us which of the following describe [NAME'S] behaviour over the last SIX MONTHS.

For each of these statements I will ask you, please tell me if the statement is not true, somewhat true, or certainly true.

Certainly true:				
	[NAME] is...	Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	0	1	2
2	Restless, overactive, cannot stay still for long	0	1	2
3	Often complains of headaches, stomach-aches or sickness	0	1	2
4	Shares readily with other children, for example toys, treats, pencils	0	1	2
5	Often loses temper	0	1	2
6	Rather solitary, prefers to play alone	0	1	2
7	Generally well behaved, usually does what adults request	0	1	2
8	Has many worries or often seems worried	0	1	2
9	Helpful if someone is hurt, upset or feeling ill	0	1	2
10	Constantly fidgeting or squirming	0	1	2
11	Has at least one good friend	0	1	2
12	Often fights with other children or bullies them	0	1	2
13	Often unhappy, depressed or tearful	0	1	2
14	Generally liked by other children	0	1	2
15	Easily distracted and his/her concentration wanders	0	1	2
16	Nervous or clingy in new situations, easily loses confidence	0	1	2
17	Kind to younger children	0	1	2
18	Often argumentative with adults	0	1	2
19	Picked on or bullied by other children	0	1	2
20	Often offers to help others (parents, teachers, other children)	0	1	2
21	Can stop and think things out before acting	0	1	2
22	Can be spiteful to others	0	1	2
23	Gets along better with adults than with other children	0	1	2
24	Many fears, easily scared	0	1	2
25	Good attention span, sees work through to the end	0	1	2

26	Overall, do you think that [NAME] has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?	No	0	>>> NEXT SECTION	
		Yes, minor difficulties	1		
		Yes, moderate difficulties	2		
		Yes, severe difficulties	3		
27	How long have these difficulties been present?	Less than a month	0		
		1-5 months	1		
		6 - 12 months	2		
		over 1 year	3		
		Not at all	Only a little	Quite a lot	A great deal
28	Do the difficulties upset or distress [NAME]?	0	1	2	3
29	Do the difficulties interfere with [NAME]'s everyday life in the following areas?				
	Homelife	0	1	2	3
	Friendships	0	1	2	3
	Learning	0	1	2	3
	Leisure Activities Chisangalalo/kucheza	0	1	2	3
30	Do the difficulties put a burden on you or the family as a whole?	0	1	2	3

SECTION 13: MOTHER/GUARDIAN'S HEALTH

Now I would like to read you a few statements CARING FOR [NAME]. For all of the following statements, please tell me whether you [READ ANSWER OPTIONS.]

<p>Before beginning the questions in this section, read the 5 response categories to the respondent for them to keep in mind. Repeat the reply options to the respondent as often as they would like.</p>		Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
1	You often have the feeling that you cannot handle things very well.	5	4	3	2	1
2	You find yourself giving up more of your life to meet [NAME'S] needs than you ever expected.	5	4	3	2	1
3	You feel trapped by your responsibilities as [NAME'S PARENT OR NAME'S GUARDIAN].	5	4	3	2	1
4	Since having [NAME] [OR BECOMING NAME'S GUARDIAN], you have been unable to do new and different things.	5	4	3	2	1
5	Since having [NAME] [OR BECOMING NAME'S GUARDIAN], you feel that you are almost never able to do things that you like to do.	5	4	3	2	1
6	You are unhappy with the last purchase of clothing you made for yourself.	5	4	3	2	1
7	There are quite a few things that bother you about your life.	5	4	3	2	1
38	You feel capable and on top of things when you are caring for [NAME].	5	4	3	2	1
8	Having [NAME] [OR BECOMING NAME'S GUARDIAN] has caused more problems than you expected in your relationship with your spouse (or male/female friend).	5	4	3	2	1
9	You feel alone and without friends.	5	4	3	2	1
10	When you go to a party, you usually expect to not enjoy yourself.	5	4	3	2	1
11	You are not as interested in people as you used to be.	5	4	3	2	1
12	You don't enjoy things as you used to.	5	4	3	2	1
13	[NAME] rarely does things for you that make you feel good.	5	4	3	2	1
39	[NAME] will often stay occupied for a toy for more than 10 minutes.	5	4	3	2	1
14	Sometimes you feel [NAME] doesn't like you and doesn't want to be close to you.	5	4	3	2	1
15	[NAME] smiles at you much less than you expected.	5	4	3	2	1
16	When you do things for [NAME], you get the feeling that your efforts are not appreciated very much.	5	4	3	2	1
40	[NAME] knows that you are his/her [PARENT/GUARDIAN] and wants you more than other people.	5	4	3	2	1
17	When playing, [NAME] doesn't often giggle or laugh.	5	4	3	2	1
41	You enjoy being [NAME'S PARENT/GUARDIAN].	5	4	3	2	1
18	[NAME] doesn't seem to learn as quickly as most children.	5	4	3	2	1
42	[NAME] can easily be distracted from wanting something.	5	4	3	2	1
19	[NAME] doesn't seem to smile as much as most children.	5	4	3	2	1
20	[NAME] is not able to do as much as you expected.	5	4	3	2	1
21	It takes a long time and it is very hard for [NAME] to get used to new things.	5	4	3	2	1
23	You expected to have closer and warmer feelings for [NAME] than you do and this bothers you.	5	4	3	2	1
24	Sometimes [NAME] does things that bother you just to be mean.	5	4	3	2	1
25	[NAME] seems to cry or fuss more often than most children.	5	4	3	2	1
26	[NAME] generally wakes up in a bad mood.	5	4	3	2	1
27	You feel that [NAME] is very moody and easily upset.	5	4	3	2	1
28	[NAME] does a few things which bother you a great deal.	5	4	3	2	1
37	When you run into a problem taking care of [NAME], you have a lot of people to whom you can talk to, get help or advise.	5	4	3	2	1
29	[NAME] reacts very strongly when something happens that [NAME] doesn't like.	5	4	3	2	1
30	[NAME] gets upset easily over the smallest thing.	5	4	3	2	1
31	[NAME]'s sleeping or eating schedule was much harder to establish than you expected.	5	4	3	2	1
34	There are some things [NAME] does that really bother you a lot.	5	4	3	2	1
35	[NAME] turned out to be more of a problem than you had expected.	5	4	3	2	1
36	[NAME] makes more demands on you than most children.	5	4	3	2	1
43	You feel that you are successful most of the time when you try to get [NAME] to do something.	5	4	3	2	1

For the next questions, please tell me which of the following statements best describes you.			
22	<p>You feel that you are:</p> <p><i>READ ALL OPTIONS</i> <i>CIRCLE ONLY ONE</i></p>	<p>Not very good at being a [PARENT/GUARDIAN] 5</p> <p>A person who has some trouble being a [PARENT/GUARDIAN] 4</p> <p>An average [PARENT/GUARDIAN] 3</p> <p>A better than average [PARENT/GUARDIAN] 2</p> <p>A very good [PARENT/GUARDIAN] 1</p>	
32	<p>You have found that getting [NAME] to do something or stop doing something is:</p> <p><i>READ ALL OPTIONS</i> <i>CIRCLE ONLY ONE</i></p>	<p>Much harder than you expected 5</p> <p>Somewhat harder than you expected 4</p> <p>About as hard as you expected 3</p> <p>Somewhat easier than you expected 2</p> <p>Much easier than you expected 1</p>	
33	<p>Think carefully and count the number of things which your child does that bother you.</p> <p>For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.</p> <p><i>READ ALL OPTIONS</i> <i>CIRCLE ONLY ONE</i></p>	<p>1-3 1</p> <p>4-5 2</p> <p>6-7 3</p> <p>8-9 4</p> <p>10+ 5</p>	
<p align="center">IF THE M/G RESPONDENT HAS 2 (OR MORE) CHILD RESPONDENTS, STOP HERE.</p> <p align="center">COMPLETE THE SECOND CHILD RESPONDENT SUPPLEMENT BEFORE CONTINUING WITH THE FINAL M/G QUESTIONNAIRE SECTIONS.</p>			

SECTION 13.1: MOTHER/GUARDIAN'S HEALTH

Now I would like to ask you a few questions about your own health and well-being. For all of the following statements, think about your feelings and behavior **DURING THE PAST WEEK (OR 7 DAYS)**.

<p>READ THE RESPONDENT THE VARIOUS ANSWER OPTIONS BEFORE BEGINNING, AND AS OFTEN AS THEY WOULD LIKE THEM REPEATED DURING THIS SECTION.</p> <p>DURING THE PAST WEEK HOW OFTEN OR HOW MANY DAYS...</p>		Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1	Were you bothered by things that usually don't bother you?	0	1	2	3
2	Did you not feel like eating or your appetite was poor?	0	1	2	3
3	Did you feel that you could not shake off the blues even with help from your family and friends?	0	1	2	3
4	Did you feel that you were just as good as other people?	0	1	2	3
5	Did you have trouble keeping your mind on what you were doing?	0	1	2	3
6	Did you feel depressed?	0	1	2	3
7	Did you feel that everything you did was an effort?	0	1	2	3
8	Did you feel hopeful about the future?	0	1	2	3
9	Did you think your life has been a failure?	0	1	2	3
10	Did you feel fearful?	0	1	2	3
11	Was your sleep restless?	0	1	2	3
12	Were you happy?	0	1	2	3
13	Did you talk less than usual?	0	1	2	3
14	Did you feel lonely?	0	1	2	3
15	Were people unfriendly?	0	1	2	3
16	Did you enjoy life?	0	1	2	3
17	Did you cry?	0	1	2	3
18	Did you feel sad?	0	1	2	3
19	Did you feel that people disliked you?	0	1	2	3
20	Could you not get "going"?	0	1	2	3

SECTION 14: AIDS

As you know, many people in Malawi today are concerned about HIV/AIDS. I am now going to ask you some questions about this disease. HIV and AIDS refer to the same illness. The difference is that HIV refers to the early stages of the disease (when people can still look healthy) and AIDS refers to the advanced stages. I'll begin with some general questions.

1	People can become infected with HIV/AIDS in a number of ways. Out of the following list, which one are you <u>most worried</u> about for yourself?	Current or future spouse.....	1
		Boyfriend/Girlfriend.....	2
		Other sex partners.....	3
		Rape.....	4
		Needle/injections.....	5
		Transfusions.....	6
		Other, specify:.....	7
	<i>READ RESPONSES. CIRCLE ONE.</i>		
2	In your opinion, what is the likelihood (chance) that you are infected with HIV/AIDS now?	No likelihood.....	1
		Low.....	2
		Medium.....	3
		High.....	4
	<i>READ RESPONSES. CIRCLE ONE.</i>		
3	Have you ever been tested for HIV in your lifetime?	Yes.....	1
		No.....	2 >> 8
4	What was the year of your most recent HIV test? Fill year (YYYY)		
5	Did you learn the results?	Yes.....	1
		No.....	2 >> 8
6	Did you share the results with anyone?	Yes.....	1
		No.....	2
7	Are you willing to share the results with me?	Yes: result was HIV +.....	1
		Yes: result was HIV -.....	2
		No.....	3
8	Has [#1 CHILD RESPONDENT'S NAME] ever been tested for HIV?	Yes.....	1
		No.....	2 >> Q12
		Don't know	8 >> Q12
9	Did you learn the results of [#1 CHILD RESPONDENT'S NAME]'s test?	Yes.....	1
		No.....	2 >> Q12
10	Did you share the results with anyone?	Yes.....	1
		No.....	2
11	Are you willing to share the results with me?	Yes: result was HIV +.....	1
		Yes: result was HIV -.....	2
		No.....	3
12	ENUMERATOR CHECK: Is this M/G respondent responsible for 2 child respondents?	Yes.....	1
		No.....	2 >> NEXT SECTION
13	Has [#2 CHILD RESPONDENT'S NAME] ever been tested for HIV?	Yes.....	1
		No.....	2 >> NEXT SECTION
		Don't know	8 >> NEXT SECTION
14	Did you learn the results of [#2 CHILD RESPONDENT'S NAME]'s test?	Yes.....	1
		No.....	2 >> NEXT SECTION
15	Did you share the results with anyone?	Yes.....	1
		No.....	2
16	Are you willing to share the results with me?	Yes: result was HIV +.....	1
		Yes: result was HIV -.....	2
		No.....	3

SECTION 15: ENUMERATOR OBSERVATIONS

1.	How was the respondent's skill in speaking and understanding Chichewa?	Displayed <i>no problems</i> speaking or understanding Chichewa 1 Displayed <i>a little difficulty</i> speaking or understanding Chichewa 2 Displayed <i>moderate</i> difficulty speaking or understanding Chichewa 3 Displayed <i>serious</i> problems speaking or understanding Chichewa 4
2.	Were any people present during all or part of the interview (other than the M/G and the enumerator)?	Yes..... 1 No..... 2 >> 4
3.	If Yes, indicate who was present. (write relationship to child of all individuals present)	
4.	Are you very confident, somewhat confident, or not very confident in the overall quality and truthfulness of this respondent's responses?	Very Confident 1 >> DONE Somewhat Confident 2 Not Very Confident 3
5.	If <i>somewhat</i> or <i>not confident</i> : why?	

PECD 2011

HOUSEHOLD CONTACT FORM

(Completed by Supervisor/Enumerator)

1. ID code for Child Respondent(s) living in this household		
A.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
B.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
2. Where was this interview conducted?		
<input style="width: 40px;" type="text"/>		IF=2 >>Q4
1= At CBCC 2=At respondent's home 3=Other, specify		
3. Does the respondent live close enough to warrant visiting home to collect GPS coordinates?		
<input style="width: 40px;" type="text"/>		IF=2 >>Q5
1=Yes 2=No		
4. Household GPS Coordinates:		
S	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
E	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
5. HOUSEHOLD Location details		
a. Area type <input style="width: 30px;" type="text"/> 1 = Major urban 2 = Boma 3 = Rural		
b. District (or country): _____		
c. TA: _____		
d. EA _____		
e. Village/town: _____		
6. Detailed Instructions on how to find the Household (including Sketch Map):		
<p><i>NOTE: IF YOU ARE UNABLE TO VISIT THE HOME, STILL PROVIDE INSTRUCTIONS AND/OR MAP TO THE DWELLING BASED ON INFORMATION FROM RESPONDENT AND BE SURE TO INCLUDE USEFUL LANDMARKS, INCLUDING THE CBCC.</i></p>		