

child.

To thank you for your participation in this survey, at the end we will give you 5 Ghana Cedis of airtime for your mobile phone. We really appreciate you taking the time to speak with us today.

If you have any questions, comments, or concerns about taking part in this survey, then please let me know. If you have additional questions, you may also contact the IPA Research Associate, Edward Tsinigo at [0203899660] to ask questions you may have about this research.

Do you have any questions that I can answer?

No.	Questions	Coding Categories	Skip To
B01.	Do you agree to participate in this survey?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→B06

No.	Questions	Coding Categories	Skip To
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C. BACKGROUND CHARACTERISTICS

I will now ask you some questions about your background.

C01.	Were you interviewed by an IPA Surveyor in Oct./Nov. 2015 on phone regarding [CHILD]'s education?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→C03
C02.	Is primary caregiver same as baseline primary caregiver? REFER TO INFORMATION ON CALL RECORD AND SCREENER.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C03.	(I just want to confirm your relationship to [CHILD]) 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	
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"/> Master's 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? <i>PROBE:</i>	[] [] [] [] [] [] Year Month If don't know, indicate -888.	
C10.	How old was [CHILD] at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	[] [] If don't know, indicate -888.	
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.			
D01.	How many members does your household have, including you? DO NOT PROMPT.	1. <input type="checkbox"/> One 2. <input type="checkbox"/> Two 3. <input type="checkbox"/> Three 4. <input type="checkbox"/> Four 5. <input type="checkbox"/> Five 6. <input type="checkbox"/> Six 7. <input type="checkbox"/> Seven 8. <input type="checkbox"/> Eight or more	
D02.	Are all household members ages 5 to 17 currently in school? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No one ages 5 to 17	
D03.	Can the male head/spouse read a phrase/sentence in English? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No male head/spouse	
D04.	What is the main construction material used for the outer walls of your current dwelling? DO NOT PROMPT.	1. <input type="checkbox"/> Mud bricks/earth, wood, bamboo, metal sheet/slate/asbestos, palm leaves/thatch (grass/raffia etc.)	

		2. <input type="checkbox"/> Cement/concrete blocks, landcrete, stone, or burnt bricks	
D05.	What type of toilet facility does the household usually use? DO NOT PROMPT.	1. <input type="checkbox"/> No toilet facility (bush, beach) 2. <input type="checkbox"/> Pit latrine, bucket/pan 3. <input type="checkbox"/> Public toilet (e.g., WC, KVIP, pit pan) 4. <input type="checkbox"/> Private toilet (KVIP, or WC)	
D06.	What is the main fuel used by the household for cooking? DO NOT PROMPT.	1. <input type="checkbox"/> None/No cooking 2. <input type="checkbox"/> Wood, crop residue, sawdust, animal waste, or other 3. <input type="checkbox"/> Charcoal, or kerosene 4. <input type="checkbox"/> Gas, or electricity	
D07.	Does any household member own a working box iron or electric iron? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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. <input type="checkbox"/> No 2. <input type="checkbox"/> Only television 3. <input type="checkbox"/> Video player, VCD/DVD/MP3/MP4 player/iPod, or satellite dish (regardless of TV)	
D09.	How many working mobile phones do members of the household own? DO NOT PROMPT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One 3. <input type="checkbox"/> Two 4. <input type="checkbox"/> Three or more	
D10.	Does any household member own a working bicycle, motor cycle, or car? ONLY ONE OPTION IS ALLOWED	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Bicycle only 3. <input type="checkbox"/> Motor or Car	

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.

FO1	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]?	Yes	No	Don't Know	
a.	Read books to or looked at picture books with [CHILD]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If "no" or "don't know", skip E01b
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.	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Another adult rel. <input type="checkbox"/>	Other Non-rel. <input type="checkbox"/>

b.	Told stories to [CHILD]?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E01c	
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.	Mother []	Father []	Another adult rel. []	Other Non-rel. []	
c.	Sang songs to or with [CHILD], including lullabies?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E01d	
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.	Mother []	Father []	Another adult rel. []	Other Non-rel. []	
d.	Taken [CHILD] outside the home? For example, to the market, to events, visit relatives?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E01e	
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.	Mother []	Father []	Another adult rel. []	Other Non-rel. []	
e.	Played with [CHILD]?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E01f	
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)? MARK ALL THAT APPLY.	Mother []	Father []	Another adult rel. []	Other Non-rel. []	
f.	Named, counted, or drew things to or with [CHILD]?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E02	
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.	Mother []	Father []	Another adult rel. []	Other Non-rel. []	
FO2	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				

FO3	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	
FO4	How many times (have/has) [CHILD]'s (mother/father/both of them/{you or} other adults in your household) ... [READ CATEGORIES] during the last academic year?	Inter Number of Times. If not applicable, enter -222.	
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	[__][__]	
FO5	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]?	<i>Yes</i> <i>No</i> <i>Don't Know</i>	
a.	Homemade toys (such as dolls, cars, or other toys made at home)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b.	Toys from a shop or manufactured toys?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c.	Household objects (such as bowls or pots)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d.	Objects found outside (such as sticks, rocks, animal shells or leaves)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e.	Any drawing or writing materials?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f.	Any puzzles (even a two-piece puzzle counts)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
FO6	Did you or any other adults in your household attend any PTA meeting in [CHILD NAME]'s school between September 2015 and July 2016?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→F09
FO7	Did you or any other adults in your household attend any PTA meeting in [CHILD NAME]'s school between November 2015 and July 2016 involving video shows and discussions on children's education?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→F09
FO8	(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 [__][__]	

FO9	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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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.			
G02.	What makes a good kindergarten school? DO NOT READ ALOUD. MARK ALL THAT APPLY.	1. <input type="checkbox"/> Good food for children 2. <input type="checkbox"/> Motivated teachers 3. <input type="checkbox"/> Availability of transportation 4. <input type="checkbox"/> Opening hours/schedule 5. <input type="checkbox"/> Overall reputation of the school 6. <input type="checkbox"/> Quality of teachers (experience) or instruction 7. <input type="checkbox"/> School's good results on tests/exams 8. <input type="checkbox"/> The school has a good curriculum 9. <input type="checkbox"/> Teacher/pupil ratio or class size 10. <input type="checkbox"/> School's focus on play-based learning 11. <input type="checkbox"/> English as main language of instruction 12. <input type="checkbox"/> Children are given homework regularly 13. <input type="checkbox"/> School neighborhood/locality 14. <input type="checkbox"/> Language diversity (English and Arabic) 15. <input type="checkbox"/> Recommendation from significant others 16. <input type="checkbox"/> Ethnic/religious/social values of school 17. <input type="checkbox"/> Moderate school fees and/or flexible payment terms 18. <input type="checkbox"/> Good infrastructure/facilities/equipment 19. <input type="checkbox"/> Good communication between school and parents 20. <input type="checkbox"/> Distance to/from home 21. <input type="checkbox"/> Safe, clean and healthy school environment 22. <input type="checkbox"/> Children well behaved, learn discipline 23. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer	
G03.	To what extent are you satisfied with your child's school? READ ALOUD OPTIONS. PROBE: If a respondent answer "Satisfied," ask, "Would you say satisfied or highly satisfied?"	1. <input type="checkbox"/> Highly satisfied 2. <input type="checkbox"/> Satisfied 3. <input type="checkbox"/> Moderately satisfied 4. <input type="checkbox"/> Dissatisfied 5. <input type="checkbox"/> Highly dissatisfied	

G04.	<p>What were the reasons for choosing to send [CHILD] to his/her current school (instead of others)? DO NOT READ ALOUD OPTIONS. MARK ALL THAT APPLY.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Closeness/proximity to/from home and/or work 3. <input type="checkbox"/> Availability of transportation 4. <input type="checkbox"/> Opening hours/schedule 5. <input type="checkbox"/> Overall reputation of the school 6. <input type="checkbox"/> Quality of teachers(experience)/instruction 7. <input type="checkbox"/> School's good results on tests/exams 8. <input type="checkbox"/> The school has a good curriculum 9. <input type="checkbox"/> Teacher/pupil ratio or class size 10. <input type="checkbox"/> School's focus on play-based learning 11. <input type="checkbox"/> English as main language of instruction 12. <input type="checkbox"/> Children are given homework regularly 13. <input type="checkbox"/> School neighborhood/locality 14. <input type="checkbox"/> Language diversity (English and Arabic) 15. <input type="checkbox"/> Recommendation from significant others 16. <input type="checkbox"/> Ethnic/religious/social values of school 17. <input type="checkbox"/> Moderate school fees and/or flexibility of payment 18. <input type="checkbox"/> Good infrastructure/facilities/equipment 19. <input type="checkbox"/> Good communication between school and parents 20. <input type="checkbox"/> Safe, clean and healthy school environment 21. <input type="checkbox"/> Same school as that of siblings/neighbors 22. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer 	
G05.	<p>Is [CHILD] still enrolled in the same school as September 2015 or has (he/she) stopped going to that school? DO NOT PROMPT.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Still going to the same school 2. <input type="checkbox"/> Stopped going to that school -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer -222. <input type="checkbox"/> Interview declined 	<p>→G05.1</p>
G05.1	<p>Why has [CHILD] stopped going to that school? DO NOT PROMPT. CHECK ALL THAT APPLY.</p>	<ol style="list-style-type: none"> 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.	Developmentally Appropriate Practice When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS]. Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.	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.	Supporting Children's Social and Emotional Development When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS]? Use 1 = not very important, 2 = not important, 3 = somewhat important, 4 = important, and 5 = very important.	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.	Family-Sensitive Caregiving When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS]? Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.	1	2	3	4	5
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 1. [] Yes					

	something [CHILD] liked (e.g., watching TV, playing with friends) or did not allow [CHILD] to leave the house in the past month?	2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer
c.	Please tell me if you or someone else in your household shook [CHILD] in the past month?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> 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?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer

SURVEYOR 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 WRITE YOUR COMMENT.

I03.	Surveyor comment:

I04.	INTERVIEW END TIME <i>(use 24-hour clock)</i>	__ __ : __ __
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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: 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.

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
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		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
B03a.	Other (specify)		
B04.	If refused, why?	1. <input type="checkbox"/> Has no time - busy 2. <input type="checkbox"/> Not interested 3. <input type="checkbox"/> Doesn't do phone survey 4. <input type="checkbox"/> Other (specify) _____	
B04a.	Other (specify)		
B05.	If incomplete, why?	_____	

