### MEASURE Evaluation: Household & Caregiver Questionnaire

**IDENTIFICATION DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **001** | QUESTIONNAIRE IDENTIFICATION NUMBER |  | |
| **002** | PROVINCE OR STATE |  | |
| **003** | DISTRICT OR LOCAL GOVERNMENT AREA |  | |
| **004** | CONSTITUENCY |  | |
| **005** | WARD |  | |
| **006** | TYPE OF LOCATION  *Circle* | Urban  Rural | 1  2 |
| **007** | TOWN/VILLAGE |  | |
| **008** | NEIGHBOURHOOD |  | |
| **009** | GPS READINGS | 1. Latitude 2. Longitude | S \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º  E \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º |

**INTERVIEW LOG**

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

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

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

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

Comments

**SECTION 1: HOUSEHOLD SCHEDULE** (page 1)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line** | **101** | **All** | | | | | | | | **Ages 0-17 only** | | | | | | |
| **102** | **103** | | **104** | | **105** | | **106** | **107** | **108** | | **109** | | **110** | |
| Please give me the names of the persons who usually live in this household and guests of the household who stayed here last night, starting with the head of the household.  **After listing names, ask age-appropriate questions 102-110 for each household member.** | What is the relationship of (NAME) to the head of the household?  **Codes below** | Is (NAME) male or female? | | Does (NAME) usually live here? | | Did (NAME) stay here last night? | | How old is (NAME)?  **Record age in years. If individual is less than 1 year old, record age as zero “0”.** | What is your relationship to (NAME of child)?  **Codes below. If parent, probe for biological/non-biological.** | Who usually cares for/looks after (NAME)?  **If Other, record line number of caregiver. If (NAME) takes care of her/ himself, record ‘00’.** | | **If unclear from 107, 108:**  Is (NAME)'s natural mother alive? | | **If unclear from 107, 108:**  Is (NAME)'s natural father alive? | |
| A |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| B |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| C |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| D |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| E |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| F |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CODES FOR Q102: RELATIONSHIP TO HEAD OF HOUSEHOLD** | | | | | | | | | |
| 01 = HEAD | 03 = SON OR DAUGHTER | | | 05 = GRANDCHILD | 07 = PARENT-IN-LAW | | 09= OTHER RELATIVE | | 11 = NOT RELATED |
| 02 = WIFE OR HUSBAND | 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | | | 06 = PARENT | 08 = BROTHER/SISTER | | 10 = ADOPTED/FOSTER/STEPCHILD | | 88 = DON’T KNOW |
| **CODES FOR Q107: RELATIONSHIP TO RESPONDENT** | | | | | | | | | |
| 01 = BIOLOGICAL MOTHER | |  | 03 = NON-BIOLOGICAL PARENT | | | 05 = AUNT/UNCLE | | 66 = OTHER | |
| 02 = BIOLOGICAL FATHER | |  | 04 = SIBLING | | | 06 = GRANDPARENT | |  | |

**SECTION 1: HOUSEHOLD SCHEDULE** (page 2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line** | **101** | **All** | | | | | | | | **Ages 0-17 only** | | | | | | |
| **102** | **103** | | **104** | | **105** | | **106** | **107** | **108** | | **109** | | **110** | |
| Please give me the names of the persons who usually live in this household and guests of the household who stayed here last night, starting with the head of the household.  **After listing names, ask age-appropriate questions 102-110 for each household member.** | What is the relationship of (NAME) to the head of the household?  **Codes below** | Is (NAME) male or female? | | Does (NAME) usually live here? | | Did (NAME) stay here last night? | | How old is (NAME)?  **Record age in years. If individual is less than 1 year old, record age as zero “0”.** | What is your relationship to (name of child)?  **Codes below. If parent, probe for biological/non-biological.** | Who usually cares for/looks after (NAME)?  **If Other, record line number of caregiver. If (NAME) takes care of her/ himself, record ‘00’.** | | **If unclear from 107, 108:**  Is (NAME)'s natural mother alive? | | **If unclear from 107, 108:**  Is (NAME)'s natural father alive? | |
| G |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| H |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| I |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| J |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| K |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |
| L |  |  | Female  Male | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |  |  | Respondent  Other: \_\_\_\_ | 1  2 | Yes  No | 1  2 | Yes  No | 1  2 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CODES FOR Q102: RELATIONSHIP TO HEAD OF HOUSEHOLD** | | | | | | | | | |
| 01 = HEAD | 03 = SON OR DAUGHTER | | | 05 = GRANDCHILD | 07 = PARENT-IN-LAW | | 09= OTHER RELATIVE | | 11 = NOT RELATED |
| 02 = WIFE OR HUSBAND | 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | | | 06 = PARENT | 08 = BROTHER/SISTER | | 10 = ADOPTED/FOSTER/STEPCHILD | | 88 = DON’T KNOW |
| **CODES FOR Q107: RELATIONSHIP TO RESPONDENT** | | | | | | | | | |
| 01 = BIOLOGICAL MOTHER | |  | 03 = NON-BIOLOGICAL PARENT | | | 05 = AUNT/UNCLE | | 66 = OTHER | |
| 02 = BIOLOGICAL FATHER | |  | 04 = SIBLING | | | 06 = GRANDPARENT | |  | |

| **No.** | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- |
| **111** | In the last 12 months, has this household experienced the death of any household members – that is, people who were living in this household when they died? | Yes  No | 1  2 | **If No: 113** |
| **112** | Among those who died, how many were:  **Read each age group** | 1. Under 5 years | \_\_\_ \_\_\_ |  |
| 1. 5-17 years | \_\_\_ \_\_\_ |
| 1. 18-59 years | \_\_\_ \_\_\_ |
| 1. 60 years or older | \_\_\_ \_\_\_ |
| **113** | In the last 12 months, has this household welcomed any new members, either new children that have been born, or children or adults that have moved in? | Yes  No | 1  2 | **If No: 201** |
| **114** | Among those new household members, how many were:  **Read each age group** | 1. Under 5 years | \_\_\_ \_\_\_ |  |
| 1. 5-17 years | \_\_\_ \_\_\_ |
| 1. 18-59 years | \_\_\_ \_\_\_ |
| 1. 60 years or older | \_\_\_ \_\_\_ |

**--END OF SECTION--**

**IF SURVEY METHODOLOGY IS SUCH THAT YOU ARE INTERVIEWING AN INDEX CHILD OR A SAMPLE OF CHILDREN IN THE HOUSEHOLD, VERSUS ALL CHILDREN IN THE HOUSEHOLD, APPLY SAMPLING METHOD (SEE TOOL MANUAL) TO INDENTIFY INDEX CHILD/CHILDREN.**

**SECTION 2: BACKGROUND INFORMATION ON CAREGIVER & HOUSEHOLD**

I’m going to ask you some basic questions about yourself and your household.

| **No.** | **Questions** | **Coding Categories** | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- |
| **201** | **Record sex of respondent** | Female | | | 1 |  |
| Male | | | 2 |
| **202** | In what month and year were you born? | Month  [\_\_|\_\_] | | Year  [\_\_|\_\_|\_\_|\_\_] | |  |
| **203** | How old were you at your last birthday? | [\_\_|\_\_] | | | |  |
| **204** | Have you ever attended school? | Yes  No | | | 1  2 | **If No: 206** |
| **205** | 1. What level of school have you attended: primary, secondary, or higher? | Primary  Secondary  Higher  Don’t know | | | 1  2  3  88 |  |
| 1. What is the highest grade/form/year that you have completed at that level? | Less than one year completed  Grade/form/year: | | | 00  \_\_ \_\_ |  |
| **206** | Now, I would like you to read this sentence to me.  **Show card to respondent.**  **If respondent cannot read whole sentence, probe:**Can you read part of the sentence? | Cannot read at all  Able to read only parts of sentence  Able to read whole sentence  No card with required language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (language)  Blind/visually impaired | | | 1  2  3  4  5 |  |
| **207** | What is your current marital status? | Married | | | 1 |  |
| Cohabiting (but not married) | | | 3 |
| Never been married | | | 4 |
| Divorced or separated | | | 5 |
| Widowed | | | 6 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 66 |
| **208** | As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  In the last 3 months, have you done any of these things or any other work? | | Yes  No | | 1  2 | **If No: 211** |

| **No.** | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- |
| **209** | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | Throughout the year  Seasonally/part of the year  Once in a while | 1  2  3 |  |
| **210** | Are you paid in cash or kind for this work or are you not paid at all? | Cash only  Cash and kind  In kind only  Not paid | 1  2  3  4 |  |
| **211\*** | Did your household incur any food-related expenses in the last four weeks? | Yes  No | 1  2 | **If No: 214** |
| **212\*** | Was your household able to pay for these expenses? | Yes  No | 1  2 | **If No: 214** |
| **213\*** | Thinking about the last time you bought any food for eating or cooking, where did the money come from?  **Do not read responses. Record one primary response only.**  **Prompt if necessary:** maize meal, sugar, cooking oil | Current income (cash) | 1 |  |
| Savings | 2 |
| Loan | 3 |
| Gift/given money | 4 |
| Sold asset: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |
| **214\*** | Did your household incur any school-related expenses in the last 12 months? | Yes  No | 1  2 | **If No: 217** |
| **215\*** | Was your household able to pay for these expenses? | Yes  No | 1  2 | **If No: 217** |
| **216\*** | Thinking about the last time you had to pay for any school-related expenses, where did the money come from?  **Do not read responses. Record one primary response only.**  **Prompt if necessary:** PTA fees, uniforms, books, other materials | Current income (cash) | 1 |  |
| Savings | 2 |
| Loan | 3 |
| Gift/given money | 4 |
| Sold asset: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |
| **217\*** | Did your household incur any unexpected household expenses, such a as a house repair or urgent medical treatment, in the last 12 months? | Yes  No | 1  2 | **If No: 220** |
| **218\*** | Was your household able to pay for these expenses? | Yes  No | 1  2 | **If No: 220** |
| **219\*** | Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from?  **Do not read responses. Record one primary response only.** | Current income (cash) | 1 |  |
| Savings | 2 |
| Loan | 3 |
| Gift/given money | 4 |
| Sold asset: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |
| **220\*** | **Observe, do not ask:**  Does the shelter offer protection from the weather (rain, sun)? | Yes  No | 1  2 |  |
| **Placeholder for Optional Menu 1: Household Economic Security** | | | |  |
| **Placeholder for Optional Menu 2: Country-specific Progress out of Poverty Index (**[**www.progressoutofpoverty.org**](http://www.progressoutofpoverty.org)**)** | | | |  |

**--END OF SECTION--**

**SECTION 3: HOUSEHOLD FOOD SECURITY**

Now I have a few questions about food consumption in your household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | **Coding Category** | | | **SKIP** |
| **Placeholder for Optional Menu 3: Dietary Diversity** | | | | | |
| **301\*** | In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? | | Yes  No | 1  2 | **If No: 303** |
| **302** | How many times did this happen?  **Read out responses** | | Rarely (1-2 times in past 4 weeks) | 1 |  |
| Sometimes (3-10 times in past 4 weeks) | 2 |
| Often (more than 10 times in past 4 weeks) | 3 |
| **303** | In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food? | | Yes  No | 1  2 | **If No: 305** |
| **304** | How many times did this happen?  **Read out responses** | | Rarely (1-2 times in past 4 weeks) | 1 |  |
| Sometimes (3-10 times in past 4 weeks) | 2 |
| Often (more than 10 times in past 4 weeks) | 3 |
| **305** | In the past 4 weeks, did you or any member of your household go a whole day and night without eating anything because there was not enough food? | | Yes  No | 1  2 | **If No: 401** |
| **306** | How many times did this happen?  **Read out responses** | | Rarely (1-2 times in past 4 weeks) | 1 |  |
| Sometimes (3-10 times in past 4 weeks) | 2 |
| Often (more than 10 times in past 4 weeks) | 3 |

**--- END OF SECTION ---**

**SECTION 4: CAREGIVER WELLBEING**

*Next, I have some question on your wellbeing.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | | **Question** | **Coding Category** | | **SKIP** |
| **401** | At any point in the last month, have you gone more than one day when you were too sick or too tired to participate in daily activities? | | Yes  No | 1  2 | **If No: 403** |
| **402** | How often does it happen that you are too sick or too tired to participate in daily activities? Would you say…?  **Read out responses.** | | Once in a while  At least once a week | 1  2 |  |
| **403\*** | Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? | | Yes  No | 1  2 |  |
| **404\*** | Do you have someone in your life to help with daily chores if you were sick? | | Yes  No | 1  2 |  |
| **405\*** | Do you have someone in your life that shows you love and affection? | | Yes  No | 1  2 |  |
| **406\*** | Do you have someone in your life to do something enjoyable with? | | Yes  No | 1  2 |  |
| **407** | | Compared to other households in your community, how well do you feel you can meet the needs of the children in your care? Would you say …?  **Read out responses.** | Much better than other households  A bit better than other households  About the same as other households  A bit worse than other households  Much worse than other households | 1  2  3  4  5 |  |
| **408** | | Do you think that hitting or beating a child is an appropriate means of discipline or control in the home? | Yes  No | 1  2 |  |
| **409** | | Do you think that hitting or beating a child is an appropriate means of discipline or control at school? | Yes  No | 1  2 |  |
| **Placeholder for Optional Menu 4: Perceptions and experience of child discipline, including violent discipline** | | | | | |
| **Placeholder for Optional Menu 5: Gender attitudes** | | | | | |

**--- END OF SECTION ---**

**SECTION 5: Caregiver HIV/AIDS KNOWLEDGE, ATTITUDES & BEHAVIOR**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | **Coding Categories** | | | | | | **SKIP** |
| **501** | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | Yes  No | | | 1  2 | | | **If No: 601** |
| **502** | Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | Yes  No  Don’t know / Not sure | | | 1  2  88 | | |  |
| **503** | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | Yes  No  Don’t know / Not sure | | | 1  2  88 | | |  |
| **504** | Is it possible for a healthy-looking person to have the AIDS virus? | Yes  No  Don’t know / Not sure | | | 1  2  88 | | |  |
| **505** | Can people get the AIDS virus from mosquito bites? | Yes  No  Don’t know / Not sure | | | 1  2  88 | | |  |
| **506** | Can people get the AIDS virus by sharing food with someone who has AIDS? | Yes  No  Don’t know / Not sure | | | 1  2  88 | | |  |
| **507** | Can the virus that causes AIDS be transmitted from a mother to her baby:   1. During pregnancy? 2. During delivery? 3. By breastfeeding? |  | Yes | No | | | DK |  |
| 1. During pregnancy | 1 | 2 | | | 8 |
| 1. During delivery | 1 | 2 | | | 8 |
| 1. By breastfeeding | 1 | 2 | | | 8 |
| **508** | I don't want to know the results, but have you ever been tested to see if you have the AIDS virus? | Yes  No | | | | 1  2 | | **If No: 510** |
| **509** | I don't want to know the results, but did you get the results of the test? | Yes  No | | | | 1  2 | |  |
| **510** | Do you know of a place where people can go to get tested for the AIDS virus? | Yes  No | | | | 1  2 | |  |
| **511** | Should children age 12-14 be taught about using a condom to avoid getting AIDS? | Yes  No | | | | 1  2 | |  |
| **Placeholder for Optional Menu 6: HIV/AIDS attitudes** | | | | | | | | |

**--- END OF SECTION ---**

**SECTION 6: ACCESS TO HIV PREVENTION, CARE AND SUPPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | | | **Coding Category** | |
| **601** | I am going to read out a list of items and services. Please tell me if you or anyone else in your household has received or accessed any of these items or services in the last 6 months.  [ADD / DELETE ITEMS AS RELEVANT TO PURPOSE] | 1. Cash | | Yes (amount) | No |
| i) | Government | \_\_\_\_\_\_\_\_\_\_ | 2 |
| ii) | NGO | \_\_\_\_\_\_\_\_\_\_ | 2 |
| iii) | Friends/family | \_\_\_\_\_\_\_\_\_\_ | 2 |
| iv) | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | 2 |
| 1. HIV test | | Yes | No |
| 1. Nutritional advice in caring for your children | | Yes | No |
| 1. Free food or vitamins | | Yes | No |
| 1. Information on how to prevent HIV and other sexually transmitted infections | | Yes | No |
| 1. Information on birth spacing | | Yes | No |
| 1. Livelihood training | | Yes | No |
| 1. Community savings group | | Yes | No |
| 1. Life skills training | | Yes | No |
| 1. Psychosocial support from a home visitor or social worker | | Yes | No |
| 1. Free school supplies or a school uniform | | Yes | No |
| 1. Birth registration support | | Yes | No |
| 1. Paralegal support (wills, succession planning) | | Yes | No |
| 1. Malaria prevention education | | Yes | No |
| 1. Mosquito net | | Yes | No |

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**--- END OF SECTION ---**

I have come to the end of my questions about you and your household. I would now like to ask you some questions about [name].

|  |  |  |
| --- | --- | --- |
| **013** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |

***For randomly sampled child/children aged 0-9, apply Child Questionnaire 0-9 years to* Caregiver.**

***For randomly sampled child/children aged 10-17, apply Child Questionnaire directly with* Child*, with both parental consent and child assent.***