### MEASURE Evaluation: Child Questionnaire aged 0-9 years (for Caregiver)

**IDENTIFICATION DATA**

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

**INTERVIEW LOG**

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

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

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments

**SECTION 1: CHILD HEALTH & PROTECTION**

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

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| **No.** | **Question** | **Coding Category** | | | **SKIP** |
| **101** | **Record / Confirm Child’s Name** |  | | |  |
| **102** | **Record Child’s Line Letter from Household Schedule (Caregiver Questionnaire)** |  | | |  |
| **103\*** | **Record / Confirm Child’s Sex** | Female  Male | | 1  2 |  |
| **104** | In what month and year was [NAME] born? | Month  [\_\_|\_\_] | Year  [\_\_|\_\_|\_\_|\_\_] | |  |
| **105\*** | Remind me, how old was [NAME] at their last birthday?  **Confirm with 104 and adjust if necessary. Do not leave blank. If unknown, ask caregiver to estimate.** | [\_\_|\_\_] years | | |  |
| **106** | Would you say that in general [NAME’s] health is……?  **Read out responses.** | Excellent | | 1 |  |
| Very good | | 2 |
| Good | | 3 |
| Fair | | 4 |
| Poor | | 5 |
| **107\*** | In the last 2 weeks, has [NAME] been too sick to participate in daily activities? | Yes  No | | 1  2 |  |
| **108** | Does [NAME] have a disability that makes it difficult for him/her to participate in daily activities? | Yes  No | | 1  2 | **If No: 110** |
| **109** | How would you describe [NAME’s] disability? | Blind or partially blind  Deaf or partially deaf  I have difficulties learning  Physical  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1  2  3  4  66 |  |
| **110\*** | Does [NAME] have a birth certificate? | Yes  No  Don’t know | | 1  2  88 | **If No: 112**  **If DK: 112** |
| **111\*** | Could you please show me [NAME’s] birth certificate? | Seen / confirmed  Not seen / not confirmed | | 1  2 |  |

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| **No.** | | **Question** | | | **Coding Category** | | | | **SKIP** | |
| **112** | **FILTER.**  Age of child | | | | 5 years or older  0-4 years | | | 1  2 | **If 5+ years: 128** | |
| **113\*** | | | Do you have a card where [NAME’s] vaccinations are written down?  **If yes, ask for card.** | | Yes, seen  Yes, not seen  No  Don’t know | | | 1  2  3  88 | **If No: 113**  **If DK: 113** | |
| **114\*** | | **Check name on card to make sure card relates to child in question.**  **Document the vaccinations recorded on the card. Only include documented vaccinations here.** | | |  | | Yes, documented | No |  | |
| 1. BCG | | 1 | 2 |
| 1. OPV 0 | | 1 | 2 |
| 1. OPV 1 | | 1 | 2 |
| 1. OPV 2 | | 1 | 2 |
| 1. OPV 3 | | 1 | 2 |
| 1. DPT 1 | | 1 | 2 |
| 1. DPT 2 | | 1 | 2 |
| 1. DPT 3 | | 1 | 2 |
| 1. Measles | | 1 | 2 |
| **If caregiver cannot produce a vaccination card for child, probe for vaccinations below. If you have documented the vaccinations from a card, but there are gaps in the vaccination record, probe with questions below.** | | | | | | | | | | |
| **115\*** | | | | Has [NAME] received a vaccine against tuberculosis, that is, an injection in the arm or shoulder, that usually causes a scar? (BCG) | | Yes  No  Don’t know | | 1  2  88 | |  |
| **116\*** | | | | Has [NAME] received the polio vaccine, that is, drops in the mouth? | | Yes  No  Don’t know | | 1  2  88 | | **If No: 121**  **If DK: 121** |
| **117\*** | | | | Has the child received OPV0, that is the first polio vaccine normally received in the first two weeks after birth? | | Yes  No  Don’t know | | 1  2  88 | |  |
| **118\*** | | | | Has the child received OPV1, that is the second polio vaccine? | | Yes  No  Don’t know | | 1  2  88 | |  |
| **119\*** | | | | Has the child received OPV2, that is the third polio vaccine? | | Yes  No  Don’t know | | 1  2  88 | |  |
| **120\*** | | | | Has the child received OPV3, that is the fourth polio vaccine? | | Yes  No  Don’t know | | 1  2  88 | |  |

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| **No.** | **Question** | **Coding Category** | | **SKIP** | | |
| **121\*** | Has the child received the DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | Yes  No  Don’t know | 1  2  88 | | **If No: 123**  **If DK: 123** | |
| **122\*** | How many times was the DPT vaccine received? | Once  Twice  Three times  Don’t know | 1  2  3  88 |  | | |
| **123\*** | Has the child received a measles injection, that is, a shot in the arm at the age of 9 months or older – to prevent him or her from getting measles? | Yes  No  Don’t know | 1  2  88 |  | | |
| **124\*** | Has [NAME] had diarrhea in the last 2 weeks? | Yes  No | 1  2 |  | | |
| **Placeholder for Optional Module 1: Diarrhea (extended)** | | | | | | |
| **125\*** | Has (NAME) been ill with a fever at any time in the last 2 weeks? | Yes  No | 1  2 | | |  |
| **Placeholder for Optional Module 2: Fever (extended)** | | | | | | |
| **126** | Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for some other reasons, and have to leave young children.  On how many days in the past week was [NAME] left alone for more than one hour? | [\_\_|\_\_] days | |  | | |
| **127** | On how many days in the past week was [NAME] left in the care of another child (that is, someone less than 10 years old) for more than an hour? | [\_\_|\_\_] days | |  | | |
| **128** | Did [NAME] sleep under a mosquito net last night? | Yes  No | 1  2 |  | | |
| **129** | I don’t want to know the results, but has [NAME] ever been tested to see if he/she has the AIDS virus? | Yes  No | 1  2 | **If No: 201** | | |
| **130** | I don’t want to know the results, but do you know the result of [NAME’s] test? | Yes  No | 1  2 |  | | |

* **END OF SECTION -**

**SECTION 2: CHILD EDUCATION AND WORK**

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| **No.** | **Question** | | **Coding Category** | | | | **SKIP** | |
| **201** | Filter: Age of child (Question 402) | | 5 years or older  3-4 years  0-2 years | 1  2  3 | | | **If 3-4 years: 213**  **If 0-2 years: 301** | |
| I now have some questions for you about [NAME’s] schooling and chores. | | | | | | | | |
| **202\*** | Is [NAME] currently enrolled in school? | | Yes  No | | | 1  2 | | **If No: 206** |
| **203\*** | During the last school week, did [NAME] miss any school days for any reason? | | Yes  No | | | 1  2 | | **If No: 205** |
| **204** | Why did [NAME] miss school days during the last school week?  **Do not read responses. Circle one primary response.** | | No money for school fees, materials, transport  Child is too sick to attend school  School is too far away / no school  Child has to work to help family  Child needs to care for sick household members  Child does not like school  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1  2  3  4  5  6  66 | |  |
| **205\*** | What grade/form/year is [NAME] in now? | | [\_\_|\_\_] | | | | | **All: 208** |
| **206** | Why is [NAME] not enrolled in school?  **Do not read responses. Circle one primary response.** | | No money for school fees, materials, transport  Child is too sick to attend school  School is too far away / no school  Child has to work to help family  Child needs to care for sick household members  Child does not like school  Child is too young to attend school  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1  2  3  4  5  6  7  66 | |  |
| **207** | | Has [NAME] ever attended school? | Yes  No | | | 1  2 | | **If No: 211** |
| **208\*** | Was [NAME] enrolled in school during the previous school year? | | Yes  No | | | 1  2 | | **If No: 210** |
| **209\*** | What grade/form/year was [NAME] in during the previous school year? | | [\_\_|\_\_] | | | | | **All: 211** |
| **210** | | What is the highest grade/form/year that [NAME] has completed? | [\_\_|\_\_] | | | | |  |
| **211** | In the past 6 months, has [NAME] worked for money or kind? | | Yes  No | | 1  2 | | | **If No: 301** |

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| **No.** | **Question** | **Coding Category** | | | **SKIP** |
| **212** | What did [NAME] do to earn these wages?  **Probe:** Anything else?  **Multiple responses possible. Circle all mentioned.** | House chores, child care for other family | | 1 | **All: 301** |
| Selling/Hawking goods | | 2 |
| Labor, e.g., farm, construction | | 3 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 66 |
| **213** | Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care? | Yes  No | | 1  2 | **If Yes: 301** |
| **214** | In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [NAME]:  **Read out a through f one at a time.** |  | Yes | No |  |
| 1. Read books to or looked a picture books with [NAME]? | 1 | 2 |
| 1. Told stories to [NAME]? | 1 | 2 |
| 1. Sang songs to [NAME] or with [NAME] including lullabies? | 1 | 2 |
| 1. Took [NAME] outside of the home, compound, yard or enclosure? | 1 | 2 |
| 1. Played with [NAME]? | 1 | 2 |
| 1. Named, counted, or drew things with [NAME]? | 1 | 2 |

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

**SECTION 3: FOOD CONSUMPTION**

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| **No.** | | **Question** | **Coding Category** | | | | **SKIP** |
| **301** | Filter: Age of child (Question 402) | | 2 years or older  0-1 years | 1  2 | | **If 0-1 years:401** | | |
| Next I would like to ask you about what [Name} eats and drinks. | | | | | | | | |
| **Placeholder for Optional Module 3: Dietary diversity** | | | | | | | |
| **302** | | In the past four weeks, did [NAME] have to eat a smaller meal than you felt was needed because there was not enough food? | Yes  No | | 1  2 | | **If No: 304** |
| **303** | | **If yes –**  How many times did this happen?  **Read out responses.** | Rarely (1-2 times in past 4 weeks)  Sometimes (3-10 times in past 4 weeks)  Often (more than 10 times in past 4 weeks) | | 1  2  3 | |  |
| **304** | | In the past four weeks, did [NAME] have to skip a meal because there was not enough food? | Yes  No | | 1  2 | | **If No: 306** |
| **305** | | **If yes –**  How many times did this happen?  **Read out responses.** | Rarely (1-2 times in past 4 weeks)  Sometimes (3-10 times in past 4 weeks)  Often (more than 10 times in past 4 weeks) | | 1  2  3 | |  |
| **306** | | In the past four weeks did [NAME] go to sleep at night hungry because there was not enough food to eat? | Yes  No | | 1  2 | | **If No: 308** |
| **307** | | **If yes –**  How many times did this happen?  **Read out responses.** | Rarely (1-2 times in past 4 weeks)  Sometimes (3-10 times in past 4 weeks)  Often (more than 10 times in past 4 weeks) | | 1  2  3 | |  |
| **308\*** | | In the past four weeks did [NAME] go a whole day and night without eating anything because there was not enough food to eat? | Yes  No | | 1  2 | | **If No: 401** |
| **309** | | **If yes –**  How many times did this happen?  **Read out responses.** | Rarely (1-2 times in past 4 weeks)  Sometimes (3-10 times in past 4 weeks)  Often (more than 10 times in past 4 weeks) | | 1  2  3 | |  |

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

**SECTION 4: ACCESS TO HIV PREVENTION, CARE AND SUPPORT**

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| --- | --- | --- | --- | --- |
| **No.** | **Question** | | **Coding Category** | |
| **401** | I am going to read out a list of items and services. Please tell me if [child’s name] has received or accessed any of these items or services in the last 6 months.  **Read out services.**  ADD/ADAPT RESPONSE CATEGORIES AS APPROPRIATE |  | Yes | No |
| 1. (Psychosocial) counseling for a home visitor or social worker | 1 | 2 |
| 1. Health care from a health professional | 1 | 2 |
| 1. School fees paid for by organization | 1 | 2 |
| 1. Free school supplies or a school uniform | 1 | 2 |
| 1. Vitamin A supplement from an organization | 1 | 2 |
| 1. Supplemental, emergency feeding | 1 | 2 |

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

**SECTION 5: WEIGHT & HEIGHT**

We are almost finished! May I [weigh/measure] your child?

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| **No.** | **Question** | | **Coding Category** |
| **501\*** | **Weigh child and measure child’s height. Document measurements.** | 1. Weight | [\_\_|\_\_|\_\_] Kg |
| 1. Height | [\_\_|\_\_|\_\_] Cm |
| 1. MUAC | [\_\_|\_\_].[\_\_|\_\_] Cm |

I have come to the end of my questions. Is there anything you would like to add or ask us?

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|  |

Thank you for participating in this interview!

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