

AFRICAN POPULATION & HEALTH RESEARCH CENTER (APHRC)
 ORPHANS AND VULNERABLE CHILDREN (OVC) PROJECT
PSYCHO-SOCIAL WELLBEING SURVEY: CAREGIVER'S QUESTIONNAIRE

1.0	BACKGROUND		
1.1	START TIME		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2	FIELD WORKER'S CODE		<input type="text"/> <input type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)		<input type="text"/>
1.4	CHILD'S FULL NAME		
1.5	CHILD'S AGE		<input type="text"/> <input type="text"/>
1.6	CHILD'S GENDER M=MALE F=FEMALE		<input type="text"/>
1.7	CHILD'S ID	<input type="text"/>	
1.8	CHILD'S HOUSEHOLD ID	<input type="text"/>	
1.9	FULL NAME OF THE HOUSEHOLD HEAD		
1.10	ID OF THE HOUSEHOLD HEAD	<input type="text"/>	
1.11	LOCATION ID	<input type="text"/>	
1.12	Does (NAME OF CHILD) currently live in this household?	Yes No	1 → 1.15 2
1.13	Where is (NAME OF CHILD)/does name live? 01=Orphanage; 02=Boarding school; 03=Elsewhere within same slum; 04=Elsewhere in other Nairobi slum; 05=Elsewhere in other Nairobi non-slum; 06=Elsewhere in other urban area; 07=Elsewhere in rural area 96=Other(Specify.....); '98=Don't Know		<input type="text"/> <input type="text"/>
1.14	When did (NAME OF CHILD) stop living in this household? (DD/MM/YYYY) PROBE FOR THE DAY, MONTH AND YEAR WHEN CHILD LEFT AND RECORD IN THE BOXES PROVIDED. IF DON'T KNOW, RECORD '88' FOR DAY, '88' FOR MONTH AND '8888' FOR YEAR		<input type="text"/>
Respondent's Details			
1.15	What is your name?		
1.16	What is your relationship with (NAME OF CHILD)? (CODE SHEET A2)		<input type="text"/> <input type="text"/> <input type="text"/>
1.17	FW: IF RESPONDENT SAYS "MOTHER" OR 'FATHER', ASK: Are you the biological mother/father of (NAME)? 1=Yes; 2=No		<input type="text"/>
1.18	Do you live in the same household as (NAME OF CHILD)?	1=Yes; 2=No	<input type="text"/>
1.19	Who takes most responsibility for (NAME's) care and upkeep... Name?		
FW: IF RESPONDENT IS THE PRIMARY CAREGIVER, INDICATE SELF AND CONTINUE TO 2.0			
1.20	How is s/he related to (NAME OF CHILD)? (CODE SHEET A2)		<input type="text"/> <input type="text"/> <input type="text"/>
1.21	Does s/he live in the same household as (NAME OF CHILD)?	1=Yes; 2=No	<input type="text"/>

2.0 SCHOOLING DETAILS																																															
...Lets talk about (NAME)'s schooling details first....																																															
No.	Questions and Filters	Coding Categories	Skip to																																												
2.1	Has (NAME) ever attended school?	Yes No Don't know	1 2 → 3.0 8 → 3.0																																												
2.2	Has (NAME) ever repeated any grade in school?	Yes No Don't know	1 2 → 2.6 8 → 2.6																																												
2.3	Which grade did s/he repeat? FW: CIRCLE ALL THE GRADES THAT THE CHILD HAS REPEATED. PROBE BY ASKING, ANY OTHER? MORE THAN ONE RESPONSE IS POSSIBLE	Grade 1 01 Grade 2 02 Grade 3 03 Grade 4 04 Grade 5 05 Grade 6 06 Grade 7 07 Grade 8 08 Other 96 Don't Know/Remember 98	2.3 2.4 (Year) <table border="1"> <thead> <tr> <th>Y</th> <th>Y</th> <th>Y</th> <th>Y</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Y	Y	Y	Y																																								
Y	Y	Y	Y																																												
2.4	Which year did s/he repeat the grade? WRITE THE YEAR IN THE BOXES PROVIDED ON THE RIGHT AGAINST THE GRADE REPEATED	Grade 7 07 Grade 8 08 Other 96 Don't Know/Remember 98																																													
2.5	FW: CHECK THE LAST GRADE REPEATED IN Q2.3 AND REFER TO IT ASK: What is the most important reason why (NAME) repeated (LAST GRADE)? CIRCLE THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT	Asked to repeat by parent/guardian 01 Just decided/wanted to 02 Poor marks in exam 03 Too young 04 Away from school for a long time 05 No requirements for next grade e.g. fees/levies, books etc 06 Other (Specify.....) 96 Don't know/remember 98																																													
2.6	Is (NAME) currently attending school?	Yes No Don't know	1 2 → 2.11 8 → 2.11																																												
2.7	Did (NAME) go to school late any day last week?	Yes No Don't know/remember	1 2 → 2.9 8																																												
2.8	What is the MOST IMPORTANT REASON Why (NAME) went to school late the last time s/he went late? DO NOT PROMPT. CIRCLE THE MOST IMPORTANT REASON MENTIONED. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT.	Had to do domestic duties 01 Had to do work for pay 02 Asked to go late by parent/guardian 03 School is too far 04 It was raining 05 Woke up late 06 Was tired 07 Was unwell/sick 08 Was too hungry 09 Didn't want to go to school/feared 10 No particular reason 11 Other (Specify.....) 96 Don't know/remember 98																																													

2.9	Did (NAME) miss to go to school any day last week?	Yes No Don't know/remember	1 2 8	→ 2.11
2.10	What is the MOST IMPORTANT REASON Why s/he missed to go to school the last time s/he missed? DO NOT PROMPT. CIRCLE THE MOST IMPORTANT REASON MENTIONED. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT.	Had to do domestic duties Had to do work for pay Asked to miss by parent/guardian It was raining Woke up late Was tired Was unwell/sick No requirements eg fees, books Didn't want to go to school Was hungry Feared to go No particular reason Other (Specify.....) Don't know/remember	01 02 03 04 05 06 07 08 09 10 11 12 96 98	
2.11	What grade is (NAME) currently attending/was (NAME) attending when s/he last attended school? CIRCLE THE APPROPRIATE GRADE. IF CHILD IS/WAS IN SECONDARY SCHOOL, CIRCLE 'LEVEL 2'	Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8 Level 2 Other Don't Know/Remember No Response	01 02 03 04 05 06 07 08 11 96 98 99	
3.0	HEALTH STATUS AND HEALTH SEEKING BEHAVIOUR			
	<i>...Sasa ningependa unielezee kuhusu afya ya (NAME)</i>			
No.	Questions and Filters	Coding Categories		Skip to
3.1	In general, what would you say about (NAME)'s health? Is it good, average, poor? CIRCLE RESPONSE MENTIONED	Good Average Poor Don't Know	1 2 3 8	
3.2	Is (NAME) ill now or has s/he been ill at any time in the last two weeks?	Yes No Don't Know	1 2 8	
3.3	FW: FOR THOSE WHO ARE ILL OR HAVE BEEN ILL IN THE LAST TWO WEEKS ASK; What illness does/did (NAME) have? IF (NAME) IS NOT ILL/WAS NOT ILL IN THE LAST TWO WEEKS OR IT IS NOT KNOWN IF S/HE WAS ILL, ASK; In the last one year, What illness did (NAME) have last? FW: NOTE THAT HERE WE ARE LOOKING FOR THE ONE MOST RECENT ILLNESS. IF RESPONDENT SAYS THAT NAME HAS/HAD TWO CONCURRENT ILLNESSES, ASK FOR THE ONE THAT WAS MOST SERIOUS	Cough Cold Diarrhoea Stomach pain Fever/chills Headache Malaria Injury Other Illness..... Don't Know No illness	a b c d e f g h j k l	→ 4.0

FW: FOR THE FOLLOWING QUESTIONS; REFER TO THE ILLNESS RECORDED IN 3.3											
3.4	Was care/treatment sought for (ILLNESS)?	Yes 1 No 2 Don't know/Remember 8	→3.10								
3.5	Where was care/treatment sought? DO NOT READ THE LIST; MORE THAN ONE ANSWER IS POSSIBLE. PROBE BY ASKING, WHERE ELSE? CIRCLE ALL RESPONSES MENTIONED	Health Facility (Hospital/Clinic) a Pharmacy/chemist/drug store b Community health worker c Spiritual/Religious healer d Herbalist/traditional healer e Other (specify.....) f Don't know/Remember g									
3.6	Where was care/treatment sought first? FW: RECORD THE LETTER CORRESPONDING TO PLACE WHERE CARE WAS SOUGHT FIRST FROM 3.5. IF ONLY ONE PLACE, WRITE THE LETTER CORRESPONDING TO IT	<input type="text"/>									
3.7	FW: CHECK 3.5, IF ANSWER IS 'A', ASK: What is the name of the health facility? OTHERWISE, SKIP TO 3.9 WRITE THE NAME OF THE HEALTH FACILITY. IF MORE THAN ONE, PROBE FOR ALL THE NAMES AND RECORD.	3.7 NAME	3.8 CODE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
3.8	CODE FOR THE HEALTH FACILITY (CODE SHEET B) RECORD THE CODE FROM CODE SHEET B										
3.9	How long after the illness started was care/treatment sought? WRITE DURATION IN DAYS. IF RESPONDENTS GIVES WEEKS OR MONTHS, CONVERT TO DAYS.	DURATION <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> Don't Know			} 4.0 8						
3.10	What was the MOST IMPORTANT reason for not seeking care/treatment? DO NOT PROMPT. CIRCLE THE MOST IMPORTANT REASON MENTIONED. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT.	Illness not serious 01 Health facility too far away 02 No money 03 Parent/Caregiver didn't know of illness 04 Parent/Caregiver was away 05 Child refused 06 There was no one to take him/her 07 Parent/Caregiver didn't see benefit 08 Religious reasons 09 Cultural reasons 10 Other..... 96 Don't know/Remember 98									

4.0	FOOD INTAKE																																				
	<i>...Now tell me about food....</i>																																				
4.1	Would you say (NAME) usually has enough to eat?	Yes No Don't Know	1 2 8																																		
4.2	How many meals does (NAME) usually have/eat every day?	Number of meals	<input type="text"/>																																		
4.3	How many times did (NAME) eat yesterday and the day before yesterday? Ask...(Did s/he get breakfast, lunch and supper? PROBE TO KNOW IF THE MEAL WAS EATEN EACH DAY; IF RESPONDENT SAYS 'YES' FOR A MEAL, CIRCLE '1' IF 'NO', CIRCLE '2', IF DON'T KNOW/REMEMBER, CIRCLE '8'	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Day 1 (Yester')</th> <th colspan="3">Day 2 (Yester' but 1)</th> </tr> <tr> <th>Y</th> <th>N</th> <th>D</th> <th>Y</th> <th>N</th> <th>D</th> </tr> </thead> <tbody> <tr> <td>B/Fast</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Lunch</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Dinner</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Day 1 (Yester')			Day 2 (Yester' but 1)			Y	N	D	Y	N	D	B/Fast	1	2	8	1	2	8	Lunch	1	2	8	1	2	8	Dinner	1	2	8	1	2	8	
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Dinner	1	2	8	1	2	8																															
4.4	In the past six months, how often has (NAME) NOT had enough to eat? Was it everyday, a few times a week, a few times a month, once a month or less, or you always had enough to eat?	Every day A few times a week A few times a month Once a month or less Never -Always have enough to eat Other(Specify.....) Don't know	1 2 3 4 5 6 8																																		
5.0	INVOLVEMENT IN INCOME GENERATING ACTIVITIES																																				
5.1	Does (NAME) do any activities for money?	Yes No Don't Know	1 2 → 6.0 8 → 6.0																																		
5.2	What kind of activities does (NAME) do for money? CIRCLE ALL ANSWERS MENTIONED	Domestic (Houseboy, housegirl, etc) Shop/kiosk keeping Selling things/hawking (e.g.nuts etc) Casual work in industry/factory Crafts: making baskets, mats, etc Construction, building Collection of recycling materials Other (specify)_____ Don't know	a b c d e f g h j																																		
5.3	What are (NAME)'s earnings used for? CIRCLE ALL ANSWERS MENTIONED	Self/personal needs Own recreation General household needs Needs of other children in household Needs of adults in the household Other (specify)_____ Don't Know	a b c d e f g																																		

6.0 HOUSEHOLD RELATIONSHIPS																			
<i>...Now I am going to ask you about household relationships</i>																			
6.1	IF RESPONDENT IS NOT THE BIOLOGICAL FATHER ASK: Does (NAME OF CHILD) live with his/her biological father in the same household?	Yes No Don't Know	1 → 6.4 2 8 → 6.4																
6.2	Where does (NAME)'s biological father live?	Dead Within same slum Other Nairobi slum Other Nairobi non-slum Other urban area Rural area In this household Other(Specify.....) Don't Know	01 02 03 04 05 06 07 96 98 } 6.4																
6.3	When did he die? PROBE FOR THE DAY, MONTH AND YEAR WHEN SHE DIED AND RECORD IN THE BOXES PROVIDED. IF DON'T KNOW, RECORD '88' FOR DAY, '88' FOR MONTH AND '8888' FOR YEAR	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
6.4	IF RESPONDENT IS NOT THE BIOLOGICAL MOTHER ASK: Does (NAME OF CHILD) live with his/her biological mother in the same household?	Yes No Don't Know	1 → 6.7 2 8 → 6.7																
6.5	Where does (NAME)'s biologicalmother live?	Dead Within same slum Other Nairobi slum Other Nairobi non-slum Other urban area Rural area In this household Other(Specify.....) Don't Know	01 02 03 04 05 06 07 96 98 } 6.7																
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D	D	M	M	Y	Y	Y	Y												
6.7	How many children aged below 15 years live with (NAME) in the same household? PROBE FOR NUMBER OF BOYS AND NUMBER OF GIRLS BELOW 15 YEARS. WRITE '98' FOR THE UNKNOWN CATEGORY. IF ZERO, WRITE '00'	Number of boys Number of girls	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>																
6.8	Does (NAME OF CHILD) have siblings (brothers/ sisters) from his/her own mother/father?	Yes No Don't Know	1 2 → 7.0 8 → 7.0																
6.9	How many blood siblings does (NAME OF CHILD) have? PROBE FOR NUMBER OF BROTHERS AND NUMBER OF SISTERS. WRITE '98' FOR THE UNKNOWN CATEGORY. IF ZERO, WRITE '00'	Number of brothers Number of sisters	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>																

6.10	How many of (NAME)'s blood siblings aged below 15 years live in the same household as (NAME)? PROBE FOR NUMBER OF BROTHERS AND NUMBER OF SISTERS. WRITE '98' FOR THE UNKNOWN CATEGORY. IF ZERO, WRITE '00'	Number of brothers in HH Number of sisters in HH	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
<p>FW: REMEMBER TO COMPLETE THE CAREGIVER'S RATING OF CHILD OVERLEAF. THE RESPONDENT CAN SELF ADMINISTER THE RATING SHEET IF LITERATE AND COMFORTABLE, OTHERWISE, ADMINISTER IT TO THEM</p> <p>THANK THE RESPONDENT FOR COOPERATION</p>							
7.0 GENERAL COMMENTS AND END OF INTERVIEW							
7.1	RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW						
7.2	RESULT OF INTERVIEW [OTHER - SPECIFY] 1=FULLY COMPLETED; 2=PARTIALLY COMPLETED; 3=CAREGIVER/GUARDIAN REFUSED; 4=MIGRATED; 5=WHEREABOUTS UNKNOWN; 6=OTHER SPECIFY.....) END INTERVIEW AND THANK THE PARENT/CAREGIVER						
7.3	END TIME	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
8.0 OFFICE/FIELD CHECK DETAILS							
8.1	EDITOR'S CODE	<table border="1"> <tr> <td></td> <td></td> </tr> </table>					
8.2	TEAM LEADER'S CODE	<table border="1"> <tr> <td></td> <td></td> </tr> </table>					
8.3	FIELD SUPERVISOR'S CODE	<table border="1"> <tr> <td></td> <td></td> </tr> </table>					
8.4	DATA ENTRY CLERK'S CODE	<table border="1"> <tr> <td></td> <td></td> </tr> </table>					