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Eligibility Checklist		
Age between 2 months and before 2nd birthday	Y	N - ineligible
Being admitted to hospital because of acute illness	Y	N- ineligible
Parent or guardian able and available to consent	Y	N- ineligible
Able to feed orally in usual state of health	Y	N- ineligible
Known congenital syndrome	Y- ineligible	N
Cleft palate	Y- ineligible	N
Known congenital cardiac disease	Y- ineligible	N
Known terminal illness e.g. cancer	Y- ineligible	N
Admission for surgery, or likely to require surgery within 6m	Y- ineligible	N
Admission for trauma?	Y- ineligible	N
Sibling enrolled in study	Y- ineligible	N
Previously enrolled	Y- ineligible	N

Part 1

Admission to Hospital and Study Enrolment					
DATE arrived at the hospital	__ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	**TIME arrived at the hospital**	__ __: __ __ *24h Clock*	☐ Arrival time unknown	
DATE of enrolment i.e. date consented and seen by research team	__ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	**TIME of enrolment**	__ __: __ __ *24h Clock*	**Sex**	☐ Male ☐ Female
DOB	__ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	**Is the DOB:**	☐ True ☐ Estimated*	**Child's Initials**	___ ___ ___
Brought into hospital by: *Select all that apply*	☐ Mother	☐ Father	☐ Grandparent	☐ Aunt/Uncle	
	☐ Sibling <18	☐ Sibling >18	☐ Carer (care home)	☐ Other_____	

**if DOB is estimated, and the day is uncertain, write '15' for DD*

Presenting Complaints

☐ Fever / Hotness of body	☐ Vomiting	☐ Lethargy
☐ Difficulty breathing	☐ Diarrhoea <14 days	☐ Convulsions
☐ Cough<14 days	☐ Diarrhoea >14 days	☐ Altered consciousness
☐ Cough>14days	☐ Blood in stool	☐ Not feeding
☐ Poor feeding/ Weight loss	☐ Developmental delay	☐ Body swelling / limb swelling/ Oedema
☐ Rash/ skin lesion	☐ Other *(only one complaint, if not covered by above options)* _____	

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Initial Observations (to be taken at time of examination by research team)			
Axillary temperature	____ ____. ____ °C	**Respiratory rate** *Count for 1 minute*	____ ____ ____/minute
Heart rate *Count for 1 minute*	____ ____ ____/minute		
SaO2 *To be taken from finger or toe using pulse oximeter*	____ ____ ____ % *Write 000 if unrecordable*	☐ Measured in Oxygen	☐ Measured in Room Air ☐ Unrecordable

Anthropometry					
Weight *to be taken using SECA scales for CHAIN study*	___ ___ . ___ ___kg		**Length** *to be taken using SECA 416 infantometer provided for CHAIN study*	Measurer 1	____ ____. ____ cm
				Measurer 2	____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN study*	Measurer 1	____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1	____ ____. _____cm
	Measurer 2	____ ____ . ____ cm		Measurer 2	____ ____. _____cm
Oedema	☐ None ☐ + ☐ ++ ☐ +++		**Initials**	Measurer 1 ___ ___ ___	Measurer 2 ___ ___ ___

NB: If the child is unwell the Length and Head Circumference can be taken at a later time.

Current Health	
Previously admitted to hospital. *Include other hospitals / health centres. Select 1*	☐ No ☐ < 1 week ago ☐ 1 weeks-1month ago ☐ >1month ago
Any medication last 7 days. *Select all that apply*	☐ No medication ☐ Antibiotic ☐ Antimalarial ☐Traditional ☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibuprofen ☐ Yes, but unknown ☐Other
Urine volume in last 24hrs? *Select 1*	☐ Not passing urine ☐ Less than normal ☐ Normal or greater ☐ Unknown

Feeding			
Currently in outpatient nutrition program? *Select one.*	☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa)*	☐ Therapeutic *(RUTF, Plumpy-nut)*	☐ None
Has the child eaten these nutrition products in the last 3 days?	☐ Supplementary	☐ Therapeutic	☐ None
Currently Breastfeeding? ☐ Y ☐ N	**If yes is the child taking anything else (exclude medicine)?**	☐ Y ☐ N ☐ N/A	

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If NO breastfeeding at all, age stopped in months? *(select one)*	☐ 0-3m	☐ 4-6m	☐ 7-12m	☐ >12m	☐ Unknown	☐ N/A
What did the child receive other than breast milk in the first 3 days of life? *Select all that apply* *Do not include medications e.g. ARV.*	☐ Sweetened/sugar water		☐ Formula/powder milk		☐ Animal milk	
	☐ Fruit Juice		☐ Tea		☐ Other	
	☐ Water		☐ Porridge/pulp		☐ Gutthi / gripe water	
	☐ Pure Honey		☐ Glycerine		☐ Nothing	

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Examination

Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP

Airway *(select one)*	☐ **Clear**	☐ Needs active support	☐ Obstructed/Stridor	
Breathing *(select all that apply)*	☐ **Normal – no concerns**, (move to circulation)			
	☐ Central cyanosis	☐ Nasal flaring	☐ Reduced air-entry	
	☐ Wheeze	☐ Acidotic Breathing	☐ Grunting	
	☐ Lower chest wall indrawing	☐ Crackles	☐ Dull to percussion ☐ Head nodding	
Circulation:				
Cap Refill (select one)	☐ >3s	☐ 2-3s	☐ <2s	
Cold Peripheries(select one)	☐ Shoulder	☐ Elbow	☐ Hand	☐ Warm peripheries
Disability:				
Conscious level(select one)	☐ **Alert**	☐ Voice	☐ Pain	☐ Unresponsive
Fontanelle(select one)	☐ **Normal**	☐ Bulging	☐ Sunken	☐ Not present
Tone(select one)	☐ **Normal**	☐ Hypertonic		☐ Hypotonic
Posture(select one)	☐ **Normal**	☐ Decorticate		☐ Decerebrate
Activity(select one)	☐ **Normal**	☐ Irritable/Agitated		☐ Lethargic
Dehydration:				
Sunken eyes?	☐ Y ☐ N			
Skin pinch (*select one*)	☐ >2 seconds	☐ <2 seconds	☐ Immediate	
Drinking/Breastfeeding *(Select one)*	☐ **Normal**	☐ Poorly	☐ Not drinking	☐ Eager / Thirsty
Abdomen *(select any that apply)*	☐ **Normal – no concerns**	☐ Distension	☐ Hepatomegaly	
	☐ Tenderness	☐ Splenomegaly	☐ Other abdominal mass	
Signs of Rickets	☐ **None**	☐ Wrist widening	☐ Rachitic rosary	☐ Swollen knees	☐ Bow legs	☐ Frontal bossing
Jaundice *(Select one)*	☐ **Not jaundiced**	☐ +	☐ ++	☐ +++
ENT/Oral/Eyes *(select any that apply)*	☐ Mouth Normal	☐ Ears Normal		☐ Eyes Normal
	☐ Oral ulceration	☐ Pus from ear		☐ Conjunctivitis
	☐ Oral candidiasis	☐ Tender swelling behind ear (mastoiditis)		☐ Eye discharge
	☐ Stomatitis	☐ Lymphadenopathy		☐ Visual impairment
Skin *(select any that apply)*	☐ Normal	☐ Hyperpigmentation		☐ Depigmentation
	☐ Broken skin/excoriation	☐ Dermatitis		☐ 'Flaky paint'
	☐ Cellulitis	☐ Impetigo		☐ Pustules
	☐ Vesicles	☐ Desquamation		☐ Macular or papular
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash)	☐ Trunk	☐ Face / scalp	☐ Legs
	☐ Palms / soles	☐ Buttocks	☐ Arms	☐ Perineum

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Suspected Chronic Conditions			
Select confirmed, suspected or none for all conditions:	Confirmed *(diagnosed previously/ recorded)*	Suspected *(clinician's impression)*	None
Cerebral palsy/neurological problem/ epilepsy	☐	☐	☐
Sickle Cell disease *family history, crisis*	☐	☐	☐
Thalassaemia	☐	☐	☐
Visual problem / Blindness *Not fixing and following*	☐	☐	☐
Losing weight or not gaining weight	☐	☐	☐

TB Screening							
Known TB (on treatment)		Child has cough >14 days		Household contact has TB, or cough >14 days		Child has suspected extra-pulmonary TB	
Y	N	Y	N	Y	N	Y	N

Immediate Clinical Investigations and HIV status							
Malaria RDT *circle result*	Positive		Negative		Not done		
Blood glucose	___ ___ . ___ mmol/L		**Time glucose measured**		___ ___:___ ___ *24h clock* ☐ Unknown		
Urine Dipstick *(can be done at any time during admission)*	Protein	Nitrites	Leucocytes	Blood	Ketones	Glucose	
Urine sample stored? **Y N**							
☐ Not done ☐ Bag ☐ Clean catch	None + ++ +++	Pos Neg	None + ++ +++	None + ++ +++	None + ++ +++	None + ++ +++	

HIV status known?	☐ Yes, known PCR positive ☐ Yes, antibody positive, unknown PCR status ☐ Yes, known exposed, known PCR negative (children under 18m with PCR result SEEN BY RESEARCH TEAM. If not seen select below and perform HIV RDT ☐ No, known to be HIV exposed, but child untested ☐ No, child not tested, not known to be exposed			
If child known HIV positive or exposed	**On any ART?**	☐ Y ☐ N ☐ Unknown	**If on treatment,** ARV 1_____ ARV 2_____ ARV 3_____	**If on prophylaxis** ☐ Nevirapine prophylaxis only ☐ AZT + NVP prophylaxis ☐ Caregiver unsure
	Co-trimoxazole *select one*	☐ On prophylactic dose co-trimoxazole ☐ On high dose co-trimoxazole ☐ Not on co-trimoxazole ☐ Caregiver unsure		
If not known positive	**HIV RDT now** *select one*	☐ Reactive / positive ☐ Non-Reactive / Negative ☐ Declined PCR sent: ☐ Y ☐ N		
HIV test offered to caregiver?	☐ Yes, Reactive ☐ Yes, Non-reactive ☐ Yes, but Declined ☐ No, Caregiver is known positive ☐ Missed ☐ N/A child in care home			
Did the mother have interventions or medication during delivery to prevent transmission of HIV to baby?	☐ Yes ☐ No ☐ Unknown			

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Vaccinations – *Ask carer or check book / card if available*							
BCG scar	☐ Yes ☐ No	**Rotavirus**	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
Measles	☐ Book ☐ Self report ☐ Not received ☐ Unknown	**Pneumococcus**	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
		DTP/Penta	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
		Polio	☐ Book	☐ Self report	☐ Not received	☐ Unknown	
		MenAfriVac	☐ Book	☐ Self report	☐ Not received	☐ Unknown	

Suspected Initial Diagnoses:
Clinical diagnosis should be based on examination and investigation findings.
Tick the <u>three most likely</u> diagnoses.

Respiratory	**Infection**	**CNS**
☐ LRTI/pneumonia	☐ Gastroenteritis	☐ Febrile convulsions
☐ Bronchiolitis	☐ Sepsis	☐ Epilepsy
☐ URTI	☐ Malaria	☐ Probable meningitis
☐ Pulmonary TB	☐ Extra pulmonary TB	☐ Other encephalopathy
☐ Otitis media	☐ Soft tissue infection	☐ Hydrocephalus
☐ Asthma	☐ UTI	☐ Developmental delay
General	☐ HIV related illness	☐ Cerebral palsy
☐ Anaemia	☐ Measles	**Other suspected diagnosis:**
☐ Sickle Cell Disease	☐ Varicella	☐ Other
☐ Thalassaemia	☐ Osteomyelitis	☐ Unknown
☐ Renal impairment	☐ Febrile illness unspecified	☐ Failed appetite test only
☐ Nephrotic syndrome	☐ Enteric fever	
☐ Nephritis		
☐ Liver dysfunction		
☐ Ileus		
☐ Congenital cardiac disease		

CLINICIANS IMPRESSION OF RISK

How likely does the clinical team think this child is to die during this admission? Select one

☐ Almost certainly not ☐ Very unlikely ☐ Quite unlikely ☐ Unsure ☐ Quite likely ☐ Very likely ☐ Almost certainly

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INITIAL TREATMENT			
Admitted to: *select one*	☐ Admission to ward	☐ Admission to HDU	☐ Admission to ICU
Date and time First antibiotics given	__ __ / __ __ / __ __ __ __ *24h clock*	___ ___:___ ___	☐Not given
Intravenous Antibiotics Given? ☐ **Not given**	☐ Benzylpenicillin ☐ Co-amoxiclav/ Augmentin ☐ Ampicillin ☐ Levofloxacin ☐ Ceftazidime ☐ Other_____	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin ☐ Pivmecillinam	☐ Ceftriaxone / Cefotaxime ☐ Chloramphenicol ☐ Meropenem / Imipenem ☐ Metronidazole
Oral Antibiotics Given? ☐ **Not given**	☐ Amoxicillin ☐ Co-trimoxazole ☐ Cefalexin / cefaclor ☐ Penicillin ☐ Other _____	☐ Erythromycin ☐ Metronidazole ☐ Co-amoxiclav / Augmentin ☐ Flucloxacillin	☐ Azithromycin ☐ Ciprofloxacin ☐ Nalidixic acid ☐ Levofloxacin

Initial treatment <u>given</u> *First 6 hours.* *Select any that apply.*		
	☐ IV Fluid Bolus	☐ IV Maintenance Fluids
	☐ Oxygen	☐ CPAP
	☐ IV Glucose ☐ Oral Glucose	☐ Warmth (heater, warmed fluids)
	☐ Blood transfusion	☐ Commercial F75
	☐ Phenobarbitone	☐ Commercial F100
	☐ Diazepam	☐ Locally prepared F75/ milk suji
	☐ Paracetamol	☐ Local prepared F100 / milk suji 100
	☐ Ibuprofen	☐ Expressed breast milk
	☐ Diclofenac	☐ Dilute F100/ dilute milk or formula
	☐ Salbutamol / atrovent / other bronchodilator	☐ Other milk/ formula/ feed
		☐ RUTF
	☐ Prednisolone/ dexamethasone/ hydrocortisone	☐ Nasogastric tube
	☐ Adrenaline	☐ Multivitamin
	☐ Zinc	☐ Micronutrients
	☐ Folic acid	☐ Vitamin A
	☐ Antimalarial (any)	☐ Albendazole / deworming
	☐ ReSoMal	☐ Other _____
	☐ ORS	

Admission Core Cohort Investigations and Sample Collection					
CBC taken	☐ Y	☐ N	**Plain Blood (serum)**	☐ Y	☐ N
Clinical chemistry taken	☐ Y	☐ N	**Blood spot taken**	☐ Y	☐ N
EDTA 2ml blood taken	☐ Y	☐ N	**Blood culture taken** *(if available at site)*	☐ Y BEFORE ABX ☐ Y AFTER ABX	☐ N

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EDTA 0.5ml blood taken	☐ Y ☐ N	**Blood gas taken** *(if available at site)*	☐ Capillary ☐ Venous ☐ N
Date Taken	Date taken __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* Time taken___ ___: ___ ___		
Unable to take blood samples, why?	☐ Difficult venepuncture ☐ Child uncooperative ☐ Parent refused ☐ Other		
Rectal swabs taken	☐ Y BEFORE ABX ☐ Y AFTER ABX ☐ N Number taken ☐1 ☐2 Time taken___ ___: ___ ___		
Stool sample	Taken in first 24h? ☐ Y ☐ N Date taken __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* Time taken___ ___: ___ ___		

Chest x-ray indicated *(respiratory signs symptoms)*	☐ Yes, but too unwell ☐ Yes, done ☐ Indicated but not done, unclear ☐ Not indicated
Lumbar puncture indicated *(signs of meningitis documented)*	☐ Yes, but too unwell ☐ Yes, done ☐ Not indicated

Blood Samples taken by (initials)	__ __ __
Rectal Swabs taken by (initials)	__ __ __

CRF Completed by (Initials) – to be signed when complete. *Do not sign if any fields are empty*	__ __ __	Date __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	Time ___ ___: ___ ___

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PART 2

CHAIN ADMISSION CRF: SOCIAL INFORMATION.

To be completed within 48h of admission when child is stable. This should ideally be done in a conversational and unhurried way, with the interviewer sitting with the caregiver.

Initials of person interviewing caregiver and completing part 2	Date
___ ___ ___ ☐ Doctor ☐ Clinical officer ☐ Nurse ☐ Field worker ☐ Research Assistant ☐ Other	__ __/__ __/__ __ __ __ *D D/M M/ Y Y Y Y* Time ___ ___: ___ ___

Who is being interviewed?

☐ Primary caregiver only	☐ Care home staff	☐ Primary caregiver and one other person	☐ Primary caregiver and more than one other person	☐ One person who is not the primary caregiver	☐ More than one person who is not the primary caregiver

Care-seeking Behaviour

Was the child in generally good health before this illness?	☐ Y	☐ N	☐ Unknown
If No, how long has the child had this problem of generally bad health?	__ __ weeks	☐ N/A	
Does the child have health insurance?	☐ Y	☐ N	☐ Unknown

What was the main reason for bringing the child to this hospital today? *Reasons given, select one*

☐ Referred by health care worker	☐ Caregiver concern of child's condition	☐ Received money for transport to hospital (e.g. from family, neighbour, paid work)?
☐ Relative / neighbour concern of child's condition	☐ Primary caregiver returned home e.g. if working away	☐ Other

How did you travel to the hospital? *Select all that apply*

☐Car/ Taxi ☐ Ambulance ☐ Bus ☐Motorbike ☐ Tuk-tuk /CNG ☐ Cycle rickshaw ☐ Train ☐ Walking ☐ Other

How long did it take you to travel to hospital?	☐ <1h	☐ 1- < 2h	☐ 2-4h	☐ >4h	☐ > 1 day

How much did it cost the family to travel to hospital today (in local currency? *Estimate amount. If walked, drove own car or free ambulance write*	___ ___ ___ ___

Have you sought treatment for this illness prior to coming to hospital? *Select all that apply*

☐ No treatment sought ☐ Shop ☐ Government hospital ☐ Government dispensary ☐ Traditional Healer

☐ Pharmacy ☐ Private Medical Facility/ NGO ☐ Herbalist ☐ Homeopathist ☐ Other

Received treatment from traditional healer, homeopathist or herbalist in last 4 weeks?	Y	N

Child's Health Status Before Admission

Before this illness, how did this child's health compare to other children of similar age in your neighbourhood? *Select one*

☐Similar ☐Better ☐Worse ☐Don't know

Before this illness, how did this child's health compare to his/her siblings at a similar age? *Select one*

☐Similar ☐Better ☐Worse ☐ Don't know ☐ N/A only child

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Birth History					
Source of information	☐ Maternal/caregiver recall	☐ Book/medical records			
Birth weight	___ .___ ___kg	☐Unknown			
Birth details *Select any that apply*	☐ Premature	☐ Born small <2.5kg	☐Twin/multiple birth	☐ Born at term	☐ Unknown
Delivery location *Select one*	☐ Born in hospital	☐ Community facility/clinic with midwife/nurse midwife/doctor			
	☐ Home without birth attendant	☐ Home with traditional birth attendant (untrained)	☐ Home with midwife/nurse		
	☐ Other		☐ Unknown		
Delivery details *Select all that apply*	☐ Normal, spontaneous vaginal delivery	☐ Assisted delivery (forceps, ventouse)	☐ Caesarean section		
	☐ Admitted neonatal unit	☐ Mother admitted to hospital >48h	☐ Unknown		
Mother's age at first pregnancy	___ ___years ☐ unknown	**Mother's age now**	___ __years	☐ unknown	
Participant birth order	___ ___ of ___ ___ total live births (*e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)*				
Are the biological parents of this child consanguineous? *Ask if parents have relatives in common or are related.*	☐ Yes	☐ No	☐ Unknown		

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Primary Caregiver Information ***This is the person who has responsibility for day to day care of the child, but is not a substitute carer such as childminder or grandparent who cares for child whilst, for example, mother is at work.***			
Who is the Primary Caregiver? *Select one*	☐Biological Parent ☐Grandparent ☐Sibling ☐Aunt / Uncle / Cousin ☐ Stepmother / father ☐ Care home /orphanage ☐Other/ Unclear		
Is the child's biological father alive?	☐ Y ☐ N ☐ Unknown	**Is the child's biological mother alive?**	☐ Y ☐ N ☐ Unknown
Primary Care Giver Age *Select one*	☐ <18years ☐ >=18 years ☐ >50years ☐ N/A (care home or unclear)		
Primary Care Giver Sex *Select one*	☐ Male ☐ Female ☐ N/A	**Primary caregiver present at admission?**	☐ Y ☐ N
Has the primary caregiver lived in the same household as the child for the last 2 months?			☐ Y ☐ N ☐ N/A (care home)
Marital status of primary caregiver *Select one*	☐ Married/ monogamous ☐ Married polygamous ☐ Single ☐ Separated / divorced ☐ Widowed ☐ N/A		
If not present at admission, where is the primary caregiver? *Select one*			
☐ Home ☐ Work ☐ School ☐ Unknown ☐ Other_____ ☐ N/A			
If the primary caregiver is present, caregiver anthropometry: *Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.*			
☐ **Primary caregiver not present during admission, or care home**			
Weight ___ ___. ___ kg	**MUAC** ___ ___ .____.cm	**Height:** ___ ___ ___cm	
Education: *Select highest level of education achieved*	☐ None ☐ Primary ☐ Secondary ☐ Above secondary ☐ Unknown ☐ N/A care home		
Able to read?	☐ Y ☐ N ☐Unknown	**Is the primary caregiver primarily responsible for financial support and providing for the child?**	☐ Y ☐ N
Primary caregiver HIV status in last 6 months *Select one*	☐ Tested Positive ☐ Tested Negative ☐ Not tested or unknown		
Have there been ANY changes to the child's social situation in the last 2 MONTHS? *Select any that apply,*			
Child moved to a different household	**Y N**	**Relocation from rural to urban setting** *Select 'yes' even if this is temporary*	**Y N**
		Relocation from urban to rural setting *Select 'yes' even if this is temporary*	**Y N**
		Relocation to live with different caregiver *Select 'yes' even if this is temporary*	**Y N**
Mother sick	**Y N**	**Mother Died**	**Y N**
Father sick	**Y N**	**Father Died**	**Y N**
Other primary caregiver sick	**Y N N/A**	**Other primary caregiver died**	**Y N N/A**
Primary caregiver changed	**Y N**	**Child went into care home**	**Y N**
Primary caregiver started employment / returned to school	**Y N**	**Person providing for the child has lost income**	**Y N**
Primary caregiver divorced / separated from partner	**Y N**	**Primary caregiver in new relationship**	**Y N**
Mother is pregnant	**Y N**	**Mother gave birth**	**Y N**
Other primary caregiver pregnant?	**Y N N/A**	**Other primary caregiver gave birth**	**Y N N/A**
If primary caregiver has changed in the last 2 months, who was the child's previous primary caregiver? *Select one*			
☐Biologic Mother ☐Biologic Father ☐Sibling ≥18 years old ☐Sibling <18 years old ☐Grandparent ☐Aunt/Uncle/Cousin ☐Other ☐ N/A			

Primary caregiver earns an income now? *Ask the person accompanying the child and select one*	
☐ Employed full time by someone else	☐ Employed part time by someone else

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☐ Works for self		☐ No work income		
☐ Works casually/irregularly for someone		☐ Don't know		
If works casually, Occupation:		☐ N/A care home		
How many days worked a week? *Select one*	☐ **<3**	☐ **3-5**	☐ **>5**	☐ N/A, does not work for income
If the primary caregiver earns, main source of income? *Select one*				
☐ Farmer	☐ Business/trader	☐ Labourer	☐ Domestic work	
☐ Other private sector employment	☐ Public sector employment	☐ Retired with pension income		
☐ Begging	☐ Other_____	☐ N/A		
If the primary caregiver works (earning or non-earning), main place of work? *Select one*				
☐In/around home (where child lives)	☐ Away for <4 hours per day	☐Away >4 hours but comes home daily		
☐Away > 8h a day but returns home daily	☐Away >1 day, comes home weekly	☐ Away comes home, less than weekly		
☐Primary caregiver lives and works away	☐ Don't know	☐ N/A		

The person primarily providing financial support to this child is this child's: *Select one*			
☐ Biologic Mother	☐ Biologic Father	☐ Stepfather	☐ Stepmother
☐ Grandparent	☐ Sibling ≥18 years old	☐ Sibling <18 years old	☐ Aunt/Uncle/Cousin
☐ More than one person responsible, unclear	☐ Unsupported / care home	☐ Other -specify_____	
Person responsible for providing financial support to child, place of usual residence? *Select one*			
☐ Always sleeps at home	☐ Sleeps away but returns weekly		
☐ Sleeps away for > two months per year	☐ Works and lives abroad, contact with child once a year or less		
☐ Sleeps away but return monthly or less often	☐ Don't know		
☐ Other_____	☐ N/A (e.g. care home, unsupported)		
What is the Father or person responsible for providing financial support to child source of income? *Select one. If the primary carer is also the person providing financial support do not complete this section.*			
☐ Farmer	☐ Business/trader	☐ Labourer	☐ Domestic work
☐ Other private sector employment	☐ Public sector employment	☐ Retired with pension income	
☐ Begging ☐None ☐ Unknown	☐ Other _____	☐ N/A	

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Substitute Care: *Who usually looks after child when primary caretaker is working or away? Select all that apply*					
☐ Not applicable, caregiver looks after child full time		☐ Not applicable, child accompanies caregiver to work			
☐ No substitute care, child left alone		☐ No substitute care / unclear		☐ Child in care home	
☐ Biological Mother	☐ Biological Father	☐ Sibling <18 years old		☐ Sibling ≥18 years old	
☐ Grandparent	☐ Aunt/Uncle/Cousin	☐ Childcare facility outside home		☐ Childminder/ day care at home	
How many days a week is the child in day care?	☐ N/A	☐ 1-2	☐ 3-4	☐ 5-6	☐ >6
How many hours per day is the child in day care?	☐ N/A	☐ 1-4h	☐ 5-8h	☐ 9-12h	☐ >12h
How many children are looked after at this day care?	☐ <3	☐ 4-6	☐ 7-10	☐ >10	☐Unknown ☐ N/A
How many of these are under 2y?	☐ <3	☐ 4-6	☐ 7-10	☐ >10	☐Unknown ☐ N/A
How many adults look after these children?	☐ 1	☐2-4	☐5-10	☐ >10	☐ N/A
Do you feel the day care is good?	☐ Y	☐ N	☐ N/A		
Who provides food for the child at day care? *Select one*					
☐ Caregiver provides food for the child	☐ Day care provides food for the child	☐ Someone else provides food for the child	☐ Don't know	☐ N/A	
Is feeding supervised / assisted at day care?	☐ Y	☐ N	☐ Unknown	☐ N/A	

Household Food Security (if child in care home include **children** in the care home only)			
During the past 7 DAYS has ANY member of the household missed a meal due to food shortage?	☐ Y	☐ N	☐ Unknown
During the past 4 WEEKS			
Did you worry that your household would not have enough food?	☐ Y	☐ N	☐ Unknown
Were any of your household unable to eat the kinds of food preferred because of a lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household had to eat a limited variety of food due to lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten some foods that you really didn't want to eat because of lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten fewer meals in a day because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did household members go to sleep at night hungry because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did you or your household members go a whole day and night without eating anything because there was not enough food?	☐ Y	☐ N	☐ Unknown

CHAIN Number

[1][0][0][0][3][ ][ ][ ]

Child Dietary Diversity
What does the child eat on a typical day? • *Ask this as an open question and select all that the caregiver mentions.* • *Do not present the caregiver with this list.* • *You may prompt the caregiver with open questions, e.g. What does your child usually eat for breakfast*
☐ **Milk and Milk Products**: Fresh/fermented milk, cheese, yogurt, or other milk products
☐ **Breast milk**
☐ **Cereals and Cereal Products**: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains
☐ **Fish and Sea Foods**: fresh or dried fish or shellfish
☐ **Roots and Tubers**: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
☐ **Vegetables**: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
☐ **Fruits**: Oranges, bananas, mangoes, avocados, apples, grapes etc
☐ **Meats and Poultry**: Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart or other organ meats or blood-based foods
☐ **Eggs**: Hen or other bird eggs
☐ **Pulses / Legumes / Nuts and Seeds**: Beans, peas, lentils, nuts, seeds or foods made from these
☐ **Fats and Oils**: Oil, fats, ghee, margarine or butter added to food or used for cooking
☐ **Sugars / Honey and Commercial Juices**: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
☐ **Miscellaneous**: Spices, unsweetened beverages
☐ **UNKNOWN**

Feeding practices	
How is food USUALLY given to the child? ***Select one***	
☐ Fed by adult	☐ Child feeds self, unsupervised
☐ Child feeds self, supervised by adult	☐ Fed from common plate or bowl
☐ Child feeds self, supervised by older children	☐ Child exclusively breastfed
☐ Unknown	☐ Other

CHAIN Number
[1][0][0][0][3][ ][ ][ ]

Assessment of household wealth (DHS 7 questionnaire. Please answer all questions, for all participants, including children in care homes)			
What is the main source of drinking water for members of your household? *Choose one*			
☐ Piped water to dwelling	☐ Cart with small tank	☐ from vendor	
☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater	
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam	
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown	
☐ Protected well / borehole	☐ Unprotected spring		
☐ Unprotected well	☐ Other		
What is the MAIN source of water used by your household for other purposes such as cooking and handwashing? SELECT ONE ONLY			
☐ Piped water to dwelling	☐ Cart with small tank	☐ Bought from vendor	
☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater	
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam	
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown	
☐ Protected well / borehole	☐ Unprotected spring		
☐ Unprotected well	☐ Other		
How long does it take to get DRINKING water and come back? (State 0 if water supplied within home or compound)		__ __ __minutes	☐ Don't know
In the past 2 weeks was the water from this source not available for at least one full day?		☐ Y ☐ N	☐ Unknown
Do you usually do anything to the water to make it safer to drink? *Select all that apply*			
☐ None	☐ Bleach/ chlorine	☐ Strain through a cloth	☐ Let it stand and settle
☐ Use water filter (ceramic/sand/composite etc)	☐ Solar disinfection	☐ Boil	☐ Other

CHAIN Number

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What kind of toilet facility do members of your household usually use? *Select one*			
☐ Flush or pour flush toilet to piped sewer	☐ Flush to septic tank	☐ Ventilated improved pit latrine	
☐ Flush to pit latrine	☐ Flush to somewhere else	☐ Open pit / Pit latrine without slab	
☐ Flush don't know where	☐ Composting toilet	☐ Bucket toilet	
☐ Pit latrine with slab	☐ Hanging toilet / hanging latrine	☐ No facility / bush/ field	
☐ Unknown			
Do you share this toilet facility with other households?	☐ Y	☐ N	☐ Unknown
If Yes, including your own household, how many households use this toilet facility?	Number if <10__	☐ >10 households	☐ Unknown ☐ N/A
Where is this toilet facility located?	☐ In own dwelling	☐ In own yard / plot	☐ Elsewhere
How many rooms are there in the household for SLEEPING?	☐ **1**	☐ **2**	☐ **>2**
What is the MAIN FLOOR material of the rooms in this household? *Select one only*			
☐ Cement	☐ Earth/sand	☐ Wood	
☐ Dung	☐ Lives on boat	☐ Tiles	
☐ Carpet	☐ Other (specify)_____	☐ Unknown	
What is the <u>MAIN WALL</u> material of the rooms in this household? *Select one only*			
☐ Grass/straw/makuti	☐ Stone	☐ Wood	☐ Unknown
☐ Corrugated iron sheet/ Tin	☐ Mud/wood	☐ Brick/block	
☐ Planks/shingles	☐ No wall	☐ Other (specify) _____	
What is the <u>MAIN ROOF</u> material of the house in this household? *Select one only*			
☐ Grass/Thatch	☐ Tiles/Asbestos sheets	☐ Corrugated iron/ Tins	
☐ Mud	☐ Nylon papers/clothes	☐ Concrete	
☐ Other (specify) _____		☐ Unknown	
What is the <u>MAIN</u> cooking fuel used in this household? *Select one only*			
☐ Electricity	☐ LPG /Natural gas/Biogas	☐ Paraffin	
☐ Coal / Lignite	☐ Charcoal	☐ Firewood	
☐ Straw/shrubs/grass	☐ Agricultural crop	☐ Animal Dung	
☐ No food cooked in household	☐ Other (specify)_____	☐ Unknown	
Do you have a separate room which is used as a kitchen?	☐ Y	☐ N	☐ Unknown
Where is this household's cooking area located?			
☐ In the house	☐ Outdoors	☐ In a separate building	☐ Other _____ ☐ Unknown

CHAIN Number

[1][0][0][0][3][ ][ ][ ]

Does this household own any livestock, herds, other farm animals or poultry	☐ Y	☐ N	☐ Unknown
If yes, how many of the following animals does this household own?			
Cows/bulls__ __ Sheep__ __ Horses/Donkeys/Mules__ __ Goats__ __ Chickens or Ducks__ __ Other _____ number ___ ___			☐ N/A
Does any member of this this household own land?	☐ Y	☐ N	☐ Unknown
If "Yes" How many acres of land does this household own?	____Acres	☐ Unknown	☐ N/A
Does this household have a bank account?	☐ Y	☐ N	☐ Unknown
Does this household have electricity	☐ Y	☐ N	☐ Unknown
Does this household own a radio?	☐ Y	☐ N	☐ Unknown
Does this household own a television?	☐ Y	☐ N	☐ Unknown
Does this household own a computer?	☐ Y	☐ N	☐ Unknown
Does this household own a refrigerator?	☐ Y	☐ N	☐ Unknown
Does any member of this household own:			
A watch	☐ Y	☐ N	☐ Unknown
A mobile phone? ☐ Y Standard phone ☐ Y smartphone		☐ N	☐ Unknown
An animal-drawn cart?	☐ Y	☐ N	☐ Unknown
A bicycle?	☐ Y	☐ N	☐ Unknown
A motorcycle / scooter?	☐ Y	☐ N	☐ Unknown
A car or truck?	☐ Y	☐ N	☐ Unknown
A boat with a motor?	☐ Y	☐ N	☐ Unknown

CRF Completed by (Initials) – to be signed when complete. *Do not sign if any fields are empty*	__ __ __	Date __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	Time ___ ___: ___ ___

END