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CHAIN HOUSEHOLD ASSESSMENT

Homestead visit					
Date of visit	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	**Time arrived at household**	__ __:__ __	**Accompanied child home from hospital?**	☐ Y ☐ N
Is this the same homestead the child was admitted from?	☐ Y ☐ N	**Do the caregiver and child intend to stay at this homestead until the next follow-up visit?**	☐ Y ☐ N ☐ Unknown		
Has the child live in this homestead more than 50% of the time in the last 2 months?	☐ Y ☐ N	**Does the caregiver and child intend to stay in this homestead more than 50% of the time in the next 2m?**	☐ Y ☐ N ☐ Unknown		
Does the child have another homestead that they live in regularly, e.g. grandparents, neighbours	☐ Y ☐ N	**When did the child move to this homestead?**	☐ Since birth	☐ 2w-1month ago	
			☐ > 2 months ago	☐ <2w ago	
			☐ 1month-2months ago	☐ Since discharge only	
How long did it take to get to the household?	__ __Hrs __ __Min	**How did you travel to the household?**	☐ Car/ Taxi ☐ Bus ☐Motorbike ☐ Walking ☐ Tuk-tuk ☐ Cycle rickshaw ☐ Train ☐ Other		

GPS LOCATION OF HOUSEHOLD

Tick + or – to indicate N/S and W/E

Latitude: ☐ + ☐ – ____ ____ . ____ ____ ____ ____ ____

Longitude ☐ + ☐ – ____ ____ . ____ ____ ____ ____ ____

NOTE: GPS must be set to decimal degrees DDD.DDDDDD (NOT degrees, minutes and seconds).

Household Information

Number of adults (over 18y) living in this household NOW	__ __	**Number of children 5-18y living in household NOW**	__ __	**Number of children under 5 living in household NOW**	__ __

Who lives in this household? Select all that apply

☐Biological Mother ☐Biological father ☐Brother ☐Sister ☐Grandmother ☐Grandfather
☐Aunt ☐Uncle ☐Cousin ☐ Stepmother / stepfather ☐ Other

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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 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**	**Y**	**N**
			Relocation from urban to rural setting	**Y**	**N**
			Relocation to live with different caregiver	**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**

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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

☐ 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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COMPLETE THIS SECTION FOR ALL PARTICIPANTS DURING HOUSEHOLD REVIEW, EVEN IF INFORMATION HAS BEEN OBTAINED DURING ADMISSION. OBSERVE THE HOMESTEAD AND FACILITIES TO CONFIRM INFORMATION IS ACCURATE. EXPLAIN TO THE FAMILY THAT THIS IS DONE FOR ALL PARTICIPANTS TO AVOID CONFUSION THAT MAY ARISE WHEN COMPLETING THE QUESTIONNAIRE IN HOSPITAL.

Household Food Security **If the child is in a care home, this should be asked regarding the other children in the care home, not members of staff**	
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

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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

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

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Assessment of household wealth (DHS 7 questionnaire. Please answer all questions) This should be completed for all children, including those 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	☐ 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	_____
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 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

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**	

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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 MAIN WALL 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 MAIN ROOF 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 MAIN 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

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

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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 __ __:__ __