CHAIN Enrolment CRF v1.63

CHAIN Number [6][0] [0][0][1] [ ][ ][ ]

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)* _____

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*	____ ____ ____ % ☐ Measured in ☐ Measured in ☐ Unrecordable *Leave blank if unrecordable* Oxygen Room Air		

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

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? Skin pinch** (*select one)*	☐ Y ☐ N			
	☐ >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	☐ Wrist ☐ Rachitic ☐ Swollen ☐ Bow ☐ Frontal ☐ **None**			
	widening	rosary	knees	legs 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 ☐ Dermatitis ☐ 'Flaky paint' ☐ Cellulitis ☐ Impetigo ☐ Pustules ☐ Vesicles ☐ Desquamation ☐ Macular or papular
Site of skin lesions. *(select any that apply)*	☐ Not applicable ☐ Trunk ☐ Face / scalp ☐ Legs (No rash) ☐ Palms / soles ☐ Buttocks ☐ Arms ☐ Perineum

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

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
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 ☐ Gutthi / gripe water ☐ Water ☐ Porridge/pulp ☐ Pure Honey ☐ Glycerine ☐ Nothing		

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

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

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 + ++ +++

<table>
<tr><td colspan="2">HIV status known?</td><td colspan="3">☐ Yes, known exposed, known PCR negative (children
☐ Yes, known ☐ Yes, antibody positive, under 18m with PCR result SEEN BY RESEARCH TEAM. If
PCR positive unknown PCR status 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</td></tr>
<tr><td rowspan="2">If child known HIV positive or exposed</td><td>On any ART?</td><td>☐ Y ☐ N ☐ Unknown</td><td>If on treatment,
ARV 1_____
ARV 2_____
ARV 3_____</td><td>If on prophylaxis
☐ Nevirapine prophylaxis only
☐ AZT + NVP prophylaxis
☐ Caregiver unsure</td></tr>
<tr><td>Co-trimoxazole select one</td><td colspan="3">☐ On high dose
☐ On prophylactic dose co-trimoxazole ☐ Not on coco-trimoxazole ☐ Caregiver unsure trimoxazole</td></tr>
<tr><td>If not known positive</td><td>HIV RDT now select one</td><td colspan="3">☐ Reactive / positive ☐ Non-Reactive / Negative ☐ Declined

PCR sent: ☐ Y ☐ N</td></tr>
<tr><td colspan="2">HIV test offered to caregiver?</td><td colspan="3">☐ Yes, ☐ Yes, ☐ Yes, but ☐ No, ☐ Missed ☐ N/A child
Reactive Non-reactive Declined Caregiver is known positive in care home</td></tr>
<tr><td colspan="2">Did the mother have interventions or medication during delivery to prevent transmission of HIV to baby?</td><td colspan="3">☐ Yes ☐ No ☐ Unknown</td></tr>
</table>

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 ☐ Gentamicin ☐ Ceftriaxone / Cefotaxime ☐ Co-amoxiclav/ ☐ Flu/Cloxacillin ☐ Chloramphenicol Augmentin ☐ Ampicillin ☐ Amikacin ☐ Meropenem / Imipenem ☐ Levofloxacin ☐ Vancomycin ☐ Metronidazole ☐ Ceftazidime ☐ Pivmecillinam ☐ Other_____	
Oral Antibiotics Given? ☐ **Not given**	☐ Amoxicillin ☐ Erythromycin ☐ Azithromycin ☐ Co-trimoxazole ☐ Metronidazole ☐ Ciprofloxacin ☐ Co-amoxiclav / ☐ Cefalexin / cefaclor ☐ Nalidixic acid Augmentin ☐ Penicillin ☐ Flucloxacillin ☐ Levofloxacin ☐ Other _____	
Initial treatment <u>given</u> *First 6 hours.* *Select any that apply.* *For IV fluid bolus, and IV fluids specify type and volume in ml, and duration*	☐ 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	_____

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	
☐ Sickle Cell Disease	☐ Varicella	**Other suspected diagnosis:**
		☐ Other
☐ Thalassaemia	☐ Osteomyelitis	☐ Unknown
☐ Renal impairment	☐ Febrile illness unspecified	☐ Failed appetite test only
☐ Nephrotic syndrome	☐ Enteric fever	
☐ Nephritis		
☐ Liver dysfunction		
☐ Ileus		
☐ Congenital cardiac disease		

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

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 ___ ___ ___ ☐ Doctor ☐ Clinical officer ☐ Nurse ☐ Field worker ☐ Research Assistant ☐ Other	Date __ __/ __ __/ __ __ __ __ *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 ☐ Primary caregiver returned home e.g. if working away ☐ Other of child's condition

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 or free ambulance write 0*	___ ___ ___ ___

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	

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 ☐ Home with traditional ☐ Home with midwife/nurse birth attendant birth attendant (untrained) ☐ Other ☐ Unknown			
Delivery details *Select all that apply*	☐ Normal, spontaneous vaginal ☐ Assisted delivery (forceps, ventouse) ☐ Caesarean section delivery ☐ Mother admitted to hospital >48h ☐ Admitted neonatal unit ☐ 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	

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.

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Who is the Primary Caregiver? *Select one*	☐Biological Parent ☐Grandparent ☐Sibling ☐ Stepmother / father ☐ Care home /orphanage		☐Aunt / Uncle / Cousin ☐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 ☐ Un nown ☐ N/A care home		
Able to read? ☐ Y ☐ N ☐ Unknow n	**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

☐ 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** ☐ N/A, does not work ☐ **>5** 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, ☐ Unsupported / care home ☐ Other -specify_____ unclear

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

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 ☐ Day care provides ☐ Someone else provides ☐ Don't ☐ N/A food for the child food for the child food for the child know					
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

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

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

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?	☐ >10 Number if <10__ ☐ Unknown ☐ N/A households
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

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