



CHAIN Number [2][0][0][0][1][ ][ ][ ]

Homestead visit					
Date of visit	___/___/_____ D D / M M / Y Y Y Y	Time arrived at household	__:__	Accompanied child home from hospital?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is this the same homestead the child was admitted from?	<input type="checkbox"/> Y <input type="checkbox"/> N		Do the caregiver and child intend to stay at this homestead until the next follow-up visit?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	
How long did it take to get to the household?	___Hrs ___Min	How did you travel to the household?	<input type="checkbox"/> Car/ Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Motorbike <input type="checkbox"/> Walking <input type="checkbox"/> Tuk-tuk <input type="checkbox"/> Cycle <input type="checkbox"/> Train <input type="checkbox"/> Other rickshaw		

GPS LOCATION OF HOUSEHOLD
<p>Tick + or - to indicate N/S and W/E</p> <p>Latitude: <input type="checkbox"/> + <input type="checkbox"/> -      _____ . _____</p> <p>Longitude <input type="checkbox"/> + <input type="checkbox"/> -      _____ . _____</p> <p><i>NOTE: GPS must be set to decimal degrees DDD.DDDDDD (NOT degrees, minutes and seconds).</i></p>

Household Information					
Number of adults (over 18y) living in this household NOW	___	Number of children 518y living in household NOW	___	Number of children under 5 living in household NOW	___
Who lives in this household? Select all that apply					
<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Stepmother / stepfather <input type="checkbox"/> 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.*

<b>Who is the Primary Caregiver?</b> <i>Select one</i>	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt / Uncle / Cousin <input type="checkbox"/> Stepmother / father <input type="checkbox"/> Care home /orphanage <input type="checkbox"/> Other/ Unclear		
<b>Is the child's biological father alive?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	<b>Is the child's biological mother alive?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
<b>Primary Care Giver Age</b> <i>Select one</i>	<input type="checkbox"/> <18years <input type="checkbox"/> >=18 years <input type="checkbox"/> >50years <input type="checkbox"/> N/A (care home or unclear)		
<b>Primary Care Giver Sex</b> <i>Select one</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A	<b>Primary caregiver present at admission?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Has the primary caregiver lived in the same household as the child for the last 2 months?</b>			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A/ care home
<b>Marital status of primary caregiver</b> <i>Select one</i>	<input type="checkbox"/> Married/ <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / divorced <input type="checkbox"/> Widowed <input type="checkbox"/> N/A monogamous polygamous		
<b>If not present at admission, where is the primary caregiver?</b> <i>Select one</i>			
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A			
<b>If the primary caregiver is present, caregiver anthropometry:</b> <i>Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.</i>			
<input type="checkbox"/> <b>Primary caregiver not present during admission or care home</b>			
<b>Weight:</b> _____ kg	<b>MUAC:</b> _____ cm	<b>Height:</b> _____ cm	
<b>Education:</b> <i>Select highest level of education achieved</i>	<input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Above secondary <input type="checkbox"/> Unknown <input type="checkbox"/> N/A care home		
<b>Able to read?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	<b>Is the primary caregiver primarily responsible for financial support and providing for the child?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Primary caregiver HIV status in last 6 months</b> <i>Select one</i>	<input type="checkbox"/> Tested Positive <input type="checkbox"/> Tested Negative <input type="checkbox"/> Not tested or unknown		





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Have there been changes to the child's social situation in the last 2 MONTHS? <i>Select any that apply</i>					
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
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? <i>Select one</i>					
<input type="checkbox"/> Biologic Mother		<input type="checkbox"/> Biologic Father		<input type="checkbox"/> Sibling ≥18 years old	<input type="checkbox"/> Sibling <18 years old
<input type="checkbox"/> Grandparent		<input type="checkbox"/> Aunt/Uncle/Cousin		<input type="checkbox"/> Other	<input type="checkbox"/> N/A

Primary caregiver earns an income now? <i>Ask the person accompanying the child and select one</i>	
<input type="checkbox"/> Employed full time by someone else <input type="checkbox"/> Employed part time by someone else <input type="checkbox"/> Works for self <input type="checkbox"/> No work income <input type="checkbox"/> Works casually/irregularly for someone <input type="checkbox"/> Don't know If works casually, Occupation: _____ <input type="checkbox"/> N/A care home	
How many days worked a week? <i>Select one</i>	<input type="checkbox"/> N/A, does not work for income <input type="checkbox"/> <3 <input type="checkbox"/> 3-5 <input type="checkbox"/> >5





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**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*





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

**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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Household Food Security	
<i>If the child is in a care home, this should be completed regarding the other children in the care home, not members of staff</i>	
During the past 7 DAYS	has ANY member of the household missed a meal due to food shortage? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
During the past 4 WEEKS	

Unknown	
Were any of your household unable to eat the kinds of food preferred because of a lack of	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown resources?	
Have any of your household had to eat a limited variety of food due to lack of resources?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown	
Have any of your household eaten some foods that you really didn't want to eat because of lack of	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown resources?	
Have any of your household eaten fewer meals in a day because there was not enough food?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown	
Did household members go to sleep at night hungry because there was not enough food?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown	
Did you or your household members go a whole day and night without eating anything because	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Unknown there was not enough food?	

Child Dietary Diversity
<b>What does the child eat on a typical day?</b>
<ul style="list-style-type: none"> <li>Ask this as an open question and select all that the caregiver mentions.</li> <li>Do not present the caregiver with this list.</li> <li>You may prompt the caregiver with open questions, e.g. What does your child usually eat for breakfast</li> </ul>
<input type="checkbox"/> Milk and Milk Products: Fresh/fermented milk, cheese, yogurt, or other milk products
<input type="checkbox"/> Breast milk





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<input type="checkbox"/> <b>Cereals and Cereal Products:</b> Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains
<input type="checkbox"/> <b>Fish and Sea Foods:</b> fresh or dried fish or shellfish
<input type="checkbox"/> <b>Roots and Tubers:</b> potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
<input type="checkbox"/> <b>Vegetables:</b> Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
<input type="checkbox"/> <b>Fruits:</b> Oranges, bananas, mangoes, avocados, apples, grapes etc
<input type="checkbox"/> <b>Meats and Poultry:</b> Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart or other organ meats or blood-based foods
<input type="checkbox"/> <b>Eggs:</b> Hen or other bird eggs
<input type="checkbox"/> <b>Pulses / Legumes / Nuts and Seeds:</b> Beans, peas, lentils, nuts, seeds or foods made from these
<input type="checkbox"/> <b>Fats and Oils:</b> Oil, fats, ghee, margarine or butter added to food or used for cooking
<input type="checkbox"/> <b>Sugars / Honey and Commercial Juices:</b> Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
<input type="checkbox"/> <b>Miscellaneous:</b> Spices, unsweetened beverages

**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**

<input type="checkbox"/> Piped water to dwelling	<input type="checkbox"/> Cart with small tank	<input type="checkbox"/> Bought from vendor
<input type="checkbox"/> Piped water to yard / plot	<input type="checkbox"/> Tanker truck	<input type="checkbox"/> Rainwater
<input type="checkbox"/> Piped to neighbour	<input type="checkbox"/> Bottled water	<input type="checkbox"/> Stream/river/lake/pond/dam
<input type="checkbox"/> Public tap/ Standpipe	<input type="checkbox"/> Protected spring	<input type="checkbox"/> Unknown
<input type="checkbox"/> Protected well / borehole	<input type="checkbox"/> Unprotected spring	





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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  Solar disinfection  Boil  Other (ceramic/sand/composite etc)

**What kind of toilet facility do members of your household usually use? *Select one***







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<input type="checkbox"/> Flush or pour flush toilet to piped sewer <input type="checkbox"/> Flush to septic tank <input type="checkbox"/> Ventilated improved pit latrine <input type="checkbox"/> Flush to pit latrine <input type="checkbox"/> Flush to somewhere else <input type="checkbox"/> Open pit / Pit latrine without slab <input type="checkbox"/> Flush don't know where <input type="checkbox"/> Composting toilet <input type="checkbox"/> Bucket toilet <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Hanging toilet / hanging latrine <input type="checkbox"/> No facility / bush/ field <input type="checkbox"/> Unknown	
<b>Do you share this toilet facility with other households?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
<b>If Yes, including your own household, how many households use this toilet facility?</b>	<input type="checkbox"/> >10 Number if <10__ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A households
<b>Where is this toilet facility located?</b>	<input type="checkbox"/> In own dwelling <input type="checkbox"/> In own yard / plot <input type="checkbox"/> Elsewhere
<b>How many rooms are there in the household for SLEEPING?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2
<b>What is the MAIN FLOOR material of the rooms in this household? <i>Select one only</i></b>	
<input type="checkbox"/> Cement <input type="checkbox"/> Earth/sand <input type="checkbox"/> Wood <input type="checkbox"/> Dung <input type="checkbox"/> Lives on boat <input type="checkbox"/> Tiles <input type="checkbox"/> Carpet <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	
<b>What is the MAIN WALL material of the rooms in this household? <i>Select one only</i></b>	
<input type="checkbox"/> Grass/straw/makuti <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Corrugated iron sheet/ Tin <input type="checkbox"/> Mud/wood <input type="checkbox"/> Brick/block <input type="checkbox"/> Planks/shingles <input type="checkbox"/> No wall <input type="checkbox"/> Other (specify) _____	
<b>What is the MAIN ROOF material of the house in this household? <i>Select one only</i></b>	
<input type="checkbox"/> Grass/Thatch <input type="checkbox"/> Tiles/Asbestos sheets <input type="checkbox"/> Corrugated iron/ Tins <input type="checkbox"/> Mud <input type="checkbox"/> Nylon papers/clothes <input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	
<b>What is the MAIN cooking fuel used in this household? <i>Select one only</i></b>	





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<input type="checkbox"/> Electricity <input type="checkbox"/> LPG /Natural gas/Biogas <input type="checkbox"/> Paraffin <input type="checkbox"/> Coal / Lignite <input type="checkbox"/> Charcoal <input type="checkbox"/> Firewood <input type="checkbox"/> Straw/shrubs/grass <input type="checkbox"/> Agricultural crop <input type="checkbox"/> Animal Dung <input type="checkbox"/> No food cooked in household <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	
<b>Do you have a separate room which is used as a kitchen?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
<b>Where is this household's cooking area located?</b>	
<input type="checkbox"/> In the house <input type="checkbox"/> Outdoors <input type="checkbox"/> In a separate building <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	

<b>Does this household own any livestock, herds, other farm animals or poultry</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>If yes, how many of the following animals does this household own?</b>			
Cows/bulls__ __	Sheep__ __		
Horses/Donkeys/Mules__ __	Goats__ __		
Chickens or Ducks__ __	Other _____ number __ __	<input type="checkbox"/> N/A	
<b>Does any member of this this household own land?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>If "Yes" How many acres of land does this household own?</b>	__ __ Acres	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
<b>Does this household have a bank account?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does this household have electricity</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does this household own a radio?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does this household own a television?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does this household own a computer?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does this household own a refrigerator?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>Does any member of this household own:</b>			
<b>A watch</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown





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<b>A mobile phone?</b>	<input type="checkbox"/> Y Standard phone	<input type="checkbox"/> Y smartphone	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>An animal-drawn cart?</b>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>A bicycle?</b>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>A motorcycle / scooter?</b>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>A car or truck?</b>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
<b>A boat with a motor?</b>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown

<b>CRF Completed by (Initials) – to be signed when complete.</b> <i>Do not sign if any fields are empty</i>	_____ _____	Date	Time
		____/____/_____ <i>D D / M M / Y Y Y Y</i>	____:____

