



CHAIN Number [4][0][0][0][1][][][]

Homestead visit

Date of visit	___/___/_____ <small>D D / M M / Y Y Y Y</small>	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

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 518y living in household NOW	___	Number of children under 5 living in household NOW	___
Who lives in this household? Select all that apply					





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

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? <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		
Is the child's biological father alive?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	Is the child's biological mother alive?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Primary Care Giver Age <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)		
Primary Care Giver Sex <i>Select one</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A	Primary caregiver present at admission?	<input type="checkbox"/> Y <input type="checkbox"/> N
Has the primary caregiver lived in the same household as the child for the last 2 months?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A/ care home
Marital status of primary caregiver <i>Select one</i>	<input checked="" type="checkbox"/> Married/ <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated / divorced <input type="checkbox"/> Widowed <input type="checkbox"/> N/A monogamous polygamous		
If not present at admission, where is the primary caregiver? <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			
If the primary caregiver is present, caregiver anthropometry: <i>Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.</i>			
<input type="checkbox"/> Primary caregiver not present during admission or care home			





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Weight	_____. ____ kg	MUAC	_____. ____ cm	Height:	_____. ____ cm
Education: <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"/> Un known <input type="checkbox"/> N/A care home				
Able to read?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown		Is the primary caregiver primarily responsible for financial support and providing for the child?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Primary caregiver HIV status in last 6 months <i>Select one</i>	<input type="checkbox"/> Tested Positive <input type="checkbox"/> Tested Negative <input type="checkbox"/> Not tested or unknown				
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





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If primary caregiver has changed in the last 2 months, who was the child's previous primary caregiver?
Select one

<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? *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*

N/A, does

<3 3-5 >5 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*





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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?	<input type="checkbox"/> N/A	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-6	<input type="checkbox"/> >6
How many hours per day is the child in day care?	<input type="checkbox"/> N/A	<input type="checkbox"/> 1-4h	<input type="checkbox"/> 5-8h	<input type="checkbox"/> 9-12h	<input type="checkbox"/> >12h
How many children are looked after at this day care?	<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





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How many of these are under 2y?	<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
How many adults look after these children?	<input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10 <input type="checkbox"/> N/A
Do you feel the day care is good?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Who provides food for the child at day care? <i>Select one</i>	
<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	
Is feeding supervised / assisted at day care?	<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 care home, this should be asked 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

Did you or your household members go a whole day and night without eating anything because

Unknown there was not enough food?

Y N Unknown

Y N Unknown

Child Dietary Diversity
<p>What does the child eat on a typical day?</p> <ul style="list-style-type: none"> 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
<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"/> Cereals and Cereal Products: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains
<input type="checkbox"/> Fish and Sea Foods: fresh or dried fish or shellfish
<input type="checkbox"/> Roots and Tubers: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
<input type="checkbox"/> Vegetables: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
<input type="checkbox"/> Fruits: Oranges, bananas, mangoes, avocados, apples, grapes etc
<input type="checkbox"/> 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
<input type="checkbox"/> Eggs: Hen or other bird eggs
<input type="checkbox"/> Pulses / Legumes / Nuts and Seeds: Beans, peas, lentils, nuts, seeds or foods made from these
<input type="checkbox"/> Fats and Oils: Oil, fats, ghee, margarine or butter added to food or used for cooking
<input type="checkbox"/> Sugars / Honey and Commercial Juices: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
<input type="checkbox"/> Miscellaneous: 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





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<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	

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**

<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	
<input type="checkbox"/> Unprotected well	<input type="checkbox"/> 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





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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*

- 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 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) _____





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What is the <u>MAIN ROOF</u> material of the house in this household? <i>Select one only</i>	
<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	
What is the <u>MAIN</u> cooking fuel used in this household? <i>Select one only</i>	
<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	
Do you have a separate room which is used as a kitchen?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Where is this household's cooking area located?	
<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	

Does this household own any livestock, herds, other farm animals or poultry	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> 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 __ __	<input type="checkbox"/> N/A	
Does any member of this this household own land?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
If "Yes" How many acres of land does this household own?	__ __ Acres	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Does this household have a bank account?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
Does this household have electricity	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown





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Does this household own a radio?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
Does this household own a television?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
Does this household own a computer?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
Does this household own a refrigerator?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
Does any member of this household own:				
A watch		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
A mobile phone?	<input type="checkbox"/> Y Standard phone	<input type="checkbox"/> Y smartphone	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
An animal-drawn cart?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
A bicycle?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
A motorcycle / scooter?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
A car or truck?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown
A boat with a motor?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unknown

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

