### Homestead visit

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>____ /  ____ /  ____  ____  ____  ____</th>
<th>Time arrived at household</th>
<th>____ :  ____  ____</th>
<th>Accompanied child home from hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Y ☐ N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this the same homestead the child was admitted from?</th>
<th>☐ Y ☐ N</th>
<th>Do the caregiver and child intend to stay at this homestead until the next follow-up visit?</th>
<th>☐ Y ☐ N ☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long did it take to get to the household?</th>
<th>____ Hrs  ____ Min</th>
<th>How did you travel to the household?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Car/ Taxi ☐ Bus ☐ Motorbike ☐ Walking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Tuk-tuk ☐ Cycle ☐ Train rickshaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Number of adults (over 18y) living in this household NOW</th>
<th>____</th>
<th>Number of children 518y living in household NOW</th>
<th>____</th>
<th>Number of children under 5 living in household NOW</th>
<th>____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who lives in this household? Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Biological Mother ☐ Biological father ☐ Brother ☐ Sister ☐ Grandmother ☐ Grandfather</td>
</tr>
<tr>
<td>☐ Aunt ☐ Uncle ☐ Cousin ☐ Step mother / step father ☐ Other</td>
</tr>
</tbody>
</table>

### 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

- <18 years
- >=18 years
- >50 years
- 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
- Married
- Single
- Separated / divorced
- Widowed
- N/A monogamous
- polygamous

**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

<table>
<thead>
<tr>
<th>Weight</th>
<th>MUAC</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ kg</td>
<td>___ ___ ___ cm</td>
<td>___ ___ cm</td>
</tr>
</tbody>
</table>

**Education:** Select highest level of education achieved

- None
- Primary
- Secondary
- Above secondary
- Unknown
- N/A care home

**Able to read?**

- Y
- N
- Unknown

**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**

<table>
<thead>
<tr>
<th>Child moved to a different household</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relocation from rural to urban setting</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Relocation from urban to rural setting</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Relocation to live with different caregiver</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother sick</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Died</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father sick</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father Died</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other primary caregiver sick</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other primary caregiver died</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**Household Visit V1.63**  
**CHAIN Number [5][0][0][0][2][ ] [ ] [ ]**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary caregiver changed</strong></td>
<td></td>
<td></td>
<td><strong>Child went into care home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary caregiver started employment / returned to school</strong></td>
<td>Y</td>
<td>N</td>
<td><strong>Person providing for the child has lost income</strong></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Primary caregiver divorced / separated from partner</strong></td>
<td>Y</td>
<td>N</td>
<td><strong>Primary caregiver in new relationship</strong></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Mother is pregnant</strong></td>
<td>Y</td>
<td>N</td>
<td><strong>Mother gave birth</strong></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Other primary caregiver pregnant?</strong></td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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*

- 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*
<table>
<thead>
<tr>
<th>Person responsible for providing financial support to child, place of usual residence? Select one</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Always sleeps at home</td>
</tr>
<tr>
<td>□ Sleeps away for &gt; two months per year</td>
</tr>
<tr>
<td>□ Sleeps away but return monthly or less often</td>
</tr>
<tr>
<td>□ Other ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Farmer</td>
</tr>
<tr>
<td>□ Labourer</td>
</tr>
<tr>
<td>□ Other private sector employment</td>
</tr>
<tr>
<td>□ Retired with pension income</td>
</tr>
<tr>
<td>□ None</td>
</tr>
<tr>
<td>□ Other ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substitute Care: Who usually looks after child when primary caretaker is working or away? Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not applicable, caregiver looks after child full time</td>
</tr>
<tr>
<td>□ No substitute care, child left alone</td>
</tr>
<tr>
<td>□ Biological Mother</td>
</tr>
<tr>
<td>□ Sibling &lt;18 years old</td>
</tr>
<tr>
<td>□ Grandparent</td>
</tr>
<tr>
<td>□ Childcare facility outside home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many days a week is the child in day care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many hours per day is the child in day care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many children are looked after at this day care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many of these are under 2y?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many adults look after these children?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel the day care is good?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who provides food for the child at day care? Select one</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Caregiver provides</td>
</tr>
<tr>
<td>□ Someone else provides</td>
</tr>
<tr>
<td>□ N/A for the child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is feeding supervised / assisted at day care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Y</td>
</tr>
</tbody>
</table>
**How is food USUALLY given to the child? Select one**

- [ ] Child feeds self, unsupervised
- [ ] Fed by adult
- [ ] Child feeds self, supervised by adult
- [ ] Fed from common plate or bowl
- [ ] Child feeds self, supervised by older children
- [ ] Child exclusively breastfed

### Household Food Security

**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**

- [ ] Any member of the household had to eat a limited variety of food due to lack of resources?
- [ ] Any member of the household eaten some foods that you really didn’t want to eat because of lack of resources?
- [ ] Any member of the household eaten fewer meals in a day because there was not enough food?
- [ ] Did household members go to sleep at night hungry because there was not enough food?

**Unknown**
Did you or your household members go a whole day and night without eating anything because there was not enough food?

☐ Y ☐ N ☐

**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

**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*
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the MAIN source of water used by your household for other purposes such as cooking and handwashing?</td>
<td>SELECT ONE ONLY:&lt;br&gt;- Piped water to dwelling&lt;br&gt;- Cart with small tank&lt;br&gt;- Bought from vendor&lt;br&gt;- Piped water to yard / plot&lt;br&gt;- Tanker truck&lt;br&gt;- Rainwater&lt;br&gt;- Piped to neighbour&lt;br&gt;- Bottled water&lt;br&gt;- Stream/river/lake/pond/dam&lt;br&gt;- Public tap/ Standpipe&lt;br&gt;- Protected spring&lt;br&gt;- Unknown&lt;br&gt;- Protected well / borehole&lt;br&gt;- Unprotected spring&lt;br&gt;- Unprotected well&lt;br&gt;- Other ________________________________</td>
</tr>
<tr>
<td>How long does it take to get water and come back? (State 0 if water supplied within home or compound)</td>
<td>___ ___ minutes □ Don’t know</td>
</tr>
<tr>
<td>In the past 2 weeks was the water from this source not available for at least one full day?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Do you usually do anything to the water to make it safer to drink? Select all that apply</td>
<td>□ None □ Bleach/ chlorine □ Strain through a cloth □ Let it stand and settle&lt;br&gt;□ Use water filter □ Solar disinfection □ Boil □ Other (ceramic/sand/composite etc)</td>
</tr>
<tr>
<td>What kind of toilet facility do members of your household usually use? Select one</td>
<td>□ Flush or pour flush toilet to piped sewer □ Flush to septic tank □ Ventilated improved pit latrine&lt;br&gt;- Flush to pit latrine □ Flush to somewhere else □ Open pit / Pit latrine without slab&lt;br&gt;- Flush don’t know where □ Composting toilet □ Bucket toilet&lt;br&gt;- Pit latrine with slab □ Hanging toilet / hanging latrine □ No facility / bush/ field&lt;br&gt;- Unknown</td>
</tr>
<tr>
<td>Do you share this toilet facility with other households?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
</tbody>
</table>
If Yes, including your own household, how many households use this toilet facility?

| Number if <10 households | □ 10 | □ 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 MAIN WALL material of the rooms in this household? Select one only

- □ Grass/straw/makuti
- □ Stone
- □ Wood
- □ Corrugated iron sheet/Tin
- □ Mud/wood
- □ Brick/block
- □ Planks/shingles
- □ No wall
- □ Other (specify) _______________
- □ Unknown

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?

- □ Dung
- □ Livestock
- □ Poultry
- □ Other (specify) ________________
- □ Unknown
<table>
<thead>
<tr>
<th>Animal/Equipment</th>
<th>Y</th>
<th>N</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cows/bulls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horses/Donkeys/Mules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickens or Ducks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does any member of this household own land? (Y/N/Unknown) [☐ 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) [☐ Y ☐ N ☐ Unknown]

Does this household have electricity? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

Does this household own a radio? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

Does this household own a television? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

Does this household own a computer? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

Does this household own a refrigerator? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

Does any member of this household own:

- A watch (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- A mobile phone? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
  - Standard phone (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
  - Smartphone (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- An animal-drawn cart? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- A bicycle? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- A motorcycle/scooter? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- A car or truck? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]
- A boat with a motor? (Y/N/Unknown) [☐ Y ☐ N ☐ Unknown]

CRF Completed by (Initials) – to be signed when complete.

Do not sign if any fields are empty

Date: __/__/____

Time: ____:____

CHAIN Household Review V1.63 3rd August 2018