

IMPACT EVALUATION OF EARLY YEARS PRESCHOOL PROGRAM 2017

Household Questionnaire

Date of Interview: _____ / _____ / 2016

Assessor's name: _____

Child ID _____

Introduction

Thank you for your time. My name is _____, and I work for Data International Ltd. and we are evaluating early childhood programming. The goal of this evaluation is to improve the education that is being provided to children like yours. Your answers to the following questions will help us greatly in reaching this purpose. This interview is voluntary. You do not need to answer any questions that you do not wish to answer, and you can stop answering questions any time without penalty. All of your answers are confidential. Again, thank you for your time.

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PART 1: General Family Information

1. What is your child's name?	
2. What is your full name?	
3. How are you related to the child?	<input type="checkbox"/> Mother (1) <input type="checkbox"/> Father (2) <input type="checkbox"/> Grandparent (3) <input type="checkbox"/> Older brother/sister (4) <input type="checkbox"/> Other caregiver (5) Specify (5A): _____
4. How many family members live in this household (eat out of the same pot)?	
5. What is the mother's full name?	
6. What is the mother's age?	
7. What is the highest level of education that the mother has completed?	<input type="checkbox"/> None/Not completed primary (0) <input type="checkbox"/> Completed Primary (1) <input type="checkbox"/> Completed Secondary (2) <input type="checkbox"/> Completed Higher education (3) <input type="checkbox"/> Don't know (99)
8. Can the mother read a letter?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)
9. Can the mother write a letter?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)
10. What is the father's full name?	
11. What is the father's age?	
12. What is the highest level of education that the father has completed?	<input type="checkbox"/> None/Not completed primary (0) <input type="checkbox"/> Completed Primary (1) <input type="checkbox"/> Completed Secondary (2) <input type="checkbox"/> Completed Higher education (3) <input type="checkbox"/> Don't know (99)
13. Can the father read a letter?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)
14. Can the father write a letter?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)

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15. What is the number of 7-10 year old children in the family?	16. Number of 7-10 year old children in the family attending school?
17. What is the number of 11-15 year old children in the family?	18. Number of 11-15 year old children in the family attending school?

PART 2: Home Environment / Parenting Practices

19. Do you have any of the following types of other reading materials at home?			
	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)	<input type="checkbox"/> Don't know (99)
a. Story/picture books for young children?			
If yes, how many books?			
b. Textbooks?			
c. Magazines?			
d. Newspapers?			
e. Religious books?			
f. Coloring books?			
g. Comics?			
20. I am interested in learning about the things that your child plays with when s/he is at home. Does s/he play with:			
a. Homemade toys, such as stuffed dolls, cars, or other toys made at home?			
b. Toys from a shop or manufactured toys?			
c. Household objects, such as bowls, cups or pots?			
d. Objects found outside, such as sticks, stones or leaves?			
e. Does your child have any drawing or writing materials?			
f. Does child have any puzzles (even a two piece puzzle counts)?			
g. Does your child have any two or three piece toys that require hand-eye coordination?			
h. Does child have toys that teach about colors, sizes or shapes?			
i. Does child have toys or games that help teach about numbers/counting?			
j. Others			

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21. In the past week, did you or any other family member older than 15 years engage in these activities with <<insert child's name>>? Note: ask "Who?" if the answer is "yes". – tick as many as appropriate	Yes (1)	No (0)	Mother (2)	Father (3)	Other caregiver (4)
a. Read books or look at pictures books with child?					
b. Tell stories to the child?					
c. Sing songs to or with the child, including lullabies?					
d. Take the child outside the home? For example, to the market, visit relatives.					
e. Play with the child any simple games?					
f. Name objects or draw things to or with the child?					
g. Show or teach your child something new, like teach a new word, or teach how to do something?					
h. Teach alphabet or encourage to learn letters to the child?					
i. Play a counting game or teach numbers to the child?					
j. Hug or show affection to your child?					
k. Spank your child for misbehaving?					
l. Hit your child for misbehaving?					
m. Criticize or yell at your child?					
22. I would like to know about how your child spends his/her day.					
a. On a regular day, how many hours does the mother spend time talking, walking, and/or playing with the child?					
b. On a regular day, how many hours does the father spend time talking, walking, and/or playing with the child?					
c. On a regular day, how many hours the child spend in the care of another child who is less than 10 years old?					
d. On a regular day, how many hours does the child spend alone?					

PART 3: Socio-economic background

23. How many rooms does your house have?	
24. Does your community have electricity?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)
25. Does your household have electricity?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <input type="checkbox"/> Don't know (99)
26. What kind of roof does your house have?	<input type="checkbox"/> Straw, bamboo, polythene, plastic, canvas (1) <input type="checkbox"/> Brick, Cement (5) <input type="checkbox"/> Mud, unburned brick (2) <input type="checkbox"/> Other (specify) (6) <input type="checkbox"/> Tin (CI sheet) (3) <input type="checkbox"/> Wood (4)
27. What kind of walls does the main room of your house have?	<input type="checkbox"/> Straw, bamboo, polythene, plastic, canvas (1) <input type="checkbox"/> Brick, Cement (5) <input type="checkbox"/> Mud, unburned brick (2) <input type="checkbox"/> Other (specify) (6) <input type="checkbox"/> Tin (CI sheet) (3) <input type="checkbox"/> Wood (4)

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28. What kind of toilet facilities do members of the house typically use?	<input type="checkbox"/> Sanitary (1) <input type="checkbox"/> Paka latrine (water, seal) (2) <input type="checkbox"/> Paka latrine (pit) (3) <input type="checkbox"/> Khaca (mud), permanent (4)	<input type="checkbox"/> Khaca (mud), temporary (5) <input type="checkbox"/> Open space, no latrine (6)
29. What is the main source of drinking water for the household?	<input type="checkbox"/> Supply (1) <input type="checkbox"/> Tube well (2) <input type="checkbox"/> Pond, river (3) <input type="checkbox"/> Well (4)	<input type="checkbox"/> Waterfall, spring (5) <input type="checkbox"/> Other (specify) (6)

Part 4: Food Security Scale (Under 14 Years)

These next questions are about the food eaten in your household in the last month and whether you were able to afford the food you need.

	Questions	Code
30.	In the last month, did it happen that any child of your household did not eat any major meal during the whole day because there wasn't enough money to buy food? Code: 1= Almost every day; 2= Occasionally; 3 = Once or twice; 4= Never	
31.	In the last month, did it happen that any child of your household skipped a meal because there wasn't enough money to buy food? Code: 1= Almost every day; 2= Occasionally; 3 = Once or twice; 4= Never	
32.	In the last month, did it happen that any child of your household reduced the usual size of daily meals because there wasn't enough money to buy food? Code: 1= Almost every day; 2= Occasionally; 3 = Once or twice; 4= Never	

Part 5: Monthly Expenditure

1	2	3
33. Household Food Expenditure (in Taka)	34. Household Education Expenditure (in Taka)	35. Household Other Expenditure

Part 6: Health Status

36. In general, would you say that your child's health is?

Very good	1
Good	2
Moderate	3
Bad	4
Very bad	5
Unsure	88
Refused	99

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37. In the last 6 months, has [child name] received deworming?

Yes	1
No	2
Unsure	88
Refused	99

38. In the past 2 weeks, has [child name] had diarrhea, defined as loose stools more than 3 times per day?

Yes	1
No	2
Unsure	88
Refused	99

39. In the past 2 weeks, has [child name] had cough or difficulty breathing?

Yes	1
No	2
Unsure	88
Refused	99

40. If you had to walk, how long would it take you to go from your home to the closest health clinic that you would use if your child was sick?

Hours : Minutes	:
Unsure	88
Refused	99

41. When was the last time that [study child name] was weighed for growth monitoring?

Less than 1 month ago	1
1-3 months ago	2
3-6 months ago	3
6-12 months ago	4
Longer than 12 months ago or never weighed	5
Unsure	88
Refused	99