

Dist. Code: |_|_|

Village Code: |_|_|_|_|

Patch ID: |_|_|

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HH_ID: |_|_|_|

Child ID: |_|_|_|

ECD ODISHA – MIDLINE HOUSEHOLD ENVIRONMENT

LOCATION (prefilled from Baseline/Midline)					
1. District Name		4. Village Code		7. HH ID	
2. District Code		5. Patch ID		8. Household head name	
3. Village Name		6. Dwelling ID		9. Child ID	

INTERVIEWER: Please use the 24 hr time format to fill up the time.

	Interviewer Name	Interviewer Code	Date			Survey Status Code	Interview Start Time	Interview End Time	Survey Status Codes																			
			DD	MM	YEAR 1. 2016 2. 2017				1	2	3	4	5	6	7	8	9											
Visit 1		_ _	_ _	_ _	_	_ _	_ : _	_ : _	1	Completed	6	Resp temporarily unavailable	2	Partially completed	7	Resp unavailable full period	3	Death of the Target Child	8	No consent	4	Migration	9	Refused part-way	5	HH Not found	-87	Others
Visit 2		_ _	_ _	_ _	_	_ _	_ : _	_ : _																				
Visit 3		_ _	_ _	_ _	_	_ _	_ : _	_ : _																				

PLEASE MAKE SURE YOU HAVE THE COMPLETED HOUSEHOLD ROSTER MODULE FOR THIS HOUSEHOLD BEFORE STARTING THIS MODULE.

A. Respondent Identification

INTERVIEWER: 1) Please ask all questions to the main respondent. The main respondent should be the Primary Caregiver (please refer roster for the definition of target child) of the target child. In case of unavailability of the Primary Caregiver, the preferred respondent should be Biological Mother of the target child.

A1. Name of the Target Child		A3. Date of birth of Target child (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _
A2. Gender of the Target Child	1. Male 2. Female	A5. Respondent Name:	
A4. Target Child HH Member ID	_ _	A8. Respondent ID	_ _

INTERVIEWER: Please put in the member ID of the Target child from the Household Roster Module. Please have the filled household roster module for this household with you to answer this question.

INTERVIEWER NOTES

HOUSEHOLD ENVIRONMENT
(based on Family Care Indicator questionnaire developed by UNICEF and the HOME)

INTERVIEWER: Read out loud: Namaste, we are doing a study to know about child care practices in Odisha and the environment children live in. We would like to talk to you about that and learn from you, in specific relation to your child. We would be asking some simple questions from you about you, your child and other household members. Please do not worry, the intention is not to make judgment about you and your child but only to gather information for the purpose of further research and help that can be provided to young children for their growth and development.

INTERVIEWER: Please note that PC is the primary caregiver. The primary caregiver is the person who spends most of the time with the child involved in everyday care and wellbeing of the child. It can sometimes be a person other than the biological mother of the child.

DAILY CARE

1. Who provides daily care to [NAME OF CHILD] like feeding, bathing and putting the child to sleep on a regular basis?	<ol style="list-style-type: none"> 1. PC 2. PC with any other household member 3. Any other household member 4. All the household members
2. Who USUALLY looks after [NAME OF CHILD] when you are not around?	<ol style="list-style-type: none"> 0. Never leaves child with someone 1. One other person (always the same one) 2. Not more than 2 different people 3. More than 2 different people
3. Who has given or is giving toilet training to [NAME OF CHILD]?	<ol style="list-style-type: none"> 0. Not began 1. PC has began 2. PC has completed 3. PC and any other household member, began 4. PC and any other household member, completed 5. Other household member, began 6. Other household member, completed 7. Person other than household member, began 8. Person other than household member, completed 9. More than two persons

EMOTIONAL AND VERBAL RESPONSIVITY BASED ON INFANT-TODDLER HOME OBSERVATION FOR THE MEASUREMENT OF THE ENVIRONMENT (IT-HOME)

4. Do you mostly encourage [NAME OF CHILD] to vocalise his/her needs and emotions to you such as feeling pain, feeling sad, feeling hungry, etc.?	<ol style="list-style-type: none"> 1. Yes 0. No
5. Do you motivate [NAME OF CHILD] when s/he fails at doing difficult tasks to build his or her confidence in life?	<ol style="list-style-type: none"> 1. Yes 0. No

6. Do you intervene when people talk negatively to [NAME OF CHILD]?	0. No 1. Yes, in presence of the child 2. Yes, in the absence of the child 3. Both (in presence and absence of the child)
PUNISHMENT	
7. During the last 7 days until yesterday , did [NAME OF CHILD] misbehave or did she/he do something that upset you or another adult so that you or another adult had to hit her/him? (any form of physical pain)	0. No 1. Yes -88. Don't Know (Specify why)
8. Do you believe that physical punishment like hitting is necessary to discipline children?	0. No 1. Yes
REWARDS	
9. When [NAME OF CHILD] behaves properly or does something good, what do you usually say to her/him? INTERVIEWER: Multiple answers possible. Please tick all that apply. DO NOT READ OUT ANSWERS but note down what the mother/caregiver mentions	0. Do nothing 1. You congratulate her/him with words such as: "well done", "good", "that is the way to do it" 2. You clap 3. You show her/him physical affection such as kiss, hug, stroke 4. You reward her/him: offer something that he/she wants, give a candy, etc.
10. On a normal day when [NAME OF CHILD] behaves well or does something good how often do you encourage her/him or show physical affection? INTERVIEWER: Read options aloud	1. Rarely 2. Sometimes 3. Most of the times 4. Always
STIMULATION	
11. Could you please show me how many books for adults you have at home? Please do not include books for children, school books, school cards, etc. Interviewer: (Write down the number of books that you have seen)	_ _
12. Among those books how many are religious books?	_ _

13. Could you please show me how many magazines (from past year) and newspapers (from last 30 days) you have at home? Interviewer: (Write down the number of newspapers that you have seen)		_ _ _	
14. In the last 7 days , did you read any books/newspaper/magazine?		0. No 1. Yes	
15. In the last 3 days until yesterday , did you or any other adult older than 15 years of age perform any of the following activities with [NAME OF CHILD]:		b. HH members' ID Interviewer: Please put in the household member id of the Respondent from the Household Roster Module. Please have the filled household roster module for this household with you to answer this question. -99. NA Does not belong to the household -90. Primary Caregiver not belonging to Household	c. Number of times this person did this activity with the target child in the last 3 days until yesterday
a. Read to [NAME OF CHILD] or look at picture books together?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
b. Tell stories to [NAME OF CHILD]?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
c. Sing to [NAME OF CHILD]?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
d. Go out to some place outside of the house with [NAME OF CHILD] (e.g. market, shop, for a walk, to take a turn)?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _

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15. In the last 3 days until yesterday, did you or any other adult older than 15 years of age perform any of the following activities with [NAME OF CHILD]:		b. HH members' ID Interviewer: Please put in the household member id of the Respondent from the Household Roster Module. Please have the filled household roster module for this household with you to answer this question. -99. NA Does not belong to the household -90. Primary Caregiver not belonging to Household		c. Number of times this person did this activity with the target child in the last 3 days until yesterday	
e. Play together with [NAME OF CHILD]'s toys?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
f. Make drawings, paintings, writing or play with paper and pencil with [NAME OF CHILD]	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
g. Play with [NAME OF CHILD] to name objects, colours, count objects or say numbers (e.g. through looking at household objects or plants, domestic animals, etc.)?	1. Yes → 0. No ↓	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
16. In the last 3 days until yesterday, on how many days did [NAME OF CHILD] listen to music from a radio/cassette/CD/mobile?		Number of days _ _			
17. In the last 3 days until yesterday, on how many days did [NAME OF CHILD] watch television?		Number of days _ _			
18. In the last month (30 days), how frequently was [NAME OF CHILD] taken outside of the village?		0. Never 1. Once a month 2. Twice or more than twice in a month			

19. In the last month (30 days), how often did you receive a visit from a relative not living in your household?

0. Never
1. Once a month
2. Twice or more than twice in a month

PLAY MATERIALS

20. We would like to know about the objects and toys [NAME OF CHILD] has played with at home during the last month (30 days). Could you please bring me all the toys and objects including toys made at home, toys that you bought or any other objects [NAME OF CHILD] plays with at home?

INTERVIEWER: For each of the following categories count the numbers of toys/objects you can see that fall into that category then ask the mother/PC if there are any others that fall into that category. If possible ask the mother/PC to go and get these objects, if not make sure that the mother/PC gives a clear description of what the toy/object is before counting it. Don't count general remarks such as "Yes, she has toys to learn shapes".

Please note that a single toy could be in more than one category and remember not to spend too much time doing this task. Remember that you should only write down the toys and objects the target child has played with (has had access too) during the last month. Note that toys stored away or still wrapped do not count also if mother is not able to show the toys but she says that she has toys then also please put 00. Fill 00 for none.

Category (1)	Number of toys (2)	Where did your household get these objects/toys/materials from? DO NOT READ RESPONSE OPTIONS OUT LOUD 1. At least one received from HV/GF from intervention 0. None received from intervention (3)	DO NOT ASK OUT LOUD AND ONLY FILL IN IF AT LEAST ONE TOY WAS RECEIVED FROM INTERVENTION: Indicate number of toys that were received from HV/GF as part of intervention (4)
a. Toys made at home	_ _ _	_ _	_ _ _
a1. Toys made of waste material	_ _ _	_ _	_ _ _
b. Toys that have been bought	_ _ _	_ _	_ _ _
c. Household objects that the child plays with	_ _ _		
d. Toys to play music (not only noise – e.g. instruments (real or toy instruments), like bansuridholak, manjeera, bells, whistles or like stuffed animals that play melodies	_ _ _	_ _	_ _ _
e. Toys to ensemble or build things like blocks, picture puzzles, toys to construct a shape, etc.	_ _ _	_ _	_ _ _
e1. Toys that can be used for stacking/nesting (putting inside each other) like blocks, cups, small steel	_ _ _		

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bowls, rubber rings, plastic bangles, etc.		_ _	_ _ _
f. Things for drawing, painting and/or writing (e.g. colouring books, notebooks, crayons, pencils, pens, etc.) INTERVIEWER: If the child cannot draw but the mother gives items to the child, score NUMBER	_ _ _	_ _	_ _ _
g. Toys that induce constant physical movement (balls, swing made of cloth and rope, toys to pull, wooden horse, tricycle or bicycle, toys made up of empty containers and other household materials)	_ _ _	_ _	_ _ _
g1. Small toys requiring particular use of fingers (small car, puppets with strings, finger puppets, small toys pulled with strings, toy pen, small ball, squeeze toy, etc.)	_ _ _	_ _	_ _ _
h. Dolls and other objects that aid role play and fantasy games (cups, dishes, clothes/cloth for dressing up, cooking, mum and dad, teacher, etc.)	_ _ _	_ _	_ _ _
h1. Toys to cuddle	_ _ _	_ _	_ _ _
i. Children books (with illustrations) to read or to look at (do not include school books)	_ _ _	_ _	_ _ _
i1. Elder siblings or adult books that have pictures that the child can get to see (do not include school books)	_ _ _		
j. Toys to learn shapes and/or colours, including blocks, wall charts, etc.	_ _ _	_ _	_ _ _
k. Picture charts to help the child learn vocabulary like charts of plants, animals, birds, etc.	_ _ _	_ _	_ _ _
l. Is there a specific place in the dwelling for [NAME OF CHILD] to keep most of her/his toys? (this place should be identified by the child as his/her place)			0. No 1. Yes

INTERVIEWER: THIS IS THE END OF THE INTERVIEW. PLEASE FILL IN THE OBSERVATION QUESTIONS AND COVER PAGE.

FINAL OBSERVATIONS BY THE INTERVIEWER

-96. Not observed

-99. NA The child wasn't present during the visit

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21. Does the child's indoor play environment appear safe/free of hazards? (examples of hazards: broken glass lying around, furniture with wood splinters or exposed nails or pins, an uncovered rotary fan, boards with nails sticking out, unprotected stairs for a pre-walking baby, etc.)	0. No 1. Yes -96. Not observed
22. Outdoors play environment appears safe (examples of hazards: house too close to the street so child cannot play safely in the yard)	0. No 1. Yes -96. Not observed
23. Is the home made attractive with picture/decorative pieces? (e.g. poster/picture of God/Goddesses, rangoli, any scenery, family photograph, paintings on the wall, designs carved on the walls, doors, ceilings, floors of the household, etc.)	0. No 1. Yes, one 2. Yes, more than one -96. Not observed
24. Does the home have sufficient light?	0. No 1. Yes -96. Not observed
25. Does the home have sufficient ventilation?	0. No 1. Yes -96. Not observed
26. During your visit (Observation), did you observe any of the following behaviour of the PC and other household members in the home environment of the child:	
	a. PC organized any activities for the child (e.g. gave something to play with or got someone to play with child, etc.) during the visit 0. No 1. Yes -99. NA
	b. PC kept child in visual range, looked at child often 0. No 1. Yes -99. NA
	c. PC or any other household member shouted at child 0. No 1. Yes, by PC 2. Yes, by other household member 3. Yes, by PC and other household member -99. NA
	d. PC or any other member hit, pushed or shook the child during your visit 0. No 1. Yes, by PC 2. Yes, by other household member 3. Yes, by PC and other household member -99. NA
	e. PC or any other household member scolded or criticized child during your visit 0. No 1. Yes, by PC 2. Yes, by other household member 3. Yes, by PC and other household member -99. NA

f. The child hit, pushed, shook or yelled at anybody in household	0. No 1. Yes -99. NA
g. PC or any other household member interfered with or restricted child more than 3 times during visit	0. No 1. Yes -99. NA -80. Child did not perform any such activity
h. PC generally responded with words to child's vocalizations	0. No 1. Yes -99. NA
i. PC responded to the emotional needs of the child	0. No 1. Yes -99. NA
j. PC was interacting in a positive way with the child while talking to you during visit	0. No 1. Yes -99. NA
k. PC was able to follow the child's play during visit	0. No 1. Yes -99. NA -80. Child did not perform any such activity
l. Who mainly looked after the child when you conducted the interview? INTERVIEWER: If the response is PC then move to question p	1. PC 2. Other household member 3. Person other than PC and household member
m. PC kept track of how that family member was interacting or taking care of the child	0. No 1. Yes -99. NA
n. Did that member take care of the physical needs of the child?	0. No 1. Yes -99. NA
o. Did that member take care of the emotional needs of the child?	0. No 1. Yes -99. NA
p. PC spontaneously vocalized to child (i.e. initiate talking to child, not shouting or scolding) at least twice during visit	0. No 1. Yes -99. NA
q. PC initiated verbal interchanges with interviewer	0. No 1. Yes
r. PC's speech was distinct, clear and audible	0. No 1. Yes
s. PC expressed ideas clearly and freely to you	0. No

		1. Yes
	t. PC spontaneously praised the child at least twice during visit	0. No 1. Yes -99. NA
	u. Did PC convey positive feelings towards the child?	0. No 1. Yes -99. NA
	v. PC told child name of object or person during visit	0. No 1. Yes -99. NA
	w. PC interacted at all with child during your visit	0. No 1. Yes -99. NA
	x. PC motivated the child when s/he failed doing difficult tasks (e.g. encourage trying again)	0. No 1. Yes -99. NA -80. Child did not perform any such activity

Z. OBSERVATIONS BY THE INTERVIEWER

INTERVIEWER: Do not ask these questions to the respondent. Fill up the appropriate choices based on your observation during the interview.

Z1. Was the respondent alone during the interview?	<ol style="list-style-type: none"> 1. Yes, all of the time →Z5 2. Others were present less than half or half of the time 3. Others were present more than half of the time 4. There was always someone present
Z2. Who else was present (in addition to the respondent)? INTERVIEWER: Multiple answers possible. Please tick all that apply.	<ol style="list-style-type: none"> 1. Kids 2. Spouse 3. Elder (parent, parent-in-law, etc) 4. Other adult from the same household 5. Other adult from other household 6. Community official -87. Other, please specify _____
Z3. Did any person present influence or take-over answers to the questions? INTERVIEWER: Response 2 and 3 can both be chosen.	<ol style="list-style-type: none"> 1. No, the respondent answered all questions on her own account →Z5 2. The respondent confirmed some of her questions with others present 3. Others present answered some of the questions instead of the respondent.

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Z4. How often did this happen?	<ol style="list-style-type: none">1. Only for very few questions (less than 5)2. For about 5-20 questions3. For more than 20 questions
Z5. Interviewer: How will you rate the quality of responses	<ol style="list-style-type: none">1. Excellent2. Good3. Not very good4. Terrible
Z6. Was translation required?	<ol style="list-style-type: none">1. Yes, all module2. Yes, some parts0. No

INTERVIEWER: THIS IS THE END OF THE INTERVIEW. PLEASE FILL IN THE COVER PAGE