

Screening Questionnaire

Title of the study: The effect of the COVID-19 pandemic on children's development and nutritional status at age 20 months in rural Bangladesh

Name of interviewer:

Union: 1=Rupganj, 2= Bhulta 3=Golakandail ,

/ /

Village:

1. Child name:

2. Mother's name:

3. Father's name:

4. Sex: 1=ale, 2=Female

/ /

5. Is the child available? 0=No, 1=Yes (if the response is yes, go to ques. 6)

5a. Reason of unavailability, 1=Child is dead, 2=leave the study area, 3=mobile no/address is not available, 4= refused

6. Respondent's relation with the child:

1=Mother, 2=Father, 7= Others, please specify _____

/ /

7. HHH name:

8. Bari name:

9. Special landmark:

10. Mobile no

1) Mother| Father| Request numbers : | | | | | | | | | |

2) Mother| Father| Request numbers: | | | | | | | | | |

3) Mother| Father| Request numbers | | | | | | | | | |

General Information and Eligibility Criteria to Participate in Study

Instruction to Interviewer: Purpose of this questionnaire is to evaluate whether the child is eligible to participate in the trial.

1. Child's age calculation:

	Year	Month	Days
1.a. Date of screening			
1.b. DOB			
1.c. Age			
1 d. Age (month-day only)			

2. Is the child suffering currently from illness (e.g respiratory infection, diarrhoea) accompanied with fever
1 = Yes [Temporarily not eligible, continue communication with the mother on following days and arrange to bring the child for test when s/he recovers]
0 = No
3. Has your child ever received a blood transfusion or been diagnosed with an inherited red cell disorders (eg: thalassemia major)
1 = Yes [Not eligible, go to ques no 6, stop interview, but check Hb and refer the child]
0 = No
4. Does your child have any of the following condition?
1. Congenital anomaly [Not eligible, stop interview]
2. Gross developmental disability or delay [stop interview]
3. Twin/Multiple pregnancy [Not eligible, stop interview]
4. None of the above
5. Iron level of drinking water /_/_/_/_/ mg/L
1= \leq 1mg/L, 2=>1mg/L [not eligible, stop interview]
6. Is the child eligible to participate in the study?
1=Yes
2= Temporarily not eligible [acute illness/absent in the house-visit the child after 3-7 days]]
3= Not eligible [Stop here]

Instruction to Interviewer: If the participant is found to be eligible, explain to the mother in detail about the purpose and procedure of the study and invite her to come with the child to nearby test centre for assessment. If mother shows unwillingness, request her to discuss the purpose and procedures of the study with her husband or HHH to decide. If the child is found to have any current illnesses, please schedule a revisit. If the response is yes in ques. 3 and 4, explain the reasons to mother and refer the child to Upazila health Complex, if necessary]

7. Are you willing to give written consent to participate in the study?
1=Yes, 0=No [Stop here]

Socio-Economic Status

1. What is your religion?
1=Islam, 2=Hindu, 3=Buddhist, 4=Christian, 7=Others (please specify.....)
2. What is the total number of your family members (the number of people share the same pot)?
3. What is the total number of children you have?
4. How many times have you given birth including this child (count delivery of death child also, if any)?
5. What is the number of children under 5 years of age in your family?
6. What is the number of children under 5 years of age in your house?

Roster of children age 5 and under

7.	Variable name	Child 1 (target child)	Child 2	Child 3
7.1	Child ID			
7.2	Child Name			
7.3	Date of birth of child			

	Day-month-year			
7.4	Antenatal care received during this pregnancy? 1=Yes, 0=No 9=don't remember/NA (if mother is not the respondent)			
7.5	Can you recall how many antenatal care visits? 1=1-3 visits 2=Four or more 9=don't remember/NA (if mother is not the respondent)			
7.6	Place of delivery 1=Home 2=Public health clinic/ Hospital 3=Private clinic/ Hospital 7=Others 9=don't remember/NA (if mother is not the respondent)			
7.7	Location of post-partum period (first 6 weeks after birth) 1= Husband's home 2= Mother's parents' home 7=Other location /multiple locations (Please specify)			
7.8	Is there a vaccination card for this child? 1=Yes, 0=No			
7.9	Vaccinations received by child 1=Yes, 0=No, 2=incomplete, 9=don't know/don't remember			
	7.9A: BCG 1+ Pentavalent-1+ OPV -1+PCV-1+IPV-1			
	7.9B: Pentavalent-2+ OPV -2+PCV-2			
	7.9C: Pentavalent-3+ OPV -3+PCV-3+IPV-2			
	7.9D: MR-1			
	7.9E: MR-2			
7.10	Did you face any problem during vaccination of your child in Covid period? 1=Yes, 0=No, if yes, specify-----			
7.11	Did this child participate in the BRISC study? 1=Yes, 0=No			
7.12	Currently, is the child attending any childcare outside the home? 1-Childcare facility, public 2-Childcare facility, private 3-Preschool/Pre-k/Kindergarten, Public 4- Preschool/Pre-k/Kindergarten, Private 5-Child is watched by an individual or is in informal care, outside the home 6. The child stays at home			

7.13	Before February 2020(Before COVID)., did the child ever attend any childcare outside the home? 1=Childcare facility, public 2=Childcare facility, private 3=Preschool/Pre-k/Kindergarten, Public 4=Preschool/Pre-k/Kindergarten, Private 5=Child was watched by an individual or was in informal care, outside the home 6= Child stayed at home 7= Child was not born in February 2020 9=don't remember/don't know			
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Questions for the mother of the index child

8.	
8.1	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or Mother's age: <input type="text"/> <input type="text"/> Years Day-month-year
8.2	Date of marriage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or #years married <input type="text"/> <input type="text"/> Years (if mother doesn't remember day, at least ask if she remembers the month/year, in that case put 99 in blank boxes)
8.3	In February 2022 (currently), what was your main job/activity? 1-Farmer (owns a farm/self-employed on a farm) 2-Business owner/self employed (but not a farmer) 3-Unpaid family worker on a farm 4-Unpaid family worker (but not a farmer) 5-Wage worker for Government / Public sector 6-Wage Worker for a private sector /NGO 7-Unemployed and looking for work → Skip to Q8.7 8-Housewife → Skip to Q Q8.7 9-Full Time Student → Skip to Q Q8.7 10-Retired → Skip to Q Q8.7 11-not employed and not looking for work (e.g. taking care of family members) → Skip to Q Q8.7 77-other----- <i>Note: If the respondent answers she doesn't work, then ask if she is looking for a job and ready to work to confirm if she should be coded as 7. If the respondent is a working student, choose the code based on her main activity.</i>
8.4	What best describes your main occupation in February 2022? 1-Manual Unskilled: housemaid, aya, garment worker (garments worker involved in cleaning, food distribution, security), production/ construction worker, bus/tempo helper, guard/Darowan, cleaner, peon/attendant, rickshaw/van/pushcart puller, day labourer, farmer, fisherman. 2-Manual Skilled: garment worker (involved in making dress or production), cook, production/ construction worker, transport driver, tailor, barber, craftsman, carpenter, automobile worker, petrol pump worker painter, cobbler 3-Administrative/clerical jobs in GO, NGO, garment or private organizations, GO/NGO extension workers, sales person 4-First line health service providers: village doctors, homeopaths, kabiraj, TBA, pharmacist, GO/NGO community health workers

9.2	<p>In February 2022, what was your main job/activity?</p> <p>1-Farmer (owns a farm/self-employed on a farm) 2-Business owner/self employed (but not a farmer) 3-Unpaid family worker on a farm 4-Unpaid family worker (but not a farmer) 5-Wage worker for Government / Public sector 6-Wage Worker for a private sector /NGO 7-Unemployed and looking for work → Skip to Q9.6 8-Househusband → Skip to Q9.6 9-Full Time Student → Skip to Q9.6 10-Retired → Skip to Q9.6 11-Other, not employed and not looking for work (e.g. taking care of family members) → Skip to Q9.6 77-other-----</p> <p><i>Note: If the respondent answers she doesn't work, then ask if she is looking for a job and ready to work to confirm if she should be coded as 7. If the respondent is a working student, choose the code based on her main activity.</i></p>
9.3	<p>What best describes your main occupation in February 2022?</p> <p>1-Manual Unskilled: housemaid, aya, garment worker(garments worker involved in cleaning, food distribution, security) , production/ construction worker, bus/tempo helper, guard/Darowan, cleaner, peon/attendant, rickshaw/van/pushcart puller, day labourer, farmer, fisherman. 2-Manual Skilled: garment worker (involved in making dress or production), cook, production/ construction worker, transport driver, tailor, barber, craftsman, carpenter, automobile worker, petrol pump worker painter, cobbler 3-Administrative/clerical jobs in GO, NGO, garment or private organizations, GO/NGO extension workers, sales person 4-First line health service providers: village doctors, homeopaths, kabiraj, TBA, pharmacist, GO/NGO community health workers 5-Traders, business owners 6-Professional: doctors, agriculturist, teacher, engineer 7-other-----</p>
9.4	<p>Did this job/activity in February 2022 mostly happen outside the home? 1=Yes, 0=No</p>
9.4.a	If yes, 1= in this area, 2= migrated out of this area for work.
9.5	In February 2022, approximately how many hours per week did you work?
9.6	<p>Think back to your situation in February 2020 (Before COVID). What had been your main job/activity at that time?</p> <p>1-Farmer (owns a farm/self-employed on a farm) 2-Business owner/self employed (but not a farmer) 3-Unpaid family worker on a farm 4-Unpaid family worker (but not a farmer) 5-Wage worker for Government / Public sector 6-Wage Worker for a private sector /NGO 7-Unemployed and looking for work → Skip to ques 9.10 8-Housewife → Skip to ques 9.10 9-Full Time Student → Skip to ques 9.10 10-Retired → Skip to ques 9.10 11- not employed and not looking for work (e.g. taking care of family members) → Skip to ques 9.10</p>

	77-other----- <i>Note:</i> If the respondent answers she doesn't work, then ask if he is looking for a job and ready to work to confirm if he should be coded as 7. If the respondent is a working student, choose the code based on his main activity.
9.7	What best describes your main occupation in February 2020 (Before COVID).? 1-Manual Unskilled: housemaid, aya, garment worker (garments worker involved in cleaning, food distribution, security), production/ construction worker, bus/tempo helper, guard/Darowan, cleaner, peon/attendant, rickshaw/van/pushcart puller, day labourer, farmer, fisherman. 2-Manual Skilled: garment worker involved in making dress or production), cook, production/ construction worker, transport driver, tailor, barber, craftsman, carpenter, automobile worker, petrol pump worker painter, cobbler 3-Administrative/clerical jobs in GO, NGO, garment or private organizations, GO/NGO extension workers, sales person 4-First line health service providers: village doctors, homeopaths, kabiraj, TBA, pharmacist, GO/NGO community health workers 5-Traders, business owners 6-Professional: doctors, agriculturist, teacher, engineer 7-other-----
9.8	Did this job/activity in February 2020 mostly happen outside the home? 1=Yes, 0=No
9.8.a	If yes, 1= in this area, 2= migrated out of this area for work.
9.9	In February 2020 (Before COVID), approximately how many hours per week did you work?
9.10	Father's educational status (which class have you completed your study)? _ _ Years

Questions related to COVID pandemic

Q	
10	Using Feb 2020 (Before COVID) as your reference, what would you say happened to total monthly household income during the first lockdown period? 1-Nothing, it stayed more or less the same. 2. It increased. 3-It went down by 10-25 percent. (less than 1/4 th) 4-It went down by 25-50 percent (more than 1/4 th , less than half) 5-It went down by more than 50 percent (more than half) 6-Lost income completely (100%)
11	Again using Feb 2020 (Before COVID) as your reference, what would you say happened to total monthly household income in Feb 2021? 1-Nothing, it stayed more or less the same. 2. It increased. 3-It went down by 10-25 percent. 4-It went down by 25-50 percent 5-It went down by more than 50 percent 6-Lost income completely (100%)
12	Again, using Feb 2020 (Before COVID) as your reference, what would you say happened to total monthly household income in Feb 2022? 1-Nothing, it stayed more or less the same. 2. It increased. 3-It went down by 10-25 percent. 4-It went down by 25-50 percent

	5-It went down by more than 50 percent 6-Lost income completely (100%)
13	Did anyone in your household contract COVID-19? 1-Yes 0-No (go to ques 15)
14	Did anyone in your household die of covid? 1-Yes 0-No How many?
15	Did you get vaccination against covid? How many doses? 0=no vaccination, 1=one dose, 2=2doses, 3=3 doses
16	Did child's father get vaccination against covid? How many doses? 0=no vaccination, 1=one dose, 2=2doses, 3=3 doses, 9=don't know

17.Monthly family income(in taka):

18.Monthly family expenditure (in taka):

19.Deficit between income & expenditure:

0= Deficit always present, 1=deficit occasionally present, 2= balance, 3= surplus

20. Household status: 1=rented house, 2= owned house, 3=others (please specify.....)

21. The roof of the house is made up of

1=dry leaves or straw, bamboo, 2=tin, 3=Cement, 7=others (please specify...)

22.The floor of the house is made up of

1=mud/ bamboo,2=wood, 3=cement,7= others (please specify...

23. The wall of the house is made up of

1= dry leaves or straw, bamboo, 2=mud, 3=tin,4=cement,7= others (mention specifically)

24. What is the number of rooms in your house?

25.Do you have any land of your own (except land used for house)? 1=Yes, 0=No

26. Which of the following items do you have in your house?

Item	1=Yes, 0=No	Item	1=Yes, 0=No
a. Dressing table	<input type="text"/> <input type="text"/>	f. Mobile	<input type="text"/> <input type="text"/>
b. Chair	<input type="text"/> <input type="text"/>	g. Fan	<input type="text"/> <input type="text"/>
c. Television	<input type="text"/> <input type="text"/>	h. Stand for cloths	<input type="text"/> <input type="text"/>
d. Computer	<input type="text"/> <input type="text"/>	i. Refrigerator	<input type="text"/> <input type="text"/>
e. Buffalo/Cow	<input type="text"/> <input type="text"/>	j. Duck/Hen	<input type="text"/> <input type="text"/>

27. Do you have electricity connection at your house? 1=Yes, 0=No

28. What type of burner do you use for cooking?

1= Kerosene Burner, 2= Gas Burner, 3= Open Burner, 4=Open Chimney Burner,5= Closed Chimney Burner, 7= others (please specify....)

29. What type of fuel do you use for cooking? |_|_|

Name of fuel	Score	Name of fuel	Score
Animal excrement/ Cow dung, Dry leaves or straw/Shrub/Grass/Grain	1	Bio-gas	4
Coal/Coal like matter/wooden coal	2	Natural gas	5
Kerosene	3	Electricity	6
		Others.....	7

30.. From which age are you giving extra (wean) food to your child in addition to breast feeding?
|_|_| Month

31. Capillary Haemoglobin level: Hb level: |_|_|_|_|_| g/dl

If Hb is <8.0g/dL [Refer to nearest health centre]

WASH for household survey

Q1	What is the main source of drinking-water for members of your household?	1	Piped water into dwelling
		2	Piped water to yard/plot
		3	Public tap/standpipe
		4	Tubewell/borehole
		5	Rainwater collection
		6	Bottled water
		7	Surface water (river, dam, lake, pond, stream, canal, irrigation)
		77	Other (specify)
Q1A	What is the main source of water used by your household for other purposes, such as cooking and hand washing?	1	Piped water into dwelling
		2	Piped water to yard/plot
		3	Public tap/standpipe
		4	Tubewell/borehole
		5	Rainwater collection
		6	Surface water (river, dam, lake, pond, stream, canal, irrigation)
		7	Other (specify)
Q2	How long does it take to go there, get water, and come back?	1	(And specify number of minutes)
		99	Not applicable (go to ques 4)
Q3	Who usually goes to this source to fetch the water for your household? Circle the code that best describes this person.	1	Adult woman
		2	Adult man
		3	Female child (under 15 years)
		4	Male child (under 15 years)
		9	Don't know
		1	Yes

Q4	Do you treat your water in any way to make it safer to drink?	2	No
		9	Don't know

Q5	What kind of toilet facility do members of your household usually use? If “flush” or “pour flush” probe: Where does it flush to?	1	Flush/pour flush to: piped sewer system
		2	septic tank
		3	pit latrine
		4	elsewhere
		5	unknown place/don't know
		6	Another latrine
		7	Composting toilet
Q6	The last time [study participant] passed stools, what was done to dispose of the stools?	8	Bucket
		9	Hanging toilet/hanging latrine
		10	No facilities or bush or field
		77	Other (specify)
		1	Child used toilet/latrine
		2	Put/rinsed into toilet or latrine
		3	Put/rinsed into drain or ditch
		4	Thrown into garbage
		5	Buried
		6	Left in the open
		9	Don't know
		7	Other (specify)

The following questions relate to field worker observations if the questionnaire is administered in the participant's household (do not ask the respondent)

Q7	Are there human faeces around the house or in the compound?	1	Yes
		0	No
Q8	Are there animal faeces around the house or in the compound?	1	Yes
		0	No
Q9	Is there garbage (open garbage/garbage on the ground) around the house or in the compound?	1	Yes
		0	No

Morbidity form

[Please take history medication, doctor visit and /or hospitalization in previous month]

1. Did the child receive any listed supplementation/medication in last one month?	1=yes 0=No	1.a. If yes, please tell me the name/s [Please tick mark; multiple response is acceptable] 1.VitA: <input type="checkbox"/> 2.Multivitamin: <input type="checkbox"/> 3.Iron syrup: <input type="checkbox"/> 4.Folic acid: <input type="checkbox"/>	
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		5.Zinc: <input type="text"/> 6. MNP(Pustikona): <input type="text"/> 7.Antihelminth: <input type="text"/> 8.Antibiotic: <input type="text"/> please record generic name <input type="text"/> 77. Others. <input type="text"/> please record name/s <input type="text"/>	
2. Did your child visit a physician/OPD or become hospitalized in last one month?	0=No 1=yes	2.a. If the response yes (in question 2) where have you gone? Note: Multiple response is acceptable] 1=Unregistered doctor/drug seller 2=Physician/OPD 3=Hospitalization In case of hospitalization 2.a.1.Name of Hospital: 2.a.2.Date of admission: 2.a.3.Date of discharge: 2.b. Reason for doctor visit or hospitalization: [Please tick mark, multiple response is acceptable] 1.Fever <input type="checkbox"/> ,2. Diarrhoea, <input type="checkbox"/> , 3. Bloody stool <input type="checkbox"/> ,4. Stool with mucous <input type="checkbox"/> , 5. Vomiting <input type="checkbox"/> ,6. Cough <input type="checkbox"/> ,7. Difficulty in breathing <input type="checkbox"/> ,8. Runny nose <input type="checkbox"/> , 9.Skin problem <input type="checkbox"/> ,10. Eye problem <input type="checkbox"/> , 11. Oral problem <input type="checkbox"/> , 12. Ear problem <input type="checkbox"/> ,13. Constipation <input type="checkbox"/> , 14. Check up <input type="checkbox"/> ,77. Other <input type="text"/> 2.c. Total number of admissions in last month: <input type="text"/> Duration(days) 2.d. Total number of doctor/OPD visit in last month: <input type="text"/> 2.e. Total number of unregistered doctor/drug seller visit in last month: <input type="text"/>	

Household food security questionnaire

Instruction: Each of the questions in the following table will be asked with a recall period of four weeks (30 days). The respondent is first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the respondent answers “yes” to an occurrence question, a frequency-of-occurrence question is asked to determine whether the condition happened rarely (once or twice), sometimes (three to ten times) or often (more than ten times) in the past four weeks.

Example:

1. In the past four weeks, did you worry that your household would not have enough food? 0 = No (skip to Q2)
1 = Yes

- 1.a. How often did this happen?
1 = Rarely (once or twice in the past four weeks)
2 = Sometimes (three to ten times in the past four weeks)
3 = Often (more than ten times in the past four weeks)

No	Question	Response option	Code
1.	In the past four weeks, did you worry that your household would not have enough food?	0 = No (skip to Q.2) 1 = Yes	
1.a	How often did this happen in the past four weeks? (1=Rarely, 2=Sometimes, 3 = Often)		
2	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	0 = No (skip to Q.3) 1 = Yes	
2a	How often did this happen in the past four weeks? (1=Rarely, 2 = Sometimes, 3 = Often)		
3	In the past four weeks, did you or any household member have to limited variety of foods due to a lack of resources?	0 = No (skip to Q.4) 1 = Yes	
3a	How often did this happen in the past four weeks? (1=Rarely, 2=Sometimes, 3 = Often)		
4	In the past four weeks, did you or any household member have to some foods that you really did not want to eat because of a lack of	0 = No (skip to Q.5) 1 = Yes	
4a	resources to obtain other types of food? How often did this happen in the past four weeks? (1=Rarely,2		
5a	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	0 = No (skip to Q.6) 1 = Yes	
6	In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	0 = No (skip to Q.7) 1 = Yes	
6a	How often did this happen in the past four weeks? (1=Rarely,		
7	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0 = No (skip to Q.8) 1 = Yes	
7a	How often did this happen in the past four weeks?		

8	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (skip to Q.9) 1 = Yes	
8a	How often did this happen in the past four weeks?		
9	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? How often did this happen in the past four weeks?	0 = No (Stop) 1 = Yes	
9a			



Record Form

Child's name: _____
 Sex: ☐ M ☐ F ID #: _____
 Examiner's name: _____
 School/Child care program: _____
 Reason for referral: _____

Subtest Summary Scores

Subtest	Total Raw Score	Scaled Score	Composite Score	Percentile Rank	Conf. Interval (____%)
Cognitive (Cog)					
			Use Table A.5		
Language (Lang)					
Receptive Communication (RC)					
Expressive Communication (EC)					
Sum					
			Use Table A.4		
Motor (Mot)					
Fine Motor (FM)					
Gross Motor (GM)					
Sum					
			Use Table A.4		
Social-Emotional (SE)					
			Use Table A.5		
Adaptive Behavior					
*Communication (Com)					
Community Use (CU)					
Functional Pre-Academics (FA)					
Home Living (HL)					
*Health and Safety (HS)					
*Leisure (LS)					
*Self-Care (SC)					
*Self-Direction (SD)					
*Social (Soc)					
*Motor (MO)					
Sum					
			(GAC)		
			Use Table A.6		

*For children younger than one year, the GAC is calculated using only those skill areas indicated by an asterisk.

Calculate Age and Start Point

	Years	Months	Days
Date Tested			
Date of Birth			
Age			
Age in Months and Days	Years × 12 + months		
Adjustment for Prematurity	Adjust through 24 months		
Adjusted Age			
Start Point	Calculate start point according to chart below		

Age	Start Point
16 days–1 month 15 days	A
1 month 16 days–2 months 15 days	B
2 months 16 days–3 months 15 days	C
3 months 16 days–4 months 15 days	D
4 months 16 days–5 months 15 days	E
5 months 16 days–6 months 15 days	F
6 months 16 days–8 months 30 days	G
9 months 0 days–10 months 30 days	H
11 months 0 days–13 months 15 days	I
13 months 16 days–16 months 15 days	J
16 months 16 days–19 months 15 days	K
19 months 16 days–22 months 15 days	L
22 months 16 days–25 months 15 days	M
25 months 16 days–28 months 15 days	N
28 months 16 days–32 months 30 days	O
33 months 0 days–38 months 30 days	P
39 months 0 days–42 months 15 days	Q

PEARSON

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PsychCorp

26 27 28 29 30 31 32 A B C D E

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Wolke's Behaviour Rating Scale (9 scale)

1. Approach
2. Adaptability
3. General Emotional Tone
4. Attentiveness
5. Robustness and Endurance
6. Cooperativeness
7. Vocalisation
8. Exploration of objects and/or surroundings
9. Enthusiasm towards task

Anthropometry:

1. Child's weight 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /
2. Child's height 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /
3. Child's MUAC 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /
4. Child's head circumference 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /
5. Mother's weight 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /
6. Mother's height 1st time / _ / _ / _ / _ /, 2nd time / _ / _ / _ / _ /, 3rd time / _ / _ / _ / _ /

Family Care Indicator Questionnaire

If the information giver (respondent) is other than mother then mention her name:

I want to know about those things with which the child play at home. Please show me those things. These may be homemade e.g. homemade clay-built toy, doll made up of cloths or toy which is bought & household materials etc. The question should be coded. When mother will show these toys, the question will help her to recall other toys present at home. Code only those toys which the mother can show. Not only the presence of the toys will do, but also these toys should be used for specific play or work mentioned in the following questions.

1. In the last 30 days (Child name) did the child play with any toy that can make music or can be played as musical instrument (e.g. musical instrument or the toys that produce musical sound e.g. plastic mobile as toy, radio as toy, singing doll, tom-tom, pipe etc.)?
1= Yes 2= No
2. In the last 30 days did the child (name) play with any toy that can be used for drawing or writing purpose (e.g. picture book for colouring, pencil, pen, chalk, slate or marking / writing with stick in the floor or courtyard etc).
1= Yes 2= No
3. Is there any picture book suitable for the child (except school book)?
1= Yes 2= No
4. In the last 30 days did the child (name) play with anything that disguise himself or take the role of mother, doctor, teacher, actor, doll, plate & cup for acting purpose?
1= Yes 2= No
5. In the last 30 days (Child name) did the child play with any toy with which he ran about (e.g. ball & bat, rope for jumping, rocking cradle made of rope, a car that can be pulled or pushed etc)?
1= Yes 2= No
6. Does the child have any toy with which he can get idea regarding shape (triangular, rectangular, round) & colour?
1= Yes 2= No
7. Does the child have any toy (globular shaped, logo, block) with which tower; house, car etc can be made by placing them one over another or side by side.
1= Yes 2= No

Instruction: Answer to the question number 8 & 9 should be in number. If the number is 10 or >10, then the answer should be 10.

8. What is the number of books in your house including school book (except picture book for children
9. What is the number of paper & magazine at your house?

Now I want to know from you regarding some work or play which has been played with the child by you or his father or any senior member of the family, in the last three days.

10. Book was read or picture book/picture/poster was shown to your child by-
 - a. Mother
 - b. Father
 - c. other family member who is above 15 years of old
11. Story was told to the child (name) by-
 - a. Mother
 - b. Father
 - c. other family member who is above 15 years of old
12. Song, rhyme, religious song was sung to the child (name) by-
 - a. Mother
 - b. Father
 - c. other family member who is above 15 years of old
13. Game was played with the child (name) using toys by-
 - a. Mother
 - b. Father
 - c. other family member who is above 15 years of old
14. Name of something, counting number & drawing was taught to the child (name) by allocating time for him by-
 - a. Mother
 - b. Father
 - c. other family member who is above 15 years of old

Maternal depression

Sometimes we feel comfortable (console) & sometimes we feel gloomy. Among us there are some people who are always jolly (cheerful) & some always feel disheartened. Now I shall ask you some question regarding your mental status in the last week. We cannot recall the memories of our remote past but can do that of recent past. For this reason, we want to know your mental status of the last 7 days. Last 7 days means, if today is Monday, the period from last Monday morning to yesterday (Sunday) evening & tell me your mental status or how do you feel at that time.

1. In the last week, how many days, did you feel gloomy?
2. In the last week, how many days, did you feel lonely?
3. In the last week, how many days, did you weep?
4. In the last week, how many days, did you enjoy life (cheerful, vivacious or jolly)?
5. In the last week, how many days were you depressed (dejected/ frustrated)?
6. In the last week, how many days, you didn't get interest doing something or you were not delighted?