

Kilkaari 12 Month Outcome Assessment: ELS Questionnaire

Identifying information		Form type	
Cluster	<input type="text"/>	<input type="text"/>	CLUSTER
Village	<input type="text"/>	<input type="text"/>	VILLAGE
Household number	<input type="text"/>	<input type="text"/>	HH
Mother name		Husband name	
Child name		Child DOB & Sex (label only)	
Woman ID	<input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/>	WOMANID	
Child ID	<input type="text"/> CHILD # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/>	CHILDID	

Visit Information	
Assessor code	<input type="text"/>
Date of visit	<input type="text"/> d d / <input type="text"/> M M M / <input type="text"/> y y y y
Form status	1. Completed 2. Incomplete (Please specify)
Privacy	1. Possible 2. Not possible
Twin	1. Yes 2. No

Instruction to assessor: If there are other family members within hearing distance, ask mother-in-law or other senior family member politely if it is possible to go to a space to ask the woman some questions alone. If this is possible, go to that private space before asking the questions. If not, consider how best to conduct these questions privately. This may mean waiting for a suitable time later in the assessment.

Section A – MORS (Mothers Object Relations Scale)

Now I'd like to ask some questions which will help me learn about you and your child.

I'm going to start by reading you some statements. These statements reflect the fact that all children are different. There is no correct or ideal answer.

The first statement is: "My child smiles at me". Please can you give me an idea of how much this happens? **[Point at 0-5 scale]**. Does it never happen **[Point at 0]**? Does it happen nearly all the time **[Point at 5]**? Or somewhere in the middle **[Point at 1-4]**?

Never	Rarely	Sometimes	Quite often	Very often	Nearly all the time
0	1	2	3	4	5

Instruction to assessor: circle whichever number the respondent points to. If she points in between numbers, ensure she chooses one whole number and circle it. Repeat this procedure for each statement.

	Statement	Never	Rarely	Somet imes	Quite often	Very often	Nearly all the time	
A1	My child smiles at me	0	1	2	3	4	5	SMILES
A2	My child annoys me	0	1	2	3	4	5	ANNOYS
A3	My child likes doing things with me	0	1	2	3	4	5	LIKESDOING
A4	My child talks to me	0	1	2	3	4	5	TALKS
A5	My child irritates me	0	1	2	3	4	5	IRRITATES
A6	My child likes me	0	1	2	3	4	5	LIKES
A7	My child wants too much attention	0	1	2	3	4	5	ATTENTION
A8	My child laughs	0	1	2	3	4	5	LAUGHS
A9	My child gets moody	0	1	2	3	4	5	MOODY
A10	My child dominates me	0	1	2	3	4	5	DOMINATE
A11	My child likes to please me	0	1	2	3	4	5	PLEASE
A12	My child cries for no obvious reason	0	1	2	3	4	5	CRIES
A13	My child is affectionate towards me	0	1	2	3	4	5	AFFECTION
A14	My child winds me up	0	1	2	3	4	5	WINDSUP
A15	Compared to other children of the same age, how easy or difficult do you think [child's name] has been to take care of? [read options 1-3]							CHCOMPARE
A16	1. Easier 2. Similar to other children	3. More difficult 4. Refuse to answer					CHCOMPARE	

Section B – Infant

Now I'd like to ask you some questions about [child's name].

B1	Was [child's name] born early? 1. Yes 2. No 8. Don't know	BORNEARLY
B2	Where were they delivered? 1. Home 2. Dai's residence 3. Private hospital 4. Subcentre 5. Primary health centre 6. Community health centre 7. District hospital 10. On the way to facility	DELIVERYPLACE
B3	What type of delivery did you have? 1. Normal vaginal delivery 2. Forceps/ventouse delivery 3. Caesarian section without general anaesthetic 4. Caesarian section with general anaesthetic	DELIVERYMODE

B4	Did [child's name] have to stay overnight in a hospital during the first week of life because they were ill <u>or needed medical care</u> ? 1. Yes 2. No	HOSPWK1
B5	<i>If no, draw line over this whole question</i>	
	B5.1 How many days was this stay in total?..... <input type="text"/> <input type="text"/>	HOSPWK1DAYS
	B5.2 Did you or somebody who was close to [child's name] stay with them - all of the time, part of the time or not at all? 1. All the time 2. Part of the time 3. Not at all	HOSPWK1ACC
	Did they need any of the following treatments?	Yes No Don't know
B5.3	Warmer	1 2 8 WARMER
B5.4	Incubator	1 2 8 INCUBATOR
B5.5	Overhead lights	1 2 8 LIGHTS
B5.6	Antibiotics by drip	1 2 8 ANTIBIOTIC
B5.7	Blood transfusion	1 2 8 BLOODTRANS
B5.8	Kangaroo Mother Care	1 2 8 KANGAROO
B5.9	Feeding through tube in nose or mouth	1 2 8 FEEDINGNOSE
B5.10	Feeding through vein	1 2 8 FEEDINGVEIN
B5.11	Breathing through tube connected to machine (ventilator)	1 2 8 BREATHSUPPORT

B6	Did [child's name] get admitted to hospital any time after this?	1. Yes 2. No	HOSPADMIT
B7	If 'no', write '99' in B7.1 and circle '9' in B7.2.		
	B7.1 How many days was this stay in total?.....	<input type="text"/> <input type="text"/>	HOSPDAYS
	B7.2 Did you or somebody who was close to [child's name] stay with them all of the time, part of the time or not at all? 1. All the time 2. Part of the time 3. Not at all 9. Not applicable		HOSPACCOMP

B8	B8.1 What is the longest time you and [child's name] have been apart in days? Enter '00' if a mother and child have never been apart or have been apart for just a few hours at a time and circle '9' in next question	<input type="text"/> <input type="text"/>	AWAYTIME
	B8.2 What was the main reason on this occasion? 1. Mother sick 2. Child sick 3. Child with relatives 4. Mother with relatives 5. Mother's job or study 6. Family emergency 8. Can't remember 9. Not applicable 10. Refuse to answer		AWAYREASON

B9	Sometimes adults taking care of children have to leave the house to go to the market, to go to work, to visit relatives or for other reasons and have to leave young children at home. In the past week on how many days was [child's name]:		
	B9.1 left alone for more than an hour?.....	<input type="text"/>	DAYSALONE1HR
	B9.2 left in the care of another child, that is, someone less than 10 years old, for more than an hour?.....	<input type="text"/>	DAYSCHILDCARER

B10	If no older children live in the house, circle '9' (not applicable) for all		
	B10.1 In the last week have any older children who live in the house played with [child's name]? 1. Yes 2. No 9. Not Applicable		OLDCHILDPLAY
	B10.2 In the last week have any older children who live in the house said anything to make [child's name] cry or make them unhappy 1. Yes 2. No 9. Not Applicable		OLDCHSAYABUSE
	B10.3 In the last week have any of these children hit/punched/kicked or bit [child's name] on purpose to make them unhappy? 1. Yes 2. No 9. Not Applicable		OLDCHPHYABUSE

B11 If child is a boy, draw a diagonal line across whole table and go to next section.		
If child is a girl, ask the following questions.		
B11.1	When you found out your baby was a girl were you happy, unhappy or didn't mind whether you had a girl or a boy? 1. Happy 2. Unhappy 3. Didn't mind 4. Refuse to answer 8. Don't know 9. Not Applicable	GIRLYOU
B11.2	And what about now? Are you happy she's a girl or do you wish that she was a boy? 1. Happy she is a girl 2. Wish was a boy 4. Refuse to answer 8. Don't know 9. Not Applicable	NOWGIRLYOU
B11.3	And what about your husband, how did he feel when he found out your baby was a girl? Was he happy, unhappy or didn't he mind whether you had a girl or boy? 1. Happy 2. Unhappy 3. Didn't mind 4. Refuse to answer 8. Don't know 9. Not Applicable	GIRLHUSB
B11.4	And what about now? Is he happy she's a girl or does he wish she was a boy? 1. Happy she is a girl 2. Wish was a boy 4. Refuse to answer 8. Don't know 9. Not Applicable	NOWGIRLHUSB
B11.5	And what about your mother, how did she feel when she found out – happy, unhappy or didn't mind? 1. Happy 2. Unhappy 3. Didn't mind 4. Refuse to answer 8. Don't know 9. Not Applicable	GIRLMOTH
B11.6	And what about now? Is she happy [child's name] is a girl or does she wish [child's name] was a boy? 1. Happy she is a girl 2. Wish was a boy 4. Refuse to answer 8. Don't know 9. Not Applicable	NOWGIRLMOTH
B11.7	And what about your mother in law, how did she feel when she found out – happy, unhappy or didn't mind? 1. Happy 2. Unhappy 3. Didn't mind 4. Refuse to answer 8. Don't know 9. Not Applicable	GIRLMIL
B11.8	And what about now? Is she happy [child's name] is a girl or does she wish [child's name] was a boy? 1. Happy she is a girl 2. Wish was a boy 4. Refuse to answer 8. Don't know 9. Not Applicable	NOWGIRLMIL

Section C – MOTHERS LIFE EVENTS

Now I would like to ask you about whether any of the following difficult situations have happened to you since you became pregnant with [child’s name]?

C1	Have you become widowed, divorced or separated? 1. Widowed 2. Divorced/separated 3. No 4. Refuse to answer	WIDDIVSEP
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C2	Since you became pregnant did any of the following people in your life die? [Read each option. If YES, ask whether this was during pregnancy or since child was born. Circle number in corresponding column. Circle ‘both’ (3) if two people died, one during pregnancy and the other after the child was born]						
	Person	During pregnancy	Since child born	Both	No		
	C2.1	Your own parent	1	2	3	4	PARENTDIED
	C2.2	Your real brother or sister	1	2	3	4	SIBLINGDIED
	C2.3	Your child	1	2	3	4	CHILDDIED
	C2.4	Any other close family member	1	2	3	4	OTHERFAMDIED
	C2.5	Any close friend	1	2	3	4	FRIENDDIED

C3	Whilst you were pregnant, did <u>you</u> have any serious illness or have you been seriously injured? 1. Yes 2. No 3. Refuse to answer	ILLPREG
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C4	And what about since [child’s name] was born? Have <u>you</u> had a serious illness or have you been seriously injured? 1. Yes 2. No 3. Refuse to answer	ILLMOTHER
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C5	And have <u>any close family members</u> had a serious illness or injury since [child’s name] was born? 1. Yes 2. No 3. Refuse to answer	ILLCLOSEFAM
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C6	Since you became pregnant, how well do you feel your family has been managing financially? [Read 1-5] <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Living comfortably</td> <td style="width: 50%;">5. Finding it very difficult to manage</td> </tr> <tr> <td>2. Doing alright</td> <td>6. Refuse to answer</td> </tr> <tr> <td>3. Just about getting by</td> <td>8. Don’t know</td> </tr> <tr> <td>4. Finding it difficult to manage</td> <td></td> </tr> </table>	1. Living comfortably	5. Finding it very difficult to manage	2. Doing alright	6. Refuse to answer	3. Just about getting by	8. Don’t know	4. Finding it difficult to manage		FINANCE
1. Living comfortably	5. Finding it very difficult to manage									
2. Doing alright	6. Refuse to answer									
3. Just about getting by	8. Don’t know									
4. Finding it difficult to manage										

C7	Since you became pregnant, have you ever been hungry because you could not afford to buy food? 1. Yes 2. No 3. Refuse to answer	HUNGRY
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C8	And what about [child’s name]. Do they ever go hungry because you could not afford to buy food? 1. Yes 2. No 3. Refuse to answer	CHILDHUNGRY
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C9	Since you became pregnant, have you or your immediate family who live with you been in debt? 1. Yes 2. No 3. Refuse to answer	FAMDEBT
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If no, draw a line through C10

C10	What were the reasons for this debt? <i>[circle '1' for all reasons mentioned, circle '2' if reason not mentioned. "Don't know" should only be selected if no other reason is mentioned.]</i>			
	Reason	Mentioned	Not mentioned	
C10.1	Expenses around marriage	1	2	DEBTMARRIAGE
C10.2	Expenses after birth of child	1	2	DEBTCHILD
C10.3	Illness, medication, hospitalisation or operation	1	2	DEBTILLNESS
C10.4	Setting up new business	1	2	DEBTNEWBUSIN
C10.5	Purchasing items for home	1	2	DEBTHOMEITEMS
C10.6	Purchasing animal(s)	1	2	DEBTANIMAL
C10.7	House construction	1	2	DEBTCONSTRUC
C10.8	Crop failure	1	2	DEBTCROP
C10.9	No Employment	1	2	DEBTUNEMPLOY
C10.10	Don't know	1	2	DEBTNOREASON
C10.11	Other (please specify)	1	2	DEBTOTHER

C11	Since becoming pregnant, can you tell me if you have been physically beaten, sexually abused or mistreated in another way by any of the following people? <i>[Read each option in turn and circle '1' or '2' to indicate 'Yes' or 'No' for each person named]</i>				
	Person	Yes	No	Refuse to answer	
C11.1	Your neighbour	1	2	3	NEIGHBABUSE
C11.2	Your teacher	1	2	3	TEACHABUSE
C11.3	Your employer	1	2	3	EMPLOYABUSE
C11.4	A stranger	1	2	3	STRANGERMISTREAT
C11.5	Your sister	1	2	3	SISMISTREAT
C11.6	Your brother	1	2	3	BROMISTREAT
C11.7	Your sister in law	1	2	3	SISINLAWMISTREAT
C11.8	Your brother in law	1	2	3	BROINLAWMISTREAT
C11.9	Any other relative	1	2	3	RELATIVEMISTREAT
C11.10	Your mother in law	1	2	3	MOTHINLAWMISTREAT
C11.11	Your father in law	1	2	3	FILMISTREAT
C11.12	Your father	1	2	3	FATHMISTREAT
C11.13	Your mother	1	2	3	MOTHMISTREAT

Section D: Marriage

D1	What does / did (<i>if widowed</i>) your husband do? 1. At home 2. Paid employee outside the home 3. Self-employed e.g. tailoring 4. Farming from own land 5. Seasonally employed e.g working in the field 6. Casual labourer 8. Don't Know	HUSBOCC
D2	How old were you when you married your husband?..... <input type="text"/> <input type="text"/> Code completed years. 88=don't know	MARRIAGEAGE
D3	Was this your first marriage? 1. Yes 2. No	FIRSTMARR
D4	If married once, code '99'. How old were you at the time of your first marriage?..... <input type="text"/> <input type="text"/> Code completed years. 88=don't know	AGEFIRSTMARR

IF HUSBAND HAS DIED DRAW A LINE THROUGH rest of section D and go to Section E.

D5	I want to ask about some difficult things that might have happened to you with your husband since you became pregnant. These questions are about things that happen to many women. Since you became pregnant has your husband...	If "yes", ask: can you tell me how many times this has happened? Was it once, a few times or many times? [Circle number in appropriate column]					
		Yes – Once	Yes – Few times	Yes – Many times	No	Refuse to answer	
D5.1	insulted you or made you feel bad about yourself?	1	2	3	4	5	INSULT
D5.2	belittled or humiliated you in front of other people?	1	2	3	4	5	BELITT
D5.3	done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by shouting or smashing things)?	1	2	3	4	5	SCARE
D5.4	threatened to hurt you or someone you care about?	1	2	3	4	5	THREAT
D5.5	slapped you or thrown something at you that could hurt you?	1	2	3	4	5	SLAPP
D5.6	pushed you or shoved you or pulled your hair?	1	2	3	4	5	PUSH
D5.7	hit you with his fist or with something else that could hurt you?	1	2	3	4	5	HITFIST
D5.8	kicked you, dragged you or beaten you up?	1	2	3	4	5	KICKED
D5.9	choked or burnt you on purpose?	1	2	3	4	5	CHOKE
D5.10	threatened to use or actually used a gun, knife or other weapon against you?	1	2	3	4	5	GUN
D5.11	physically forced you to have sexual intercourse when you did not want to?	1	2	3	4	5	FORCESEX
D5.12	Since you became pregnant have you had sexual intercourse when you did not want to because you were afraid of what your husband might do?	1	2	3	4	5	SEXAFRAID
D5.13	Since you became pregnant has your husband forced you to do something sexual that you found degrading or humiliating?	1	2	3	4	5	SEXDEGRAD
D5.14	Since you became pregnant has your husband had a relationship with any other women? if divorced/separated add: whilst you were still together	1	2	3	4	5	HUSBSEXOTH

D6	Can I check if your husband takes any of the following substances?						
If mother answers yes, ask: does this cause any problems for you?		No	Yes – doesn't cause problems	Yes – causes problems	Refuse to answer	Don't know	
D6.1	Gutka or paan?	1	2	3	4	8	GUTKA
D6.2	Bidis or cigarettes?	1	2	3	4	8	BIDICIG
D6.3	Afim?	1	2	3	4	8	AFIM
D6.4	Ganja?	1	2	3	4	8	GANJA
D6.5	Injection?	1	2	3	4	8	INJECT
D6.6	Alcohol?	1	2	3	4	8	ALCOHOL

If husband does not drink alcohol, do not ask D7 & D8 and circle '9', not applicable				
D7	How often does he drink alcohol? Rarely, sometimes or often?			ALCOFT
	1. Rarely	3. Often	8. Don't know	
	2. Sometimes	4. Refuse to answer	9. Not applicable	
D8	How often do you see him drunk? Rarely, sometimes or often?			DRUNKOFT
	1. Rarely	3. Often	8. Don't know	
	2. Sometimes	4. Refuse to answer	9. Not applicable	

D9	If divorced, circle '9' (not applicable).			
	All couples sometimes have difficulties in their relationships. On the whole, how satisfied are you with your relationship with your husband? Satisfied, somewhat satisfied or not satisfied?			RELATDIFF
	1. Satisfied	3. Not satisfied	8. Don't know	
	2. Somewhat satisfied	4. Refuse to answer	9. Not applicable	

SECTION E: Home visits

Now I would like to ask you whether you have received any advice about your child’s health and wellbeing from the following people? I am particularly interested in advice that has been given in your home.

	Have you had any visits from:		Since you became pregnant, total number of home visits	When was last the last visit?	
E1	ASHA worker?	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	ASHAYES ASHAVISITS ASHALAST
E2	ANM?	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	ANMYES ANMVISITS ANMLAST
E3	AWW?	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	AWWYES AWWVISITS AWWLAST
E4	Kilkaari worker using mobile phone to ask questions? [show picture card 1]	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	SFWYES SFWVISITS SFWLAST
E5	Kilkaari worker using a booklet with pictures like this [show picture card 2]?	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	KWYES KWVISITS KWLAST
E6a	Any other person?	1. Yes 2. No	<input type="text"/> <input type="text"/>	1. During last week 2. During last month but before last week 3. More than 1 month ago 9. Not applicable	OTHERYES OTHERVISITS OTHERLAST
E6b	Specify other people who made visits				TYPEOTHER

End: **Thank you very much for answering these questions. I know some of them may have been difficult for you. That is all the questions I want to ask today.**

Note: IF LINE DRAWN ACROSS ANY TABLE, DATA ENTRY OPERATOR SHOULD CODE ALL ENTRIES AS 9 or 99 ‘not applicable’