Log Number: |____|____|____|____|____|

PC

KLPS-KIDS
PC-MODULE
Wave -2

VERSION: NOVEMBER 2, 2020 — ENGLISH

CHILD ID
|_____|_____|_____|_____|_____|_____|_____| -- |_____|_____|

This survey should be administered to the PRIMARY CAREGIVER of the child identified above. Note that for a caregiver with multiple children in our sample, a separate PC Module should be filled out for each child.

SECTION 1. Pre-Interview Information and Consent

READ: We would like to consult the child's health card during the interview in order to record information on birthdate, weight, and/or vaccinations. Could you get that card, or the birth certificate, before we begin?

If PC hesitates to produce health card, read: Please be assured that any information you share with me will be held as confidential as possible. You do not have to answer any question or provide me with the health card if you do not want to.

Note: Child can play during PC.

Fill in this information before the interview from IDENTITY SECTION of TRACKING SHEET:

1. KLPS Adult ID: |____|____|____|____|____|____|____|____|

2. KLPS Adult Family Name: _____

3. KLPS Adult (a) Name 1 / (b) Name 2: (a)_____ / (b) _____

4. KLPS Adult Gender: |____| (1=Male, 2=Female)

5. KLPS Adult Baseline School ID / Name: |____|____|____| / _____

Fill in this information before the interview from PARTICIPATING CHILD INFO SHEET:

6. Child First Name: _____

7. Child ID: |____|____|____|____|____|____|____|____| -- |____|____|

8a. Caregiver Family Name: _____

8b. Caregiver Name1 / Name2: _____ / _____

9a. Date of interview: (DD/MM/YYYY) |____|____| / |____|____| / |____|____|____|____|

9b. Time start interview: (24 hr clock) |____|____| : |____|____|

10a. Interviewer ID: |____|____|____|____|

10b. Interviewer name: (first) _____ / (surname) _____

11a. ***Do you have access to the child's health card or birth certificate?*** (1=Yes, 2=No) |____|

11b. ***If YES, record birthdate from the health card or birth certificate. If NO, ask FR:*** Can you tell me the child's date of birth?

(DD/MM/YYYY) |____|____| / |____|____| / |____|____|____|____|

If the birth date given is different than that collected in the I-module and included on the tracking sheet, probe to get the most accurate birthdate.

11c***. Are you confident that the birthdate recorded above is correct?***
(1=Very confident, 2=Somewhat confident, 3=No, not confident) |____|

If 2 or 3, continue. Otherwise, skip to question 11e.

11d. Why are you not very confident? (1=Parent does not seem sure, 2=Parents/caregivers disagree about age, 3=Child looks to be a different age, 4=Other(specify)) |____|

_____

11e. ***From what source did you record the child's birth date?*** (1=Health Card, 2= Birth certificate, 3=Parent's or caregiver's memory, 4=Tracking sheet, 5=Other(specify))

|____| _____

 FO Comments:

12. ***Do not ask the following question. Simply record your response.*** Has a separate PC Module already been filled out for this caregiver, with regard to a different child with the same KLPS Parent? (1=Yes, 2=No) |____|

If YES, continue. If NO, skip to question 13.

12a. ***List the identification number for that other child's PC Module here. Make sure to record the other child's ID number carefully and correctly.***

|____|____|____|____|____|____|____| -- |____|____|

Skip to Question 6 of Section 2.

13. Is this interview with the KLPS adult respondent specified on the tracking sheet? (1=Yes, 2=No) |____|

If YES, continue. If NO, skip to CONSENT. [*Read consent****]***

14. Will you participate in the interview? (1=Yes-Caregiver agrees to participate; 2=No- Caregiver refuses to participate; 3=No- Caregiver does not refuse but is unable to participate) |____|

If YES, skip to question 16. If NO, continue.

15. ***Describe your impressions of the refusal / inability to participate. Do not ask.*** |____|

1 = Wants to reschedule ***(skip to "Rescheduling instructions" below) – Choose this option if the caregiver wants to speak to the child's parent before proceeding, and you are unable to get that parent on the phone at that time.***
2 = Refusal for this round only ***(skip to question 15a)***
3 = Refusal for this round and any future rounds ***(skip to question 15b)***
4 = Unable to survey – someone else refuses on caregiver's behalf ***(skip to "Closing Interview Statement A")***
6 = Unable to survey – in prison ***(skip to "Closing Interview Statement A")***
7 = Unable to survey – mental illness / disability ***(skip to "Closing Interview Statement A")***
10 = Unable to survey – other ***(skip to question 15c)***

Rescheduling instructions: Please ask the caregiver when they are next available, and then call your team lead (or other senior team member) to confirm this day and time. If you are unable to confirm this day and time, make a tentative appointment with the caregiver. Then, let the caregiver know that you will contact them to confirm when you will return. Record this information and the current time on the tracking sheet now. End the interview.

|____|/|____|/|____| Other: _____

Skip to "Closing Interview Statement C".

15a. ***Record your impressions of why the caregiver refuses to participate during this survey round. If you feel comfortable doing so, you may ask them why:*** Why don't you want to participate? ***Choose up to 3 reasons.***

1 = Survey is too long
2 = Caregiver has caregiving duties
3 = Caregiver has to work
4 = Caregiver does not want to disclose personal information
5 = Caregiver is suspicious of IPA
6 = Caregiver hasn't received assistance from IPA
7 = Caregiver just doesn't want to / no reason given
10 = Other (specify)

 FO Comments:

15b. ***Record your impressions of why the caregiver refuses to participate during this round and any future rounds. If you feel comfortable doing so, you may ask the caregiver why:*** Why don't you want to participate?

Choose up to 3 reasons.

1 = Survey is too long
2 = Caregiver has caregiving duties
3 = Caregiver has to work
4 = Caregiver does not want to disclose personal information
5 = Caregiver is suspicious of IPA
6 = Caregiver hasn't received assistance from IPA
7 = Caregiver just doesn't want to / no reason given
10 = Other (specify)

Skip to "Closing Interview Statement B."

15c. ***Record your impressions of why we are unable to survey the caregiver during this round.*** _____

(skip to "Closing Interview Statement B")

Closing Interview Statement A: Read: Thank you very much for your time. ***End interview here. Note on the tracking sheet that we should try to find an alternate caregiver to interview, if possible.***

Closing Interview Statement B. Read: Thank you very much for your time. If you change your mind and would like to participate in the interview, please contact us at the IPA office. ***End interview here. Note on the tracking sheet that we should try to find an alternate caregiver to interview, if possible.***

Closing Interview Statement C: Read: Thank you very much for your time. ***End interview here.***

Read: Now I would like to make certain that we have your current address information correct.

0. Are you currently in boarding school? (1=Yes, 2=No) |____|

If NO, skip to question 0a. If YES, continue.

Read: Because you are in boarding school, we would like the current address information for the place you stay at boarding school.
Skip to question 0c..

0a. What is your occupation? (1=Guard or house help, 2=Other) |____|
If 1, continue to question 0b. If 2, skip to "read #1" statement below.

0b. Are you currently working as live-in house help or a live-in guard? (1=Yes, 2=No) |____|
If YES, skip to "read #2" statement below. If NO, continue to "read #1" statement.

16. ***Do not read the following question aloud.*** Is there another IPA FO present at this interview, who will be conducting the child assessments? (1=Yes, 2=No) |____|

If YES, continue. If NO, skip to Section 2.

While I continue to talk to you, my colleague **[FO name]** would like to begin interviewing the child. The interview will consist of a series of games for the child. Most children find these games fun to play. Some games will be a bit hard for the child, and some will be easy for the child. If you feel more comfortable, you are welcome to sit here with the child while we play these games. However, we kindly ask that you do not tell the child what to do, laugh or comment on the child's behavior. We

want to learn how the child can play these games on their own, without any help or comment from you. Do you understand? ***Answer any questions the caregiver may have about the games.***

17. For now we will continue our conversation here while my colleague introduces these games to the child just over there. Is that okay? (1=Yes, 2=No) |____|

If the caregiver allows this, second FO may begin the child assessments with the child nearby. If the caregiver seems reluctant, probe gently to explain that this speeds up the interview process. If they would prefer to be sitting with the child during the assessments, complete the PC Module first, and then move on to the assessments.

 FO Comments:

SECTION 2. Caregiver Information

CONTACT SUB-SECTION

Read: We want to know the place that you and ***[Selected Child]*** usually sleep, not necessarily your ancestral lands or family home.

0a. Country? ***Use G1 codes.*** |___| Other:_____

0b. County? ***Refer to "1992 district" if FR does not know county (1992 district and county are equivalent). For FRs living in Uganda, this is "district" rather than "county". Use G2a codes.*** |___| Other:_____

If 77=FR DK COUNTY, continue. OTHERWISE, skip to question 0d.

0c. 2010 District? ***If FR doesn't know 2010 district, but does know an earlier district name, write old district name and make a remark in FO Comments. Use G2b codes.*** |___| Other:_____

0d. Town / city? ***Use G3a codes. Code 20=Lives in a rural area.*** |___| Other:_____

If LIVES IN A RURAL AREA, continue. OTHERWISE, skip to question 0g.

0e. Location? ***For FRs born in Uganda, ask for "county" rather than "location". Use G3b codes.*** |___| Other:_____

0f. Sub-location? ***For FRs born in Uganda, ask for "sub-county" rather than "sub-location". Use G3c codes.*** |___| Other:_____

0g. Village / Neighborhood? ***Write.*** (99=DK) _____

0h. Please describe the location of the home. ***Provide detailed description to home, including landmarks, distance from roads and any other detailed information where relevant. If there is a PSDP or GSP school nearby, please start your directions from that school. If not, pick a location that is well known in the area to be a starting point for your directions. References to specific businesses or homes ("ask for the home of…") should be included where possible.***

_____

_____

_____

0i. Is there a phone number where I can reach you, even if you do not have your own phone? (1=Yes, 2=No / Do not know a number) |___|

If YES, continue. If NO, probe the FR for one again. If the FR insists that there is no way to reach them by phone (or they do not know any numbers), skip to question 7.

0ia. Please give me that number.

i. ***If Kenyan phone number,*** Number: |_0_|___|___|___|___|___|___|___|___|___|

ii. ***If non-Kenyan phone number:***

A. Country of phone number: ***Use G1 codes.*** |___| Other: _____

B. Number: _____

0ib. Whose phone is this? ***Write name.*** _____

0ic. What is this person's relationship to you? ***Use G4 codes.*** |___| Other: _____

 FO Comments:

0j. If that number isn't working or I can't reach you, is there another number that I can call?
(1=Yes, 2=No / Do not know a number) |___|

Probe FR for a second phone number. If NO, skip to question 0k. If YES, continue.

0ja. Please give me that number.
i. ***If Kenyan phone number,*** Number: |_0_|___|___|___|___|___|___|___|___|___|
ii. ***If non-Kenyan phone number:***
A. Country of phone number: ***Use G1 codes.*** |___| Other: _____
B. Number: _____

0jb. Whose phone is this? ***Write name.*** _____

0jc. What is this person's relationship to you? ***Use G4 codes.*** |___| Other: _____

0k. Is there a phone number where you can receive money by M-pesa, even if the phone is not yours?
(1=Yes, 2=No) |___|

If "no", probe the FR for one again. If the FR insists that there is no way to send them the money by M-Pesa, skip to the next read statement.
If "yes", continue.

0ka. Please give me that number.
i. ***If Kenyan phone number,*** Number: |_0_|___|___|___|___|___|___|___|___|___|

ii. ***If non-Kenyan phone number:***
A. Country of phone number: ***Use G1 codes.*** |___| Other: _____
B. Number: _____

0kb. Whose phone is this? ***Write name.*** _____

0kc. What is this person's relationship to you? ***Use G4 codes.*** |___| Other: _____

Read: Before I collect some information from you about the child(ren), I would like to ask you just a few questions about yourself.

0a. What is your relationship with the child? ***Use G4 codes.*** |____|

0b. Next I would like to learn whether the child lives in your household. By your household, I mean the place where you usually sleep, not necessarily your ancestral lands or family home. Please consider the child to be part of your household if you "eat from the same pot" as the child and if the child spends 4 nights or more in an average week sleeping in your home.

Does the child "eat from the same pot" and spend 4 nights or more in an average week sleeping in your home? (1=Yes, 2=No, 99=DK) |____|

If this interview is with the KLPS adult respondent listed on the tracking sheet, OR if the answer to Section 1, Q12 is YES, <u>SKIP TO QUESTION 6</u>. Otherwise, continue.

0c. What is your relationship with the parent of the child, **[name of KLPS Adult]?**

Use G4 codes. |____|

0d. Next I would like to learn whether the parent of the child, **[name of KLPS Adult]** lives in your household. By your household, I mean the place where you usually sleep, not necessarily your ancestral lands or family home. Please consider the parent to be part of your household if you "eat from the same pot" as the parent and if the parent spends 4 nights or more in an average week sleeping in your home.

 FO Comments:

Does the parent of the child, **[name of KLPS Adult]** "eat from the same pot" and spend 4 nights or more in an average week sleeping in your home? (1=Yes, 2=No, 99=DK) |____|

1. ***Do not ask the following question.*** What is the caregiver's gender? (1=Male, 2=Female) |____|
2. What is your current age, in years? ***Probe if the caregiver says they don't know. Try to get them to estimate year of birth, and calculate age from that.*** (99=DK) |____|
3. What is the highest level of education you received? ***Use G6 codes.*** |____|
4. What is your current occupation? ***Use G9 codes.*** |____|
5. What is your tribe (or mother tongue)? ***Use G10 codes. Females should NOT give the tribe of their husband. If caregiver is LUHYA, press for subtribe.*** |____| _____

Answer question 6 even if FR is KLPS FR.

6. What language do you speak most often with the child? ***Use G13 codes.*** |____| _____

6a. Are there other languages you speak often with the child? (1=Yes, 2=No, 99=DK) |____|

If YES, continue. If NO or DK, skip to question 7.

6b. Which other languages? ***List up to three. Use G13 codes.*** |____||____||____|
Other, Specify _____

If this interview is with the KLPS parent respondent listed on the tracking sheet, OR if the answer to Section 1, Q12 is YES, <u>SKIP TO SECTION 3</u>. Otherwise, continue.

7. CESD

<u>Read</u>: I will read out a list of some of the ways you may feel or behave. Please indicate how often you have felt this way during the past week, using the following scale.

1= Rarely or none of the time
2= Some or a little of the time
3= Occasionally or a moderate amount of time
4= All of the time

Show the respondent scale D. Demonstrate that they should select their response using the scale. Note: For the rest of the questions in this section, read the questions exactly as written. You may repeat any questions as many times as you'd like, but do not rephrase any question or add additional comments or explanations. If the FR has trouble understanding the statement, please re-read but do not try to explain the questions in a different manner.

7a. In the past week, I was bothered by things that usually don't bother me |_____|
7b. In the past week,I had a problem in concentration on what I was doing |_____|
7c. In the past week, I felt depressed and troubled in my mind |_____|
7d. In the past week, I felt that everything that I did took up all my energy |_____|
7e. In the past week, I felt hopeful about the future |_____|

 FO Comments:

7f. In the past week, I felt afraid |_____|

7g. In the past week, I had difficulty in sleeping peacefully |_____|

7h. In the past week, I was happy |_____|

7i. In the past week, I felt lonely |_____|

7j. In the past week, I lacked the motivation to do anything |_____|

SECTION 2.1 Religious Denomination

0. ***Do not ask the following question. Simply record your response.*** Has a separate PC Module already been filled out for this caregiver, with regard to a different child with the same KLPS Parent? Note that this is the same as Q12 in section 1 (1=Yes, 2=No) |____|

If YES, Skip to Section 3.

Read: Now I'd like to ask you some questions about your religion and that of the parents for **[KLPS adult Focus Respondent]**.

DO NOT READ: Religious denomination of the Parents of the Focus respondents

1. ***DO NOT READ ALOUD: Is this PC-Module with the*** **[KLPS adult Focus Respondent]? 1=YES, 2=NO |____|**
   If No, skip to the read statement before Question 4 otherwise continue

2. Is your MOTHER alive? 1=YES, 2=NO |____|
   If YES, what is the religion / denomination of your MOTHER? ***Use G11 Codes*** |____|
   If OTHER, describe: _____

3. Is your FATHER alive? 1=YES, 2=NO |____|
   If YES, what is the religion / denomination of your FATHER? ***Use G11 Codes*** |____|
   If OTHER, describe: _____
   Skip to Question 6.

Read: Think about the ***[KLPS adult Focus respondent (FR)]***.

4. Is MOTHER of the focus respondent alive? 1=YES, 2=NO |____|
   If YES, what is the religion / denomination of MOTHER of the focus respondent? ***Use G11 Codes*** |____|
   If OTHER, describe: _____

5. Is FATHER of the focus respondent alive? 1=YES, 2=NO |____|
   If YES, what is the religion / denomination of FATHER of the focus respondent? ***Use G11 Codes*** |____|
   If OTHER, describe: _____

DO NOT READ: Religious denomination of the Caregiver

6. ***DO NOT READ ALOUD: Is survey with the [KLPS adult Focus respondent (FR)] or his/her spouse?*** 1=YES, 2=NO |____|
   If Yes, skip to question 8 otherwise continue

7. What is your religion / denomination? ***Use G11 Codes*** |____|
   If OTHER, describe: _____

 FO Comments:

8a. What year was the father to **[KLPS adult FR Name]** born? (9999=DK) |__|__|__|__|
8b. Does the father to **[KLPS adult FR Name]** live with you in the same compound/place? (1=Yes, 2=No, 99=DK) |____|

If YES, Skip to Question 2, otherwise

8c. Where does the father to **[KLPS adult FR Name]** currently live?

8ci. Country? ***Use G1 codes.*** |___| Other:_____

8cii. County? ***Refer to "1992 district" if FR does not know county (1992 district and county are equivalent). For FRs living in Uganda, this is "district" rather than "county". Use G2a codes.*** |___| Other:_____

If 77=FR DK COUNTY, continue. OTHERWISE, skip to question 1eiv.

8ciii. 2010 District? ***If FR doesn't know 2010 district, but does know an earlier district name, write old district name and make a remark in FO Comments. Use G2b codes.*** |___| Other:_____

8civ. Town / city? ***Use G3a codes. Code 20=Lives in a rural area.*** |___| Other:_____

9a. What year was the mother to **[KLPS adult FR Name]** born? (9999=DK) |__|__|__|__|
9b. Does the mother to **[KLPS adult FR Name]** live with you in the same compound/place? (1=Yes, 2=No, 99=DK) |____|

If YES, Skip to Question 7, otherwise

9c. Where does the mother to **[KLPS adult FR Name]** currently live?

9ci. Country? ***Use G1 codes.*** |___| Other:_____

9cii. County? ***Refer to "1992 district" if FR does not know county (1992 district and county are equivalent). For FRs living in Uganda, this is "district" rather than "county". Use G2a codes.*** |___| Other:_____

If 77=FR DK COUNTY, continue. OTHERWISE, skip to question 6eiv.

9ciii. 2010 District? ***If FR doesn't know 2010 district, but does know an earlier district name, write old district name and make a remark in FO Comments. Use G2b codes.*** |___| Other:_____

9civ. Town / city? ***Use G3a codes. Code 20=Lives in a rural area.*** |___| Other:_____

 FO Comments:

SECTION 3. Child Health and Development

Read: Thank you. Now I would like to ask you some questions about the health of **[child]**. You may not know the answers to some of these questions, and that is fine. Please try to answer to the best of your knowledge.

1. ***Is the caregiver being interviewed here the child's biological parent? If you are unsure, you may ask.*** Are you the biological parent of the child? (1=Yes, 2=No) |____|

2. ***If you can see the health card, record the following information without asking. Otherwise, ask:*** What was the weight of **[child]** at birth? (9.9 = Weight not measured at birth, 99.0 = Weight measured but caregiver doesn't know it, or caregiver doesn't know if weight was taken at birth)
|____|.|____| kg

   2a. ***Was information on birth weight recorded from the health card?*** (1=Yes, 2=No) |____|

Note: If you can see the health card, record responses to questions 3-3f using the health card. If no health card is available or if a vaccine is not indicated, ask the respondent.

3. Has **[child]** ever received any vaccinations to prevent him/her from getting diseases?
(1=Yes, 2=No, 99=DK) |____|

If YES, continue. Otherwise, skip to question 4.

   3a. Has **[child]** received a BCG vaccination against tuberculosis, that is an injection in the left arm that usually causes a scar? (1=Yes, on health card, 2=No, 3=Don't know what the vaccine is, 4=Yes, not on health card but PC confirms, 99=Don't know whether child has received vaccine) |____|

   3b. Has **[child]** received a Polio vaccine, that is drops in the mouth? (1=Yes, on health card, 2=No, 3=Don't know what the vaccine is, 4=Yes, not on health card but PC confirms, 99=Don't know whether child has received vaccine) |____|

   3c. Has **[child]** received a DPT vaccination, that is an injection in the thigh, sometimes at the same time as the polio drops? (1=Yes, on health card, 2=No, 3=Don't know what the vaccine is, 4=Yes, not on health card but PC confirms, 99=Don't know whether child has received vaccine)) |____|

   3d. Has **[child]** received a measles (or MMR or MR) vaccination, that is an injection in the arm at the age of 9 months or older, to prevent him/her from getting the measles? (1=Yes, on health card, 2=No, 3=Don't know what the vaccine is, 4=Yes, not on health card but PC confirms, 99=Don't know whether child has received vaccine) |____|

   3e. Has **[child]** received a yellow fever vaccination, that is an injection in the arm at the age of 9 months or older, to prevent yellow fever? (1=Yes, on health card, 2=No, 3=Don't know what the vaccine is, 4=Yes, not on health card but PC confirms, 99=Don't know whether child has received vaccine) |____|

   3f. Has **[child]** received any other vaccination?
(1= Yes (specify), 2= No, 99=DK) |____| _____

4. Last night, did **[child]** sleep under a bed net? (1= Yes, 2= No, 99=DK) |____|

5. Have any drugs for worm infections or schistosomiasis been given to **[child]** in the last 12 months? (1= Yes, 2= No, 99=DK) |____|

6. During the past seven days, has **[child]** experienced any of the following: (1=Yes, 2=No, 99=DK)

 FO Comments:

a. Fever / malaria? |____|
b. Vomiting? |____|
c. Cough? |____|
d. Diarrhea? |____|
e. Any other infection? |____| ***If Yes, Specify:_____***

7. Overall, would you say **[child]'s** health is very good, good, fair, poor, or very poor? (5=Very good; 4=good; 3=fair; 2=poor; 1=very poor; 99=DK) |____|

8. Has **[child]** experienced any major health problems since or at birth? By this I mean serious illnesses or injuries, whether they required hospitalization or not, such as cerebral malaria, pneumonia, tuberculosis, asthma, malnutrition, anemia or a broken arm or leg, or any other diagnosis of chronic or acute problems? (1=Yes, 2=No, 99=DK) |____|

   8a. ***If yes:*** Describe. _____

9. How old (in months) was **[child]** when he/she began walking? |____| months (99=DK)

If DK, continue. Else skip to question 10.

9a. Was the child older or younger than 2 years old when he / she began walking?

(1=Older, 2=Younger, 99=DK) |____|

10. Compared with other children, does **[child]** have difficulty seeing, either in the daytime or at night? (1=Yes, 2=No, 99=DK) |____|
11. Does **[child]** appear to have difficulty hearing? (1=Yes, 2=No, 99=DK) |____|
12. When you tell **[child]** to do something, does he/she seem to understand what you are saying? (1=Yes, 2=No, 99=DK) |____|
13. Does **[child]** have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs? (1=Yes, 2=No, 99=DK) |____|
14. Does **[child]** sometimes have seizures, become rigid, or lose consciousness? (1=Yes, 2=No, 99=DK) |____|
15. Does **[child]** learn to do things like other children his/her age? (1=Yes, 2=No, 99=DK) |____|
16. Does **[child]** speak at all (can he/she make himself/herself understood in words; can he/she say any recognizable words)? (1=Yes, 2=No, 99=DK) |____|
17. Is **[child]**'s speech in any way different from normal? (1=Yes, 2=No, 99=DK) |____|
18. Compared with other children of his/her age, does **[child]** appear in any way cognitively delayed, or delayed in language? ***Note: If parent's do not understand, probe if child was speaking or saying words by age 2. If not speaking, please select YES.*** (1=Yes, 2=No, 99=DK)|____|
19. During the last **14 days**, did you, or any adult member of your household ever beat any of the children living in this household? (1=Never, 2=Sometimes, 3=Often, 88=Refuse) |____|

 FO Comments:

SECTION 4. Sleep Patterns: Children

Read: Now I would like to ask you some questions about **[child]**'s sleep.

1. What time did [CHILD'S NAME] go to bed last night? [__][__] : [__][__] (99 = DK)
(hour) (min)

1a. Was that earlier than, later than, or the same as [CHILD'S NAME]'s typical bedtime?
(1=Earlier; 2=Later; 3=Same; 99=DK) |____|

If SAME, skip to question 2. Otherwise continue.

1b. Over the last month what was [CHILD'S NAME]'s usual bedtime?
[__][__] : [__][__] (99=DK)
(hour) (min)

2. How long did it take [CHILD'S NAME] to fall asleep last night? [__][__] : [__][__] (99 = DK)
(hour) (min)

3. After falling asleep, how many times did [CHILD'S NAME] wake up during the night, not counting his or her final awakening? [___] (99=DK)

If 1 or more times, continue to 3a. Otherwise, skip to 4.

3a. If [CHILD'S NAME] woke up during the night, how long was he or she awake during the night in total? ***Minutes:*** [___] (99=DK)

4. What time did [CHILD'S NAME] wake up this morning? [__][__] : [__][__] (99 = DK)
(hour) (min)

4a. Was that earlier than, later than, or the same as [CHILD'S NAME]'s typical wake up time? (1=Earlier; 2=Later; 3=Same; 99=DK) |____|

If SAME, skip to question 5. Otherwise continue.

4b. Over the last month what was [CHILD'S NAME]'s usual wake up time?
[__][__] : [__][__] (99=DK)
(hour) (min)

5. How alert or energetic is [CHILD'S NAME] today compared to how they normally are? (1=More Alert; 2 = Same Level of Alertness; 3=Less Alert) [___] (99=DK)

6. Did [CHILD'S NAME] nap yesterday? [___] (1 = Yes; 2 = No; 99 = DK)

If YES, continue to 6a. If NO, skip to 7.

6a. How many daytime naps did [CHILD'S NAME] take yesterday? [___] (99=DK)

6b. In total, how long did [CHILD'S NAME] nap yesterday? [__][__] : [__][__] (99=DK)
(hour) (min)

6c. Tell me start-time and end times of any daytime naps you had yesterday

Use 24 hour clock.:

START [__][__]:[__][__] END [__][__]:[__][__]
START [__][__]:[__][__] END [__][__]:[__][__]
START [__][__]:[__][__] END [__][__]:[__][__]
START [__][__]:[__][__] END [__][__]:[__][__]

Read: Now think about the night before last.

7. What time did [CHILD'S NAME] go to bed the night before last? [__][__] : [__][__] (99 = DK)
(hour) (min)

8. What time did [CHILD'S NAME] wake up yesterday morning? [__][__] : [__][__] (99 = DK)

 FO Comments:

SECTION 5. Home Environment Information

Read: Thank you. Now I would like to ask you some questions about the daily life of **[child]**.

1. Now I'd like to ask about things that are in the home where the child lives.

   1a. Is there a music player or radio that **[child]** can listen to at home? (1=Yes, 2=No, 99=DK) |____|

   1b. Is there something **[child]** uses to make music at home such as a drum, horn, kayamba, or guitar? (1=Yes, 2=No, 99=DK) |____|

   1c. About how many books are there in **[child]**'s home (including the Bible or other religious book, dictionary, textbooks, children's books and picture books)? (99=DK) |____|

   1dv. Did you purchase any children's storybooks since [INSERT MONTH], when ***[KLPS adult Focus respondent (FR)]*** was interviewed by Innovations for Poverty Action (IPA)? Please DO NOT include any gifts. Note: DO NOT include any free storybooks received as part of the KLPS storybook intervention. (1=Yes, 2=No, 3 = DK) |___|

   1di. About how many storybooks or picture books are in **[child]**'s home? Please include any storybooks or picture books you received as a gift. Please only include children's storybook and/or picture books. DO NOT include any textbooks or magazines. ***Note: Here you SHOULD include any books that were received for free from IPA as part of the KLPS storybook intervention*** (99=DK) |____|

   1dii. What language(s) are these storybooks in? ***Please select all that apply)*** (1=English, 2=Kiswahili, 3=Luo, 4=Luhya, 5=Other (specify), 9=DK) |__| Specify:_____

   1diii. About how many children's textbooks are in **[child]**'s home? (99=DK) |____|

   1div. What language(s) are these textbooks in? ***Please select all that apply)*** (1=English, 2=Kiswahili, 3=Luo, 4=Luhya, 5=Other (specify), 9=DK) |__| Specify:_____

   Number of children's books and number of textbooks should not exceed total number of books (question 1c).

   1e. Is there any other reading material in **[child]**'s home, such as newspapers, magazines, pamphlets, or brochures? (1=Yes, 2=No, 99=DK) |____|

   1f. Are there any pictures, posters, calendars, or other type of art work on the walls at **[child]**'s home? (1=Yes, 2=No, 99=DK) |____|

   1g. Does **[child]** have paper and pencil, pen or art supplies (such as crayons or paints) to write or draw with at home? (1=Yes, 2=No, 99=DK) |____|

   1h. Does **[child]** make his/her own toys to play with, such as a football or dolls? (1=Yes, 2=No, 99=DK) |____|

   1i. Does **[child]** play any games of strategy such as ludo game, draught (checkers), chess, or strategy video/phone games? (1=Yes, 2=No, 99=DK) |____|

   1j. In the last year, how often has a family member taken **[child]** to travel to another region or city?

   If Busia-based FR Read: By another region, we mean a trip of 30km or more. 30km is about the distance from Busia Town to Sega or Malaba.

   If Nairobi-based FR Read: By another region, we mean a trip of 30km or more. 30km is about the distance from Nairobi Town to Kitengela or Ruiru

   Enter number of times in the last year. (99=DK) |____| times

 FO Comments:

2. I am interested in learning about the things that **[child]** plays with when he/she is at home. Does he/she play with:

2a. Homemade toys (such as dolls, cars, or other toys made at home)?
(1=Yes, 2=No, 99=DK) |____|

2b. Toys from a shop or manufactured toys? (1=Yes, 2=No, 99=DK) |____|

Note: In the following questions, please round to the nearest hour.

3.

a. How many hours did **[child]** spend at school, pre-school or daycare during the last day **[child]** attended school? |____| (99=DK)
b. How long does it take **[child]** to get to and from school? |____| (99=DK)

From 6am yesterday morning to 6am this morning…

c. How many hours did **[child]** spend doing structured activity outside of school or daycare, for example, a dancing/music/drama club, an environmental club, a scouts club, not including religious activities or sports? |____| (99=DK)
d. How many hours did **[child]** spend doing prayers, bible study, religious study or other religious activities? |___| (99=DK)
e. How many hours did **[child]** spend playing formal sports with a team? |___| (99=DK)
f. How many hours did **[child]** spend playing with friends (such as rukaruka, playing football with friends, or other games), not including formal sports? |____| (99=DK)
g. How many hours did **[child]** spend doing chores, such as fetching water, washing, cooking, caring for other siblings, etc (not including agricultural activities or taking care of chicken, livestock or other animals)? |____| (99=DK)
h. How many hours did **[child]** spend on the family business, family farm, or agricultural activities including taking care of chicken, livestock, or other animals? |____|(99=DK)
i. How many hours did **[child]** spend reading, doing homework, or studying for school? |____| (99=DK)
j. How many hours did **[child]** spend watching television, listening to the radio, playing video games, or playing with a phone, tablet, or computer? |____| (99=DK)
k. Is there another activity, beside sleep, that the child did for more than 2 hours? ***If yes***, what is the activity, and how many hours did **[child]** do this activity?

|___| (99 = Don't know) Other, specify: _____

3l. In the last 7 days, how many days did you or another adult or teenager (age 13 or older) read with [**child**] at home? Here we mean any form of reading, including reading from a storybook, textbook, or magazine, as long as you or another adult or teenager were reading to the child. DO NOT include any reading that occurred at school.(Enter number of days from 0 to 7; 99= DK)

|___| days

If 1 or more days, continue to 3li. Otherwise skip to 3m.

3li. Now think about yesterday. How many minutes did you or another adult or teenager (age 13 or older) read with [**child**] yesterday? Here we mean any form of reading, including reading from a storybook, textbook, or magazine, as long as you or another adult or teenager were reading to the child. DO NOT include any reading that occurred at school.

(Enter number of minutes, 99 = DK) |___| minutes

3m. In the last 7 days, how many days did [**child**] read by themselves (or with other children) at home. Here we mean any form of reading, including reading from a storybook, textbook, or magazine. DO NOT include any reading that occurred at school.

(Enter number of days from 0 to 7; 99 = DK) |___| days

If 1 or more days, continue to 3mi. Otherwise skip to 4.

 FO Comments:

3mi. Now think about yesterday. How many minutes did [**child**] read by themselves or with other children yesterday? Do not include any time spent reading while in school.
(Enter number of minutes, 99 = DK) |___| minutes

4a. In the past 7 days, did you or any other person over the age of 15 in the child's household: Read books to or look at books with **[child]**? (1=Yes, 2=No, 99=DK). |___| **relation:**|___|/|___|

If yes, ask who performed this activity with child. (1=mother; 2=father, 3=mother and father, 4=PC module respondent (if not a parent), 5=siblings, 6=other adult relative, 7=other adult non-relative)

4b. Tell stories to **[child]**? |____| **relation:** |___|/|___|

4c. Sing songs or play musical instrument with **[child]**? |____| **relation:** |___|/|___|

4d. Play with **[child]**? |____| **relation:** |___|/|___|

4e. Construct objects or art from paper, wire, mud, sticks, etc with **[child]**?
|____| **relation:** |___|/|___|

4f. Name, count, or draw things for or with **[child] for instance, letters, numbers, shapes, colors, plants, animals, etc**? |____| **relation:** |___|/|___|

4g. Help **[child]** with homework? (88=Not in school) |____|**relation:**|___|/|___|

4h. Talk about what **[child]** is learning in school? (88=Not in school)
|____| **relation:** |___|/|___|

4i. Teach vocabulary words in Swahili or English? |____| **relation:** |___|/|___|

4j. Teach vocabulary words in local language? |____| **relation:** |___|/|___|

4k. Play sports or games or other physical activity, such as football, rukaruka, swimming, etc?
|____| **relation:** |___|/|___|/

4l. Take **[child]** on a fun outing, such as a football match, other sports event, religious services or event, hotel, restaurant, or to a local event? |____| **relation:** |___|/|___|

5. Read: Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in the child's household has used this method with **[child]** in the past month.

5a. Took away privileges, forbade something **[child]** liked or did not allow him/her to leave the house/compound. (1=Yes, 2=No, 99=DK) |____|

5b. Explained why **[child]**'s behavior was wrong. (1=Yes, 2=No, 99=DK) |____|

5c. Shouted, yelled at or screamed at him/her. (1=Yes, 2=No, 99=DK) |____|

5d. Gave him/her something else to do. (1=Yes, 2=No, 99=DK) |____|

5e. Called him/her dumb, lazy, or another name like that. (1=Yes, 2=No, 99=DK) |____|

5f. Physically punish, for example caning, slapping etc. (1=Yes, 2=No, 99=DK) |____|

6. Is **[child]** currently enrolled in school, including ECD, pre-school, primary school, or another school? (1=Yes, 2=No, 99=DK) |____|

If YES, continue to 6a. If NO or DK, skip to question 8.

7a. In which class / grade is **[child]** currently enrolled? (99=DK) |____|

 FO Comments:

7b. Is the school that **[child]** is enrolled in public or private? (1=Public, 2=Private, 99=DK) |____|

7c. Is the school that **[child]** is enrolled in a boarding school or day school?

(1=Day school, 2=Boarding, 99=DK) |____|

7d. Did **[child]** attend school last week? ***If it is currently a holiday from school, ask about the last week before the holiday started.*** (1=Yes, 2=No, 99=DK) |____|

7di. Of the last five days school was in session, how many days did [**child**] attend? |____|

7ei. How much was your household asked to pay for school fees for **[child]** in the last month? ***If paid on a term or annual basis, calculate monthly amount asked to pay.*** (KSH) |_____|

7eii. How much did your household actually pay in school fees for **[child]** in the last month? (KSH) |_____|

Skip to Question 9.

8. Why is **[child]** not enrolled in any type of ECD or schooling program?

1=Child is too young
2=Child would not do well / is not smart
3=There is not enough money to pay for it / those programs are too expensive
4=Distance/too far away
5=Program is not available
6=Child refuses/doesn't want to
7= Child helps with work around the house/ takes care of other children
8=Dropped out
9 =Schools are closed due to covid-19
77=Other (specify)

9. Is **[child]** currently enrolled in a daycare? (1=Yes, 2=No, 99=DK) |____|

If NO, skip to Question 10. If YES, continue.

9a. How much did your household pay for this daycare for **[child]** in the last month? (KSH) |_____| (99=DK)

10. Was **[selected KLPS child]** enrolled in school the last time we spoke to child's guardian on [INSERT DATE OF I-MODULE], including ECD, pre-school, primary school, or another school? (1=Yes, 2=No, 99=DK) |____|

If YES, continue to 10a. If NO or DK, skip to question 11

10a. In which class / grade was **[Selected Storybook Child Name]** enrolled? (99=DK) |____|

10b. Was the school that **[Selected Storybook Child Name]** was enrolled in public or private? (1=Public, 2=Private, 99=DK) |____|

11. Does **[selected KLPS child]** ever attend religious services? (1=Yes, 2=No) |____|

12. What is the religion / denomination of this **[selected KLPS child]**? ***Use G11 Codes*** |____|

If OTHER, describe: _____

READ: Now we're going to ask you a few more questions about reading with **[Selected child].**

		1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	88=Refuse to answer	99=DK
13a.	I can choose appropriate storybooks for my child.						

 FO Comments:

13b.	I can provide active involvement for my child with storybook reading.						
13c.	I can ask appropriate recall questions after I finish reading a storybook.						
13d.	I can encourage my child to talk about a book while reading						
13e.	I can help my child answer, “What?”, “Why?”, and “How?” questions about a story when reading						
13f.	I can help my child to learn new words through storybook reading						

READ: Now we are ready to start some questions about reading. You can think about your own reading, or reading by other people (like your parents or teacher), that you just listen to. Listen to each sentence and tell me whether it is a lot like you, a little like you, or not like you. There are no right or wrong answers. We only want to know how you feel about reading.

14a. [Child] is a good listener when someone else is reading a story. |___|
(1= a lot like me, 2 = a little like me, 3= not like me)

14b. [Child] has favorite stories from books that he/she like to read about or listen to. |___|
(1= a lot like me, 2 = a little like me, 3= not like me)

14c. [Child] likes to tell others about what he/she is reading/ someone has read to him/her. |___|
(1= a lot like me, 2 = a little like me, 3= not like me)
If Storybook Treatment Group, Read 13a, Otherwise continue to 13b:

13ai. Do you remember you or anyone in your household receiving three storybooks from IPA in [INSERT MONTH]? (1 = Yes, 2=No, 3 = DK) |___|
If yes, continue to 13aii. Otherwise skip to question 13aiii.

13aii. Do you remember the titles of your storybook(s) from IPA? If yes, kindly tell us. ***Note: Do Not read answers out loud, but select all that apply. If FR gives approximate title, please mark as correct)***:

1=Hyena learns a lesson
2=Why Chameleon Eats Insects
3=Thank you Oba
4=Super Sara and the School Trip
5=Sungura na Mbweha
6=Kisa cha Mebo
7=Ndege wa Nyumbani
8=Usalama wa Sudi na Shada

13aiii. Do you remember you or someone else in your household receiving an SMS message from IPA reminding you to read with your child? ` (1 = Yes, 2 = No) |___|

13bi. How can you make reading with your children interactive?

 FO Comments:

Did the respondent give an answer including at least one of the following: "ask your children questions about the story", "connect the story to your children's experiences", "encourage them to talk about the story", "read the story together", and/or "let your children sound out the words"? Note: the FR does not need to use the exact language above as long as they are describing one of these concepts. (1 = Yes, 2 = No, 9 = respondent answered DK) |___|

13ci. When reading with your children, what is the minimum amount of time in minutes recommended to spend reading? ***Enter number of minutes that respondent states. If they answer in a unit other than minutes, probe them to get minutes. (99=DK)*** |___|

READ: Now we're going to ask you a few questions about **[Selected child]'s** Schooling

14. If child ever been enrolled in school read: Is/was your child an average student, better than average, or below average? ***If child has never been in school read:*** Is your child average, better than average, or below average in terms of their learning and development? (1=Below Average, 2=Average, 3=Above Average, 99=DK) |____|

15. Now please think about other children of the same age in neighborhoods similar to ***[neighborhood]*** in all of ***[county]***. How does ***[child name]***'s ability in Math/Reading/Overall compare to other children of the same age in similar neighborhoods in ***[county]***?

		1=Much worse	2=A little worse	3=About the same	4=A little better	5=Much better	99=DK
i.	Math						
ii.	Reading						
iii.	Overall						

16. Now think about other children of the same age in all of **[neighborhood]**. How does ***[child name]'s*** academic ability in Math/Language/Overall compare to other children of the same age in **[neighborhood]**?

		1=Much worse	2=A little worse	3=About the same	4=A little better	5=Much better	99=DK
i.	Math						
ii.	Reading						
iii.	Overall						

17. Please think about other children of the same age in neighborhoods similar to ***[neighborhood]*** in all of **[county]** in households with a similar financial situation as your household. How does ***[child name]***'s ability in Math/Reading/Overall compare to other children of the same age in households with a similar financial situation in similar neighborhoods in **[county]**?

		1=Much worse	2=A little worse	3=About the same	4=A little better	5=Much better	99=DK
i.	Math						
ii.	Reading						
iii.	Overall						

18. Skip if not in school: Compared to other children in your child's class, how well do you think he/she is doing in school in math, reading, and overall? Do you think he/she is doing:

		1=Much worse	2=A little worse	3=About the same	4=A little better	5=Much better	99=DK
i.	Math						
ii.	Reading						
iii.	Overall						

 FO Comments:

19. When it comes time for your child to take the KCPE/PLE, he/she will receive a total score across all subjects. Please take a moment to think about how your child will perform when he/she takes the exam in the future based on what you know about his/her ability. Now think about how other children of the same age in neighborhoods similar to ***[neighborhood]*** in all of **[county]** will perform. How do you think your child will score compared to other children of the same age in similar neighborhoods in **[county]**?
(1: Much worse 2: A little worse 3: About the same 4: A little better 5: Much better, 99:DK) |____|

20. **IF KENYA FR READ**: Out of a minimum of 0 and a maximum of 500, what score do you think ***[Selected Child]*** will most likely earn based on his/her ability? Please make your best guess.
Most likely KCPE Score: |____|
IF UGANDA FR READ: Out of a minimum of 0 and a maximum of 34 points, what score do you think ***[Selected Child]*** will most likely earn in the PLE based on his/her ability? Please make your best guess.
MOST LIKELY PLE SCORE:

21. Please indicate your level of agreement with the following:

		1= Strongly agree	**2=Agree**	**3= Disagree**	**4= Strongly Disagree**	**Do Not Read 5=Neither Agree nor Disagree**	**99=DK**
i.	I feel confident that I understand my child's ability.						
ii.	I feel confident that I know how my child's ability compares to other children of the same age in [**county].**						
iii.	I receive information about my child's general abilities or how my child does in school from teachers, school representatives, or other adults in my community.						
iv.	My choices, actions, and effort as a parent/caregiver will determine how my child will do in school and in life.						

For the following pair of statements, tell me which statement is closest to your view. Please choose Statement A or Statement B.

24. A. My child's ability and effort will determine how well he/she will do in school & in life. B. External factors such as the quality of my child's school will determine how well he/she will do in school and in life.	***Probe:*** Which statement is closest to your view? ***Read if FR asks for meaning of doing well in school and in life:*** By doing well in school, I mean learning the material in school, passing exams, and so on. By doing well in life, I mean getting a good job, being able to take care of his/herself or his/her family, being satisfied with his/her own life, and so on.	|____|
25. A. A child of average ability from a relatively poor family in **[county]** will do well in school and in life. B. A child of average ability from a relatively rich family in **[county]** will do well in school and in life.		|____|
26. A. A child of above average ability from a relatively poor family in **[county]** will do well in school and in life.		

 FO Comments:

B. A child of above average ability from a relatively rich family in **[county]** will do well in school and in life.	1=Agree very strongly with A 2=Agree with A 3=Agree with B 4=Agree very strongly with B, **Do not read:** 5: Agree with neither, 99=Don't know)	|____|
27. A. A child of above average ability from a relatively poor family in **[county]** will do well in school and in life. B. A child of average ability from a relatively rich family in **[county]** will do well in school and in life.		|____|

SECTION 6. Strengths and Difficulties Questionnaire

0. ***Do not ask the following question.*** Indicate the age of child in years, from ***Section 1.***
|____| years

Read: Now I would like to read some different descriptions of child behavior. Please consider **[child]**'s behavior over the last six months, and let me know whether each description that I read is not true, somewhat true, or certainly true for this child. Please answer as best as you can, even if you are not absolutely certain.

For the following table, use the response codes. If PC says "True", repeat choices 0-2.

0= Not True ***8= Not applicable***
1= Somewhat True ***9= Don't know***
2= Certainly True

1.	Considerate of other people's feelings	
2.	Restless, overactive, cannot stay still for long	
3.	Often complains of headaches, stomach-aches or sickness	
4.	Shares readily with other children, for example toys, treats, pencils	
5.	Often loses temper	
6.	Rather solitary, prefers to play alone	
7.	Generally well behaved, usually does what adults request	
8.	Many worries or often seems worried	
9.	Helpful if someone is hurt, upset or feeling ill	
10.	Constantly fidgeting or squirming	
11.	Has at least one good friend	
12.	Often fights with other children or bullies them	
13.	Often unhappy, depressed or tearful	
14.	Generally liked by other children	
15.	Easily distracted, concentration wanders	
16.	Nervous or clingy in new situations, easily loses confidence	
17.	Kind to younger children	
18.	***If child is age 3 or younger, read:*** Often argumentative with adults ***If child is age 4 or older, read:*** Often lies or cheats	
19.	Picked on or bullied by other children	
20.	Often offers to help others (parents, teachers, other children)	
21.	***If child is age 3 or younger, read:*** Can stop and think things out before acting ***If child is age 4 or older, read:*** Thinks things out before acting	
22.	***If child is age 3 or younger, read:*** Can be spiteful to others ***If child is age 4 or older, read:*** Steals from home, school or elsewhere	
23.	Gets along better with adults than with other children	
24.	Many fears, easily scared	
25.	Good attention span, sees work through to the end	

26. Do you have any other comments or concerns regarding **[child]**'s behavior?
(1=Yes, 2=No) |_____|

26a. ***If yes***: What are they? _____

[Note that there is no Section 7 in Wave-2]

SECTION 8.1 Sleep Home Environment

READ: Thank you. Now I'd like to ask you about the routines of you and your child and your home environment.

1a What activities did you do last night one hour before going to bed bed?
Do not read possible responses, simply mark all that apply. Write any additional responses in the "other" blank.

|____| 1 = Eating
|____| 2 = Household chores
|____| 3 = Watching TV
|____| 4 = Talking on the phone
|____| 5 = Using smartphone, tablet, or computer
|____| 6 = Listening to the radio
|____| 7 = Playing with children
|____| 8 = Preparing children for bed
|____| 9 = Returning from job
|____| 10 = Bathing
|____| 11 = Praying
|____| 12 = Reading
|____| 13 = Other (specify) _____
|____| 99 = Don't know

1b. What activities did [CHILD NAME] do last night one hour before going to bed bed?
Do not read possible responses, simply mark all that apply. Write any additional responses in the "other" blank.

|____| 1 = Eating
|____| 2 = Household chores
|____| 3 = Watching TV
|____| 4 = Talking on the phone
|____| 5 = Using smartphone, tablet, or computer
|____| 6 = Listening to the radio
|____| 7 = Playing with siblings
|____| 8 = Playing with toys
|____| 9 = Homework / studying
|____| 10 = Bathing
|____| 11 = Praying
|____| 12 = Reading
|____| 13 = Other (specify) _____
|____| 99 = Don't know

2a. Do you have a TV in your house? (1=Yes, 2=No, 99=DK) |____|
2b. Do you have a radio in your house? (1=Yes, 2=No, 99=DK) |____|
2c. Do you have a smartphone, computer, or tablet in your house? (1=Yes, 2=No, 99=DK) |____|
2d. Do you have electricity in your house? (1=Yes, 2=No, 99=DK) |____|
2e. Do you have solar energy in your house? (1=Yes, 2=No, 99=DK) |____|
3a. Does [CHILD NAME] share a room for sleeping? (1=Yes, 2=No, 99=DK) |____|
3b. How many people in the following age categories does **[child name]** share a room with when sleeping?
4. Does [CHILD NAME] sleep in a room where the radio or TV is on when they are sleeping? (1=Yes, 2=No, 99=DK) |____|
5. Are the lights typically on in the room when [CHILD NAME] is going to sleep? (1=Yes, 2=No, 99=DK) |____|
6. Does [CHILD NAME] share a bed for sleeping? (1=Yes, 2=No, 99=DK) |____|
7. What does [CHILD NAME] typically sleep on? (1=Mattress on a bed, 2=Mattress on the floor, 3=Mat on the floor, 4=Other (specify), 99=Don't know) Other: _____ |____|

8. Does [CHILD NAME] have a pillow that they use when sleeping? (1=Yes, 2=No, 99=DK) |____|

9. Does [CHILD NAME] have a blanket they use when sleeping? (1=Yes, 2=No, 99=DK) |____|

 FO Comments:

10. Does [CHILD NAME] have a stuffed dolly that they use when sleeping?
(1=Yes, 2=No, 99=DK) |____|

11. Does [CHILD NAME] use a mosquito net when sleeping? (1=Yes, 2=No, 99=DK) |____|

12a. Which member of the household usually decides when the children should sleep and wake up?
Use G4 codes |____|

12b. Do you encounter disagreement about when the children should sleep and wake up?
(1=Yes, 2=No) |____|

13. I will read a list of characteristics or behaviors that [CHILD NAME] may exhibit. How often does [CHILD NAME] do the following? Please use the following scale.

1=Rarely or none of the time
2=Sometimes
3=Occassionally, or a moderate amount of time
4=All of the time
5= Not Applicable

13a. Is active and energetic	|____|
13b. Has a good memory	|____|
13c. Performs well in school	|____|
13d. Is well-behaved	|____|

14a. How many hours of sleep do you think sleep doctors/experts recommend for adults?
(99=DK) **Hours:** |____|

14b. How many hours of night sleep do you think sleep doctors/experts recommend for children?
(99=DK) **Hours:** |____|

15a. What kind of challenges do you face in having [CHILD NAME] get more sleep?
Do not read possible responses, simply mark all that apply. Write any additional responses in the "other" blank.

|____| 1 = Come home late from work / school
|____| 2 = Need to wake up early for work
|____| 3 = Eat dinner late
|____| 4 = Cooking and cleaning
|____| 5 = Too hot
|____| 6 = Too crowded
|____| 7 = Too much light
|____| 8 = Too much noise
|____| 9 = Difficult to get children to bed
|____| 10 = Mosquitos / bugs
|____| 11 = No challenges / child gets enough sleep
|____| 12 = Other (specify) _____
|____| 99 = Don't know

	Codes	**Challenge #1**	**Challenge #2**	**Challenge #3**	**Challenge #4**	**Challenge #5**
15b. If you wanted [CHILD NAME] to get more sleep, would it be possible to address this challenge?	1=Yes, easily 2=Yes, with some difficulty 3=Not sure 4=Not likely 5=Absolutely not	|____|	|____|	|____|	|____|	|____|

 FO Comments:

16a. Are you aware of any benefits of sleep for children? (1=Yes, 2=No) |____|

16b. What are some of these benefits?
Do not read possible responses, simply mark all that apply. Write any additional responses in the "other" blank.

|____| 1 = Mental relaxation
|____| 2 = Physical relaxation
|____| 3 = Physical growth
|____| 4 = Increased alertness
|____| 5 = Improved behavior
|____| 6 = Reduced stress
|____| 7 = Improved mood
|____| 8 = Improved memory
|____| 9 = Improved school performance / test scores
|____| 10 = Other (specify) _____
|____| 99 = Don't know

SECTION 8.2 Sleep Behavioral Part 1

1a. Do you often go to sleep later than you planned? (1=Yes, 2=No) |____|
1b. Do you often wake up at a different time than you planned? (1=Yes, 2=No) |____|
2a. How hard do you think it is to increase the number of hours that you sleep?
Would you say it is (Very easy, Easy, Medium, Hard, very hard) (99=DK) |____|
2b. How hard do you think it is to increase the number of hours that [CHILD NAME] sleeps?
Would you say it is (Very easy, Easy, Medium, Hard, very hard) (99=DK) |____|

SECTION 8.3 Sleep Intervention

READ: Next, I'd like to show you a video about the benefits and importance of sleep.
Show FR video.

READ: As you saw in the video, sleep is necessary for our mental and physical health, and our emotional well-being. It improves our memory and ability to make decisions; it helps our immune system, and it improves our metabolism.

Perhaps most importantly, sleep is critical to learning and school performance. When children sleep, their brains store the information they learned at school earlier in the day. It also helps them learn better the *next* day. Without enough sleep, the brain has less capacity to store and absorb new information. In fact, one study by Dr. Mathew Walker, a sleep expert at the University of California, Berkeley, in the United States, he shows that kids who stayed up all night scored 40 percent *lower*, on average, than students who got the recommended hours of sleep.

At different ages in our life, we require different amounts of sleep. For example, infants should sleep up to 15 hours, and adults should sleep 7-8 hours. Since [CHILD NAME] is **X** years old, (s)he should receive **hh-hh** hours of sleep. Both children and adults sleep best in a quiet, cool, dark environment.

8b. We have now talked about quite a number of benefits of sleep for children. What type of benefits would you like to see in **[Child Name]?**
Do not read possible responses, simply mark all that apply. Write any additional responses in the "other" blank.

|____| 1 = Mental relaxation
|____| 2 = Physical relaxation
|____| 3 = Physical growth
|____| 7 = Reduced depression
|____| 8 = Improved memory
|____| 9 = Improved school performance / test scores

 FO Comments:

|____| 4 = Increased alertness
|____| 5 = Improved behavior
|____| 6 = Reduced stress
|____| 10 = Other (specify) _____
|____| 99 = Don't know

READ: [Give the FR the pamphlet.] Here, we have a pamphlet with more details on sleep. It has three sections:

[Open pamphlet completely to the inside.]

First, we have the benefits of sleep – its effects on learning and test scores, and also on health. As you can see on this graph, which is based on a study by Dr. Matthew Walker, children who did not get adequate sleep scored considerably lower on a test than children who did. And we know from recent research this is because sleep has big effects on learning and memory.

The second section explains in more detail *how* sleep affects learning and memory through something in our brain called the hippocampus ***[refer to picture]*.**

Please feel free to read through these pages more carefully if you're interested in learning more about the effects of sleep and how it all works.

[Fold right flap back in]. And finally, the last part gives you information on how you can help your child sleep better. ***[Go through main bullets].***

Before putting your child to bed, you could turn off all electronics, bathe your child, and/or read a story together.

Regularity is also very helpful in improving sleep quality, so it would help to put your child to bed at a consistent time every night.

This chart ***[refer to chart]*** gives the recommended hours of sleep for each age group. So you can see how old your child is, and learn how many hours of sleep they should get. You can also do this for yourself and other members of the household.

And here ***[refer to second chart]*** you have a time table to see sleep and wake up times to ensure your child gets 10 hours of sleep. So, for example, if your child needs to wake up at 5:30 in the morning, you should ensure they are in bed by 7:30 the previous evening. Your child may need more than 10 hours of sleep, so please use this chart only as a guide.

Finally, keeping the room cool, dark, and quiet will increase your child's sleep quality so that they wake up feeling more rested. This means that other members of the household may need to turn off the TV, radio, and lights earlier than usual. By doing this, you are helping your child get the amount of sleep that they need.

[Give FR poster.] This information is further summarized on this poster. ***[Read the poster from top to bottom. Point to the picture while noting how the child is using a pillow and a blanket when sleeping.]***

2. Based on the information we've given you, would you like [CHILD NAME] to sleep longer than they do now? (1=Yes, 2=No, 99=DK)
|____|

FO Comments:

READ: We would like to offer your child some things to help them sleep better. We'd like for them to choose what they would like. Are they available?
If child not available have FR choose on child's behalf.
Offer pillow options; child chooses one.
Offer blanket options; child chooses one.

3. ***Do not read.*** Did [CHILD NAME] choose the pillow and blanket? (1=Yes, 2=No) |____|

Please take good care of these. They are meant especially for times when you are putting your child to sleep, so please put them away when your child wakes up.

SECTION 8.4 Sleep Behavioral Part 2

1. Given the information that you have learned, If your neighbors had these materials, how likely would they be to use them relative to you?
(1=More likely, 2=Likely, 3=Equally as likely, 4=Unlikely, 5=More unlikely) |____|

2. Based on the information we've given you, how likely is it that [CHILD NAME] will sleep more than they currently do? (1=Very likely, 2=Likely, 3=Equally as likely, 4=Unlikely, 5=Very unlikely) |____|

SECTION 9. Conclusion of Module

Read: These are all of the questions I have for you regarding **[name of child]** and yourself.

Do not read the questions in the remainder of this section aloud.

1. Did the caregiver terminate the survey module early? (1=Yes, 2=No) |____|
If YES, continue. If NO, skip to question 2.

1a. Why did the respondent terminate the survey early? |____| _____

1 = Temporary stop only – Wishes to continue survey at a later time. See "Temporary Stop Instructions" below.
2 = Tired
3 = Too busy, does not have time
4 = Offended at question
5 = Suspicious of FO / survey intent / IPA
6 = Does not feel like continuing survey
7 = Other (specify)

1b. ***If "4":*** Can you guess at which question or set of questions offended the caregiver?

_____

Temporary Stop Instructions: You have indicated that the caregiver wishes to continue the survey in the future. Please ask the caregiver when they are next available, and then call your team lead (or other senior team member) to confirm this day and time. If you are unable to confirm this day and time, make a tentative appointment with the caregiver. Then, let the caregiver know that you will contact them to confirm when you will return. Record this information and the current time on the tracking sheet now.

2. Time end survey module: (24 hr clock) |____|____| : |____|____|

3. How was the respondent's skill in speaking and understanding Kiswahili? |____|
(1 = Displayed no problems speaking or understanding Kiswahili
2 = Displayed a little difficulty speaking or understanding Kiswahili
3 = Displayed moderate difficulty speaking or understanding Kiswahili
4 = Displayed serious problems speaking or understanding Kiswahili)

4. Were any people present during all or part of this interview (other than the respondent, IPA staff, and the other children to be assessed)? (1 = Yes, 2 = No) |____|

4a. ***If YES:*** What is their relationship to the caregiver?
Use G4 codes, list up to 4. |____||____||____||____| Other:_____

5. Are you very confident, somewhat confident or not very confident in the overall quality and truthfulness of this respondent's responses?
(1=Very confident, 2=Somewhat confident, 3=Not confident) |____|

5a. ***If SOMEWHAT or NOT CONFIDENT***: Why? _____

_____

6. Were the child assessments started by another FO while the I-module or this PC module were in progress? (1=Yes, 2=No) |____|

 FO Comments:

If yes, stop here. Say: Thank you for your time. ***Otherwise, continue.***

Read: I would now like to begin interviewing the child. The interview will consist of a series of games for the child. Most children find these games fun to play. Some games will be a bit hard for the child, and some will be easy for the child. If you feel more comfortable, you are welcome to sit here with the child while we play these games. However, we kindly ask that you do not tell the child what to do, laugh or comment on the child's behavior. We want to learn how the child can play these games on their own, without any help or comment from you. Do you understand? ***Answer any questions the caregiver may have about the games. Once the caregiver is comfortable, proceed to child assessments.***

 FO Comments:

KLPS 4 PC-Module Code Sheet

(G)ENERAL

G1: Country
01= Kenya
02= Uganda
03= Tanzania
04= Other (specify)

G4: Relationship
01= Father
02= Mother
03= Parents
04= Maternal Grandparent
05= Paternal Grandparent
06= Current Spouse/Partner
07= Former Spouse/Partner
08= Brother
09= Sister
10= Cousin
11= Maternal Aunt/Uncle
12= Paternal Aunt/Uncle
13= Son
14= Daughter
15= Grandchild
16= Step Mother
17= Step Father
18= Half Brother/Sister
19= Mother in Law
20= Father in Law
21= Brother/Sister in Law
22= Co-Wife
23= Other Relative
24= Current Neighbor
25= Former Neighbor
26= Friend from School
27= Work Friend/Colleague
28= Friend from Church
29= Other Friend
30= Teacher/School Official
31= Village Elder/ Guide/ Liguru
32= No One/None
33= Self
34= Other (specify)
35= Step Brother/Sister
36= Nephew/Niece
37= Employer
38= Daughter-in-law
88= N/A
99= DK

G6: School class/ year
Current Kenyan system
100= No schooling
130= ECD/nursery/pre-unit
101= Std 1, 102= Std 2
103= Std 3, 104= Std 4
105= Std 5, 106= Std 6
107= Std 7, 108= Std 8
109= Form 1, 110= Form 2
111= Form 3, 112= Form 4
113= do not use this code
114= do not use this code
115= Some polytechnic
116= Completed polytechnic
117= Some college
118= Completed college
119= Some university
120= Completed university
121= Higher than college/ university
122= Special education (mentally handicap)
Previous Kenyan / Current Ugandan system
200= No schooling
230= ECD/nursery/pre-unit
201= Std 1, 202= Std 2
203= Std 3, 204= Std 4
205= Std 5, 206= Std 6
207= Std 7
208= do not use this code
209= Form 1, 210= Form 2
211= Form 3, 212= Form 4
213= Form 5, 214= Form 6
215= Some polytechnic
216= Completed polytechnic
217= Some college
218= Completed college
219= Some university
220= Completed university
221= Higher than college/ university
222= Special education (mentally handicap)
999= Don't know

G9: Occupation
Agriculture and Fishing
01= Farmer
02= Agricultural laborer
03= Livestock care/ Sheppard
04= Fishing
Retail and commercial
05= Sell own agricultural products in market
06= Hawking/ selling clothes, food, other items
07= Own shop (retail)
08= Work in other person's shop (retail)
09= Own other commercial or financial business
10= Work in other person's commercial or financial business
Unskilled trades
11= Domestic work (house boy/girl)
12= Hotel, restaurant or tourism job
13= Watchman/ Guard
14= Vehicle taxi work (matatu tout/conductor, not driver
15= Bicycle/motorbike taxi work (boda-boda, piki-piki)
16= Unskilled construction laborer
76= Cleaner (other)
77= Cook/ Chef/ Caterer
78= Local brewer
Skilled & semi-skilled trades
17= Barber or hairdresser
18= Tailor or seamstress
19= Butcher
20= Mechanic
21= Welder
23= Factory job
71= Carpenter
72= Mason
73= Plumber
74= Electrician
75= Other skilled construction work
79= Bicycle repair
80= Driver (public or private, including matatu drivers)
81= Shoe maker/ Cobbler/ Shiner
82= Brick baker/ Stone dresser
84= Caregiver / Nanny
Professionals
24= Teacher
25= Clerical and secretarial work
26= Salaried professional (manager, accountant, legal clerk)
27= NGO field worker
28= Nurse/health technician
29= Doctor
30= Police/military officer
31= Other government job
32= Computer/ electronics technician or repair
Other
40= Other (specify)
50= Student
60= No work or school but not retired
61= Retired
83= Religious officiant / leader

G10: Tribe/Ethn.Group
01= Luhya-Samia
02= Luhya-Nyala
03= Luhya-Khayo
04= Luhya-Marachi
05= Luhya-Other (specify)
06= Luo
07= Teso
08= Kikuyu
09= Asian
10= White
11= Other (specify)

G11: Religion
01= Traditional/ tribal religion
02= Muslim
03= Catholic
04= Anglican
05= Apostolic or New Apostolic Church
06= Assembly of God Church
07= Baptist Church
08= Church of Christ
09= Church of God
10= Gospel/ New Testament/ Injili Church
13= Jehovah's Witness
14= Legio Maria Church
16= NENO
17= Pentecostal Church
18= Roho Church
19= Salvation Army Church
20= Seventh Day Adventists
21= No Religion
22= Other (specify)

G13: Language
1= KiSwahili
2= Luhya-Samia
3= Luhya-Other (specify)
4= Luo
5= English
6= Other (specify)