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

KSSI

KLPS-KIDS
Sleep and KSI Follow Up
Wave -2

VERSION: JANUARY 14, 2021 — 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.

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

SECTION 1. Pre-Interview Information and Consent

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) _____

11. **Do Not Read:** Please confirm if this is the respondent, we visited on [**RESPONDENT VISIT DATE**] from the tracking sheet. (1=Yes, 2=No)

12. Are you a household member in this house? By your household, I mean the place where you usually sleep, not necessarily your ancestral lands or family home. (1=Yes, 2=No)
PROBE CAREFULLY TO DETERMINE WHETHER THIS RESPONDENT HAS BEEN IN THIS HOUSEHOLD FOR THE LAST TWO WEEKS.

If Yes continue, if No end survey

13. What is your relationship with **[CHILD NAME].**

Read: [Read Consent]

14a. 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 "No – Caregiver refuses to participate," proceed to 14b. If "No – Caregiver does not refuse, but is unable to participate," terminate the interview, proceed to 14c.

14b. Why don't you want to participate? |____| Other: _____

1=Wants to reschedule ***(skip to "Rescheduling instructions" below)***
2=No time/too busy

3=Privacy concerns
4=Religious concerns
5=Other (specify))

Skip to Section 2.

Rescheduling instructions: Please ask the FR 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 FR. Then, let the FR 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

14c. ***Do not read.*** Describe your impressions of the inability to participate. |____|ther: _____

1=Someone else refuses on caregiver's behalf

2=In prison

3=Mental illness / disability

4=Other (specify)

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Section 2 : Sleep Pattern Follow Up Questions

READ: Now I'd like to ask you about [CHILD NAME].

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

(hour) (min)

2a. 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 3. Otherwise continue.

2b. Over the last month what was [CHILD'S NAME]'s usual wake up time? [__][__] : [__][__]
(99=DK) (hour) (min)

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

If YES, continue to 3a. If NO, skip to section 3.

3a. How many daytime naps did [CHILD'S NAME] take yesterday? [___] (99=DK)

3b. In total, how long did [CHILD'S NAME] nap yesterday? [__][__] : [__][__] (99=DK)

(hour) (min)

READ: Now think about the night before last.

4. What time did you go to bed last night? [__][__] : [__][__] (99=DK)

(hour) (min)

5. What time did you wake up this morning? [__][__] : [__][__] (99=DK)

(hour) (min)

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SECTION 3: 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?

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?
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

2. Does [CHILD NAME] share a room for sleeping? (1=Yes, 2=No, 99=DK) |____|

3. Does [CHILD NAME] sleep in a room where the radio or TV is on when they are sleeping? (1=Yes, 2=No, 99=DK) |____|

4. Are there bright lights other than dim light for the child typically on in the room when [CHILD NAME] is going to sleep? (1=Yes, 2=No, 99=DK) |____|

5. 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), 5= On the Floor 99=Don't know) Other: _____ |____|

6a. Does [CHILD NAME] have a pillow? |____| (1=Yes, 2=No, 99=DK)

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6b. Does [CHILD NAME] use this pillow for sleeping? |____| (1=Yes, 2=No, 99=DK)

7a. Does [CHILD NAME] have a stuffed doll or toy? |____| (1=Yes, 2=No, 99=DK)

7b. Does [CHILD NAME] use this stuffed dolly/ toy for sleeping? |____| (1=Yes, 2=No, 99=DK)

SECTION 3.1: Sleep Intervention Follow Up Questions -(Some questions in this section should be asked to interventions only)

1. Was the sleep video shown to you when you were visited on **[PC VISIT DATE]**? |____| (1=Yes, 2=No, 99=DK)
2. Did you receive a blanket and a Pillow from IPA on **[PC VISIT DATE]**? |____| (1=Yes, 2=No, 99=DK)
3. Did you receive a pamphlet and a sleep chart from IPA on **[PC VISIT DATE]**? |____| (1=Yes, 2=No, 99=DK)
4. **Ask if q2 = Yes:** In the last week did [CHILD NAME] ever use a pillow they received from IPA when sleeping? |____|(1=Yes, 2=No, 99=DK)

5. **Ask if q2 = Yes**: In the last week did [CHILD NAME] ever use a blanket they received from IPA when sleeping?|____| (1=Yes, 2=No, 99=DK)

6a. How many hours of sleep do you think sleep doctors/experts recommend for adults? (99=DK)
Hours: |____|

6b. How many hours of night sleep do you think sleep doctors/experts recommend for children? (99=DK) **Hours:** |____|

7a. Are you aware of any benefits of sleep for children? (1=Yes, 2=No) |____|

If YES, go to 7b; if NO, skip to Section 8:

7b. 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

8. Since we last visited, has sleep pattern changed for you, your child or anyone else in your household? (1=Yes, 2=No, 99=DK)

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Section 4: Kids Storybook follow-up

Read: **Thank you. Now I would like to ask you some questions about your home environment and reading with your children**

1. 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) |___|

2.About how many storybooks or picture books are in **[child]**'s home? Please include any storybooks or picture books you received as a gift or purchased. 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) |____|

If Question 2 >=1 continue to Question 2a. Otherwise, skip to Question 3.

2a. 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:_____

3. In the last 7 days, how many days did you or another adult or teenager (age 13 or older) read with [**storybook 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 3a. Otherwise skip to 4.

3a. Now think about yesterday. How many minutes did you or another adult or teenager (age 13 or older) read with [**storybook 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

4. In the last 7 days, how many days did [**storybook 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 4a.

4a. Now think about yesterday. How many minutes did [**storybook 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

5. 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 5a. If NO, continue to 5b.

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5a. Of the last five days school was in session, how many days did [**child**] attend? (Enter number of days from 0 to 5, 99 = DK) |___|

5b. Why is **[storybook 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 = Covid-19 safety/health concerns
77 =Other (specify)_____