

**ANDHRA PRADESH CHILDREN AND PARENTS STUDY
(APCAPS)**

PHASE – II & III

SURVEY QUESTIONNAIRE

SUMMARY

Item	Comments
Identification Details	
Household Questionnaire	
Mother and child Questionnaire	
Anthropometry	
Other	

APCAPS Survey Questionnaire

Identification Details

S. No.						
1.	(1.1) Interviewer's Initials		(1.2) Interviewer's Code		(1.3) Status of the Household [§] (see footnote)	
2.	Whether the household participated in Phase I of APCAPS (1. Yes; 2. No)					
3.	(3.1) Name of the Village			(3.2) Household ID		
4.	Complete Address of the household					
5.	Contact Number (Household)	(5.1) Member:		(5.2) Friend/ Relative:		
6.	Dates of visits to household	(6.1)	(6.2)	(6.3)	(6.4)	(6.5)

[§](1. Present in the village and willing to participate; 2. Not Interested; 3. House Permanently Locked or Migrated from the village)

Household Questionnaire

S. No.									
7.	(7.1) Name of respondent of the household questionnaire				(7.2) Total Members in the household (excluding permanent migrants)				
Specify the following for all the members in the household (see the field protocol). *Head of the household is the eldest living member of the household									
(7.3) Full Name	(7.4) *Relation to the Head of the Household ^β (see footnote)	(7.5) Age in yr (y) or months (m)	(7.6) Date of Birth (d/m/y)	(7.7) Sex (1.Male; 2. Female)	(7.8) Marital Status (1. Married; 2. Unmarried 3. Widow (er) 4. Divorced)	(7.9) Current Availability Status (1.Available; 2. Temporarily Migrated)	(7.10) Education [#] (see footnote)	(7.11) Occupation [@] (see footnote)	

8. MIGRANTS:											
(8.1) Has anyone migrated permanently from this household in the last 5 years? (1. No; 2. Yes) If No, then go to section 9.											
(8.2) Full Name of the Migrant	(8.3) *Relation to the Head of the Household <small>^β(see footnote)</small>	(8.4) Current Age (yr)	(8.5) Date of Birth (d/m/y)	(8.6) Sex <small>(1. Male; 2. Female)</small>	(8.7) Marital Status <small>(1. married; 2. unmarried; 3. Widow (er) 4. Divorced)</small>	(8.8) Year of Migration	(8.9) Place of Migration	(8.10) Reason for Migration <small>(1. Marriage, 2: Job; 3. Economic; 4. Other (specify)</small>	(8.11) Education <small>[#](see footnote)</small>	(8.12) Occupation <small>[@](see footnote)</small>	(8.13) Contact Number

9. DEATHS in household						
(9.1) Did any usual resident of this household die in the last 5 years (Including infants and deaths during delivery) (1. Yes; 2. No) If No, then go to section 10.						
Give details of the people who have died in the last 5 years						
(9.2) Full Name	(9.3) Sex (1. Male; 2. Female)	(9.4) Age at time of death in yr (y) or months (m)	(9.5) Date of death (dd/mm/yy)	(9.6) Cause of death (1. Natural; 2. Child birth related; 3. Accidental; 4. Suicide, 5. Unknown)	(9.7) Who defined cause of death? (1. Self; 2. Doctor; 3. Traditional Healer; 4. Police Officer; 5. Other)	(9.8) Was the death registered? (1. Yes; 2. No)

^b 1. Self; 2. Wife; 3. Brother; 4. Sister; 5. Brother-in-law; 6. Sister-in-law; 7. Son; 8. Daughter; 9. Niece; 10. Nephew; 11. Son-in-law; 12. Daughter-in-law; 13. Grandson; 14. Granddaughter; 15. Other

[#] 1. Illiterate; 2. Literate, no formal education; 3. Up to primary school; 4. Secondary school; 5. Graduate; 6. Professional degree/postgraduate

[@] 1. At home doing housework; 2. Unemployed, not seeking work; 3. Unemployed, seeking work; 4. Unskilled manual; 5. Semi-skilled manual; 6. Skilled manual; 7. Skilled non-manual; 8. Semi-professional; 9. Professional; 10. Student;

10. Socio-Economic Status

Which of the following items does your household own (tick all that apply)?					
House	<input type="checkbox"/>	Agricultural Land	<input type="checkbox"/>	Thresher	<input type="checkbox"/>
Separate Kitchen	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Separate Toilet	<input type="checkbox"/>
Radio/Hi Fi stereo	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Bank/ Post Office Account	<input type="checkbox"/>
TV/VCR/DVD	<input type="checkbox"/>	Two Wheeler	<input type="checkbox"/>	Animal Drawn Cart	<input type="checkbox"/>
Fridge/Freezer	<input type="checkbox"/>	Four Wheeler	<input type="checkbox"/>	Sofa set	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Motor/Bore hole	<input type="checkbox"/>	Table	<input type="checkbox"/>
Water Cooler / AC	<input type="checkbox"/>	Water pump	<input type="checkbox"/>	Cot or Bed	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	Tractor	<input type="checkbox"/>	Mattress	<input type="checkbox"/>

Mother and Child Questionnaire

11. Reproductive Profile of Mother (of child ≤5 years)											
(11.1) Mother's Name	(11.2) Are you currently pregnant (1. Yes; 2. No; 3. Not sure)	(11.3) No. of Pregnancies	(11.4) No. of Live Births	(11.5) No. of surviving children	(11.6) Name of the Child	(11.7) Mother's age at conception of this child (yr)	Mother Supplemented (ICDS) during (1. Yes; 2. No)		(11.9) Folic Acid-iron Tablets Intake (1. Complete; 2. Partial; 3. None)	(11.10) TT Immunization (1. Completed; 2. Partial; 3. None)	(11.11) Duration of Post-Partum Lactation Ammenorrhoea (in months)
							(11.8.1) Pregnancy	(11.8.2) Lactation			

12. Health Profile of the child (≤5 years)								
(12.1) Name of the Child	(12.2) Colostrum Intake (1. Yes; 2. No)	(12.3) Total Duration of Breast Feeding (in months)	(12.4) Age of child at onset of weaning (in months)	(12.5) Immunization (1. Completed; 2. Partial; 3. None)	(12.6) Normal Healthy Child (1. Yes; 2. No)	Child Supplemented during (1. Yes; 2. No; 3. N.A.)		
						(12.7.1) Infancy	(12.7.2) Childhood	(12.7.3) Current

13. Body Measurements on Child (≤5 years)												
(13.1) Name of the Child	Birth Weight (g)		Current Weight (g)			Body Length/Height (cm)			Head Circumference (cm)		Mid arm circumference (cm)	
	(13.2.1) From Record	(13.2.2) Estimated Status (1. Normal; 2. Weak; 3. Heavy; 4. Not sure)	(13.3.1) Scale Number	(13.3.2) First Reading	(13.3.3) Second Reading	(13.4.1) Instrument Number	(13.4.2) First Reading	(13.4.3) Second Reading	(13.5.1) First Reading	(13.5.2) Second Reading	(13.6.1) First Reading	(13.6.2) Second Reading