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**IMPACT EVALUATION OF TARGETED SOCIAL ASSISTANCE (TSA) IN GEORGIA**

**QUESTIONNAIRE FOR CHILDREN UNDER 6**

|  |  |  |  |
| --- | --- | --- | --- |
| **OCU. Information about Interview** | | | |
|  | **Cluster number: |\_\_|\_\_|\_\_|** |  | **Household number: |\_\_|\_\_|** |
|  | **Parent number |\_\_|\_\_|** |  | **Child number |\_\_|\_\_|** |
| **🖐 *Interviewer:***  HELLO, MY NAME IS (YOUR NAME). I AM FROM NATIONAL STATISTICS OFFICE OF GEORGIA. GEOSTAT AND UNICEF ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. | | | |
|  | May I start now? | | Yes 1 🢂 OCU7 |
| No/Not asked 2 🢂 OCU6 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Result of the interview** | Completed | | 1 |
| Not at home | | 2 |
| Refused | | 3 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
|  | **Date of Interview:** | | **a. Year |\_2\_|\_0\_|\_\_|\_\_| b. Month |\_\_|\_\_| c. Day |\_\_|\_\_|** | |
|  | **Start Time:** **|\_\_|\_\_| : |\_\_|\_\_|** | | 1. **End Time: |\_\_|\_\_| : |\_\_|\_\_|** | |

1. **Early child development – Only for households with children younger than 6**

🖐 ***Interviewer: Make all the questions for each child in the household.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BIRTH CHARACTERISTICS** | | | | | |
|  | What was (name) birth weight? | |\_\_|.|\_\_|  Kilograms | Don’t Know /Don’t remember 98 | | |
|  | What was (name) birth height? | |\_\_|\_\_|  Centimeters | Don’t Know /Don’t remember 98 | | |
| **BREASTFEEDING** | | | | | |
|  | Are you currently breastfeeding (name)?  (By breastfeeding, I mean that you have put your baby to your breast and your baby received breast milk) | Yes 1. 🢂 L7 No 2. 🡻 | | | |
|  | How old was (name) when you stopped breastfeeding?  (IN MONTHS) | |\_\_|\_\_| Months  I have never breastfed [NAME] 97 | | | |
|  | What is the main reason you stopped or never breastfed your baby? | The child not in the age to breastfeed | | | 1 |
| Cracked/bleeding nipples | | | 2 |
| Breast pain | | | 3 |
| There was not enough milk | | | 4 |
| Engorgement | | | 5 |
| Sore nipples | | | 6 |
| Baby not interested | | | 7 |
| You did not want to | | | 8 |
| Mother had to work | | | 9 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 96 |
|  | What alternative method did you use to feed your baby? | Cup feeding | | |  |
| Formula feeding | | |  |
| Milk from a bottle or container (Different to formula) | | |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| None | | |  |
| **FREQUENCY OF FOOD CONSUMPTION** | | | | | |
|  | What age was (name) when he/she was given any drink other than breast milk (In months)? | | | |\_\_|\_\_| Months  NA 97 | |
|  | At what age was (name) first given solids, semi-solid, soft and liquid (In months)? | | | |\_\_|\_\_| Months  NA 97 | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **L9**  In the last 7 days until yesterday, did (name) consume [FOOD]? | | | | **L9a** | | | | | **L9b** | | | |
| How many days of the last 7 days, did (name) consumed [FOOD]? | | | | | How old was (name) when you first fed him/her [FOOD]?  **(IN MONTHS)** | | | |
| 1. | Baby cereal | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 2. | Other Starches (Teething biscuits, cracker) | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 3. | Any fruit juices. Fruit juice is a drink, which is 100% juice, like orange juice or grape juice. Do NOT include punch, Kool-Aid, Tampico, sports drinks, Goya juice or other fruit-flavoured drinks. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 4. | Drink punch, Kool-Aid, Tampico, sports drinks, Goya juice or other fruit-flavoured drinks NOT including fruit juice. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 5. | Regular (NOT DIET) sodas or soft drinks | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 6. | Bottles or glasses of water, including plain water, sparkling or any other water which has 0 calories. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 7. | Milk and milk products such as Fresh milk and cream, canned, dried milk and eggs. (Except butter) | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 8. | Steak, turkey, beef, pork. chicken, lamb, veal | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 9. | Seafood such as Conch, crawfish, crabs, canned fish and other marine products. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 10. | Bacon, pork chops, ribs, hot dogs, burgers | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 11. | Any vegetables. Please include all cooked and uncooked vegetables such as onions, peas and beans, lettuce, tomato, cabbage, cucumber, sweet pepper, carrots, plantains, pumpkin, etc. (Do not include French fries, fried potatoes, or potato chips) | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 12. | Potatoes, include French fries, fried potatoes and boiled potatoes. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 13. | Snacks such as potato chips, cheese doodle, cookies, and popcorn. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 14. | Fresh fruit | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 15. | Frozen or canned fruit | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 16. | Prepared flour mixes, cereal foods, granola, muesli, grits, rice, pasta, bread, buckwheat or other foods made from grains | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 17. | Sugary cereals, cakes, pastries, cupcakes and other bakery products. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 18. | Sugar, jam and confectionaries: ice cream, candy, chocolate, jams, jellies, chewing gum. | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
| 19. | Fast food from a restaurant (pitas, fried chicken, onion rings, chicken nuggets, tacos, pizza) | | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_| | | | | | |\_\_|\_\_| | | | |
|  |  | |  |  | | | | |  | | | |
| **USE OF HEALTH SERVICES** | | | | | | | | | | | | |
|  | Is (name) up to date on shots? (e.g. Rubella, Measles, Diphtheria, OPV, DT, Rota) | | | | | | | Yes | | 1 | | |
| No | | 2 | | |
| Don’t Know | | 3 | | |
|  | Do you have a clinic or medical Centre that you usually go to when (name) is feeling unwell or is ill? | | Yes 1. 🡻 No 2. 🢂 **L13** | | | | | | | | | |
|  | What sort of health care service is this? | Village doctor | | | | | | | | | |  |
| Village nurse | | | | | | | | | |  |
| Polyclinic/primary health centre /ambulatory | | | | | | | | | |  |
| Private physician | | | | | | | | | |  |
| Pharmacy | | | | | | | | | |  |
| Emergency team | | | | | | | | | |  |
| Hospital doctor | | | | | | | | | |  |
| Emergency department | | | | | | | | | |  |
| Other (specify) \_\_\_\_\_ | | | | | | | | | |  |
|  | Have you or any adult household member ever attended with (name) to any clinic or health care for routine check-ups? | | | | | Yes 1. 🡻 No 2. 🢂 **L17** | | | | | | |
|  | Did you or any adult household member have to pay for the last time you took your child for a check-up? | | | | | Yes 1. 🡻 No 2. 🢂 **L16** | | | | | | |
|  | How much have you or your household member paid? | | | | | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| | | | | | | |
|  | Since (name) was born, how many times in total did you or your household memberattend any clinic or health care for routine check-ups? | | | | | |\_\_|\_\_| 🢂 **L18** | | | | | | |
|  | Why do you think you have never attended any clinic or health care for check-ups?  several answers are alowed | | You did not know they existed | | | | | | | | A | |
| You do not have enough money to pay for it | | | | | | | | B | |
| You do not have enough time | | | | | | | | C | |
| You do not think they are important or needed | | | | | | | | D | |
| Other | | | | | | | | E | |
|  | Have you ever attended with (name) to a nutritionist? | | | | | | Yes 1. 🡻 No 2. 🢂 **L20** | | | | | |
|  | Since (name) was born, how many times in total did you attend a nutritionist? | | | | | | |\_\_|\_\_| | | | | | |
| **LIFESTYLE** | | | | | | | | | | | | |
|  | Does \_\_\_ already walk? | | | | Yes 1. 🢂 **L22** No 2. 🡻 | | | | | | | |
|  | Does \_\_\_ already crawl? | | | | Yes 1. 🢂 **L24** No 2. 🢂 **L26** | | | | | | | |
|  | In the past week, how many days per week did (name) spend walking, including walking for fun or walking to get to places. | | | | |\_\_|\_\_| Days  99. Did not walk 🢂 **L24** | | | | | | | |
|  | In the past week, on average, how many hours per day did is (name) spend walking, including walking for fun or walking to get to places. | | | | |\_\_|\_\_| Hours | | | | | | | |
|  | Does (name) practice any sport or recreational activities such as Running, Swimming, Cycling, Dancing or other rigorous exercises? | | | | Yes 1.  No 2. | | | | | | | |
|  | In the past week, on average, how many days per week did (name) spend watching, playing with electronic devices, such as a computer, mobile, tablet or watch TV? | | | | |\_\_|\_\_| Days  99. Do not watch TV or play video games 🢂 **L27** | | | | | | | |
|  | In the past week, on average, how many hours per day did (name) spend watching, playing with electronic devices, such as a computer, mobile, tablet or watch TV | | | | |\_\_|\_\_|Hours | | | | | | | |
|  | In the past week, how many days did you or any adult household member read a book, story, to (name) | | | | |\_\_|\_\_| Days  99. We do not read to \_\_\_\_\_ in the house 🢂 **L29** | | | | | | | |
|  | In the past week, on an average, how many hours per day did you or any adult household member spent reading a book, story, to (name) | | | | |\_\_|\_\_|Hours | | | | | | | |
|  | In the past week, how many days did you or any adult household member spend playing, entertaining, sharing time with (name) | | | | |\_\_|\_\_| Days  99. We do not spend time playing, entertaining, sharing time with \_\_\_\_\_ in the house 🢂 **Finish** | | | | | | | |
|  | In the past week, on an average, how many hours per day did you or any adult household member spent playing, entertaining, sharing time with (name) | | | | |\_\_|\_\_| Hours | | | | | | | |