

Impact Assessment of Vulnerable Children in Cambodia

Baseline Survey

Hello. My name is _____, and I am working with the POLICY Project in Phnom Penh. My coworkers and I are conducting a survey to learn more about families and children in the community and would appreciate your participation. First, I would like to ask, do you have any children between the ages of 6 and 18?

Yes

No (end of interview)

I would like to ask you some questions about your household and the children who live here. We would also like to ask your permission to interview one child in your household between the ages of 6-12 and one child between the ages of 13-18. The survey usually takes about one hour to complete. Whatever information you provide will be kept strictly confidential and will be used to improve programs for families with children in need in Cambodia.

CONSENT PROVISION

A. Would it be okay for me to talk with you and then talk with your children?

No → STOP. Interviewer: *Can I ask why you would not like to participate in this survey?*

Write reason(s) for refusal:

Interviewer: *Thank you for taking time to listen.*

Yes → Continue with introduction

Do you have any questions for me right now? Let's begin.

I. ADULT SURVEY RESPONDENT IDENTIFICATION

Complete the information below for all households

| | |
|---|---|
| Province _____ District _____ Commune _____ Village _____ Group _____ Location Description _____ | Case Population <input type="checkbox"/> Comparison Population <input type="checkbox"/> Latitude _____ Longitude _____ HH Questionnaire No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|

Name of Respondent: _____

Name of Referral Organization: _____

| INTERVIEWER VISITS | | | | |
|---------------------------|----------|----------|----------|-------------|
| | VISIT #1 | VISIT #2 | VISIT #3 | FINAL VISIT |
| Date | | | | |
| Interviewer Name | | | | |
| Result* | | | | |
| Next Visit Date | | | | |
| Time | | | | |

***RESULT CODES**

1= Interview complete 2=Caregiver not home 3= Child/adolescent not home 4= Incomplete
 5= Refused 6=Nobody is home
 77= Other reason (specify _____)
 88= Not eligible household

Start Time: _____ End Time: _____

FOR SUPERVISORS AND DATA ENTRY PERSONNEL ONLY

| | Signature | Date |
|--------------------------|-----------|------|
| Field supervisor | | |
| Office supervisor | | |
| Keyed by | | |

I – Adult Survey

First, I would like to know about all of the people who currently live in this household. I'll begin by asking you questions about yourself. WRITE CAREGIVER'S NAME ON LINE ONE. THEN, PROBE FOR EVERYONE IN THE HOUSEHOLD. COMPLETE FORM FOR EACH PERSON WHO IS LIVING IN HOUSEHOLD NOW.

| | HOUSEHOLD MEMBERS | SEX | RELATIONSHIP | AGE | Questionnaire Required | |
|------------|--|---|---------------------------------------|---|--|------------------|
| LINE NO. | Please give me the names of the persons who currently live in this household (first list your name, then list the adults by descending age, and then the children by descending age) PROBE FOR EVERYONE IN HOUSEHOLD. RECORD FIRST NAMES ONLY. | Is [NAME] male or female? 1 Male 2 Fem. | What is [NAME'S] relationship to you? | How old is [NAME]? IN YEARS (If less than 1 year, indicate as 01) | Place a number in this column (begin with 1) if eligible for child interview (6-12) or adolescent interview (13-18). | |
| (1) | (2) | (3) | (4) | (5) | 6-12 (A) | 13-18 (B) |
| Line | Name | M F | Relationship | Years | | |
| 01 | | 1 2 | 00 (Self) | ___ ___ | | |
| 02 | | 1 2 | ___ ___ | ___ ___ | | |
| 03 | | 1 2 | ___ ___ | ___ ___ | | |
| 04 | | 1 2 | ___ ___ | ___ ___ | | |
| 05 | | 1 2 | ___ ___ | ___ ___ | | |
| 06 | | 1 2 | ___ ___ | ___ ___ | | |
| 07 | | 1 2 | ___ ___ | ___ ___ | | |
| 08 | | 1 2 | ___ ___ | ___ ___ | | |
| 09 | | 1 2 | ___ ___ | ___ ___ | | |
| 10 | | 1 2 | ___ ___ | ___ ___ | | |
| 11 | | 1 2 | ___ ___ | ___ ___ | | |
| 12 | | 1 2 | ___ ___ | ___ ___ | | |
| 13 | | 1 2 | ___ ___ | ___ ___ | | |
| 14 | | 1 2 | ___ ___ | ___ ___ | | |

Relationship Codes

01= Wife/husband
 07 = Parent-in-law
 13=other relative

02 = Son/daughter
 08 = niece/nephew
 14=adopted/fostered

03 = Son-in-law/daughter-in-law
 09=step-wife
 15=non-relative

04 = Grandchild
 10=cousin
 77=other (specify)

05 = Brother/sister
 11= aunt/uncle

06 = Parent
 12=grandparent

Draw names to decide which child will be interviewed from columns A and B. Use this space to record any problems you encountered in selecting a child/adolescent to be interviewed.

Section A: Socio-demographic Characteristics:

First I would like to get some background information about you, the place you live and your health status. Please try your best to answer these questions.

| | Question | Codes | Ans. | Inst. |
|----|--|--|------|-------|
| A1 | What is the <i>highest</i> level of school you have completed? (<i>DO NOT PROBE UNLESS CLARIFICATION IS NEEDED</i>). | 0. None/ never attended school 1. Some primary 2. Primary completed 3. Some lower secondary 4. Lower secondary completed 5. Some upper secondary 6. Upper secondary completed 7. Some post-secondary 8. Post-secondary completed | | |
| A2 | Are you currently enrolled in school? | 0. No 1. Yes | | |
| A3 | What is your marital status? | 0. Single and not living with partner 1. Not married but living with partner 2. Divorced or separated 3. Widowed 4. Married | | |

Now, I would like to ask you some information about the place you live.

| | Question | Codes | Ans. | Inst. |
|-----------|--|---|------|------------------|
| A4 | During the dry season, what is the main source of drinking water for members of your household? | <u>Piped water:</u> 1. Piped in dwelling/yard/plot 2. Public tap <u>From unprotected well</u> 3. Open well in dwelling/yard 4. Open public well <u>From covered well/borehole</u> 5. Protected dug well in dwelling/yard/plot 6. Protected public dug well 7. Tubed/piped well or bore hole in dwelling/yard 8. tubed/piped public well or borehole <u>Surface Water</u> 9. Spring 10. River/stream/pond/lake/dam 11. rainwater 12. tanker truck/ water vendor 13. bottled water 14. Other (specify _____) | | |
| A5 | How long does it take you to go there, get water, and come back? | _____ minutes | | |
| A6 | During the wet season, is the main source of drinking water for members of your household the same as during the dry season? | 0. No 1. Yes | | If 1, skip to A9 |
| A7 | During the wet season, what is the main source of drinking water for members of your household? | <u>Piped water:</u> 1. Piped in dwelling/yard/plot 2. Public tap | | |

I – Adult Survey

| | | <p><u>From unprotected well</u></p> <p>3. Open well in dwelling/yard</p> <p>4. Open public well</p> <p><u>From covered well/borehole</u></p> <p>5. Protected dug well in dwelling/yard/plot</p> <p>6. Protected public dug well</p> <p>7. Tubed/piped well or bore hole in dwelling/yard</p> <p>8. tubed/piped public well or borehole</p> <p><u>Surface Water</u></p> <p>14. Spring</p> <p>15. River/stream/pond/lake/dam</p> <p>16. rainwater</p> <p>17. tanker truck/ water vendor</p> <p>18. bottled water</p> <p>14. Other (specify _____)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--|---|------------------|----|-----|----------------|---|---|----------------------|---|---|-----------------------------|---|---|------------------------|---|---|---------------|---|---|-----------------|---|---|-----------------------------|---|---|---------------------|---|---|---------|---|---|------------------------|---|---|----------------------|---|---|-------------------------|---|---|------------------------|---|---|--|
| A8 | How long does it take you to go there, get water, and come back? | _____ minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A9 | <p>What kind of toilet facility do most members of your household use?</p> <p>(If flush toilet or latrine, probe to determine if the toilet is connected to sewer or to a septic tank.)</p> | <p><u>Flush toilet</u></p> <p>1. <u>Flush connected to sewer/with septic tank</u></p> <p>2. <u>Flush unconnected to sewer/without septic tank</u></p> <p><u>Pit Toilet/latrine:</u></p> <p>3. <u>Latrine connected to sewer/with septic tank</u></p> <p>4. <u>Traditional pit/latrine unconnected to sewer/without septic tank</u></p> <p>5. <u>No facility/field</u></p> <p>6. Other (specify _____)</p> | | If 5 skip to A11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A10 | Do you share this facility with other households? | <p>0. No</p> <p>1. Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A11 | Does your household have any of the following? : | | <table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>a. Electricity</td> <td>0</td> <td>1</td> </tr> <tr> <td>b. A wardrobe/closet</td> <td>0</td> <td>1</td> </tr> <tr> <td>c. A sewing machine or loom</td> <td>0</td> <td>1</td> </tr> <tr> <td>d. Radio/tape recorder</td> <td>0</td> <td>1</td> </tr> <tr> <td>e. Television</td> <td>0</td> <td>1</td> </tr> <tr> <td>f. Refrigerator</td> <td>0</td> <td>1</td> </tr> <tr> <td>g. Telephone/cellular phone</td> <td>0</td> <td>1</td> </tr> <tr> <td>h. Bicycle or cyclo</td> <td>0</td> <td>1</td> </tr> <tr> <td>i. Moto</td> <td>0</td> <td>1</td> </tr> <tr> <td>j. Car or truck or van</td> <td>0</td> <td>1</td> </tr> <tr> <td>k. Boat with a motor</td> <td>0</td> <td>1</td> </tr> <tr> <td>l. Boat without a motor</td> <td>0</td> <td>1</td> </tr> <tr> <td>m. an oxcart/horsecart</td> <td>0</td> <td>1</td> </tr> </tbody> </table> | | No | Yes | a. Electricity | 0 | 1 | b. A wardrobe/closet | 0 | 1 | c. A sewing machine or loom | 0 | 1 | d. Radio/tape recorder | 0 | 1 | e. Television | 0 | 1 | f. Refrigerator | 0 | 1 | g. Telephone/cellular phone | 0 | 1 | h. Bicycle or cyclo | 0 | 1 | i. Moto | 0 | 1 | j. Car or truck or van | 0 | 1 | k. Boat with a motor | 0 | 1 | l. Boat without a motor | 0 | 1 | m. an oxcart/horsecart | 0 | 1 | |
| | No | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Electricity | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. A wardrobe/closet | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. A sewing machine or loom | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Radio/tape recorder | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Television | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Refrigerator | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Telephone/cellular phone | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Bicycle or cyclo | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Moto | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Car or truck or van | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Boat with a motor | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Boat without a motor | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. an oxcart/horsecart | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A12 | In your household, what is the primary source of energy used to prepare food? (CHOOSE ONE) | <p>1. Electricity</p> <p>2. Natural Gas</p> <p>3. Kerosene</p> <p>4. Charcoal</p> <p>5. Firewood/ Straw</p> <p>6. Other (specify _____)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I – Adult Survey

| | | | | |
|-----|---|---|--|--|
| A13 | What is the main material of the roof? (<i>CHOOSE ONE</i>) | <ol style="list-style-type: none"> 1. Plastic sheet/tent 2. Thatch/palm/bamboo/bark 3. Galvanized iron/aluminum 4. tiles/cement/concrete/ fibrous cement 5. Other (specify) _____ | | |
| A14 | What is the main material of the floor?: <i>CHOOSE ONE AND RECORD OBSERVATION</i> | <ol style="list-style-type: none"> 1. Earth/sand/ clay 2. Wood planks 3. Bamboo strips/palm 4. Parquet or polished wood 5. Vinyl or asphalt strips 6. Ceramic tiles/marble 7. Cement 8. Other (specify) _____ | | |

Now I would like to ask you about your health.

| | | | | |
|-----|--|---|--|--|
| A15 | On a scale of 1 to 5 how would you rate your current health status? (<i>PROBE</i>) | <ol style="list-style-type: none"> 1. Healthy 2. Minor symptoms 3. Significant symptoms and can't work (but can look after yourself) 4. Significant symptoms, can't work and need assistance with daily living 5. Need hospitalization | | |
| A16 | Have you been seriously ill for any 90 days in the past year? | <ol style="list-style-type: none"> 0. No 1. Yes | | |
| A17 | How often have you been ill in the last three months? | <ol style="list-style-type: none"> 1. Every day 2. Almost every day 3. About half the time 4. Now and then, but less than half the time 5. Never | | |
| A18 | How many days have you slept in the hospital or health clinic in the last three months? | _____ days | | |

Section B: Socioeconomic Status:

I would like to ask questions about your household's financial situation. I will first ask questions about you and then about the people in your household.

| | | | | |
|----|--|--|--|-----------------|
| B1 | What is your occupation? (Alternatively, " <i>WHAT TYPE OF WORK DO YOU DO?</i> ") | <ol style="list-style-type: none"> 0. Unemployed 1. Farmer 2. Trader 3. Artisan 4. Teacher 5. Civil servant 6. Military 7. Government worker 8. NGO worker 9. Motorcycle driver 10. Housewife 11. Retired 12. Other (specify) _____ | | If 0 skip to B4 |
| B2 | How much money did you earn last month? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | | |

I – Adult Survey

| | | | |
|----|---|---|---------------------------------------|
| B3 | How many days have you been unable to work due to illness over the last month? | _____ days 98. Don't know 99. No response | If 0 skip to B7, otherwise skip to B6 |
|----|---|---|---------------------------------------|

If NOT working:

| | | | |
|----|--|--|------------------|
| B4 | How long have you been without work? | 1. Less than 1 month 2. One month to 3 months 3. More than 3 months but less than 6 months 4. 6 months to 12 months 5. More than 12 months | |
| B5 | Is the reason you are not working because you are too sick? | 0. No 1. Yes | If 0 skip to B7. |
| B6 | Approximately how much income was lost because of your illness during the last month? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | |

Now I'd like to ask you about some of your expenditures.

| | | | | |
|--------------------------|---|--|------------------|-----|
| B7 | How much money have you spent on medical care in the past month? (including medications, transportation, etc.) (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | | |
| B8 | Have you ever NOT received health care when you needed it? | 0. No 1. Yes | If 0 skip to B10 | |
| B9 | What is the main reason you didn't receive health care? (DO NOT PROBE. RECORD ONE RESPONSE ONLY) | 1. no money 2. no good treatment available 3. no transportation 4. too far away 5. didn't want treatment 6. doctor was too busy 7. too ill to leave home 8. other (specify _____) | | |
| B10 | Have you ever had to do the following in order to pay for health care? (PROBE) | | No | Yes |
| | | a. Purchase less food | 0 | 1 |
| | | b. Spend less on the children's needs | 0 | 1 |
| | | c. Spend less on leisure activities | 0 | 1 |
| | | d. Reduce medical expenditures for other family members | 0 | 1 |
| | | e. Sell off resources (i.e. Radio, land, house, etc.) | 0 | 1 |
| | | f. Reduce savings | 0 | 1 |
| g. Other (specify _____) | 0 | 1 | | |

I – Adult Survey

Now I would like to ask you questions about your household. (All respondents answer these questions)

| | | | |
|-----|--|---|--|
| B11 | Approximately how much money did your household <i>spend</i> in total last month? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | |
| B12 | How much money did your household <i>earn</i> last month (including your earnings)? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | If this amount is less than expenditures go to B13. Otherwise skip to B14. |
| B13 | Where did you obtain the finances to pay for your expenditures? (PROBE IF NECESSARY. Record all that apply.) | 1. Used own savings 2. Sold assets 3. Family income 4. Donation from relatives 5. Donation from friends 6. Loan 7. Church 8. Other (specify) _____ | |
| B14 | Compared to 12 months ago, have your household earnings changed? A lot or a little? | 1. Increased a lot 2. Increased a little 3. Stayed the same 4. Decreased a little 5. Decreased a lot | |
| B15 | Approximately how much money did your household <i>save</i> in total last month? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | |

Now I would like to ask you about any family members that may have died in the past year. I realize these questions may be difficult for you to answer so please let me know if you can't answer them.

| | | | | | | |
|-----|---|--|---|---|---|---------------------------------------|
| B16 | Has anyone who was living in this household died in the last 12 months? | 0. No 1. Yes | | | | If 0 skip to section C. |
| B17 | How many people in this household have died in the last 12 months? | 1. One 2. Two 3. More than two people | | | | If 2 or 3 use relevant columns below. |
| B18 | What was the relationship of the deceased to you? He/she was my _____. | 1. husband/wife/partner 2. son/daughter/ 3. brother/sister 4. father/mother 5. aunt/uncle 6. grandparent 7. other relative (specify _____) 8. other (specify _____) | 1 | 2 | 3 | |

I – Adult Survey

| | | | | | | |
|-----|--|---|--|--|--|------------------------|
| B19 | <p>What was the cause of death? <i>(DO NOT PROBE. RECORD ONE ONLY)</i></p> | <ol style="list-style-type: none"> 1. Stroke 2. Diabetes 3. TB 4. HIV/AIDS 5. Cancer 6. Meningitis 7. Pneumonia 8. Gastroenteritis 9. Accidental injury 10. Injury (assault) 11. Don't know 12. Other (specify)_____ | | | | If 9 or 10 skip to B21 |
| B20 | <p>How long was the deceased ill before he/she died?</p> | <ol style="list-style-type: none"> 1. Less than 2 weeks 2. Two weeks to 1 month 3. More than 1 month but less than 3 months 4. Three to six months 5. More than 6 months but less than 1 year 6. More than 1 year 7. Not ill | | | | |
| B21 | <p>What was the monthly income of the deceased when he/she was healthy? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS) <i>(INTERVIEWER MAY NEED TO HELP RESPONDENT FIGURE OUT MONTHLY AMOUNT)</i></p> | <p>_____ riels (\$1 USD=4000 riels)</p> <ol style="list-style-type: none"> 98. Don't know 99. No response | | | | |
| B22 | <p>What were the total funeral costs? (RECORD AMOUNT IN RIELS. \$1USD = 4000 RIELS)</p> | <p>_____ riels (\$1 USD=4000 riels)</p> <ol style="list-style-type: none"> 98. Don't know 99. No response | | | | |
| B23 | <p>How did the household pay for the funeral costs? <i>(PROBE IF NECESSARY. Record all that apply.)</i></p> | <ol style="list-style-type: none"> 1. Used own income or savings 2. Sold assets 3. Burial policy/insurance 4. Donation from relatives 5. Donation from friends 6. Loan 7. Church 8. Other (specify)_____ | | | | |

(THE NEXT SECTION IS FOR CASE HOUSEHOLDS ONLY. FOR COMPARISON POPULATION SKIP TO SECTION D.)

Section C: Stigma and Discrimination

This set of questions asks about some of your experiences, feelings, and opinions as to how people living with HIV/AIDS feel and how they are treated. Please do your best to answer each question. For each item, please say whether you always agree, sometimes agree or disagree.

| | | | | |
|---------------------------|---|---|----|-----|
| C1 | The way people speak about people living with HIV/AIDS makes you feel unhappy. | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C2 | You have been hurt by how people have reacted to learning your HIV status | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C3 | Family members who know your HIV status treat you badly | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C4 | Friends who know your HIV status treat you badly | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C5 | Some neighbours who know your HIV status treat you badly | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C6 | Since learning your status, you feel set apart and isolated from the rest of the world | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C7 | The first time you learned about your HIV status, you worried about people discriminating against you. | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C8 | You now worry about people discriminating against you because of your HIV status. | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C9 | People discriminate against your children because of your HIV status. | 1. Always agree 2. Sometimes agree 3. Disagree 4. Don't know | | |
| C10 | To whom have you disclosed your HIV status? (PROBE) | | No | Yes |
| | | a. Your spouse | 0 | 1 |
| | | b. At least one sibling | 0 | 1 |
| | | c. At least one of your children | 0 | 1 |
| | | d. At least one friend | 0 | 1 |
| | | e. Monk/religious leader | 0 | 1 |
| | | f. A physician | 0 | 1 |
| g. Other? (specify _____) | 0 | 1 | | |

I – Adult Survey

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|-----|--|---|-----------------------------|-------------------------|
| C11 | How long ago did you learn of your HIV status? (RECORD ANSWER IN YEARS AND MONTHS) | _____ years _____ months, ago | _____ years _____ months | |
| C12 | Do you purchase or receive antiretroviral drugs? | 0. No 1. Yes | | If 0, skip to Section D |
| C13 | How much do you spend each month on antiretroviral drugs? | _____ riels (\$1 USD=4000 riels) 98. Don't know 99. No response | | |

Section D: Coping Mechanisms:

Now I would like to ask you questions about what you and your household do when you are sick.

| | | | |
|----|--|--|--|
| D1 | Who cares for you when you are sick? (DO NOT PROBE – RECORD ALL THAT THAT APPLY) | 1. husband/wife/partner 2. son/daughter/ 3. brother/sister 4. father/mother 5. aunt/uncle 6. grandparent 7. other relative (specify _____) 8. other (specify _____) 9. I take care of myself | |
|----|--|--|--|

Section E: Succession Planning

Now I would like to ask you questions about plans you and your family are making for the future.

| | | | | |
|----|---|--|--|----------------------------------|
| E1 | Do you have a written will in which you specify who should inherit your personal assets and possessions? | 0. No 1. Yes 98. Don't know | | If yes, skip to E3 |
| E2 | Would you be interested in having a written will? | 0. No 1. Yes 98. Don't know | | |
| E3 | Who would become the guardian of your children if something were to happen to you? | 1. my friend 2. my husband/wife/partner 3. my son/daughter/ 4. my brother/sister 5. my father/mother 6. my grandparents 7. other relative 8. other (specify _____) 9. nobody 98. don't know | | If 2, 9, or 98 skip to section F |
| E4 | What kind of agreement, if any, do you have with this person? (PROBE IF NECESSARY. ONE RESPONSE ONLY) | 1. Written agreement 2. Verbal agreement 3. Have discussed but no agreement reached 4. Have not yet discussed but plan to discuss 5. Have no plans to discuss this | | |

Section F: Exposure to Mitigation Interventions

Now I would like to ask you about services you may be receiving in your community. In some communities, caregivers visit households with chronically ill people and/or vulnerable/orphaned children. These caregivers can provide a variety of different services, such as helping with household tasks or providing referrals.

Home Based Care Services

| No. | Question | Codes | Ans. | Inst. |
|-----|---|--|------|----------------|
| F1 | Has a caregiver from an organization visited your household? | 0. No 1. Yes | | If 0, go to F6 |
| F2 | Which organization is this caregiver from? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don't know | | |
| F3 | When did the caregiver first visit your household? | ____ months ago | | |
| F4 | How many times a month does the caregiver visit you or your household? | 1. 21 to 31 days a month 2. 11 to 20 days a month 3. 5 to 10 days a month 4. 1 to 4 days a month 5. less than once a month 6. never | | |
| F5 | How helpful has the service been to you? PROBE: (Very helpful, somewhat helpful, not at all helpful) | 1. Very helpful 2. Helpful 3. Somewhat helpful 4. Not so helpful 5. Not at all helpful | | |

Assistance with drugs

| No. | Question | Codes | Ans. | Inst. |
|-----|---|---|------|-----------------|
| F6 | Have you received any donated medicines or financial assistance for drugs in the past 12 months? | 0. No 1. Yes | | If 0, go to F10 |
| F7 | Which type of organization provided this assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don't know | | |
| F8 | When did you first begin receiving drug donations or financial assistance to purchase drugs? | ____ months ago | | |
| F9 | How helpful has the financial assistance for medical services been to you? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

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Education assistance

| No. | Question | Codes | Ans. | Inst. |
|-----|--|---|------|-----------------|
| F10 | Have you received any assistance in the past 12 months to help you with your child’s or children’s education? (This could be financial assistance or donations for school supplies) | 0. No 1. Yes | | If 0, go to F14 |
| F11 | Which type of organization provided this education assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don’t know | | |
| F12 | When did you first begin receiving this assistance? | ____ months ago | | |
| F13 | How helpful has this education assistance been to your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

Food assistance

| No. | Question | Codes | Ans. | Inst. |
|-----|--|---|------|-----------------|
| F14 | Have you received any assistance in the past 12 months that helps you provide food for your family? | 0. No 1. Yes | | If 0, go to F18 |
| F15 | Which type of organization provided this assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don’t know | | |
| F16 | When did you first begin receiving food assistance? | ____ months ago | | |
| F17 | How helpful has the food assistance been for your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

Counseling

| No. | Question | Codes | Ans. | Inst. |
|-----|---|---|------|-----------------|
| F18 | Have you received any assistance for emotional counseling in the past 12 months? | 0. No 1. Yes | | If 0, go to F22 |
| F19 | Which type of organization provided this assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don’t know | | |
| F20 | When did you first start receiving counseling services? | ____ months ago | | |
| F21 | How helpful has the counseling been for your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

I – Adult Survey

Loans/income

| No. | Question | Codes | Ans. | Inst. |
|-----|---|---|------|-----------------|
| F22 | Have you received any loans in the past 12 months from an organization? | 0. No 1. Yes | | If 0, go to F26 |
| F23 | Which type of organization provided this loan? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don't know | | |
| F24 | When did you first begin receiving this loan? | ____ months ago | | |
| F25 | How helpful has this financial assistance been to your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

Vocational Training/Skills building

| No. | Question | Codes | Ans. | Inst. |
|-----|---|---|------|-----------------|
| F26 | Have you received any assistance for vocational training/ skills building in the past 12 months? | 0. No 1. Yes | | If 0, go to F31 |
| F27 | What type of training do you receive? Specify. | _____ | | |
| F28 | Which type of organization provided this assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don't know | | |
| F29 | When did you first begin receiving this assistance? | ____ months ago | | |
| F30 | How helpful have the skills building services been to your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

Other Interventions:

| No. | Question | Codes | Ans. | Inst. |
|-----|---|---|------|-----------------|
| F31 | Have you received any other assistance from an organization in the past 12 months? | 0. No 1. Yes | | If 0, go to F36 |
| F32 | Could you please tell me what type of assistance you received? Please specify. | Specify: _____ | | |
| F33 | Which type of organization provided this assistance? (CIRCLE ALL THAT APPLY) | 1. NGO 2. religious organization 3. government organization 4. other (specify _____) 98. don't know | | |
| F34 | When did you first begin receiving these other services? | ____ months ago | | |
| F35 | How helpful have these other services been to your family? | 1. Very helpful 2. Somewhat helpful 3. Not at all helpful | | |

I – Adult Survey

| | | | | |
|-----|--|--|---|--|
| F36 | <p>Please identify the three services you think would be most helpful to your family. (USE CARDS)</p> | <ol style="list-style-type: none"> 1. Home-based care services 2. Drug donations/ assistance 3. Education assistance 4. Food assistance/ donations 5. Counseling 6. Loans 7. Vocational Training/Skills building 8. Other (specify) <p>_____</p> | <p>1st choice: _____</p> <p>2nd choice: _____</p> <p>3rd choice: _____</p> | |
|-----|--|--|---|--|

Thank you very much for answering these questions. We would now like to ask you questions about your children. Before we begin asking about your children I would like to know how you are feeling. Would you like to take a small break or shall we continue with the interview?

Part 2: Interview for Child Aged 6-12:

I would like to ask you questions about _____ (child between 6-12):
(name of child)

Is (NAME) available to be interviewed?

If no, will (NAME) be available to be interviewed soon?

Section G: Education:

First I would like to ask you some questions about your child’s schooling. When we talk about schooling, it includes preschool, primary school, and secondary school.

| No. | Question | Codes | Ans. | Inst. |
|---|---|---|-------|--------------------------|
| G1 | Has (NAME) ever attended school? | 0. No 1. Yes 98. Don’t Know 99. No response/refused | | If 0 skip to G7 |
| G2 | How old was (NAME) when he/she first attended Level 1? (RECORD AGE IN COMPLETED YEARS) | 98 Don’t Know 99. No response/refused | _____ | |
| G3 | What is the highest level (NAME) attended? (RECORD LEVEL) | 98 Don’t Know 99 No response/refused | _____ | |
| G4 | Is (NAME) currently enrolled in school? | 0. No 1. Yes | | If 1, skip to section H. |
| Questions to ask about children NOT currently attending school. | | | | |
| G5 | How old was (NAME) when he/she stopped attending school? (RECORD AGE IN COMPLETED YEARS) | 98 Don’t Know 99 No response/refused | _____ | |
| G6 | Why is (NAME) not currently attending school? (Do not probe. Circle all that apply.) | 1. He/she is needed to care for sick relatives 2. He/she is needed to care for younger children 3. He/she is needed to cook, clean, fetch water or wood, etc. 4. He/she is needed to tend animals 5. He/she works for an employer 6. There is not enough money 7. He/she is sick 8. School is too far away 9. It is unsafe to travel to school 10. Classrooms are too crowded 11. Other (specify) _____ | | Skip to Section H |

I – Adult Survey

Questions for children who have NEVER attended school:

There are many reasons why people may not attend school. Please tell me if any of these reasons are important in explaining (either in whole or in part) why you do not attend school by answering yes or no to the following.

| No. | Question | Codes | Ans. | Inst. |
|-----|--|---|------|-------|
| G7 | Why has (NAME) never attended school? (DO NOT PROBE. CIRCLE ALL THAT APPLY) | 0. He/she is too young 1. He/she is needed to care for sick relatives 2. He/she is needed to care for younger children 3. He/she is needed to cook, clean, fetch water or wood, etc. 4. He/she is needed to tend animals, or work on the family farm or in the family business 5. He/she works for an employer 6. There is not enough money 7. He/she is sick 8. School is too far away 9. It is unsafe to travel to school 10. Classrooms are too crowded 11. Other (specify) _____ | | |

Section H: Health and Nutrition

First I would like to ask you about (NAME)'s health.

| No. | Question | Codes | Ans. | Inst. |
|-----|---|--|------|-------|
| H1 | In general, what would you say about (NAME)'s health? Is it very good, good, average, poor or very poor? | 1. Very good 2. Good 3. Average 4. Poor 5. Very poor | | |
| H2 | Has (NAME) been seriously ill for any 90 days in the past year? | 0. No 1. Yes | | |

I – Adult Survey

| Now I would like to ask about (NAME)'s food intake and nutrition. | | | | | |
|---|--|--|----|-----|------------|
| H3 | Which meals does (NAME) usually eat every day? (at least 5 days a week) | | No | Yes | Don't know |
| | | a. Morning tea or breakfast | 0 | 1 | 98 |
| | | b. Lunch | 0 | 1 | 98 |
| | | c. Dinner | 0 | 1 | 98 |
| H4 | In the past year, how often has (NAME) NOT had enough to eat? (DO NOT PROBE) | 1. Every day 2. 1-6 times a week 3. 1-3 times a month 4. Less than once a month 5. Never –He/she always has enough to eat 6. Other (specify: _____) | | | |

Section I: Quality of Life:

Please answer the following questions using the cards in front of you to assist you. (Interviewer: place cards on table)

Physical Well-being:

First of all, I would like to know something about your child's physical health.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|----|--|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I1 | During the past week your child felt ill | 0 | 1 | 2 | 3 | 4 | 98 |
| I2 | During the past week your child had a headache or tummy-ache | 0 | 1 | 2 | 3 | 4 | 98 |
| I3 | During the past week your child was tired and worn-out | 0 | 1 | 2 | 3 | 4 | 98 |
| I4 | During the past week your child felt strong and full of energy | 0 | 1 | 2 | 3 | 4 | 98 |

Emotional Well-being:

I would now like to ask how your child has been feeling in general.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|----|--|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I5 | During the past week your child had fun and laughed a lot | 0 | 1 | 2 | 3 | 4 | 98 |
| I6 | During the past week your child didn't feel much like doing anything | 0 | 1 | 2 | 3 | 4 | 98 |
| I7 | During the past week your child felt alone | 0 | 1 | 2 | 3 | 4 | 98 |
| I8 | During the past week your child felt scared | 0 | 1 | 2 | 3 | 4 | 98 |

Self-Esteem:

I would now like to ask you how (NAME) is feeling about him/herself.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|-----|---|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I9 | During the past week your child was proud of him-/herself | 0 | 1 | 2 | 3 | 4 | 98 |
| I10 | During the past week your child felt like he/she could accomplish anything. | 0 | 1 | 2 | 3 | 4 | 98 |
| I11 | During the past week your child felt pleased with him-/herself | 0 | 1 | 2 | 3 | 4 | 98 |
| I12 | During the past week your child had lots of good ideas | 0 | 1 | 2 | 3 | 4 | 98 |

Family:

The next four questions are about (NAME)'s family.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|-----|---|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I13 | During the past week your child got on well with you as parents | 0 | 1 | 2 | 3 | 4 | 98 |
| I14 | During the past week your child felt fine at home | 0 | 1 | 2 | 3 | 4 | 98 |
| I15 | During the past week you and your child argued at home | 0 | 1 | 2 | 3 | 4 | 98 |
| I16 | During the past week your child felt that you were bossing him/her around | 0 | 1 | 2 | 3 | 4 | 98 |

Social Contacts:

The next four questions are about (NAME)'s friends.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|-----|--|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I17 | During the past week your child did things together with friends | 0 | 1 | 2 | 3 | 4 | 98 |
| I18 | During the past week your child was liked by other kids | 0 | 1 | 2 | 3 | 4 | 98 |
| I19 | During the past week your child got along with his/her friends | 0 | 1 | 2 | 3 | 4 | 98 |
| I20 | During the past week your child felt different from other children | 0 | 1 | 2 | 3 | 4 | 98 |

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School:

Last of all, we would like to know something about school.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|-----|---|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| I21 | During the past week your child easily coped with schoolwork | 0 | 1 | 2 | 3 | 4 | 98 |
| I22 | During the past week your child enjoyed the school lessons | 0 | 1 | 2 | 3 | 4 | 98 |
| I23 | During the past week your child worried about his/her future | 0 | 1 | 2 | 3 | 4 | 98 |
| I24 | During the past week your child was afraid of bad marks or grades | 0 | 1 | 2 | 3 | 4 | 98 |

I25. Does your child have a long-term illness? (Clarification: Is your child sick a lot of the time?)

Yes

please answer the following 6 questions

No

the questionnaire is done

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/ no response |
|-----|--|--------------|---------------|------------------|--------------|---------------------|-------------------------------|
| I26 | During the past week your child was afraid that the illness might get worse | 0 | 1 | 2 | 3 | 4 | 98 |
| I27 | During the past week your child was sad because of the illness | 0 | 1 | 2 | 3 | 4 | 98 |
| I28 | During the past week your child was able to cope well with his/her illness | 0 | 1 | 2 | 3 | 4 | 98 |
| I29 | During the past week you treated your child as though he/she were younger, because of the illness | 0 | 1 | 2 | 3 | 4 | 98 |
| I30 | During the past week your child avoided others so they would not notice his/her illness? | 0 | 1 | 2 | 3 | 4 | 98 |
| I31 | During the past week your child missed something at school because of his/her illness (EXPLAIN THAT THIS COULD MEAN MISSING AN ASSIGNMENT, CLASS OR DAY OF SCHOOL). | 0 | 1 | 2 | 3 | 4 | 98 |

I – Adult Survey

| | | | |
|-------------|--|---|-------------------------------|
| I 32 | Are both (NAME)'s biological parents alive? | 0. no, both parents have died 1. mother is alive/ father has died 2. father is alive/ mother has died 3. yes, both parents are alive | If 3 skip to section J |
| I 33 | When did the parent die? (IF BOTH PARENTS HAVE DIED ASK ONLY ABOUT THE MOST RECENT DEATH) | _____ years _____ months ago | |

Thank you. Now I would like to ask you questions about _____ (child between 13-18):
 (name of child)

Part 3: Interview about Child Aged 13-18:

Section J: Quality of Life:

Please answer the following questions using the cards in front of you to assist you. (Interviewer: place cards on table)

Physical Well-being:

First of all, I would like to know something about your child’s physical health.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don’t know/ no response |
|----|--|--------------|---------------|------------------|--------------|---------------------|-------------------------------|
| J1 | During the past week your child felt ill | 0 | 1 | 2 | 3 | 4 | 98 |
| J2 | During the past week your child had a headache or tummy-ache | 0 | 1 | 2 | 3 | 4 | 98 |
| J3 | During the past week your child was tired and worn-out | 0 | 1 | 2 | 3 | 4 | 98 |
| J4 | During the past week your child felt strong and full of energy | 0 | 1 | 2 | 3 | 4 | 98 |

Emotional Well-being:

I would now like to ask how your child has been feeling in general.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don’t know/no response |
|----|--|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| J5 | During the past week your child had fun and laughed a lot | 0 | 1 | 2 | 3 | 4 | 98 |
| J6 | During the past week your child didn’t feel much like doing anything | 0 | 1 | 2 | 3 | 4 | 98 |
| J7 | During the past week your child felt alone | 0 | 1 | 2 | 3 | 4 | 98 |
| J8 | During the past week your child felt scared | 0 | 1 | 2 | 3 | 4 | 98 |

I – Adult Survey

Self-Esteem:

I would now like to ask you how (NAME) is feeling about him/herself.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/no response |
|-----|--|--------------|---------------|------------------|--------------|---------------------|------------------------------|
| J9 | During the past week your child was proud of him-/herself | 0 | 1 | 2 | 3 | 4 | 98 |
| J10 | During the past week your child felt like he/she could accomplish anything | 0 | 1 | 2 | 3 | 4 | 98 |
| J11 | During the past week your child felt pleased with him-/herself | 0 | 1 | 2 | 3 | 4 | 98 |
| J12 | During the past week your child had lots of good ideas | 0 | 1 | 2 | 3 | 4 | 98 |

Family:

The next four questions are about (NAME)'s family.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/ no response |
|-----|---|--------------|---------------|------------------|--------------|---------------------|-------------------------------|
| J13 | During the past week your child got on well with you as parents | 0 | 1 | 2 | 3 | 4 | 98 |
| J14 | During the past week your child felt fine at home | 0 | 1 | 2 | 3 | 4 | 98 |
| J15 | During the past week you and your child argued at home | 0 | 1 | 2 | 3 | 4 | 98 |
| J16 | During the past week your child felt that you were bossing him/her around | 0 | 1 | 2 | 3 | 4 | 98 |

Social Contacts:

The next four questions are about (NAME)'s friends.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/ no response |
|-----|--|--------------|---------------|------------------|--------------|---------------------|-------------------------------|
| J17 | During the past week your child did things together with friends | 0 | 1 | 2 | 3 | 4 | 98 |
| J18 | During the past week your child was liked by other kids | 0 | 1 | 2 | 3 | 4 | 98 |
| J19 | During the past week your child got along with his/her friends | 0 | 1 | 2 | 3 | 4 | 98 |
| J20 | During the past week your child felt different from other children | 0 | 1 | 2 | 3 | 4 | 98 |

School:

Last of all, we would like to know something about school.

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Don't know/ no response |
|-----|---|--------------|---------------|------------------|--------------|---------------------|-------------------------------|
| J21 | During the past week your child easily coped with schoolwork | 0 | 1 | 2 | 3 | 4 | 98 |
| J22 | During the past week your child enjoyed the school lessons | 0 | 1 | 2 | 3 | 4 | 98 |
| J23 | During the past week your child worried about his/her future | 0 | 1 | 2 | 3 | 4 | 98 |
| J24 | During the past week your child was afraid of bad marks or grades | 0 | 1 | 2 | 3 | 4 | 98 |

J25. Does your child have a long-term illness? (Clarification: Is your child sick a lot of the time?)

Yes
please answer the following 6 questions

No
the questionnaire is done

| | | Never (0) | Seldom (1) | Sometimes (2) | Often (3) | All the time (4) | Ans. |
|-----|--|--------------|---------------|------------------|--------------|---------------------|------|
| J26 | During the past week your child was afraid that the illness might get worse | 0 | 1 | 2 | 3 | 4 | 98 |
| J27 | During the past week your child was sad because of the illness | 0 | 1 | 2 | 3 | 4 | 98 |
| J28 | During the past week your child was able to cope well with his/her illness | 0 | 1 | 2 | 3 | 4 | 98 |
| J29 | During the past week your treated your child as though he/she were younger, because of the illness | 0 | 1 | 2 | 3 | 4 | 98 |
| J30 | During the past week your child avoided others so they would not notice his/her illness | 0 | 1 | 2 | 3 | 4 | 98 |
| J31 | During the past week your child missed something at school because of his/her illness (EXPLAIN THAT THIS COULD MEAN MISSING AN ASSIGNMENT, CLASS OR DAY OF SCHOOL). | 0 | 1 | 2 | 3 | 4 | 98 |

I – Adult Survey

| | | | | |
|-------------|---|--|--|----------------------------|
| J 32 | Are both (NAME)'s biological parents alive? | 4. neither mother nor father is alive 5. mother is alive/ father has died 6. father is alive/ mother has died 7. both parents are alive | | If 3 skip to Part 4 |
| J33 | When did your parent die? (IF BOTH PARENTS HAVE DIED ASK ONLY ABOUT THE MOST RECENT DEATH) | _____ years _____ months | | |

Thank- you for agreeing to take part in this interview.

