

AdultTAG #: Houseid_P1#: ChildTAG #: Houseid_P2#: **Asenze Household Alcohol Use and Impact on Child Questionnaire**{iname} Completed by: {idate} Date Completed: / / Checked by: Date Checked: / / **TICK WHICH ONE (comp)**

1. Completed Fully (Ethnic Zulu) ☐
2. Completed Fully (Fluent in Zulu, from other ethnic group) ☐
3. Partially Completed
 - a. Refused (no reason) ☐
 - b. Refused (Tired) ☐
 - c. Unable to do some of tasks due to disability ☐
 - d. Ill/Unwell ☐
 - e. Not fluent in Zulu ☐
4. Not started
 - a. Postponed by Tester ☐
 - b. Refused (no reason) ☐
 - c. Refused (Tired) ☐
 - d. Unable due to disability ☐
 - e. Ill/unwell ☐
 - f. Not Zulu speaking ☐
 - g. Child came but did not complete assessment (by form) ☐

Phase 2 Form Inventory info:

Units of analysis and Respondents:

Adult about Household

Assessment Type:

Psychological

Participant Group:

Whole Adult CohortDefault variable prefix for
Household Alcohol Usage:

ahau

SECTION 1

<i>If Yes, ask about the relationship of this person to the child (Answer 1= Yes, 2= No, 3= Don't Know, 4= Refuse to answer, 88=N/A for question 5 & 6 if answers NO to all of questions 1 to 4)</i>	Y/N/DK/ Refused/ N/A	1	2	3	4	5	6	7	8	11
1. Is there anyone living in your home with <CHILD'S NAME> who you feel may be drinking alcohol too much?	ahau1	mo	fa	gm	au	bs	or	ne	ot	re
2. Is there anyone living in your home with <CHILD'S NAME> who you feel may be drinking alcohol too often?	ahau2	mo	fa	gm	au	bs	or	ne	ot	re
3. Is there anyone else who spends time with or looks after <CHILD'S NAME> who you feel may be drinking alcohol too often?	ahau3	mo	fa	gm	au	bs	or	ne	ot	re
4. Is there anyone else who spends time or look after <CHILD'S NAME> who you feel may be drinking too much?	ahau4	mo	fa	gm	au	bs	or	ne	ot	re
5. Is this behavior happening currently?	ahau5	mo	fa	gm	au	bs	or	ne	ot	re
6. Has this behavior been happening in the past two years?	ahau6	mo	fa	gm	au	bs	or	ne	ot	re

KEY:

1. Mother
2. Father
3. Grandmother
4. Aunt/Uncle
5. Broth./Sister
6. Other relative
7. Neighb./Family friend
8. Other (hired babysitter)
11. Refuse to answer

AdultTAG #:

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Houseid_P1#:

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ChildTAG #:

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Houseid_P2#:

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SECTION 2 (Answer 1= Yes, 2= No, 3= Don't Know, 4= Refuse to answer)

1. Do you feel that drinking alcohol makes this person (any of these people) quarrel excessively with others in the home or in the area?

1	2	3	4
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S2ahau1

1	2	3	4
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S2hau2

2. When she/he is drunk is she/he ever abusive to children?
(Record any other comments/notes related to this response)

1	2	3	4
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S2ahau3

3. Does it make his/her moods or behavior change as a result of drinking

1	2	3	4
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S2ahau4

4. Does he/she find it difficult to communicate with others at home?

1	2	3	4
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S2ahau5

5. Does he/she sometimes threaten family or friends because of the drinking?

1	2	3	4
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S2ahau6

6. Does his/her drinking get in the way of family or community gatherings or activities?

1	2	3	4
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S2ahau7

7. Does he/she remove themselves from family activities because of drinking?

1	2	3	4
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S2ahau8

8. Are you worried that his/her ability to care for others has been affected by drinking?

1	2	3	4
---	---	---	---

S2ahau9

9. Are you worried that his/her ability to care for <THIS CHILD BY NAME> has been affected by drinking?

1	2	3	4
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S2ahau10

10. Are you worried that his/her ability to care for himself/herself has been affected by drinking?

1	2	3	4
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S2ahau11

11. Are you worried that his/her ability to work (or study) been affected by his drinking?

1	2	3	4
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S2ahau12

12. Do you feel that he/she is using money on alcohol that should be used on food or clothes or transport or other household needs?

1	2	3	4
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S2ahau13

13. Does she/he ever send <THIS CHILD BY NAME> to buy alcohol for anyone?

1	2	3	4
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S2ahau14

14. Does he/she ever ask <THIS CHILD BY NAME> to accompany him/her to buy alcohol or to the shebeen?

1	2	3	4
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S2ahau15

15. Are you aware of whether he/she gains any money from making or selling alcohol?

1	2	3	4
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S2ahau16

16. Does he/she sell alcohol from home?

1	2	3	4
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S2ahau17

17. Do you think things would be better at home if he/she drank less or stopped drinking?

1	2	3	4
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S2ahau18

18. Do you think that alcohol use in your household has a bad effect on this child?

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ChildTAG #:

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Houseid_P2#:

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Section 3

1. Is there anyone living in your home with <CHILD'S NAME> or who spends time with or looks after <CHILD'S NAME> who you think may be using harmful drugs, for example sniffing glue, dagga, 'wunga'?

1	2	3	4
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S3ahau1

Y=1/N=2/DK=3/Refused=4

2. If YES, can you describe what drugs/ this person is using? Y=1/N=2/DK=3/refuse to answer=4

2.1 Dagga

1	2	3	4
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S3hau2

2.2 Sniffing glue, petrol or similar liquids

1	2	3	4
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S3ahau3

2.3 Cocaine

1	2	3	4
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S3ahau4

2.4 Mandrax

1	2	3	4
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S3ahau5

2.5 Wunga

1	2	3	4
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S3ahau6

2.6 Snuff

1	2	3	4
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S3ahau7

2.7 Injecting drugs

1	2	3	4
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S3ahau8

2.8 Other _____

S3ahau9