**Questionnaire**

1. Name of children: _________________________________
2. Age: ______ year
3. Sex: □ Male □ Female
4. Father’s age ______
5. Mother’s age ______
6. Address: _____________________________
7. Living place: □ Metropolitan □ Sub-urban □ Village
8. Father’s highest education: □ uneducated □ Primary □ Secondary □ Higher secondary □ Graduate
9. Father’s profession: □ Service holder □ Businessman □ Farmer □ Day-laborer □ Others
10. Mother’s highest education: □ uneducated □ Primary □ Secondary □ Higher secondary □ Graduate
11. Mother’s profession: □ Housewife □ Service holder □ Businesswoman □ Farmer □ Day-laborer □ Others
12. Parents’ marital status:
   □ Married and living together
   □ Married but living separately (husband/wife may live abroad)
   □ Divorced □ Separated □ N/A
13. Family type:
   □ Nuclear
   □ Extended
14. Family members: ____________________________
15. Monthly income of family: □ <15,000 □ 15,000-24,999 □ 25,000-49,999 □ >50,000
16. Type of household □ Apartment □ House made of tin
   □ House made of mud/wood/thatch □ Slum
17. Parents’ employment status:
   □ Only father works outside □ Both parent work outside
   □ Both parents stay home □ Others (please mention)
18. Is the child agile in nature? □ Yes □ No
19. Did such poisoning incident happen earlier with the children? □ Yes □ No
   If yes, how many times? ______
20. Did such poisoning incident happen earlier with the sibling(s)? □ Yes □ No
21. Type of poisoning:
   □ Medicine
   □ Kerosene
   □ Household chemical (bleach/toiletries/phenyl etc.)
   □ Insecticide/pesticide
   □ Others ________________
22. Where in home the incident did take place?
   □ Bedroom
   □ Drawing/dining room

Name of data collector: ____________________________ Date: ____________________
Questionnaire

☐ Kitchen
☐ Godown (store-house)
☐ House-yard
☐ Others

23. Which home did the incident take place?
   ☐ Parents’ home
   ☐ Grandparents’ home
   ☐ School
   ☐ Others

24. When did it happen? (morning/noon/afternoon/night)

25. Time of first consultation with doctor since incidence:
   ☐ Less than 2 hours
   ☐ 2-4 hours
   ☐ 4-6 hours
   ☐ More than 6 hours

26. Who were at home during the incident? (if needed mark multiple)
   ☐ mother
   ☐ father
   ☐ elder sibling(s)
   ☐ younger sibling(s)
   ☐ relative
   ☐ house-help
   ☐ others
   ☐ none

27. Type of container of the poisonous substance?
   ☐ No container
   ☐ Original container where it supposed to be
   ☐ Some other container where it supposed not to be

28. Storage practice of medicine and chemicals in the household? (if applicable, multiple answers can be ticked)
   ☐ Chemical stored in locked place?
   ☐ Chemical stored in higher place?
   ☐ Medicine stored in locked place?
   ☐ Medicine stored in higher place?

29. Availability of harmful substances?
   ☐ Kerosene/chemical/medicine stored in soft-drinks bottles
   ☐ Chemical/medicine stored in safe place
   ☐ Chemical/medicine stored in unsafe place

30. How many days the children had to stay at the hospital for treatment? _______ days

31. How much it costed for the treatment of the children (hospital, medicine)? _______ taka

32. Other costs apart from treatment (transport, stipends of parents’ stay etc.)? _______ taka

33. Did you know the substance was harmful? (Yes/no)

34. Did you ever warn the child about the potential harmful substances at home? (Yes/no)

35. Do you think that you could prevent the incident? (yes/no/don’t know)

Name of data collector: ____________________________ Date: ____________________________

36. Do you think that you will be able to protect such possible incidents in future?
........................................................................................................... (The respondent will opine freely. It is important)

Name of data collector:  

Date: