

Household Questionnaire						
IDENTIFICATION						
<i>Please record the following identifying information prior to beginning the interview.</i>						
NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant if:
001a	Your name: Is this your name? [ODK will display the name associated with the phone's serial number.]	Yes..... 1				Always
		No 0				
001b	Enter your name below. <i>Please record your name</i>	Interviewer's Name				001a = 0
002a	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes..... 1				Always
		No 0				
002b	Record the correct date and time	Date	Month	Day	Year	002a = 0
		Time	Hour	Minutes	AM/PM	
003a	LOCATION INFORMATION 1	LOCATION INFORMATION 1a..... 1				Always
		LOCATION INFORMATION 1b..... 2				
		LOCATION INFORMATION 1c..... 3				
		LOCATION INFORMATION 1d..... 4				
		LOCATION INFORMATION 1e..... 5				
		LOCATION INFORMATION 1f..... 6				
		LOCATION INFORMATION 1g..... 7				
003b	LOCATION INFORMATION 2	ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected				Always
003c	LOCATION INFORMATION 3	ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected				Always
003d	LOCATION INFORMATION 4	ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected				Always
004	Enumeration area	ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected				Always

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
005	Structure number <i>Please record the structure number from the household listing form.</i>	Number <input data-bbox="1078 296 1281 369" type="text"/>	Always
006	Household number <i>Please record the household number from the household listing form.</i>	Number <input data-bbox="1078 449 1281 522" type="text"/>	Always
007	Check: Have you already sent a form for this structure and household? <i>Do not duplicate any form unless you are correcting a mistake in an earlier form.</i>	Yes 1 No 0	Always
WARNING: Contact your supervisor before sending this form again.			007 = 1
008	CHECK: Why are you resending this form? <i>Choose all that apply.</i>	There are new household members on this form 1 I am correcting a mistake made on a previous form 2 The previous form disappeared from my phone without being sent 3 I submitted the previous form and my supervisor told me that it was not received ... 4 Other reason(s) 5	007 = 1
009	Is a member of the household and competent respondent present and available to be interviewed today?	Yes 1 No 0	Always

INFORMED CONSENT			
<i>Find a competent member of the household. Read the greeting on the following screen.</i>			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
010a	Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text. May I begin the interview now?	Yes 1 No 0	009 = 1
010b	Respondent's signature:	Gather signature: Check box: <input type="checkbox"/>	010a = 1
011	Interviewer's name: <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM 001b]."</i>	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>	010a = 1

Section 1 – Household Roster							
I am now going to ask you a series of questions about each usual member of the household or anyone who slept in the house last night.							
	NO	QUESTIONS AND HINTS	CODING CATEGORIES	HH Member 1 (HM1)	HH Member 2 (HM2)	HH Member 3+ (HM3+)	Relevant if:
Household Roster Screen #1	101	Name of HH member/visitor <i>Start with the head of the household.</i>		<input type="text"/> Name	<input type="text"/> Name	<input type="text"/> Name	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	101a	<i>Is this person the respondent?</i>	Yes..... No	1 0	1 0	1 0	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	102	What is [NAME]’s relationship to the head of the household?	Head..... Wife/Husband..... Son/Daughter..... Son/Daughter-in-law..... Grandchild..... Parent..... Parent in law..... Brother/Sister..... House help..... Other..... Don’t know..... No response.....	1 2 3 4 5 6 7 8 9 10 -88 -99	1 2 3 4 5 6 7 8 9 10 -88 -99	1 2 3 4 5 6 7 8 9 10 -88 -99	HM1:1 08 = 1 HM2+: 108 = 1 OR 109 = 0
	103	Is [NAME] male or female?	Male..... Female.....	1 2	1 2	1 2	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	104	How old was [NAME] at their last birthday? <i>If less than one year old, enter 0</i>		<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
Screen #2	105	What is [NAME]’s current marital status? <i>If not married, probe to determine if they have ever been married and, if so, if they are divorced, widowed, or have never been married.</i>	Married..... Living with a partner..... Divorced / separated..... Widow / widower..... Never Married..... No response.....	1 2 3 4 5 -99	1 2 3 4 5 -99	1 2 3 4 5 -99	104 ≥ 10
	106	Does [NAME] usually live here?	Yes..... No..... No response.....	1 0 -99	1 0 -99	1 0 -99	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	107	Did [NAME] stay here last night?	Yes..... No..... No response.....	1 0 -99	1 0 -99	1 0 -99	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0

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	NO	QUESTIONS AND HINTS	CODING CATEGORIES	HH Member 1 (HM1)	HH Member 2 (HM2)	HH Member 3+ (HM3+)	Relevant if:
Screen #3	LCL_101	<p>ADD ON A COUNTRY-SPECIFIC BASIS: What is the religion of [NAME]?</p> <p><i>Only recorded for the head of the household.</i></p>	<p>RELIGION X X Other96 No religion.....-77 No response-99</p>				102 = 1
Screen #4	LCL_102	<p>ADD ON A COUNTRY-SPECIFIC BASIS: What is the ethnicity of [NAME]?</p> <p><i>Only recorded for the head of the household.</i></p>	<p>ETHNICITY X X Other96 No response-99</p>				102 = 1
Screen #5	108	<p>Are there any other usual members of your household or persons who slept in the house last night?</p>	<p>Yes..... No</p>	<p>1 0</p>	<p>1 0</p>	<p>1 0</p>	010a = 1
Screen #6	109	<p>READ THIS CHECK OUT LOUD: There are [NUMBER OF HOUSEHOLD MEMBERS ENTERED] household members who are named [NAMES OF ENTERED HOUSEHOLD MEMBERS]. Is this a complete list of the household members?</p> <p><i>Remember to include all children in the household.</i></p>		<p>Yes..... 1 No 0</p>			108 = 0

Section 2 – Household Characteristics																							
Now I would like to ask you a few questions about the characteristics of your household.																							
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:																				
201	<p>Please tell me about the items your household owns. Does your household have:</p> <p><i>Read out all types and select all that apply. Scroll to bottom to see all choices.</i></p> <p><i>If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise do not select the item.</i></p>	<p>ASSET 1..... 1/0</p> <p>ASSET 2..... 1/0</p> <p>ASSET 3..... 1/0</p> <p>ASSET 4..... 1/0</p> <p>ASSET 5..... 1/0</p> <p>ASSET 6..... 1/0</p> <p>ASSET 7..... 1/0</p> <p>ASSET 8..... 1/0</p> <p>ASSET 9..... 1/0</p> <p>ASSET 10..... 1/0</p> <p>ASSET 11..... 1/0</p> <p>ASSET 12..... 1/0</p> <p>ASSET 13..... 1/0</p> <p>ASSET 14..... 1/0</p> <p>ASSET 15..... 1/0</p> <p>ASSET 16..... 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	010a = 1																				
202	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p> <p><i>These livestock can be kept anywhere, not necessarily on the homestead.</i></p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	010a = 1																				
203	<p>How many of the following animals does this household own?</p> <p><i>Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.</i></p> <p><i>The household can keep the livestock anywhere but must own the livestock recorded here.</i></p>	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">ANIMAL 1</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 2</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 3</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 4</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 5</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 6</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 7</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 8</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 9</td><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="text-align: center;">ANIMAL 10</td><td style="width: 50px; height: 20px;"></td></tr> </table>	ANIMAL 1		ANIMAL 2		ANIMAL 3		ANIMAL 4		ANIMAL 5		ANIMAL 6		ANIMAL 7		ANIMAL 8		ANIMAL 9		ANIMAL 10		202 = 1
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ANIMAL 6																							
ANIMAL 7																							
ANIMAL 8																							
ANIMAL 9																							
ANIMAL 10																							

Section 3 – Household Observation			
<i>Please observe the floors, roof and exterior walls.</i>			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
301	Main material of the floor <i>Observe.</i>	TYPE 1a 11 TYPE 1b 12 TYPE 2a 21 TYPE 2a 22 Other 96 No response -99	010a = 1
302	Main material of the roof <i>Observe.</i>	TYPE 1a 11 TYPE 1b 12 TYPE 2a 21 TYPE 2a 22 Other 96 No response -99	010a = 1
303	Main material of the exterior walls <i>Observe.</i>	TYPE 1a 11 TYPE 1b 12 TYPE 2a 21 TYPE 2a 22 Other 96 No response -99	010a = 1

Section 4 – Water, Sanitation and Hygiene			
Now I would like to ask you a few questions about water, sanitation and hygiene.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
401	What is the main source of drinking water for members of your household?	Piped Water: Piped into dwelling/indoor 1 Piped Water: Pipe to yard/plot 2 Piped Water: Public tap/standpipe 3 Tube well or borehole 4 Dug Well: Protected Well 5 Dug Well: Unprotected Well 6 Water from Spring: Protected Spring 7 Water from Spring: Unprotected Spring 8 Rainwater..... 9 Tanker Truck 10 Cart with Small Tank 11 Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) 12 Bottled Water 13 Sachet Water 14 No Response.....-99	010a = 1
402	What is the main toilet facility used by members of your household?	Flush/pour flush toilets connected to: Piped sewer system 1 Flush/pour flush toilets connected to: Septic tank.....2 Flush/pour flush toilets connected to: Pit latrine3 Flush/pour flush toilets connected to: Elsewhere.....4 Flush/pour flush toilets connected to: Unknown / Not sure / Don't know.....5 Ventilated improved pit latrine6 Pit latrine with slab.....7 Pit latrine without slab/open pit8 Bucket/pan9 Composting toilet.....10 Hanging toilet /Hanging latrine..... 11 No facility / bush / field..... 12 Other96 No Response.....-99	010a = 1

LOCATION AND QUESTIONNAIRE RESULT			
Thank the respondent for her/his time. <i>The respondent is finished, but there is still more for you to complete outside the home.</i>			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
096	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i>	RECORD LOCATION	Always
097	How many times have you visited this household?	1 st time 1 2 nd time 2 3 rd time 3	Always
098	In what language was this interview conducted?	English 1 French 2 Language 3 3 Language 4 4 Language 5 5 Language 6 6 Other 96	010a = 1
099	Questionnaire result <i>Record the result of the Household Questionnaire</i>	Completed 1 No household member at home or no competent respondent at home at time of visit 2 Postponed 3 Refused 4 Partly completed 5 Dwelling vacant or address not a dwelling 6 Dwelling destroyed 7 Dwelling not found 8 Entire household absent for extended period of time 9	Always