Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION **Please record the following identifying information prior to beginning the interview.**			
A	**Your name: Is this your name?** [ODK will display the name associated with the phone's serial number.] *Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).*	Yes ....1 No...0	
	Enter your name below. *Please record your name*	Interviewer's Name	
B	**Current date and time.** [ODK will display on screen] **Is this date and time correct?**	Yes ....1 No...0	Skip to E if Yes
C	**Record the correct date and time**	Date / Month / Day / Year Time / Hour / Minutes / AM/PM	
D1	**Zone**	North Central... 1 North East .... 2 North West .... 3 South East .... 4 South South .... 5 South West 6	
D2	**STATE**	ODK will populate a list of appropriate STATE based on the ZONE selected for HQ E	
D3	**LGA**	ODK will populate a list of appropriate LGA based on the STATE selected for HQ F.	
D5	**Enumeration area**	ODK will populate a list of appropriate enumeration areas based on the LGA selected for HQ H.	
E	**Structure number** *Please record the structure number from the household listing form.*	Number	
F	**Household number** *Please record the household number from the household listing form.*	Number	
	Check: Have you already sent a form for this structure and household? *Do not duplicate any form unless you are correcting a mistake in an earlier form.*	Yes ....1 No...0	Skip to L if No
	WARNING: Contact your supervisor before sending this form again.		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	CHECK: Why are you resending this form? *Choose al that apply.*	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 is was not received..4 Other reason(s) 5	
G	**Is a member of the household and competent respondent present and available to be interviewed today?**	Yes ....1 No..0	Skip to 32 if No
G2	**Did this household participate in a previous PMA2020 survey?**	Yes ....1 No..0 Do not know ....-88 No response...-99	

INFORMED CONSENT
Find a competent member of the household. Read the greeting on the following screen.

Hello. My name is _____ and I am working for Center for Population and Reproductive Health in collaboration with Center for Research, Evaluation Resources, and Development; Population and Reproductive Health Program; and Bayero University Kano. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years.

At this time, do you want to ask me anything about the survey?

I	**May I begin the interview now?**	Yes ....1 No..0	Skip to 32 if No
	Respondent's signature *Please ask the respondent to sign or check the box in agreement of their participation.*	Gather signature: Check box:	
J	**Interviewer's name** *Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."*		
K	**Respondent's first name.** *Please record the first name of the respondent.*		

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	1 First name	2 Sex	3 Age (years) If less than one year old, record 0.	4 Marital Status	5 Relationship to head of household	6 Family ID	7 Is this person a usual member of the household or has he/she slept in the house last night?	8 Eligible female respondent
		Male............ 1 Female........ 2		Married .... 1 Living with a partner .. 2 Divorced / separated . 3 Widow / widower .... 4 Never Married............ 5 No response ....-99	Head .... 1 Wife/Husband .... 2 Son/Daughter............ 3 Son/Daughter-in-law . 4 Grandchild................. 5 Parent .... 6 Parent in law .... 7 Brother/Sister .... 8 Other .... 9 Don't know .... -88 No response........... -99		Usual member of the household who slept in the house last night ....1 Usual member of the household who did NOT sleep in the house last night ....2 Visitor who slept in the house last night . 3 No response ....-99	Yes ..... 1 No....... 0 ODK will determine and display eligibility
1								
2								
3								
4								
5								

After recording information for one household member, the following prompt is asked to activate a looping script to record information for another member

9	Are there any other usual members of your household or persons who slept in the house last night?	Yes ....1 No...0	
	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? *Remember to include all children in the household.*	Yes ....1 No...0	Skip to 10 if Yes

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			SKIP
10	**Please tell me about the items you're your household owns. Does your household have:** *Read out all types and select all that apply. Scroll to bottom to see all choices. If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise do not select the item.*		Yes	No	
	Electricity?	....	1	0	
	A radio?	....	1	0	
	A black & white television?	....	1	0	
	A color television?	....	1	0	
	A mobile telephone?	....	1	0	
	A non-mobile telephone?	....	1	0	
	A refrigerator?	....	1	0	
	A cable TV?	....	1	0	
	Air conditioner?	....	1	0	
	A computer?	....			
	Electric iron?	....	1	0	
	A fan?	....	1	0	
	A watch?	....	1	0	
	A bicycle?	....	1	0	
	A motorcycle or motor scooter?	....	1	0	
	An animal-drawn cart?	....	1	0	
	A car or truck?	....	1	0	
	A boat without a motor?	....	1	0	
	A canoe?	....	1	0	
	A generating set? ……………………………	....	1	0	
	A wall clock? ……………………………………	....			
	None of the above	....	-77		
	No response	....	-99		
11a	**Does this household own any livestock, herds, other farm animals, or poultry?** *These livestock can be kept anywhere, not necessarily on the homestead.*	Yes .... 1 No.. 0 No response .... -99			Skip to 12a if No
11b	**How many of the following animals does this household own?** **Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.** *The household can keep the livestock anywhere but must own the livestock recorded here.*	Milk cows or bulls? [ ] Horses, donkeys, or mules? [ ] Goats? [ ] Sheep? [ ] Chickens/Ducks? [ ] Pigs? [ ]			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
12a	**Does this household keep any livestock, herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock?** *Homestead includes the structure and yard that is close to the structure.*	Yes .... 1 No... 0 No response .... -99	Skip to 13 if No
12b	**How many of the following animals does this household keep ON THE HOMESTEAD?** **Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.** *The household does not need to own the livestock recorded here.*	Milk cows or bulls? ☐ Horses, donkeys, or mules? ☐ Goats? ☐ Sheep? ☐ Chickens/Ducks? ☐ Pigs? ☐	

Section 3 – Household Observation
Please observe the floors, roof and exterior walls.

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
13	**Main material of the floor** *Observe.*	**NATURAL FLOOR** EARTH/SAND ....11 DUNG...12 **RUDIMENTARY FLOOR** WOOD PLANKS ....21 PALM/BAMBOO....................................22 **FINISHED FLOOR** PARQUET OR POLISHED WOOD..........31 VINYL OR ASPHALT STRIPS ....32 CERAMIC TILES...................................33 CEMENT ....34 CARPET/RUG.......................................35 OTHER..96 NO RESPONSE .... -99	
14	**Main material of the roof** *Observe.*	**NATURAL ROOFING** NO ROOF ....11 THATCH/PALM LEAF ....12 **RUDIMENTARY ROOFING** RUSTIC MAT ....21 PALM/BAMBOO ....22 WOOD PLANKS ....23 CARDBOARD ....24 **FINISHED ROOFING** METAL/ZINC ....31 WOOD ....32 CERAMIC TILES ....33 CEMENT ....34 ROOFING SHINGLES ....35 OTHER..96 NO RESPONSE .... -99	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
15	**Main material of the exterior walls** *Observe.*	**NATURAL WALLS** NO WALLS ....11 CANE/PALM/TRUNKS ....12 DIRT (MUD) ....13 **RUDIMENTARY WALLS** BAMBOO WITH MUD ....21 STONE WITH MUD ....22 PLYWOOD ....23 CARDBOARD ....24 REUSED WOOD ....25 **FINISHED WALLS** CEMENT ....31 STONE WITH LIME/CEMENT ....32 BRICKS ....33 CEMENT BLOCKS . ...34 WOOD PLANKS/SHINGLES ....35 OTHER...96 NO RESPONSE ....-99			

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			SKIP
16	**Do you have a place to wash your hands?**	Yes ....1 No...0 Don't know... -88 No response ....-99			Skip to 19 unless Yes
17	**Can you show it to me?**	Yes ....1 No...0			Skip to 19 if No
18	**At the place where the household washes their hands, observe if:** Soap is present .... Water source is present: stored water............... Water source is present: running water............ Handwashing area is near a sanitation facility .. None of the above	<u>Yes</u>...	<u>Yes</u> 1 1 1 1 1	<u>No</u> 0 0 0 0 0	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
19	**Which of the following water sources does your household use on a regular basis for any part of the year for any purpose?** *Read out all types and check all that are used. Scroll to the bottom to see all choices.*		Yes	No	
		Piped Water			
		Piped into dwelling/indoor	1	0	
		Pipe to yard/plot	1	0	
		Public tap/standpipe	1	0	
		Tube well or borehole	1	0	
		Dug Well			
		Protected Well	1	0	
		Unprotected Well	1	0	
		Water from Spring			
		Protected Spring	1	0	
		Unprotected Spring	1	0	
		Rainwater	1	0	
		Tanker Truck	1	0	
		Cart with Small Tank	1	0	
		Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)	1	0	
		Bottled Water...................................	1	0	
		Sachet Water...................................	1	0	
		No response	-99		
20	**What is the main source of drinking water for members of your household?** **Selections from HQ19: [ODK will list water sources selected for HQ19]** *Read out HQ19 selections only.*	Piped Water			
		Piped into dwelling/indoor 1			
		Pipe to yard/plot 2			
		Public tap/standpipe 3			
		Tube well or borehole.................................. 4			
		Dug Well			
		Protected Well 5			
		Unprotected Well 6			
		Water from Spring			
		Protected Spring...................................... 7			
		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			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP

21	**What is the main source of water used by your household for other purposes such as cooking and hand washing?**
	
	Selections from HQ19: [ODK will list water sources selected for HQ19]
	
	Read out HQ19 selections only.
		Piped Water
		    Piped into dwelling/indoor 1
		    Pipe to yard/plot 2
		    Public tap/standpipe.............................. 3
		Tube well or borehole.................................... 4
		Dug Well
		    Protected Well.. 5
		    Unprotected Well 6
		Water from Spring
		    Protected Spring 7
		    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			

	Questions HQ 22 to HQ 25 will repeat x times, once for each water source selected in HQ 19. These sources include: **[ODK will display HQ19 selections.]**				
22	**You mentioned that you used [WATER SOURCE]. At any time of the year, does your household use water from this source for:**		Yes	No	
	Drinking?	....	1	0	
	Cooking?	....	1	0	
	Livestock?	....	1	0	
	Gardening / agriculture?...............................	....	1	0	
	Business venture?	....	1	0	
	Washing?	....	1	0	
	No response	....	-99		
23	**Is [WATER SOURCE] typically available:** *Read all choices out loud.*	All of the year .... 1 Some of the year .... 2 Small part of the year .... 3 No response .... -99			
24	**At a time of year when you expect to have water from [WATER SOURCE], is it usually available?**	Yes, always ....1 No, intermittent and predictable ....2 No, intermittent and unpredictable ....3 No response ....-99			
25	**How long does it take to go to [WATER SOURCE], get water, and come back?** *Zero is a possible answer* *Enter -88 for do not know* *Enter -99 for no response* *Convert time into minutes.* *Answer includes waiting time in line.*	Minutes: ⬚			
26	**Does your household have a garden?** *A garden is a place to grow vegetables.*	Yes ....1 No...0 No response .... -99			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
27	**Do members of your household use any of the following toilet facilities?** *Read out all types and check all that are used. Scroll to the bottom to see all choices.*		Yes	No	
		Flush/pour flush toilets connected to:			
		Piped sewer system	1	0	
		Septic tank....................................	1	0	
		Pit Latrine	1	0	
		Elsewhere....................................	1	0	
		Unknown / Not sure / Don't know ..	1	0	
		Ventilated improved pit latrine	1	0	
		Pit latrine with slab	1	0	
		Pit latrine without slab/open pit.............	1	0	
		Bucket toilet..	1	0	
		Composting toilet.................................	1	0	
		Hanging toilet /Hanging latrine	1	0	
		No facility / bush / field	1	0	
		Other:	1	0	
		No Response..	-99		
28	**What is the main toilet facility used by members of your household?** **HQ27: [ODK will display HQ2 selections]** *The main facility must be selected in HQ 27. N1N4*	Flush/pour flush toilets connected to: Piped sewer system ....1 Septic tank...2 Pit Latrine ....13 Elsewhere..3 Unknown / Not sure / Don't know ......4 Ventilated improved pit latrine ....5 Pit latrine with slab ....6 Pit latrine without slab/open pit..................7 Composting toilet......................................8 Bucket toilet...9 Hanging toilet /Hanging latrine ....10 No facility / bush / field ....11 Other: ....12 No Response.. -99			
	Question HQ 29 will repeat x times, once for each sanitation facility selected in HQ27. These facilities include: **HQ27: [ODK will display HQ2 selections]**				
29	**How often does your household typically use: [TOILET FACILITY TYPE]?** *Regular practices at the household only.*	Always ....1 Most of the time...2 Occasionally ....3 Rarely ....4 No response .... -99			
29b	**Do you share this toilet facility with other households or the public?**	Not shared...1 Shared with less than ten households........2 Shared with ten or more households..........3 Shared with the public. ....4 No response .... -99			Skip to HQ30 if not 2
29c	**Enter the number of households that share this facility (including your own).** **[TOILET FACILITY TYPE]** *Must be between 2 and 9.* *If 10 or greater, swipe back to HQ29b and choose "shared with ten or more households."* *Enter -99 for no response.*	Number of Households: [ ]			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
30	**How many people within your household regularly use the bush / field at home or at work?** **There are x people in this household. Enter -88 for do not know, -99 for no response.**	Number of People:			
	CHECK HQ 3: Are there any household members aged 5 years or under?				Skip to HQ 32 if NO
31	**For all children under age five: what methods, if any, does your household use to dispose of children's waste?** *Do not read the possible answers out loud.* *PROBE: anything else?*		Yes	No	
		Children use a latrine / toilet..............	1	0	
		Leave waste where it is	1	0	
		Bury waste in field / yard	1	0	
		Dispose of waste in latrine / toilet......	1	0	
		Dispose of waste with rubbish / garbage	1	0	
		Dispose of waste with waste water ...	1	0	
		Use it as manure	1	0	
		Burn it...	1	0	
		Don't know......................................	-88		
		No response	-99		
32	**Ask permission to take a photo of the entrance of the house.** **Did you get consent to take the photo?**	Yes .... 1 No 0			Skip L if No

Thank the respondent for her/his time.

The respondent is finished, but there is still more for you to complete outside the home.

LOCATION AND QUESTIONNAIRE RESULT

			SKIP
K	**Location** **Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.**	RECORD LOCATION	
	CHECK 32: Permission to take photo?		Skip M if No
L	**Ensure that no people are in the photo**	TAKE PICTURE CHOOSE IMAGE	
M	**How many times have you visited this household?**	1st time... 1 2nd time .... 2 3rd time 3	
N	**Questionnaire result** Record the result of the Household Questionnaire	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 9	