

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
IDENTIFICATION						
Please record the following identifying information prior to beginning the interview.						
A	How many times have you visited this household?	1 st time	1			
		2 nd time	2			
		3 rd time	3			
B	Interviewer's name: Is this your name?	Yes	1			
	If not, please record your name: <i>ODK will display the name associated with the phone's serial number</i>	No	0			
		Interviewer's Name				
C	Is this date and time correct? [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]	Yes	1			Skip to E if Yes
		No	0			
D	Record the correct date and time	Date	Month	Day	Year	
		Time	Hour	Minutes	AM/PM	
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE HOUSEHOLD IS LOCATED.	Central	1			
		Eastern	2			
		Northern	3			
		Western	4			
E	District PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate districts based on the region selected for SQ E.</i>				
E	Subcounty PLEASE SELECT THE NAME OF THE SUBCOUNTY WHERE THE HOUSEHOLD IS LOCATED	<i>ODK will populate a list of appropriate subcounties based on the district selected for SQ F.</i>				
E	Enumeration area PLEASE CHOOSE THE NAME OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate Enumeration Areas based on the subcounty selected for SQ G.</i>				
F	Structure number <i>Please record the structure number from the household listing form.</i>					
G	Household number <i>Please record the household number from the household listing form.</i>					
	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			
H	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	1			Skip to 32 if No
		No	0			
H2	Did this household participate in a previous PMA2020 survey?	Yes	1			
		No	0			
		Do not know	-88			
		No response	-99			

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INFORMED CONSENT			
Find the competent member of the household. Read the greeting on the following screen:			
<p>Hello. My name is _____ and I am working for the Makerere University, School of Public in collaboration with Ministry of Health, and Uganda Bureau of Statistics. 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.</p> <p>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.</p> <p>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.</p> <p>At this time, do you want to ask me anything about the survey?</p>			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: 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: <input type="checkbox"/>	
J	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."</i>		
K	Respondent's first name. <i>Please record the first name of the respondent.</i>		

SECTION 1 – Household Roster

I AM NOW GOING TO ASK 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)	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 <i>ODK will determine and display eligibility</i>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
<i>After recording information for one household member, the following prompt is asked to activate a looping script to record the information for another member if needed:</i>								
9	Are there any other usual members of your household or persons who slept in the house last night?				Yes 1 No..... 0			Skip to 10 if No

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Section 2 – Household Characteristics						
Now I would like to ask you a few questions about the characteristics of your household.						
10	<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>Electricity? 1 0 A wall clock? 1 0 A radio? 1 0 A black/white television? 1 0 A color television? 1 0 A mobile phone? 1 0 A landline telephone? 1 0 A refrigerator? 1 0 A freezer? 1 0 Electric generator/invertor(s)? 1 0 A washing machine? 1 0 A computer? 1 0 A digital photo camera? 1 0 A non digital photo camera? 1 0 A video deck? 1 0 A DVD/CD? 1 0 A sewing machine? 1 0 A bed? 1 0 A table? 1 0 A cabinet/cupboard? 1 0 A bicycle? 1 0 A motorcycle or motor scooter? 1 0 A car or truck? 1 0 A boat with a motor? 1 0 A boat without a motor? 1 0 None of the above -88 No response -99</p> <p>READ OUT ALL TYPES AND SELECT ALL THAT APPLY.</p>		<u>Yes</u>	<u>No</u>		
11a	<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 No 0</p>			Skip to 12a if No	
11b	<p>How many of the following animals does this household own?</p> <p><i>HINT: The household can keep the livestock anywhere, but must own the livestock recorded here.</i></p> <p><i>Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.</i></p>	<p>Cattle (Indigenous)</p> <p>Cows/Bulls</p> <p>Pigs</p> <p>Horses/Donkeys/Mules</p> <p>Goats</p> <p>Sheep</p> <p>Chickens</p>				

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
12a	<p>Does this household keep any livestock, herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock?</p> <p><i>HINT: Homestead includes the structure and yard that is close to the structure</i></p>	Yes 1 No 0 No response 0	Skip to 13 if No														
12b	<p>How many of the following animals does this household keep ON THE HOMESTEAD?</p> <p><i>HINT: The household does not need to own the livestock recorded here.</i></p> <p><i>Zero is a possible answer.</i> <i>Enter -88 for do not know.</i> <i>Enter -99 for no response.</i></p>	<table border="1"> <tr><td>Cattle (Indigenous)</td><td></td></tr> <tr><td>Cows/Bulls</td><td></td></tr> <tr><td>Pigs</td><td></td></tr> <tr><td>Horses/Donkeys/Mules</td><td></td></tr> <tr><td>Goats</td><td></td></tr> <tr><td>Sheep</td><td></td></tr> <tr><td>Chickens</td><td></td></tr> </table>	Cattle (Indigenous)		Cows/Bulls		Pigs		Horses/Donkeys/Mules		Goats		Sheep		Chickens		
Cattle (Indigenous)																	
Cows/Bulls																	
Pigs																	
Horses/Donkeys/Mules																	
Goats																	
Sheep																	
Chickens																	
Section 3 – Household Observation																	
Please observe the floors, roof and exterior walls																	
13	<p>Main material of the floor</p> <p>OBSERVE</p>	Earth/Sand 11 Earth and Dung 12 Parquet or polished wood 31 Mosaic or Tiles 33 Bricks 34 Cement 35 Stones 36 Other 96 No response -99															
14	<p>Main material of the roof</p> <p>OBSERVE</p>	Thatched 11 Mud 12 Wood/Planks 21 Iron sheets 22 Asbestos 23 Tiles 24 Tin 25 Cement 26 Other 96 No response -99															
15	<p>Main material of the exterior walls</p> <p>OBSERVE</p>	Thatched/Straw 11 Mud and Poles 21 Un-burnt Bricks 22 Un-burnt Bricks with Plaster 23 Burnt bricks with mud 24 Cement Blocks 31 Stone 32 Timber 33 Burnt Bricks with Cement 34 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.																	
16	Do you have a place to wash your hands?	Yes 1	Skip to 19 if														

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		No.....	0	No
		Don't know.....	-88	
17	Can you show it to me?	Yes	1	Skip to 19 if No
		No.....	0	
18	At the place where the household washes their hands, observe if: Soap is present		<u>Yes</u>	<u>No</u>
	Water source is present: stored water.....	1	0	
	Water source is present: running water.....	1	0	
	Handwashing area is near a sanitation facility	1	0	
	None of the above	1	0	
19	Which of the following water sources does your family use on a regular basis for any part of the year for any household purpose? <i>Read out all types and check all that are used. Scroll to the bottom to see all choices</i>		<u>Yes</u>	<u>No</u>
	Piped Water			
	Piped into dwelling/indoor	1	0	
	Pipe to yard/plot	1	0	
	Public tap/standpipe	1	0	
	Tube well or borehole.....	1		
	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]			
	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	

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	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	
	What is the main source of water used by your household for other purposes such as cooking and handwashing? <i>Read out HQ19 selections only.</i>			
	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.]			
	You mentioned you used [WATER SOURCE]. At any time of the year, does your household use water from this source for:			
			<u>Yes</u>	<u>No</u>
22	Drinking .....	.....	1	0
	Cooking .....	.....	1	0
	Livestock .....	.....	1	0
	Gardening / agriculture	1	0
	Business venture	1	0
	Washing	1	0
	No response	-99	

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23	<p>Is [WATER SOURCE] typically available: <i>Read all choices out loud.</i></p> <p>All of the year 1 Some of the year 2 Small part of the year 3</p>			
24	<p>At a time when you expect to have water from [WATER SOURCE], is it usually available?</p> <p>Yes, always 1 No, intermittent and predictable 2 No, intermittent and unpredictable 3</p>			
25	<p>How long does it take to go to [WATER SOURCE], get water, and come back? <i>Zero is a possible answer. Convert answer to minutes. Includes waiting time in line. Enter -88 for do not know, -99 for no response.</i></p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19.</i></p>	Minutes		
26	<p>Does your family have a garden? <i>Hint: A garden is a place to grow vegetables</i></p>	Yes 1 No 0 No response -99		
27	<p>Do members of your household use any of the following toilet facilities? <i>Read out all types and check all that are used. Scroll to the bottom to see all choices</i></p> <p>Flush/pour flush toilets connected to: Piped sewer system Septic tank Elsewhere Unknown / Not sure / Don't know</p> <p>Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet Hanging toilet /Hanging latrine Other (please explain): No facility / bush / field</p> <p>No response</p>		<p><u>Yes</u> <u>No</u></p> <p>1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 -99 0</p>	

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
28	<p>What is the main toilet facility used by members of your household?</p> <p>HQ27: [ODK will display HQ27 selections]</p> <p><i>The main facility must be selected in HQ 27.</i></p> <p>Flush/pour flush toilets connected to:</p> <p>Piped sewer system 1</p> <p>Septic tank..... 2</p> <p>Elsewhere..... 3</p> <p>Unknown / Not sure / Don't know 4</p> <p>Ventilated improved pit latrine 5</p> <p>Pit latrine with slab 6</p> <p>Pit latrine without slab 7</p> <p>Composting toilet..... 8</p> <p>Bucket toilet..... 9</p> <p>Hanging toilet /Hanging latrine 10</p> <p>Other: 11</p> <p>No facility / bush / field 12</p> <p>No response -99</p>			
	<p>Question HQ 29 will repeat x times, once for each sanitation facility selected in HQ27. These facilities include:</p> <p>HQ27: [ODK will display HQ27 selections]</p>			
29a	<p>How often does your household typically use: [TOILET FACILITY TYPE]?</p> <p><i>Regular practices at the household only.</i></p>	<p>Always 1</p> <p>Most of the time 2</p> <p>Occasionally 3</p> <p>Rarely 4</p> <p>No response -99</p>		
29b	<p>Do you share this toilet facility with other households or the public? [Select one]</p>	<p>Not shared 1</p> <p>Shared with less than ten households..... 2</p> <p>Shared with ten or more households..... 3</p> <p>Shared with the public. 4</p> <p>No response -99</p>		Skip to HQ30 if not 2
29c	<p>Enter the number of households that share this facility (including your own). [TOILET FACILITY TYPE]</p> <p><i>Must be between 2 and 9.</i></p> <p><i>If 10 or greater, swipe back to HQ29b and choose "shared with ten or more households." If less than 2, swipe back to HQ29b and choose "not shared."</i></p> <p><i>Enter -99 for no response.</i></p>	Number of households		
30	<p>How many people within your household regularly use the bush / field at home or at work?</p> <p>There are x people in this household. Enter - 88 for do not know, -99 for no response.</p>	Number of people		
	<p>CHECK HQ 3: Are there any household members aged 5 years or under?</p>	<p>Yes 1</p> <p>No.....0</p>		Skip to HQ 32 if NO
31	<p>For all children under age five: what methods, if any, does your household use to dispose of children's waste?</p> <p><i>Do not read the possible answers out loud.</i></p>		<p><u>Yes</u></p> <p><u>No</u></p>	

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	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 to P if No
<p>Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL THREE MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.</p>				
LOCATION AND QUESTIONNAIRE RESULT				
L	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i> <i>GPS coordinates can only be collected when outside</i>	RECORD LOCATION		
Ma	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 to R if No
Mb	Ensure that no people are in the photo	TAKE PICTURE		
n	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 9		