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				
	Interviewer's name: Is this your name? If not, please record your name: *ODK will display the name associated with the phone's serial number*	Yes .... 1 No 0				
		Interviewer's Name				
B	**Is this date and time correct?** [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]	Yes .... 1 No 0				Skip to D if Yes
C	Record the correct date and time	Date	Month	Day	Year	
		Time	Hour	Minutes	AM/PM	
D1	**Region**	Central .... 1 Eastern .... 2 Northern .... 3 Western 4				
D2	**District**	*ODK will populate a list of appropriate districts based on the region*				
D3	**Subcounty**	*ODK will populate a list of appropriate subcounties based on the district*				
D4	**Enumeration area**	*ODK will populate a list of appropriate Enumeration Areas based on the subcounty*				
E	**Structure number** *Please record the structure number from the household listing form.*					
F	**Household number** *Please record the household number from the household listing form.*					
	WARNING: Contact your supervisor before sending this form again.					
	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**	Yes .... 1 No 0				Skip to K if No

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	available to be interviewed today?		
G2	**Did this household participate in a previous PMA2020 survey?**	Yes .... 1 No .... 0 Do not know .... -88 No response .... -99	
INFORMED CONSENT **Find the competent member of the household. Read the greeting on the following screen:**			
	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. 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?		
H	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 K if No
	Respondent's signature **PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.**	GATHER SIGNATURE: Check box: ☐	
I	**Interviewer's name** *Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ A]."*		
J	**Respondent's first name.** *Please record the first name of the respondent.*		

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	2	3	4	5	6	7	8
	First name	Sex	Age (years) If less than one year old, record 0.	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	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								
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10								
	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:							
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

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	Section 2 – Household Characteristics **Now I would like to ask you a few questions about the characteristics of your household.**				
10	**Please tell me about the items 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 cassette player?	....	1	0	
	A television?	....	1	0	
	A mobile phone?	....	1	0	
	A fixed telephone?.............................	....	1	0	
	A refrigerator?	....	1	0	
	A table?	....	1	0	
	A chair?	....	1	0	
	A sofa set?	....	1	0	
	A bed?	....	1	0	
	A cupboard?	....	1	0	
	A clock?	....	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 with a motor?	....	1	0	
	A boat without a motor?	....	1	0	
	None of the above	....	-88	0	
	No response	....	-99		
	 READ OUT ALL TYPES AND SELECT ALL THAT APPLY.				
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			Skip to 12a if No
11b	**How many of the following animals does this household own?** *HINT: The household can keep the livestock anywhere, but must own the livestock recorded here.* *Zero is a possible answer.* *Enter -88 for do not know.* *Enter -99 for no response.*	Local Cattle			
		Exotic/Cross Cattle			
		Horses/Donkeys/Mules			
		Goats			
		Sheep			
		Pigs			
		Chickens			
12a	**Does this household keep any livestock, herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock?**	Yes ....1 No...0 No response 0			Skip to 13 if No

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	HINT: Homestead includes the structure and yard that is close to the structure			
12b	**How many of the following animals does this household keep ON THE HOMESTEAD?** *HINT: The household does not need to own the livestock recorded here.* *Zero is a possible answer.* *Enter -88 for do not know.* *Enter -99 for no response.*	Local Cattle?		
		Exotic/Cross Cattle		
		Horses/Donkeys/Mules		
		Goats		
		Sheep		
		Pigs		
		Chicken		
**Section 3 – Household Observation**			
	Please observe the floors, roof and exterior walls			
13	Main material of the floor **OBSERVE**	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	Main material of the roof **OBSERVE**	Thatched .... 11 Mud .... 12 Wood/Planks .... 21 Iron sheets... 22 Asbestos... 23 Tiles .... 24 Tin... 25 Cement.. 26 Other .... 96 No response .... -99		
15	Main material of the exterior walls **OBSERVE**	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, or do you have a movable container that is not kept in a fixed location, such as a bowl or kettle, that is commonly used for hand washing?**	Yes, fixed place .... 1 Yes, movable container .... 2 No.. 0 Don't know..-88 No response ....-99		Skip to 19 if No Go to 17a if 16 is 1

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
					Skip to 17b if 16 is 2
17b	**Can you show me any soap, water, and movable container available in the household used for hand washing?**	Yes .... 1 No.. 0			
18b	**ANYWHERE WITHIN THE HOUSEHOLD, OBSERVE IF:** Soap is present .... Water source is present: stored water............. Water source is present: running water........... Handwashing container Is observed .... None of the above		<u>Yes</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>No</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>	

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?**
	
	 Read out all types and check all that are used. Scroll to the bottom to see all choices
	
	 Piped Water
	     Piped into dwelling/indoor ....
	     Pipe to yard/plot ....
	 Public tap/standpipe ....
	 Tube well or borehole ....
	 Dug Well
	     Protected Well ....
	      Unprotected Well ....
	 Water from Spring
	     Protected Spring.............................
	      Unprotected Spring...........................
	 Rainwater ....
	 Tanker Truck ....
	 Cart with Small Tank ....
	 Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) ....
	 Bottled Water...
	 Sachet Water...
	
	 No response
		
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					If only one source is selected, skip to HQ22

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 ....
	     Pipe to yard/plot ....
	 Public tap/standpipe ....
	 Tube well or borehole ....
	 Dug Well
	     Protected Well ....
	     Unprotected Well...........................
		
		 1
		 2
		 3
		 4
		
		 5
		 6			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	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			
21	**What is the main source of water used by your household for other purposes such as cooking and handwashing?** *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 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		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
23	**Is [WATER SOURCE] typically available:** *Read all choices out loud.* All of the year .... Some of the year .... Small part of the year	.... 1 .... 2 3			
24	**At a time of year when you expect to have water from [WATER SOURCE], is it usually available?** Yes, always .... No, intermittent and predictable .... No, intermittent and unpredictable	.... 1 .... 2 3			
25	**How long does it take to go to [WATER SOURCE], get water, and come back?** *Zero is a possible answer. Convert answer to minutes. Includes waiting time in line. Enter -88 for do not know, -99 for no response.* *The same question will be generated by the ODK software for all water sources selected in HQ19.*	Minutes			
26	**Does your family have a garden?** *Hint: A garden is a place to grow vegetables*	Yes .... 1 No... 0 No response……………………………..-99			

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
	
	Flush/pour flush toilets connected to:
	     Piped sewer system ....
	     Septic tank...
	     Elsewhere...
	     Unknown / Not sure / Don't know ....
	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 ....
	
	No response ....
			Yes
			
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			-99
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP

28	**What is the main toilet facility used by members of your household?**
	
	HQ27: [ODK will display HQ27 selections]
	
	The main facility must be selected in HQ 27.
	
	Flush/pour flush toilets connected to:
	    Piped sewer system
	    Septic tank
	    Elsewhere
	    Unknown / Not sure / Don't know
	Ventilated improved pit latrine
	Pit latrine with slab
	Pit latrine without slab
	Composting toilet
	Bucket toilet
	Hanging toilet /Hanging latrine
	Other:
	No facility / bush / field
	No response
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		 2
		 3
		 4
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		 9
		 10
		 11
		 12
		...... -99			

	Question HQ 29 will repeat x times, once for each sanitation facility selected in HQ27. These facilities include: **HQ27: [ODK will display HQ27 selections]**				
29a	**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? [Select one]**	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." If less than 2, swipe back to HQ29b and choose "not shared."* *Enter -99 for no response.*	Number of households			
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?	Yes .... 1 No……………………………………………….0			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.*		<u>Yes</u>	<u>No</u>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	[PROBE: Anything else?] Children use a latrine / toilet .... Leave waste where it is .... Bury waste in field / yard .... Dispose of waste in latrine / toilet................... Dispose of waste with rubbish / garbage.......... Dispose of waste with waste water .... Use it as manure .... Burn it .... Don't know .... No response	....	1 1 1 1 1 1 1 1 -88 -99	0 0 0 0 0 0 0 0	
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
	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.**				

LOCATION AND QUESTIONNAIRE RESULT

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K	**Location** *Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.* *GPS coordinates can only be collected when outside*	RECORD LOCATION	
La	**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 M if No
Lb	**Ensure that no people are in the photo**	TAKE PICTURE	
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	