

mADDS –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			
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN	Yes.....	1	Skip to E if Yes		
	Is this date and time correct?	No	0			
D	Record the correct date and time	Date	Month	Day	Year	
		Time	Hour	Minutes	AM/PM	
E1	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.	Ashanti	1			
		Brong-Ahafo.....	2			
		Central	3			
		Eastern	4			
		Greater Accra	5			
		Northern	6			
		Upper East.....	7			
		Upper West.....	8			
		Volta.....	9			
		Western	10			
E2	District PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate district based on the region selected for SQ D</i>				
E3	Locality name PLEASE RECORD THE NUMBER OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate localities based on the district selected for SQE</i>				
E4	Enumeration area PLEASE RECORD THE NUMBER OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.					
F	Structure number PLEASE RECORD THE NUMBER OF THIS STRUCTURE FROM THE HOUSEHOLD LISTING FORM.					
G	Household number PLEASE RECORD THE NUMBER OF THIS HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.					
H	Is a member of the household and competent respondent present and available to be interviewed today?	Yes.....	1	Skip to P if No		
		No	0			

INFORMED CONSENT			
Find the competent member of the household. Read the following greeting:			
<p>Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. 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.</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 O 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 signature PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
K	Interviewee's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		

Household Roster

SECTION 1 – Household Roster								
I will now ask you questions about all members of the household. Let's begin with you. For each person who usually lives here or slept in the house last night, please record the following information:								
No	1	2	3	4	5	6	7	8
	First name	Sex	Age (years)	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 Single..... 5	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		Usual member of the household who slept here 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	Yes 1 No 0 <i>ODK will determine and display eligibility based on age and sex.</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	

Section 2 – Household Characteristics

Now I would like to ask you a few questions about the characteristics of your household.

			Yes	No	
10	Does your household have:				
	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			
	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 13 if No
11b	How many of the following animals does this household own? Cattle		
	Milk cows or bulls?.....		
	Horses/Donkeys/Mules		
	Goats		
	Sheep		
	Pigs		
	Rabbits.....		
	Grasscutter		
	Chickens		
	Other poultry		
	Other		
	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.		

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	Skip to 13 if No
12b	<p>How many of the following animals does this household keep ON THE HOMESTEAD?</p> <p>The household does not need to own the livestock recorded here.</p> <p>Cattle Milk cows or bulls?..... Horses/Donkeys/Mules Goats Sheep Pigs Rabbits..... Grasscutter Chickens Other poultry Other.....</p> <p>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.</p>		

Section 3 – Household Observation			
Please observe the floors, roof and exterior walls			
13	<p>Main material of the floor</p> <p>OBSERVE</p>	<p>Natural Floor Earth/Sand 11 Dung 12 Rudimentary Floor Wood Planks 21 Palm/Bamboo 22 Finished Floor Parquet or polished wood..... 31 Vinyl/Asphalt strips 32 Ceramic Tile/Terazzo 33 Cement 34 Woolen Carpet/Synthetic Carpet 35 Linoleum/rubber carpet 36 Other 96</p>	

14	Main material of the roof	<p>Natural Roof</p> <p>No Roof 11</p> <p>Thatch/Palm Leaf/ Sod 12</p> <p>Rudimentary Roofing</p> <p>Rustic Mat 21</p> <p>Palm/Bamboo 22</p> <p>Wood Planks 23</p> <p>Cardboard 24</p> <p>Finished Roofing</p> <p>Metal 31</p> <p>Wood 32</p> <p>Calamine/Cement Fiber 33</p> <p>Ceramic Tiles/Brick Tiles 34</p> <p>Cement 35</p> <p>Roof Shingles 36</p> <p>Asbestos/Slate Roofing Sheets 37</p> <p>Other 96</p>	
	OBSERVE		

15	Main material of the exterior walls OBSERVE	Natural Walls No Walls 11 Cane/Palm/Trunks..... 12 Rudimentary Walls Bamboo with Mud..... 21 Stone with Mud..... 22 Uncovered Adobe..... 23 Plywood 24 Cardboard 25 Reused Wood..... 26 Finished Walls Cement 31 Stone with Lime/Cement 32 Bricks 33 Cement Blocks 34 Covered Adobe 35 Wood Planks/Shingles 36 Other96	
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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? <i>If the container is always in the same location, then count it as a fixed place.</i>	Yes, fixed place 2 Yes, movable container 1 No 0 Don't know -88		Skip to 19 if No Go to 17a if 16 is 1 Skip to 17b if 16 is 2
17a	Can you show it to me?	Yes..... 1 No 0		Skip to 19 if No
18a	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>No</u> 1 0 1 0 1 0 1 0 1 0	Skip to 19
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 Hand washing container is observed None of the above		<u>Yes</u> <u>No</u> 1 0 1 0 1 0 1 0 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? 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		<u>Yes</u> <u>No</u> 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 1 0 1 0 1 0 1 0	

	READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.			
20	What is the main source of drinking water for members of your household?			
	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		
	READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19			

21	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p>Piped Water</p> <p> Piped into dwelling/indoor 1</p> <p> Pipe to yard/plot 2</p> <p>Public tap/standpipe 3</p> <p>Tube well or borehole 4</p> <p>Dug Well</p> <p> Protected Well 5</p> <p> Unprotected Well 6</p> <p>Water from Spring</p> <p> Protected Spring 7</p> <p> Unprotected Spring 8</p> <p>Rainwater..... 9</p> <p>Tanker Truck..... 10</p> <p>Cart with Small Tank..... 11</p> <p>Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) 12</p> <p>Bottled Water 13</p> <p>Sachet Water 14</p> <p>READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19.</p>				
22	<p>QUESTIONS HQ 22 TO HQ 24 WILL REPEAT X TIMES, ONCE FOR EACH WATER SOURCE SELECTED IN HQ 17. THESE SOURCES INCLUDE:</p> <p><i>The ODK software will list all sources selected in HQ 19.</i></p> <p>You mentioned you used [WATER SOURCE]. At any time of the year, does your family use water from this source for:</p> <p>Drinking.....</p> <p>Cooking.....</p> <p>Livestock</p> <p>Gardening / agriculture</p> <p>Business venture</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>		<p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	
23	<p>Is [WATER SOURCE] typically available:</p> <p>All of the year 1</p> <p>Some of the year 2</p> <p>Small part of the year..... 3</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>				

24	<p>At a time when you expect to have water from [WATER SOURCE], is it usually available?</p> <p>Yes, always..... 1</p> <p>No, intermittent and predictable 2</p> <p>No, intermittent and unpredictable 3</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>																																							
25	<p>How long does it take to go there, get water, and come back? [WATER SOURCE]?</p> <p>ZERO IS A POSSIBLE ANSWER. CONVERT TIME INTO MINUTES. ANSWER INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW.</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>	Minutes																																						
26	Does your family have a garden?	<p>Yes..... 1</p> <p>No 0</p>																																						
27	<p>Do members of your household use any of the following toilet facilities?</p> <p>Flush/pour flush toilets connected to:</p> <p> Piped sewer system..... 1</p> <p> Septic tank 1</p> <p> Elsewhere 1</p> <p>Unknown / Not sure / Don't know 1</p> <p>Ventilated improved pit latrine 1</p> <p>Pit latrine with slab 1</p> <p>Pit latrine without slab 1</p> <p>Composting toilet 1</p> <p>Bucket toilet 1</p> <p>Hanging toilet /Hanging latrine..... 1</p> <p>Other: 1</p> <p>READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Piped sewer system.....</td><td>1</td><td>0</td></tr> <tr><td>Septic tank</td><td>1</td><td>0</td></tr> <tr><td>Elsewhere</td><td>1</td><td>0</td></tr> <tr><td>Unknown / Not sure / Don't know</td><td>1</td><td>0</td></tr> <tr><td>Ventilated improved pit latrine</td><td>1</td><td>0</td></tr> <tr><td>Pit latrine with slab</td><td>1</td><td>0</td></tr> <tr><td>Pit latrine without slab</td><td>1</td><td>0</td></tr> <tr><td>Composting toilet</td><td>1</td><td>0</td></tr> <tr><td>Bucket toilet</td><td>1</td><td>0</td></tr> <tr><td>Hanging toilet /Hanging latrine.....</td><td>1</td><td>0</td></tr> <tr><td>Other:</td><td>1</td><td>0</td></tr> </tbody> </table>			Yes	No	Piped sewer system.....	1	0	Septic tank	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	1	0	Composting toilet	1	0	Bucket toilet	1	0	Hanging toilet /Hanging latrine.....	1	0	Other:	1	0	
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Other:	1	0																																						
28	<p>What is the main toilet facility used by members of your household?</p> <p>READ OUT ALL TYPES AND CHECK THE MAIN FACILITY. MUST BE SELECTED IN HQ 25</p>	<p>Flush/pour flush toilets connected to:</p> <p> Piped sewer system 1</p> <p> Septic tank..... 2</p> <p> Pit Latrine 13</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/open pit..... 7</p> <p>Bucket/pan..... 9</p> <p>Composting toilet..... 8</p> <p>Hanging toilet /Hanging latrine 10</p> <p>Other:..... 11</p> <p>No facility / bush / field..... 12</p> <p>No Response -99</p>																																						

29	<p>QUESTIONS HQ 29-29b WILL REPEAT X TIMES, ONCE FOR EACH SANITATION FACILITY SELECTED IN HQ 25. THESE FACILITIES INCLUDE:</p> <p><i>The ODK software will list all sources selected in HQ 25.</i></p> <p>How often does your family typically use [TOILET FACILITY TYPE]?</p> <p>REGULAR PRACTICES AT THE HOUSEHOLD ONLY</p> <p><i>The same question will be generated by the ODK software for all toilet facility types selected in HQ25</i></p>			
29a	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
29b	Enter the number of households that share the main toilet facility.	_____		
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.	Number of people		
31	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 N if No
Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.				

LOCATION AND QUESTIONNAIRE RESULT

L	Ensure that no people are in the photo	<i>Instructions are given directly by the ODK software</i> TAKE PICTURE CHOOSE IMAGE	
M	Take a GPS point outside near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.	<i>Instructions are given directly by the ODK software</i> RECORD LOCATION	
N	Record the result of the Service Delivery Point Survey	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	