

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
	ITIFICATION se record the following identifying informati	on prior to	beginning t	the intervi	ew.		
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).		Yes1 No0				
	Enter your name below. Please record your name	Interviewer's Name					
		Interviewe	Interviewer's Name				
В	Is this date and time correct? [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]	Yes			Skip to D if Yes		
С	Record the correct date and time	Date	Month	Day	Year		
D1	COUNTY	Time Hour Minutes AM/PM Bungoma 1 Kericho 2 Kiambu 3 Kilifi 4 Kitui 5 Nairobi 6 Nandi 7 Nyamira 8 Siaya 9					
D2	DISTRICT (SUB-COUNTY) PLEASE RECORD THE NAME OF THE		opulate a lis				
D3	DIVISION	ODK will populate a list of appropriate divisions based on the district (sub-county) .					
D4	LOCATION		ODK will populate a list of appropriate locations based on the division selected				
D5	ENUMERATION AREA		opulate a lis on areas ba				

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			
	WARNING: Contact your supervisor before	e sending this form again.			
	CHECK: Why are you resending this form? Choose al that apply.	There are new household members on this form			
G	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	Skip to 31 if No		
G2	Did this household participate in a previous PMA2020 survey?	Yes 1 No 0 Do not know -88 No response -99			
	RMED CONSENT the competent member of the household. R	lead the following greeting:			
Hello. My name is and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National 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?					
Н	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes	Skip to 32 if No		

Household Questionnaire

	Respondent's signature	GATHER SIGNATURE:	
	PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	Check box: □	
I	Interviewer's name		
	Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."		
J	Respondent's first name.		
	Please record the first name of the respondent.		



Household Questionnaire

l am	SECTION 1 – Household Roster I am now going to ask you questions about each usual members of the household or anyone who slept in the house last night.							
	1	2	3	4	5	6	7	8
No	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
		Male1 Female2		Married	Head		Usual member of the household who slept here last night	Yes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Af	ter recordir	ng informatio	n for one househol	d member, the following	g prompt is asked to act	ivate a lo	oping script to record information for an	other member
9			sual members of you he house last night		Yes			kip to 10 if No



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. Yes No Otherwise do not select the item. A clock or watch? 1 n 1 n Electricity?..... A radio? n 1 A television?.... 1 0 A mobile telephone? 0 A non-mobile telephone? 0 0 A refrigerator? 1 A solar panel? 1 0 A bicycle?..... 1 0 0 1 A motorcycle or motor scooter? 0 An animal-drawn cart? 1 0 A car or truck?..... 1 A boat without a motor? 1 -88 None of the above..... No response..... -99 **READ OUT ALL TYPES AND SELECT ALL THAT APPLY.** Ski 11a Does this household own any livestock, p to herds, other farm animals, or poultry? No......0 12a No response0 These livestock can be kept anywhere, not No necessarily on the homestead. NR 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 (Indigenous)..... Milk cows or bulls Horses, Donkeys, Mules Goats..... Sheep...... Chickens 12a Does this household keep any livestock,

	herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock? HINT: Homestead includes the structure and yard that is close to the structure	No	p to 13 if No
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 (Indigenous) Milk cows or bulls Horses/Donkeys/Mules Goats Sheep Chicken		
Pleas	Section 3 – House e observe the floors, roof and exterior walls	ehold Observation	
13	Main material of the floor OBSERVE	Earth/Sand 11 Dung 12 Wood Planks 21 Palm/Bamboo 22 Parquet or polished wood 31 Vinyl or Asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other 96 No response -99	
14	Main material of the roof OBSERVE	No roof 10 Grass/Thatch/Makuti 11 Dung/Mud 12 Corrugated Iron (Mabati) 21 Tin Cans 22 Asbestos Sheet 31 Cement 32 Tiles 33 Other 96 No response -99	
15	Main material of the exterior walls OBSERVE	No Walls 11 Cane/Palm/Trunks 12 Dirt 13 Bamboo with Mud 21 Stone with Mud 22 Uncovered Adobe 23	

Sect	ion 4 – Water, Sanitation and Hygier	Plywood Cardboard Reused Wood Cement Stone with Lime/Cement Bricks Cement Blocks Covered Adobe Wood Planks/Shingles Other No response		25 26 31 32 33 34 35 36	
	would like to ask you a few questions about		ene.		
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 Yes, movable container No Don't know No response		2 0 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			Skip to 19 if No
18a	At the place where the household washes their hands, observe if: Soap is present		1 1	No 0 0 0	
17b	Can you show me any soap, water, and movable container available in the household used for hand washing?	Yes		1	
18b	ANYWHERE WITHIN THE HOUSEHOLD, OBSERVE IF: Soap is present		Yes 1 1 1 1	<u>No</u> <u>0</u> <u>0</u> 0	\$kip to 19
19	Water source is present: running water Handwashing container Is observed None of the above Which of the following water sources does your family use on a regular basis		<u>1</u> _1	<u>0</u> <u>0</u> <u>0</u>	If only
	for any part of the year for any household purpose?				one source is select

		-			
	Read out all types and check all that are				ed.
	used. Scroll to the bottom to see all				skip to
	choices		Voc	No	HQ22
	CHOICES		<u>Yes</u>	<u>No</u>	
	Dinad Water				
	Piped Water		4		
	Piped into dwelling/indoor			0	
	Pipe to yard/plot			0	
	Public tap/standpipe			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			0	
	Rainwater			0	
	Tankar Truck		1	-	
	Tanker Truck		1	0	
	Cart with Small Tank		1	0	
	Surface water (River / Dam / Lake / Pond /				
	Stream / Canal / Irrigation Channel)			0	
	Bottled Water		1	0	
	Sachet Water		1	0	
	No response		-99		
	·				
20	What is the main source of drinking				
20	water for members of your household?				
	water for members of your nousehold:				
	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				
	Public tap/standpipe				
	Tube well or borehole			4	
	Dug Well			1	
	Protected Well			5	
	Unprotected Well				
	•		• • • • • • • • • • • • • • • • • • • •		
	Water from Spring			7	
	Protected Spring				
	Unprotected Spring				
	Rainwater			_	
	Tanker Truck				
	Cart with Small Tank			ļ 11	
	Surface water (River / Dam / Lake / Pond /				
	Stream / Canal / Irrigation Channel)			12	
	Bottled Water				
	Sachet Water				
	No response				
21	What is the main source of water used				
Z 1					
	by your household for other purposes				
	such as cooking and handwashing?				
				1	ı

	Read out HQ19 selections only.				
	Piped Water Piped into dwelling/indoor Pipe to yard/plot				
	Public tap/standpipe Tube well or borehole Dug Well Protected Well			4	
	Unprotected Well Water from Spring Protected Spring			6	
	Unprotected Spring Rainwater Tanker Truck Cart with Small Tank			9 10	
	Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)			12	
	Sachet Water No response				
	Questions HQ 22 to HQ 25 will repeat x tin in HQ 19. These sources include: [ODK will display HQ19 selections.]	nes, once for each water sou	rce sel	ected	
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 Cooking Livestock Gardening / agriculture Business venture Washing No response		1 1 1 1 1	0 0 0 0 0 0	
23	Is [WATER SOURCE] typically available:				
	Read all choices out loud. All of the year Some of the year Small part of the year			2	
24	At a time when you expect to have water from [WATER SOURCE], is it usually available?				
	Yes, always No, intermittent and predictable			1 2	

	No, intermittent and unpredictable			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.	Minutes:			
	The same question will be generated by the ODK software for all water sources selected in HQ19.				
26	Does your family have a garden? Hint: A garden is a place to grow vegetables	Yes No No response 99		0	
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		<u>Yes</u>	<u>No</u>	
	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		1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0	
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			2 3 4 5 6 7 8	

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.		
	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	3 4 5 6 7	
	Question HQ 29 will repeat x times, once f HQ27. These facilities include: HQ27: [ODK will display HQ27 selections]	-	
29a	How often does your household	Always 1	
	typically use: [TOILET FACILITY TYPE]? Regular practices at the household only.	Most of the time	
29b	Do you share this toilet facility with other households or the public? [Select one]	Not shared	Skip to HQ30 if not 2
29c	Enter the number of households that share this facility (including your own).	Number of	
	[TOILET FACILITY TYPE]	Households:	
	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.		
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	Number of People:	
	-88 for do not know, -99 for no response.		
	K HQ 3: Are there any household members	Yes	Skip to HQ

32	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes	Skip to R if No
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Thank the respondent for her/his time.

The respondent is finished, but there are still three more questions for you to complete outside the house.

LOC	CATION AND QUESTIONNAIRE RESU	LT	
К	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	
	CHECK 32: Permission to take photo?		
L	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	Ski p to M if No
М	How many times have you visited this household?	1 st time	
N	Questionnaire result Record the result of the Household Questionnaire	Completed	