

BFR5 Household Questionnaire

<p>001b. Enter your ID below.</p> <p><i>Please record your ID</i></p>	<p>001a = 0</p>
<p>002b. Record the correct date and time.</p>	<p style="text-align: right;">Always</p> <p>Jour: Mois: Année:</p>
<p>003a. Region</p>	<p><i>A list of regions.</i> filter_list=\${this_country}</p>
<p>003b. Province</p>	<p><i>A list of provinces.</i> filter_list=\${level1}</p>
<p>003c. Commune, village</p>	<p><i>A list of communes.</i> filter_list=\${level2}</p>
<p>004. Enumeration area</p>	<p><i>A list of Eas.</i> filter_list=\${level3}</p>
<p>005. Structure number</p> <p><i>Please record the structure number from the household listing form.</i></p>	<p>Always</p>
<p>006. Household number</p> <p><i>Please record the household number from the household listing form.</i></p>	<p>Always</p>
<p>007. CHECK: Have you already sent a form for this structure and household?</p> <p><i>DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.</i></p>	<p style="text-align: right;">Always</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>008. CHECK: Why are you resending this form?</p> <p><i>Choose all that apply.</i></p>	<p style="text-align: right;">007 = 1</p> <p><input type="checkbox"/> There are new household members on this form <input type="checkbox"/> I am correcting a mistake made on a previous form <input type="checkbox"/> The previous form disappeared from my phone without being sent <input type="checkbox"/> I submitted the previous form and my supervisor told me that it was not received <input type="checkbox"/> Other reason(s)</p>
<p>009a. Is a member of the household and competent respondent present and available to be interviewed today?</p>	<p style="text-align: right;">Always</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>009b. Did this household participate in a previous PMA2020 survey?</p>	<p style="text-align: right;">Always</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>INFORMED CONSENT</p> <p><i>Find a competent member of the household. Read the greeting on the following screen.</i></p>	<p style="text-align: right;">009a = 1</p>
<p>Hello. My name is _____ and I am working for the Institut Supérieur des Sciences de la Population (ISSP). We are conducting a local survey about various health issues in Burkina Faso. Your household has been selected for this survey. 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.</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. At this time, do you want to ask me anything about the survey?</p>	
<p>010a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>010b. Respondent's signature</p>	<p style="text-align: right;">010a = 1</p>
<p>010c. Interviewer's name. Please record your name as a witness to the consent process. You</p>	<p style="text-align: right;">010a = 1</p>

previously entered [NAME FROM 001]

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.

010a = 1

Household member

101. Name of household member / visitor <i>Start with the head of the household.</i>		HM1: 108=1 HM2+: 108=1 OR 109=0
101a. Is this person the respondent?		<input type="checkbox"/>
102. What is [NAME] relationship to the head of household?		HM1: 108=1 HM2+: 108=1 OR 109=0 <input type="checkbox"/> Head <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Son/Daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Parent in law <input type="checkbox"/> Brother/Sister <input type="checkbox"/> House help <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
103. Is [NAME] male or female?		HM1: 108=1 HM2+ 108=1 OR 109=0 <input type="checkbox"/> Male <input type="checkbox"/> Female
104. How old was [NAME] at their last birthday? <i>If less than one year old, record 0</i>		HM1: 108=1 HM2+ 108=1 OR 109=0

<p>105. What is [NAME]'s current marital status?</p> <p><i>If not married, probe to determine if they have ever been married and, if so, if they are divorced/separated or widowed.</i></p>	<p style="text-align: right;">104 ≥ 10</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Divorced / separated <input type="checkbox"/> Widow / widower <input type="checkbox"/> Never married <input type="checkbox"/> No response</p>
<p>106. Does [NAME] usually live here?</p>	<p style="text-align: right;">HM1: 108=1 HM2+ 108=1 OR 109=0</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>107. Did [NAME] stay here last night?</p>	<p style="text-align: right;">HM1: 108=1 HM2+ 108=1 OR 109=0</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>

<p>ERROR: Members on household roster must usually live here or must have stayed here last night.</p> <p>Go back and remove this household member.</p>	<p style="text-align: right;">106 ≠ 1 AND 107 ≠ 1</p>
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<p>LCL_101. What is the religion of [NAME] ?</p>	<p style="text-align: right;">102 = 1</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> No religion <input type="checkbox"/> No response</p>
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<p>LCL_102. What is the ethnicity of [NAME]?</p>	<p style="text-align: right;">102 = 1</p> <p><input type="checkbox"/> BOBO <input type="checkbox"/> DIOULA <input type="checkbox"/> FULFULDE/ PEULH <input type="checkbox"/> GOURMANTCHE <input type="checkbox"/> GOUROUNSI <input type="checkbox"/> LOBI <input type="checkbox"/> MOSSI <input type="checkbox"/> SENOUFO <input type="checkbox"/> TOLIAREG/ BEI I Δ</p>
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	<input type="checkbox"/> DAGARA <input type="checkbox"/> BISSA <input type="checkbox"/> West African <input type="checkbox"/> Other African <input type="checkbox"/> Other nationality <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>108. Are there any other usual members of your household or persons who slept in the house last night?</p>	<p style="text-align: right;">010a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>There are other members of the household. Move forward and select "Add Group"</p>	<p style="text-align: right;">108 = 1</p>
<p>There are no other members of the household. Move forward and select "Do Not Add"</p>	<p style="text-align: right;">108 = 2</p>
<p>ERROR: There is no household head.</p> <p>Go back, select a head.</p> <p>For each member, check that the relationship to the household head is accurate.</p>	<p style="text-align: right;">Total of "102 = 'household head'" = 0</p>
<p>ERROR: There are [NUMBER] household heads selected: [HOUSEHOLD HEAD NAMES ENTERED] Go back, select only one head. For each member, check that the relationship to the household head is accurate.</p>	<p style="text-align: right;">Total of "102 = 'household head'" > 1</p>
<p>The respondent must be in the roster. Only one person in the roster can be marked as the respondent. Go back and make sure that only one person is selected as the respondent. You entered the the following household members: [NAMES]</p>	<p style="text-align: right;">Total of 101a ≠ 1</p>
<p>109. READ THIS CHECK OUT LOUD: There are [NUMBER OF HOUSEHOLD MEMBERS ENTERED] household members who are named [NAMES]. Is this a complete list of the household members?</p> <p><i>Remember to include all children in the household.</i></p>	<p style="text-align: right;">108 = 0</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 – Household Characteristics

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

	010a = 1
<p>201. Please tell me about items that 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 style="text-align: right;">010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electricity? <input type="checkbox"/> A radio? <input type="checkbox"/> A television? <input type="checkbox"/> A mobile phone? <input type="checkbox"/> A landline telephone? <input type="checkbox"/> A refrigerator? <input type="checkbox"/> A TV Antenna? <input type="checkbox"/> A cabel subscription? <input type="checkbox"/> A washing machine? <input type="checkbox"/> A gas or electric stove? <input type="checkbox"/> An improved stove? <input type="checkbox"/> A DVD/CD? <input type="checkbox"/> An air conditioner? <input type="checkbox"/> A computer? <input type="checkbox"/> Home internet? <input type="checkbox"/> A wall clock? <input type="checkbox"/> Charruees ? <input type="checkbox"/> A bicycle? <input type="checkbox"/> A motorcycle or motor scooter? <input type="checkbox"/> Animal-drawn cart? <input type="checkbox"/> A canoe or fishing nets? <input type="checkbox"/> A car or truck? <input type="checkbox"/> A boat with a motor? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="checkbox"/></p>

<p>202a. 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 style="text-align: right;">010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
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<p>202b. How many of the following animals does this household own?</p> <p><i>The household can keep the livestock anywhere, but must</i></p>	<p style="text-align: right;">202a = 1</p>
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own the livestock recorded here.	
Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.	
Pigs	
Cows or bulls	
Horses, donkeys or mules	
Goats	
Sheep	
Chickens	
Other	

Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>301. Main material of the floor</p> <p><i>Observe.</i></p>	<p style="text-align: right;">010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Earth / sand <input type="checkbox"/> Cow dung <input type="checkbox"/> Wooden boards <input type="checkbox"/> Palm / bamboo <input type="checkbox"/> Parquet or polished wood <input type="checkbox"/> Tapes vinyl / asphalt <input type="checkbox"/> Tiles <input type="checkbox"/> Cement <input type="checkbox"/> Carpet <input type="checkbox"/> Other <input type="checkbox"/> No answer
<p>302. Main material of the roof</p> <p><i>Observe.</i></p>	<p style="text-align: right;">010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> No roof <input type="checkbox"/> Thatch / palm <input type="checkbox"/> Earth mottes <input type="checkbox"/> Mats <input type="checkbox"/> Palm / bamboo <input type="checkbox"/> Wooden boards <input type="checkbox"/> Cardboard <input type="checkbox"/> Sheet metal <input type="checkbox"/> Wood <input type="checkbox"/> Zinc / fiber cement

	<input type="checkbox"/> Tile <input type="checkbox"/> Cement <input type="checkbox"/> Shingles <input type="checkbox"/> Other <input type="checkbox"/> No answer
<p>303. Main material of the exterior walls</p> <p><i>Observe.</i></p>	<p style="text-align: right;">010a = 1</p> <input type="checkbox"/> No wall <input type="checkbox"/> Bamboo / cane / palm / trunk <input type="checkbox"/> Earth <input type="checkbox"/> Bamboo with mud <input type="checkbox"/> Stones with mud <input type="checkbox"/> Adobe not covered <input type="checkbox"/> Plywood <input type="checkbox"/> Cardboard <input type="checkbox"/> Recovered wood <input type="checkbox"/> Cement <input type="checkbox"/> Stones with lime / cement <input type="checkbox"/> Bricks <input type="checkbox"/> Cement blocks <input type="checkbox"/> Covered adobe <input type="checkbox"/> Wood board / shingles <input type="checkbox"/> Other <input type="checkbox"/> No answer

Section 4 – Water Sanitation and Hygiene

Now I would like to ask you a few questions about water, sanitation and hygiene.

<p>401. We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?</p>	<p style="text-align: right;">010a = 1</p> <input type="checkbox"/> Observed, fixed place <input type="checkbox"/> Observed, mobile <input type="checkbox"/> Not observed, not in dwelling/yard/plot <input type="checkbox"/> Not observed, no permission to see <input type="checkbox"/> Not observed, other reason <input type="checkbox"/> No response
<p>401c. At the place where the household washes their hands, observe if:</p> <p><i>Check all that apply.</i></p>	<p style="text-align: right;">401 = 1,2</p> <input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above

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<p>402. Which of the following water sources does your household use on a regular basis for any part of the year for any purpose?</p> <p><i>Read out all types and check all that are used. Scroll to bottom to see all choices.</i></p>	<p style="text-align: right;">010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Piped Water: Piped into dwelling/indoor <input type="checkbox"/> Piped Water: Pipe to yard/plot <input type="checkbox"/> Piped Water: Public tap/standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Dug Well: Protected Well <input type="checkbox"/> Dug Well: Unprotected Well <input type="checkbox"/> Water from Spring: Protected Spring <input type="checkbox"/> Water from Spring: Unprotected Spring <input type="checkbox"/> Rainwater <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Cart with Small Tank <input type="checkbox"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="checkbox"/> Bottled Water <input type="checkbox"/> Sachet Water <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="checkbox"/></p>

<p>403. What is the main source of drinking water for members of your household? Selections from 402: [ODK will show the sources selected in 402]</p> <p><i>Read out 402 selections only.</i></p>	<p style="text-align: right;">More than one option selected in 402 AND 402 ≠ -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> Piped Water: Piped into dwelling/indoor <input type="checkbox"/> Piped Water: Pipe to yard/plot <input type="checkbox"/> Piped Water: Public tap/standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Dug Well: Protected Well <input type="checkbox"/> Dug Well: Unprotected Well <input type="checkbox"/> Water from Spring: Protected Spring <input type="checkbox"/> Water from Spring: Unprotected Spring <input type="checkbox"/> Rainwater <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Cart with Small Tank <input type="checkbox"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="checkbox"/> Bottled Water <input type="checkbox"/> Sachet Water <input type="checkbox"/> No response
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<p>404. What is the main source of water used by your household for other purposes such as cooking and hand washing? Selections from 402: [ODK will show the sources selected in 402]</p> <p><i>Read out 402 selections only.</i></p>	<p style="text-align: right;">More than one option selected in 402 AND 402 ≠ -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> Piped Water: Piped into dwelling/indoor <input type="checkbox"/> Piped Water: Pipe to yard/plot <input type="checkbox"/> Piped Water: Public tap/standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Dug Well: Protected Well <input type="checkbox"/> Dug Well: Unprotected Well
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	<input type="checkbox"/> Water from Spring: Protected Spring <input type="checkbox"/> Water from Spring: Unprotected Spring <input type="checkbox"/> Rainwater <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Cart with Small Tank <input type="checkbox"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="checkbox"/> Bottled Water <input type="checkbox"/> Sachet Water <input type="checkbox"/> No response
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<p>405. You mentioned that you used [MAIN WATER SOURCE]. At any time of the year, does your household use water from this source for:</p>	403 ≠ -99
	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Livestock <input type="checkbox"/> Gardening / agriculture <input type="checkbox"/> Business venture <input type="checkbox"/> Washing <input type="checkbox"/> No response

<p>406. How many months out of the year is [MAIN WATER SOURCE] usually available:</p> <p><i>Zero is a possible answer. Please record the number of completed months. Enter -88 for Do Not Know, -99 for No Response</i></p>	403 ≠ -99
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<p>407. At a time of year when you expect to have [MAIN WATER SOURCE], is it usually available?</p>	403 ≠ -99
	<input type="checkbox"/> Yes, always <input type="checkbox"/> No, intermittent and predictable <input type="checkbox"/> No, intermittent and unpredictable <input type="checkbox"/> No response

<p>408. How long does it take to go to the [MAIN WATER SOURCE], and come back?</p> <p><i>0 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>	403 ≠ 1 or -99
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	010a = 1
<p>409. Do members of your household use any of the following toilet facilities?</p> <p><i>Read out all types. Check all that are used. Scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Flush/pour flush toilets connected to: Piped sewer system <input type="checkbox"/> Flush/pour flush toilets connected to: Septic tank <input type="checkbox"/> Flush/pour flush toilets connected to: Pit Latrine <input type="checkbox"/> Flush/pour flush toilets connected to:

	<p>Elsewhere</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Unknown / Not sure / Don't know</p> <p><input type="checkbox"/> Ventilated improved pit latrine</p> <p><input type="checkbox"/> Pit latrine with slab</p> <p><input type="checkbox"/> Pit latrine without slab</p> <p><input type="checkbox"/> Composting toilet</p> <p><input type="checkbox"/> Bucket toilet</p> <p><input type="checkbox"/> Hanging toilet /Hanging latrine</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No facility / bush / field</p> <p><input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="checkbox"/></p>

<p>410. What is the main toilet facility used by members of your household? Selections from 409: [SELECTIONS]</p> <p><i>The main facility must be selected in 409.</i></p>	<p>More than one option selected for 409 AND 409 ≠ -99</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Piped sewer system</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Septic tank</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Pit Latrine</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Elsewhere</p> <p><input type="checkbox"/> Flush/pour flush toilets connected to: Unknown / Not sure / Don't know</p> <p><input type="checkbox"/> Ventilated improved pit latrine</p> <p><input type="checkbox"/> Pit latrine with slab</p> <p><input type="checkbox"/> Pit latrine without slab</p> <p><input type="checkbox"/> Composting toilet</p> <p><input type="checkbox"/> Bucket toilet</p> <p><input type="checkbox"/> Hanging toilet /Hanging latrine</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No facility / bush / field</p> <p><input type="checkbox"/> No response</p>
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<p>SN_411.ii. When was the last time your [MAIN SANITATION FACILITY] was emptied? Probe: How many months or years ago?</p> <p><i>If less than one month, select months.</i></p>	<p>410 = 2, 3, 6, 7, 8, or 10</p> <p><input type="checkbox"/> X months ago</p> <p><input type="checkbox"/> X years ago</p> <p><input type="checkbox"/> Never emptied</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No response</p>
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<p>Enter [Months OR Years]:</p> <p><i>If less than one month, enter 0 months.</i></p>	
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<p>SN_411.iii. The last time your [MAIN SANITATION FACILITY] was emptied, who emptied it? Probe: Was it emptied by household members or by neighbors or by a service provider?</p>	<p style="text-align: right;">ii ≠ 4, -88, -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> By household members or neighbors <input type="checkbox"/> By a service provider <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> No Response
<p>SN_411.iv. The last time your [MAIN SANITATION FACILITY] was emptied, where were the contents emptied to?</p>	<p style="text-align: right;">ii ≠ 4, -88, -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> To a covered and sealed hole (buried) <input type="checkbox"/> To an open drain or to a water body <input type="checkbox"/> To an open hole (not buried), open ground, bush, beach or to agricultural land <input type="checkbox"/> Taken away by the service provider to a treatment facility <input type="checkbox"/> Taken away by the service provider to don't know where <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<p>SN_411.v. Where is your toilet facility located? [MAIN SANITATION FACILITY]</p>	<p style="text-align: right;">410 ≠ 12 or -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> In own dwelling <input type="checkbox"/> In own yard / plot <input type="checkbox"/> Elsewhere <input type="checkbox"/> No Response
<p>411. How often does your household typically use: [TOILET FACILITY]</p> <p><i>Regular practices at the household only.</i></p>	<p style="text-align: right;">410 ≠ -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> No response
<p>412a. Do you share this toilet facility with other households or the public? [MAIN SANITATION PLACE]</p>	<p style="text-align: right;">410 ≠ -99</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not shared <input type="checkbox"/> Shared with less than ten households <input type="checkbox"/> Shared with ten or more households <input type="checkbox"/> Shared with the public <input type="checkbox"/> No response
<p>412b. Enter the number of households that share this facility (including your own). [MAIN SANITATION PLACE]</p> <p><i>Must be between 2 and 9.</i></p> <p><i>If 10 or greater, move back to 412a and choose "Shared with</i></p>	<p style="text-align: right;">410 ≠ -99</p>

<p><i>ten or more households."</i></p> <p><i>Enter -99 for no response.</i></p>	
<p>413. How many people within your household regularly use the bush / field at home or at work? There are [X NUMBER] people in this household.</p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	010a = 1
<p>414. For all children under age five: what methods, if any, does your household use to dispose of children's fecal waste?</p> <p><i>Do not read the possible responses out loud.</i></p> <p><i>PROBE: anything else?</i></p>	<p>010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children use a latrine / toilet <input type="checkbox"/> Leave waste where it is <input type="checkbox"/> Bury waste in field / yard <input type="checkbox"/> Dispose of waste in latrine / toilet <input type="checkbox"/> Dispose of waste with rubbish / garbage <input type="checkbox"/> Dispose of waste with waste water <input type="checkbox"/> Use it as manure <input type="checkbox"/> Burn it <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>Thank the respondent for his/her time.</p> <p><i>The respondent is finished, but there is still more for you to complete outside the home.</i></p>	009a = 1

Location and Questionnaire result
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<p>096. Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	Always
<p>097. How many times have you visited this household?</p>	<p>Always</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1st time <input type="checkbox"/> 2nd time <input type="checkbox"/> 3rd time
<p>098. In what language was this interview conducted?</p>	<p>010a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Moore <input type="checkbox"/> Goumantchema <input type="checkbox"/> Fulfulde <input type="checkbox"/> Dioula <input type="checkbox"/> Autre

