

PMA Democratic Republic of Congo Phase 2 Survey Household Questionnaire

<p>hidden field as jr:choice-name does not work in repeat group</p>	<p> <input type="radio"/> Head <input type="radio"/> Wife/Husband <input type="radio"/> Son/Daughter <input type="radio"/> Son/Daughter-in-law <input type="radio"/> Grandchild <input type="radio"/> Parent <input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> House help <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>hidden field as jr:choice-name does not work in repeat group</p>	<p> <input type="radio"/> Married <input type="radio"/> Living with a partner <input type="radio"/> Divorced / separated <input type="radio"/> Widow / widower <input type="radio"/> Never married <input type="radio"/> No response </p>
<p>hidden field as jr:choice-name does not work in repeat group</p>	<p> <input type="radio"/> Male <input type="radio"/> Female </p>
<p>001a. Your ID: \${your_name} Is this your ID?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>001b. Enter your ID below. <i>Please record your ID</i></p>	
<p>002a. Current date and time.</p>	<p>Day: Month: Year:</p>
<p>Is this date and time correct?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>002b. Record the correct date and time.</p>	<p>Day: Month: Year:</p>
<p>003a. Province</p>	<p> <input type="radio"/> kinshasa <input type="radio"/> bas congo </p>

003b. District	<i>ODK populates a list of appropriate district based on the selected province</i>
003b. Zone de Santé	<i>ODK populates a list of appropriate zone based on the selected district</i>
003c. Aire de Santé	<i>ODK populates a list of appropriate zone based on the selected district</i>
003c. Quartier	<i>ODK populates a list of appropriate zone based on the selected district</i>
003d. Village	<i>ODK populates a list of appropriate zone based on the selected district</i>
003d. Localité / rue	<i>ODK populates a list of appropriate localite based on the selected zone</i>
004. Enumeration area	<i>ODK populates a list of appropriate EAs based on the selected district.</i>
004a. Phase 1 Household list	
005. Structure number Please record the structure number from the household listing form. <i>Please record the structure number from the household listing form.</i>	
006. Household number <i>Please record the household number from the household listing form.</i>	
007a. Are you at the same dwelling unit location from Phase 1?	<input type="radio"/> Yes <input type="radio"/> No
007b. Do people live in this dwelling unit?	<input type="radio"/> Yes <input type="radio"/> No
007c. Is at least one of the original P1 members still living in the dwelling unit?	<input type="radio"/> Yes <input type="radio"/> No
007d. Why are people not living in this dwelling unit? GO TO 099, ENTER THE RESULT CODE AND SUBMIT THE FORM	<input type="radio"/> P1 dwelling unit vacant or address not a dwelling unit <input type="radio"/> P1 dwelling unit destroyed <input type="radio"/> P1 dwelling unit not found
007e. What is the status of the original P1 household? Confirm with the neighbors to know the status	<input type="radio"/> Household moved out of EA <input type="radio"/> Household moved within EA <input type="radio"/> Household split with some members in EA and some out of EA <input type="radio"/> No information
008. Which woman from Phase 1 are you following up? <i>If you do not see any women in this list, double-check your answers to 004a and 007a</i>	<input type="checkbox"/> FQ_ODK_display_name
009. CHECK: Have you already sent a form for this structure and household?	<input type="radio"/> Yes <input type="radio"/> No

<p>DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.</p>	
<p>WARNING: Contact your supervisor before sending this form again.</p>	
<p>010. CHECK: Why are you resending this form? <i>Choose all that apply.</i></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>WARNING: Each household should have ONLY ONE household roster with all household members listed on the same form. <i>Please contact your supervisor before sending this form.</i></p>	
<p>011. Is a member of the household and competent respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>INFORMED CONSENT <i>Find a competent member of the household. Read the greeting on the following screen.</i></p>	
<p>Bonjour. Je m'appelle _____. Je suis ici en représentation du Ministère de la Santé et de l'École de Santé Publique de Kinshasa pour en savoir plus sur les services de santé à Kinshasa. Je vais maintenant vous lire une déclaration qui explique cette enquête. Notre équipe recueille de l'information sur la planification familiale en République Démocratique du Congo. Nous aimerions vous poser des questions à propos des caractéristiques de votre ménage, ainsi que des activités liées à la planification familiale. Les informations vous concernant pourront être utilisées pour des activités et services de planification familiale en République Démocratique du Congo. Les données collectées seront également analysées par des chercheurs, mais votre nom sera retiré de toutes les analyses, pour que vos informations restent anonymes. Le questionnaire prend généralement entre 15 et 20 minutes. Toutes les informations que vous nous donnerez seront strictement confidentielles et ne seront partagées avec personne d'autre que les membres de notre équipe.</p> <p>Je vais vous poser des questions concernant votre famille et les autres membres de votre ménage. Nous aimerions ensuite poser une série de questions aux femmes du ménage âgées entre 15 et 49 ans.</p> <p>Vous pouvez refuser de répondre aux questions qui vous seront posées autant de fois que vous le souhaitez, et</p>	

<p>décider d'arrêter l'enquête à tout moment. Avez-vous des questions sur cette enquête ? B. Informations de contact des chercheurs</p> <p>Prenez tout le temps dont vous aurez besoin pour prendre votre décision de participer ou non à cette étude. Nous serons heureux de répondre à toute question que vous pourrez vous poser à propos de cette étude. Si vous avez des questions additionnelles, si vous souhaitez exprimer une préoccupation à propos de cette recherche, ou si vous avez un problème lié à la recherche, vous pouvez contacter le coordinateur national de cette étude. Je vous remettrai également une copie de ce formulaire contenant les informations de contact du Coordinateur de l'étude, que vous pourrez contacter directement pour toutes questions concernant cette enquête.</p> <p>Pierre Z Akilimali, Investigateur Principal pays de PMA, Téléphone portable: 0815800288 E-mail: pierretulanefp@gmail.com C. Informations de contact de l'administration et de la direction de l'étude</p> <p>Si vous souhaitez parler de vos droits en tant que participant à cette recherche, parler d'un problème, faire part de vos doutes ou poser des questions, obtenir de l'information ou suggérer l'aide d'un individu informé qui n'est pas affilié à cette recherche spécifique, nous vous invitons à contacter le Bureau de protection des sujets humains de recherche de l'Université Johns Hopkins, à l'adresse suivante: jhsph.irboffice@jhu.edu.</p> <p>Vous pouvez également contacter le Comité d'Éthique de l'École de Santé Publique de Kinshasa : Prof. Bongopasi au numéro de téléphone tel : 0999952341.</p>	
<p>010a. Provide a paper copy of the Consent Form to the respondent and read it.</p> <p>Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>010b. Respondent's signature</p> <p><i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	
<p>Checkbox</p>	<p><input type="checkbox"/></p>
<p>WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.</p> <p><i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i></p>	
<p>011. Interviewer's ID: \${your_name}</p> <p><i>Mark your ID as a witness to the consent process.</i></p>	<p><input type="checkbox"/></p>
<p>011. Interviewer's ID</p>	

Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."

Household Roster Updating

ODK will display the summary of all household members listed in Phase 1. You will then update their information to indicate any changes including births and deaths

PL101. This household had \${hq_total_mem} members in Phase 1 named: \${p1names}
Move forward and select "Add Group"

Section 1 – Household Roster
Move forward and select "Add Group"

Household member

PL102. P1 Household Member
Below are the Phase 1 details for member \${P_pos}:
First name: \${hq_firstname_auto} Relationship to HH head: \${hq_relationship_lab} Gender: \${hq_gender_lab} Age: \${hq_age_auto} Marital Status: \${hq_marital_status_lab}

Is this person the respondent?
If yes, check this box.

PL103. What is the status of this member in the household?

- Resident
- Moved elsewhere in the EA
- Moved out of the EA
- Moved out of the EA to attend school
- Deceased
- Unknown

PL104. Household Member
First name: \${hq_firstname_auto} Relationship to HH head: \${hq_relationship_lab} Gender: \${hq_gender_lab} Age: \${hq_age_auto} Marital Status: \${hq_marital_status_lab}
Do you wish to update any of this information?

- Yes
- No

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.

101. Name of household member / visitor
Start with the head of the household.

101a. Is this person the respondent?

<i>If yes, check this box.</i>	
102. What is \${firstname}'s relationship to the head of household?	<input type="radio"/> Head <input type="radio"/> Wife/Husband <input type="radio"/> Son/Daughter <input type="radio"/> Son/Daughter-in-law <input type="radio"/> Grandchild <input type="radio"/> Parent <input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> House help <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
103. Is \${firstname} male or female?	<input type="radio"/> Male <input type="radio"/> Female
104. How old was \${firstname} at their last birthday? <i>If less than one year old, record 0</i>	
105. What is \${firstname}'s current marital status? <i>If not married, probe to determine if they have ever been married and, if so, if they are divorced/separated, or widowed.</i>	<input type="radio"/> Married <input type="radio"/> Living with a partner <input type="radio"/> Divorced / separated <input type="radio"/> Widow / widower <input type="radio"/> Never married <input type="radio"/> No response
106. Does \${firstname} usually live here?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
107. Did \${firstname} stay here last night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>ERROR: Members on household roster must usually live here or must have stayed here last night. Go back and remove this household member or change the response to PL_102.</p>	
LCL_101. What is the religion of \${firstname}? <i>Only recorded for the head of the household.</i>	<input type="radio"/> Catholic <input type="radio"/> Protestant <input type="radio"/> Armée du Salut <input type="radio"/> Kimbanguiste <input type="radio"/> Other Christian <input type="radio"/> Muslim <input type="radio"/> Bundu dia Kongo <input type="radio"/> Vuvamu <input type="radio"/> Animist

	<input type="radio"/> Other <input type="radio"/> No religion <input type="radio"/> No response
LCL_102. What is the ethnicity of \${firstname}? <i>Only recorded for the head of the household.</i>	<input type="radio"/> Bakongo from the north and south of the river <input type="radio"/> Bas-Kasai and Kwilu-Kwango <input type="radio"/> Cuvette Centrale <input type="radio"/> Ubangi and Itimbiri-Ngiri <input type="radio"/> Uele ; Lac Albert <input type="radio"/> Basele-Komo, Maniema and Kivu <input type="radio"/> Kasai, Katanga, Tanganyika <input type="radio"/> Lunda <input type="radio"/> Pygmie <input type="radio"/> Not congolese <input type="radio"/> Other <input type="radio"/> No response
This person IS NOT eligible for the female respondent questionnaire.	
This person IS eligible for the female respondent questionnaire.	
Are there any other usual members of your household or persons who slept in the house last night that I have not listed here?	<input type="radio"/> Yes <input type="radio"/> No
There are other members of the household. Move forward and select "Add Group"	
There are no other members of the household. Move forward and select "Do Not Add"	
ERROR: There is no household member. Please update the household roster	
ERROR: There is no household head. Go back, select a head. For each member, check that the relationship to the household head is accurate.	
ERROR: There are \${heads} household heads selected: \${head_name_joined} Go back, select only one head. For each member, check that the relationship to the household head is accurate.	
101a. NO RESPONDENT ERROR. The checkbox for 101a (Is this person the respondent?) was never selected for any of the household members. You entered the following household members: \${names}.	

If the respondent was entered in the roster but never selected as the respondent in 101a: Please go back and select the checkbox in 101a for the correct respondent.
If the respondent is a household member but left out of the list of household members: Add the respondent to the list.
If the respondent is not a household member: Stop the interview. Find a household member and interview that person. Be sure to ask for consent.

101a. TOO MANY RESPONDENTS ERROR.
The checkbox for 101a (Is this person the respondent?) was selected more than once.
Please go back and make sure that it is only selected once.

109. READ THIS CHECK OUT LOUD: There are \${num_HH_members} household members who are named \${names}. Is this a complete list of the household members?
Remember to include all children in the household.

- Yes
- No

Section 2 – Household Characteristics

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

201. Is this structure/house newly built in the last 12 months?

- Yes
- No
- No response

202. Please tell me about items that 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.

- Electricity?
- A wall clock?
- A radio?
- A black/white television?
- A color television?
- A mobile phone?
- A landline telephone?
- A refrigerator?
- A freezer?
- An electric generator/invertor(s)?
- A washing machine?
- A computer?
- A digital photo camera?
- A non digital photo camera?
- A video deck?
- A DVD/CD?
- A sewing machine?
- A bed?
- A table?
- A cabinet/cupboard?
- A bicycle?

	<input type="checkbox"/> A motorcycle or motor scooter? <input type="checkbox"/> A car or truck? <input type="checkbox"/> A boat with a motor? <input type="checkbox"/> A boat without a motor? <input type="checkbox"/> A gas or electric stove? <input type="checkbox"/> A chair(s)? <input type="checkbox"/> A lamp(s)? <input type="checkbox"/> An oven? <input type="checkbox"/> A hoe(s)? <input type="checkbox"/> Animal-drawn cart? <input type="checkbox"/> A canoe or motorized canoe? <input type="checkbox"/> A rental house? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>
203. Does this household own any livestock, herds, other farm animals, or poultry? <i>These livestock can be kept anywhere, not necessarily on the homestead.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
204. How many of the following animals does this household own? <i>The household can keep the livestock anywhere, but must own the livestock recorded here.</i> <i>Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.</i>	
Cows or bulls <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Horses, donkeys or mules <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Goats <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Sheep <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Hogs/pigs: <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Ducks/canes <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Hens/cocks/other poultry <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Other: <i>Enter -88 for do not know. Enter -99 for no response.</i>	

Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>301. Main material of the floor <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Earth / sand <input type="radio"/> Cow dung <input type="radio"/> Wooden boards <input type="radio"/> Palm / bamboo <input type="radio"/> Parquet or polished wood <input type="radio"/> Tapes vinyl / asphalt <input type="radio"/> Tiles <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Other <input type="radio"/> No answer
<p>302. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No roof <input type="radio"/> Thatch / palm <input type="radio"/> Earth mottes <input type="radio"/> Mats <input type="radio"/> Palm / bamboo <input type="radio"/> Wooden boards <input type="radio"/> Cardboard <input type="radio"/> Sheet metal <input type="radio"/> Wood <input type="radio"/> Zinc / fiber cement <input type="radio"/> Tile <input type="radio"/> Cement <input type="radio"/> Shingles <input type="radio"/> Other <input type="radio"/> No answer
<p>303. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No wall <input type="radio"/> Bamboo / cane / palm / trunk <input type="radio"/> Earth <input type="radio"/> Bamboo with mud <input type="radio"/> Stones with mud <input type="radio"/> Adobe not covered <input type="radio"/> Plywood <input type="radio"/> Cardboard <input type="radio"/> Recovered wood <input type="radio"/> Cement <input type="radio"/> Stones with lime / cement <input type="radio"/> Bricks <input type="radio"/> Cement blocks <input type="radio"/> Covered adobe <input type="radio"/> Wood board / shingles

	<input type="radio"/> Other <input type="radio"/> No answer
<h2>Section 4 – Water Sanitation and Hygiene</h2> <p><i>Now I would like to ask you a few questions about water, sanitation and hygiene.</i></p>	
<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>	<input type="radio"/> Fixed facility observed (sink/tap) in dwelling <input type="radio"/> Fixed facility observed (sink/tap) in yard/plot <input type="radio"/> Mobile object (bucket/jug/kettle) observed.. <input type="radio"/> Not observed, facility in dwelling/yard/plot but no permission to see <input type="radio"/> Not observed, not in dwelling/yard/plot <input type="radio"/> Not observed, other reason <input type="radio"/> No Response
<p>402. At the place where the household washes their hands, observe availability of water</p>	<input type="radio"/> Water is available <input type="radio"/> Water is not available <input type="radio"/> No Response
<p>403. At the place where the household washes their hands, observe availability of soap or detergent:</p>	<input type="radio"/> Soap is available <input type="radio"/> Soap is not available <input type="radio"/> No Response
<p>404. What is the main source of drinking water for members of your household?</p>	<input type="radio"/> Piped Water: Piped into dwelling/indoor <input type="radio"/> Piped Water: Pipe to yard/plot <input type="radio"/> Piped Water: Public tap/standpipe <input type="radio"/> Tube well or borehole <input type="radio"/> Dug Well: Protected Well <input type="radio"/> Dug Well: Unprotected Well <input type="radio"/> Water from Spring: Protected Spring <input type="radio"/> Water from Spring: Unprotected Spring <input type="radio"/> Rainwater <input type="radio"/> Tanker Truck <input type="radio"/> Cart with Small Tank <input type="radio"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="radio"/> Bottled Water <input type="radio"/> Sachet Water <input type="radio"/> No response

<p>405. What is the main toilet facility used by members of your household?</p>	<p><input type="radio"/> Flush/pour flush toilets connected to: Piped sewer system</p> <p><input type="radio"/> Flush/pour flush toilets connected to: Septic tank</p> <p><input type="radio"/> Flush/pour flush toilets connected to: Pit Latrine</p> <p><input type="radio"/> Flush/pour flush toilets connected to: Elsewhere</p> <p><input type="radio"/> Flush/pour flush toilets connected to: Unknown / Not sure / Do not know</p> <p><input type="radio"/> Ventilated improved pit latrine</p> <p><input type="radio"/> Pit latrine with slab</p> <p><input type="radio"/> Pit latrine without slab / open pit</p> <p><input type="radio"/> Composting toilet</p> <p><input type="radio"/> Bucket</p> <p><input type="radio"/> Hanging toilet /Hanging latrine</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> No facility / bush / field</p> <p><input type="radio"/> No response</p>
<p>501. Thank you for the time you have kindly granted us. Are you willing to provide a phone number for this household where we may reach you in the future to follow up for future research?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>502. What is the phone number? <i>Enter an 9-digit number without the country code. Do not include spaces or dashes.</i></p>	
<p>503. Can you repeat the number again? <i>Enter an 9-digit number without the country code. Do not include spaces or dashes.</i></p>	
<p>504. What is the name of the person who normally answers this phone?</p>	
<p>Thank the respondent for his/her time. <i>The respondent is finished, but there is still more for you to complete outside the home.</i></p>	
<p>Location and Questionnaire result</p>	
<p>096. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	
<p>097. How many times have you visited this household?</p>	<p><input type="radio"/> 1st time</p> <p><input type="radio"/> 2nd time</p> <p><input type="radio"/> 3rd time</p>
<p>098. In what language was this interview conducted?</p>	<p><input type="radio"/> French</p> <p><input type="radio"/> Lingala</p>

	<ul style="list-style-type: none"> <input type="radio"/> Kikongo <input type="radio"/> Tshiluba <input type="radio"/> Swahili <input type="radio"/> Kintandu <input type="radio"/> Manianga <input type="radio"/> Kiyombe <input type="radio"/> Kindibu <input type="radio"/> Kilemfu <input type="radio"/> Other
<p>099. Questionnaire Result <i>Record the result of the questionnaire.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Completed <input type="radio"/> No household member at home or no competent respondent at home at time of visit <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Dwelling vacant or address not a dwelling <input type="radio"/> Dwelling destroyed <input type="radio"/> Dwelling not found <input type="radio"/> Entire household absent for extended period