

PMA India (Rajasthan) Phase 1 Survey Household Questionnaire

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. District	<input type="radio"/> Ajmer <input type="radio"/> Alwar <input type="radio"/> Banswara <input type="radio"/> Baran <input type="radio"/> Barmer <input type="radio"/> Bharatpur <input type="radio"/> Bhilwara <input type="radio"/> Bikaner <input type="radio"/> Bundi <input type="radio"/> Chittaurgarh <input type="radio"/> Churu <input type="radio"/> Dausa <input type="radio"/> Dhaulpur <input type="radio"/> Dungarpur <input type="radio"/> Ganganagar <input type="radio"/> Hanumangarh <input type="radio"/> Jaipur <input type="radio"/> Jaisalmer <input type="radio"/> Jalore <input type="radio"/> Jhalawar <input type="radio"/> Jhunjhunu <input type="radio"/> Jodhpur <input type="radio"/> Karauli <input type="radio"/> Kota <input type="radio"/> Nagaur <input type="radio"/> Pali

	<input type="radio"/> Pratapgarh <input type="radio"/> Rajsamand <input type="radio"/> Sawai Madhopur <input type="radio"/> Sikar <input type="radio"/> Sirohi <input type="radio"/> Tonk <input type="radio"/> Udaipur
003b. Tehsil / Taluk	<i>ODK populates a list of appropriate Tehsil / Taluk based on the selected district.</i>
003c. City / Town / Village	<i>ODK populates a list of appropriate City / Town / Village based on the selected Tehsil / Taluk.</i>
004. Enumeration Area	<i>ODK populates a list of appropriate EAs based on the selected City / Town / Village.</i>
005. Structure number <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>	
007. CHECK: Have you already sent a form for this structure and household? <i>DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.</i>	<input type="radio"/> Yes <input type="radio"/> No
WARNING: Contact your supervisor before sending this form again.	
008. CHECK: Why are you resending this form? <i>Choose all that apply.</i>	<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)
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>	
009. Is a member of the household and competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
INFORMED CONSENT	

<p>Find a competent member of the household. Read the greeting on the following screen.</p>	
<p>Namaskar! My name is _____ and I am working for the IIHMR University Jaipur in collaboration with local Partners. I belong to this/nearby village. We are conducting a local survey that asks about your family and family members. Post to that we would also ask different questions from women aged between 15-49 years, which would help to identify gaps in family planning and health services that affect regular availability and quality of information, services, and products. This survey is conducted across Rajasthan. From every enumeration area 35 households have been selected and in this extension your house is randomly selected. Though we would very much appreciate your participation in the survey, your refusal to take part in this survey will have no repercussions on you. Information provided by you would help us inform the government to better plan health services. As such there is no risk however; there may be a distress among participants to share information on personal topics. If you agree to take part in this study, it will not benefit you directly. However, we believe that information gathered in this study will help us and other groups like us to develop programs that will improve the lives of men and women in communities in Rajasthan and around India so we hope that you would take part in this survey. Whatever information you provide will be kept confidential and only our research team will have access to it. We will never use your name while analyzing the data. The tracking sheet and the database with your responses will be kept on password-protected computers and on a secure server. Participation in this study is entirely voluntary, if you do not wish to answer any question feel free to inform me and I would skip to the next question. You can choose not to participate at all or to end the interview at any point. The survey usually takes between 20 to 30 minutes to complete. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Anoop Khanna at IIHMR University, in Jaipur, Rajasthan at +91-141-3924738.</p>	
<p>010a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>010b. Respondent's signature <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>	<input type="radio"/>
<p>011. Interviewer's ID</p> <p>Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."</p>	

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.

Household member	
<p>101. Name of household member / visitor</p> <p><i>Start with the head of the household.</i></p>	
<p>101a. Is this person the respondent?</p> <p><i>If yes, check this box.</i></p>	<input type="checkbox"/>
<p>102. What is \${firstname}'s relationship to the head of household?</p>	<p><input type="radio"/> Head</p> <p><input type="radio"/> Wife/Husband</p> <p><input type="radio"/> Son/Daughter</p> <p><input type="radio"/> Son/Daughter-in-law</p> <p><input type="radio"/> Grandchild</p> <p><input type="radio"/> Parent</p> <p><input type="radio"/> Parent in law</p> <p><input type="radio"/> Brother/Sister</p> <p><input type="radio"/> House help</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>103. Is \${firstname} male or female?</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>
<p>104. How old was \${firstname} at their last birthday?</p> <p><i>If less than one year old, record 0</i></p>	
<p>105. What is \${firstname}'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><input type="radio"/> Married</p> <p><input type="radio"/> Living with a partner</p> <p><input type="radio"/> Divorced / separated</p> <p><input type="radio"/> Widow / widower</p> <p><input type="radio"/> Never married</p> <p><input type="radio"/> No response</p>

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
ERROR: Members on household roster must usually live here or must have stayed here last night. Go back and remove this household member.	
LCL_101. What is the religion of \${firstname}?	<input type="radio"/> Hindu <input type="radio"/> Muslim <input type="radio"/> Christian <input type="radio"/> Sikh <input type="radio"/> Buddhist/Neo-Buddhist <input type="radio"/> Jain <input type="radio"/> Jewish <input type="radio"/> Parsi/Zoroastrian <input type="radio"/> No religion <input type="radio"/> Other <input type="radio"/> No response
LCL_102. What is the caste of \${firstname}?	<input type="radio"/> Scheduled Caste (SC) <input type="radio"/> Scheduled Tribe (ST) <input type="radio"/> Other Backward Caste (OBC) <input type="radio"/> General <input type="radio"/> Do not know <input type="radio"/> No response
This person IS NOT eligible for the female respondent questionnaire.	
This person IS eligible for the female respondent questionnaire.	
108. Are there any other usual members of your household or persons who slept in the house last night?	<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 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.	

<p>For each member, check that the relationship to the household head is accurate.</p>	
<p>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}. <i>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.</i> <i>If the respondent is a household member but left out of the list of household members: Add the respondent to the list.</i> <i>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.</i></p>	
<p>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.</p>	
<p>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? <i>Remember to include all children in the household.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Section 2 – Household Characteristics

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

<p>201. Please tell me about items that your household owns. Does your household have: <i>Read out all types and select all that apply. Scroll to bottom to see all choices.</i> <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>	<ul style="list-style-type: none"> <input type="checkbox"/> Electricity <input type="checkbox"/> Mattress <input type="checkbox"/> Pressure cooker <input type="checkbox"/> Chair <input type="checkbox"/> Cot / bed <input type="checkbox"/> Table <input type="checkbox"/> Electric fan <input type="checkbox"/> Radio / transistor <input type="checkbox"/> B&W television <input type="checkbox"/> Colour television <input type="checkbox"/> Sewing machine <input type="checkbox"/> Mobile telephone <input type="checkbox"/> Land line telephone <input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Air conditioner / cooler <input type="checkbox"/> Washing machine <input type="checkbox"/> Watch / clock <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle / scooter
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	<input type="checkbox"/> Animal-drawn cart <input type="checkbox"/> Car <input type="checkbox"/> Water pump <input type="checkbox"/> Thresher <input type="checkbox"/> Tractor <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

202. 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
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203. 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 / bulls / buffaloes	
Camels	
Horses / donkeys / mules	
Goats	
Sheep	
Chickens / ducks	
Other	

Section 3 – Household Observation
Please observe the floors, roof and exterior walls.

301. Main material of the floor <i>Observe.</i>	<input type="radio"/> Mud / clay / earth <input type="radio"/> Sand <input type="radio"/> Dung <input type="radio"/> Raw wood planks <input type="radio"/> Palm / bamboo <input type="radio"/> Brick <input type="radio"/> Stone <input type="radio"/> Parquet / finished wood <input type="radio"/> Vinyl / asphalt <input type="radio"/> Ceramic tile <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Polished stone / marble / granite
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	<input type="radio"/> Other <input type="radio"/> No response
<p>302. Main material of the roof <i>Observe.</i></p>	<input type="radio"/> No roof <input type="radio"/> Thatch / palm leaf / reed / grass <input type="radio"/> Mud <input type="radio"/> Sod / mud and grass mixture <input type="radio"/> Plastic / polythene sheeting <input type="radio"/> Rustic mat <input type="radio"/> Palm / bamboo <input type="radio"/> Raw wood planks / timber <input type="radio"/> Unburnt brick <input type="radio"/> Loosely packed stone <input type="radio"/> Metal / GI <input type="radio"/> Wood <input type="radio"/> Calamine / cement fiber <input type="radio"/> Asbestos sheets <input type="radio"/> RCC / RBC / Cement / Concrete <input type="radio"/> Roofing shingles <input type="radio"/> Tiles <input type="radio"/> Slate <input type="radio"/> Burnt brick <input type="radio"/> Other <input type="radio"/> No response
<p>303. Main material of the exterior walls <i>Observe.</i></p>	<input type="radio"/> No walls <input type="radio"/> Cane / palm / trunks / bamboo <input type="radio"/> Mud <input type="radio"/> Grass / reeds / thatch <input type="radio"/> Bamboo with mud <input type="radio"/> Stone with mud <input type="radio"/> Plywood <input type="radio"/> Cardboard <input type="radio"/> Unburnt brick <input type="radio"/> Raw wood / reused wood <input type="radio"/> Cement / concrete <input type="radio"/> Stone with lime / cement <input type="radio"/> Burnt brick <input type="radio"/> Cement blocks <input type="radio"/> Wood planks / shingles <input type="radio"/> GI / metal / asbestos sheets <input type="radio"/> Other <input type="radio"/> No response
<p>Section 4 – Water Sanitation and Hygiene <i>Now I would like to ask you a few questions about water, sanitation and hygiene.</i></p>	
<p>401. 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>402. What is the main toilet facility used by members of your household?</p>	<input type="radio"/> Flush/pour flush toilets connected to: Piped sewer system <input type="radio"/> Flush/pour flush toilets connected to: Septic tank <input type="radio"/> Flush/pour flush toilets connected to: Pit Latrine <input type="radio"/> Flush/pour flush toilets connected to: Elsewhere <input type="radio"/> Flush/pour flush toilets connected to: Unknown / Not sure / Do not know <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab / open pit <input type="radio"/> Composting toilet <input type="radio"/> Bucket <input type="radio"/> Hanging toilet /Hanging latrine <input type="radio"/> Other <input type="radio"/> No facility / bush / field <input type="radio"/> No response
<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>	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
<p>098. In what language was this interview conducted?</p>	<input type="radio"/> English <input type="radio"/> Hindi <input type="radio"/> Other

099. Questionnaire Result
Record the result of the questionnaire.

- Completed
- No household member at home or no competent respondent at home at time of visit
- Postponed
- Refused
- Partly completed
- Dwelling vacant or address not a dwelling
- Dwelling destroyed
- Dwelling not found
- Entire household absent for extended period