

PMA Uganda Phase 1 Survey Household Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</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. Region	<input type="radio"/> ACHOLI <input type="radio"/> ANKOLE <input type="radio"/> BUKEDI <input type="radio"/> BUNYORO <input type="radio"/> BUSOGA <input type="radio"/> ELGON <input type="radio"/> KAMPALA <input type="radio"/> KARAMOJA <input type="radio"/> KIGEZI <input type="radio"/> LANGO <input type="radio"/> NORTH BUGANDA <input type="radio"/> SOUTH BUGANDA <input type="radio"/> TESO <input type="radio"/> TOORO <input type="radio"/> WEST NILE
003b. District	<i>ODK populates a list of appropriate district based on the selected region.</i>
003c. Sub-county	<i>ODK populates a list of appropriate sub-county based on the selected district.</i>
004. Enumeration area	<i>ODK populates a list of appropriate EAs based on the selected sub-county.</i>
005. Structure number	

Please record the structure number from the household listing form.	
006. Household number Please record the household number from the household listing form.	
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
COVID SCREEN 1) Have you recently developed two or more of these symptoms? <i>- Flue like symptoms (Fever, Cough, Sore Throat) - Shortness of breath - Muscle aches, Headache - Diarrhea - Unexplained loss of taste, - Unexplained loss of smell</i>	<input type="radio"/> Yes <input type="radio"/> No
COVID SCREEN 2) In the past 14 days, have you had unprotected exposure to a person known to have COVID-19?	<input type="radio"/> Yes <input type="radio"/> No
009a. Please confirm that you have screened the respondent for COVID-19 before continuing.	<input type="radio"/> Yes <input type="radio"/> No
You will Politely end the interview, refer the respondent to the facility/hotline number, and report this to the supervisor. <i>Discuss this with your Supervisor to determine next Steps.</i>	
INFORMED CONSENT <i>Find a competent member of the household. Read the greeting on the following screen.</i>	

010a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
011. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
011. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	

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	
101. Name of household member / visitor <i>Start with the head of the household.</i>	
101a. Is this person the respondent? <i>If yes, check this box.</i>	<input type="checkbox"/>
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
ERROR: Members on household roster must usually live here or must have stayed here last night. Go back and remove this household member.	
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. For each member, check that the relationship to the household head is accurate.	
<p>101a. NO RESPONDENT ERROR.</p> <p>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}.</p> <p><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></p> <p><i>If the respondent is a household member but left out of the list of household members: Add the respondent to the list.</i></p> <p><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.</p> <p>The checkbox for 101a (Is this person the respondent?) was selected more than once.</p>	

Please go back and make sure that it is only selected once.	
<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>
<p>Section 2 – Household Characteristics</p> <p><i>Now I would like to ask you a few questions about the characteristics of your household.</i></p>	
<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>	<p><input type="checkbox"/> Electricity? <input type="checkbox"/> A radio? <input type="checkbox"/> A cassette player? <input type="checkbox"/> A television? <input type="checkbox"/> A mobile phone? <input type="checkbox"/> A fixed telephone? <input type="checkbox"/> A refrigerator? <input type="checkbox"/> A table? <input type="checkbox"/> A chair? <input type="checkbox"/> A sofa set? <input type="checkbox"/> A bed? <input type="checkbox"/> A cupboard? <input type="checkbox"/> A clock? <input type="checkbox"/> A watch? <input type="checkbox"/> A bicycle? <input type="checkbox"/> A motorcycle or motor scooter? <input type="checkbox"/> An animal drawn cart? <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"/> None of the above <input type="checkbox"/> No response</p>
Check here to acknowledge you considered all options.	<input type="radio"/>
<p>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></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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></p>	
Local cattle:	

Exotic/Cross cattle:	
Horses, donkeys, or mules:	
Goats:	
Sheep:	
Pigs:	
Chickens:	
Other:	

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"/> Earth and Dung <input type="radio"/> Parquet or polished wood <input type="radio"/> Mosaic or Tiles <input type="radio"/> Bricks <input type="radio"/> Cement <input type="radio"/> Stones <input type="radio"/> Other <input type="radio"/> No response
<p>302. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Thatched <input type="radio"/> Mud <input type="radio"/> Wood/Planks <input type="radio"/> Iron sheets <input type="radio"/> Asbestos <input type="radio"/> Tiles <input type="radio"/> Tin <input type="radio"/> Cement <input type="radio"/> Other <input type="radio"/> No response
<p>303. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Thatched/Straw <input type="radio"/> Mud and Poles <input type="radio"/> Un-burnt Bricks <input type="radio"/> Un-burnt Bricks with Plaster <input type="radio"/> Burnt bricks with mud <input type="radio"/> Cement blocks <input type="radio"/> Stone <input type="radio"/> Timber <input type="radio"/> Burnt Bricks with Cement <input type="radio"/> Other <input type="radio"/> No response

Section 4 – Water Sanitation and Hygiene

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

<p>401. What is the main source of drinking water for members of your household?</p>	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <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>	

Location and Questionnaire result	
096. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	
097. How many times have you visited this household?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Ateso <input type="radio"/> Luganda <input type="radio"/> Lugbara <input type="radio"/> Luo <input type="radio"/> Lusoga <input type="radio"/> Ngakarimojong <input type="radio"/> Runyankole-Rukiga <input type="radio"/> Runyoro-Rutoro <input type="radio"/> Other
099. Questionnaire Result <i>Record the result of the questionnaire.</i>	<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 <input type="radio"/> Potential COVID Exposed respondent.