

PMA Ethiopia 2021 Cross-sectional Survey Household Questionnaire

IDENTIFICATION	
Please record the following identifying information prior to beginning the interview.	
HHQ001. Enter the three digits of your Phone's ID <i>If it contains only two digits start with 0 followed by two digits, Example: 014. FOR TESTING PURPOSE ENTER 371.</i>	
HHQ001a. Your name: \${your_name} Is this your name? <i>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).</i>	\${your_name} != '' <input type="radio"/> Yes <input type="radio"/> No
WARNING - Unable to find your name for the ID your provided - \${phone_id_calc}. Please enter your full name in the next screen.	\${your_name} = ''
HHQ001b. Enter your name below. <i>Please record your name</i>	(\${your_name_check} = 'no') or (\${your_name} = '')
HQ002a. Current date	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
HHQ002b. Record the correct date and time.	\${system_date_check} = 'no' Day: Month: Year:
HHQ003a. Region	<input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromia <input type="radio"/> Somale <input type="radio"/> Benishangul Gumuz <input type="radio"/> Central Ethiopia <input type="radio"/> South Ethiopia <input type="radio"/> South West Ethiopia Peoples

	<input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Sidama <code>filter_list=\${this_country}</code>
HHQ003b. Zone	
HHQ003c. District	
HHQ003d. Locality Name	
HHQ004. Enumeration area	
HHQ005. Structure number <i>Please record the structure number from the household listing form.</i>	
HHQ006. Household number <i>Please record the household number from the household listing form.</i>	
HHQ007. 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.	<code>\${hh_duplicate_check} = 'yes'</code>
HHQ008. CHECK: Why are you resending this form? <i>Choose all that apply.</i>	<code>\${hh_duplicate_check} = 'yes'</code> <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)
HHQ009. Is a member of the household and competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
	<code>\${available} = 'yes'</code>
INFORMED CONSENT Find a competent member of the household. Read the greeting on the following screen.	
Hello. My name is <code>\${re_name}</code> and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey about various health issues using a smartphone. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes only 15 minutes. Your data will not be linked to your identity when conducting analyses, presenting results, or sharing data.	

<p>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 information about this household. 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. We will also ask you a few questions about girls aged 9 to 14 who are regular members of this household.</p> <p>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 the principal investigators of the study, Dr. Solomon Shiferaw (+xxx xxx xxxxxxxx) or Dr. Assefa Seme (+xxx xxx xx xxx) at Addis Ababa University in Addis Ababa, Ethiopia. For any ethical issues, please call Dr. Adamu Addissie, the IRB chairperson (xxx-xxxxxxxxxxxxxx) at the Addis Ababa University, College of Health Sciences.</p> <p>At this time, do you want to ask me anything about the survey?</p>	
<p>HHQ010a. Explain the consent form to the respondent. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>HHQ010c. Interviewer's name: \${your_name} <i>Please record your name as a witness to the consent process.</i></p>	<p><input type="radio"/> \${consent_obtained} and (\${your_name_check} = 'yes')</p>
<p>HHQ010c. Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</i></p>	<p><input type="radio"/> \${consent_obtained} and (\${your_name_check} = 'no')</p>

SECTION 1. Household Roster

I am now going to ask you a series of questions about each usual member of the household or anyone who slept in the house last night.

\${consent_obtained}	
Household member	
<p>HHQ101. Name of HH member/visitor <i>Start with the head of the household.</i></p>	
<p>HHQ101a. Is this person the respondent?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>HHQ102. What is \${firstname}'s relationship to the head of the household?</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</p>

	<input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> House help <input type="radio"/> Step child/adopted <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
HHQ103. Is \${firstname} male or female?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
HHQ104. How old was \${firstname} at their last birthday? <i>If less than one year old, enter 0</i>	
HHQ105. 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, widowed, or have never been married.</i>	<div style="text-align: right;">\${age} >= 10</div> <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
HHQ106. Does \${firstname} usually live here?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HHQ107. Did \${firstname} stay here last night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
If the person does not live in the house and did not spend last night in the house, please go back and remove him/her from the HH roster.	<div style="text-align: center;"> \${usually_live} = 'no' and \${last_night} = 'no' </div>
LCL101. What is the religion of \${firstname}? <i>Only recorded for the head of the household.</i>	<div style="text-align: right;">\${relationship}='head'</div> <input type="radio"/> Orthodox <input type="radio"/> Catholic <input type="radio"/> Protestant <input type="radio"/> Moslem <input type="radio"/> Traditional <input type="radio"/> Wakefeta <input type="radio"/> Other <input type="radio"/> No religion <input type="radio"/> No response
This person IS NOT eligible for the female respondent questionnaire.	<div style="text-align: right;">not (\${eligible})</div>
This person IS eligible for the female respondent questionnaire.	<div style="text-align: right;">(\${eligible})</div>
HHQ108. 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"	$\text{\$}\{\text{more_hh_members}\} = \text{'yes'}$
There are no other members of the household. Move forward and select "Do Not Add"	$\text{\$}\{\text{more_hh_members}\} = \text{'no'}$
There is no household head selected in the roster, please go back and select a head.	$\text{\$}\{\text{heads}\} < 1$ and $\text{\$}\{\text{consent_obtained}\}$
There are multiple household heads selected in the roster, please go back and select a single head.	$\text{\$}\{\text{heads}\} > 1$
There is no respondent selected in the household roster.	$\text{\$}\{\text{respondents}\} < 1$ and $\text{\$}\{\text{consent_obtained}\}$
There is more than one respondent selected in the household roster.	$\text{\$}\{\text{respondents}\} > 1$
HHQ109. READ THIS CHECK OUT LOUD: There are $\text{\$}\{\text{num_HH_members}\}$ household members who are named $\text{\$}\{\text{names}\}$. Is this a complete list of the household members? <i>Remember to include all children in the household.</i>	$\text{\$}\{\text{consent_obtained}\}$ <input type="radio"/> Yes <input type="radio"/> No
Section 1b. Profile of 9 to 14 year old girls I am now going to ask you few questions about girls who are 9 to 14 years old and are usual member of the household. These questions should be answered by a parent or caregiver or husband of the girls . Please do not ask these questions directly to the minor. $\text{\$}\{\text{count_9to14}\} > 0$ and $\text{\$}\{\text{count_ul}\} > 0$	
$\text{\$}\{\text{count_9to14}\} > 0$ and $\text{\$}\{\text{count_ul}\} > 0$ Nine to Fourteen Years Old Girls	
HHQ9-14a. Check: Is this respondent same respondent who answered the above questions	<input type="radio"/> Yes <input type="radio"/> No
HHQ9-14b. What is your relationship to the head of the household?	$\text{\$}\{\text{same_respondent}\} = \text{'no'}$ <input type="radio"/> Head <input type="radio"/> Husband <input type="radio"/> Parent <input type="radio"/> Caregiver <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
HHQ9-14c. What is $\text{\$}\{\text{grl_name}\}$'s relationship to you? <i>Hint: this question is for the respondent answering about the minor</i>	<input type="radio"/> Head <input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Daughter-in-law <input type="radio"/> Grandchild <input type="radio"/> Sister <input type="radio"/> House help <input type="radio"/> Step child/adopted <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

HHQ9-14d. Is $\{grl_name\}$ currently enrolled in school or did she attend school at any time during the 2016 E. C. school year?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know
HHQ9-14e. What is the highest level of school $\{grl_name\}$ attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses</i>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> Do not know <input type="radio"/> No response
HHQ9-14f. What is the highest grade/form/year that $\{grl_name\}$ has completed at that level? <i>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</i>	$\{grl_edu_status\} =$ 'primary' or $\{grl_edu_status\} =$ 'secondary' or $\{grl_edu_status\} =$ 'technical ...
HHQ9-14g. Can $\{grl_name\}$ read or write in any language?	$\{grl_edu_status\} =$ 'never_attended' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know
HHQ9-14h. How long has $\{grl_name\}$ been living continuously in this household? <i>If recently moved (</i>	<input type="radio"/> Always <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response
HHQ9-14i. Enter number of months or years <i>Enter -99 for no response. If the $\{grl_name\}$ has stayed for less than a year 0 is a possible answer. Write '0' in the Month if they have recently moved (</i>	$\{grl_how_long\} =$ 'months' or $\{grl_how_long\} =$ 'years'
HHQ9-14j. Has $\{grl_name\}$ done any work in the last 12 months? <i>Hint: These questions refer to any work other than housework that the 9-14 girl herself does.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know
HHQ9-14k. What is her occupation? What kind of work does she mainly do? <i>Hint: What kind of work does she mainly do?</i>	$\{grl_worked\} =$ 'yes' <input type="radio"/> Professional <input type="radio"/> Technical <input type="radio"/> Managerial <input type="radio"/> Clerical <input type="radio"/> Sales and services <input type="radio"/> Skilled manual <input type="radio"/> Unskilled manual <input type="radio"/> Domestic service <input type="radio"/> Agriculture <input type="radio"/> Other

<p>HHQ9-14l. Is \${grl_name} paid in cash or kind for this work or not paid at all?</p>	<p><code>\${grl_worked} = 'yes'</code></p> <p> <input type="radio"/> Cash only <input type="radio"/> Cash and kind <input type="radio"/> In kind only <input type="radio"/> Not paid <input type="radio"/> No response <input type="radio"/> Do not know </p>
<p>HHQ9-14m. Does \${grl_name} own her own mobile phone? <i>Hint: she does not share this phone with other members of the household</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know </p>
<p>HHQ9-14n. Is \${grl_name} receiving any health services at school?</p>	<p><code>\${grl_school_enrolled} = 'yes'</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know </p>
<p>HHQ9-14o. Does \${grl_name} has access to any of the following sites ? <i>Hint: Read answer options out loud.</i></p>	<p><code>\${grl_school_enrolled} = 'no'</code></p> <p> <input type="checkbox"/> Health facilities <input type="checkbox"/> Youth centers <input type="checkbox"/> Gender/peer clubs <input type="checkbox"/> e-health <input type="checkbox"/> Helplines <input type="checkbox"/> Her Space <input type="checkbox"/> Sports clubs <input type="checkbox"/> Religious institutions <input type="checkbox"/> Community clubs </p>
<p>Please specify other site</p>	<p><code>\${grl_site_access} = '96'</code></p>
<p>HHQ9-14p. Where did \${grl_name} usually receive health service ? <i>Hint: Do not read answer options out loud.</i></p>	<p> <code>\${grl_school_enrolled} = 'yes' or</code> <code>\${grl_school_enrolled} = 'no'</code> </p> <p> <input type="radio"/> School <input type="radio"/> Health facilities <input type="radio"/> Youth centers <input type="radio"/> Gender/peer clubs <input type="radio"/> e-health <input type="radio"/> Helplines <input type="radio"/> Her Space <input type="radio"/> Sports clubs <input type="radio"/> Religious institutions <input type="radio"/> Community clubs <input type="radio"/> Other </p>
<p>HHQ9-14q. Has \${grl_name} received HPV vaccination?</p>	<p><code>\${grl_school_enrolled} = 'yes' or count-selected(\${health_service_site}) > 0</code></p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know
<p>HHQ9-14q2. From where did \${grl_name} receive her HPV vaccination?</p> <p><i>Hint: Prompt by asking where else and select all that apply.</i></p>	<pre> \${grl_vaccinated_hpv} = 'yes' </pre> <input type="checkbox"/> School <input type="checkbox"/> Health facilities <input type="checkbox"/> Youth centers <input type="checkbox"/> Gender/peer clubs <input type="checkbox"/> Sports clubs <input type="checkbox"/> Religious institutions Community clubs <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>HHQ9-14r. Has \${grl_name} received sexual and reproductive health (SRH) services or education or both at \${hss_lab}?</p>	<pre> \${grl_school_enrolled} = 'yes' or count- selected(\${health_service_si te}) > 0 </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response <input type="radio"/> Do not know
<p>HHQ9-14s. What kind of other health services did \${grl_name} receive at \${hss_lab}?</p> <p><i>(Read answer options out loud and ask one by one)</i></p> <p><i>Hint: SBCC programs can use a variety of approaches, including scripted sessions, peer education, use of positive role-models, a curriculum providing decision making skills and a holistic approach addressing the broader factors, such as poverty.</i></p>	<pre> \${grl_school_enrolled} = 'yes' or count- selected(\${health_service_si te}) > 0 </pre> <input type="checkbox"/> Social and behavioral change communication (SBCC) and life skills development <input type="checkbox"/> School nutrition services <input type="checkbox"/> Water, sanitation and hygiene (WASH) provision <input type="checkbox"/> Management of common infections, infestations and disorders <input type="checkbox"/> Routine and catch-up vaccination and immunization service <input type="checkbox"/> HIV/STI prevention and control services <input type="checkbox"/> Mental, neurological and substance use (MNS) disorders prevention and support <input type="checkbox"/> Prevention and control of non-communicable diseases (NCDs) and injuries <input type="checkbox"/> School health preparedness, response & recovery during education in emergency <input type="checkbox"/> None of the above

Section 2 – Household Characteristics

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

	<code>#{consent_obtained}</code>
<p>HHQ011. Please tell me about the items 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. 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 watch/clock <input type="checkbox"/> A radio <input type="checkbox"/> A television <input type="checkbox"/> A mobile phone <input type="checkbox"/> A non-mobile telephone <input type="checkbox"/> A refrigerator <input type="checkbox"/> A table <input type="checkbox"/> A chair <input type="checkbox"/> A bed with cotton/sponge/spring mattress <input type="checkbox"/> An electric mitad <input type="checkbox"/> A kerosene lamp/pressure lamp <input type="checkbox"/> A bicycle <input type="checkbox"/> A TRICYCLE (bajaj) <input type="checkbox"/> A motorcycle/scooter <input type="checkbox"/> An animal-drawn cart <input type="checkbox"/> A car/truck <input type="checkbox"/> None of the above <input type="checkbox"/> No response </p>
Have you considered all item options in HHQ011 ?	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>HHQ012. What type of fuel does your household mainly use for cooking?</p>	<p><code>#{consent_obtained}</code></p> <p> <input type="radio"/> ELECTRICITY <input type="radio"/> CHARCOAL <input type="radio"/> LIQUID PETROLEUM GAS (LPG) <input type="radio"/> ANIMAL DUNG <input type="radio"/> KEROSENE <input type="radio"/> WOOD <input type="radio"/> COAL, LIGNITE <input type="radio"/> BIOGAS <input type="radio"/> NATURAL GAS <input type="radio"/> STRAW/SHRUBS/GRASS <input type="radio"/> AGRICULTURAL CROP <input type="radio"/> NO FOOD COOKED IN HOUSEHOLD <input type="radio"/> No response </p>
<p>HHQ013. Where does your cooking take place?</p>	<p> <code>(#{cooking_fuel} != '-77') and</code> <code>(#{cooking_fuel} != '-99') and</code> <code>#{consent_obtained}</code> </p> <p> <input type="radio"/> Within house <input type="radio"/> In separate building </p>

	<input type="radio"/> Outdoors <input type="radio"/> No response
HHQ014. Do you have an insecticide treated net in your household? <i>The net must be treated. The number of insecticide treated nets in the household does not matter, as long as the household owns at least one insecticide treated net.</i>	\${consent_obtained} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HHQ015a. 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>	\${consent_obtained} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
	\${consent_obtained} and \${owned_ask} = 'yes'
015b. How many of the following animals does this household own? Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response <i>The household can keep the livestock anywhere, but must own the livestock recorded here.</i> <i>Zero is a possible answer.</i>	
Milk Cows/Bulls/Oxen <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Horses/Donkeys/Mules <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Camels <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>	
Chickens <i>Enter -88 for do not know. Enter -99 for no response.</i>	
Beehives <i>Enter -88 for do not know. Enter -99 for no response.</i>	
You have indicated the household owns livestock in HHQ015a, however you have entered zero (0) for all quantities owned on HHQ015b. Please go back and correct this.	\${consent_obtained} and \${owned_ask} = 'yes' and \${lvstk_owned_val} = 0

Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>HHQ016. Main material of the floor <i>Observe.</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <p> <input type="radio"/> Earth/Sand <input type="radio"/> Dung <input type="radio"/> Wood Planks <input type="radio"/> Palm/Bamboo <input type="radio"/> Parquet or polished wood <input type="radio"/> Vinyl/Asphalt strips/Plastic tiles <input type="radio"/> Ceramic Tiles <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Other <input type="radio"/> No response </p>
<p>HHQ017. Main material of the roof <i>Observe.</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <p> <input type="radio"/> No Roof <input type="radio"/> Thatch/Leaf/Mud <input type="radio"/> Rustic Mat/Plastic Sheets <input type="radio"/> Reed/Bamboo <input type="radio"/> Wood Planks <input type="radio"/> Cardboard <input type="radio"/> Corrugated Iron/metal <input type="radio"/> Calamine/Asbestos/Cement Fiber <input type="radio"/> Cement/Concrete <input type="radio"/> Roof Shingles <input type="radio"/> Other <input type="radio"/> No response </p>
<p>HHQ018. Main material of the exterior walls <i>Observe.</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <p> <input type="radio"/> No Walls <input type="radio"/> Cane/Palm/Trunks/Bamboo/Reed <input type="radio"/> Dirt <input type="radio"/> Bamboo/Wood with Mud <input type="radio"/> Stone with Mud <input type="radio"/> Uncovered mud brick <input type="radio"/> Plywood <input type="radio"/> Cardboard <input type="radio"/> Reused Wood <input type="radio"/> Corrugated sheets <input type="radio"/> Cement <input type="radio"/> Stone with Lime/Cement <input type="radio"/> Bricks <input type="radio"/> Cement Blocks <input type="radio"/> Covered mud bricks <input type="radio"/> Wood Planks/Shingles <input type="radio"/> Other <input type="radio"/> No response </p>

Section 4 – Water, Sanitation and Hygiene

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

<p>HHQ019a. 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;">\${consent_obtained}</p> <p> <input type="radio"/> Observed, fixed place <input type="radio"/> Observed, mobile <input type="radio"/> Not observed, not in dwelling/yard/plot <input type="radio"/> Not observed, no permission to see <input type="radio"/> Not observed, other reason <input type="radio"/> No response </p>
<p>HHQ019b. At the place where the household most often washes their hands, observe if: <i>Check all that apply.</i></p>	<p style="text-align: right;"> (\${handwashing_place_rw} = 'observed_fixed') or (\${handwashing_place_rw} = 'observed_mobile') </p> <p> <input type="checkbox"/> Soap or detergent 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 </p>
<p>HHQ020. What is the main source of drinking water for members of your household?</p>	<p style="text-align: right;">\${consent_obtained}</p> <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 or Bicycle 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>
<p>HHQ021. What is the main toilet facility used by members of your household? <i>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE TOILET FACILITY.</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <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 </p>

	<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"/> Bucket/pan <input type="radio"/> Composting toilet <input type="radio"/> Hanging toilet /Hanging latrine <input type="radio"/> Other <input type="radio"/> No facility / bush / field <input type="radio"/> No response
HHQ022. Where is your toilet facility located? \${sanitation_main_lab}	<pre> (\${sanitation_main} != '') and (\${sanitation_main} != '-99') and (\${sanitation_main} != 'bush') an ... </pre> <input type="radio"/> In own dwelling <input type="radio"/> In own yard / plot <input type="radio"/> Elsewhere <input type="radio"/> No response
HHQ023. How often does your household typically use: \${sanitation_main_lab} <i>Regular practices at the household only.</i>	<pre> (\${sanitation_main} != '') and (\${sanitation_main} != '-99') and (\${sanitation_main} != 'bush') an ... </pre> <input type="radio"/> Always <input type="radio"/> Most of the time <input type="radio"/> Occasionally <input type="radio"/> No response
HHQ024. Do you share this toilet facility with other households or the public? \${sanitation_main_lab}	<pre> (\${sanitation_main} != '') and (\${sanitation_main} != '-99') and (\${sanitation_main} != 'bush') an ... </pre> <input type="radio"/> Not shared <input type="radio"/> Shared with less than ten households <input type="radio"/> Shared with ten or more households <input type="radio"/> Shared with the public <input type="radio"/> No response
HHQ025. Enter the number of households that share this facility (including your own). \${sanitation_main_lab} <i>Hint: Please record the number of households not the number of people. Must be between 2 and 9. If 10 or greater, swipe back to HHQ024 and choose "shared with ten or more households OR with the Public" when applicable. Enter -99 for no response.</i>	<pre> (\${shared_san} = 'shared_under_ten_HH') </pre>
HHQ026. For all children under age five: what methods, if any, does your household use to dispose of children's waste? PROBE: Other methods? <i>Do not read the possible responses out loud. Check all that apply.</i>	<pre> \${consent_obtained} and ((0 <= \${min_age}) and (\${min_age} < 5)) </pre> <input type="checkbox"/> Children use a latrine / toilet <input type="checkbox"/> Leave waste where it is <input type="checkbox"/> Dispose of 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"/> No response
<p>Section 5 –Occurrence and Frequency of Household Food Insecurity</p> <p><i>Now I would like to ask you a few questions about experience and frequency of food insecurity ever occurred during the previous four weeks (30 days)</i></p>	
HFI033. In the past four weeks, did you worry that your household would not have enough food?	<p style="text-align: right;">\${consent_obtained}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI033a. How often did this happen?	<p style="text-align: right;">\${worry_enough_food_cc} = 'yes'</p> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks) <input type="radio"/> No response
HFI034. In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<p style="text-align: right;">\${consent_obtained}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI034a. How often did this happen?	<p style="text-align: right;">\${not_able_to_eat_cc} = 'yes'</p> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks) <input type="radio"/> No response
HFI035. In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	<p style="text-align: right;">\${consent_obtained}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI035a. How often did this happen?	<p style="text-align: right;">\${ate_limited_variety_cc} = 'yes'</p> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks)

	four weeks) <input type="radio"/> No response
HFI036. In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI036a. How often did this happen?	<div style="text-align: right;">\${ate_not_want_to_eat_cc} = 'yes'</div> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks) <input type="radio"/> No response
HFI037. In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI037a. How often did this happen?	<div style="text-align: right;">\${ate_smaller_meal_cc} = 'yes'</div> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks) <input type="radio"/> No response
HFI038. In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI038a. How often did this happen?	<div style="text-align: right;">\${ate_few_meals_cc} = 'yes'</div> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks) <input type="radio"/> Often (more than ten times in the past four weeks) <input type="radio"/> No response
HFI039. In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI039a. How often did this happen?	<div style="text-align: right;">\${no_food_to_eat_cc} = 'yes'</div> <input type="radio"/> Rarely (once or twice in the past four weeks) <input type="radio"/> Sometimes (three to ten times in the past four weeks)

	<p>past four weeks)</p> <p><input type="radio"/> Often (more than ten times in the past four weeks)</p> <p><input type="radio"/> No response</p>
HFI040. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	<p style="text-align: right;">\${consent_obtained}</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
HFI040a. How often did this happen?	<p style="text-align: right;">\${slept_hungry_cc} = 'yes'</p> <p><input type="radio"/> Rarely (once or twice in the past four weeks)</p> <p><input type="radio"/> Sometimes (three to ten times in the past four weeks)</p> <p><input type="radio"/> Often (more than ten times in the past four weeks)</p> <p><input type="radio"/> No response</p>
HFI041. In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	<p style="text-align: right;">\${consent_obtained}</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
HFI041a. How often did this happen?	<p style="text-align: right;">\${night_day_wo_eating_cc} = 'yes'</p> <p><input type="radio"/> Rarely (once or twice in the past four weeks)</p> <p><input type="radio"/> Sometimes (three to ten times in the past four weeks)</p> <p><input type="radio"/> Often (more than ten times in the past four weeks)</p> <p><input type="radio"/> No response</p>
<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>	<p style="text-align: right;">\${consent_obtained}</p>

LOCATION AND QUESTIONNAIRE RESULT

HHQ027. Location Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.	
HHQ028. Did you have to move away from the household to take the GPS reading?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
HHQ029. How many times have you visited this household?	<p><input type="radio"/> 1st time</p> <p><input type="radio"/> 2nd time</p> <p><input type="radio"/> 3rd time</p>
HHQ030. In what language was this interview conducted?	<p style="text-align: right;">\${consent_obtained}</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Amharic</p> <p><input type="radio"/> Afan Oromo</p>

	<input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
HHQ031. Was a translator used for this interview?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No
HHQ032. 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