



Household questionnaire

Household Screening Questionnaire						
NO	QUESTIONS AND FILTERS	CODING CATEGORIES			Relevant	
IDENTIFICATION						
Please record the following identifying information prior to beginning the interview.						
A	Your name: Is this your name? [ODK will display the name associated with the phone's serial number.] <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>	Yes 1 No 0			Always	
	Enter your name below. <i>Please record your name</i>	Interviewer's Name			If A=0	
B	Is this date and time correct? [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]	Yes 1 No 0			Always	
C	Record the correct date and time	Date	Month	Day	Year	If B=0
		Time	Hour	Minutes	AM/P M	
D1	Region	Tigray 1 Afar 2 Amhara 3 Oromia 4 Ethiopia Somali 5 Benishangul Gumuz 6 SNNPR 7 Gambella 8 Harari 9 Addis Ababa 10 Dire Dawa 11			Always	
D2	Zone	<i>ODK will populate a list of appropriate zones based on the selected region.</i>			Always	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant
D3	District	<i>ODK will populate a list of appropriate districts based on the selected zone.</i>	Always
D4	Locality Name	<i>ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.</i>	Always
D5	Enumeration area	<i>ODK should populate the appropriate EA</i>	Always
E	Structure number <i>Please record the structure number from the household listing form.</i>		Always
F	Household number <i>Please record the household number from the household listing form.</i>		Always
G	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>	Yes..... 1 No 0	Always
WARNING: Contact your supervisor before sending this form again.			
H	CHECK: Why are you resending this form? <i>Choose all that apply.</i>	There are new household members on this form 1 I am correcting a mistake made on a previous form 2 The previous form disappeared from my phone without being sent 3 I submitted the previous form and my supervisor told me that it was not received 4 Other reason(s) 5	If G=1
I	Is a member of the household and competent respondent present and available to be interviewed today?	Yes..... 1 No 0	Always
J	Did this household participate in a previous PMA2020 survey?	Yes..... 1 No 0 Do not know -88 No response -99	If I=1
INFORMED CONSENT			
Find a competent member of the household. Read the greeting on the following screen.			
K	Explain the consent form to the respondent. Then, ask: May I begin the interview now?	Yes..... 1 No 0	If I=1

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant
L	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM HSQ A]."</i>		If K=1
M	Respondent's first name. <i>Please record the first name of the respondent.</i>		If K=1

After recording information for one household member, the following prompt is asked to activate a looping script to record information for another member			
HSQ9	Are there any other usual members of your household or persons who slept in the house last night?	Yes..... 1 No 0 No response -99	K=1
Check question: ODK will display the following constraint message if more than one household heads were selected Multiple heads are registered. Please register only one head in the household. Please go back and make corrections.			
	READ THIS CHECK OUT LOUD: There are [NUMBER OF HOUSEHOLD MEMBERS ENTERED] household members who are named [NAMES OF ENTERED HOUSEHOLD MEMBERS]. Is this a complete list of the household members? <i>Remember to include all children in the household.</i>	Yes..... 1 No 0 No response -99	K=1
HSQ10	Now I would like to ask some questions that are sensitive and that they may be difficult to answer. Are there any households members who have died in the last three years, that is since July 2013? This includes any infants that may have died shortly after birth. <i>Remember to ask about babies who may have died.</i>	Yes..... 1 No 0 No response -99	K=1

This section of the household screening will gather information on any persons in the household who died in the last three years (since July 2005).							
	HSQ11	HSQ12	HSQ13	HSQ14	HSQ15	HSQ16	HSQ17
	First name	Sex	Age when [NAME] died (years)	Month and Year [NAME] died	Was [NAME] pregnant when she died?	Did [NAME] die during childbirth/miscarriage/abortion?	Did [NAME] die within 6 weeks after the end of a pregnancy or childbirth?

Rel	HSQ10=1	HSQ10=1	HSQ10=1	HSQ10=1	\${HSQ10}='1' and \${HSQ12}='2' and \${HSQ13}>=15 and \${HSQ13}<=49	\${HSQ10}='1' and \${HSQ12}='2' and \${HSQ13}>=15 and \${HSQ13}<=49 and \$ {HSQ15}='0' or {HSQ15}='-88' or {HSQ15}='-99'	\${HSQ10}='1' and \${HSQ12}='2' and \${HSQ13}>=15 and \${HSQ13}<=49 and \$ {HSQ15}='0' or {HSQ15}='-88' or {HSQ15}='-99' and {HSQ16}='0' or {HSQ16}='-88' or {HSQ16}='-99'
		Male..... 1 Female..... 2			Yes 1 No 0 No response-99	Yes 1 No 0 No response-99	Yes 1 No 0 No response-99
1							
2							
3							

<p>HS Q18</p>	<p>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.</i></p> <p><i>If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise do not select the item.</i></p> <p>READ OUT ALL TYPES AND SELECT ALL THAT APPLY.</p>	<p>Electricity? 1</p> <p>A watch/clock? 1</p> <p>A radio? 1</p> <p>A television? 1</p> <p>A mobile phone? 1</p> <p>A non-mobile telephone? 1</p> <p>A refrigerator? 1</p> <p>A table 1</p> <p>A chair 1</p> <p>A bed with cotton/sponge/spring mattress 1</p> <p>An electric mitad 1</p> <p>A kerosene lamp/pressure lamp..... 1</p> <p>A bicycle? 1</p> <p>A motorcycle or motor scooter? 1</p> <p>An animal-drawn cart 1</p> <p>A car or truck? 1</p> <p>None of the above -77</p> <p>No response -99</p>	<p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>K=1</p>
<p>HS Q19</p>	<p>Main material of the floor</p> <p><i>Observe.</i></p>	<p>Earth/Sand 11</p> <p>Dung 12</p> <p>Wood Planks..... 21</p> <p>Palm/Bamboo 22</p> <p>Parquet or polished wood 31</p> <p>Vinyl/Asphalt strips 32</p> <p>Ceramic Tiles 33</p> <p>Cement 34</p> <p>Carpet 35</p> <p>Other 96</p> <p>No response -99</p>			<p>K=1</p>
<p>HS Q20</p>	<p>Main material of the roof</p> <p><i>Observe.</i></p>	<p>No Roof..... 11</p> <p>Thatch/Leaf/ Mud 12</p> <p>Rustic Mat/Plastic Sheets 21</p> <p>Reed/Bamboo 22</p> <p>Wood Planks..... 23</p> <p>Cardboard 24</p> <p>Corrugated Iron/Metal 31</p> <p>Wood 32</p> <p>Asbestos/Cement Fiber 33</p> <p>Cement/Concrete..... 34</p> <p>Roof Shingles 35</p> <p>Other 96</p> <p>No response -99</p>			<p>K=1</p>

<p>HS Q21</p>	<p>Main material of the exterior walls <i>Observe.</i></p>	<p>No Walls 11 Cane/Palm/Trunks/Bamboo/Reed 12 Dirt 13 Bamboo/ Wood with Mud..... 21 Stone with Mud 22 Uncovered Adobe 23 Plywood 24 Cardboard 25 Reused Wood 26 Corrugated sheets 27 Cement 31 Stone with Lime/Cement..... 32 Bricks 33 Cement Blocks..... 34 Covered Adobe 35 Wood Planks/Shingles 36 Other 96 No response -99</p>	<p>K=1</p>
<p>HQ S22</p>	<p>Do you have a place to wash your hands, or do you have a movable container that is not kept in a fixed location, such as a bowl or kettle, that is commonly used for hand washing? <i>If the container is always in the same location, then count it as a fixed place</i></p>	<p>Yes, fixed place 1 Yes, movable container 2 No 0 Don't know..... -88 No response -99</p>	<p>K=1</p>
<p>HS Q23</p>	<p>What are all of the sources of drinking water for members of your household? <i>Select all that apply</i></p>	<p>Piped Water Piped into dwelling/indoor..... 1/0 Pipe to yard/plot..... 1/0 Public tap/standpipe 1/0 Tube well or borehole 1/0 Dug Well Protected Well 1/0 Unprotected Well 1/0 Water from Spring Protected Spring 1/0 Unprotected Spring 1/0 Rainwater..... 1/0 Tanker Truck..... 1/0 Cart with Small Tank..... 1/0 Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)..... 1/0 Bottled Water 1/0 Sachet Water 1/0 No Response -99</p>	<p>K=1</p>

HS Q24	What is the main toilet facility used by members of your household? <i>Read out the options on the screen</i>	Flush/pour flush toilets connected to: Piped sewer system 1 Septic tank..... 2 Elsewhere..... 3 Unknown / Not sure / Don't know 4 Ventilated improved pit latrine 5 Pit latrine with slab..... 6 Pit latrine without slab..... 7 Composting toilet 8 Bucket toilet 9 Hanging toilet /Hanging latrine..... 10 Other 96 No facility / bush / field..... 11 No response -99	K=1
HS Q25	Are you currently a model family?	Yes..... 1 No 0 Not applicable.....-77 No response -99	K=1

LOCATION AND QUESTIONNAIRE RESULT

N	Location Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.	RECORD LOCATION	Always
O	How many times have you visited this household?	1 st time..... 1 2 nd time 2 3 rd time 3	Always
P	Questionnaire result <i>Record the result of the Household Questionnaire</i>	Completed 1 No household member at home or no competent respondent at home at time of visit..... 2 Postponed..... 3 Refused 4 Partly completed 5 Dwelling vacant or address not a dwelling 6 Dwelling destroyed 7 Dwelling not found 8 Entire household absent for extended period . 9	Always