

Burkina Faso Nutrition Survey Round 1: 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. Region	<input type="radio"/> BOUCLE DU MOUHOUN <input type="radio"/> CASCADES <input type="radio"/> CENTRE <input type="radio"/> CENTRE EST <input type="radio"/> CENTRE NORD <input type="radio"/> CENTRE OUEST <input type="radio"/> CENTRE SUD <input type="radio"/> EST <input type="radio"/> HAUTS BASSINS <input type="radio"/> NORD <input type="radio"/> PLATEAU CENTRAL <input type="radio"/> SAHEL <input type="radio"/> SUD OUEST
003b. Province	<input type="radio"/> BALE <input type="radio"/> BANWA <input type="radio"/> KOSSI <input type="radio"/> MOUHOUN <input type="radio"/> NAYALA <input type="radio"/> COMOIE <input type="radio"/> LERABA <input type="radio"/> KADIOGO <input type="radio"/> BOULGOU <input type="radio"/> KOULPELGO <input type="radio"/> KOURITENGA

	<ul style="list-style-type: none"> <input type="radio"/> BAM <input type="radio"/> NAMENTENGA <input type="radio"/> SANMATENGA <input type="radio"/> BOULKIEMDE <input type="radio"/> SANGUIE <input type="radio"/> SISSILI <input type="radio"/> ZIRO <input type="radio"/> BAZEKA <input type="radio"/> NAHOURI <input type="radio"/> GNAGNA <input type="radio"/> GOURMA <input type="radio"/> TAPOA <input type="radio"/> HOUET <input type="radio"/> KENEDOUGOU <input type="radio"/> PASSORE <input type="radio"/> YATENGA <input type="radio"/> ZONDOMA <input type="radio"/> GANZOURGOU <input type="radio"/> KOURWEOGO <input type="radio"/> OUBRITENGA <input type="radio"/> OUDALAN <input type="radio"/> SOUM <input type="radio"/> YAGHA <input type="radio"/> BOUGOURIBA <input type="radio"/> NOUMBIEL <input type="radio"/> PONI
<p>003c. Commune, village</p>	<ul style="list-style-type: none"> <input type="radio"/> FARA <input type="radio"/> KOUKA <input type="radio"/> SOLENZO <input type="radio"/> DOUMBALA <input type="radio"/> DEDOUGOU <input type="radio"/> DOUROULA <input type="radio"/> YABA <input type="radio"/> BANFORA <input type="radio"/> OUO <input type="radio"/> SOUBAKANIEDOUGOU <input type="radio"/> SINDOU <input type="radio"/> ARDT DE BASKUY <input type="radio"/> ARDT DE BOGODOGO <input type="radio"/> ARDT DE BOULMIOUGOU <input type="radio"/> ARDT DE SIG-NOGHIN <input type="radio"/> ARDT DE NONGREMASSOM <input type="radio"/> SAABA <input type="radio"/> TENKODOGO <input type="radio"/> YARGATENGA

	<ul style="list-style-type: none"> <input type="radio"/> POUYTENGA <input type="radio"/> BOURZANGA <input type="radio"/> KONGOUSSI <input type="radio"/> YALGO <input type="radio"/> BOUSSOUMA <input type="radio"/> KORSIMORO <input type="radio"/> KOUDOUGOU <input type="radio"/> SABOU <input type="radio"/> POUNI <input type="radio"/> LEO <input type="radio"/> DALO <input type="radio"/> SAPONE <input type="radio"/> ZIOU <input type="radio"/> BOGANDE <input type="radio"/> FADA N'GOURMA <input type="radio"/> KANTCHARI <input type="radio"/> LOGOBOU <input type="radio"/> BOBO DIOULASSO-DAFRA <input type="radio"/> BOBO DIOULASSO-Do <input type="radio"/> BOBO DIOULASSO-KONSA <input type="radio"/> KARANKASSO-VIGUE <input type="radio"/> KAYAN <input type="radio"/> SINDO <input type="radio"/> BOKIN <input type="radio"/> SAMBA <input type="radio"/> NAMISSIGUIMA <input type="radio"/> OUAHIGOUYA <input type="radio"/> GOURCY <input type="radio"/> BOUDRY <input type="radio"/> NIOU <input type="radio"/> ZINIARE <input type="radio"/> GOROM-GOROM <input type="radio"/> ARBINDA <input type="radio"/> SOLHAN <input type="radio"/> DIEBOUGOU <input type="radio"/> BATIE <input type="radio"/> GBOMBLORA
<p>004. Enumeration area</p>	<ul style="list-style-type: none"> <input type="radio"/> 1_B006 <input type="radio"/> 2_H039 <input type="radio"/> 3_P076b <input type="radio"/> 4_C014 <input type="radio"/> 5_L063 <input type="radio"/> 6_C013 <input type="radio"/> 7_C015 <input type="radio"/> 8_L061

-
- 9_D016
 - 10_B011
 - 11_A004
 - 12_D022
 - 13_D020
 - 14_B006
 - 15_A001
 - 16_I045
 - 17_M062
 - 18_O072
 - 19_A003
 - 21_K054
 - 22_M063
 - 23_N071
 - 20_E026
 - 26_A005
 - 27_H039
 - 28_H036
 - 24_A005
 - 25_F027
 - 29_H039
 - 30_A006
 - 31_H045
 - 32_I047
 - 33_L065
 - 34_I043
 - 35_I044
 - 36_C014
 - 37_D020
 - 38_B008
 - 39_P085
 - 40_I042
 - 41_B006
 - 42_B007
 - 43_G036
 - 44_B006
 - 45_G032
 - 46_F024
 - 47_C012
 - 48_C013
 - 49_F026
 - 50_G031
 - 51_J049
 - 52_L060
 - 53_BB138
 - 54_E023

	<input type="radio"/> 55_C012 <input type="radio"/> 56_P076 <input type="radio"/> 57_B007 <input type="radio"/> 58_B009 <input type="radio"/> 59_F032 <input type="radio"/> 60_A003 <input type="radio"/> 61_A004 <input type="radio"/> 62_A004 <input type="radio"/> 63_B008 <input type="radio"/> 64_A005 <input type="radio"/> 65_L064 <input type="radio"/> 66_D017 <input type="radio"/> 67_B010 <input type="radio"/> 68_C013 <input type="radio"/> 69_D019 <input type="radio"/> 70_C013 <input type="radio"/> 71_D016 <input type="radio"/> 72_B008 <input type="radio"/> 73_G031 <input type="radio"/> 74_B007 <input type="radio"/> 75_B006 <input type="radio"/> 76_L055 <input type="radio"/> 77_N075 <input type="radio"/> 78_P086 <input type="radio"/> 79_S093 <input type="radio"/> 80_B009 <input type="radio"/> 81_D017 <input type="radio"/> 82_A002 <input type="radio"/> 83_D017
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)
<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>	
009a. Is a member of the household and competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
009b. Did this household participate in a previous PMA2020 survey?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>INFORMED CONSENT <i>Find a competent member of the household. Read the greeting on the following screen.</i></p>	
<p>010a. Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. 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. I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 10 and 49 years. At this time, do you want to ask me anything about the survey?</p>	
<p>010a. Ask: May I begin the interview now? <i>Provide a paper copy of the Consent Form to the respondent and explain it.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
<p>010b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	
Checkbox	<input type="checkbox"/>
<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. <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>	

010c. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i>	<input type="radio"/>
010c. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."	
011. Respondent's first name. <i>Please record the first name of the respondent.</i>	
Section 1 – Household Roster <i>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.</i>	

Household member	
101. Name of household member / visitor <i>Start with the head of the household</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"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
103. Is \${firstname} Male or Female?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No response
104a. How old was \${firstname} at their last birthday? <i>If less than one year old, record 0</i>	
104b. What date was \${firstname} born?	Month: Year:
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

<p>107. Did \${firstname} stay here last night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>ERROR: Members on household roster must usually live here or must have stayed here last night. Go back and remove this household member.</p>	
<p>108. Are there any other usual members of your household or persons who slept in the house last night?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>There are other members of the household. Move forward and select "Add Group"</p>	
<p>There are no other members of the household. Move forward and select "Do Not Add"</p>	
<p>ERROR: There is no household head. Go back, select a head. For each member, check that the relationship to the household head is accurate.</p>	
<p>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>	
<p>The name of the respondent is \${respondent_firstname} in question. That name doesn't appear in the list of household members. You entered the following household members: \${names}. <i>If the names are spelled inconsistently: Correct the original spelling of the name or in the list of household members.</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>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.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>There are no eligible females in the household.</p>	
<p>There are no children under age 2 in the household.</p>	
<p>The household is NOT eligible to answer any more questions.</p>	
<p>Section 2 – Household Characteristics Now I would like to ask you a few questions about the characteristics of your household.</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>	<ul style="list-style-type: none"> <input type="checkbox"/> Electricity? <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 solar panel? <input type="checkbox"/> A table? <input type="checkbox"/> A chair? <input type="checkbox"/> A sofa? <input type="checkbox"/> A bed? <input type="checkbox"/> A cupboard? <input type="checkbox"/> A clock? <input type="checkbox"/> A microwave oven? <input type="checkbox"/> A DVD player? <input type="checkbox"/> A cassette / CD player? <input type="checkbox"/> An air conditioner? <input type="checkbox"/> A watch? <input type="checkbox"/> A bicycle? <input type="checkbox"/> A motorcycle / scooter? <input type="checkbox"/> Animal-drawn cart? <input type="checkbox"/> A car / truck? <input type="checkbox"/> A boat with a motor? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>202a. 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>
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<p>202b. 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.</i></p>	
<p>Pigs: <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Cows or bulls <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Horses, donkeys or mules <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Goats <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	

<p>Sheep <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Chickens <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>Other: <i>Enter -88 for do not know. Enter -99 for no response.</i></p>	

203a. Are any animals corralled or kept in the home or yard?
 PROBE: Do these animals sleep in the home at night?
Homestead includes the structure and yard that is close to the structure.

- Yes
- No
- No response

203b. OBSERVE: Do you see any animals or animal feces in or around the household/yard?

- Yes
- No
- Unable to observe

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

301. Main material of the floor
Observe.

- Earth / sand
- Cow dung
- Wooden boards
- Palm / bamboo
- Parquet or polished wood
- Tapes vinyl / asphalt
- Tiles
- Cement
- Carpet
- Other
- No answer

302. Main material of the roof
Observe.

- No roof
- Thatch / palm
- Earth mottes
- Mats
- Palm / bamboo
- Wooden boards
- Cardboard
- Sheet metal
- Wood
- Zinc / fiber cement
- Tile
- Cement
- Shingles
- Other
- No answer

303. Main material of the exterior walls
Observe.

- No wall
- 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
<p>Section 4 – Water Sanitation and Hygiene</p> <p><i>Now I would like to ask you a few questions about water, sanitation and hygiene.</i></p>	
<p>401a. Do you have a place to wash your hands?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>401b. Can you show it to me?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>401c. At the place where the household washes their hands, observe if:</p> <p><i>Check all that apply.</i></p>	<input type="checkbox"/> Soap 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>402. When are the important times to wash hands?</p> <p>PROBE: Any other time?</p> <p><i>Do not read choices. Select all that apply.</i></p>	<input type="checkbox"/> Before preparing food <input type="checkbox"/> Before eating <input type="checkbox"/> Before serving a child food <input type="checkbox"/> After cleaning a child's anus <input type="checkbox"/> After changing a baby's diaper <input type="checkbox"/> After defecating <input type="checkbox"/> After urinating <input type="checkbox"/> Before breastfeeding <input type="checkbox"/> Before/after handling sick person <input type="checkbox"/> After handling animals <input type="checkbox"/> Other <input type="checkbox"/> Never <input type="checkbox"/> No response

<p>403. Which of the following water sources does your household use on a regular basis for any part of the year for any purpose? <i>Read out all types and check all that are used. Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Piped Water: Piped into dwelling/indoor <input type="checkbox"/> Piped Water: Pipe to yard/plot <input type="checkbox"/> Piped Water: Public tap/standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Dug Well: Protected Well <input type="checkbox"/> Dug Well: Unprotected Well <input type="checkbox"/> Water from Spring: Protected Spring <input type="checkbox"/> Water from Spring: Unprotected Spring <input type="checkbox"/> Rainwater <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Cart or Bicycle with Small Tank <input type="checkbox"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="checkbox"/> Bottled Water <input type="checkbox"/> Sachet Water <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>404a. What is the main source of drinking water for members of your household? Selections from 403: $\{\text{source_labels}\}$ <i>Read out 403 selections only.</i></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 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
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<p>404b. What is the main source of water used by your household for other purposes such as cooking and hand washing? Selections from 403: $\{\text{source_labels}\}$ <i>Read out 403 selections only.</i></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
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	<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>405a. Do you treat your water in any way to make it safer to drink?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>405b. What do you usually do to the water to make it safer to drink? PROBE: Anything else? <i>Check all that apply.</i></p>	<input type="checkbox"/> Boil <input type="checkbox"/> Add bleach/chlorine <input type="checkbox"/> Strain it through a cloth <input type="checkbox"/> Use a water filter (ceramic, sand, composite, etc) <input type="checkbox"/> Solar disinfection <input type="checkbox"/> Let it stand and settle <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<p>406. Do members of your household use any of the following toilet facilities? <i>Read out all types. Check all that are used. Scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Flush/pour flush toilets connected to: Piped sewer system <input type="checkbox"/> Flush/pour flush toilets connected to: Septic tank <input type="checkbox"/> Flush/pour flush toilets connected to: Pit Latrine <input type="checkbox"/> Flush/pour flush toilets connected to: Elsewhere <input type="checkbox"/> Flush/pour flush toilets connected to: Unknown / Not sure / Don't know <input type="checkbox"/> Ventilated improved pit latrine <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Pit latrine without slab / open pit <input type="checkbox"/> Bucket toilet <input type="checkbox"/> Composting toilet

	<input type="checkbox"/> Hanging toilet /Hanging latrine <input type="checkbox"/> No facility / bush / field <input type="checkbox"/> Other <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

406. Other, please explain:

407. What is the main toilet facility used by members of your household?
 \${sanitation_labels}
The main facility must be selected in 406.

- Flush/pour flush toilets connected to: Piped sewer system
- Flush/pour flush toilets connected to: Septic tank
- Flush/pour flush toilets connected to: Pit Latrine
- Flush/pour flush toilets connected to: Elsewhere
- Flush/pour flush toilets connected to: Unknown / Not sure / Don't know
- Ventilated improved pit latrine
- Pit latrine with slab
- Pit latrine without slab / open pit
- Bucket toilet
- Composting toilet
- Hanging toilet /Hanging latrine
- No facility / bush / field
- Other
- No response

408. Do you share this toilet facility with other households or the public?
 \${san_label_1}

- Not shared
- Shared with less than ten households
- Shared with ten or more households
- Shared with the public.
- No response

408. Do you share this toilet facility with other households or the public?
 \${san_label_2}

- Not shared
- Shared with less than ten households
- Shared with ten or more households
- Shared with the public.
- No response

408. Do you share this toilet facility with other households or the public?
 \${san_label_flushpit}

- Not shared
- Shared with less than ten households
- Shared with ten or more households

	<input type="radio"/> Shared with the public. <input type="radio"/> No response
<p>408. Do you share this toilet facility with other households or the public? \${san_label_3}</p>	<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
<p>408. Do you share this toilet facility with other households or the public? \${san_label_4}</p>	<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
<p>408. Do you share this toilet facility with other households or the public? \${san_label_5}</p>	<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
<p>408. Do you share this toilet facility with other households or the public? \${san_label_6}</p>	<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
<p>408. Do you share this toilet facility with other households or the public? \${san_label_7}</p>	<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
<p>408. Do you share this toilet facility with other households or the public? \${san_label_8}</p>	<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

<p>408. Do you share this toilet facility with other households or the public? \${san_label_9}</p>	<p><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</p>
<p>408. Do you share this toilet facility with other households or the public? \${san_label_10}</p>	<p><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</p>
<p>409. How many people within your household regularly use the bush / field at home or at work? There are \${num_HH_members} people in this household. Enter -88 for do not know, -99 for no response.</p>	
<p>WARNING: The respondent entered zero for the previous question but listed open defecation as a household sanitation facility.</p>	
<p>410. For all children under age five: what methods, if any, does your household use to dispose of children's fecal waste? Do not read the possible responses out loud. PROBE: anything else?</p>	<p><input type="checkbox"/> Children use a latrine / toilet <input type="checkbox"/> Leave waste where it is <input type="checkbox"/> Bury 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"/> Don't know <input type="checkbox"/> No response</p>
<p>Section 5 - Food Security Now I would like to ask you some questions about food. Please let me ask these questions to the female head of household.</p>	
<p>500. Who is the respondent for this section? \${all_roster_ppl} Enter -77 if the person is not in the roster</p>	
<p>501. During the last 12 MONTHS, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>502. Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

and nutritious food because of a lack of money or other resources?	<input type="radio"/> Do not know <input type="radio"/> No response
503. During the 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
504. During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
505. Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
506. During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
507. During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
508. During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
095a. Ask permission to take a photo to the entrance of the household. Did you get consent to take the photo?	<input type="radio"/> Yes <input type="radio"/> No
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>	
Location and Questionnaire Result	
095b. Ensure that no people are in the photo.	
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"/> French

	<input type="radio"/> Moore <input type="radio"/> Goumantchema <input type="radio"/> Fulfulde <input type="radio"/> Dioula <input type="radio"/> Autre
<p>099. Questionnaire result <i>Record the result of the household questionnaire.</i></p>	<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