

## 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>	<input type="radio"/> Yes <input type="radio"/> No
HHQ001b. Enter your name below. <i>Please record your name</i>	
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.	Day: Month: Year:
HHQ003a. Region	<input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Snnp <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Sidama
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.

HHQ008. 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)
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
HHQ009a. Is this a cross-section household?	<input type="radio"/> Yes <input type="radio"/> No

**INFORMED CONSENT** Find a competent member of the household. Read the greeting on the following screen.

Hello. My name is \${re\_name} 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.

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 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.

At this time, do you want to ask me anything about the survey?

HHQ010a. Explain the consent form to the respondent. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
---	---

HHQ010c. Interviewer's name: \${your_name} <i>Please record your name as a witness to the consent process.</i>	
HHQ010c. Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</i>	

## 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 and pregnant or Postpartum women who are currently staying at their parental home?

### Household member

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

HHQ-Panel1. Is $\{\{firstname\}\}$ enrolled in the panel study?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
LCL101. What is the religion of $\{\{firstname\}\}$ ? <i>Only recorded for the head of the household.</i>	<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.	
This person IS eligible for the female respondent questionnaire.	
Cross section HH - $\{\{cross\_section\_hh\}\}$	
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 Group"	
There are no other members of the household. Move forward and select "Do Not Add"	

HHQ109. 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 and pregnant or Postpartum women who are currently staying at thier parental home? <i>Remember to include all children in the household.</i>	<input type="radio"/> Yes <input type="radio"/> No
---	---

## Section 2 – Household Characteristics

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

HHQ011. Please tell me about the items your household owns. Does your household have: <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>	<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
Have you considered all item options in HHQ011?	<input type="radio"/> Yes <input type="radio"/> No
HHQ012. What type of fuel does your household mainly use for cooking?	<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
HHQ013. Where does your cooking take place?	<input type="radio"/> Within house <input type="radio"/> In separate building <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>	<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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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> Zero is a possible answer.	
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.

### Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>HHQ016. Main material of the floor <i>Observe.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Earth/Sand</li> <li><input type="radio"/> Dung</li> <li><input type="radio"/> Wood Planks</li> <li><input type="radio"/> Palm/Bamboo</li> <li><input type="radio"/> Parquet or polished wood</li> <li><input type="radio"/> Vinyl/Asphalt strips/Plastic tiles</li> <li><input type="radio"/> Ceramic Tiles</li> <li><input type="radio"/> Cement</li> <li><input type="radio"/> Carpet</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ017. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> No Roof</li> <li><input type="radio"/> Thatch/Leaf/Mud</li> <li><input type="radio"/> Rustic Mat/Plastic Sheets</li> <li><input type="radio"/> Reed/Bamboo</li> <li><input type="radio"/> Wood Planks</li> <li><input type="radio"/> Cardboard</li> <li><input type="radio"/> Corrugated Iron/metal</li> <li><input type="radio"/> Calamine/Asbestos/Cement Fiber</li> <li><input type="radio"/> Cement/Concrete</li> <li><input type="radio"/> Roof Shingles</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ018. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> No Walls</li> <li><input type="radio"/> Cane/Palm/Trunks/Bamboo/Reed</li> <li><input type="radio"/> Dirt</li> <li><input type="radio"/> Bamboo/Wood with Mud</li> <li><input type="radio"/> Stone with Mud</li> <li><input type="radio"/> Uncovered mud brick</li> <li><input type="radio"/> Plywood</li> <li><input type="radio"/> Cardboard</li> <li><input type="radio"/> Reused Wood</li> <li><input type="radio"/> Corrugated sheets</li> <li><input type="radio"/> Cement</li> <li><input type="radio"/> Stone with Lime/Cement</li> </ul>

- Bricks
- Cement Blocks
- Covered mud bricks
- Wood Planks/Shingles
- Other
- No response

## Section 4 – Water, Sanitation and Hygiene

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

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?

- Observed, fixed place
- Observed, mobile
- Not observed, not in dwelling/yard/plot
- Not observed, no permission to see
- Not observed, other reason
- No response

HHQ019b. At the place where the household most often washes their hands, observe if:  
*Check all that apply.*

- Soap or detergent is present
- Stored water is present
- Running water is present
- Handwashing area is near a sanitation facility
- None of the above

HHQ020. What is the main source of drinking water for members of your household?

- Piped Water: Piped into dwelling/indoor
- Piped Water: Pipe to yard/plot
- Piped Water: Public tap/standpipe
- Tube well or borehole
- Dug Well: Protected Well
- Dug Well: Unprotected Well
- Water from Spring: Protected Spring
- Water from Spring: Unprotected Spring
- Rainwater
- Tanker Truck
- Cart or Bicycle with Small Tank
- Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)
- Bottled Water
- Sachet Water
- No response

HHQ021. What is the main toilet facility used by members of your household?

*IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE TOILET FACILITY.*

- 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 / Do not know

	<ul style="list-style-type: none"> <li><input type="radio"/> Ventilated improved pit latrine</li> <li><input type="radio"/> Pit latrine with slab</li> <li><input type="radio"/> Pit latrine without slab / open pit</li> <li><input type="radio"/> Bucket/pan</li> <li><input type="radio"/> Composting toilet</li> <li><input type="radio"/> Hanging toilet /Hanging latrine</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> No facility / bush / field</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ022. Where is your toilet facility located? \${sanitation_main_lab}</p>	<ul style="list-style-type: none"> <li><input type="radio"/> In own dwelling</li> <li><input type="radio"/> In own yard / plot</li> <li><input type="radio"/> Elsewhere</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ023. How often does your household typically use: \${sanitation_main_lab}</p> <p><i>Regular practices at the household only.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Always</li> <li><input type="radio"/> Most of the time</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ024. Do you share this toilet facility with other households or the public? \${sanitation_main_lab}</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Not shared</li> <li><input type="radio"/> Shared with less than ten households</li> <li><input type="radio"/> Shared with ten or more households</li> <li><input type="radio"/> Shared with the public</li> <li><input type="radio"/> No response</li> </ul>
<p>HHQ025. Enter the number of households that share this facility (including your own). \${sanitation_main_lab}</p> <p><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></p>	
<p>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></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Children use a latrine / toilet</li> <li><input type="checkbox"/> Leave waste where it is</li> <li><input type="checkbox"/> Dispose of waste in field / yard</li> <li><input type="checkbox"/> Dispose of waste in latrine / toilet</li> <li><input type="checkbox"/> Dispose of waste with rubbish / garbage</li> <li><input type="checkbox"/> Dispose of waste with waste water</li> <li><input type="checkbox"/> Use it as manure</li> <li><input type="checkbox"/> Burn it</li> <li><input type="checkbox"/> No response</li> </ul>

## Section 5 –Occurrence and Frequency of Household Food Insecurity

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)

HFI033. In the past four weeks, did you worry that your household would not have enough food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI033a. How often did this happen?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI034a. How often did this happen?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI035a. How often did this happen?	<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
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI036a. How often did this happen?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI037a. How often did this happen?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI038a. How often did this happen?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI039a. How often did this happen?	<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
HFI040. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI040a. How often did this happen?	<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
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HFI041a. How often did this happen?	<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)

- Often (more than ten times in the past four weeks)
- No response

Thank the respondent for his/her time.

The respondent is finished, but there is still more for you to complete outside the home.

### 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?

- Yes
- No

HHQ029. How many times have you visited this household?

- 1st time
- 2nd time
- 3rd time

HHQ030. In what language was this interview conducted?

- English
- Amharic
- Afan Oromo
- Tigrigna
- Sidamigna
- Wolayitigna
- Afar
- Somali
- Kefigna
- Other

HHQ031. Was a translator used for this interview?

- Yes
- No

HHQ032. Questionnaire result  
*Record the result of the questionnaire.*

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

HHQ033. Take a photo of the QR code.

Make sure you have taken a picture of the full page and not just the QR code image and number