

Date: 09 Oct 2019

Version: 5

IDENTIFICATION  Please record the following identifying information prior to beginning the interview.						
NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant if:
001a	Your name: Is this your name? [ODK will display the name associated with the phone's serial number.]		Yes			
001b	Enter your name below.	Interviewer's	Name			001a = 0
	Please record your name					
002a	Current date and time. [ODK will display on screen]		Yes			Always
	Is this date and time correct?					
002b	Record the correct date and time	Date	Month	Day	Year	002a = 0
		Time	Hour	Minutes	AM/PM	
003a	LOCATION INFORMATION 1	LOCATION INFORMATION 1a			Always	
003b	LOCATION INFORMATION 2	ODK will pop LOCATION I LOCATION I	NFORMAT	ION 2 based	d on the	Always
003c	LOCATION INFORMATION 3	ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected			Always	
003d	LOCATION INFORMATION 4	ODK will pop LOCATION I LOCATION I	NFORMAT	ION 4 based	d on the	Always
004	Enumeration area	ODK will pop enumeration INFORMATION	areas base	ed on the LC		Always



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
005	Structure number  Please record the structure number from the household listing form.	Number	Always
006	Household number  Please record the household number from the household listing form.	Number	Always
007	Check: Have you already sent a form for this structure and household?  Do not duplicate any form unless you are correcting a mistake in an earlier form.	Yes	Always
	WARNING: Contact your supervisor before		007 = 1
008	CHECK: Why are you resending this form?  Choose all that apply.	There are new household members on this form	007 = 1
009	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	Always



	INFORMED CONSENT Find a competent member of the household. Read the greeting on the following screen.					
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:			
010a	Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text.  May I begin the interview now?	Yes	009 = 1			
010b	Respondent's signature:	Gather signature:  Check box:	010a = 1			
011	Interviewer's name:  Please record your name as a witness to the consent process. You previously entered "[NAME FROM 001b]."		010a = 1			



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.

	the house last night.						
				HH Member 1	HH Member 2	HH Member 3+	
	NO	QUESTIONS AND HINTS	CODING CATEGORIES	(HM1)	(HM2)	(HM3+)	Relevant if:
Household Roster Screen #1	101	Name of HH member/visitor  Start with the head of the household.		Name	Name	Name	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	101a	Is this person the respondent?	Yes	1 0	1 0	1 0	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	102	What is [NAME]'s relationship to the head of the household?	Head	1 2 3 4 5 6 7 8 9 10 -88 -99	1 2 3 4 5 6 7 8 9 10 -88 -99	1 2 3 4 5 6 7 8 9 10 -88 -99	HM1:1 08 = 1 HM2+: 108 = 1 OR 109 = 0
<del>-</del>	103	Is [NAME] male or female?	MaleFemale	1 2	1 2	1 2	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	104	How old was [NAME] at their last birthday?  If less than one year old, enter 0		Age	Age	Age	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
Screen #2	105	What is [NAME]'s current marital status?  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.	Married Living with a partner Divorced / separated Widow / widower Never Married No response	1 2 3 4 5 -99	1 2 3 4 5 -99	1 2 3 4 5 -99	104 ≥ 10
	106	Does [NAME] usually live here?	Yes	1 0 -99	1 0 -99	1 0 -99	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0
	107	Did [NAME] stay here last night?	Yes	1 0 -99	1 0 -99	1 0 -99	HM1: 108 = 1 HM2+: 108 = 1 OR 109 = 0



	NO	QUESTIONS AND HINTS	CODING CATEGORIES	HH Member 1 (HM1)	HH Member 2 (HM2)	HH Member 3+ (HM3+)	Relevant if:
Screen #3	LCL_ 101	ADD ON A COUNTRY-SPECIFIC BASIS: What is the religion of [NAME]? Only recorded for the head of the household.	RELIGION XX Other				102 = 1
Screen #4	LCL_ 102	ADD ON A COUNTRY-SPECIFIC BASIS: What is the ethnicity of [NAME]? Only recorded for the head of the household.	Other96 No response99				102 = 1
Screen #5	108	Are there any other usual members of your household or persons who slept in the house last night?	YesNo	1 0	1 0	1 0	010a = 1
Screen #6	109	READ THIS CHECK OUT LOUD: The HOUSEHOLD MEMBERS ENTERED are named [NAMES OF ENTERED H Is this a complete list of the househ Remember to include all children in the	household members who OUSEHOLD MEMBERS]. hold members?				108 = 0



Section 2 – Household Characteristics  Now I would like to ask you a few questions about the characteristics of your household.					
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:		
201	Please tell me about the items your household owns. Does your household have:  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.	ASSET 1	010a = 1		
202	Does this household own any livestock, herds, other farm animals, or poultry?  These livestock can be kept anywhere, not necessarily on the homestead.	Yes	010a = 1		
203	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.  The household can keep the livestock anywhere but must own the livestock recorded here.	ANIMAL 1 ANIMAL 2 ANIMAL 3 ANIMAL 4 ANIMAL 5 ANIMAL 6 ANIMAL 7 ANIMAL 8 ANIMAL 9 ANIMAL 10	202 = 1		



	Section 3 – Household Observation  Please observe the floors, roof and exterior walls.					
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:			
301	Main material of the floor  Observe.	TYPE 1a       11         TYPE 1b       12         TYPE 2a       21         TYPE 2a       22         Other       96         No response       -99	010a = 1			
302	Main material of the roof  Observe.	TYPE 1a       11         TYPE 1b       12         TYPE 2a       21         TYPE 2a       22         Other       96         No response       -99	010a = 1			
303	Main material of the exterior walls  Observe.	TYPE 1a       11         TYPE 1b       12         TYPE 2a       21         TYPE 2a       22         Other       96         No response       -99	010a = 1			



Section 4 – Water, Sanitation and Hygiene  Now I would like to ask you a few questions about water, sanitation and hygiene.				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:	
401	What is the main source of drinking water for members of your household?	Piped Water: Piped into dwelling/indoor         1           Piped Water: Pipe to yard/plot         2           Piped Water: Public tap/standpipe         3           Tube well or borehole         4           Dug Well: Protected Well         5           Dug Well: Unprotected Well         6           Water from Spring: Protected Spring         7           Water from Spring: Unprotected Spring         8           Rainwater         9           Tanker Truck         10           Cart with Small Tank         11           Surface water         (River / Dam / Lake / Pond / Stream           / Canal / Irrigation Channel)         12           Bottled Water         13           Sachet Water         14           No Response         -99	010a = 1	
402	What is the main toilet facility used by members of your household?	Flush/pour flush toilets connected to: Piped sewer system	010a = 1	



#### **LOCATION AND QUESTIONNAIRE RESULT**

#### Thank the respondent for her/his time.

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

	The respondent is linished, but there is still more for you to complete outside the nome.				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:		
096	Location  Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.	RECORD LOCATION	Always		
097	How many times have you visited this household?	1st time       1         2nd time       2         3rd time       3	Always		
098	In what language was this interview conducted?	English       1         French       2         Language 3       3         Language 4       4         Language 5       5         Language 6       6         Other       96	010a = 1		
099	Questionnaire result  Record the result of the Household  Questionnaire	Completed	Always		