

# **Household Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CA	TEGORIES			SKIP
	ITIFICATION se record the following identifying informati	on prior to	beginning t	the intervi	ew.	
A	Your name: Is this your name?  [ODK will display the name associated with the phone's serial number.]  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).					
	Enter your name below.  Please record your name	Interviewe	r's Name			
		Interviewe	r's Name			
В	Is this date and time correct?  [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]					Skip to D if Yes
С	Record the correct date and time	Date	Month	Day	Year	
D1	COUNTY	Kericho Kiambu Kilifi Kitui Nairobi Nandi Nyamira			AM/PM 1 2 3 4 5 6 6 7 7 8 9	
D2	DISTRICT (SUB-COUNTY) PLEASE RECORD THE NAME OF THE		opulate a lis			
D3	DIVISION		opulate a lis ased on the			
D4	LOCATION		opulate a lis			
D5	ENUMERATION AREA		opulate a lis on areas ba			

Е	Structure number Please record the structure number from the household listing form.		
F	Household number Please record the household number from the household listing form.		
	WARNING: Contact your supervisor before	e sending this form again.	
	CHECK: Why are you resending this form?  Choose al that apply.	There are new household members on this form	
G	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	Skip to K if No
G2	Did this household participate in a previous PMA2020 survey?	Yes       1         No       0         Do not know       -88         No response       -99	
_	RMED CONSENT the competent member of the household. R	ead the following greeting:	
for R Bure appre plan show Partic	eproductive Health in Kenya, in collaboration wan of Statistics. We are conducting a local surveciate your participation in this survey. This information you prove to anyone other than members of our survey cipation in this survey is voluntary, and if we sh	ould come to any question you don't want to an	al much etter
we he lam ask a		your views are important.  nd other household members. We would then li  of this household who are between the ages of	vever,
we he lam ask a	ope that you will participate in this survey since going to ask you questions about your family a different set of questions to female members of years.	your views are important.  nd other household members. We would then li  of this household who are between the ages of	vever,
we he lam ask a and 4	ope that you will participate in this survey since going to ask you questions about your family a different set of questions to female members of years.  Is time, do you want to ask me anything about to the respondent and explain it. Then, ask:	your views are important.  nd other household members. We would then li  of this household who are between the ages of  the survey?  Yes	ke to 15

### Household Questionnaire

I	Interviewer's name	
	Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."	
J	Respondent's first name.  Please record the first name of the respondent.	



### Household Questionnaire

l am	SECTION 1 – Household Roster  I am now going to ask you questions about each usual members of the household or anyone who slept in the house last night.							
	1	2	3	4	5	6	7	8
No	First name	Sex	Age (years)  If less than one year old, record 0	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent
		Male1 Female2		Married	Head		Usual member of the household who slept here last night	Yes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Af				<del>~</del>	•		oping script to record information for an	other member
9			sual members of you he house last night		Yes			kip to 10 if No



#### Section 2 - Household Characteristics Now I would like to ask you a few questions about the characteristics of your household. 10 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. Yes No Otherwise do not select the item. A clock or watch? 1 0 0 Electricity?.... 1 A radio?.... n 1 A television?.... 0 A mobile telephone? ..... 0 A non-mobile telephone? ..... 0 0 A refrigerator? ..... A solar panel? ..... 1 0 A bicycle?.... 1 0 0 A motorcycle or motor scooter? ..... 1 0 1 An animal-drawn cart? ..... 0 A car or truck?..... 1 0 A boat without a motor? ..... 1 -77 None of the above..... -99 No response..... **READ OUT ALL TYPES AND SELECT** ALL THAT APPLY. Ski 11a Does this household own any livestock, p to herds, other farm animals, or poultry? No......0 . 12a No response.....-99 These livestock can be kept anywhere, not No necessarily on the homestead. 11b How many of the following animals does this household own? HINT: The household can keep the livestock anywhere, but must own the livestock recorded here. Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response. Local cattle (Indigenous)..... Milk cows or bulls ..... Horses, Donkeys, Mules ..... Goats..... Sheep..... 12a Does this household keep any livestock, Yes.....1 p to

	herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock?  HINT: Homestead includes the structure and yard that is close to the structure	No	13 if No
12b	How many of the following animals does this household keep ON THE HOMESTEAD?  HINT: The household does not need to own the livestock recorded here.  Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.  Local cattle (Indigenous)		
Pleas	Section 3 – House e observe the floors, roof and exterior walls	ehold Observation	
13	Main material of the floor  OBSERVE	Earth/Sand       11         Dung       12         Wood Planks       21         Palm/Bamboo       22         Parquet or polished wood       31         Vinyl or Asphalt strips       32         Ceramic tiles       33         Cement       34         Carpet       35         Other       96         No response       -99	
14	Main material of the roof  OBSERVE	No roof       10         Grass/Thatch/Makuti       11         Dung/Mud       12         Corrugated Iron (Mabati)       21         Tin Cans       22         Asbestos Sheet       31         Concrete       32         Tiles       33         Other       96         No response       -99	
15	Main material of the exterior walls  OBSERVE	No Walls       11         Cane/Palm/Trunks       12         Dirt       13         Bamboo with Mud       21         Stone with Mud       22         Uncovered Adobe       23	

	ion 4 – Water, Sanitation and Hygien I would like to ask you a few questions abou			25 26 31 32 33 34 35 36		
16	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?	Yes, fixed place		2 0 88	1	Skip to 9 if 0, 88, or 99
17a	Can you show it to me?	Yes			1	Skip to 9 if Io
18a	At the place where the household washes their hands, observe if:  Soap is present		Yes  1 1 1 1 1	No 0 0 0 0 0		
17b	Can you show me any soap, water, and movable container available in the household used for hand washing?	Yes No		1		
18b	ANYWHERE WITHIN THE HOUSEHOLD, OBSERVE IF:  Soap is present		Yes  1 1 1 1	No 0 0 0 0		Skip to 9
19	Which of the following water sources does your family use on a regular basis for any part of the year for any household purpose?  Read out all types and check all that are used. Scroll to the bottom to see all choices					
	Piped Water		<u>Yes</u>	<u>No</u>		

		T			1
	Piped into dwelling/indoor		1	0	
	Pipe to yard/plot		=	0	
	Public tap/standpipe			0	
				U	
	Tube well or borehole		ı		
	Dug Well			_	
	Protected Well			0	
	Unprotected Well		1	0	
	Water from Spring				
	Protected Spring		1	0	
	Unprotected Spring			0	
	Rainwater			0	
	Tanker Truck		1	0	
	Cart with Small Tank			0	
			·!	U	
	Surface water (River / Dam / Lake / Pond /		4	•	
	Stream / Canal / Irrigation Channel)			0	
	Bottled Water			0	
	Sachet Water			0	
	No response		-99		
20	What is the main source of drinking				
20					
	water for members of your household?				
	Selections from HQ19: [ODK will list				
	water sources selected for HQ19]				
	water sources selected for fig 13]				
	Piped Water				
	Piped into dwelling/indoor			1	
	Pipe to yard/plot			2	
	Public tap/standpipe				
	Tube well or borehole			4	
	Dug Well			_	
	Protected Well				
	Unprotected Well			6	
	Water from Spring				
	Protected Spring			7	
	Unprotected Spring				
	Rainwater			9	
	Tanker Truck				
	Cart with Small Tank				
				11	
	Surface water (River / Dam / Lake / Pond /			40	
	Stream / Canal / Irrigation Channel)				
	Bottled Water				
	Sachet Water				
	No response			99	
21	What is the main source of water used				
	by your household for other purposes				
	such as cooking and handwashing?				
	Such as cooking and nandwashing!				
	Dood out 11040 salestians and				
	Read out HQ19 selections only.				
	1				
1					
	Ripad Water				
	Piped Water			,	
	Piped into dwelling/indoor				
	Piped into dwelling/indoor Pipe to yard/plot			2	
	Piped into dwelling/indoor			2	

	I		
	Tube well or borehole	4	
	Dug Well Protected Well	5	
		6	
	Water from Spring		
		7	
	Rainwater	8	
	Tanker Truck		
	Cart with Small Tank		
	Surface water (River / Dam / Lake / Pond /		
	Stream / Canal / Irrigation Channel)		
	Bottled Water		
	Sachet Water No response		
	No response	-99	
	Questions HQ 22 to HQ 25 will repeat x times in HQ 19. These sources include:	es, once for each water source selected	
	[ODK will display HQ19 selections.]		
22	You mentioned you used [WATER SOURCE]. At any time of the year, does your household use water from this source for:	Voc. No.	
		Yes No	
	Drinking	1 0	
	Cooking	1 0	
	Livestock		
	Gardening / agriculture		
	Washing		
	No response	99	
23	Is [WATER SOURCE] typically available:		
	Read all choices out loud.		
	All of the year	1	
	Some of the year		
	Small part of the year	3	
24	At a time when you expect to have water from [WATER SOURCE], is it usually available?		
	Yes, always	1	
	No, intermittent and predictable		
	No, intermittent and unpredictable		
25	How long does it take to go to [WATER SOURCE], get water, and come back?	Minutes	
	Zero is a possible answer. Convert answer		
	to minutes. Includes waiting time in line.		
Ì	Enter -88 for do not know, -99 for no		1

25	How long does it take to go to [WATER SOURCE], get water, and come back?	Minutes		
	Zero is a possible answer. Convert answer to minutes. Includes waiting time in line. Enter -88 for do not know, -99 for no response.			
	The same question will be generated by the ODK software for all water sources selected in HQ19.			
26	Does your family have a garden? Hint: A garden is a place to grow vegetables	Yes No No response	0	
27	Do members of your household use any of the following toilet facilities?			
	Read out all types and check all that are used. Scroll to the bottom to see all choices		Yes No	
	Flush/pour flush toilets connected to: Piped sewer system			
	Septic tank		1 0	
	Elsewhere		1 0	
	Unknown / Not sure / Don't know Ventilated improved pit latrine		1 0	
	Pit latrine with slab		1 0	
	Pit latrine without slab		1 0	
	Composting toilet			
	Hanging toilet /Hanging latrine			
	Other (please explain):		1 0	
	No facility / bush / field			
	No response		-99	
28	What is the main toilet facility used by members of your household?			
	HQ27: [ODK will display HQ27 selections]			
	The main facility must be selected in HQ 27.			
	Flush/pour flush toilets connected to:		1	
	Piped sewer system Septic tank			
	Elsewhere			
	Unknown / Not sure / Don't know		_	
	Ventilated improved pit latrine		•	
	Pit latrine with slab Pit latrine without slab		7	
	Composting toilet		_	
	Bucket toilet			
	Hanging toilet /Hanging latrine			
	Other:			
	No response		99	

29a	How often does your household typically use: [TOILET FACILITY TYPE]?  Regular practices at the household only.	Always 1 Most of the time 2 Occasionally 3 Rarely 4 No response -99	
29b	Do you share this toilet facility with other households or the public? [Select one]	Not shared	Skip to HQ30 if not 2
29c	Enter the number of households that share this facility (including your own).	Number of households	
	[TOILET FACILITY TYPE]		
	Must be between 2 and 9.		
	If 10 or greater, swipe back to HQ29b and choose "shared with ten or more households." If less than 2, swipe back to HQ29b and choose "not shared."		
	Enter -99 for no response.		
30	How many people within your household regularly use the bush / field at home or at work?	Number of people	
	There are x people in this household. Enter -88 for do not know, -99 for no response.		
	CK HQ 3: Are there any household members 5 years or under?	Yes	Skip to HQ 32 if NO
31	For all children under age five: what methods, if any, does your household use to dispose of children's waste?  Do not read the possible answers out loud.	Yes No	
	Children use a latrine / toilet  Leave waste where it is  Bury waste in field / yard  Dispose of waste in latrine / toilet		
	Dispose of waste with rubbish / garbage Dispose of waste with waste water Use it as manure	1 0 1 0 1 0	
	Don't know  No response	88	
32	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes	Skip to R if No

## Thank the respondent for her/his time.

The respondent is finished, but there are still three more questions for you to complete outside the house.

LOC	CATION AND QUESTIONNAIRE RESU	LT	
К	Location  Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.  GPS coordinates can only be collected when outside	RECORD LOCATION	
La	Ask permission to take a photo of the entrance of the house.  Did you get consent to take the photo?	Yes	Ski p to M if No
Lb	Ensure that no people are in the photo	TAKE PICTURE	
М	How many times have you visited this household?	1 <sup>st</sup> time	
N	Questionnaire result  Record the result of the Household  Questionnaire	Completed	