

PMA-Ethiopia 2019 Cross-Sectional Survey

Household Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</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"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Snp <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar
003b. Zone:	<i>ODK will populate a list of appropriate zones based on the selected region.</i>
003c. District:	<i>ODK will populate a list of appropriate districts based on the selected zone.</i>
003d. Locality:	<i>ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.</i>
004. Enumeration area	<i>ODK will populate the appropriate EA.</i>
005. Structure number	

<p>Please record the structure number from the household listing form.</p>	
<p>006. Household number Please record the household number from the household listing form.</p>	
<p>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></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>WARNING: Contact your supervisor before sending this form again.</p>	
<p>008. CHECK: Why are you resending this form? <i>Choose all that apply.</i></p>	<p><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>
<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>	
<p>009a. Is a member of the household and competent respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i></p>	
<p>Hello. My name is _____ 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.</p> <p>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.</p> <p>I am going to ask you questions about your family and information about this household. We would then like to</p>	

ask a different set of questions to female members of this household who are between the ages of 15 and 49. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact the principal investigators of the study, Dr. Solomon Shiferaw (+251 911 406845) or Dr. Assefa Seme (+251 911 22 8193) at Addis Ababa University in Addis Ababa, Ethiopia. At this time, do you want to ask me anything about the survey?	
010a. Explain the consent form to the respondent. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
010c. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
010c. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
010d. Is this household selected for the cross-section?	<input type="radio"/> Yes <input type="radio"/> No

Section 1 – Household Roster

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.

Household member	
101. Name of household member / visitor <i>Start with the head of the household.</i>	
101a. Is this person the respondent? <i>If yes, check this box.</i>	<input type="checkbox"/>
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"/> House help <input type="radio"/> Step child/adopted <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

103. Is \${firstname} male or female?	<input type="radio"/> Male <input type="radio"/> Female
104. How old was \${firstname} at their last birthday? <i>If less than one year old, record 0</i>	
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
107. Did \${firstname} stay here last night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
ERROR: Members on household roster must usually live here or must have stayed here last night. Go back and remove this household member.	
LCL_101. What is the religion of \${firstname}?	<input type="radio"/> Orthodox <input type="radio"/> Catholic <input type="radio"/> Protestant <input type="radio"/> Moslem <input type="radio"/> Wakefeta <input type="radio"/> Traditional <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.	
108. 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"	
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>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>101a NO RESPONDENT ERROR. The checkbox for 101a (Is this person the respondent?) was never selected for any of the household members. You entered the following household members: \${names}. <i>If the respondent was entered in the roster but never selected as the respondent in 101a: Please go back and select the checkbox in 101a for the correct respondent.</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>101a TOO MANY RESPONDENTS ERROR. The checkbox for 101a (Is this person the respondent?) was selected more than once. Please go back and make sure that it is only selected once.</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? <i>Remember to include all children in the household.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Section 2 – Household Characteristics

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

<p>011. 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 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?
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	<input type="checkbox"/> A motorcycle or motor scooter? <input type="checkbox"/> An animal-drawn cart <input type="checkbox"/> A car or truck? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>
012. 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
013. 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
014. Do you have an insecticide treated net in your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
015a. 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? <i>The household can keep the livestock anywhere, but must own the livestock recorded here. Zero is a possible answer.</i>	
Milk Cow, Oxen or Bulls? <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?	

Enter -88 for do not know. Enter -99 for no response.	
Sheep? Enter -88 for do not know. Enter -99 for no response.	
Chickens? Enter -88 for do not know. Enter -99 for no response.	
Beehives? Enter -88 for do not know. Enter -99 for no response.	

Section 3 – Household Observation

Please observe the floors, roof and exterior walls.

<p>016. Main material of the floor <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Earth/Sand <input type="radio"/> Dung <input type="radio"/> Wood Planks <input type="radio"/> Palm/Bamboo <input type="radio"/> Parquet or polished wood <input type="radio"/> Vinyl/Asphalt strips/Plastic tiles <input type="radio"/> Ceramic Tiles <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Other <input type="radio"/> No response
<p>017. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No Roof <input type="radio"/> Thatch/Leaf/Mud <input type="radio"/> Rustic Mat/Plastic Sheets <input type="radio"/> Reed/Bamboo <input type="radio"/> Wood Planks <input type="radio"/> Cardboard <input type="radio"/> Corrugated iron/metal <input type="radio"/> Asbestos/Cement Fiber <input type="radio"/> Cement/Concrete <input type="radio"/> Roof Shingles <input type="radio"/> Other <input type="radio"/> No response
<p>018. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No Walls <input type="radio"/> Cane/Palm/Trunks/Bamboo/Reed <input type="radio"/> Dirt <input type="radio"/> Bamboo/Wood with Mud <input type="radio"/> Stone with Mud <input type="radio"/> Uncovered Adobe <input type="radio"/> Plywood <input type="radio"/> Cardboard <input type="radio"/> Reused Wood <input type="radio"/> Corrugated sheets

	<input type="radio"/> Cement <input type="radio"/> Stone with Lime/Cement <input type="radio"/> Bricks <input type="radio"/> Cement Blocks <input type="radio"/> Covered Adobe <input type="radio"/> Wood Planks/Shingles <input type="radio"/> Other <input type="radio"/> No response
<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>019a. 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?</p>	<input type="radio"/> Observed, fixed place <input type="radio"/> Observed, mobile <input type="radio"/> Not observed, not in dwelling/yard/plot <input type="radio"/> Not observed, no permission to see <input type="radio"/> Not observed, other reason <input type="radio"/> No response
<p>019b. At the place where the household washes their hands, observe if: <i>Check all that apply.</i></p>	<input type="checkbox"/> Soap or detergent 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>020. What is the main source of drinking water for members of your household?</p>	<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

<p>021. What is the main toilet facility used by members of your household? <i>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE TOILET FACILITY.</i></p>	<p><input type="radio"/> Flush/pour flush toilets connected to: Piped sewer system <input type="radio"/> Flush/pour flush toilets connected to: Septic tank <input type="radio"/> Flush/pour flush toilets connected to: Pit Latrine <input type="radio"/> Flush/pour flush toilets connected to: Elsewhere <input type="radio"/> Flush/pour flush toilets connected to: Unknown / Not sure / Do not know <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab / open pit <input type="radio"/> Bucket/pan <input type="radio"/> Composting toilet <input type="radio"/> Hanging toilet /Hanging latrine <input type="radio"/> Other <input type="radio"/> No facility / bush / field <input type="radio"/> No response</p>
<p>022. Where is your toilet facility located? \${sanitation_main_lab}</p>	<p><input type="radio"/> In own dwelling <input type="radio"/> In own yard / plot <input type="radio"/> Elsewhere <input type="radio"/> No response</p>
<p>023. How often does your household typically use: \${sanitation_main_lab} <i>Regular practices at the household only.</i></p>	<p><input type="radio"/> Always <input type="radio"/> Most of the time <input type="radio"/> Occasionally <input type="radio"/> No response</p>
<p>024. Do you share this toilet facility with other households or the public? \${sanitation_main_lab}</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>025. Enter the number of households that share this facility (including your own). \${sanitation_main_lab} <i>Must be between 2 and 9. If 10 or greater, move back to 024 and choose "Shared with ten or more households." Enter -99 for no response.</i></p>	
<p>026. 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>	<p><input type="checkbox"/> Children use a latrine / toilet <input type="checkbox"/> Leave waste where it is <input type="checkbox"/> Dispose of 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</p>

	<input type="checkbox"/> Use it as manure <input type="checkbox"/> Burn it <input type="checkbox"/> No response
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	
027. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	
028. Did you have to move away from the household to take the GPS reading?	<input type="radio"/> Yes <input type="radio"/> No
029. How many times have you visited this household?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
030. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigringna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
031. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No
032. Questionnaire Result <i>Record the result of the questionnaire.</i>	<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