

HOUSEHOLD QUESTIONNAIRE

FORM A

Individual questionnaire eligibility:

Adult IVQs (15+ yrs) Yes = 1

Child IVQs (2-17 yrs) No = 2

Questionnaire processing dates:

Corrections completed

Data entered: first entry

Data entered: second entry

Batch:

HOUSEHOLD IDENTIFICATION

Q001 **Census district:** _____

Q002 **Village:** _____

Q003 **Name of head of household (R5):** _____

Q004 **Name of head of household (R6):** _____

Q005 **Category of household (R5)*:**

Q006 **Study site reference & cluster:**

Q007 **Household number:**

Q008 **Growth point or compound:** Yes 1
 No 2

Q009 **Distance from nearest (tarred) roadside business centre in kilometers:** km

INTERVIEWER VISIT

	1	2	3
Q010 Date:	_____	_____	_____
Q011 Time:	_____	_____	_____
Q012 Interviewer:	_____	_____	_____
Q013 Result**:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q014 <i>How many deaths have there been in the household in the last 12 months?</i>			<input type="text"/>
Q015 <i>How many of the people who died were aged 15-59 years at their last birthday?</i>			<input type="text"/>
Q016 <i>How many of the people who died (all ages) had moved into the household in the last 3 years? (i.e.: since our last visit).</i>			<input type="text"/>

Do NOT correct after completing interview.

CHECKED BY SUPERVISOR

Q017 **Signature:** _____

Q017a **Date:** _____

***HOUSEHOLD CATEGORY**

Follow-up household	1
Household refused at R5	4
Household missed at R5	5
New household in the area since R5	8
Other (specify) _____	98

****RESULT CODES**

Completed	1
No one at home	2
Household away for duration of survey	3
Postponed	4
Refused	5
Dwelling vacant or address not a dwelling	6
Dwelling destroyed	7
Dwelling not found	8
Other (specify) _____	9
Household relocated - within study areas	10
Household relocated - outside study areas	11
Household dispersed (split up)	12

"Now I would like to get some information about the people who were staying in the household (hh) when we came to see you last time"... (+ Participant died in previous round, ++ Participant left HH in previous rounds)

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS (R5)	REL'SHIP TO H.O.H.		SEX	AGE ('12-'13)	PARENTS SURVIVAL FOR CHILDREN UNDER 18 YEARS OLD								CHILD'S MAIN CARE-GIVER	EDUCATION	HOUSEHOLD MEMBER'S SURVIVAL STATUS NOW	RESIDENCE						ELIGIBILITY FOR INTERVIEW																
		(R5)	(R6)			SPOUSE IN SAME HH	FALIVE ('09-'11)	FALIVE ('12-'13)	FBC ('12-'13)	YFDIED	MALIVE ('09-'11)	MALIVE ('12-'13)	MBC ('12-'13)				YMDIED	Q032	Q035	Q036	Q037	Q038	Q039	Q040	Q041	Q042													
		Q020	Q021																								Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031			
	Circle line no. of respondent.	Is (NAME) married to another member of this hh? If yes: record spouse's line no.				Is (NAME)'s NATURAL BIOLOGICAL father still alive? Tick "BC" if checked identity - birth certificate.				Year died	Is (NAME)'s NATURAL BIOLOGICAL mother still alive? Tick "BC" if checked identity - birth certificate.				Year died	What is the rel'ship of his/her PCG to him/her?*	State highest level of education completed. **	Is (NAME) still alive? If died, record month and year of death. Go to Q036 if more than a year ago.	Was (NAME) staying here in the same month last year?	Does (NAME) still stay in this hh on a regular basis? (at death)	If left hh, Why did (NAME) leave the hh? Codes: p. iv(1)	Where did (NAME) stay last night? / Where does (NAME) stay now? Codes: p. iv(2)	How many nights is it since (NAME) last slept in / left this hh? (see Q036)	How many nights has (NAME) slept here in the last month?	Codes for IVDONE: -1 Deceased (HOH only) -2 Not regular member at R5														
		Y	N	#	M	F	Years	Y	N	DK	BC	Year	Y	N	DK	BC	Year	Code*	Level	Years	Y	N	DK	Mth	Yr	Y	N	Y	N	Code	Code	# or >1yr	#	MUT5NO	#	Code			
		1	2					1	2	8			1	2	8							1	2	8			1	2	1	2									
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		1	2					1	2	8			1	2	8							1	2	8			1	2	1	2									

HOUSEHOLD MEMBERS FORM

Q. No:

"Now I would like to get some information about the people who were NOT members of the household (hh) when we came 3 years ago but who are staying here now or who have done so since we came last time"...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	REL'SHIP TO H.O.H.	SPOUSE IN SAME HH	SEX	AGE	PARENTS SURVIVAL FOR CHILDREN UNDER 18 YEARS OLD				CHILD'S MAIN PCG	EDUCATION	HH MEMBER'S SURVIVAL STATUS	RESIDENCE						ELIGIBILITY FOR INTERVIEW				
						Q018	Q019	Q021	Q022				Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q033
	Please give me the names of the new persons who have been staying (physically) in this hh on a regular basis (starting with the head of hh)? Circle line no. of respondent.	What is the rel'ship of (NAME) to the head of hh? * If yes: record spouse's line no.	Is (NAME) married to another member of this hh?	Is (NAME) male or female?	How is (NAME) ?	Is (NAME)'s NATURAL BIOLOGICAL father still alive? Tick "BC" if checked identity - birth certificate.	Is (NAME)'s NATURAL BIOLOGICAL mother still alive? Year died	Is (NAME)'s NATURAL BIOLOGICAL mother still alive? Tick "BC" if checked identity - birth certificate.	Year died	What is the rel'ship of his/her PCG to him/her? * Including non-orphans	State highest level of education completed. **	Is (NAME) still alive? If died, record month and year of death.	When did (NAME) start staying in this hh?	Why did (NAME) come to this hh?	Was (NAME) staying here in the same month last year?	Does (NAME) still stay in this hh on a regular basis? (at death)	If left hh, Why did (NAME) leave the hh?	Where did (NAME) stay last night?	How many nights is it since (NAME) last slept in this hh?	How many nights has (NAME) slept here in the last month?	Circle line no if person selected for inter-view ***		
		Code*	Y N #	M F	Years	Y N DK BC	Year	Y N DK BC	Year	Code*	Level Years	Y N DK Mth	Yr	Mth	Yr	Code	Y N	Y N	Code	Code	#	#	
			1 2			1 2 8		1 2 8				1 2 8				1 2	1 2						
			1 2			1 2 8		1 2 8				1 2 8				1 2	1 2						
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			1 2			1 2 8		1 2 8				1 2 8				1 2	1 2						

Tick here, if a further continuation sheet is used:

Enter total numbers of individuals selected for interview:

	18+ yrs: Adult IVQ	<input style="width: 40px; height: 25px;" type="text"/>
	15-17 yrs: Adult & Child IVQs	<input style="width: 40px; height: 25px;" type="text"/>
	2-14 yrs: Child IVQ	<input style="width: 40px; height: 25px;" type="text"/>

"Just to make sure that I have a complete listing" ...

Q043 Are there any other persons such as small children or infants that we have not yet listed? Number: Add each in table above

Q044 In addition, are there any other people who may not be members of your family, such as lodgers, friends or domestic servants who live here now or have done so in the last three years? Number: Add each in table above

Q045 Are there any other family members or other people who usually stay elsewhere, but who sleep here from time to time and stayed overnight within the last month? Number: Add each in table above

Q046 Are there any other people who stayed here for a while but have now passed away? Number: Add each in table above

Total number of current household members.

Line no. of current household head.

* CODES FOR Q021 & Q029: RELATIONSHIP TO HEAD OF HOUSEHOLD & PRINCIPAL CAREGIVER 01 Head 02 Wife or husband 03 Son or daughter (natural) 04 Son or daughter-in-law 05 Grandchild 06 Father / mother (natural) 07 Parent-in-law 08 Brother or sister (natural) 09 Stepfather/mother (father's co-wife) 10 Maternal aunt 11 Paternal aunt 12 Maternal uncle 13 Paternal uncle	** CODES FOR Q030 & Q031: LEVEL & YEARS OF EDUCATION Level: 0 None, 1 Primary, 2 Secondary, 3 Higher, 8 Don't know Years: years completed: 0 Less than one year completed, 98 Don't know	*** ELIGIBLE PERSONS (Q041/Q042) 11 Follow-up from R5 - ADULT IVQ 12 Previously under age - ADULT & CHILD IVQs 13 Child 2-14 yrs (resident) - CHILD IVQ 14 Non-regular visitor - ADULT IVQ 15 In-migrant since R5 - ADULT IVQ *N.B. Child IVQs in YES YES households only 16 Selected but not found R5 - ADULT IVQ 17 Selected but refused R5 - ADULT IVQ 18 Household missed R5 - ADULT IVQ 19 Other - ADULT IVQ
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q047	What is the main source of drinking water for members of your household?	Piped into residence 1 <input type="checkbox"/> Private tap in yard or plot 2 <input type="checkbox"/> Communal tap 3 <input type="checkbox"/> Own well or borehole 4 <input type="checkbox"/> Other well or borehole 5 <input type="checkbox"/> Protected spring 6 <input type="checkbox"/> Other (specify) _____ 10 <input type="checkbox"/>																												
Q048	What kind of toilet facility does your household have?	Flush toilet 1 <input type="checkbox"/> Blair toilet 2 <input type="checkbox"/> Pit latrine 3 <input type="checkbox"/> Other (specify) _____ 4 <input type="checkbox"/> No facilities 5 <input type="checkbox"/>	- Q050																											
Q049	Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?	Household alone 1 <input type="checkbox"/> Shared with neighbours 2 <input type="checkbox"/> Communal 3 <input type="checkbox"/>																												
Q050	Does your household have: Electricity? A refridgerator? A radio? A television?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Refridgerator</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Radio</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Television</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Electricity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Refridgerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Radio	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
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Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>																												
Q051	<u>Record house type.</u>	Pole and dagga structure 1 <input type="checkbox"/> Brick house - thatched roof 2 <input type="checkbox"/> Brick house - tiled/sheeting roof 3 <input type="checkbox"/> Cabin/other 8 <input type="checkbox"/>																												
Q052	<u>Observe and record type of floor of the main dwelling.</u>	Natural floor (earth/sand/dung) 1 <input type="checkbox"/> Rudimentary (planks/palm/bamboo) 2 <input type="checkbox"/> Finished (wood/cement/carpet...) 3 <input type="checkbox"/>																												
Q053	Have any major improvements been made to your homestead in the last 12 months?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	- Q056																											
Q054	<u>Describe the main improvements.</u>	_____																												
Q055	<u>Name of person / organization who paid the most towards these improvements. Line no. from this questionnaire (if any).</u>	_____ <input type="checkbox"/>																												
Q056	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Bicycle</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Motorcycle</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Car</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Tractor</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Bicycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Motorcycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Car	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Tractor	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
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Car	1 <input type="checkbox"/>	2 <input type="checkbox"/>																												
Tractor	1 <input type="checkbox"/>	2 <input type="checkbox"/>																												
Q057	How many cattle does your household own?	Number of cattle <input type="text"/>																												
Q058	Have any of the following household assets been sold or removed from the household in the last 12 months? <u>Read through list & tick all assets mentioned.</u>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Radio</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Television</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Bicycle</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Furniture</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Refridgerator</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Kitchen/cooking equipment</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Cattle</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Radio	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Bicycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Furniture	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Refridgerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Kitchen/cooking equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Cattle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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Q059	Were these assets sold or removed for any of the following reasons? <u>Read through list & tick all assets mentioned.</u>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Medical expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Funeral or memorial costs</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Removed by relatives after death</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>School fees</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Medical expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Funeral or memorial costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Removed by relatives after death	1 <input type="checkbox"/>	2 <input type="checkbox"/>	School fees	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>										
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