

**HOUSEHOLD QUESTIONNAIRE**

**FORM A**

**Questionnaire processing dates:**

Corrections completed	<input type="text"/>
Data entered: old members	<input type="text"/>
Data entered: new members	<input type="text"/>

**HOUSEHOLD IDENTIFICATION**

**Q001** Census district: \_\_\_\_\_ **EA:**

**Q002** Village: \_\_\_\_\_

**Q003** Name of household head: \_\_\_\_\_

**Q004** Category of household:

**Q005** Study site reference:

**Q006** Household number:

**Q007** Growth point or compound: Yes  1  
No  2

**INTERVIEWER VISIT**

	1	2	3
<b>Q008</b> <u>Date:</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q009</b> <u>Time:</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q010</b> <u>Interviewer:</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q011</b> <u>Result**:</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q012</b> <i>How many deaths have there been in the household in the last 12 months?</i>			<input type="text"/>
<b>Q013</b> <i>How many of the people who died 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**

**Q014** Signature: \_\_\_\_\_

**Q015** Date: \_\_\_\_\_

**\*HOUSEHOLD CATEGORY**

Follow-up household	1
Household refused at baseline	2
Household missed at baseline	3
Other (specify) _____	8

**\*\*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





REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO												
Q032	<i>What is the main source of drinking water for members of your household?</i>	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"/>													
Q033	<i>What kind of toilet facility does your household have?</i>	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"/>	- Q035												
Q034	<i>Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?</i>	Household alone 1 <input type="checkbox"/> Shared with neighbours 2 <input type="checkbox"/> Communal 3 <input type="checkbox"/>													
Q035	<i>Does your household have:</i> <i>Electricity?</i> <i>A radio?</i> <i>A television?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Electricity	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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Q036	<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"/>													
Q037	<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"/>													
Q038	<i>Does any member of your household own:</i> <i>A bicycle?</i> <i>A motorcycle?</i> <i>A car?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Bicycle</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Motorcycle</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Car</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">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"/>	
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Q039	<i>In which sector of employment does the head of household work?</i>  <u>Record job (below) and tick most appropriate box.</u>	Estates (cotton, tea, coffee, forestry) 1 <input type="checkbox"/> Manufacturing or building trade 2 <input type="checkbox"/> Police or army 3 <input type="checkbox"/> Education 4 <input type="checkbox"/> Services or retail (shops) 5 <input type="checkbox"/> Subsistence farming 6 <input type="checkbox"/> Informal sector (other) 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>													
Q040	<i>What kind of work does he or she do?</i>  <u>ie: level of employment.</u>	Professional or managerial 1 <input type="checkbox"/> Self-employed (small business) 2 <input type="checkbox"/> Skilled labour 3 <input type="checkbox"/> Manual/unskilled labour 4 <input type="checkbox"/> Unemployed (excl. agriculture) 5 <input type="checkbox"/>													
Q041	<i>Which religion does the head of this household belong to?</i>  <u>Record name of church.</u>	Traditional 1 <input type="checkbox"/> Spiritual 2 <input type="checkbox"/> Apostolic - Marange 3 <input type="checkbox"/> Apostolic - Other 4 <input type="checkbox"/> Zionist 5 <input type="checkbox"/> Christian (other) 6 <input type="checkbox"/> Other 8 <input type="checkbox"/>													