

HOUSEHOLD QUESTIONNAIRE

FORM A

Individual questionnaire eligibility:	
Adult IVQs (15+ yrs)	<input type="checkbox"/> Y <input type="checkbox"/> N
Child IVQs (2-17 yrs)	<input type="checkbox"/> Y <input type="checkbox"/> N

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 (R4):** _____

Q004 **Name of household head (R5):** _____

Q005 **Category of household*:**

Q006 **Study site reference & CT zone.**

Q007 **Household number:**

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

Q009 **Distance from nearest (tarred) roadside business centre**

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 R4	4
Household missed at R4	5
New household in the area since R4	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

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q047	What is the main source of drinking water for members of your household?	Piped into residence Private tap in yard or plot Communal tap Own well or borehole Other well or borehole Protected spring Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/>
Q048	What kind of toilet facility does your household have?	Flush toilet Blair toilet Pit latrine Other (specify) No facilities	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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 Shared with neighbours Communal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q050	Does your household have: Electricity? A refridgerator? A radio? A television?	Electricity Refridgerator Radio Television	<u>Y</u> <u>N</u> 1 2 1 2 1 2 1 2
Q051	<u>Record house type.</u>	Pole and dagga structure Brick house - thatched roof Brick house - tiled/sheeting roof Cabin/other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>
Q052	<u>Observe and record type of floor of the main dwelling.</u>	Natural floor (earth/sand/dung) Rudimentary (planks/palm/bamboo) Finished (wood/cement/carpet...)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q053	Have any major improvements been made to your homestead in the last 12 months?	Yes No	1 <input type="checkbox"/> 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.</u> <u>Line no. from this questionnaire (if any).</u>		<input type="text"/>
Q056	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor?	Bicycle Motorcycle Car Tractor	<u>Y</u> <u>N</u> 1 2 1 2 1 2 1 2
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>	Radio Television Bicycle Furniture Refridgerator Kitchen/cooking equipment Cattle Other (specify)	<u>Y</u> <u>N</u> 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Q059	Were these assets sold or removed for any of the following reasons? <u>Read through list & tick all assets mentioned.</u>	Medical expenses Funeral or memorial costs Removed by relatives after death School fees Other (specify)	<u>Y</u> <u>N</u> 1 2 1 2 1 2 1 2 1 2

**HOUSEHOLD MEMBERS FORM: INDIVIDUAL INTERVIEW PROCESSING
& EXTRA QUESTIONS FOR ADULT OUT-MIGRANTS**

Q. No:

LINE NO	HOUSEHOLD MEMBERS SELECTED FOR INDIVIDUAL INTERVIEW & VERBAL AUTOPSIES REQUIRED*	APPOINTMENTS / VISITS									IVQ REF.	VAQ REF.
Q060	Q061	Q062			Q063			Q064			Q065	Q066
<u>From</u> <u>Q018.</u> <u>(ii/iii)</u>	Name	1st Visit			2nd Visit			3rd Visit			<u>Note ref.</u>	<u>Note ref.</u>
No.	Adults (15 yrs +)	Time	Day/Mth	Res(3)	Time	Day/Mth	Res(3)	Time	Day/Mth	Res(3)	MUT5NO	VA NO
<i>Children (2-17 yrs) - repeat 15-17 yr-olds</i>												

LINE NO	HOUSEHOLD MEMBERS AT ROUND 4 WHO HAVE NOW LEFT THE HOUSEHOLD	NEW ADDRESS & TELEPHONE NO.									Current residence (2)	Site no. (if study area).
No.		Q066									Code	Q067

(1) IN/OUT-MIGRATION CODES

- 1. Work
- 2. Partner's work
- 3. Marriage
- 4. Illness
- 5. Establish rural home
- 6. Lost job
- 7. Death in source household
- 9. Death in destination household
- 8. Other (specify)

(2) RESIDENCE CODES

- 1. In this household
- 2. Locally
- 3. Harare
- 4. Mutare
- 5. Rusape
- 6. Other town
- 7. Small town / growth point
- 8. Estate/mine (commercial)
- 9. Roadside business centre
- 10. Rural business centre
- 11. Communal/resettlement
- 12. South Africa
- 13. Other Africa
- 14. UK, Europe, Australia, NZ, USA etc.

(3) RESULT CODES

- 1. Completed
- 2. Not at home: at work (fields, shops etc.)
- 3. Not at home: away from home (school)
- 4. Not at home: away from home (other)
- 5. Not at home: in hospital / clinic
- 6. Not at home: whereabouts unknown
- 7. Refused
- 8. Other (specify)

*** Indicate deceased R4 residents for whom verbal autopsy questionnaires are needed with an "*".**