

**HOUSEHOLD QUESTIONNAIRE****FORM A****Questionnaire processing dates:**

Corrections generated  
 Corrections completed  
 Batch


**HOUSEHOLD IDENTIFICATION**

Q001 **Census district:** \_\_\_\_\_ **Ward:**

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

Q003 **Name of household head (R7):** \_\_\_\_\_

Q004 **Name of household head (R8):** \_\_\_\_\_

Q005 **Category of household (R7)\*:**   
*Confirm that household is still in the study areas.  
 Result code '11' and remaining questions NA if relocated.*

Q006 **Study site reference:**

Q007 **Household number:**

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

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

Q010 **GPS coordinates** Longitude   
 Latitude   
 Altitude

**INTERVIEW ATTEMPT**

	1	2	3
Q011 <b>Date:</b>	_____	_____	_____
Q012 <b>Time:</b>	_____	_____	_____
Q013 <b>Interviewer:</b>	_____	_____	_____
Q014 <b>Result**:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q015 <i>How many deaths have there been in the household in the last 12 months?</i>			<input type="text"/>
Q016 <i>How many of the people who died were in each of these age-groups?</i>		0-14 years	<input type="text"/>
		15-59 years	<input type="text"/>
		60 years+	<input type="text"/>

**Check total agrees with Q015**  
**Do NOT correct after completing interview.**

**CHECKED BY SUPERVISOR**

Q017 **Signature:** \_\_\_\_\_

Q018 **Date:** \_\_\_\_\_

**\*HOUSEHOLD CATEGORY**

Follow-up household from R7	1
Household refused at R7	4
Household missed at R7	5
New household in the area since R7	8
New study site	6
Household no longer in study sites	99
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

HOUSEHOLD MEMBERS FORM: UPDATE ON MEMBERS RECORDED IN 2018-2019 SURVEY VISIT

Q. No:

"Now I would like to get some information about the people who were staying in the household when we came to see you last time" ...

LINE NO AND REGULAR VISITORS (ROUND 7)	REL'SHIP TO H.O.H. (R7)	SPOUSE IN SAME HOUSEHOLD (R8)	SEX (18-19)	AGE (18-19)	PARENTS SURVIVAL FOR CHILDREN UNDER 18 YEARS OLD				EDUCATION				HOUSEHOLD MEMBERS SURVIVAL STATUS NOW				RESIDENCE				ELIGIBILITY FOR INTERVIEW			
					FALIVE	FBC	YFDEID	MALIVE	MBC	YMDIED	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q034	Q035	Q036	Q037	Q038	Q039	
		Is (NAME) married to another member of this household?			Is (NAME)'s NATURAL BIOLOGICAL father still alive?			Is (NAME)'s NATURAL BIOLOGICAL mother still alive?		State highest level of education completed.**		Is (NAME) still alive?		Was (NAME) staying here in the same household on a month last year?		Does (NAME) still stay in this household on a regular basis? (at death)		How many nights is it since (NAME) last slept in / left (see Q035) here in the last month?		How many nights has (NAME) slept here in the last month?		Codes for CATEGORY: ...		
		If yes: record spouse's line no.			Tick "BC" if checked identity - birth certificate.			Tick "BC" if checked identity - birth certificate.		Year died		If died, record month and year of death. Go to Q035 if more than a year ago.		Yr	Y	N	Y	N	# or >1yr		#	MUT7NO	#	Code

Circle line no. of respondent.	Y	N	#	MF	Years	Y	N	DK	BC	Year	Y	N	DK	BC	Year	Level	Years	Y	N	DK	Mth	Yr	Y	N	Y	N	# or >1yr	#	MUT7NO	#	Code		
1 Name 1	1	1	2	2	46	1	2	8			1	2	8					1	2	1	2	8		1	2	1	2	1	7		1	7	
2 Name 2	3	1	2	2	27	1	2	8			1	2	8					1	2	1	2	8		1	2	1	2	1	2	1	2	1	2
3 Name 3	5	1	2	1	8	1	2	8			1	2	8					1	2	1	2	8		1	2	1	2	3	3		3		
4 Name 4	5	1	2	2	4	1	2	8			1	2	8					1	2	1	2	8		1	2	1	2	4		4		4	

**HOUSEHOLD MEMBERS FORM**

Q. No.

"Now I would like to get some information about the people who were NOT members of the household when we came 2-3 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 <sup>†</sup>	RELATED TO H.O.H. (RS)	SPOUSE IN SAME HOUSEHOLD	SEX	AGE	PARENTS SURVIVAL RELATIONSHIP TO CARER FOR CHILDREN UNDER 18 YEARS OLD	EDUCATION MEMBERS SURVIVAL STATUS	RESIDENCE	ELIGIBILITY FOR INTERVIEW												
									Q038	Q039											
Q019	Q020	Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q033	Q034	Q035	Q036	Q037	Q038	Q039		

Circle line no	Please give me the names of the new persons who have been saying (physically in this househo to on a regular basis (starting head of with the head of household; household? If yes: record spouse's line no.	What is the relationship of (NAME) another member of this household? household?	Is (NAME) married to another member of this household? female?	Is (NAME) male or female?	How old is (NAME)?	Is (NAME)'s NATURAL BIOLOGICAL father still alive?	Is (NAME)'s NATURAL BIOLOGICAL mother still alive?	Is (NAME) still completed? ** above?	State highest level of education completed. ** above?	When did (NAME) start staying in this house- hold? year?	Was (NAME) staying here in this month last year?	Does (NAME) STILL stay in this household on a regular basis? (at death)	How many nights is it since (NAME) last slept here in this household? the last month?	How many nights has (NAME) slept here in this household? the last month?	Codes ...	
																Y
80 1			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 1
80 2			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 2
80 3			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 3
80 4			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 4
80 5			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 5
80 6			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 6
80 7			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 7
80 8			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 8
80 9			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	80 9
81 0			1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2	1 2	1 2	1 2	1 2	81 0

Tick here, if a further continuation sheet is used:

Enter total numbers of individuals selected for interview:

- Q040 Are there any other persons such as small children or infants that we have not yet listed?  Number:
- Q041 In addition, are there any other people who may not be members of your family, such as lodgers, friends or domestic workers who live here now or have done so in the last three years?  Number:
- Q042 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:
- Q043 Are there any other people who stayed here for a while but have now passed away?  Number:

\* CODES FOR Q021: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 Head	07 Parent-in-law	13 Paternal uncle
02 Wife or husband	08 Brother or sister (natural)	14/15 Maternal grandfather/mother
03 Son or daughter (natural)	09 Stepfather/mother (father's co-wife)	16/17 Paternal grandfather/mother
04 Son or daughter-in-law	10 Maternal aunt	18 Other relative/cousin
05 Grandchild	11 Paternal aunt	19 Adopted/foster child
06 Father/ mother (natural)	12 Maternal uncle	20 Not related

\*\* CODES FOR Q030 & Q031: LEVEL & YEARS OF EDUCATION

Level:	0 None	Years: years completed
	1 Primary	0 Less than one year completed
	2 Secondary	98 Don't know

\*\*\*ELIGIBLE PERSONS (Q038/Q039)

1 Follow-up (from R7)	6 Selected but not found in R:
2 Previously under age	7 Selected but refused in R/
3 Non-regular visitor	8 Other
5 Immigrant since R7	9 Household missed in R:

# Regular visitors are people who, on average, stay in the household at least once a month

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q044	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"/>																											
Q045	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"/> - Q047																											
Q046	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"/>																											
Q047	Does your household have: Electricity? A refrigerator? A radio? A television?	Electricity Refrigerator Radio Television	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Y	N																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
Q048	Record house type.	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"/>																											
Q049	Observe and record type of floor of the main dwelling.	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"/>																											
Q050	Does any member of your household own? ... A bicycle? A motorcycle? A car? A tractor?	Bicycle Motorcycle Car Tractor	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Y	N																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/>	<input type="checkbox"/>																													
Q051	How many cattle does your household own?	Number of cattle	<input type="text"/>																											
Q052	Now I would like to ask you some questions about food: During the last 12 MONTHS, was there a time when: 1) You or others in your household worried about not having enough food to eat because of a lack of money or other resources? 2) Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? 3) Was there a time when you or others in your household ate only a few kinds of food because of lack of money or other resources? 4) Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? 5) Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? 6) Was there a time when your household ran out of food because of a lack of money or other resources? 7) Was there a time when you or others in your household were hungry but did not eat because there was a lack of money or other resources for food? 8) Was there a time when you or other in your household went without eating for a whole day because of a lack of money or other resources?		<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	DK																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

**HOUSEHOLD MEMBERS FORM: INDIVIDUAL INTERVIEW PROCESSING**

Q. No:

Study site:   
Village:   
Name of household head (R8):

HHID:   
Growth point:   
Cell #:

LINE NO	HOUSEHOLD MEMBERS SELECTED FOR INDIVIDUAL INTERVIEW	CONTACT DETAILS	APPOINTMENTS			IVQ REF.
Q053	Q054	Q055	Q056	Q057	Q058	Q059

<u>From Q019 (ii/iii)</u>	Name	Cell #	1st App't	2nd App't	3rd App't	Note ref.
---------------------------	------	--------	-----------	-----------	-----------	-----------

No.	Adults (15 yrs +)	1st App't			2nd App't			3rd App't			MUT7NO
		Time	Day/Mth	Res(1)	Time	Day/Mth	Res(2)	Time	Day/Mth	Res(3)	

- (1) 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)

\* Result fields to be completed by supervisor: