

HOUSEHOLD QUESTIONNAIRE

FORM A

Questionnaire processing dates:	
Corrections generated	<input type="text"/>
Corrections completed	<input type="text"/>
Batch	<input type="text"/>

HOUSEHOLD IDENTIFICATION

Q001 **Census district:** _____ **Ward:**

Q002 **Village:** _____

Q003 **Name of household head (R8):** _____

Q004 **Name of household head (R9):** _____

Q005 **Category of household (R8)*:**
*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 <u>Date:</u>	_____	_____	_____
Q012 <u>Time:</u>	_____	_____	_____
Q013 <u>Interviewer:</u>	_____	_____	_____
Q014 <u>Result**:</u>	<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 R8	1
Household refused at R8	4
Household missed at R8	5
New household in the area since R8	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 THE 2021 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	USUAL RESIDENTS AND REGULAR VISITORS (ROUND 8)	REL'SHIP TO H.O.H.		SPOUSE IN SAME HOUSEHOLD	SEX	AGE (21)	PARENTS SURVIVAL FOR CHILDREN UNDER 18 YEARS OLD						EDUCATION		HOUSEHOLD MEMBER'S SURVIVAL STATUS NOW	RESIDENCE			ELIGIBILITY FOR INTERVIEW		
		(R8)	(R9)				FALIVE	FBC	YFDIED	MALIVE	MBC	YMDIED				IVDONE	CATGY	SELECT			

Q019	Q020	Q021	Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q034	Q035	Q036	Q037	Q038	Q039
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

Circle line no. of respondent.	Is (NAME) married to another member of this household? <u>If yes: record spouse's line no.</u>	Is (NAME)'s NATURAL BIOLOGICAL father still alive? <u>Tick "BC" if checked identity - birth certificate.</u>	Is (NAME)'s NATURAL BIOLOGICAL mother still alive? <u>Tick "BC" if checked identity - birth certificate.</u>	State highest level of education completed.**	Is (NAME) still alive? <u>If died, record month and year of death.</u> <u>Go to Q035 if more than a year ago.</u>	Was (NAME) staying here in the same month last year?	Does (NAME) still stay in this household on a regular basis? (at death)	How many nights is (NAME) last slept in / left household? (see Q035)	How many nights has (NAME) slept here in the last month?	Codes for
										CATEGORY:

Y	N	#	M	F	Years	Y	N	DK	BC	Year	Y	N	DK	BC	Year	Level	Years	Y	N	DK	Mth	Yr	Y	N	Y	N	# or >1yr	#	MUT8NO	#	Code
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1	Name 1	1	1	2	2	46	1	2	8		1	2	8					1	2	8			1	2	1	2				1	7
2	Name 2	3	1	2	2	27	1	2	8		1	2	8					1	2	8			1	2	1	2			1	2	1
3	Name 3	5	1	2	1	8	1	2	8		1	2	8					1	2	8			1	2	1	2			3		
4	Name 4	5	1	2	2	4	1	2	8		1	2	8					1	2	8			1	2	1	2			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 1 year ago but who are staying here now or who have done so since we came last time " ...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS ⁴	RELATED TO H.O.H.	SPOUSE IN SAME HOUSEHOLD	SEX	AGE	PARENTS SURVIVAL RELATIONSHIP TO CARER FOR CHILDREN UNDER 18 YEARS OLD	EDUCATION	HOUSEHOLD MEMBER'S SURVIVAL STATUS	RESIDENCE	ELIGIBILITY FOR INTERVIEW														
Q019	Q020	Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q033	Q034	Q035	Q036	Q037	Q038	Q039					
	<i>Please give me the names of the new persons who have been staying (physically) in this household on a regular basis (starting with the head of household, head of household?)</i>	<i>What is the relationship of (NAME) to the head of household?</i>	<i>Is (NAME) married to another member of this household? female?</i>	<i>Is (NAME) male or female?</i>	<i>How old is (NAME)?</i>	<i>Is (NAME)'s NATURAL BIOLOGICAL father still alive?</i>	<i>Is (NAME)'s NATURAL BIOLOGICAL mother still alive?</i>	<i>State highest level of education still completed.**</i>	<i>Is (NAME) still alive?</i>	<i>When did (NAME) start staying here in this household?</i>	<i>Was (NAME) staying the same last year?</i>	<i>Does (NAME) STILL stay in this household on a regular basis? (at death)</i>	<i>How many nights is (NAME) last slept here in this household?</i>	<i>How many nights has (NAME) the last month?</i>	Codes ...	Circle line no if person selected for interview***								
	<u>Circle line no. of respondent.</u>	<u>If ves: record spouse's line no.</u>				<u>Tick "BC" if checked identity died, - birth certificate.</u>	<u>Year checked identity died, - birth certificate.</u>																	
	See footnote*	Y N	#	M F	Years	Y N DK	BC	Year	Y N DK	BC	Year	Level	Years	Y N DK	Mth	Yr	Mth	Yr	Y N	Y N	#	#		
80	1		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	1
80	2		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	2
80	3		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	3
80	4		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	4
80	5		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	5
80	6		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	6
80	7		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	7
80	8		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	8
80	9		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			80	9
81	0		1 2		1 2		1 2 8		1 2 8			1 2 8							1 2	1 2			81	0

Tick here, if a further continuation sheet is used:

Enter total numbers of individuals selected for interview:

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

- Q040 Are there any other persons such as small children or infants that we have not yet listed? Number: Add each in table above.
- 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 year? Number: Add each in table above.
- 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: Add each in table above.
- Q043 Are there any other people who stayed here for a while but have now passed away? Number: Add each in table above.

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

***ELIGIBLE PERSONS (Q038/Q039)

1 Follow-up (from R8)	6 Selected but not found in R8
2 Previously under age	7 Selected but refused in R8
3 Non-regular visitor	8 Other
5 Immigrant since R8	9 Household missed in R8

† 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? <hr/>	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? <hr/>	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 refridgerator? A radio? A television?	Electricity Refridgerator Radio Television	<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	<u>Y</u>	<u>N</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
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Q048	<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"/>																
Q049	<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"/>																
Q050	Does any member of your household own? ... A bicycle? A motorcycle? A car? A tractor?	Bicycle Motorcycle Car Tractor	<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	<u>Y</u>	<u>N</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
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Q051	How many cattle does your household own?	Number of cattle	<input style="width: 40px; height: 25px;" type="text"/>																
Q052	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)	<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	<u>Y</u>	<u>N</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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Q053	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)	<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	<u>Y</u>	<u>N</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
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1 <input type="checkbox"/>	2 <input type="checkbox"/>																		
Q054	Does your homestead have separate spaces where elderly or vulnerable household members can shield if there is a COVID-19 outbreak - or can such spaces be created easily?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																

