

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CA	TEGORIES			SKIP
	ITIFICATION se record the following identifying informat	ion prior to	beginning	the intervie	₽W.	
A	How many times have you visited this household?	2 nd time			2	
В	Interviewer's name: Is this your name? If not, please record your name:					
	ODK will display the name associated with the phone's serial number	Interviewe	r's Name			
С	Is this date and time correct? [THE CURRENT DATE AND TIME WILL BE DISPLAYED ON SCREEN]					Skip to D if Yes
D	Record the correct date and time	Date	Month	Day	Year	
		Time	Hour	Minutes	AM/PM	
E	COUNTY	Kericho Kiambu Kilifi Kitui Nairobi Nandi Nyamira			5 6	
Е	DISTRICT (SUB-COUNTY)			st of approp County sele		
Е	DIVISION			st of approp e district (su		
Е	LOCATION	ODK will p	opulate a lis pased on the	st of approp e division se	riate elected	
E	ENUMERATION AREA			st of approp sed on the		
F	Structure number Please record the structure number from the household listing form.					
G	Household number Please record the household number from the household listing form.					

	Check: Have you already sent a form for this structure and household?	Yes		
	DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.			
Н	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	Skip to P if No	
H2	Did this household participate in a previous PMA2020 survey?	Yes 1 No 0 Do not know -88 No response -99		
	PRMED CONSENT the competent member of the household. R	Read the following greeting:		
for R Bure approplan show Partii just I we h I am ask a	Hello. My name is and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years. At this time, do you want to ask me anything about the survey?			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes	Skip to P if No	
	Respondent's signature	GATHER SIGNATURE:		
	PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	Check box:		
J	Interviewer's name			
	Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."			
K	Respondent's first name.			
	Please record the first name of the respondent.			



Household Questionnaire

l am	SECTION 1 – Household Roster I am now going to ask you questions about each usual members of the household or anyone who slept in the house last night.							
	1	2	3	4	5	6	7	8
No	First name	Sex	Age (years) If less than one year old, record 0	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent
		Male1 Female2		Married	Head 1 Wife/Husband 2 Son/Daughter 3 Son/Daughter-in-law 4 Grandchild 5 Parent 6 Parent in law 7 Brother/Sister 8 Other 9 Don't know -88 No response -99		Usual member of the household who slept here last night	Yes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Af	ter recordir	ng informatio	n for one househol	ld member, the following	g prompt is asked to act	ivate a lo	oping script to record information for an	other member
9			sual members of you he house last nigh		Yes			skip to 10 if No



Section 2 - Household Characteristics Now I would like to ask you a few questions about the characteristics of your household. 10 Please tell me about the items your household owns. Does your household have: Read out all types and select all that apply. Scroll to bottom to see all choices. If an item is reported broken but said to be out of use only temporarily, select the item. Yes No Otherwise do not select the item. Electricity?.... 1 n A wall clock?..... 1 0 A radio?..... n 1 A black/white television? 0 A color television?..... 0 A mobile phone?..... 0 0 A landline telephone? A refrigerator?..... 1 0 1 0 A freezer?..... 0 Electric generator/invertor(s)? 1 0 1 A washing machine?..... 0 A computer? 1 A digital photo camera? 1 0 A non digital photo camera?..... 0 A video deck?..... 0 A DVD/CD? 0 A sewing machine?..... 0 1 0 A bed?..... 1 A table?..... 0 1 0 1 A cabinet/cupboard? 0 1 A bicycle?..... 0 1 A motorcycle or motor scooter?..... 0 A car or truck? 1 0 A boat with a motor?..... 1 A boat without a motor? 1 None of the above..... -77 No response -99 **READ OUT ALL TYPES AND SELECT ALL** THAT APPLY. Ski 11 Does this household own any livestock. p to herds, other farm animals, or poultry? а No......0 12a No response-99 These livestock can be kept anywhere, not Nο necessarily on the homestead. 11 How many of the following animals does b this household own? HINT: The household can keep the livestock anywhere, but must own the livestock recorded here. Zero is a possible answer.

	Enter -88 for do not know.		
	Enter -99 for no response.		
	Cattle (Indigenous)	**************************************	
	Cows/Bulls	**************************************	
	Horses, Donkeys, Mules		
	Goats		
	Sheep		
	Chickens		
12	Does this household keep any livestock,	Yes1	Ski p to
а	herds, other farm animals, or poultry ON	No0	13 if
	THE HOMESTEAD, regardless of who	No response99	No
	owns these livestock?		
	HINT: Hamastand includes the atrusture and		
	HINT: Homestead includes the structure and		
	yard that is close to the structure		
12			
b	How many of the following animals does		
	this household keep ON THE		
	HOMESTEAD?		
	HINT: The household does not need to own		
	the livestock recorded here.		
	Zero is a possible answer.		
	Enter -88 for do not know.		
	Enter -99 for no response.		
	·		
	Cattle (Indigenous)		
	Cows/Bulls		
	Horses/Donkeys/Mules		
	Goats		
	Sheep		
	Chicken		
		ehold Observation	
Plea	se observe the floors, roof and exterior walls		
40	Main material of the flore	Forth/Cond	
13	Main material of the floor	Earth/Sand	
	OPSERVE	Dung	
	OBSERVE	Wood Planks	
		Palm/Bamboo	
		Parquet or polished wood	
		Vinyl or Asphalt strips	
		Cement	
		Carpet	
		Other	
		No response99	<u></u>
14	Main material of the roof	No Roof10	
14	Main Haterial of the 1001	Grass/Thatch/Makuti11	
	OBSERVE	Dung/Mud12	
	ODOLIVE		
		Corrugated Iron (Mabati)	
	1		

		Asbestos Sheet Cement			
		Tiles			
		Other			
		No response			
		140 163001136		55	
15	Main material of the exterior walls	No Walls		11	
		Cane/Palm/Trunks			
	OBSERVE	Dirt			
		Bamboo with Mud			
		Stone with Mud			
		Uncovered Adobe			
		Plywood			
		Cardboard			
		Reused Wood			
		Iron Sheet			
		Cement			
		Stone with Lime/Cement			
		Bricks			
		Cement Blocks			
		Covered Adobe			
		Wood Planks/Shingles			
		Other			
		No response			
Now	tion 4 – Water, Sanitation and Hygien I would like to ask you a few questions abou	t water, sanitation and hygie			
16	Do you have a place to wash your hands?	Yes			Skip to 19 if 0,
		No			-88, or
		Don't know			-99 [°]
		No response		\sim	
				99	
17	Can you show it to me?	Yes		1	Skip to
17	Can you show it to me?	•		1	Skip to 19 if No
17	Can you show it to me? At the place where the household washes their hands, observe if:	Yes		1	19 if
	At the place where the household washes their hands, observe if:	YesNo		1 0	19 if
	At the place where the household washes their hands, observe if: Soap is present	YesNo	Yes 1	1 0 No	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	<u>Yes</u> 1 1	1 0 No	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	<u>Yes</u> 1 1 1	1 0 No 0 0 0 0	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	<u>Yes</u> 1 1 1	1 0 No 0 0 0 0	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1 1	1 0 No 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1	1 0 No 0 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1 1 1 1	1 0 No 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1 1	1 0 No 0 0 0 0 0	19 if
18	At the place where the household washes their hands, observe if: Soap is present	Yes	Yes 1 1 1 1 1 1 1 1	1 0 No 0 0 0 0 0	19 if

	Tube well or borehole	 1	0	
	Dug Well Protected Well	1	0	
	Unprotected Well	1	Ö	
	Water from Spring	1	0	
	Protected Spring Unprotected Spring	 1	0	
	Unprotected SpringRainwater		0	
	Tanker Truck Cart with Small Tank	1 1	0	
	Surface water (River / Dam / Lake / Pond /	 I	0	
	Stream / Canal / Irrigation Channel)		0	
	Bottled WaterSachet Water		0	
	No response			
20	What is the main source of drinking water for members of your household?			
	Selections from HQ19: [ODK will list water sources selected for HQ19]			
	Piped Water			
	Piped into dwelling/indoor			
	Pipe to yard/plot			
	Public tap/standpipe Tube well or borehole			
	Dug Well	 	7	
	Protected Well			
	Unprotected Well	 	6	
	Water from Spring Protected Spring		7	
	Unprotected Spring		8	
	Rainwater	 	9	
	Tanker Truck			
	Cart with Small Tank	 	11	
	Surface water (River / Dam / Lake / Pond /		12	
	Stream / Canal / Irrigation Channel) Bottled Water			
	Sachet Water			
	No response			
21	What is the main source of water used by			
- '	your household for other purposes such			
	as cooking and handwashing?			
	Read out HQ19 selections only.			
	Piped Water			
	Piped into dwelling/indoor			
	Pipe to yard/plot			
	Public tap/standpipe Tube well or borehole			
	Dug Well	 	····· *	
	Protected Well	 	5	
	Unprotected Well			

						1
	Water from Spring					
					7	
	Protected Spring					
	Unprotected Spring					
	Rainwater					
	Tanker Truck					
	Cart with Small Tank				11	
	Surface water (River / Dam / Lake / Pond /					
	Stream / Canal / Irrigation Channel)				12	
	Bottled Water					
	Sachet Water					
	No response				99	
	Questions HQ 22 to HQ 25 will repeat x time HQ 19. These sources include:	es, once for ea	ch water sourc	e sele	cted in	
	[ODK will display HQ19 selections.]					
22	You mentioned you used [WATER					
	SOURCE]. At any time of the year, does					
	your household use water from this					
	source for:			Yes	No	
				. 55		
	Drinking			1	0	
	Cooking			•	0	
					T .	
	Livestock				0	
	Gardening / agriculture				0	
	Business venture			1	0	
	Washing			1	0	
	No response					
	'					
23	Is [WATER SOURCE] typically available:					
	Read all choices out loud.					
	All of the year				1	
	Some of the year				2	
	Small part of the year				3	
	ornali part of the year					
24	At a time when you expect to have water from [WATER SOURCE], is it usually available?					
	Yes, always					
	No, intermittent and predictable				2	
	No, intermittent and unpredictable					
	,		T			
25	How long does it take to go to [WATER SOURCE], get water, and come back?	Minutes				
	Zero is a possible answer. Convert answer					
	to minutes. Includes waiting time in line. Enter -88 for do not know, -99 for no response.					
	The same question will be generated by the					
	ODK software for all water sources selected					
	in HQ19.					
						<u> </u>

26	Does your household have a garden? Hint: A garden is a place to grow vegetables	Yes No No response		0	
27	Do members of your household use any of the following toilet facilities?				
	Read out all types and check all that are used. Scroll to the bottom to see all choices		Yes	No	
	Flush/pour flush toilets connected to: Piped sewer system		1 1	0	
	Elsewhere		1 1	0 0	
	Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet		1 1	0 0 0	
	Hanging toilet /Hanging latrine Other (please explain): No facility / bush / field		1 1 1	0 0 0	
28	What is the main toilet facility used by members of your household?		-99		
	HQ27: [ODK will display HQ27 selections] The main facility must be selected in HQ 27.				
	Flush/pour flush toilets connected to: Piped sewer system			2	
	Elsewhere			4 5	
	Pit latrine without slab Composting toilet Bucket toilet			7 8 9	
	Hanging toilet /Hanging latrine Other: No facility / bush / field No response			11 12	
	Question HQ 29 will repeat x times, once fo These facilities include:				
	HQ27: [ODK will display HQ27 selections]				
29 a	How often does your household typically use: [TOILET FACILITY TYPE]?	Always Most of the time Occasionally		2	
	Regular practices at the household only.	Rarely		4	
29 b	Do you share this toilet facility with other households or the public? [Select one]	Not shared	useholds	2	Skip to HQ30 if not 2

		Shared with the public No response			
29c	Enter the number of households that share this facility (including your own).	Number of households			
	[TOILET FACILITY TYPE]				
	Must be between 2 and 9.				
	If 10 or greater, swipe back to HQ29b and choose "shared with ten or more households." If less than 2, swipe back to HQ29b and choose "not shared."				
	Enter -99 for no response.				
30	How many people within your household regularly use the bush / field at home or at work?	Number of people			
	There are x people in this household. Enter - 88 for do not know, -99 for no response.				
	CK HQ 3: Are there any household members 5 years or under?	Yes		0	Skip to HQ 32 if NO
31	For all children under age five: what methods, if any, does your household use to dispose of children's fecal waste? Do not read the possible answers out loud. Children use a latrine / toilet		. 1 (0 . 1 (1 . 1 (1 . 1 (1 . 1 (1 . 1 (1 . 1 (1)	0	
32	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes			Skip to R if No

Thank the respondent for her/his time.

The respondent is finished, but there are still three more questions for you to complete outside the house.

LOC	LOCATION AND QUESTIONNAIRE RESULT				
L	Location Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside	RECORD LOCATION			
Ma Mb	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo? Ensure that no people are in the photo	Yes			
N	Questionnaire result Record the result of the Household Questionnaire	Completed			