

**APPENDIX D- HOUSEHOLD QUESTIONNAIRE- ENGLISH VERSION**

AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
HEALTH PROMOTING SCHOOLS PROJECT- BASELINE EVALUATION  
(TO BE FILLED BY ADULT MEMBER OF HOUSEHOLD)

**1. BACKGROUND**

1.1. START TIME	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>												
1.2. FIELD WORKER'S CODE	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>												
1.3. DATE OF INTERVIEW (DD/MM/YYYY)	<table border="1" style="display: inline-table; width: 200px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
1.4. HOUSEHOLD HEAD NAME	<div style="border-bottom: 1px solid black; width: 580px;"></div>												
1.5. HOUSEHOLD ID	<table border="1" style="display: inline-table; width: 200px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
1.6. ID OF ROOM WHERE HOUSEHOLD HEADS SLEEPS	<table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
1.7. ID OF HOUSEHOLD HEAD	<table border="1" style="display: inline-table; width: 200px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

**INTRODUCTION AND CONSENT**

Hello, my name is \_\_\_\_\_ and I work with the African Population and Health Research Centre.  
As you may be aware, we visit households in this community every four months to collect information on health and other related issues so that we can understand the health and well-being of members of this community. Specifically, we would like to know a bit about the hygiene and sanitation practices in the household including the nature of amenities facilities and waste management practices in your household.  
All the responses you provide are confidential and will be used only for the purposes of this study.  
The results from this study are purely for research and will not be used for any other purpose without your consent.  
This interview is not expected to cause you any harm and if you feel uncomfortable with certain questions you can choose not to answer. However, we hope that you will participate in this survey since your views are important.  
This interview will take about 45 minutes of your time.

1.8. Do you accept to participate in the study? [1=YES; 2=NO; IF NO END THE INTERVIEW]

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**FW: IF RESPONDENT ACCEPTS TO BE INTERVIEWED REFER TO THE CONSENT FORM AND HE/SHE SHOULD SIGN:**

**Thank you for agreeing to participate in this study.**

**RESPONDENT'S PARTICULARS AND OTHER INTERVIEW DETAILS**

1.9. What is your <b>full</b> name? .....													
1.10. Do you live in this household? (1=YES; 2=NO)	<table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td></td></tr></table>												
1.11. <b>FW: RECORD RESPONDENT'S INDIVIDUAL ID NUMBER IN HOUSEHOLD LISTING</b>													
	<table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
1.12. What is your relationship to (NAME OF HOUSEHOLD HEAD)? (CODESHEET A <sup>1</sup> )	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>												
<b>FW: IF OTHER SPECIFY</b> _____													

1.13 FOR EACH HOUSEHOLD MEMBER, RECORD BELOW HIS/HER NAME (Col. 1.14),  
 INDIVIDUAL ID NUMBER (Col. 1.15),  
 AND ASK THE FOLLOWING QUESTIONS RELATED TO RELIGION,GENDER, OCCUPATION,  
 EDUCATION ETHNICITY AND AGE (Col 1.16-1.22)

1.14 FULL NAME OF HOUSEHOLD MEMBER		1.15 INDIVIDUAL ID												1.16 Sex (1=M 2=F)	1.17 School (C/SHT A2)	1.18 Education level of [NAME] (C/SHT A3)	1.19 Occupati on (C/SHT A4)	1.20 Religion (C/SHT A5)	1.21 Ethnicity (C/SHT A6)	1.22 What is date of birth of [NAME]?							
																				D	D	M	M	Y	Y	Y	Y
1																											
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2.0.	<b>HOUSEHOLD AMENITIES</b>	
	<p>I will start by asking you some questions about the facilities available to members in your household so that I can have a better understanding of your household's wellbeing.</p> <p><b>[FILL IN THE APPROPRIATE RESPONSES]</b></p>	
2.1.	<p><b>SOURCE OF DRINKING WATER:</b></p> <p>What is the <u>main</u> source of drinking water for members of your household?</p> <p><b>[1=YES; 2=NO]</b></p>	<p>Buying water from:</p> <p>Taps.....</p> <p>Tanks.....</p> <p>Hawkers.....</p> <p>Piped water</p> <p>Piped into residence/compound/ plot.....</p> <p>Public tap.....</p> <p>Well water</p> <p>Well on residence/plot.....</p> <p>Public well.....</p> <p>Surface water</p> <p>River/stream.....</p> <p>Pond/lake.....</p> <p>Rainwater.....</p> <p>Other.....(specify)</p>
2.2.	<p>What kind of toilet facility do your household members <b>5 years and above</b> <u>usually</u> use?</p> <p><b>(IF LATRINE: PROBE FOR THE TYPE)</b></p> <p><b>[1=YES; 2=NO]</b></p>	<p>Flush Toilet</p> <p>Own flush toilet.....</p> <p>Shared flush toilet.....</p> <p>Pit toilet/latrine</p> <p>Own traditional pit toilet.....</p> <p>Shared traditional pit toilet.....</p> <p>Ventilated improved pit toilet</p> <p>Own (VIP) latrine.....</p> <p>Shared (VIP) latrine.....</p> <p>Flush trench toilet.....</p> <p>Toilet without pit/working flush.....</p> <p>No facility/bush/field.....</p> <p>Flying toilet .....</p> <p>Other.....(specify)</p> <p>Not applicable .....</p>
2.3.	<p>What kind of toilet facility do your household members aged <b>2-4 years</b> <u>usually</u> use?</p> <p><b>(IF LATRINE: PROBE FOR THE TYPE)</b></p> <p><b>[1=YES; 2=NO]</b></p>	<p>Flush Toilet</p> <p>Own flush toilet.....</p> <p>Shared flush toilet.....</p> <p>Pit toilet/latrine</p> <p>Own traditional pit toilet.....</p> <p>Shared traditional pit toilet.....</p> <p>Ventilated improved pit toilet</p> <p>Own (VIP) latrine.....</p> <p>Shared (VIP) latrine.....</p> <p>Flush trench toilet.....</p> <p>Toilet without pit/working flush.....</p> <p>No facility/bush/field.....</p> <p>Flying toilet .....</p> <p>Other.....(specify)</p> <p>Not applicable .....</p>

2.4.	Do you pay to use the toilet facility? [1=YES; 2=NO] If 2 SKIP to SECTION 3.0		
2.5	What mode of payment do you use? [1=YES; 2=NO]	Per use Monthly Daily	
2.6	How much do you pay in Kenya Shillings?	_____	
<b>3.0. HYGIENE AND SANITATION</b>			
Next I will ask you some questions on hygiene and sanitation. These questions will help me to better understand the practices in the household and the community.			
3.1	Do you use soap in the household? [1=YES; 2=NO] FW: IF NO SKIP TO 3.5		
FW: DO NOT LIST /PROBE FOR RESPONSES FOR QUESTIONS 3.2-3.4			
3.2	What type of soap do you use in the household?  (FILL IN ALL THAT APPLY) [1=YES; 2=NO]	Liquid soap Bar soap Powder soap None	
3.3	When do you use soap? (FILL IN ALL THAT APPLY) [1=MENTIONED; 2=NEVER MENTIONED]	Washing clothes After using the toilet Before handling food After handling food When cleaning the house When washing hands When bathing Other (specify) _____	
3.4	On average,how much does your household spend weekly on soap? (FILL IN ONLY ONE RESPONSE) [1=YES; 2=NO]	KShs 0-10 KShs 11-20 KShs 21-30 KShs 31-40 KShs 41-50 KShs 51-100 KShs 101-200 More than KShs 200	
3.5	Show me where members of the household wash their hands [1=YES; 2=NO]  FW: OBSERVE THE PLACE AND (FILL IN ONLY ONE RESPONSE)	Tap Sufuria Basin Sink Leaky tin Other (specify) _____	

<b>4.0 CHILD MORBIDITY AND HEALTH PRACTICES</b>						
4.1.0 Are there any children in the HH aged 5 years and below? <b>FW: CHECK FROM SECTION 1.13</b>						
<b>FW: IF 2, SKIP TO 5.0</b>						
<b>[1=YES; 2=NO]</b>						
		<b>4.1.1</b> Has (NAME) been ill with diarrhoea at any time in the last two weeks? <b>FW: IF 2 or 8 SKIP TO 4.2</b>	<b>4.1.2</b> For how many days has (NAME) been ill/ was ill with diarrhoea?	<b>4.1.3</b> What was done about the (ILLNESS)?		
				Given ORS	Taken to Health facility	Other (specify)
<b>FULL NAME OF CHILD</b>	<b>FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOX</b>	<b>RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES OTHERWISE RECORD '99 IF THERE WAS NO ILLNESS.</b>	<b>(FILL IN ALL THAT APPLY)</b> <b>[1=YES; 2=NO; 8=DON'T KNOW] FW: IF ANSWER IS 2 or 8, SKIP TO 4.2</b>			
1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4.2 Do you know about ORS (Oral Rehydration Solution)?</b> <input type="checkbox"/>						
<b>RECORD 1 =YES; 2 = NO      FW: IF ANSWER IS 2 , SKIP TO 5.0</b>						

4.3	Please tell me, how is ORS (sugar and salt solution) prepared? Which steps do you follow?  <b>FW: DO NOT PROBE</b> <b>RECORD 1 =YES; 2 = NO</b>	A. Wash Hands B. Wash Utensil C. Boil water D. Let the water cool E. Dissolve sachet of ready ORS F. Dissolve sugar and salt	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.4	<b>FW: Was the correct order to prepare ORS followed?</b>  <b>FW: RECORD FOR 1 =YES; 2 = NO</b>	<input type="text"/>	

<b>5.0 WASTE DISPOSAL</b>			
5.1.	What is the <u>main</u> method of garbage disposal used by your household? <b>(FILL IN ONLY ONE RESPONSE)</b> <b>RECORD 1 =YES; 2 = NO</b>  <b>FW: IF RESPONSE=J THEN SKIP TO 6.0</b>	A. Garbage dump..... B. In the river..... C. On the road..... D. In drainage/trench..... E. In private pits..... F. In public pits..... G. Garbage disposal services..... H. Vacant/abandoned house..... I. Burning..... J. No designated place/all ove..... K. Other _____(specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.2.	Do you separate the following materials for waste collection? <b>(RECORD ANSWER IN THE BOX PROVIDED)</b> <b>AN ANSWER MUST BE PROVIDED FOR EACH OPTION</b>  <div style="text-align: center;">(1=Yes; 2=No)</div> <b>FW: IF ALL RESPONSES=2 THEN SKIP TO 6.0</b>	A. Glass..... B. Paper..... C. Plastic..... D. Metal..... E. Wood..... F. Other (specify).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3	What is done with the separated garbage?  <div style="text-align: center;">(1=Yes; 2=No)</div>	A. Sold to vendor B. Stored for recycling/reuse C. Taken to dumping site D. Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>6.0 END OF INTERVIEW</b>			
6.1	RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)		
6.2	RESULT OF INTERVIEW (CODESHEET A <sup>7</sup> )		Other (specify) _____ <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>
6.3	END TIME (24 HRS)		
<b>7.0 OFFICE/FIELD CHECK DETAILS</b>			
7.1	TEAM LEADER'S CODE	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
7.2	FIELD SUPERVISOR'S CODE	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
7.3	DSS COORDINATOR'S CODE	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
7.4	DATA ENTRY CLERK'S CODE	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
7.5	DATA ENTRY SUPERVISOR'S CODE	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
7.6	<b>COMMENTS</b>		
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