

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
HEALTH CHALLENGES AND SYSTEMS PROGRAM  
MATERNAL, INFANT AND YOUNG CHILD NUTRITION PROJECT  
HOUSEHOLD HYGIENE QUESTIONNAIRE**

**1.0 BACKGROUND**

1.0	VILLAGE OF RESIDENCE (CODESHEET B5)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.1	START TIME (24HRS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2	FIELD WORKER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>
1.4	HOUSEHOLD HEAD NAME.....	<input style="width: 100%;" type="text"/>
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<input style="width: 100%;" type="text"/>
1.6	HOUSEHOLD ID	<input style="width: 100%;" type="text"/>
1.7	MOTHER'S NAME.....	<input style="width: 100%;" type="text"/>
1.8	MOTHER'S ID	<input style="width: 100%;" type="text"/>

**SOURCE OF HOUSEHOLD WATER**

2.1	What is the <b>MAIN</b> source of drinking water the members of your household have used in the last 2 weeks?  <b>[CIRCLE THE APPROPRIATE RESPONSE]</b>	Piped water into dwelling <b>01</b> Tap water from water Kiosk <b>02</b> Public tap <b>03</b> Piped water from elsewhere <b>04</b> Tanks <b>05</b> Hawkers <b>06</b> Well/river/other surfacewater <b>07</b> Other _____ (specify) <b>96</b>	
2.2	In the last 2 weeks, has the water from this source been <b>unavailable</b> for at least one day?	<b>YES</b> ..... <b>01</b> <b>NO</b> ..... <b>02</b>	
2.3	Do you <b>USUALLY</b> pay for this water?	<b>YES</b> ..... <b>01</b> <b>NO</b> ..... <b>02</b>	
2.4	How many 20 litre jericans of water has your household <b>NORMALLY</b> used per day in the last one week?	Number of 20 litre Jerrycans <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
2.5	How would you rate the quality of water from your usual source in the last one week?  <b>[FW: CIRCLE AS APPROPRIATE]</b>	Very clean <b>01</b> Satisfactory <b>02</b> A bit dirty <b>03</b> Very dirty <b>04</b>	

3.0. HYGIENE & SANITATION			
3.1	Do you treat water in anyway to make it safer to drink ?	<b>YES</b> ..... 01 <b>NO</b> ..... 02	→ 3.4
3.2	If YES how do you <b>TYPICALLY</b> treat your drinking water? <b>[CIRCLE ALL THAT APPLIES]</b>	Filter Water A Boil B Water guard/aquatabs/other chemical C Sitting to settle/ Sedimentation D UV rays from the sun/ Solar Disinfection E Sieve through cloth F Other (Specify) G	
3.3	When was the last time you treated your water for drinking?	Today 01 Yesterday 02 Within the last one week 03 Within the last two weeks 04 Within the last one month 05 More than one month ago 06 Do not remember 98	
3.4	Do you wash utensils used in feeding the baby separately?	<b>YES</b> ..... 01 <b>NO</b> ..... 02	
3.5	Do you <b>DISINFECT</b> utensils used in feeding the baby?	<b>YES</b> ..... 01 <b>NO</b> ..... 02	
3.6	How do you <b>DISINFECT</b> the utensils used in feeding the baby? <b>[CIRCLE ALL MENTIONED]</b>	'Boiling' the utensils 01 Use of commercial disinfectants/ chemicals 02 Use of lemon extracts 03 Drying in the sun 04 Other (Specify) 96	
3.7	Is there a toilet facility in or near the household?	<b>YES</b> ..... 01 <b>NO</b> ..... 02	→ 3.9
3.8	If YES, how far is the toilet facility from the house?	Within the compound 01 Outside the compound, < 5 minutes 02 Outside the compound, 5 - 10 minutes 03 Outside the compound, >10 minutes 04	
3.9	What kind of toilet facility have <b>members</b> your household used <b>during the day</b> in the last 4 weeks? <b>[CIRCLE THE APPROPRIATE RESPONSE]</b>	Own flush/traditional pit/VIP toilet 01 Shared flush/traditional pit/VIP toilet 02 Flush trench toilet 03 Toilet without pit/working flush 04 NO facility/bush/field/flying toilet 05 Other _____(specify) 96 Not Applicable 99	
3.10	What kind of toilet facility have <b>members of</b> your household used <b>during the night</b> in the last 4 weeks? <b>[CIRCLE THE APPROPRIATE RESPONSE]</b>	Own flush/traditional pit/VIP toilet 01 Shared flush/traditional pit/VIP Toilet 02 Flush trench toilet 03 Toilet without pit/working flush 04 NO facility/bush/field/flying toilet 05 Other _____(specify) 96 Not Applicable 99	
3.1	Does your household pay to use the toilet facility?	<b>YES</b> ..... 01 <b>NO</b> ..... 02	

3.1	<p>The last time your child passed stool, where did he/she defecate?</p> <p><b>[CIRCLE THE APPROPRIATE RESPONSE]</b></p>	<p>Used Potty <b>01</b>  Used washable diapers <b>02</b>  Used disposable diapers/ pampers <b>03</b>  Went in the house <b>04</b>  Went in the compound/yard <b>05</b>  Other (Specify) <b>96</b>  Don't Know <b>98</b></p>	
3.13	<p>How often do you wash your hands using soap?</p> <p><b>[CIRCLE THE APPROPRIATE RESPONSE]</b></p>	<p>Never <b>01</b>  Rarely <b>02</b>  Sometimes <b>03</b>  Often <b>04</b>  Always <b>05</b></p>	
3.14	<p>At what times or after/before what activities do you wash your hands with soap ?</p> <p><b>[CIRCLE ALL MENTIONED]</b></p>	<p>After visiting toilet <b>A</b>  Before eating <b>B</b>  Before preparing food <b>C</b>  After handling child's waste <b>D</b>  Before feeding a child <b>E</b>  Other (Specify) _____ <b>96</b></p>	

3.15	Why is it important to wash hands? <b>[CIRCLE ALL MENTIONED]</b>	Prevents germs from getting into the body Prevents germs from getting into FOOD To stay healthy Personal Hygiene Don't Know Other (Specify) _____	<b>A</b> <b>B</b> <b>C</b> <b>D</b> <b>E</b> <b>96</b>					
3.2	How should someone was their hands? Please describe the process of 'proper hand washing'.  <b>[FW: CIRCLE ALL STEPS MENTIONED IN WHICHEVER ORDER]</b>	Wet hands first Apply soap Lather well beyond wrist Work all surfaces (wrist, palms, back of hands, fingers and under fingers) Rinse with clean flowing water Dry hands Other (Specify) _____	<b>01</b> <b>02</b> <b>03</b> <b>04</b> <b>05</b> <b>06</b> <b>96</b>					
3.2	Where has your household <b>MAINLY</b> disposed off garbage/ waste in the last 4 weeks?  <b>[CIRCLE THE APPROPRIATE RESPONSE]</b>	Garbage dump/pit Garbage disposal services Road/railway/riverdrainage /trench/all over Burning Other _____ (specify)	<b>01</b> <b>02</b> <b>03</b> <b>04</b> <b>96</b>					
<b>4.0 ENDINGS</b>								
4.1	<b>RECORD ANY GENERAL COMMENTS</b>		<b>END TIME (24 HRS)</b>	<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
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