

**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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4	HOUSEHOLD HEAD NAME.....	
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	<input type="text"/>
1.6	HOUSEHOLD ID	<input type="text"/>
1.7	MOTHER'S NAME.....	
1.8	MOTHER'S ID	<input type="text"/>

SOURCE OF HOUSEHOLD WATER

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

3.0. HYGIENE & SANITATION			
3.1	Do you treat water in anyway to make it safer to drink ?	YES 01 NO 02	→ 3.4
3.2	If YES how do you TYPICALLY treat your drinking water? [CIRCLE ALL THAT APPLIES]	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?	YES 01 NO 02	
3.5	Do you DISINFECT utensils used in feeding the baby?	YES 01 NO 02	
3.6	How do you DISINFECT the utensils used in feeding the baby? [CIRCLE ALL MENTIONED]	'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?	YES 01 NO 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 members your household used during the day in the last 4 weeks? [CIRCLE THE APPROPRIATE RESPONSE]	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 members of your household used during the night in the last 4 weeks? [CIRCLE THE APPROPRIATE RESPONSE]	Own flush/traditional pit/VIP toilet 01 Shared flush/traditional pit/VIPToilet 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?	YES 01 NO 02	

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

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