# 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

### 1.2. Field Worker's Code

### 1.3. Date of Interview (DD/MM/YYYY)

### 1.4. Household Head Name

### 1.5. Household ID

### 1.6. ID of Room Where Household Heads Sleeps

### 1.7. ID of Household Head

## 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 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]

**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 full name?  

### 1.10. Do you live in this household?  

1=YES; 2=NO

### 1.11. FW: Record Respondent's Individual ID Number in Household Listing

### 1.12. What is your relationship to (NAME OF HOUSEHOLD HEAD)?  

(CODESHEET A1)

**FW:** IF OTHER SPECIFY  

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)

<table>
<thead>
<tr>
<th>1.14 FULL NAME OF HOUSEHOLD MEMBER</th>
<th>1.15 INDIVIDUAL ID</th>
<th>1.16 Sex (1=M 2=F)</th>
<th>1.17 School (C/SHT A2)</th>
<th>1.18 Education level of [NAME] (C/SHT A3)</th>
<th>1.19 Occupation (C/SHT A4)</th>
<th>1.20 Religion (C/SHT A5)</th>
<th>1.21 Ethnicity (C/SHT A6)</th>
<th>1.22 What is date of birth of [NAME]?</th>
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</table>
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.

### 2.1. SOURCE OF DRINKING WATER:

What is the **main** source of drinking water for members of your household?

- [ ] Taps
- [ ] Tanks
- [ ] Hawkers
- [ ] Piped water
  - Piped into residence/compound/plot
  - Public tap
- [ ] Well water
  - Well on residence/plot
  - Public well
- [ ] Surface water
  - River/stream
  - Pond/lake
- [ ] Rainwater
- [ ] Other ____________________________ (specify)

2.1.1. **[ ] 1=YES; 2=NO**

### 2.2. What kind of toilet facility do your household members *5 years and above* usually use?

**Flush Toilet**
- Own flush toilet
- Shared flush toilet

**Pit toilet/latrine**
- Own traditional pit toilet
- Shared traditional pit toilet

**Ventilated improved pit toilet**
- Own (VIP) latrine
- Shared (VIP) latrine

**Flush trench toilet**
- Toilet without pit/working flush
- No facility/bush/field
- Flying toilet
- Other ____________________________ (specify)

2.2.1. **[ ] 1=YES; 2=NO**

### 2.3. What kind of toilet facility do your household members aged *2-4 years* usually use?

**Flush Toilet**
- Own flush toilet
- Shared flush toilet

**Pit toilet/latrine**
- Own traditional pit toilet
- Shared traditional pit toilet

**Ventilated improved pit toilet**
- Own (VIP) latrine
- Shared (VIP) latrine

**Flush trench toilet**
- Toilet without pit/working flush
- No facility/bush/field
- Flying toilet
- Other ____________________________ (specify)

2.3.1. **[ ] 1=YES; 2=NO**

### [FILL IN THE APPROPRIATE RESPONSES]
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?

<table>
<thead>
<tr>
<th>3.0. HYGIENE AND SANITATION</th>
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<tr>
<td>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.</td>
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</table>

3.1 Do you use soap in the household?
   [1=YES; 2=NO]
   FW: IF NO SKIP TO 3.5

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]

   Tap
   Sufuria
   Basin
   Sink
   Leaky tin
   Other (specify) __________
4.0 CHILD MORBIDITY AND HEALTH PRACTICES

4.1.0 Are there any children in the HH aged 5 years and below?  
FW: CHECK FROM SECTION 1.13
FW: IF 2, SKIP TO 5.0
[1=YES; 2=NO]

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD</th>
<th>4.1.1 Has (NAME) been ill with diarrhoea at any time in the last two weeks? FW: IF 2 or 8 SKIP TO 4.2</th>
<th>4.1.2 For how many days has (NAME) been ill/ was ill with diarrhoea?</th>
<th>4.1.3 What was done about the (ILLNESS)?</th>
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<td>RECORDED FOR 1=YES; 2 = NO; 8 = DON'T KNOW, IN THE BOX</td>
<td>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.</td>
<td>(FILL IN ALL THAT APPLY) [1=YES; 2=NO; 8=DON'T KNOW] FW: IF ANSWER IS 2 or 8, SKIP TO 4.2</td>
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4.2 Do you know about ORS (Oral Rehydration Solution)?  
RECORD 1=YES; 2 = NO  
FW: IF ANSWER IS 2 , SKIP TO 5.0
4.3 Please tell me, how is ORS (sugar and salt solution) prepared? Which steps do you follow?

FW: DO NOT PROBE
RECORD 1 =YES; 2 = NO

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<tr>
<td>A. Wash Hands</td>
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<td>B. Wash Utensil</td>
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<td>C. Boil water</td>
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<td>D. Let the water cool</td>
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<td>E. Dissolve sachet of ready ORS</td>
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<tr>
<td>F. Dissolve sugar and salt</td>
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4.4 FW: Was the correct order to prepare ORS followed?

FW: RECORD FOR 1 =YES; 2 = NO

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### 5.0 WASTE DISPOSAL

#### 5.1 What is the main method of garbage disposal used by your household?

(FILL IN ONLY ONE RESPONSE)

- RECORD 1 = YES; 2 = NO

FW: IF RESPONSE = J THEN SKIP TO 6.0

- 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 over
- K. Other (specify)

#### 5.2 Do you separate the following materials for waste collection?

(RECORD ANSWER IN THE BOX PROVIDED)

AN ANSWER MUST BE PROVIDED FOR EACH OPTION

(1 = Yes; 2 = No)

FW: IF ALL RESPONSES = 2 THEN SKIP TO 6.0

- A. Glass
- B. Paper
- C. Plastic
- D. Metal
- E. Wood
- F. Other (specify)
- G. Other (specify)

#### 5.3 What is done with the separated garbage?

- A. Sold to vendor
- B. Stored for recycling/reuse
- C. Taken to dumping site
- D. Other (specify)

### 6.0 END OF INTERVIEW

#### 6.1 RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)

#### 6.2 RESULT OF INTERVIEW (CODESHEET A)

Other (specify)

#### 6.3 END TIME (24 HRS)

### 7.0 OFFICE/FIELD CHECK DETAILS

#### 7.1 TEAM LEADER'S CODE

#### 7.2 FIELD SUPERVISOR'S CODE

#### 7.3 DSS COORDINATOR'S CODE

#### 7.4 DATA ENTRY CLERK'S CODE

#### 7.5 DATA ENTRY SUPERVISOR'S CODE

#### 7.6 COMMENTS

________________________________________________________________________
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________________________________________________________________________
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