

APPENDIX D- HOUSEHOLD QUESTIONNAIRE- ENGLISH VERSION

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
 HEALTH PROMOTING SCHOOLS PROJECT- ENDLINE 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 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]**

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)**

1.14 FULL NAME OF HOUSEHOLD MEMBER	1.15 INDIVIDUAL ID										1.16	1.17	1.18	1.19	1.20	1.21	1.22							
											Sex (1=M 2=F)	School (C/SHT A2)	Education level of [NAME] (C/SHT A3)	Occupati on (C/SHT A4)	Religion (C/SHT A5)	Ethnicity (C/SHT A6)	What is date of birth of [NAME]?							
																	D	D	M	M	Y	Y	Y	Y
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

2.0.	HOUSEHOLD AMENITIES	
	<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>[FILL IN THE APPROPRIATE RESPONSES]</p>	
2.1.	<p>SOURCE OF DRINKING WATER:</p> <p>What is the <u>main</u> source of drinking water for members of your household?</p> <p>[1=YES; 2=NO]</p>	<p>Buying water from:</p> <p>Taps..... <input type="checkbox"/></p> <p>Tanks..... <input type="checkbox"/></p> <p>Hawkers..... <input type="checkbox"/></p> <p>Piped water</p> <p>Piped into residence/compound/ plot..... <input type="checkbox"/></p> <p>Public tap..... <input type="checkbox"/></p> <p>Well water</p> <p>Well on residence/plot..... <input type="checkbox"/></p> <p>Public well..... <input type="checkbox"/></p> <p>Surface water</p> <p>River/stream..... <input type="checkbox"/></p> <p>Pond/lake..... <input type="checkbox"/></p> <p>Rainwater..... <input type="checkbox"/></p> <p>Other _____ (specify) <input type="checkbox"/></p>
2.2.	<p>What kind of toilet facility do your household members 5 years and above <u>usually</u> use?</p> <p>(IF LATRINE: PROBE FOR THE TYPE)</p> <p>[1=YES; 2=NO]</p>	<p>Flush Toilet</p> <p>Own flush toilet..... <input type="checkbox"/></p> <p>Shared flush toilet..... <input type="checkbox"/></p> <p>Pit toilet/latrine</p> <p>Own traditional pit toilet..... <input type="checkbox"/></p> <p>Shared traditional pit toilet..... <input type="checkbox"/></p> <p>Ventilated improved pit toilet</p> <p>Own (VIP) latrine..... <input type="checkbox"/></p> <p>Shared (VIP) latrine..... <input type="checkbox"/></p> <p>Flush trench toilet..... <input type="checkbox"/></p> <p>Toilet without pit/working flush..... <input type="checkbox"/></p> <p>No facility/bush/field..... <input type="checkbox"/></p> <p>Flying toilet <input type="checkbox"/></p> <p>Other _____ (specify) <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>
2.3.	<p>What kind of toilet facility do your household members aged 2-4 years <u>usually</u> use?</p> <p>(IF LATRINE: PROBE FOR THE TYPE)</p> <p>[1=YES; 2=NO]</p>	<p>Flush Toilet</p> <p>Own flush toilet..... <input type="checkbox"/></p> <p>Shared flush toilet..... <input type="checkbox"/></p> <p>Pit toilet/latrine</p> <p>Own traditional pit toilet..... <input type="checkbox"/></p> <p>Shared traditional pit toilet..... <input type="checkbox"/></p> <p>Ventilated improved pit toilet</p> <p>Own (VIP) latrine..... <input type="checkbox"/></p> <p>Shared (VIP) latrine..... <input type="checkbox"/></p> <p>Flush trench toilet..... <input type="checkbox"/></p> <p>Toilet without pit/working flush..... <input type="checkbox"/></p> <p>No facility/bush/field..... <input type="checkbox"/></p> <p>Flying toilet <input type="checkbox"/></p> <p>Pottie <input type="checkbox"/></p> <p>Other _____ (specify) <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>

2.4.	Do you pay to use the toilet facility? [1=YES; 2=NO] If 2 SKIP to SECTION 3.0		
2.5	How frequently do you pay per use? [1=YES; 2=NO]	Per use Daily Weekly Monthly	
2.6	How much do you pay in Kenya Shillings?		
3.0. HYGIENE AND SANITATION			
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	
3.3	When do you use soap? (FILL IN ALL THAT APPLY) [1=MENTIONED; 2=NEVER MENTIONED]	Washing clothes Washing utensils 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 usually 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) _____	

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]								
		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	4.1.2 For how many days has (NAME) been ill/ was ill with diarrhoea?	4.1.3 What was done about the (ILLNESS)?				
				Given ORS	Taken to Health facility	Nothing was done	Other (specify)	
FULL NAME OF CHILD	FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOX	RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES	(FILL IN ALL THAT APPLY) [1=YES; 2=NO; 8=DON'T KNOW] FW: IF ANSWER IS 2 or 8, SKIP TO 4.2					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2 Do you know about ORS (Oral Rehydration Solution)? RECORD 1 =YES; 2 = NO FW: IF ANSWER IS 2, SKIP TO 5.0								
							<input type="checkbox"/>	

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 NOTE: Option 'E' refers to ready made ORS	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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.4	FW: Was the correct order to prepare ORS followed? FW: RECORD FOR 1 =YES; 2 = NO		<input type="checkbox"/>

5.0 WASTE DISPOSAL		
5.1.	What is the <u>main</u> method of garbage disposal used by your household? (FILL IN ONLY ONE RESPONSE) RECORD 1 =YES; 2 = NO IF RESPONSE IN J IS 1=YES, 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. Railway..... L. 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. Food waste B. Glass..... C. Paper..... D. Plastic..... E. Metal..... F. Wood..... G. Other (specify).....
5.3	What is done with the separated garbage? (1=Yes; 2=No)	A. Fed to animals B. Sold to vendor C. Stored for recycling/reuse D. Taken to dumping site E. Other
FW: THE NEXT SECTION IS ONLY APPLICABLE TO KOROGOCHO RESPONDENTS FROM KISUMU NDOGO VILLAGE FOR ALL OTHER VILLAGES SKIP TO 8.0. FOR VIWA SKIP TO 9.0		
6.0 SANITATION CENTER		
6.1	Are you aware of the APHRC/UN HABITAT sanitation center that was put up recently in Kisumu Ndogo? (1=Yes; 2=No) IF NO, SKIP TO 7.0	
6.2	How often do you use the sanitation center? (FILL IN ONLY ONE RESPONSE) RECORD 1 =YES; 2 = NO IF NEVER, SKIP TO 7.0	A. Never B. Very seldom/rare C. Once a week D. Twice a week E. More than twice a week F. Daily
6.3	Which facilities do you use? (FILL IN ALL THAT APPLY) [1=MENTIONED; 2=NEVER MENTIONED]	1 Washing bay 2 Toilet 3 Shower 4 Purchasing water
6.4	Do you get the following services at the sanitation center? FW: (READ OUT THE OPTIONS AND FILL IN ALL THAT APPLY) RECORD 1 =YES; 2 = NO	1 The facility is clean 2 The toilets are equipped with toilet paper 3 The facility is equipped with soap 4 The attendants are always on duty 5 The attendants are friendly 6 Availability of enough water

7.0 WASTE MANAGEMENT																
7.1	Are you aware of the APHRC/UN HABITAT waste management center? RECORD 1 =YES; 2 = NO IF NO, SKIP TO 7.3	<input type="checkbox"/>														
7.2	Are you aware of the location of the waste management center? FW: PROBE RESPONDENT RECORD 1 =YES; 2 = NO	<input type="checkbox"/>														
7.3	Have you been approached by members of KPEGD/NYODA community who are collecting garbage? RECORD 1 =YES; 2 = NO IF NO THEN SKIP TO 7.5	<input type="checkbox"/>														
7.4	What kind of garbage is provided for waste collection? (RECORD ANSWER IN THE BOX PROVIDED) AN ANSWER MUST BE PROVIDED FOR EACH OPTION (1=Yes; 2=No)	<table border="0"> <tr><td>1 Food.....</td><td><input type="checkbox"/></td></tr> <tr><td>2 Glass.....</td><td><input type="checkbox"/></td></tr> <tr><td>3 Paper.....</td><td><input type="checkbox"/></td></tr> <tr><td>4 Plastic.....</td><td><input type="checkbox"/></td></tr> <tr><td>5 Metal.....</td><td><input type="checkbox"/></td></tr> <tr><td>6 Wood.....</td><td><input type="checkbox"/></td></tr> <tr><td>7 Other (specify).....</td><td><input type="checkbox"/></td></tr> </table>	1 Food.....	<input type="checkbox"/>	2 Glass.....	<input type="checkbox"/>	3 Paper.....	<input type="checkbox"/>	4 Plastic.....	<input type="checkbox"/>	5 Metal.....	<input type="checkbox"/>	6 Wood.....	<input type="checkbox"/>	7 Other (specify).....	<input type="checkbox"/>
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4 Plastic.....	<input type="checkbox"/>															
5 Metal.....	<input type="checkbox"/>															
6 Wood.....	<input type="checkbox"/>															
7 Other (specify).....	<input type="checkbox"/>															
7.5	Do you think the waste management system is useful? (1=Yes; 2=No)	<input type="checkbox"/>														
8.0 COMMUNITY ACTIVITIES/ KOCH FM																
FW: ASK RESPONDENTS FROM KDN AND GROGAN VILLAGES																
8.1	Have you heard about the HPS program on Koch FM? (1=Yes; 2=No) IF NO THEN SKIP TO 8.6	<input type="checkbox"/>														
8.2	Have you or your children listened to any of the following HPS programs? (1=Yes; 2=No)	<table border="0"> <tr><td>1 Janjaruka show</td><td><input type="checkbox"/></td></tr> <tr><td>2 Watoto Amkeni show Intormative messages/</td><td><input type="checkbox"/></td></tr> <tr><td>3 advertisements</td><td><input type="checkbox"/></td></tr> <tr><td>4 Program on health promotion</td><td><input type="checkbox"/></td></tr> <tr><td>5 Program on environment</td><td><input type="checkbox"/></td></tr> <tr><td>6 Program on behaviour change</td><td><input type="checkbox"/></td></tr> </table>	1 Janjaruka show	<input type="checkbox"/>	2 Watoto Amkeni show Intormative messages/	<input type="checkbox"/>	3 advertisements	<input type="checkbox"/>	4 Program on health promotion	<input type="checkbox"/>	5 Program on environment	<input type="checkbox"/>	6 Program on behaviour change	<input type="checkbox"/>		
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6 Program on behaviour change	<input type="checkbox"/>															
8.3	Did you gain any knowledge from any of the health programs? (1=Yes; 2=No) IF NO THEN SKIP TO 8.6	<input type="checkbox"/>														
8.4	Did you change your behaviour on health following the programme? (1=Yes; 2=No) IF NO THEN SKIP TO 8.6	<input type="checkbox"/>														
8.5	What behaviour did you change? (specify)	<hr/>														
8.6	Did you participate in any of the community events organised by APHRC? FW: Explain that activities focused on health and sanitation (FILL IN ALL THAT APPLY) RECORD 1 =YES; 2 = NO	<table border="0"> <tr><td>1 APHRC Baraza</td><td><input type="checkbox"/></td></tr> <tr><td>2 APHRC Health camp</td><td><input type="checkbox"/></td></tr> <tr><td>3 Soap making</td><td><input type="checkbox"/></td></tr> <tr><td>4 Handwashing demonstrations</td><td><input type="checkbox"/></td></tr> <tr><td>5 Sports events</td><td><input type="checkbox"/></td></tr> <tr><td>6 Parental activities in school</td><td><input type="checkbox"/></td></tr> </table>	1 APHRC Baraza	<input type="checkbox"/>	2 APHRC Health camp	<input type="checkbox"/>	3 Soap making	<input type="checkbox"/>	4 Handwashing demonstrations	<input type="checkbox"/>	5 Sports events	<input type="checkbox"/>	6 Parental activities in school	<input type="checkbox"/>		
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9.0	END OF INTERVIEW	
9.1	RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)	<input type="text"/> <input type="text"/>
9.2	RESULT OF INTERVIEW (CODESHEET A ⁷) Other (specify) _____	<input type="text"/> <input type="text"/>
9.3	END TIME (24 HRS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.0	OFFICE/FIELD CHECK DETAILS	
10.1	TEAM LEADER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.2	FIELD SUPERVISOR'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.3	DSS COORDINATOR'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.4	DATA ENTRY CLERK'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.5	DATA ENTRY SUPERVISOR'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.6	COMMENTS	
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