APPENDIX F- INDIVIDUAL QUESTIONNAIRE- ENGLISH VERSION

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

HEALTH PROMOTING SCHOOLS PROJECT- ENDLINE EVALUATION

(TO BE FILLED FOR EACH ELIGIBLE HH MEMBER)- ALL MEMBERS OF HH AGED *5 YEARS AND ABOVE*

1.0 RESULT OF INTERVIEW (CODESHEET A7)　　Other (specify) _____	☐☐

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.　ID OF ROOM WHERE HOUSEHOLD HEADS SLEEPS	☐☐☐☐☐☐☐☐
1.6　HOUSEHOLD ID	☐☐☐☐☐☐☐☐☐☐☐☐

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 only be used 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 30 minutes of your time.

1.7 Do you accept to participate in the study?	**[1=YES; 2=NO; IF NO END 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

1.8.　What is your **full** name? _____	
1.9a.　Do you live in this household? (1=YES; 2=NO)　　**FW: IF YES SKIP TO 1.10**	☐
1.9b　Where do you live? **[RECORD LOCATION ID]**	☐☐☐☐☐☐☐☐☐
1.10.　FW: RECORD INDIVIDUAL ID IN HOUSEHOLD LISTING	☐☐☐☐☐☐☐☐
1.11.　What is your relationship to (NAME OF HOUSEHOLD HEAD)?　(CODESHEET A[1])	☐☐☐
Other (specify) _____	

2.0.　HEALTH, HYGIENE AND SANITATION

Next I will ask you some questions on health, hygiene and sanitation. These questions will help me to better understand the practices in the household and the community.

2.1	Have you ever heard about hygiene and sanitation? **(1=Yes; 2=No; 99=N/A; 999=NR) [IF NO THEN SKIP TO 2.5]**		☐
2.2	Where did you get the information information? **DO NOT PROBE (FILL IN ALL THAT APPLY) (1=Yes; 2=No; 99=N/A; 999=NR)**	**A** TV	☐
		B Radio	☐
		C Baraza	☐
		D Flier/Poster	☐
		E Classroom	☐
		F Newspaper	☐
		G Place of worship	☐
		H Health practitioner/CHW	☐
		I Friends	☐
		J Place of work	☐
		K Children	☐
		L Other (specify)_____	☐

2.3	Have you ever participated in a hygiene class where you learnt about the importance of hygienic behaviours and environmental sanitation? **(1=Yes; 2=No; 99=N/A; 999=NR)**		☐
2.4	What are some of the barriers in the community that prevent people from practicing hygiene? **(FILL IN ALL THAT APPLY)** **(1=Yes; 2=No; 99=N/A; 999=NR)**	**A** Inadequate water **B** Overcrowded toilets **C** Lack of proper waste disposal facility **D** Insecurity at night **E** Ignorance **F** Lack of money **G** Lack of soap **H** Other (specify) _____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2.5	How important do you you rate the following? (FILL IN RESPONSE IN BOX PROVIDED) **AN ANSWER MUST BE PROVIDED FOR EACH OPTION** **1=Very Important** **2=Important** **3=Not very important**	**A** Putting on clean clothes **B** Bathing daily **C** Short and clean nails **D** Clean hair **E** Clean beddings **F** Clean house	☐ ☐ ☐ ☐ ☐ ☐
2.6	Do you agree with the following statements? **(1=Yes; 2=No; 99=N/A; 999=NR)** **FW: READ OUT EACH STATEMENT**	**A** Hidden germs cause diarrhea **B** Diarrhea can kill **C** It is important to wash hands with soap **D** You can tell that your hands are free of germs by looking at them	☐ ☐ ☐ ☐
2.7	Do you think it is important to wash hands with soap when performing the following activities? **(1=Yes; 2=No; 99=N/A; 999=NR)** **FW: READ OUT EACH ACTIVITY**	**A** Before meals **B** After meals **C** After using the toilet **D** After cleaning the house **E** After changing the baby's napkin **F** Before handling food **G** Playing with pets **H** Treating wounds	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2.8	How often do you wash your hands with soap **(FILL IN RESPONSE)** **FW: READ OUT EACH ACTIVITY** **1=Always 2=Sometimes 3=Never**	**A** After using the toilet **B** Before eating **C** After contact with sticky, oily, dirty or smelly material **D** After manual labour (e.g. construction) **E** After eating **F** After cleaning **G** Before and after nursing a physical injury **H** Before saying prayers **I** Before preparing food	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2.9	**Please, may you give me a demonstration on handwashing using water** **FW: If unwilling to demonstrate, ask them to describe the process giving the durations** **(FILL IN ALL THAT APPLY)** **(1=Yes; 2=No; 99=N/A; 999=NR)**	**A** No water, no demonstration **B** No water but demonstration **C** Hands washed without soap **D** Hands rubbed to make lather on all surfaces **E** Hands rubbed for 0-5 seconds **F** Hands rubbed for 5-10 seconds **G** Hands rubbed for 10-15 seconds **H** Hands rinsed under running water	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2.10	Are you voluntarily involved in activities that promote hygiene? **IF 2, SKIP TO 3.0** **(1=Yes; 2=No; 99=N/A; 999=NR)**		☐

2.11	**FW: Ask the respondent to specify and only circle the activity mentioned** **DO NOT PROBE** **(1=Yes; 2=No; 99=N/A; 999=NR)** **(FILL IN ALL THAT APPLY)**	**A** Clean up **B** Youth groups **C** Church/mosque **D** School **E** Workplace **F** Community **G** Women group **H** Other (specify) _____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3.0 END OF INTERVIEW

3.1	RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)	☐
3.2	END TIME (24 HRS)	☐☐☐☐

4.0 OFFICE/FIELD CHECK DETAILS

4.1	TEAM LEADER'S CODE	☐☐☐☐
4.2	FIELD SUPERVISOR'S CODE	☐☐☐☐
4.3	DSS COORDINATOR'S CODE	☐☐☐☐
4.4	DATA ENTRY CLERK'S CODE	☐☐☐☐
4.5	DATA ENTRY SUPERVISOR'S CODE	☐☐☐☐

4.6 **COMMENTS**

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