## PMA Burkina Faso Phase 1 Household Questionnaire

| oola. Your ID: \$\{your_name\} Is this your ID? | $\begin{aligned} & \text { OYes } \\ & \text { ONo } \end{aligned}$ |
| :---: | :---: |
| O01b. Enter your ID below. Please record your ID |  |
| 002a. Current date and time. | Day: Month: Year: |
| Is this date and time correct? | OYes Ono |
| 002b. Record the correct date and time. | Day Month: Year: |
| 003a. Region | BOUCLE DU MOUHOUN cascades CENTRE CENTRE EST CENTRE NORD CENTRE OUEST CENTRE SUD EST HAUTS BASSINS NORD plateau central SAHEL SUD OUEST |
| 003b. Province |  |
| 003c. Commune, village |  |
| 004. Enumeration area |  |
| 005. Structure number <br> Please record the structure number from the household listing form. |  |
| 006. Household number <br> Please record the household number from the household listing form. |  | of PUblic health


| 007. CHECK: Have you already sent a form for this structure and household? |  |
| :---: | :---: |
| DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM. | No |
| WARNING: Contact your supervisor before sending this form again. |  |
| 008. CHECK: Why are you resending this form? <br> Choose all that apply. | There are new household members on this form I am correcting a mistake made on a previous form The previous form disappeared from my phone without being sent I submitted the previous form and my supervisor told me that it was not received Other reason(s) |
| WARNING: Each household should have ONLY ONE household roster with all household members listed on the same form. <br> Please contact your supervisor before sending this form. |  |
| 009a. Is a member of the household and competent respondent present and available to be interviewed today? | OYes <br> ONo |
| INFORMED CONSENT <br> Find the competent female respondent. Administer the consent procedures. |  |
| Hello. My name is $\qquad$ and I am working for the Institut Supérieur des Sciences de la Population (ISSP). We are conducting a local survey about various health issues in Burkina Faso. Your household has been selected for this survey. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. <br> Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. <br> I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years. <br> At this time, do you want to ask me anything about the survey? |  |

O10a. Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text. Then, ask: May I begin the interview now?

Yes
ONo

| OlOb. Respondent's signature |  |
| :--- | :--- |
| Please ask the respondent to sign or check the box in |  |
| agreement of their participation. |  |

WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.
You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

O10c. Interviewer's ID: \$\{your_name\}
Mark your ID as a witness to the consent process.
O10c. Interviewer's ID
Please record your ID as a witness to the consent process. You previously entered "\$\{name_typed\}."

## Section 1 - Household Roster

I am now going to ask a series of questions about each usual member of the household or anyone who slept in the house last night.

| Household member |  |
| :--- | :--- |
| 101. Name of household member / visitor |  |
| Start with the head of the household. |  |


| 103. Is \$\{firstname\} male or female? | OMale <br> OFemale |
| :--- | :--- |
| 104. How old was \$\{firstname\} at their last birthday? <br> If less than one year old, record 0 |  |
|  |  |

ERROR: Members on household roster must usually live here or must have stayed here last night.
Go back and remove this household member.

LCL_101. What is the religion of \$\{firstname\}?
Ouslim
Catholic
Protestant
Traditional
Other
No religion
No response
BOBO
DIOULA
FULFULDE/ PEULH
GOURMANTCHE
GOUROUNSI
LOBI
MOSSI
SENOUFO
TOUAREG/ BELLA
DAGARA
BISSA
West African
Other African
Other nationality
of PUBLIC HEALTH

|  | O Other <br> No response |
| :--- | :--- |
| This person IS NOT eligible for the female |  |
| respondent questionnaire. |  |
| This person IS eligible for the female respondent |  |
| questionnaire. |  |
| 108. Are there any other usual members of your |  |
| household or persons who slept in the house last |  |
| night? |  |$\quad$| O Yes |
| :--- |
| No |

## Section 2 - Household Characteristics

Now I would like to ask you a few questions about the characteristics of your household.

| 201. Please tell me about items that your household owns. Does your household have: <br> Read out all types and select all that apply. Scroll to bottom to see all choices. <br> If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise, do not select the item. | Electricity? A radio? A television? A mobile phone? A landline telephone? A refrigerator? A TV Antenna? A cabel subscription? A washing machine? A gas or electric stove? An improved stove? A DVD/CD? An air conditioner? A computer? Home internet? A wall clock? Charruees? A bicycle? A motorcycle or motor scooter? Animal-drawn cart? A canoe or fishing nets? A car or truck? A boat with a motor? None of the above No response |
| :---: | :---: |
| Check here to acknowledge you considered all options. | $\bigcirc$ |
| 202a. Does this household own any livestock, herds, other farm animals, or poultry? <br> These livestock can be kept anywhere, not necessarily on the homestead. | Yes No No response |
| 202b. How many of the following animals does this household own? <br> The household can keep the livestock anywhere, but must own the livestock recorded here. |  |

$\downarrow$ JOHNS HOPKINS BLOOMBERG SCHOOL

| Zero is a possible answer. Enter -88 for do not know. Enter -99 <br> for no response. |  |
| :--- | :--- |
| Pigs |  |
| Cows or bulls |  |
| Horses, donkeys or mules |  |
| Goats |  |
| Sheep |  |
| Chickens |  |
| Other |  |

## Section 3 - Household Observation

Please observe the floors, roof and exterior walls.

| 301. Main material of the floor Observe. | Earth / sand Cow dung Wooden boards Palm / bamboo Parquet or polished wood Tapes vinyl / asphalt Tiles Cement Carpet Other No answer |
| :---: | :---: |
| 302. Main material of the roof Observe. | No roof Thatch / palm Earth mottes Mats Palm / bamboo Wooden boards Cardboard Sheet metal Wood Zinc / fiber cement Tile Cement Shingles Other No answer |
| 303. Main material of the exterior walls Observe. | No wall Bamboo / cane / palm / trunk Earth |

( JOHNS HOPKINS $\left\lvert\, \begin{aligned} & \text { Bill \& melinda Gates Institute for } \\ & \text { Population and Reproductive Health }\end{aligned}\right.$
bloomberg school of PUBLIC HEALTH

Bamboo with mudStones with mudAdobe not coveredPlywoodCardboardRecovered woodCementStones with lime / cementBricksCement blocksCovered adobeWood board / shinglesOther
$\bigcirc$
No answer

## Section 4 - Water Sanitation and Hygiene

Now I would like to ask you a few questions about water, sanitation and hygiene.

| 403. What is the main source of drinking water for members of your household? | Piped Water: Piped into dwelling/indoor Piped Water: Pipe to yard/plot Piped Water: Public tap/standpipe Tube well or borehole Dug Well: Protected Well Dug Well: Unprotected Well Water from Spring: Protected Spring Water from Spring: Unprotected Spring Rainwater Tanker Truck Cart with Small Tank Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) Bottled Water Sachet Water No response |
| :---: | :---: |
| 410. What is the main toilet facility used by members of your household? | Flush/pour flush toilets connected to: Piped sewer system Flush/pour flush toilets connected to: Septic tank Flush/pour flush toilets connected to: Pit Latrine Flush/pour flush toilets connected to: Elsewhere Flush/pour flush toilets connected |

- JOHNS HOPKINS
bloomberg school of PUBLIC HEALTH
to: Unknown / Not sure / Do not know
O Ventilated improved pit latrinePit latrine with slabPit latrine without slab / open pitComposting toiletBucketHanging toilet /Hanging latrineOtherNo facility / bush / fieldNo response

Thank the respondent for his/her time.
The respondent is finished, but there is still more for you to complete outside the home.

## Location and Questionnaire result

| 096. Location <br> Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m . |  |
| :---: | :---: |
| 097. How many times have you visited this household? | 1st time 2nd time 3rd time |
| 098. In what language was this interview conducted? | English French Moore Goumantchema Fulfulde Dioula Autre |
| 099. Questionnaire Result Record the result of the questionnaire. | Completed No household member at home or no competent respondent at home at time of visit Postponed Refused Partly completed Dwelling vacant or address not a dwelling Dwelling destroyed Dwelling not found Entire household absent for extended period |

