

PMA Burkina Faso Phase 2 Survey Household Questionnaire

hidden field as jr:choice-name does not work in repeat group	<input type="radio"/> Head <input type="radio"/> Wife/Husband <input type="radio"/> Son/Daughter <input type="radio"/> Son/Daughter-in-law <input type="radio"/> Grandchild <input type="radio"/> Parent <input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> House help <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
hidden field as jr:choice-name does not work in repeat group	<input type="radio"/> Married <input type="radio"/> Living with a partner <input type="radio"/> Divorced / separated <input type="radio"/> Widow / widower <input type="radio"/> Never married <input type="radio"/> No response
hidden field as jr:choice-name does not work in repeat group	<input type="radio"/> Male <input type="radio"/> Female
001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> centre est <input type="radio"/> centre

	<input type="radio"/> hauts bassins <input type="radio"/> cascades <input type="radio"/> sahel <input type="radio"/> centre sud <input type="radio"/> nord <input type="radio"/> boucle du mouhoun <input type="radio"/> plateau central <input type="radio"/> centre nord <input type="radio"/> est <input type="radio"/> centre ouest <input type="radio"/> sud ouest
003b. Province	<i>ODK populates a list of appropriate province based on the selected region.</i>
003c. Commune	<i>ODK populates a list of appropriate commune based on the selected province.</i>
003d village	<i>ODK populates a list of appropriate village based on the selected province.</i>
004. Enumeration area	<i>ODK populates a list of appropriate EAs based on the selected commune/village.</i>
004a. Phase 1 Household list	
005. Structure number Please record the structure number from the household listing form. <i>Please record the structure number from the household listing form.</i>	
006. Household number <i>Please record the household number from the household listing form.</i>	
007a. Are you at the same dwelling unit location from Phase 1?	<input type="radio"/> Yes <input type="radio"/> No
007b. Do people live in this dwelling unit?	<input type="radio"/> Yes <input type="radio"/> No
007c. Is at least one of the original P1 members still living in the dwelling unit?	<input type="radio"/> Yes <input type="radio"/> No
007d. Why are people not living in this dwelling unit? GO TO 099, ENTER THE RESULT CODE AND SUBMIT THE FORM	<input type="radio"/> P1 dwelling unit vacant or address not a dwelling unit <input type="radio"/> P1 dwelling unit destroyed <input type="radio"/> P1 dwelling unit not found
007e. What is the status of the original P1 household? Confirm with the neighbors to know the status	<input type="radio"/> Household moved out of the study area <input type="radio"/> Household moved within the study area <input type="radio"/> Household split with some members in the study area and some out of the study area <input type="radio"/> No information

<p>008. Which woman from Phase 1 are you following up? <i>If you do not see any women in this list, double-check your answers to 004a and 007a</i></p>	<input type="checkbox"/> FQ_ODK_display_name
<p>009. CHECK: Have you already sent a form for this structure and household? <i>DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
<p>WARNING: Contact your supervisor before sending this form again.</p>	
<p>010. CHECK: Why are you resending this form? <i>Choose all that apply.</i></p>	<input type="checkbox"/> There are new household members on this form <input type="checkbox"/> I am correcting a mistake made on a previous form <input type="checkbox"/> The previous form disappeared from my phone without being sent <input type="checkbox"/> I submitted the previous form and my supervisor told me that it was not received <input type="checkbox"/> Other reason(s)
<p>WARNING: Each household should have ONLY ONE household roster with all household members listed on the same form. <i>Please contact your supervisor before sending this form.</i></p>	
<p>011. Is a member of the household and competent respondent present and available to be interviewed today?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>INFORMED CONSENT <i>Find a competent member of the household. Read the greeting on the following screen.</i></p>	
<p>Bonjour. Je m'appelle _____ et je travaille pour l'Institut Supérieur des Sciences de la Population (ISSP) de l'Université Joseph KI-ZERBO. Je vais à présent vous lire une déclaration expliquant l'enquête que nous menons.</p> <p>Note d'information</p> <p>L'Institut Supérieur des Sciences de la Population (ISSP) de l'Université Joseph KI-ZERBO en collaboration avec le ministère de la santé du Burkina Faso et l'école de santé publique et de la santé reproductive de l'université Johns Hopkins aux Etats-Unis mène une étude dénommée PMA (Performance Monitoring for Action). Cette étude a pour objectifs de mettre en œuvre un système de suivi des performances accomplies dans le domaine de la planification familiale et de la santé en général au sein de la population et des structures de santé au Burkina Faso. Les informations que nous recueillerons serviront aussi pour mener des recherches et informer les orientations programmatiques en matière de planification familiale au Burkina Faso.</p> <p>Consentement</p> <p>Votre ménage a été sélectionné pour cette enquête. Votre participation dans cette étude nous aiderait beaucoup. Les informations que nous collecterons aideront à informer le gouvernement afin de mieux planifier les services de santé. Toutes les informations que vous nous donnerez resteront strictement</p>	

<p>confidentielles et ne seront montrées à personne d'autre que les membres de notre équipe.</p> <p>La participation à cette enquête est volontaire mais nous espérons que vous accepterez d'y participer car votre point de vue est très important. Si vous ne souhaitez pas répondre à une question en particulier, faites-le moi savoir et je passerai à la question suivante. Vous pouvez également interrompre l'entretien à tout moment. Nous aimerions ensuite poser une série de questions aux femmes du ménage âgées entre 15 et 49 ans. La participation à l'étude ne présente aucun avantage direct pour vous. Vous ne serez pas rémunérée pour avoir répondu à ce questionnaire. L'enquête prendra environ 1 heure. A la fin de l'enquête un cadeau symbolique constitué d'un paquet de sucre et de deux boules de savon sera remis à votre ménage comme compensation pour le temps que les membres de votre ménage ont consacré pour répondre à nos différents questionnaires.</p> <p>Avant de continuer, avez-vous des questions sur cette enquête ? Si vous avez des questions plus tard sur la recherche, contactez Dr Georges GUIELLA au +226 25 30 25 58</p> <p>Vos droits en tant que participant Cette recherche a été examinée et approuvée par le CERS (Comité d'Ethique pour la Recherche en Santé). Si vous avez des questions concernant la façon dont vous avez été traité ou cours de cette étude ou sur vos droits en tant que participante, vous pouvez contacter : Pr OUEDRAOGO Dieu-Donné au 70324406:</p> <p>..... Puis-je commencer ?</p>	
<p>010a. Read the verbal consent text. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>010b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p> <p>Checkbox</p>	<p><input type="checkbox"/></p>
<p>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. <i>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.</i></p>	
<p>011. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i></p>	<p><input type="checkbox"/></p>
<p>011. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>Household Roster Updating</p>	

ODK will display the summary of all household members listed in Phase 1. You will then update their information to indicate any changes including births and deaths

PL101. This household had \${hq_total_mem} members in Phase 1 named: \${p1names}
Move forward and select "Add Group"

Section 1 – Household Roster
Move forward and select "Add Group"

Household member

PL102. P1 Household Member
Below are the Phase 1 details for member \${P_pos}:
First name: \${hq_firstname_auto} Relationship to HH head:
\${hq_relationship_lab} Gender: \${hq_gender_lab} Age:
\${hq_age_auto} Marital Status: \${hq_marital_status_lab}

Is this person the respondent?
If yes, check this box.

PL103. What is the status of this member in the household?

- Resident
- Moved elsewhere in the study area
- Moved out of the study area
- Moved out of the study area to attend school
- Deceased
- Unknown

PL104. Household Member

First name: \${hq_firstname_auto} Relationship to HH head:
\${hq_relationship_lab} Gender: \${hq_gender_lab} Age:
\${hq_age_auto} Marital Status: \${hq_marital_status_lab}

Do you wish to update any of this information?

- Yes
- No

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.

101. Name of household member / visitor
Start with the head of the household.

101a. Is this person the respondent?
If yes, check this box.

102. What is \${firstname}'s relationship to the head of household?

- Head
- Wife/Husband
- Son/Daughter
- Son/Daughter-in-law

	<input type="radio"/> Grandchild <input type="radio"/> Parent <input type="radio"/> Parent in law <input type="radio"/> Brother/Sister <input type="radio"/> House help <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
103. Is \${firstname} male or female?	<input type="radio"/> Male <input type="radio"/> Female
104. How old was \${firstname} at their last birthday? <i>If less than one year old, record 0</i>	
105. What is \${firstname}'s current marital status? <i>If not married, probe to determine if they have ever been married and, if so, if they are divorced/separated, or widowed.</i>	<input type="radio"/> Married <input type="radio"/> Living with a partner <input type="radio"/> Divorced / separated <input type="radio"/> Widow / widower <input type="radio"/> Never married <input type="radio"/> No response
106. Does \${firstname} usually live here?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
107. Did \${firstname} stay here last night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>ERROR: Members on household roster must usually live here or must have stayed here last night.</p> <p>Go back and remove this household member or change the response to PL_102.</p>	
LCL_101. What is the religion of \${firstname}? <i>Only recorded for the head of the household.</i>	<input type="radio"/> Muslim <input type="radio"/> Catholic <input type="radio"/> Protestant <input type="radio"/> Traditional <input type="radio"/> Other <input type="radio"/> No religion <input type="radio"/> No response
LCL_102. What is the ethnicity of \${firstname}? <i>Only recorded for the head of the household.</i>	<input type="radio"/> BOBO <input type="radio"/> DIOULA <input type="radio"/> FULFULDE/ PEULH <input type="radio"/> GOURMANTCHE <input type="radio"/> GOUROUNSI <input type="radio"/> LOBI <input type="radio"/> MOSSI

	<input type="radio"/> SENOUFO <input type="radio"/> TOUAREG/ BELLA <input type="radio"/> DAGARA <input type="radio"/> BISSA <input type="radio"/> West African <input type="radio"/> Other African <input type="radio"/> Other nationality <input type="radio"/> Other <input type="radio"/> No response
This person IS NOT eligible for the female respondent questionnaire.	
This person IS eligible for the female respondent questionnaire.	
Are there any other usual members of your household or persons who slept in the house last night that I have not listed here?	<input type="radio"/> Yes <input type="radio"/> No
There are other members of the household. Move forward and select "Add Group"	
There are no other members of the household. Move forward and select "Do Not Add"	
ERROR: There is no household member. Please update the household roster	
ERROR: There is no household head. Go back, select a head. For each member, check that the relationship to the household head is accurate.	
ERROR: There are \${heads} household heads selected: \${head_name_joined} Go back, select only one head. For each member, check that the relationship to the household head is accurate.	
101a. NO RESPONDENT ERROR. The checkbox for 101a (Is this person the respondent?) was never selected for any of the household members. You entered the following household members: \${names}. <i>If the respondent was entered in the roster but never selected as the respondent in 101a: Please go back and select the checkbox in 101a for the correct respondent.</i> <i>If the respondent is a household member but left out of the list of household members: Add the respondent to the list.</i> <i>If the respondent is not a household member: Stop the interview. Find a household member and interview that person. Be sure to ask for consent.</i>	
101a. TOO MANY RESPONDENTS ERROR. The checkbox for 101a (Is this person the respondent?) was selected more than once. Please go back and make sure that it is only selected once.	

<p>109. READ THIS CHECK OUT LOUD: There are \${num_HH_members} household members who are named \${names}. Is this a complete list of the household members? <i>Remember to include all children in the household.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
---	---

Section 2 – Household Characteristics

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

<p>201. Is this structure/house newly built in the last 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
--	---

<p>202. Please tell me about items that your household owns. Does your household have: <i>Read out all types and select all that apply. Scroll to bottom to see all choices. If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise, do not select the item.</i></p>	<p><input type="checkbox"/> Electricity? <input type="checkbox"/> A radio? <input type="checkbox"/> A television? <input type="checkbox"/> A mobile phone? <input type="checkbox"/> A landline telephone? <input type="checkbox"/> A refrigerator? <input type="checkbox"/> A TV Antenna? <input type="checkbox"/> A cabel subscription? <input type="checkbox"/> A washing machine? <input type="checkbox"/> A gas or electric stove? <input type="checkbox"/> An improved stove? <input type="checkbox"/> A DVD/CD? <input type="checkbox"/> An air conditioner? <input type="checkbox"/> A computer? <input type="checkbox"/> Home internet? <input type="checkbox"/> A wall clock? <input type="checkbox"/> Charruees ? <input type="checkbox"/> A bicycle? <input type="checkbox"/> A motorcycle or motor scooter? <input type="checkbox"/> Animal-drawn cart? <input type="checkbox"/> A canoe or fishing nets? <input type="checkbox"/> A car or truck? <input type="checkbox"/> A boat with a motor? <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
--	--

<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>
--	------------------------------

<p>203. Does this household own any livestock, herds, other farm animals, or poultry? <i>These livestock can be kept anywhere, not necessarily on the homestead.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
--	---

<p>204. How many of the following animals does this household own? <i>The household can keep the livestock anywhere, but must own the livestock recorded here.</i></p>	
--	--

Zero is a possible answer. Enter -88 for do not know. Enter -99 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.

<p>301. Main material of the floor <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Earth / sand <input type="radio"/> Cow dung <input type="radio"/> Wooden boards <input type="radio"/> Palm / bamboo <input type="radio"/> Parquet or polished wood <input type="radio"/> Tapes vinyl / asphalt <input type="radio"/> Tiles <input type="radio"/> Cement <input type="radio"/> Carpet <input type="radio"/> Other <input type="radio"/> No answer
<p>302. Main material of the roof <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No roof <input type="radio"/> Thatch / palm <input type="radio"/> Earth mottes <input type="radio"/> Mats <input type="radio"/> Palm / bamboo <input type="radio"/> Wooden boards <input type="radio"/> Cardboard <input type="radio"/> Sheet metal <input type="radio"/> Wood <input type="radio"/> Zinc / fiber cement <input type="radio"/> Tile <input type="radio"/> Cement <input type="radio"/> Shingles <input type="radio"/> Other <input type="radio"/> No answer
<p>303. Main material of the exterior walls <i>Observe.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No wall <input type="radio"/> Bamboo / cane / palm / trunk <input type="radio"/> Earth

	<input type="radio"/> Bamboo with mud <input type="radio"/> Stones with mud <input type="radio"/> Adobe not covered <input type="radio"/> Plywood <input type="radio"/> Cardboard <input type="radio"/> Recovered wood <input type="radio"/> Cement <input type="radio"/> Stones with lime / cement <input type="radio"/> Bricks <input type="radio"/> Cement blocks <input type="radio"/> Covered adobe <input type="radio"/> Wood board / shingles <input type="radio"/> Other <input type="radio"/> No answer
--	---

Section 4 – Water Sanitation and Hygiene

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

<p>401. We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?</p>	<input type="radio"/> Fixed facility observed (sink/tap) in dwelling <input type="radio"/> Fixed facility observed (sink/tap) in yard/plot <input type="radio"/> Mobile object (bucket/jug/kettle) observed.. <input type="radio"/> Not observed, facility in dwelling/yard/plot but no permission to see <input type="radio"/> Not observed, not in dwelling/yard/plot <input type="radio"/> Not observed, other reason <input type="radio"/> No Response
--	--

<p>402. At the place where the household washes their hands, observe availability of water</p>	<input type="radio"/> Water is available <input type="radio"/> Water is not available <input type="radio"/> No Response
--	---

<p>403. At the place where the household washes their hands, observe availability of soap or detergent:</p>	<input type="radio"/> Soap is available <input type="radio"/> Soap is not available <input type="radio"/> No Response
---	---

<p>404. What is the main source of drinking water for members of your household?</p>	<input type="radio"/> Piped Water: Piped into dwelling/indoor <input type="radio"/> Piped Water: Pipe to yard/plot <input type="radio"/> Piped Water: Public tap/standpipe <input type="radio"/> Tube well or borehole <input type="radio"/> Dug Well: Protected Well <input type="radio"/> Dug Well: Unprotected Well <input type="radio"/> Water from Spring: Protected Spring <input type="radio"/> Water from Spring: Unprotected Spring <input type="radio"/> Rainwater <input type="radio"/> Tanker Truck
--	--

	<input type="radio"/> Cart with Small Tank <input type="radio"/> Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) <input type="radio"/> Bottled Water <input type="radio"/> Sachet Water <input type="radio"/> No response
<p>405. What is the main toilet facility used by members of your household?</p>	<input type="radio"/> Flush/pour flush toilets connected to: Piped sewer system <input type="radio"/> Flush/pour flush toilets connected to: Septic tank <input type="radio"/> Flush/pour flush toilets connected to: Pit Latrine <input type="radio"/> Flush/pour flush toilets connected to: Elsewhere <input type="radio"/> Flush/pour flush toilets connected to: Unknown / Not sure / Do not know <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab / open pit <input type="radio"/> Composting toilet <input type="radio"/> Bucket <input type="radio"/> Hanging toilet /Hanging latrine <input type="radio"/> Other <input type="radio"/> No facility / bush / field <input type="radio"/> No response
<p>501. Thank you for the time you have kindly granted us. Are you willing to provide a phone number for this household where we may reach you in the future to follow up for future research?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>502. What is the phone number? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i></p>	
<p>503. Can you repeat the number again? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i></p>	
<p>504. What is the name of the person who normally answers this phone?</p>	
<p>Thank the respondent for his/her time. <i>The respondent is finished, but there is still more for you to complete outside the home.</i></p>	
<p>Location and Questionnaire result</p>	
<p>096. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	

<p>097. How many times have you visited this household?</p>	<p><input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time</p>
<p>098. In what language was this interview conducted?</p>	<p><input type="radio"/> English <input type="radio"/> French <input type="radio"/> Moore <input type="radio"/> Goumantchema <input type="radio"/> Fulfulde <input type="radio"/> Dioula <input type="radio"/> Autre</p>
<p>099. Questionnaire Result <i>Record the result of the questionnaire.</i></p>	<p><input type="radio"/> Completed <input type="radio"/> No household member at home or no competent respondent at home at time of visit <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Dwelling vacant or address not a dwelling <input type="radio"/> Dwelling destroyed <input type="radio"/> Dwelling not found <input type="radio"/> Entire household absent for extended period</p>