

Appendix E. Questionnaires

SOUTH SUDAN HOUSEHOLD HEALTH SECOND SURVEY 2010 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
State Cluster No. HH1. Codes: [] [] [] []	HH2. HOUSEHOLD NUMBER: [] []	
HH3.: Interviewer number: [] [] Interviewer Name: _____	HH4 Supervisor number: [] [] Supervisor Name: _____	
HH5. Day/Month/Year of interview	Day Month Year [] [] [] [] [] [] [] []	
HH6. AREA: Urban.....1 Rural.....2	HH7. LOCATION County/Mahaliya [] [] Payam/ Administrative Unit (AU).. [] [] Boma/ Popular AU..... [] [] [] Enumeration Area [] [] [] Town/Village name _____	
<p>We are from the Sudan Household Health Survey 2nd round which is concerned with family health and socioeconomic indicators. I would like to talk to you about these subjects. The interview will take about (45 minutes). All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.</p> <p>May I start now?</p> <p><input type="checkbox"/> YES, PERMISSION IS GIVEN ⇒ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.</p> <p style="text-align: right;"><input type="checkbox"/> NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE HH9.</p> <p style="text-align: center;"><i>DISCUSS THIS RESULT WITH YOUR SUPERVISOR.</i></p>		
HH8. Name of head of household: _____ HH Tel. Number (optional).....		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: <i>Circle the appropriate code</i> <u>First visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6	HH9a. Result of HH interview: <i>Circle the appropriate code</i> <u>Second visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6	HH9b. Result of HH interview: <i>Circle the appropriate code</i> <u>Third visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6
HH10. Respondent to HH questionnaire: Household Line No. (from HL1): [] [] Name: _____	HH11. Total # of household members: [] []	
HH12. # of women age 15-49 years: [] []	HH13. # of women questionnaires completed: [] []	
HH13a. # of men age 15-49 years: [] []	HH13b. # of men questionnaires completed: [] []	
HH14. # of children under age 5: [] []	HH15. # of child questionnaires completed: [] []	
HH16. Field Editor name and number: Name _____ [] []	HH17. Data entry clerk name and number: Name _____ [] []	

WATER AND SANITATION MODULE		WS
<p>WS1. What is the main source of drinking water for members of your household?</p> <p><i>if more than one source; record the main source that is mainly used</i></p>	<p>Piped water (network): Piped into dwelling 11 Piped into yard or plot 12</p> <p>Public tap/standpipe 14</p> <p>Water yard/hand pump 21</p> <p>Dug well: Protected/covered well 31 Unprotected well 32</p> <p>Spring: Protected spring 41 Unprotected spring 42</p> <p>Surface water: Filtered (river, stream, dam, hafir, lake, pond, canal or rain water) 51 Unfiltered (river, stream, dam, hafir, lake, pond, canal or rain water).....52</p> <p>Transported water by tankers/carts: From the water sources with the following codes (11,12,14, 21, 31, 41, 51)61 61 From the water sources with the following codes (32, 42, 52)..... 62</p> <p>Bottled water 91</p> <p>Other(specify) 96</p>	<p>11⇒WS6 12⇒WS6</p> <p>⇒WS4</p> <p>61⇒WS6 62⇒WS6 91 ⇒WS2 96 ⇒WS4</p>
	<p>WS2. What is the main source of water used by your household for COOKING and other purposes such as hand washing?</p> <p><i>if more than one source; record the main source that is mainly used</i></p>	<p>Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12</p> <p>Public tap / standpipe 14</p> <p>Tube Well, Borehole..... 21</p> <p>Dug well Protected well..... 31 Unprotected well..... 32</p> <p>Water from spring Protected spring 41 Unprotected spring 42</p> <p>Surface water: Filtered rainwater, hafir, dam, river water.....51</p>

	Unfiltered rainwater, hafir, dam, river, stream, lake, pond, channel water52 Transported water by tankers/carts: From the water sources with the following codes (11,12,14, 21, 31, 41, 51).....61 From the water sources with the following codes (32, 42, 52)..... 62 Other (<i>specify</i>) _____ 96	61⇒WS6 62⇒WS6
WS4. By foot, how long does it take to go there, get water, and come back?	Number of minutes <input type="text"/> <input type="text"/> <input type="text"/> DK 998	
WS4A. WHAT IS THE DISTANCE TO THE WATER SOURCE FROM YOUR RESIDENCE?	Distance to water source: Less than or equal 1 km.....1 More than 1 km.....2 DK 8	
WS5. Who usually goes to this source to collect the water for your household? Probe: Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. Do you treat your water in any way to make it safer to drink?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. What do you usually do to the water to make it safer to drink? Probe: Anything else? Record all items mentioned.	Boil A Add bleach / chlorine..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle F Other (<i>specify</i>) _____ X DK Z	
WS8. What kind of facility do members of your household usually use to ease themselves / dispose of human waste? If "flush" or "pour flush", probe: Where does it flush to? If necessary, ask permission to observe the facility.	Flush / pour flush Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else 14 Flush to unknown place/not sure/DK.... 15 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / open pit 23 Composite toilet 31 Bucket..... 41	

Household Questionnaire 2

	Hanging toilet/hanging latrine 51 No facilities or bush or field..... 95 Other (<i>specify</i>) 96	95⇒WS11A
WS9. Do you share this facility with others who are not members of your household?	Yes 1 No 2	2⇒ WS11A
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒ WS11A
WS11. How many households in total use this facility?	No. of households (if less than 10)...0 <input type="text"/> <input type="text"/> Ten or more households 10 DK 98	
WS11A WHAT do you do to get rid of household garbage?	Through garbage collection trucks.....1 Throwing outside the whole residential area.2 Throwing outside the house.....3 Burning.....4 Dumping.....5 Other (specify).....96	

State Name:

Segment Number:

Household Number:

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC02. How many rooms/verandas/ tukuls belong to this household?	No. of rooms/ tukuls Belong to this household..... <input type="text"/> <input type="text"/>	
HC2. How many rooms/verandas/ tukuls are used for sleeping?	Used for sleeping..... <input type="text"/> <input type="text"/>	
HC2a. What type of dwelling does this Household live in? Record observation.	Tent 01 Dwelling of straw mats.....02 Tukul/gottiya – mud.....03 Tukul/gottiya – sticks.....04 Flat or apartment.....05 Villa06 House of one floor – mud.....07 House of one floor – brick.....08 House of one floor – concrete.....09 House constructed of wood..... 10 Multi-storey house.....11 Incomplete.....12 Other (<i>specify</i>).....96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity 01 Gas 03 Biogas..... 04 Kerosene 05 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue..... 11 No food cooked in household95 Other (<i>specify</i>)..... 96	01⇒HC8 95⇒HC8
HC7. Is the cooking usually done in the house, in a separate room/tukul, or outdoors? <i>IF 'IN THE HOUSE', PROBE: is it done in a separate room used as a kitchen?</i>	In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors..... 4 Other (<i>specify</i>) 6	
HC8. DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING: (READ ALOUD, AND CIRCLE EITHER "1" FOR YES OR "2" FOR NO FOR EACH ITEM?) [A] Electricity? [B] A radio? [C] A television? [D] A non-mobile telephone? [E] A refrigerator? [F] A Computer? [G] Internet? [H] A Digital Receiver?	Yes No HC8A. Electricity 1 2 HC8B. Radio 1 2 HC8C. Television 1 2 HC8D. Non-mobile telephone 1 2 HC8E. Refrigerator..... 1 2 HC8F. A Computer.....1 2 HC8G. Internet.....1 2 HC8H. Digital Receiver.....1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:READ ALOUD, AND CIRCLE EITHER "1" FOR YES OR "2" FOR NO FOR EACH ITEM.	YesNo HC9A. Watch 1 2	

[A] A watch? [B] A mobile telephone? [C] A bicycle? [D] A motorcycle or scooter? [E] An animal-drawn cart? [F] A car or truck? [G] A boat with a motor?	HC9B. Mobile telephone..... 1 2 HC9C. Bicycle..... 1 2 HC9D. Motorcycle / Scooter 1 2 HC9E. Animal drawn-cart..... 1 2 HC9F. Car / Truck..... 1 2 HC9G. Boat with motor..... 1 2																																				
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>IF "NO", THEN ASK: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? IF "RENTED FROM SOMEONE ELSE", CIRCLE "2". FOR OTHER RESPONSES, CIRCLE "3".</i>	Own 1 Rent..... 2 Other; specify (Not owned or rented) 3																																				
HC11. Does any member of this household own land for farming, grazing, or fishing?	Yes 1 No 2	2 ⇨ HC 13																																			
HC12. HOW MANY FADDANS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	FADANS..... _____																																				
HC13. Does this household own or have any livestock, herds, or farm animals?	Yes 1 No 2	2 ⇨ NEXT MODULE																																			
HC14. HOW MANY OF THE FOLLOWING DOES THIS HOUSEHOLD HAVE? [A] CATTLE? [C] GOATS? [D] SHEEP? [E] CHICKENS, PIGEONS AND DUCKS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS / BIRDS</th> <th>0</th> <th>1 - 10</th> <th>11 - 20</th> <th>21 - 50</th> <th>50 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CATTLE</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>GOATS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>SHEEP</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CHICKENS/PIGONS/DUCKS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>	ANIMALS / BIRDS	0	1 - 10	11 - 20	21 - 50	50 +	DK	CATTLE	0	1	2	3	4	98	GOATS	0	1	2	3	4	98	SHEEP	0	1	2	3	4	98	CHICKENS/PIGONS/DUCKS	0	1	2	3	4	98	
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HC14A. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] MILK COWS [B] HORSES, DONKEYS, OR MULES? [G] CAMELS? [F] PIGS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS</th> <th>0</th> <th>1 - 4</th> <th>5 - 9</th> <th>10 - 14</th> <th>15 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MILK COWS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>HORSES, DONKEYS, OR MULES</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CAMELS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>	ANIMALS	0	1 - 4	5 - 9	10 - 14	15 +	DK	MILK COWS	0	1	2	3	4	98	HORSES, DONKEYS, OR MULES	0	1	2	3	4	98	CAMELS	0	1	2	3	4	98								
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INSECTICIDE-TREATED NET MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No..... 2	2⇒HH19
TN2. HOW MANY AND WHAT KIND OF MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If respondent does not know whether or not net(s) have been treated, count as "other."</i>	TN2A. Number of long lasting treated nets .. <input type="text"/> <input type="text"/> DK98 TN2B. Number of treated nets..... <input type="text"/> <input type="text"/> DK98 TN2C. Number of untreated nets..... <input type="text"/> <input type="text"/> DK98 TN2D. Number of other/unknown nets..... <input type="text"/> <input type="text"/> DK98	TN2C AND/OR TN2D ONLY ⇒ TN11
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOST RECENT TREATED MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago:..... More than 36 mo. ago ...95 DK / Not sure98	
		PIGS 0 1 2 3 4 98

TN11. DID ANYONE SLEEP UNDER THE MOSQUITO NET LAST NIGHT?	Yes 1 No..... 2 DK / Not sure 8	2 ⇒ HH19 8⇒ HH19
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT <i>Record the person's name and line number from the household listing form, Circle the type of net</i> <i>If someone not in the household list slept under the mosquito net, record "00", Circle the type of net</i>	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK

HH19. <i>Record the time.</i>	Hour and minutes : ..	⇒ NEXT MODULE
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SALT IODIZATION MODULE		SI
SI1. We would like to check whether the salt used in your household is iodized. May i see a sample of the salt used to cook the main meal eaten by members of your household last night? Once you have examined the salt, circle number that corresponds to test outcome.	Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3 Salt not tested 4 No salt in home 5	5 ⇒ NEXT MODULE
SI2. WHERE DID YOU ACQUIRE THIS SALT?	Local market 1 Food Aid 2 Other or indigenous (<i>specify</i>) 6 DK 8	

HH20. Does any eligible woman age 15-49 reside in the household?
 Check HL7. You should have entered the total number of women in the household who are between the ages of 15 and 49 years old. Begin a separate questionnaire for each eligible woman (check HL7) by filling in the Information Panel.

Yes. ⇒ Go to WOMAN'S QUESTIONNAIRE to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

HH21. Does any child under the age of 5 reside in the household?
 Check household listing, column HL9. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to UNDER 5 QUESTIONNAIRE to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ Continue

HH21A. DOES ANY ELIGIBLE MAN AGE 15-49 RESIDE IN THE HOUSEHOLD?

Check household listing, column HL7A for any eligible man.
 You should have a questionnaire with the Information Panel filled in for each eligible man.

Yes. ⇒ Go to QUESTIONNAIRE FOR MEN to administer the questionnaire to the first eligible man.

No. ⇒ End the interview by thanking the respondent for his/her cooperation.
 Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations