****

**ASSESSMENT QUESTIONNAIRE TEMPLATE**

**MODULE 1. HOUSEHOLD IDENTIFICATION**

1. Interviewer code |\_\_|\_\_|\_\_\_|\_\_\_|
2. Date of interview|\_\_\_|/|\_\_\_|/|\_\_\_|/|\_\_\_|\_\_\_|

1. Geographical coordinates - GPS (latitude, longitude, altitude, accuracy)
2. Province/Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community worker code |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

1. Enumeration area |\_\_|\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|
2. Name of head of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*- Ask for the name of the head of* household

1. Household number (ID) |\_\_\_|\_\_\_|\_\_\_|

**Consent: *Interviewer: Read the informed consent to the respondent. Ask the respondent if they have any questions. All questions are answerable, ask if the respondent is willing to participate in the study.***

1. **Interviewer:** Did the respondent consent? (Yes=1, No=2)

**a. If no**, thank the respondent for their time and **end the interview.**

**b. If Yes**, go to SHH9

1. Name of respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruction for the interviewer: Look for the name of the head of the household on the list provided to you. If the household is in the list, please go through the list of household members and update the list by completing table 1 in question SHH10. If the household is not on your list, please record information on every member of the household, including babies and elders in table 1 of question SHH10.

**MODULE 2. HOUSEHOLD LIST**

1. **Table 1: List of household members (List of households reported by the CSAs)**

*The list of members will be made available from the surveillance data (household listing data from the 2020 Assessment and that made by the CSAs from 2021). The list of births and deaths will be provided separately for the inquirer to check with the CSA before visiting the household and to review with household members and each event.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Full name of household member*  If the household is not on your list, obtain the name of each household member, starting from the head of the household and in the following order  Spouse; children; father/mother; others  (1) | Do you know [*Member's name*]?  *Yes, Habitual resident-1 Yes, Visitor - (2) Yes, Deceased(3) or Unknown (4)*  *Yes, Left AF(5)*  (2) | Relationship of [*Name*] to the head of the household?  What is [*Name*] to the head of the household amiliar?  (3) | What is [*Name*]'s sex?  *[Man (1) or Woman (2)]*  (4) | What is [*Name*]'s date of birth?  *[dd/mm/yyyy]*  (5) | How old was [name] on his/her last birthday? [*Name*]  *[Complete only when date of birth unknown]*  (6) | What is [NAME]’s highest level of education?   |  | | --- | | 1. No schooling | | 2. Primary | | 3.Secondary | | 4.Higher | |  |   (Only for members 5+ years)  (7) | What is [NAME]’s marital status?  1. single  2. married  3. marital union  4.Divorced  5.Separated  6. widowed  9. don't know  (Only for members aged 12+)  (7.1) | How long ago did [Name] leave the household? [*Only if in question 2 left the household*]  (8 ) | Does [ name] have a cell phone?  1-Yes  2-No  9-DK  Only for members over 15  (9 ) | Can I have his/her cellphone numbers?  1-Yes  2-No  9-DK  If yes, enter the contact.  (10 ) |
|  | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_|\_|/|\_|\_| /|\_|\_|\_|\_| | |\_\_\_||\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| |
|  | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| |
|  | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_\_\_| |

*Column (3): 01. Chief 02. Spouse 03. Biological child 04. Father/Mother 05. Stepchild 06. Adopted child 07. Son-in-law/daughter-in-law 08. Grandchild 09. Other relative 10. Other relative*

*Column (6): In days if less than a month; in months if less than 24 months; in years if 24 months or more*

*Column (8): In days if less than a month; in months if less than 24 months; in years if 24 months or more*

*Column (2): if deceased , Fill in table 1*

1. **In Table 1 if column 2 = "Deceased", only fill in table 2** [ This table will be in the ODK]

**Table 2: Information on deceased household members**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Full name of the deceased*  *[from the table 1]* | What was [Name]'s gender?  1 Man  2 Women  (1) | What is the date of [Name]'s death?  *[dd/mm/yyyy]*  (2) | What is [*Name*]'s date of birth? *[dd/mm/yyyy]*  (3) | How old was [Name] when he/she died?  (4) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8 . Other place (please specify)  (5) | When (NAME) died, was she pregnant?  1. Yes  2. No  9. DK  (Only for women aged 12-54)  (6) | (NAME) died during childbirth?  1 - Yes  2 – No  9. DK  (Only for women aged 12-54)  (7) | (NAME) died during the two months after the miscarriage or childbirth?  1 - Yes  2 – No  9. DK  (Only for women aged 12-54)  (8) | What was [ Name of deceased]'s mother's name?  *[Full Name]*  *(for minors only)*  (9) | What was [ Name of deceased]'s father's name?  *[Full Name]*  *(for minors only)*  (10) | Has this death been reported by the CSA? (check the list of deaths)  *1. Yes*  *2. No* |
|  | |\_\_\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  |  |  |  |  | |\_\_\_| |
|  | |\_\_\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  |  |  |  |  | |\_\_\_| |

*Column (2,3): Column (3), write 09 or 99 or 9999 If you don't know*

*Column (4): In days if less than one month; in months if less than 24 months; in years if 24 months or more*

**MODULE 3. INFORMATION ON DECEASED WOMEN (12-54 YEARS)**

**A. In Table 1 if column 2="Deceased", column 4 = "Woman" and in column (5,6) ="12 - 54",** ask to speak directly to the woman respondent.

Questioner**:** ask, has [woman's name] given birth since January of 2021]? "[ Yes(1) or No (2)] |\_\_\_|

a. **If No**, move on to the next question (**see table 2**)

b**. If Yes,** fill in ***table 2a***

**Table 2a: Information on births from a of deceased mother**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the baby born alive or dead?  [ Born alive (1) or born dead (2)]  (0) | What is the baby's full name?  *[Full Name)*  *Only if the previous answer was " Born alive"]*  (1) | What is the baby's sex *[male (1) or female (2)]?*  (2) | What was the baby's date of birth? *[dd/mm/yyyy]*  (3) | During her pregnancy, did she see anyone for an antenatal appointment?  Yes (1), No (2) or Don't know (9)  *Only if the previous answer is "born alive"]*  (4) | Who did she go to?  1. HEALTH STAFF: Doctor  2. HEALTH STAFF: Nurse/nurse's aide  3. HEALTH STAFF: Auxiliary midwife  4.OTHER PEOPLE: Traditional midwife  5.OTHER PERSONS: Community health agent  6.OTHER PERSONS: Other (Specify)  \_\_\_\_\_\_\_\_\_\_  7.OTHER PEOPLE: Don't know  (5) | Where did she give birth to the baby?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  (6) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify) | When (NAME) died, was she pregnant?  1 - Yes  2 - No  (Only for women aged 12-54)  (7) | (NAME) died during childbirth?  1 - Yes  2 - No  (Only for women aged 12-54)  (8) | (NAME) died during the two months after the miscarriage or childbirth?  1 - Yes  2 - No  (Only for women aged 12-54)  (9) | Is (Name) a regular resident or a visitor?  Resident (1) or Visitor (2) or Deceased (3) or left FY (4 )  *Only if the previous answer is "born alive"]*  (10) | Is the child listed in table 1 a member of this household? *[Yes (1) or No (2)]*  *Only if the previous answer is "born alive"]*  (11) | Has this pregnancy result (Birth) been reported by the CSA? See the list of births *[Yes (1) or No (2)]*  (12) | How long ago did [Name] leave the household? [*Only if in question 4 you left the FA*]  *Only if the previous answer is "born alive"]*  (13) |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  |  |  |  |  | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_|\_| |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  |  |  |  |  | |\_\_\_| | |\_\_\_| | |\_\_\_| | |\_|\_| |

*Column (3), write 09 or 99 or 9999 If you don't know*

*Column (7): in months if less than 24 months; in years if 24 months or more*

**B. In Table 2a, column 4 = "Deceased", only fill in table 2b** [ This table will be in the ODK]

**Table 2b: Information on the death of the child of a deceased mother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What was [*Name*]'s date of death? *[dd/mm/yyyy]*  (1) | How old was (Name) when he/she died? *[only when the date of birth is unknown]*  (2) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  (3) | What is the name of the father of the deceased [*Name*]?  *[Middle Name Last Name]*  (4) | Was the death reported by the ASC? *[Yes (1) or No (2)]* (check the list of deaths)  (5) |
| |\_|\_|/|\_|\_|/|\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |
| |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |

Columns (1): write 09 or 99 or 9999 if you don't know

Column (2): In days if less than 28 days; in months if less than 24 months and in years if more than 24 months

1. **In Table 1 if column 2 = "Unknown", *do not fill in Table 1*** *for this individual*.

**Inquirer***: Ask the CSA about this unknown individual. The person could be a visitor or someone living in another house who has been misregistered by the CSA. Write down all the information below to help you decide about this person.*

.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MODULE 4. BIRTH IN THE HOUSEHOLD**

1. **In Table 1, column 4 = "Woman" and column ( 5,6) = "12-54",** *please fill in only* ***table 3*** *[*This table will be in the ODK*]:*

**Questioner, ask:** "Has [Woman's name] had a birth since (MM/YYYY)]" *[Yes (1) or No (2)]* |\_\_|

* 1. ***If Noè*** *proceed to the next question* ***(see table 1)***
  2. ***If yes,*** *fill* ***in table 3***

**Table 3: Birth information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the baby born alive or dead?  [ Born alive (1) or born dead (2)]  (0) | What is the baby's full name?  *[Full Name]*  *Only if question 0 is "was born alive"]*  (1) | What is the baby's sex?  1 - Man  2 - Women  (2) | What is the baby's date of birth?  *[dd/mm/yyyy]*  (3) | During her pregnancy, did she see anyone for an antenatal appointment?  1 - Yes  2 -No  9 - Don't know  *Only if the previous answer is "born alive"]*  (4) | Who did she go to?  1. HEALTH STAFF: Doctor  2. HEALTH STAFF: Nurse/nurse's aide  3. HEALTH STAFF: Auxiliary midwife  4.OTHER PEOPLE: Traditional midwife  5.OTHER PERSONS: Community health agent  6.OTHER PERSONS: Other (Specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. don't know  (5) | Where did you give birth to the baby?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_  (6) | Is (Name) a regular resident or a visitor?  1-Resident  2-Visitor  3-Deceased  4-Leaving the HH  *(Only if question 0 is "born alive"*)  (7) | Was the birth reported by the CSA?  1-Yes  2-No  (8) | How long ago did [Name] leave the household?  (*Only if you left AF in question 4*)  *Only if question 0 is "born alive" ]*  (9) |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_| |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_| |

*Column (3),* Write 09 or 99 or 9999 if you don't know

*Column (6):* In days if less than 28 days; in months if less than 24 months and in years if more than 24 months

1. **In Table 3, column 4 = "died", Inquirer ,** *only fill in* ***table 3a*** *[*This table will be in the ODK*]:*

**Table 3a: Information on child deaths (born and died during surveillance, since January of 20 21)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What was [*Name*]'s date of death? *[dd/mm/yyyy]*  (1) | How old was (Name) when he/she died? *[only when the date of birth is unknown]*  (2) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  (3) | What is the name of the father of the deceased [*Name*]?  *[Middle Name Last Name]*  (4) | Was the death reported by the ASC? *[Yes (1) or No (2)]* (check the list of deaths)  (5) |
| |\_|\_|/|\_|\_|/|\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |
| |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |

*Column (1),* Write 09 or 99 or 9999 if you don't know

*Column (2):* In days if less than 28 days; in months if less than 24 months and in years if more than 24 months

**MODULE 5. REGISTERING NEW HOUSEHOLD MEMBERS**

**Inquirer, ask,** "Is there anyone who (currently lives with you in your household (family member or someone as an employee) who has not been listed *(forgotten)?" Yes (1) or No (2)]* |\_\_|

* 1. ***If Notè*** *proceed to question* ***SHH16***
  2. ***If yes,*** *fill in* ***table 4*** *[This table is equivalent to table 1 except for the last question (7)]*

**Table 4: New members (Lost/Entered) in the household**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What's your full name?  *[WRITE DOWN THE FULL NAMES OF THE MEMBERS OF THE HH]*  (1) | Do you know [*Member's name*]?  *Yes, Habitual resident-1 Yes, Visitor - (2) )*  (2) | What is [*Name*]'s sex?  *[Man (1) or Woman (2)]*  (3) | What is [*Name*]'s date of birth?  *[dd/mm/yyyy]*  (4) | How old were you on your last birthday? [*Name*]*[only when date of birth unknown]*  (5) | What is [NAME]’s highest level of education?   |  | | --- | | 1. No schooling | | 2. Primary | | 3.Secondary | | 4.Higher | |  |   (Only for members 5+ years)  (6) | What is [NAME]’s marital status?  1. single  2. married  3. marital union  4.Divorced  5.Separated  6. widowed  9. don't know  (Only for members aged 12+)  (7) | Relationship of [*Name*] to the head of the household?  What does [*Name*] and/era mean to the head of the household?  (8) | How long has [Name] lived in this household?  (9) |
|  | |\_\_\_| | |\_\_\_| | |\_|\_|/|\_|\_| /|\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| | |\_\_\_| |
|  | |\_\_\_| | |\_\_\_| | |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| | |\_\_\_| |
|  |  |  |  |  |  |  |  |  |

*Column (8): 01. Chief 02. Spouse 03. Biological child 04. Father/Mother 05. Stepchild 06. Adopted child 07. Son-in-law/daughter-in-law 08. Grandchild 09. Other relative 10. Other relative*

*Column (4): In days if less than a month; in months if less than 24 months; in years if 24 months or more*

*Column (5): In days if less than a month; in months if less than 24 months; in years if 24 months or more*

*SHH15.* **In Table 4, column 3 = "Female" and column (4,5) = "12-54",** *please only fill in table* ***4a*** *[*This table will be in the ODK*]:*

**Questioner, Ask:** "Has [Woman's name] had a birth since January of 20 21?" *[Yes (1) or No (2)]* |\_\_|

1. ***If notè*** *Go to question* ***(see table 4)***
2. ***If yes,*** *fill* ***in table 4a***

**Table 4a: Information on the birth of a new member**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the baby born alive or dead?  [ Born alive (1) or born dead (2)]  (0) | What is the baby's full name?  *[Full Name]*  *Only if question 0 is "was born alive"]*  (1) | What is the baby's sex?  1 - Man  2 - Women  (2) | What is the baby's date of birth?  *[dd/mm/yyyy]*  (3) | During her pregnancy, did she see anyone for an antenatal appointment?  1 - Yes  2 -No  9 - Don't know  *Only if the previous answer is "born alive"]*  (4) | Who did she go to?  1. HEALTH STAFF: Doctor  2. HEALTH STAFF: Nurse/nurse's aide  3. HEALTH STAFF: Auxiliary midwife  4.OTHER PEOPLE: Traditional midwife  5.OTHER PERSONS: Community health agent  6.OTHER PERSONS: Other (Specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. don't know  (5) | Where did you give birth to the baby?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_  (6) | Is (Name) a regular resident or a visitor?  1-Resident  2-Visitor  3-Deceased  4-Leaving the HH  *(Only if question 0 is "born alive"*)  (7) | Was the birth reported by the CSA?  1-Yes  2-No  (8) | How long ago did [Name] leave the household?  (*Only if you left AF in question 4*)  *Only if question 0 is "born alive" ]*  (9) |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_| |
| |\_\_\_| |  | |\_\_\_| | |\_|\_|/|\_|\_|/|\_|\_|\_|\_| |  |  |  | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_| |

*Column (3),* Write 09 or 99 or 9999 if you don't know

1. **In Table 4a, column 4 = "died", Inquirer ,** *fill in only* ***table 4a*** *[*This table will be in the ODK*]:*

**Table 4b: Information on deaths in children of a new member**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What was [*Name*]'s date of death? *[dd/mm/yyyy]*  (1) | How old was (Name) when he/she died? *[only when the date of birth is unknown]*  (2) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  (3) | What is the name of the father of the deceased [*Name*]?  *[Middle Name Last Name]*  (4) | Was the death reported by the ASC? *[Yes (1) or No (2)]* (check the list of deaths)  (5) |
| |\_|\_|/|\_|\_|/|\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |
| |\_|\_|/|\_|\_|/ |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  | |\_\_\_| |

*Column (1),* Write 09 or 99 or 9999 if you don't know

*Column (2):* In days if less than 28 days; in months if less than 24 months and in years if more than 24 months

SHH16. **Inquirer , ask , "** Since [MM/YYYY], is there anyone who lived in this household and died that we haven't talked about? *[Yes (1) or No (2)]* |\_\_|

1. ***If Notè End the interview***
2. ***If not,*** *fill in* ***table 5***

SHH17. Can you give the names of the people who lived with you and have died since [MM/YYYY] that we haven't talked about?

**MODULE 6. REGISTRATION OF DEATHS OF NEW MEMBERS**

**Table 5: New member death information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is the deceased's full name?  *[Full Name]*  (1) | Gender [N ome] *[Male (1) or Female (2)]*  (2) | What was [*No me*]'s date of death?  *[dd/mm/ yyyy]*  (3) | What was [*No me*]'s date of birth?  *[dd/mm/ yyyy]*  (4) | What was [*N ome*]'s age at death?  *[ only if the date of Birth is unknown]*  (5) | What is the highest level of schooling you have attended?   |  | | --- | | 1. No schooling | | 2. Primary | | 3.Secondary | | 4.Higher | |  |   (Only for members 5+ years)  (6) | Where did the death occur?  1. Home  2. On the way to the health unit  3. Public health facility  4. Private health facility  8. Other place (please specify)  (7) | When (NAME) died, was she pregnant?  1 - Yes  2 - No  (Only for women aged 12-54)  (8) | (NAME) died during childbirth?  1 - Yes  2 - No  (Only for women aged 12-54)  (9) | (NAME) died during the two months after the miscarriage or childbirth?  1 - Yes  2 - No  (Only for women aged 12-54)  (10) | Name] was previously listed in any of the above tables  *1-Yes*  2-No  (11) | Is there anyone else?  1-Yes  2-No  (If yes, go to the next line)  *(12)* |
|  | |\_\_\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  |  |  |  |  |  |
|  | |\_\_\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_|\_|/|\_|\_|/  |\_|\_|\_|\_| | |\_\_\_||\_\_\_| |  |  |  |  |  |  |  |

*Column (3,4),* Write 09 or 99 or 9999 if you don't know

*Column (5):* In days if less than 28 days; in months if less than 24 months and in years if more than 24 months

**MODULE 7. OWNERSHIP OF HOUSEHOLD ASSETS**

QHH1. How many rooms in the house do you use for sleeping? |\_\_|\_\_|

QHH2. Does the house have a separate room for cooking? (Yes=1, No=2, Don't know=3)

QHH3. Does the household have: (Yes=1, No=2, Don't know=9)

1. Electricity
2. Radio
3. Television
4. Glacier/freezer
5. Landline
6. Cell phone
7. Computer
8. Bicycle
9. Motorized
10. Car or truck

QHH4. What is the main source of water used for drinking in this household?

1. Piped water inside the house
2. Piped water outside the house/yard
3. Water piped into the neighbor's house
4. Fountain water/Public tap
5. Protected borehole/well water with hand pump
6. Protected well water without hand pump
7. Unprotected well water
8. Spring water
9. Surface water (river, lake, ponds)
10. Rainwater
11. Water from truck tanks/loaded into drums
12. Mineral water/bottled water

QHH5. How long does it take to get there, get water and get back? |\_\_|\_\_||

QHH6. What kind of toilet do AF members generally use here at home?

1. Flush toilet indoors.
2. Flush toilet outside the house.
3. Toilet without flushing
4. Improved latrine.
5. Improved traditional latrine
6. Unimproved latrine
7. No latrine
8. Other (please specify)
9. 9. Doesn't know

QHH7. What is the main source of energy or fuel that the household uses for cooking?

1. Electricity
2. Natural gas
3. Oil/ paraffin/ kerosene
4. Coal
5. Charcoal
6. Firewood
7. Animal droppings
8. No cooking
9. Other (please specify)
10. 9. Doesn't know

QHH8. Indicate the main source of energy used to light your home.

1. Mains electricity
2. Generator/solar plate
3. Gas
4. Oil/kerosene/paraffin
5. Candles
6. Batteries
7. Firewood
8. Batteries
9. Other

QHH9. What is the main material used to build the floor of the household house?

1. Rammed earth (Adobe)
2. Unbeaten ground
3. Marble/Granite
4. Parquet or sawn timber
5. Tiles
6. Cement
7. Other

QHH10. What is the main material used to build the roof of the house?

1. No roof
2. Grass/colmo/palm
3. Zinc sheets
4. Lusalite sheets
5. Tiles
6. Concrete slab
7. Other

QHH11. What is the main material used to build the walls of the house?

1. Without walls
2. Reeds/sticks/bamboo/palm trees
3. Tin/cardboard/paper/bag/shell
4. Wooden sticks
5. Wood/zinc
6. Adobe block
7. Brick block
8. Cement block
9. Other

QHH12. What is the nearest health facility to you? [write the name of the HF]

QHH13. What type of facility it is (Hospital, health center, health post, other)

QHH14. However long does it take you to get there by your usual transport method?

|\_\_| Hours / |\_\_| Minutes

QHH15. How long does it take to get to the nearest following facilities:

A) hospital |\_\_| Hours / |\_\_| Minutes

B) Health Center |\_\_| Hours / |\_\_| Minutes

C) Health post|\_\_| Hours / |\_\_| Minutes

**End of questionnaire**