

NAVRONGO HEALTH RESEARCH CENTRE
NDSS HOUSEHOD ENUMERATION AND INDEPTH TOOL
QUESTIONNAIRE

COMPOUND NAME & ID									CNAM
NAME & ID OF RESPONDENT									RESNAM
HOUSEHOLD NAME & NUMBER									HHNAM
NAME & ID OF HOUSEHOLD HEAD									HNAM
NUMBER OF ROOMS OCCUPIED BY HOUSEHOLD									NROOM
DATE OF INTERVIEW									DINT
INTERVIEWERS' CODE									FWCODE
LOCATION**									LOCATION

FORMS CHECKED BY.....

..

FORMS RECEIVED AT CC BY.....

...

		CHECK
		RECEIVE

U -- Urban R -- Rural

I: HOUSEHOLD SCHEDULE

Now, I will like to have some information about members of your household. Please, give me the names of all members of your household

	NAME	PERMID							Rship to HH	DOB							Sex	Educ level	Marital status	Work Status
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				

CODES FOR RELATIONSHIP TO HOUSEHOLD HEAD

(Head) - 01 (Spouse) - 02 (Son/daughter) - 03 (Parent) - 04 (Son/Daughter-in-law) - 05 Grandchild - 06 (Mother-in-law) - 07 (Brother/sister) - 08 (Adopted/Foster child/Stepchild) -09 (Not related) -10 Co-wife - 11 (Other) -12 (Don't know) - 88

CODES FOR EDUCATIONAL LEVEL

(No education) - 0 (Primary) - 1 (Middle/JSS) - 3 (SSS/Tech/Voc) - 4 (Higher) - 5

CODES FOR MARITAL STATUS

(Never married) - 0 (Married) -1 (Separated/divorced) - 2 (Widowed) -3 Other (Specify) -4

CODES FOR SEX

Male 1 Female 2

CODES FOR WORK STATUS

(Working) - 1 (Not working) - 2

II HOUSEHOLD CHARACTERISTICS

	QUESTIONS	CODING CATEGORIES	
01	SOURCE OF DRINKING WATER: What is the main source of drinking water for members of your household?	BUYING WATER TAPS..... 01 TANKS..... 02 HAWKERS..... 03 PIPED WATER PIPED INTO RESIDENCE/COMPOUND..... 04 PUBLIC TAP..... 05 WELL WATER WELL ON RESIDENCE/COMP 06 PUBLIC WELL..... 07 SURFACE WATER RIVER/STREAM..... 08 POND/LAKE..... 09 BOTTLED WATER 11 RAINWATER..... 12 OTHER_____ 13 (SPECIFY)	WATER
02	TOILET FACILITY: What kind of toilet facility does your household use? (IF LATRINE: PROBE FOR THE TYPE)	FLUSH TOILET OWN FLUSH TOILET..... 01 SHARED FLUSH TOILET..... 02 PIT TOILET/LATRINE OWN TRADITIONAL PIT TOILET..... 03 SHARED TRADITIONAL PIT TOILET.. 04 VENTILATED IMPROVED PIT TOILET OWN (VIP) LATRINE..... 05 SHARED (VIP) LATRINE..... 06 BUCKET/PAN..... 07 NO FACILITY/BUSH/FIELD..... 08 OTHER_____ 09 (SPECIFY)	TOILET
03	ROOMS USED FOR SLEEPING: How many rooms in your household are usually used for sleeping?	ROOMS..... <input type="text"/>	SROOMS
04	MAIN MATERIAL OF THE FLOOR RECORD ANY OBSERVATION	NATURAL FLOOR MUD/SAND/GRAVEL..... 1 MUD MIXED WITH DUNG..... 2 RUDIMENTARY FLOOR WOOD PLANKS..... 3 FINISHED FLOOR POLISHED WOOD/TILES/TERRAZZO.... 4 CEMENT..... 5 CARPET..... 6 OTHER_____ 7 (SPECIFY)	FLOOR
05	MAIN MATERIAL OF THE ROOF RECORD ANY OBSERVATION	MUD ROOF..... 1 GRASS/THATCH..... 2 ... IRONSHEET/ZINC..... 3 TILES..... 4 OTHER_____ 5 (SPECIFY)	ROOF

06	MAIN MATERIAL OF THE WALL RECORD ANY OBSERVATION	BRICKS (MUD)..... 1 CEMENT BLOCKS..... 2 IRONSHEETS (ZINC)..... 3 WOOD/BOARDS..... 4 GRASS..... 5 OTHER..... 6 (SPECIFY)	WALL																																																
07	DURABLE HOUSEHOLD GOODS: Does your household have: A car? A motorcycle? A bicycle? Electricity? Solar light DVD/VCD/VCR? A refrigerator? A television? A radio? A Sewing machine? A Stereo system? An electric iron? A fan? Telephone/cell phone? An electric/gas stove?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>CAR.....</td><td>1</td><td>2</td></tr> <tr><td>MOTORCYCLE.....</td><td>1</td><td>2</td></tr> <tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr> <tr><td>ELECTRICITY.....</td><td>1</td><td>2</td></tr> <tr><td>SOLAR.....</td><td>1</td><td>2</td></tr> <tr><td>DVD/VCD/VCR.....</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr> <tr><td>RADIO.....</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE.....</td><td>1</td><td>2</td></tr> <tr><td>STEREO.....</td><td>1</td><td>2</td></tr> <tr><td>IRON.....</td><td>1</td><td>2</td></tr> <tr><td>FAN.....</td><td>1</td><td>2</td></tr> <tr><td>TELEPHONE/CELLPHONE.....</td><td>1</td><td>2</td></tr> <tr><td>AN ELECTRIC/GAS STOVE.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	CAR.....	1	2	MOTORCYCLE.....	1	2	BICYCLE.....	1	2	ELECTRICITY.....	1	2	SOLAR.....	1	2	DVD/VCD/VCR.....	1	2	REFRIGERATOR.....	1	2	TELEVISION.....	1	2	RADIO.....	1	2	SEWING MACHINE.....	1	2	STEREO.....	1	2	IRON.....	1	2	FAN.....	1	2	TELEPHONE/CELLPHONE.....	1	2	AN ELECTRIC/GAS STOVE.....	1	2	DGOOD
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08	TYPE OF COOKING FUEL: What is the main source of cooking fuel used by the household?	Kerosene/Paraffin..... 1 Gas..... 2 Electricity..... 3 Charcoal..... 4 Firewood..... 5 Animal Waste..... 6 Crop residue/Saw Dust..... 7 Other (specify)..... 8	CFUEL																																																

II HOUSEHOLD CHARACTERISTICS CONTINUED

QUESTIONS	CODING CATEGORIES	
09 LIGHTING SOURCE: What is the main source of lighting for this household?	KEROSENE/PARAFFIN..... 1 GAS..... 2 ELECTRICITY..... 3 SOLAR..... 4 CANDLES..... 5 FIREWOOD..... 6 OTHER (SPECIFY)..... 7	LIGHT
10 LAND OWNERSHIP: Who owns the land where this structure is built?	LANDLORD..... 1 PUBLIC/GOVERNMENT LAND..... 2 SELF/FAMILY OWNED..... 3 OTHER (SPECIFY) 4 DON'T KNOW..... 8	LAND
11 TENURE OF DWELLING UNIT: Is your household renting or does it own this dwelling unit?	OWNED PURCHASED..... 01 CONSTRUCTED..... 02 INHERITED 03 RENTED FROM: INDIVIDUAL..... 04 GOVERNMENT..... 05 LOCAL AUTHORITY..... 06 PRIVATE COMPANY..... 07 FREE OF CHARGE..... 08 DON'T KNOW 09 OTHER _____ 11 (SPECIFY)	TENURE
12 WASTE/GARBAGE DISPOSAL: What is the main method of waste/garbage disposal used by your household?	GARBAGE DUMP..... 01 IN THE RIVER..... 02 ON THE ROAD..... 03 IN DRAINAGE/TRENCH..... 04 IN PRIVATE PITS..... 05 IN PUBLIC PITS..... 06 GARBAGE DISPOSAL SERVICES..... 07 VACANT/ABANDONED HOUSE..... 08 BURNING..... 09 NO DESIGNATED PLACED/ALL OVER..... 10 OTHER _____ 96 (SPECIFY)	WASTE
13 Is this household part of another nearby household in this village?	Yes, depends on another household..... 01 Yes, supports another household..... 02 No, it is an independent household..... 03	TWINHH

III: FOOD SECURITY

QUESTIONS	CODING CATEGORY	CODE
14 Does your household own farming land?	YES.....	1
	NO.....	2
15 Is this land enough to grow food to feed members of your household?	YES.....	1
	NO.....	2
16 Did your household grow enough food to feed your family during the last farming season?	YES.....	1
	NO.....	2
17 If No, how did you supplement your food requirements?	BOUGHT FROM THE MARKET...	1
	FOOD FROM RELATIVES.....	2
	MANAGED WITH WHAT WE HAD.....	3
	ASSISTANCE FROM FRIENDS....	4
	GOVERNMENT/NGO AID.....	5
18 What is the main staple food for your household?	MILLET	1
	RICE	2
	MAIZE.....	3
	POTATOES.....	4
	BEANS.....	5
	OTHER_____	6
(SPECIFY)		
19 How many meals did this household take yesterday?	ONE.....	1
	TWO	2
	THREE.....	3
	FOUR.....	4
	OTHER_____	5
(SPECIFY)		
20 In the past one month or so, how many days did your household not have enough food to eat		
21 In the past 12 month, how many days did your household did not have enough food to eat?		
22 Do you think that this household has enough food to eat for the next three or four months?	YES.....	1
	NO.....	2

TIME INTERVIEW ENDED.....

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