

**Integrated Community Case Management of Childhood Diseases in Uganda**

INSCALE ENDLINE HOUSEHOLD QUESTIONNAIRE 2014  
11042014

[FORM ID LABEL HERE]

FORMNO

COMPLETE THIS FORM **ONCE** FOR EVERY HOUSEHOLD WHERE THERE ARE CHILDREN LESS THAN FIVE YEARS OF AGE

**1 Compound and Interview information**

1.1 District name

1. Bulisa	2. Hoima	3. Kibaale	4. Kiboga
5. Kiryandongo	6. Kyankwanzi	7. Kyegegwa	8. Masindi

DISTRICT

1.2 Subcounty name

SC

1.3 Village name

VILLAGE

1.4 Interviewer code

ICODE

1.5 Date of interview

20

IDATE

1.6 Written informed consent provided? [Informed consent is **COMPULSORY** for every completed form – please circle to show you have read the Consent statement and the respondent has accepted]

Yes

CONSENT

1.7 Household ID [Copy this from the listing]

 .  .  . 

HHID

**2 Demographics and Socio-Economic Status**

Ask this section to the mother or main carer of the children under 5 in this household.

2.1 What is your name [official name]

RSPNAME

2.2 Do you have another name by which people know you in this community? [Common name]

RSPNICK

2.3 [Observe the sex of the respondent]

RSPSEX

2.4 In what year were you born? [YYYY]

Don't know=9999

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RSPYOB

2.5 In which month were you born?

1 January	2 February	3 March	4 April	5 May	6 June
7 July	8 August	9 September	10 October	11 November	12 December
99 Don't Know					

RSPMOB

2.6 What is your mother tongue?

1 Luo (Acholi, Alur)	2 Runyoro-Rutoro (Runyoro, Rutoro)	3 Nkole-Kiga (Runyankole, Rukiga)	4 Luganda
88 Other [SPECIFY BELOW]			

RSPLANG

If 'Other' specify here \_\_\_\_\_

RSPLANGO

2.7 What is your religion?

1 Christian (Any)	2 Muslim	3 No religion	88 Other [SPECIFY BELOW]
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RSPFAITH

If 'Other' specify here \_\_\_\_\_

RSPFAITHO

2.8 What is the highest education level you have **completed**? [answer even if respondent is still in school]

1 None	2 Started but did not complete Primary	3 Primary	4 O-Level (Junior Secondary)
5 Advanced Secondary	6 Technical/Diploma	7 Vocational/Apprenticeship	8 University Degree

RSPED

2.9 Are you currently single, married, living with a partner, widowed, divorced or separated?

1 Married	2 Living together/ co-habiting	3 Widowed	4 Divorced
5 Separated	6 Single (unmarried)		

MARRIED

2.10 What is your principle occupation?

1	Public Sector employee: professional/semi-skilled	6	Self employed: trader/boda-boda/small business	RSPOCCPM
2	Public Sector Employee: manual/labourer	7	Self employed: farmer/fisherman	
3	Private employee/NGO: professional/semi-skilled	8	Domestic work in own household	
4	Private employee/NGO: manual/labourer	9	Unemployed	
5	Casual or daily labourer	10	Sick/disabled and unable to work	
<b>[If options 1-5, go to 2.11]</b>		11	Student	
		<b>[If options 6-11, go to 2.12]</b>		
88	Other			
If 'Other' specify _____			<b>[go to 2.11]</b>	RSPOCUPO

2.11 If Qn 2.10 options 1-5 chosen, ask:] How much did you get paid for the last month you worked?

1 UGX: 0 - <50,000	2 UGX: 50,000 - <150,000	3 UGX: 150,000 - <300,000	4 UGX: 300,000 or more	RSPMONTH
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2.12 How many members of the household are presently working in total (including you)?

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MHHWORK

2.13 What is the average monthly cash income from all wages/salaries/produce into your household? **[Allow the respondent to check with head of household/other members if necessary]**

1 UGX: 0.0/month	2 UGX: 1 - < 50,000/month	3 UGX: 50,000 - < 100,000/month	4 UGX: 100,000 - < 200,000/month	HHINCOME
5 UGX: 200,000 - < 300,000/month	6 UGX:300,000 - < 500,000/month	7 UGX:500,000 or more/month	99 Don't know	

2.14 Does any member of the household own any of the following means of transport? [Read out list and circle yes/no]

2.14.1 An animal drawn cart	1. YES	0. NO	CART
2.14.2 A bicycle	1. YES	0. NO	BICYCLE
2.14.3 A motorcycle/scooter	1. YES	0. NO	SCOOTER
2.14.4 A car/truck	1. YES	0. NO	CAR
2.14.5 A boat/canoe without a motor	1. YES	0. NO	BOAT
2.14.6 A boat/canoe with a motor	1. YES	0. NO	MBOAT

Other [specify]

\_\_\_\_\_

OTRPO

2.15 What is the MAIN source of lighting for the household?

1 Kerosene/paraffin lantern	2 Paraffin candle (Tadooba)	3 Firewood	4 Candle (Wax)	HHLIGHT
5 Electricity	6 Solar	7 Dry Cell Lamp	88 Other [SPECIFY BELOW]	

If 'Other' specify here \_\_\_\_\_ HHLIGHTO

2.16 Does your household have ANY of the following items in working condition? [Read out list and circle yes/no]

2.16.1 Electricity (fixed line)	1. YES	0. NO	ELECTR
2.16.2 Solar power/generator	1. YES	0. NO	SOLAR
2.16.3 Radio	1. YES	0. NO	RADIO
2.16.4 A television	1. YES	0. NO	TELVI
2.16.5 A mobile phone	1. YES	0. NO	MPHONE
2.16.6 A fixed phone/landline	1. YES	0. NO	FPHONE
2.16.7 A refrigerator	1. YES	0. NO	REFRIG
2.16.8 A bed with a frame e.g. made of wood, iron	1. YES	0. NO	BED
2.16.9 A foam mattress	1. YES	0. NO	MATRESS
2.16.10 A sofa	1. YES	0. NO	SOFA
2.16.11 Wardrobe (for clothing)	1. YES	0. NO	CUPBOARD
2.16.12 A watch/clock	1. YES	0. NO	CLOCK
2.16.13 A mosquito net that can be used whilst sleeping	1. YES	0. NO	NET

2.17 Did the youngest child sleep under a mosquito net last night?

Yes	1	CHILDNET
No	0	
Don't know	99	
Not applicable – don't own a net	77	

2.18 In total, how many of the children under the age of 5 years slept under a mosquito net last night? **Don't know=99, not applicable/no net=77**

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NUMNET

**2.19 Does any member of the household own any of the following animals?**

[Do not include cats or dogs]

[fill in NUMBER of each animal (e.g. 5 = 005), or 000 if none]

[Fill in 999 if household owns an animal type but the number of animals is unknown]

2.19.1	Cows	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				COWS
2.19.2	Horses, donkeys or mules	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				HORSES
2.19.3	Goats	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				GOATS
2.19.4	Sheep	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				SHEEP
2.19.5	Pigs	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				PIGS
2.19.6	Chickens, Ducks, Turkeys or Rabbits	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				CHDUTURA
2.19.7	Beehives (in use)	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				BEEHIVES
2.19.8	Other [SPECIFY BELOW]	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				ANIMALO

If 'Other' specify \_\_\_\_\_

ANIMO

**2.20 Does any member of the household own land?**

Yes	1	HHLAND
No	0 →2.24	

**2.21 How much land do members of the household own?**

			·			acres	HHACRES
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[Use your converter if the measurement is not given in acres. Write your calculation in full on this form and show your supervisor for confirmation]

Example; if the response is one and a half acres, fill in 001.50, if the response if three acres fill in 003.00  
Don't know=999.99

**2.22 How much of that land that you own is agricultural land? Don't know=999.99**

			·			acres	HHAGRIC
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**2.23 How much land that you own is for other purposes, like for business or rented out? Don't know=999.99**

			·			acres	HHOP
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**2.24 What is the MAIN type of fuel used for cooking in the household?**

1 Firewood	2 Charcoal	3 Paraffin/Kerosene	4 Gas	HHFUEL
5 Electricity	6 Crop residue/Straw/Grass	7 Animal dung	8 Solar	
9 No food cooked in household	88 Other [SPECIFY BELOW]			

If 'Other' specify here \_\_\_\_\_

HHFUELO

2.25 What is the MAIN source of drinking water for members of your household?

1 Piped water to home	2 Public tap	3 Unprotected well	4 Protected well	MWATER
5 Unprotected spring	6 Protected spring	7 Borehole	8 River/stream	
9 pond/lake (standing/stagnant)	10 Rainwater collection	11 Purchase water/truck	88 Other [SPECIFY BELOW]	

If 'Other' specify here \_\_\_\_\_ MWATERO

### 3 Knowledge of VHT programme and home visits

3.1 Was your household visited by a VHT in the last month?

Yes	1	VHTMO
No	0 →3.4	
I don't know who is the VHT in my community	99	

3.2 What did the VHT do during the visit? **[DO NOT PROMPT = circle the options that the caretaker mentions. If the caretaker says they can't remember what the VHT did, write this on the line for 'other']**

3.2.1 Ask about vaccinations of my children	1. MENTIONED	0. NOT MENTIONED	VHTVAC
3.2.2 Kept record of health in my family	1. MENTIONED	0. NOT MENTIONED	KEEPREC
3.2.3 Gave advice about health habits	1. MENTIONED	0. NOT MENTIONED	VHTADV
3.2.4 Asked or observed the health condition, health practices, and/or hygiene of household members	1. MENTIONED	0. NOT MENTIONED	VHTOB
3.2.5 Treated family member who was ill	1. MENTIONED	0. NOT MENTIONED	VHTREAT
Other [specify] _____			VHTOTO

3.3 And at the visit did you notice the VHT had or used any of the following: **[Read out all options]**

3.3.1 A solar lamp <b>[Show picture if possible]?</b>	1. YES	0. NO	VHTLAMP
3.3.2 A VHT mobile phone, for example to help count the breaths of a sick child?	1. YES	0. NO	VHTMOB

#### 3.4 SAY:

**In some villages the VHTs have been given phones and solar phone chargers to help them with their work. Sometimes, community members like you can pay the VHT to charge your phones using their solar charger.**

3.5 Do you know whether your VHT(s) has a solar charger that you can pay to use to charge your phone?

Yes they do have a solar charger	1	VHTKNWCH
No they do not have a solar charger	0 →3.7	
Not sure whether they do or do not	99	

3.6 In the past month, how many times have you or members of your family used the VHT’s solar charger to charge your mobile phones? **[00-none, 77-not applicable because respondent/family has no phone]**

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 VHTCHRG

**3.7 SAY:**  
**In some villages, the VHTs have organised “Village Health Clubs” which all community members can attend. The Village Health club holds regular meetings where the VHT and the village members discuss important issues about the health and wellbeing of the community.**

3.8 Are you aware if there is a Village Health Club in your community started by the VHT?  
 Yes there is a VHC 

1
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 KNOWVHC  
 No there is not a VHC 

0	→S4
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 Not sure if there is a VHC or not 

99
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3.9 **[If yes:]** Has anyone in your family (including yourself) attended any of the Village Health Club meetings?  
 Yes 

1	→3.11
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 MEMVHC  
 No 

0	→3.10
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3.10 **[If no:]** Why have you or your family not attended any of the meetings?  
 No time to attend/too busy 

1	→S4
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 VHCREA  
 It is not useful or relevant to us 

2
---

  
 We were not told the day or location in time 

3
---

  
 Other 

88
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 If ‘Other’ specify \_\_\_\_\_ 

→S4
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 VHCREAO

3.11 **[If yes:]** Which members of your family have ever attended the village health club meetings **[circle all that apply]**

3.11.1	Myself	1. YES	0. NO	
3.11.2	My spouse or partner	1. YES	0. NO	SPVHC
3.11.3	My parents or my spouse/partner’s parents	1. YES	0. NO	PARVHC
3.11.4	My children or grandchildren	1. YES	0. NO	CHVHC
3.11.5	My brothers or sisters	1. YES	0. NO	SIBVHC
3.11.6	My nieces or nephews	1. YES	0. NO	NIECVHC
3.11.7	Other [specify] _____			OTHVHC1

3.12 When was the last time that you or someone in your family went to A Village Health Club meeting?  
 Within the last 2 weeks 

1
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 LASTVHC  
 More than 2 weeks ago but within the last month 

2
---

  
 More than a month ago but within the last 3 months 

3
---

  
 More than 3 months ago 

4
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3.13 **[If yes:]** Which topics do you remember were discussed at the MOST RECENT village health club meeting that was attended by someone in your family? **[DO NOT PROMPT. If the respondent is not sure or has never been themselves, specify this on the line for 'other' at the end of this question]**

3.13.1	Malaria	1. YES	0. NO	VHCMAL
3.13.2	Sleeping under bednets	1. YES	0. NO	VHCITN
3.13.3	Pneumonia	1. YES	0. NO	VHCPNEU
3.13.4	Diarrhoea	1. YES	0. NO	VHCDIA
3.13.5	Malnutrition	1. YES	0. NO	VHCNUT
3.13.6	Sanitation and washing hands	1. YES	0. NO	VHCSAN
3.13.7	Vaccinations	1. YES	0. NO	VHCVAC
3.13.8	Caring for newborn babies	1. YES	0. NO	VHCNEW
3.13.9	Dangerous symptoms or signs of illness	1. YES	0. NO	VHCDAN
3.13.10	Asking the VHT for advice when child is sick	1. YES	0. NO	VHCVHT
3.13.11	Arranging transport to take sick children to the facility	1. YES	0. NO	VHCTRA
3.13.12	Eating healthy food	1. YES	0. NO	VHTEAT

3.13.13 Other [specify] \_\_\_\_\_ OTHVHC2

3.14 What is the total number of Village Health Club meetings you or members of your family attended since April of 2013? 

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 VHCTOT

#### 4 Compound Observation

The following questions can be completed mostly by you observation of the household amenities and household building materials.

4.1 **[Observe or ask:]** What kind of toilet facility does members of your household use?

1	Flush toilet (sink tank)	4	Pit latrine	STOILET
2	VIP Latrine	5	Shared/public toilet	
3	Ecosan	6	No facility (bush/field)	
88	Other [SPECIFY BELOW]			
If 'Other' specify _____				STOILETO

4.2 **[Observe:]** What is the MAIN material that the roof of the household is made of? [if more than one material, the **majority** of the roof]

1	<b>NATURAL:</b> Grass thatch	6	<b>FINISHED:</b> Asbestos	SEROOF
2	<b>NATURAL:</b> Mud/clay	7	<b>FINISHED:</b> Tiles	
3	<b>NATURAL:</b> Papyrus/banana leaf	8	<b>FINISHED:</b> Tin	
4	<b>FINISHED:</b> Wood planks	9	<b>FINISHED:</b> Cement	
5	<b>FINISHED:</b> Iron/zinc/aluminium sheets	88	Other [SPECIFY BELOW]	
If 'Other' specify _____				SROOFO



4.3 **[Observe:]** What is the MAIN material that the walls of the household are made of? [if more than one material, the majority of the walls]

1	NATURAL: Reed	6	FINISHED: Un-plastered cement	SWALLS
2	NATURAL: Grass	7	FINISHED: Plastered cement	
3	RUDIMENTARY: Mud	8	FINISHED: Stone	
4	RUDIMENTARY: Bricks (unburned)	9	FINISHED: Wood	
5	FINISHED: Bricks (burned)	88	Other [SPECIFY BELOW]	
If 'Other' specify _____				SWALLSO

4.4 **[Observe:]** What is the MAIN material that the floors of the household are made of? [if more than one material, the majority of the floors]

1	NATURAL: Sand/gravel	4	FINISHED: Wood/planks	SFLOORS
2	NATURAL: Earth only	5	FINISHED: Cement	
3	NATURAL: Earth mixed with cow dung	88	Other [SPECIFY BELOW]	
If 'Other' specify _____				SFLOORSO

## 5 Children under the age of 5 years of age

*Reconfirm that the respondent is the primary caretaker of the children in this household.*

**SAY:**

Now I will ask you some questions about the children under five years of age who are under your care in this household AND slept here last night.

5.1 How many children under the age of 5 years, who slept here last night, are parts of your household? [Make sure the number of children is not limited to only the caretaker's children]

		NUMCHILD
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**SAY:**

Now I will ask some questions about each of the children under five years of age

[-Go to your first blank **Child Details Form**, and enter in the Household ID at the top of this form

-Ensure that the total number of **Child Details forms you fill out, and the child codes written on each of these forms, are consistent with the number of children entered in 5.1 above]**

**THIS IS THE END OF THE HOUSEHOLD FORM.**

**CHECK YOUR FORM AND THANK THE RESPONDENT**