

SWAF PROJECT MALAYSIA

SCREENING FORM AND HOUSEHOLD ROSTER

1. Serial Number
2. Area Code
3. Household Number
4. Questionnaire type
5. Location
6. Address
7. Interviewer Date
8. Checker Date
9. Coder Date

No. of Visits				Supervisor's Comments
1st.	2nd.	3rd.	4th.	

Screening Result

- (1) Screening date
- (2) Result
- (3) Appointment time & date
ER:
Husband:
- (4) Time screening started
- (5) Time screening ended
- (6) Interview language

Result of Screening

- | | |
|--|---|
| Address not dwelling unit | 1 |
| Vacant | 2 |
| Refusal - no screening done | 3 |
| Screening completed; no eligible respondent
(End of interview, report to Field Supervisor with written explanation) | 4 |
| No responsible person to answer screening | 5 |
| No one at home | 6 |
| Screening not completed - appointment made to complete screening | 7 |
| Other reasons for not completing screening
(Visit household three more times and record outcome.
If result is still codes 5 - 8 report to Field Supervisor). | 8 |
| Screening completed; eligible respondent identified | 9 |

SC1. Time Started: Hour Minute

SCREENING/HOUSEHOLD ROSTER

INTERVIEWER: THE QUESTIONS IN COLUMNS (b) - (g) CAN BE ASKED OF ANY ADULT IN THE HOUSEHOLD. COLUMN (h) SHOULD BE ASKED ONLY TO ELIGIBLE (ER).

SC2. I would like some information about the people who usually live in this household.

RELATIONSHIP CODE

00 - ER/Head	07 - Brother/sister	14 - Brother/sister-in-law
01 - Husband/wife	08 - Grandfather/mother	15 - Relatives
02 - Own child	09 - Grandchild	16 - Maid
03 - Step child	10 - Aunty/uncle	17 - Friends
04 - Adopted child	11 - Nephew/niece	18 - Others
05 - Mother/Father	12 - Cousin	
06 - Mother/Father-in-law	13 - Son/daughter-in-law	

NO.	NAMES OF USUAL RESIDENTS	RELATIONSHIP TO HEAD	SEX	AGE AT LAST BIRTHDAY	DATE OF BIRTH	STATUS OF MARRIAGE CURRENTLY (AGE 15+)	RELATIONSHIP TO ER
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Please give me the names of the persons who usually live in this household.	What is (NAME's) relationship to you?	Is (NAME) male or female M=1 F=2	How old is he/she	Date of birth month/year	1.Still married 2.Widow/widower 3.Separate 4.Single	What is (NAME's) relationship to you?
01		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
02		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
03		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
04		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
05		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
06		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>

07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIP CODE

- | | | |
|---------------------------|--------------------------|----------------------------|
| 00 - ER/Head | 07 - Brother/sister | 14 - Brother/sister-in-law |
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| 06 - Mother/Father-in-law | 13 - Son/daughter-in-law | |

SC4. To make sure I have the complete list:

i. Are there others such as children or babies that were not included?

☐ 1. Yes ☐ 5. No ——— 0 TO SC4ii

IF YES, PLACE EACH ONE IN THE TABLE. THEN GO TO SC4ii

ii. Are there others such as maid or tenants who always live here?

☐ 1. Yes ☐ 5. No ——— 0 TO SC4iii

IF YES, PLACE EACH ONE IN THE TABLE. THEN GO TO SC4ii

iii. Are there others who usually live here but who are not currently here?

☐ 1. Yes ☐ 5. No ——— 0 TO SC4a

IF YES, PLACE EACH ONE IN THE TABLE, THEN GO TO SC4a.

SC4a. **INTERVIEWER:** CIRCLE ROW NUMBER IN TABLE SC2 FOR EACH MARRIED WOMEN AND THOSE BETWEEN THE AGE 15 to 39.

SC4b. IF NO ERs IN HOUSEHOLD, THANK INFORMANT AND TERMINATE INTERVIEW.

SC4c. IF ONE OR MORE ERs IN HOUSEHOLD, COMPLETE SCREENING (QUESTIONS SC4c-SC18).

SC4d. How many rooms are there in this house? NUMBER: _____

SC5. Most of the time, where is the cooking for this household done?

- ☐ 1. In a separate room inside the house
- ☐ 2. In the main living room of the house
- ☐ 3. In an attached but separate space or space underneath or beside the house
- ☐ 4. In a separate building or structure
- ☐ 5. Outdoors
- ☐ 6. Other (Specify: _____)
- ☐ 9. No Answer

SC6. Most of the time, what kind of fuel is used for cooking (Multiple answer)?

- ☐ 1. Electricity or piped-in gas
- ☐ 2. Gas
- ☐ 3. Kerosene
- ☐ 4. Home-produced gas/bio-gas
- ☐ 5. Wood/charcoal/dung cakes
- ☐ 6. Other (Specify: _____)

SC7. Where do you get your water supply for drinking and cooking?

- ☐ 1. From a pipe inside the house
- ☐ 2. From a tap or pipe outside the house
- ☐ 3. From a well
- ☐ 4. Rainwater
- ☐ 5. From a river, canal, pond, or lake
- ☐ 6. Other (Specify: _____)
- ☐ 9. No Answer, refusal

SC8. Do you boil or filter your drinking water?

☐ 1. YES

☐ 5. NO

SC9. Does this household have any toilet facilities that are used only by members of the household?

☐ 1. YES

☐ 5. NO

GO TO SC10.

GO TO SC9a

SC9a. What kind of facilities are these?

- ☐ 1. Flush toilet
- ☐ 2. "Pour" toilet
- ☐ 3. Bucket
- ☐ 4. Pit toilet
- ☐ 5. Other (Specify: _____)

SC9b. State how many are

Toilet only _____ Bathroom only _____ Toilet and bathroom _____

SC10. Do you have electricity in the house and, if so, what is its source?

- ☐ 1. Yes, from power company, outside line
- ☐ 2. Yes, from own generator
- ☐ 3. Yes, from another source (Specify: _____)
- ☐ 4. No, have no electricity
- ☐ 8. Other (Specify: _____)

SC11. Of what material is the floor in your house made?

- ☐ 1. Dirt
- ☐ 2. Concrete/cement
- ☐ 3. Wood
- ☐ 4. Mosaic/terrazo/marble
- ☐ 5. Other (What? _____)

SC12. Of what material is the roof of your house made?

- ☐ 1. Thatch
- ☐ 2. Zinc
- ☐ 3. Cement
- ☐ 4. Shingle
- ☐ 5. Wood
- ☐ 6. Other (What? _____)

SC13. Of what material are the walls of your house made?

- ☐ 1. Reed mats
- ☐ 2. Wood
- ☐ 3. Bricks
- ☐ 4. Poured concrete/cement
- ☐ 5. Other (What? _____)

SC14. INTERVIEWER: Record your observation of the overall condition of the house

- ☐ 1. Good: Construction is solid, no rotting or deterioration evident
- ☐ 2. So-so: House seems solid, but evidence of rotting or deterioration
- ☐ 3. Dilapidated: House is half falling down or rotting/deterioration is extensive
- ☐ 9. Could not see house

SC15. INTERVIEWER CHECKPOINT (REFER TO HOUSEHOLD ROSTER, PAGES 2)

- ☐ 1. MORE THAN ONE ER IN THE HOUSEHOLD
- ☐ 2. ONE ER IN HOUSEHOLD → GO TO SC17

SC16. LIST NAMES AND AGES OF ALL ER'S LISTED IN SC4A, STARTING WITH THE OLDEST AND WORKING DOWN TO THE YOUNGEST.

1. NAME _____ AGE _____

2. NAME _____ AGE _____

3. NAME _____ AGE _____

5. NAME _____ AGE _____

6. NAME _____ AGE _____

7. NAME _____ AGE _____

8. NAME _____ AGE _____

REFER TO LAST DIGIT OF HOUSEHOLD IDENTIFICATION NUMBER ON COVER SHEET, THEN ENTER KISH SELECTION CHART TO CHOOSE ER FOR INTERVIEW. CIRCLE THIS WOMAN'S LINE NUMBER ABOVE, THEN ASK:

SC17. I would like to talk to (NAME OF SELECTED ER) and her husband. Is she or her husband here? IF NOT THERE, ASK: When will she return? RECORD APPOINTMENT TIME IN PAGE ONE, THEN THANK INFORMANT AND TERMINATE SCREENING INTERVIEW AFTER FILLING SC18.

TIME _____ DAY _____

SC18. Time Ended: Hour Minute

SELECTION CHART

Number of ERs in the HH	Last Digit of Identification Number									
	0	1	2	3	4	5	6	7	8	9
Two	1	1	2	2	1	2	1	1	2	2
Three	2	2	1	3	2	3	1	3	2	1
Four	3	3	1	4	2	1	3	2	1	4
Five	5	5	3	4	1	2	4	2	3	1
Six	6	2	3	1	6	4	5	2	1	4
Seven	7	4	7	2	3	1	6	5	3	5
Eight	1	7	2	1	6	5	3	8	6	4