

SWAF PROJECT

SCREENING FORM AND HOUSEHOLD ROSTER

{Information on location of household, identity of interviewer, dates of initial contact and call-backs, record of edit, etc., should be put here.}

SC1. Time Started: Hour Minute

SCREENING/HOUSEHOLD ROSTER

INTERVIEWER: THE QUESTIONS IN COLUMNS a-g CAN BE ASKED OF ANY ADULT IN THE HOUSEHOLD. COLUMN h SHOULD BE ASKED ONLY OF THE ER AS PART OF THE ER INTERVIEW.

SC2. I would like some information about the people who usually live in this household. Altogether, how many people usually live in this household?

WRITE NUMBER: _____

SC2a. Who is the head of the household? WRITE HEAD'S NAME IN LINE 01, THEN CONTINUE WITH THE REMAINING QUESTIONS AND HOUSEHOLD MEMBERS.

NO. (a)	NAMES OF USUAL RESIDENTS (b)	RELATION- SHIP TO HEAD (c)	SEX (d)	AGE AT LAST BIRTHDAY (e)	DATE OF BIRTH (f)	MARITAL STATUS (g)	RELATION- SHIP TO ER (h)
	Please give me the names of the persons who usually live in this household.	What is (NAME's relation- ship to the head?	Is (NAME) male or female? MALE FEM.	How old is s/he?	When was s/he born?	Is s/he currently married? YES NO	What is (NAME's relation- ship to you?
01		HEAD	1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
02			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
03			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
04			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
05			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
06			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
07			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
08			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
09			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	
10			1. 2.	<input type="text"/> <input type="text"/>	Year: Mo:	1. 5.	

NO. (a)	NAMES OF USUAL RESIDENTS (b)	RELATION- SHIP TO HEAD (c)	SEX (d)	AGE AT LAST BIRTHDAY (e)	DATE OF BIRTH (f)	MARITAL STATUS (g)	RELATION- SHIP TO ER (h)
	Please give me the names of the persons who usually live in this household.	What is (NAME's relation- ship to the head?	Is (NAME) male or female? MALE FEM.	How old is s/he?	When was s/he born?	Is s/he currently married? YES NO	What is (NAME's relation- ship to you?
11			1. 2.		Year: Mo:	1. 5.	
12			1. 2.		Year: Mo:	1. 5.	
13			1. 2.		Year: Mo:	1. 5.	
14			1. 2.		Year: Mo:	1. 5.	
15			1. 2.		Year: Mo:	1. 5.	
16			1. 2.		Year: Mo:	1. 5.	
17			1. 2.		Year: Mo:	1. 5.	
18			1. 2.		Year: Mo:	1. 5.	
19			1. 2.		Year: Mo:	1. 5.	
20			1. 2.		Year: Mo:	1. 5.	
21			1. 2.		Year: Mo:	1. 5.	
22			1. 2.		Year: Mo:	1. 5.	

SC3. INTERVIEWER: WAS IT NECESSARY TO USE A CONTINUATION SHEET FOR HOUSEHOLD ROSTER?

1. YES

2. NO

SC4. INTERVIEWER: BE CERTAIN THAT SMALL CHILDREN, SERVANTS, LODGERS OR FRIENDS WHO USUALLY LIVE HERE AND PEOPLE WHO USUALLY LIVE IN THIS HOUSEHOLD BUT WHO ARE TEMPORARILY ABSENT ARE INCLUDED IN THE HOUSEHOLD ROSTER.

CIRCLE THE LINE NUMBER OF EVERY MARRIED WOMAN AGED 15-39.

SC4a. IF NO ERs IN HOUSEHOLD, THANK INFORMANT AND TERMINATE INTERVIEW.

SC4b. IF ONE OR MORE ERs IN HOUSEHOLD, COMPLETE SCREENING (QUESTIONS SC5-SC16).

SC4c. (Optional) 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 lean-to or space underneath or against the house
- ☐ 4. In a separate building or structure
- ☐ 5. Outdoors
- ☐ 6. Other (Specify: _____)

SC6. Most of the time, what kind of fuel is used for cooking (other than for rice)?

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

SC7. Where do you get most of your water for drinking?

- ☐ 1. From a pipe inside the house —————> GO TO SC8
- ☐ 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: _____)

SC7a. (Optional) How far is this water source from your house?

DISTANCE IN KILOMETERS: _____

TRAVEL TIME (ROUND-TRIP): _____

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,

SC9a. What kind of facilities are these?

☐ 1. Flush toilet

☐ 2. "Pour" toilet

☐ 3. Bucket

☐ 4. Pit toilet

☐ 7. Other (Specify: _____)

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: _____)
- ☐ 9. No answer, refusal

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

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

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

- ☐ 1. Thatch
- ☐ 2. Tin, corrugated iron
- ☐ 3. Cement
- ☐ 4. Shingle
- ☐ 5. Wood
- ☐ 6. Other (What? _____)

6SC13. Of what material are the walls of your house made?

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

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

- ☐ 1. Very 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
- ☐ 4. So-so: House seems solid, but evidence of rotting or deterioration
- ☐ 9. Could not see house

SC15. INTERVIEWER CHECKPOINT (REFER TO HOUSEHOLD ROSTER, PAGES 2-3)

- ☐ 1. ONLY ONE ER IN THE HOUSEHOLD
- ☐ 2. MORE THAN ONE ER —————>GO TO SC17, NEXT PAGE.

SC16. I would like to talk to (NAME OF ER). Is she here?

IF NOT THERE, ASK: When will she return? RECORD RETURN INFORMATION HERE, THEN THANK INFORMANT AND TERMINATE SCREENING INTERVIEW.

DAY _____ MONTH _____ HOUR _____

SC17. LIST NAMES AND AGES OF ALL ER'S, 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 _____
 9. NAME _____ AGE _____
 10. 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:

SC18. I would like to talk to (NAME OF SELECTED ER). Is she here?

IF NOT THERE, ASK: When will she return? RECORD RETURN INFORMATION HERE, THEN THANK INFORMANT AND TERMINATE SCREENING INTERVIEW.

DAY _____ MONTH _____ HOUR _____

SC19. Time Ended: Hour Minute

SELECTION CHART

Number of ERs in the HH	Last Digit of Household 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

1=Oldest ER in household, 8=Youngest ER in household.