

Appendix 11: Household Questionnaire
Survey on Life Experiences of Children in Botswana: HOUSEHOLD QUESTIONNAIRE

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... 1 FEMALE..... 2				
H3	How old are you?	YEARS OLD: <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW/DECLINED..... 99				
H4	What is the <u>main source</u> of drinking water for members of your household? <i>ADAPT RESPONNSE OPTIONS TO COUNTRY CONTEXT</i>	PIPED WATER..... 1 TUBE WELL..... 2 PROTECTED DUG WELL..... 3 UNPROTECTED DUG WELL..... 4 WATER FROM SPRING..... 5 RAINWATER..... 6 TANKER WATER..... 7 CART WITH SMALL TANK..... 8 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM) 9 BOTTLED WATER..... 10 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99				
H5	What kind of toilet facility do members of your household <u>usually</u> use?	FLUSH TOILET 1 PIT LATRINE VENTILATED 2 PIT LATRINE WITH SLAB..... 3 PIT LATRINE WITHOUT SLAB/OPEN PIT..... 4 COMPOSITING TOILET 5 BUCKET TOILET 6 HANGING TOILET/ HANGING LATRINE..... 7 NO FACILITY/BUSH/FIELD..... 8 → H7 OTHER (<i>SPECIFY</i>) 88 DON'T KNOW/DECLINED..... 99 → H7				
H6	Do you share this facility with other households?	YES 1 NO..... 2 DON'T KNOW/DECLINED..... 99				

H7	<p>Does your household have:</p> <p>A. Electricity</p> <p>B. A paraffin lamp</p> <p>C. Radio</p> <p>D. Television</p> <p>E. Mobile telephone</p> <p>F. Non-Mobile Telephone (landline)</p> <p>G. Refrigerator</p> <p>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH G.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/ DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. PARAFFIN LAMP</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. RADIO</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. TELEVISION</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MOBILE TELEPHONE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. LANDLINE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>G. REFRIGERATOR</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/ DTA	A. ELECTRICITY	1	2	99	B. PARAFFIN LAMP	1	2	99	C. RADIO	1	2	99	D. TELEVISION	1	2	99	E. MOBILE TELEPHONE	1	2	99	F. LANDLINE	1	2	99	G. REFRIGERATOR	1	2	99	
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H8	<p>What type of fuel does your household <u>mainly</u> use for cooking?</p>	<p>ELECTRICITY..... 1</p> <p>LIQUEFIED PETROLEUM GAS (LPG)..... 2</p> <p>BIOGAS..... 3</p> <p>KEROSENE..... 4</p> <p>COAL, LIGNITE..... 5</p> <p>CHARCOAL..... 6</p> <p>WOOD..... 7</p> <p>STRAW/SHRUB/SGRASS..... 8</p> <p>ANIMAL DUNG..... 9</p> <p>NO FOOD COOKED IN HOUSEHOLD..... 10</p> <p>OTHER (SPECIFY)..... 88</p> <p>DON'T KNOW/DECLINED..... 99</p>																																	
H9	<p>RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR.</p> <p><i>(Observe or ask)</i></p>	<p>EARTH/SAND..... 1</p> <p>DUNG..... 2</p> <p>WOOD PLANKS 3</p> <p>PALM/BAMBOO 4</p> <p>BROKEN BRICKS 5</p> <p>PARQUET /POLISHED WOOD..... 6</p> <p>VINYL/ASPHALT STRIPS..... 7</p> <p>CERAMIC TILES..... 8</p> <p>CEMENT..... 9</p> <p>CARPET..... 10</p> <p>OTHER (SPECIFY)..... 88</p> <p>DON'T KNOW/DECLINED..... 99</p>																																	
H10	<p>RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF.</p> <p><i>(Observe or ask)</i></p>	<p>NO ROOF..... 1</p> <p>THATCH/PALM LEAF..... 2</p> <p>RUSTIC MAT..... 3</p> <p>PALM/BAMBOO/GRASS..... 4</p> <p>WOOD PLANKS..... 5</p>																																	

		CARDBOARD..... 6 IRON SHEETS..... 7 WOOD..... 8 CALAMINE/CEMENT FIBER..... 9 CERAMIC TILES..... 10 CEMENT..... 11 ROOFING SHINGLES..... 12 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																													
H11	RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. <i>(Observe or ask)</i>	NO WALLS..... 1 CANE/PALM/TRUNKS..... 2 DIRT..... 3 BAMBOO/TREE TRUNKS WITH MUD..... 4 STONE WITH MUD..... 5 PLYWOOD..... 6 CARDBOARD..... 7 REUSED WOOD..... 8 CEMENT..... 9 STONE WITH LIME CEMENT..... 10 BURNT BRICKS..... 11 UNBURNT BRICKS..... 12 CEMENT BLOCKS..... 13 WOOD PLANKS..... 14 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																													
H12	How many rooms are there in this household?	NO. OF ROOMS: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW/DECLINED..... 99																													
H13	How many rooms in this household are used for sleeping?	NO. OF ROOMS: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW/DECLINED..... 99																													
H14	Does any member of your household own:	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YE</th> <th>N</th> <th>DK/DT</th> </tr> <tr> <th></th> <th>S</th> <th>O</th> <th>A</th> </tr> </thead> <tbody> <tr> <td>A. WATCH</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. BICYCLE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. MOTORCYCLE OR SCOOTER</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. OXCART</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. CAR OR TRUCK</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YE	N	DK/DT		S	O	A	A. WATCH	1	2	99	B. BICYCLE	1	2	99	C. MOTORCYCLE OR SCOOTER	1	2	99	D. OXCART	1	2	99	E. CAR OR TRUCK	1	2	99	
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	INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E.		
H15	Does any member of this household own any agricultural land?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H16	Does this household own any livestock, herds, other farm animals or poultry?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H17	Does any member of this household have a bank account?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H18	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS In the past year, have any of the adults in the household been ill for 3 or more months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H19	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS Have any adults in this household died in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H20	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H21	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS Did the child(ren) living in your household ever skip meals because there was not enough food or money?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	

H22	<p>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</p> <p>Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick or has died?</p>	<p>YES..... 1 →</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	H24
H23	<p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Are/is the (other) children) living in this household because their own parent is sick or has died?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
H24	<p>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</p> <p>Has the [AGE] year old [M/F] born on [DOB] lived outside of family care in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends (ADAPT TO LOCAL CONTEXT)</p>	<p>YES..... 1 →</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	H26
H25	<p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the (other) child(ren) in this household lived outside of family care in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
H26	<p>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</p> <p>Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?</p>	<p>YES..... 1 →</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	END

H27	<p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
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