**Water, Women and Disability Study in Vanuatu**

**Household Screening Questionnaire**

Note: These questionnaires were coded in Open Data Kit and completed using Android devices. This document is for reference. The “var name” column and the numeric coding for categorical variables relate directly to the “name” column and “choices” sheet in the final ODK xls coding respectively, and are therefore not always in sequential order. Please contact disabilitycentre@lshtm.ac.uk for the ODK versions of questionnaires.

|  |
| --- |
| **WATER, WOMEN AND DISABILITY IN VANUATU** |
| **World Vision Vanuatu / LSHTM** |
| **HOUSEHOLD SCREENING QUESTIONNAIRE** |
| 1. **COVER SHEET**
 |
| Var name | Var label | Response options |
| A1 | 1. Date | \_ \_ /\_ \_ / \_ \_ Day month year |
| A2 | 2. Interviewer ID Number | 🞏🞏 |
| A3 | Province | Torba O (1)Sanma O (2) |
|  A5 | Area Council | 🞏🞏🞏 |
| A5.1 | Enumeration Area Number | 🞏🞏🞏🞏🞏🞏 |
| 1. **HOUSEHOLD AVAILABILITY**
 |
| B0 |  Has your household already been visited by representatives from the Water, Women and Disability Survey? | No O (0)Yes O (1) |
| If B0=Yes: this household has already been screened - Swipe to next screen to end survey |
| B1 |  Availability for household survey | Available O (1)Not Available right now, save form to come back later O (2)Will not be available during survey, finalise as unavailable (4)Refused O (3) |
| B1a |  Have you been here longer than 12 months? | No O (0)Yes O (1) |
| B1b | Do you plan on staying here longer than 12 months? | No O (0)Yes O (1) |
| If B1a=No and B1b=No: This household is not eligible - Swipe to next screen to end survey |
| B2 | If refused, reason for refusal: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B3 | If not available: | 1st Attempt O (1)2nd Attempt O (2)B3.1 Scheduling Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B4 |  Village or Area where Household is Located | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A6 | Household No. | 🞏🞏🞏🞏🞏 |
| A8 | Household Unique ID Number | 🞏🞏-🞏🞏🞏🞏🞏 |
|  **Consent** |
| consent1 | The information sheet concerning this survey has been read to you and you understand what is required of you/your child (under 18) if you take part in it | No O (0)Yes O (1) |
| consent 2 | You have been given the opportunity to ask questions and a reply was given for all the questions to your satisfaction. | No O (0)Yes O (1) |
| consent 3 | You consent to your personal information being kept by World Vision in case of future service provision | No O (0)Yes O (1) |
| consent 4 | You understand that participation is voluntary and that you may withdraw at any time without giving a reason | No O (0)Yes O (1) |
| Please take consent via signature or thumbprint on the next screen, and swipe to continue. If the household head does not consent, please return to the availability screen and mark this household as a refusal |
|  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 1. **AVAILABLE HOUSEHOLD**
 |
| C1 | Name of Household head | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First name, Surname |
| C2 | Person Interviewed | Household Head O (1)Other Adult key informant O (2) |
| C3 | Language of Interview  | Bislama O (1)French O (2)English O (3)Other (4)(If other, Please specify) C3.1 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| C4 | Have you/ your household been displaced from where you typically live in the past 3 years? | No O (1)Yes, from Ambae O (2)Yes, from other O (3)(If other, Please specify) C4.1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| C5 | Do you/your household plan on returning to that location to live? | Yes, within 6 months O (1)Yes, in greater than 6 months O (2)No, household has relocated permanently O (3) |
| C6 |  Main ethnicity of household members | Melanesian O (1)Other Pacific Islander O (2)Other (3)(If other, Please specify) C6.1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  7. Can the household head read: |  |
| C7.1 | 7.1 At least one local indigenous language? | No O (0)Yes O (1) |
| C7.2 | 7.2 English? | No O (0)Yes O (1) |
| C7.3 | 7.3 French? | No O (0)Yes O (1) |
| C7.4 | 7.4 Bislama? | No O (0)Yes O (1) |
|  | 8. Can the Head of the Household write in.. |  |
| C8.1 | 8.1 At least one local indigenous language? | No O (0)Yes O (1) |
| C8.2 | 8.2 English? | No O (0)Yes O (1) |
| C8.3 | 8.3 French? | No O (0)Yes O (1) |
| C8.4 | 8.4 Bislama? | No O (0)Yes O (1) |
| E1 | 9. Do all members of the HH have access to indigenous land that can be used for free without having to pay anybody any rent?  | No O (0)Yes O (1)Don’t Know (99) |
| E2 | 10. In your opinion, is the land your household has free access to: | More than enough to meet the household's need O (1)Just enough to meet the household's need O (2)Not enough to meet the household's need O (3) |

|  |
| --- |
| 1. **DWELLING CHARACTERISTICS AND LAND ACCESS**
 |
| D1 | * + - 1. What is the main materials used for this housing unit’s roof?
 | Galvanized / aluminium roofing tin (kapa) O (1)Concrete O (2)Wood or wood shillings O (3)Thatched roofing O (4)Tarpaulin / Plastic O (5)Other material O (6)D1.1 (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| D2 | * + - 1. What is the main material used for this housing unit’s walls?
 | Concrete, brick, stone O (1) Wood O (2) Galvanized / Aluminium (kapa) O (3) Thatch O (4) Tarpaulin / plastic O (5) Other material O (6) Bamboo O (7) D2.1 (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| D3 | * + - 1. What is the main material used for this housing unit’s floor?
 | Concrete or brick O (1)Wood O (2)Coral or gravel O (3)Dirt O (5)Sand O (6)Bamboo O (7)Other material O (4)D3.1 (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| D4 | * + - 1. How many rooms are there in your household (excluding hallways, kitchens and bathrooms)?
 | 🞏🞏 |

|  |
| --- |
| 1. **HOUSEHOLD ROSTER**
 |
| G0 |  1. Number of household members AGE 0 - 4 | 🞏🞏 |
| G0.1 |  2. Total number of household members 5 – 17 *(triggers auto-repeat of child functioning module)* | 🞏🞏 |
| G0.2 |  3. Total number of household members 18+ *(triggers auto-repeat of adult functioning module)* | 🞏🞏 |
| G0.3 |  4. Total Number household members 5+ *(calculation to check completeness)* | 🞏🞏 |

|  |
| --- |
| **HOUSEHOLD ROSTER**NB this format is retained for printing purposes. In reality, this roster was built in ODK to auto-repeat for each individual, linking their roster and WG data. Variables for adults are suffixed a. Remove a for child variables (e.g line number adult G1a, line number child G1). Adult Roster section F in ODK, and Child Roster section G.Interviewer Note: List all household members age 4+ who usually reside in the household (eat, sleep and share meals together) starting with the household head |
| **G1a Line Number** | **G2.1a****Person’s Name***List the first name and family name* | **G3a Sex (enter relevant code)**Specify if other (G3.1a) | **G4a Age in completed years** | **G5a Relationship to HHH (enter relevant code)** | **G6a Highest Education Level Attended (15+)****(enter relevant code)** | **G7a Marital Status (15+)****(enter relevant code)** | **G8a Occupation (15+)****(enter relevant code)**Specify if other (G8.1a) |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |
| **Roster Codes:****Sex:** Male (1), Female (2), Other (3), Refuse to Respond (4)**Relationship to HHH:** HHH (1), Spouse (2), Son (3), Daughter (4), Mother (5), Father (6), Brother (7), Sister (8), Grandson (9), Granddaughter (10), Grandfather (11), Grandmother (12), Other blood relation (13), Unrelated (14), Mother in Law (15), Father in Law (16), Son in Law (17), Daugher in law (18), Sister in Law (19), Brother in Law (20), Niece (21), Nephew (22), Uncle (23), Aunty (24)**Highest education:** Preschool, nursery or kindergarden (1), Primary (class 1 – 8) (2), Junior Secondary (9 – 10) (3), Senior Secondary (11 – 14) (4), Post Secondary non-tertiary (USP Foundation) (5), University (6), Vocational/Technical (7), Other (8), No school/never attended (9), Don’t know (10)**Marital Status:** Married/ Living together (1), Divorced/separated (2), Widowed (3), Single (4)**Occupation:** Studying or training (1), Working in farming, raising animals or fishing (2), Working in another sector or activity (3), looking for work (4), Taking care of household or family (5), Voluntary work (6), Long term illness, injury or disability (7), Retired or pensioner (8), Other (13) |

|  |
| --- |
| **H. Disability Screen for Adults**NB This format is retained for printing purposes. In reality, the disability screen would auto-repeat per adult, identifying each adult by name and participant ID based on the roster above  |
| PID | Participant ID *(autogenerated by ODK based on Province+EA+House No+Person LineNo)* | 🞏🞏🞏🞏🞏🞏 |
| name\_adult | Disability Screen Adult Name | [Autocompleted from Roster as check] |
| age\_adult | Disability Screen Adult Age | [Autocompleted from Roster as check] |
| sex\_adult | Disability Screen Adult Sex | [Autocompleted from Roster as check] |
| H1a | 1. Is this individual available for the disability screening?
 | Available O (1)Currently unavailable – come back later O (2)Unavailable – Proxy to report O (4)Refused O (3) |
| H2a | 1. If refused, reason for refusal
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| H3.1aa | 1. If proxy report, line number of Proxy Respondent
 | 🞏🞏 |
| H4.1a | 1. Do you [does name] have difficulty seeing, even if wearing glasses?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.2a | 1. Do you [does name] have difficulty hearing, even if using a hearing aid?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.3a | 1. Do you [does name] have difficulty walking or climbing steps?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.4a | 1. Do you [does name] have difficulty remembering or concentrating?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.5a | 1. Do you [does name] have difficulty (with self-care such as) washing all over or dressing?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.6a | 1. Using your [their] usual (customary) language, do you [does name] have difficulty communicating, for example understanding or being understood?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.7a | 1. How often [do/does] [you/he/she] feel worried, nervous or anxious?
 | Daily O (1)Weekly O (2)Monthly O (3)A few times a year O (4)Never O (5)Refused O (6)Don’t know O (7)(If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| H4.7a1 | 1. Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would [you/he/she] describe the level of these feelings? Would [you/he/she] say… [Read response categories]
 | A little O (1)A lot O (2)Somewhere in between a little and a lot O (3)Refused O (4)Don’t Know O (5) |
| H4.8a | 1. How often [do/does] [you/he/she] feel depressed?
 | Daily O (1)Weekly O (2)Monthly O (3)A few times a year O (4)Never O (5)Refused O (6)Don’t know O (7)(If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| H4.8a1 | 1. Thinking about the last time [you/he/she] felt depressed, how depressed did [you/he/she] feel? Would you say…
 | A little O (1)A lot O (2)Somewhere in between a little and a lot O (3)Refused O (4)Don’t Know O (5) |
| H4.9a | 1. Do you [does name] use any of the following?
 | No assistive device used O (0)Wheelchair O (1)Prosthetic Leg/Hand O (2)Crutches O (3)Walker/Frame O (4)Cane O (5)Hearing Aid O (6) |
| adult\_case | This adult is an adult case | *Autotriggered calculation by ODK based on responses* |
| adult\_control | This adult is an adult control | *Autotriggered calculation by ODK based on responses* |

|  |
| --- |
| **I. Disability Screen for Children 5-17**NB This format is retained for printing purposes. In reality, the disability screen would auto-repeat per child aged 5 - 17, identifying each child by name and participant ID based on the roster above  |
| PID | Participant ID *(autogenerated by ODK based on Province+EA+House No+Person LineNo)* | 🞏🞏🞏🞏🞏🞏 |
| name\_child | Disability Screen Child Name | [Autocompleted from Roster as check] |
| age\_child | Disability Screen Child Age | [Autocompleted from Roster as check] |
| sex\_child | Disability Screen Child Sex | [Autocompleted from Roster as check] |
| H1 | 1. Is the primary caregiver for [name] available for the disability screening?
 | Available O (1)Not Available right now, save form to come back later O (2)Will not be available during survey, finalise as unavailable (4)Refused O (3) |
| H2a | 1. If refused, reason for refusal
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| H3.1aa | 1. If proxy report, line number of Proxy Respondent
 | 🞏🞏 |
| H4.1a | 1. Do you [does name] have difficulty seeing, even if wearing glasses?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.2a | 1. Do you [does name] have difficulty hearing, even if using a hearing aid?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.3a | 1. Do you [does name] have difficulty walking or climbing steps?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.4a | 1. Do you [does name] have difficulty remembering or concentrating?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.5a | 1. Do you [does name] have difficulty (with self-care such as) washing all over or dressing?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.6a | 1. Using your [their] usual (customary) language, do you [does name] have difficulty communicating, for example understanding or being understood?
 | No, no difficulty O (1)Yes, some difficulty O (2)Yes, a lot of difficulty O (3)Cannot do to all O (4) |
| H4.7a | 1. How often [do/does] [you/he/she] feel worried, nervous or anxious?
 | Daily O (1)Weekly O (2)Monthly O (3)A few times a year O (4)Never O (5)Refused O (6)Don’t know O (7)(If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| H4.7a1 | 1. Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would [you/he/she] describe the level of these feelings? Would [you/he/she] say… [Read response categories]
 | A little O (1)A lot O (2)Somewhere in between a little and a lot O (3)Refused O (4)Don’t Know O (5) |
| H4.8a | 1. How often [do/does] [you/he/she] feel depressed?
 | Daily O (1)Weekly O (2)Monthly O (3)A few times a year O (4)Never O (5)Refused O (6)Don’t know O (7)(If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| H4.8a1 | 1. Thinking about the last time [you/he/she] felt depressed, how depressed did [you/he/she] feel? Would you say…
 | A little O (1)A lot O (2)Somewhere in between a little and a lot O (3)Refused O (4)Don’t Know O (5) |
| H4.9a | 1. Do you [does name] use any of the following?
 | No assistive device used O (0)Wheelchair O (1)Prosthetic Leg/Hand O (2)Crutches O (3)Walker/Frame O (4)Cane O (5)Hearing Aid O (6) |
| Adult\_case | This adult is an adult case | *Autotriggered calculation by ODK based on responses* |
| Adult\_control | This adult is an adult control | *Autotriggered calculation by ODK based on responses* |

|  |
| --- |
| Child (5-17 disability screening) |
|  | Is the primary caregiver for this child present to complete the disability screening? | Available O (1)Not Available O (2)Refused O (3) |
|  | If refused, reason for refusal: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If not available: | 1st Attempt O (1)2nd Attempt O (2)Scheduling Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The Washington Group Short Set |
|  | No, no difficulty | Yes, some difficulty | Yes, a lot of difficulty | Cannot do at all |
| (1) | (2) | (3) | (4) |
| Do your child have difficulty seeing, even if wearing glasses? | ⌧ Select one | □ | □ | □ | □ |
| Do your child have difficulty hearing, even if using a hearing aid? | ⌧ Select one | □ | □ | □ | □ |
| Do your child have difficulty walking or climbing steps? | ⌧ Select one | □ | □ | □ | □ |
| Do your child have difficulty remembering or concentrating? | ⌧ Select one | □ | □ | □ | □ |
| Do your child have difficulty (with self-care such as) washing all over or dressing? | ⌧ Select one | □ | □ | □ | □ |
| Using their usual (customary) language, does your child have difficulty communicating, for example understanding or being understood? | ⌧ Select one | □ | □ | □ | □ |

|  |  |  |
| --- | --- | --- |
|  | Total number of household members identified as having a disability (aged 2 years and above) | 🞏🞏 |

|  |  |  |
| --- | --- | --- |
|  | GPS Coordinates |  N 🞏🞏⁰🞏🞏’🞏🞏” W 🞏🞏⁰🞏🞏’🞏🞏” |
|  | Participant Informed Consent Number (autogenerated by ODK based on Province+EA+House No+Person ID) | 🞏🞏🞏🞏🞏🞏 |