

Attachment 4 – UEI Evaluation Household Survey Questionnaire

Ethiopian Urban Expansion Initiative

Household Survey Questionnaire

No	Category	Question	Respondent	Response
	Introduction	Explanation of survey	Surveyor	
	Consent	Do you agree to participate and continue with survey?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/>
1	Surveyor	Interviewer	Surveyor	Name:
2		Supervisor	Supervisor	Name:
3		Date of interview	Surveyor	DD: ____ MM: ____ YY: ____
4		Beginning time of interview	Surveyor	Time:
5		End time of interview	Surveyor	Time:
6	Observations	In what city is the house located?	Surveyor	City:
7	PPI	In which region does the household live?	Surveyor	Region:
8		House location - Halton Point GPS	Surveyor	Lat: _____ Long: _____
9		Classification of Household location	Surveyor	Impact area <input type="checkbox"/> Control area <input type="checkbox"/>
10		Is house in a formal urban development?	GIS Expert	Yes <input type="checkbox"/> No <input type="checkbox"/>
11		Is house fully served by "all vehicle roads"	Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/>
12		Is this house in expansion area served by arterial roads?	Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/>
13		Interviewee code number	Surveyor	Number:
14		Interview language used	Surveyor	Language:
	Questions			
15		Interviewee name	HHH	Name: No response <input type="checkbox"/>
16		What is your age?	HHH	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 to 25 <input type="checkbox"/> 26 to 40 <input type="checkbox"/> 41 to 60 <input type="checkbox"/> Over 60 <input type="checkbox"/> No response
17		What is your gender (M/F)?	HHH	Male <input type="checkbox"/> Female <input type="checkbox"/> No response <input type="checkbox"/>
18		When did you move to this neighborhood?	HHH	<input type="checkbox"/> 2 years ago or less <input type="checkbox"/> 3 - 5 years ago

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				<input type="checkbox"/> 6 - 10 years ago <input type="checkbox"/> Over 10 years ago/Always Here <input type="checkbox"/> No response
19		Do you own or rent the house you are currently living in?	HHH	Own <input type="checkbox"/> Rent <input type="checkbox"/> No response <input type="checkbox"/>
20		[If Q12 'Yes'] Did you live in this neighborhood before the arterial road opened?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
21		Did you live close to an all-vehicle road in your previous location?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
22		What was your total monthly household income before you moved to this neighborhood?	HHH	Number: No response <input type="checkbox"/>
23		What was the primary reason you moved to this neighborhood?	HHH	<input type="checkbox"/> Close to employment <input type="checkbox"/> Good road access <input type="checkbox"/> Close to family members <input type="checkbox"/> Displaced from previous location <input type="checkbox"/> Married <input type="checkbox"/> Opportunity to get land from the city through a lease system. <input type="checkbox"/> Opportunity to buy land/house from individuals. <input type="checkbox"/> Others <input type="checkbox"/> No response
24		How many members are there in the household? [Adults and children who regularly live and eat together]	HHH	Number: <input type="checkbox"/> No response
25		How many household members are 14 years of age or below at the moment of the interview?	HHH	Number: <input type="checkbox"/> No response
26		Have you had any difficulties obtaining sufficient food for your household over the past 7 days?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
27		[If Q26 'Yes'] How many days over the past 7 have you or members of your household had to limit the quantity of food eaten?	HHH	Number: <input type="checkbox"/> No response
28		What is the highest school grade that the household head completed?	HHH	<input type="checkbox"/> Illiterate Never attended school <input type="checkbox"/> Kindergarten Nursery 0 grade. <input type="checkbox"/> From 1st to 4th grade <input type="checkbox"/> From 5th to 8th grade <input type="checkbox"/> Attended secondary school <input type="checkbox"/> Completed secondary school <input type="checkbox"/> University/professional education <input type="checkbox"/> Informal education Adult literacy program Satellite non-regular <input type="checkbox"/> No response
29	PPI	Over the past one week (7 days), did you or others in your household consume any TOMATOES in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
30	PPI	Over the past one week (7 days), did you or others in your household consume any POTATOES in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
31	PPI	Over the past one week (7 days), did you or others in your household consume any TEA in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>

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32	PPI	Over the past one month, did your household purchase or pay for any HAND/BODY SOAP?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
33	PPI	Over the past one month, did your household purchase or pay for any CHARCOAL?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
34		What type of toilet facility does the household use?	HHH	<input type="checkbox"/> Flush toilet <input type="checkbox"/> PIT Latrine (Ventilated PIT) PIT Latrine with slab Bucket <input type="checkbox"/> PIT Latrine without slab Composting toilet Field/Forest Other <input type="checkbox"/> No response
35		What is the main source of drinking water for your household?	HHH	<input type="checkbox"/> Private tap water <input type="checkbox"/> Shared tap with other Households <input type="checkbox"/> Private water holes <input type="checkbox"/> Shared water holes or streams <input type="checkbox"/> Other <input type="checkbox"/> No response
36		Do you have access to piped drinking water nearby?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
37	PPI	The floor of the main dwelling is predominantly made of what material?	HHH	<input type="checkbox"/> Mud/dung <input type="checkbox"/> Bamboo/reed Wood planks/parquet <input type="checkbox"/> Cement screed Tiles (cement/plastic/ceramic)/mosaic <input type="checkbox"/> Other <input type="checkbox"/> No response
38	PPI	What is the main source of light for the household?	HHH	<input type="checkbox"/> Bio gas Lantern/Lamp (covered flame/uncovered flame) Candle/Wax Firewood Other <input type="checkbox"/> Electricity meter-private Electricity meter-shared Electricity from generator <input type="checkbox"/> Solar energy Flashlight (rechargeable/regular batteries) <input type="checkbox"/> No response
		Thinking back to where you lived about 10 years ago:		
39		About ten years ago, where did you live?	HHH	Record Response <input type="checkbox"/> No response
40	PPI	Where did you live - Region	HHH	Region: <input type="checkbox"/> No response
41		Did you live close to a main all-vehicle road?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
42		Did you own or rent the house?	HHH	Own <input type="checkbox"/> Rent <input type="checkbox"/> No response <input type="checkbox"/>
43		How many members were there in the household?	HHH	Number: No response <input type="checkbox"/>
44		How many household members were 14 years of age or below at that time?	HHH	Number: <input type="checkbox"/> No response
45		What was your total monthly household income before you moved to	HHH	Number No response <input type="checkbox"/>

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		this neighborhood?		
46		What was the highest school grade completed by the head of household?	HHH	<input type="checkbox"/> Illiterate Never attended school <input type="checkbox"/> Kindergarten Nursery 0 grade. <input type="checkbox"/> From 1st to 4th grade <input type="checkbox"/> From 5th to 8th grade <input type="checkbox"/> Attended secondary school <input type="checkbox"/> Completed secondary school <input type="checkbox"/> University/professional education <input type="checkbox"/> Informal education Adult literacy program Satellite Non-regular <input type="checkbox"/> No response
47	PPI	In a typical week (7 days), did you or others in your household consume any TOMATOES in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
48	PPI	In a typical week (7 days), did you or others in your household consume any POTATOES in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
49	PPI	In a typical week (7 days), did you or others in your household consume any TEA in any form?	Food preparer	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
50	PPI	In a typical month (30 days), did your household purchase or pay for any HAND/BODY SOAP?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
51	PPI	In a typical month (30 days), did your household purchase or pay for any CHARCOAL?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
52		What type of toilet facility did the household use?	HHH	<input type="checkbox"/> Flush toilet <input type="checkbox"/> PIT Latrine (Ventilated PIT) PIT Latrine with slab Bucket <input type="checkbox"/> PIT Latrine without slab Composting toilet Field/Forest Other <input type="checkbox"/> No response
53		What was the main source of drinking water for your household?	HHH	<input type="checkbox"/> Private tap water <input type="checkbox"/> Shared tap with other Households <input type="checkbox"/> Private water holes <input type="checkbox"/> Shared water holes or streams <input type="checkbox"/> Other <input type="checkbox"/> No response
54		Did you have access to piped drinking water nearby?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
55	PPI	The floor of the main dwelling was predominantly made of what material?	HHH	<input type="checkbox"/> Mud/dung <input type="checkbox"/> Bamboo/reed Wood planks/parquet <input type="checkbox"/> Cement screed Tiles (cement/plastic/ceramic/mosaic) <input type="checkbox"/> Other <input type="checkbox"/> No response

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56	PPI	What was the main source of light for the household?	HHH	<input type="checkbox"/> Bio gas Lantern/Lamp (covered flame/uncovered flame) Candle/Wax Firewood Other <input type="checkbox"/> Electricity meter-private Electricity meter-shared Electricity from generator <input type="checkbox"/> Solar energy Flashlight (rechargeable/regular batteries) <input type="checkbox"/> No response
		Returning to the situation today		
57		What was your total monthly household income before you moved to this neighborhood?	HHH	Number <input type="text"/> No response <input type="checkbox"/>
58		Does anyone in the household operate a business from the house?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
59		[If Q58 'yes', what type of business? (select all that apply)]	HHH	<input type="checkbox"/> Personal service (eg, hair salon, auto repair) <input type="checkbox"/> Selling Merchandise <input type="checkbox"/> Food (restaurant, bar, eating-takeout) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other (write the type of business) <input type="checkbox"/> No response
60		How is your household economic situation today, compared to the situation before you moved here [or 10 years ago, if did not move since then]?	HHH	<input type="checkbox"/> +2 much better today <input type="checkbox"/> +1 somewhat better today <input type="checkbox"/> 0 about the same <input type="checkbox"/> -1 somewhat better before <input type="checkbox"/> -2 much better before <input type="checkbox"/> No response
61		Does the household have Cook Stove?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
62		[If yes for Q61] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>
63		Does the household have Refrigerator?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
64		[If yes for Q63] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>
65		Does the household have Television?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
66		[If yes for Q65] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>
67		Does the household have Satellite dish?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
68		[If yes for Q67] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>
69		Does the household have Bicycle?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
70		[If yes for Q69] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>
71		Does the household have Motorcycle?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
72		[If yes for Q71] What year was it acquired?	HHH	Year <input type="text"/> No response <input type="checkbox"/>

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73		Does the household have Car?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
74		[If yes for Q73] What year was it acquired?	HHH	Year No response <input type="checkbox"/>
75		Does the household have Sofa?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
76		[If yes for Q75] What year was it acquired?	HHH	Year No response <input type="checkbox"/>
77		Does the household have Edible/work animals (chickens, cows, horses, etc)?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
78		[If yes for Q77] What year was first such animal acquired.?	HHH	Year No response <input type="checkbox"/>
79		Does the household have Domestic animals (dog/cat)	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
80		[If yes for Q79] What year was first such animal acquired.?	HHH	Year No response <input type="checkbox"/>
81	Urban Access	How do you usually travel to the city center? Add "bajaj and motorcycle to options for travel, in all cases	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
82		How many minutes does it normally take you to get from your home to the city center using your most common means of transport selected in Q81?	HHH	#Minutes No response <input type="checkbox"/>
83		Surveyor, please mark the appropriate time period	Surveyor	<input type="checkbox"/> 0-15 minutes <input type="checkbox"/> 16-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 61 and over <input type="checkbox"/> No response
84		Do you have a regular place of work?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
85		[If Q 84 is 'yes'] How do you usually travel to your place of work?	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle

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				<input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
86		[If Q 84 is 'yes'], How many minutes does it usually take to travel to your place of work, using your most common means of transport selected in Q85?	HHH	#Minutes No response <input type="checkbox"/>
87		How does the household shopper often get to the nearest grocery store?	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
88		How many minutes does it usually take to get to nearest grocery shop using the mode of transport selected in Q87?	HHH	#Minutes No response <input type="checkbox"/>
89		How does the household shopper usually go to the nearest meat/fish store?	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
90		How many minutes does it take to get to nearest meat/fish store?	HHH	#Minutes No response <input type="checkbox"/>
91		How many minutes to get to nearest health clinic?	HHH	#Minutes No response <input type="checkbox"/>
92		How many minutes to get to nearest primary school?	HHH	#Minutes No response <input type="checkbox"/>
93		How many minutes to get to nearest secondary school?	HHH	#Minutes No response <input type="checkbox"/>
94		Are there any new health facilities in your area in past 10 years?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>

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95		[If Q94 is 'yes'], which type of health facilities? (select all that apply)		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> No response
96		Have you or anyone in the household gone to a health facility in the past four weeks?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
97		[If Q96 is 'yes'], What was the mode of transportation used to reach the most recently visited health facility?	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
98		[Using the mode of transport selected on Q97], How many minutes did it take to get to the most recently visited health facility?	HHH	#Minutes No response <input type="checkbox"/>
99		Have you or anyone in the household had any of the following health conditions in the past four weeks? (select all that apply)		
		Dysentery	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Malaria	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Worms	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
100		Have you or anyone in the household had any of the following health conditions in the past four weeks? (select all that apply)		
		Bleeding	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Sick	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Pregnant	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Road accident	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Vision/eye problems	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
101		Did anyone in the household have diarrhea during the past four weeks?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
102		If Q101 “Yes”, How many household members had diarrhea during past four weeks?	HHH	Number: <input type="checkbox"/> No response
103		Please indicate what kind of health facility they went to for treatment	HHH	

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		of diarrhea, if any? (select all that apply)		
		Hospital	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Clinic	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Pharmacy	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		Other	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
		None		<input type="checkbox"/>
104		Was any household member pregnant during the past four weeks?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
105		(If Yes for Q104) Did they go to get medication?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
106		(If Yes for Q105) Please indicate what kind of health facility they went to? (select all that apply)	HHH	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> No response
107		(If Yes for Q105) How did they travel to the health facility most recently visited?"	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
108		(If Yes for Q105) How many minutes did it usually take to travel one way for medications using the mode of transport selected in Q107?	HHH	#Minutes No response <input type="checkbox"/>
109		(If Yes for Q104) Did they go to a health facility for healthy pregnancy checkup?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
110		(If Yes for Q109) Please indicate what kind of health facility they went to? (select all that apply)	HHH	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> No response
111		(If Yes for Q109) How did they travel to the facility they visited most recently?	HHH	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi

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				<input type="checkbox"/> Bajaj <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Riding Animals <input type="checkbox"/> Other <input type="checkbox"/> No response
112		How many minutes did it usually take to travel one way for pregnancy checkup using the mode of transport selected in Q111?	HHH	#Minutes _____ No response <input type="checkbox"/>
113		Was anyone in the household injured in a traffic accident during the past four weeks?	HHH	Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/>
114		How does the safety from crime where you live now compare with the safety where you lived ten years ago?	HHH	<input type="checkbox"/> +2 much better today <input type="checkbox"/> +1 somewhat better today <input type="checkbox"/> 0 about the same <input type="checkbox"/> -1 somewhat better before <input type="checkbox"/> -2 much better before <input type="checkbox"/> No response
115		Why?	HHH	<input type="checkbox"/> Overall Political Situation <input type="checkbox"/> Peace and Security <input type="checkbox"/> Economic Conditions <input type="checkbox"/> Factors Specific to this City <input type="checkbox"/> Personal Conditions <input type="checkbox"/> Other [Specify _____] <input type="checkbox"/> No response
		Conclusion – thank you for taking time to answer our questions		
116		Request cell phone number for possible follow-up	HHH	Cell # _____ <input type="checkbox"/> No response
117		Actual coordinates of the house (write geographic coordinates)	Surveyor	Lat: _____ Long: _____
118		Picture of house (With location function turned on capturing coordinate)	Supervisor	Lat: _____ Long: _____