

Wave 0:**Vulnerability Assessment Tool**

SECTION Z			
Consent	Household consents to be interviewed.	Yes	No
Intro Note	I would like to talk to the head of the household. This is the person who you consider to be the "leader" of the household and is responsible for keeping up the daily needs of the household. If he/she is not available, another household member may answer these questions. For the purposes of this survey, when I say household I mean: 1) all people, including children, who live under this "roof" or who have lived within the same house at least 30 days in the past year, and 2) When they are together, they share food from a common source or who eat from the same pot, and/or share in a common resource pool. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
1	PRIMARY CONTACT INFORMATION		
Z01	Interview Date (<i>dd/mm</i>)	<input type="text"/> / <input type="text"/> / 2016	
Z01	Time of Interview: Start (<i>use 24h clock format</i>)	<input type="text"/> : <input type="text"/>	
Z02	Code of Enumeration Area	<input type="text"/>	
Z03	Name and Number of Enumerator	<input type="text"/>	
Z04	Name and Number of Supervisor	<input type="text"/>	
Z05.1	Respondent's Name	<input type="text"/>	
Z05.2	Respondent's Surname	<input type="text"/>	
Z06	Phone Number	+ <input type="text"/> - <input type="text"/> - <input type="text"/>	
Z07	Email Address	<input type="text"/>	
Z08.1	Neighborhood	<input type="text"/>	
Z08.2	Block	<input type="text"/>	
Z08.3	House Address / Localization	<input type="text"/>	
Z09	House Geo Coordinates (Latitude & Longitude)	(<input type="text"/> . <input type="text"/> , <input type="text"/> . <input type="text"/>)	
2	SECONDARY CONTACT INFORMATION		
Note 1	We'd like to get the name and contact information for a close friend or relative who lives nearby. In the event that you move before the next stage of the study this will help us find you.		

Z10	Secondary contact name	_____	
Z11	Secondary contact phone number	+ [] [] [] [] - [] [] [] - [] [] [] [] [] [] [] []	
Z12	Secondary contact email address	_____	
Z13	Secondary Contact ID	[] [] [] [] [] [] [] []	
Z14	House Address / Location	([] [] [] . [] [] [] [] [] [] , [] [] [] . [] [] [] [] [] [])	
3	HEAD OF HOUSEHOLD		
Note 2	I now have a few questions about the head of the household. This is the person who considers himself "leader" of the household and responsible for ensuring the daily needs of the household.		
Z15	Is the survey respondent the head of household?	Yes	No
Z16	If no, what is the respondent's relationship to the head of household?	Spouse	Parent
		Child	Other Relative
		Non-Relative	
Z17	Name of Head of Household	_____	
Z18	Age of Head of Household	[] []	
Z19	Sex of Head of Household	Male	Female
Z20	Telephone of Head of Household	+ [] [] [] [] - [] [] [] - [] [] [] [] [] [] [] []	
Z21	Email of Head of Household	_____	
Z22	Which of the following categories describe the head of household's relationship to the children in this household? Please select all that apply.	Parent	Grandparent
		Sibling	Other Relative
		Non-Relative	
Z23	If the head of household is a grandparent: Do the children in this household have parents who currently live in this household?	Yes	No
4	RESPONDENT INFORMATION		
Z	The respondent is the main caregiver?	Yes	No
Z	Which of the following describes your relationship with children in this household? Select all applicable options.	Parent	Grandparent
		Sibling	Other Relative
		Non-Relative	
4	HOUSEHOLD COMPOSITION		
Note 3	I would like to have more information about the members of this household. That is, 1) all people, including children, who live under this roof or who have lived at least 30 days in the last year, and 2) when together, share food of the same origin, and / or share food from the same pot / meal.		
Z24	How many people live in your household (by age on your last birthday)?	[] []	
Z24.1	Total number of members age: 0 – 4 Years	[] []	
Z24.2	Total number of members age: 5 – 9 Years	[] []	

Z24.3	Total number of members age: 10 – 14 Years	<input type="text"/>		
Z24.4	Total number of members age: 15 – 17 Years	<input type="text"/>		
Z24.5	Total number of members age: 18 – 24 Years	<input type="text"/>		
Z24.6	Total number of members age: 25+ Years	<input type="text"/>		
Z25	Total number of children under 18 years old	<input type="text"/>		
Z26	How many people live in your household (by sex)?	<input type="text"/>		
Z26.1	Total number of male members	<input type="text"/>		
Z26.2	Total number of female members	<input type="text"/>		
Z27	How many school aged children in your household do not currently attend school by age group? Note: This does not include children who are enrolled in school but are currently on school holiday.	<input type="text"/>		
Z27.1	Total number of school-age children: 5 - 9 Years	<input type="text"/>		
Z27.2	Total number of school-age children: 10 - 14 Years	<input type="text"/>		
Z27.3	Total number of school-age children: 15 - 17 Years	<input type="text"/>		
Z28	As a household, how many meals do you usually have per day? Note: This includes meals consumed at work or school.	<input type="text"/>		
Z29	As a household, are there some days you go without food?	Yes	No	
Z30	Please list the main sources of income for your household. Check all that apply.	Farming	Agricultural day labor	
		Buying and selling livestock	Tending animals for another household	
		Small business owner	Rentals (house)	
		Salaried / Formal employment	Non-agricultural daily labor (construction, etc.)	
		Household work for another household	Illegal activity	
		No source of income	Don't know	
		Other (specify)		
Z30.1	If household provided more than one source of income, please indicate which income source is the primary (or most important) source of income for your household	_____		
5	HOUSEHOLD HEALTH			
Z31	Is anyone in your household chronically ill (that is, has been ill for at least 3 months during the past 12 months so that they have not been able to work, go to school, or do normal day-to-day activities)?	Yes	No	Don't Know

Z32	If yes, how many household members are chronically ill in the following categories (by age at their last birthday)?	□		
Z32.1	Total number of members age: 0 – 4 Years	□		
Z32.2	Total number of members age: 5 – 9 Years	□		
Z32.3	Total number of members age: 10 – 14 Years	□		
Z32.4	Total number of members age: 15 – 17 Years	□		
Z32.5	Total number of members age: 18 – 24 Years	□		
Z32.6	Total number of members age: 25+ Years	□		
Z33	To your knowledge, has anyone in your household ever tested positive for HIV?	Yes	No	
Z34	If yes, how many household members have tested positive in each of the following categories (by age at their last birthday)?	□		
Z34.1	Total number of members age: 0 – 4 Years	□		
Z34.2	Total number of members age: 5 – 9 Years	□		
Z34.3	Total number of members age: 10 – 14 Years	□		
Z34.4	Total number of members age: 15 – 17 Years	□		
Z34.5	Total number of members age: 18 – 24 Years	□		
Z34.6	Total number of members age: 25+ Years	□		
Z35	To your knowledge, is anyone in the household on ART medications?	Yes	No	Don't Know
Z36	If yes, how many household members are on ART medication in each of the following categories (by age at their last birthday)?	□		
Z36.1	Total number of members age: 0 – 4 Years	□		
Z36.2	Total number of members age: 5 – 9 Years	□		
Z36.3	Total number of members age: 10 – 14 Years	□		
Z36.4	Total number of members age: 15 – 17 Years	□		
Z36.5	Total number of members age: 18 – 24 Years	□		
Z36.6	Total number of members age: 25+ Years	□		
6	HOUSEHOLD DEATHS			
Z37	For children (0 to 17 years) in your household ONLY. Have any of them had a biological parent die?	Yes	No	
Z38	If yes, how many have had both of their biological parents die?	□		
Z39	If yes, how many have had only one biological parent die?	□		
Z40	Has anyone (including adults and children) in your household died in the past 5 years?	Yes	No	
Z41	If yes, how many household members have died in each of the following categories (by sex)?	□		
Z41.1	Total number of male members	□		
Z41.2	Total number of female members	□		

Z42	If yes, how many household members have died in each of the following categories (age at time of death)?	_	
Z42.1	Total number of members age: 0 – 4 Years	_	
Z42.2	Total number of members age: 5 – 9 Years	_	
Z42.3	Total number of members age: 10 – 14 Years	_	
Z42.4	Total number of members age: 15 – 17 Years	_	
Z42.5	Total number of members age: 18 – 24 Years	_	
Z42.6	Total number of members age: 25+ Years	_	
Z43	If yes, were any of the members who died were chronically ill before they died (this means they were sick for at least 3 months prior to their death so they were unable to work, go to school, or do normal day-to-day activities) before they die?	Yes	No
Z44	If yes, how many members of the household were chronically ill and died in the last 5 years in each of the following categories (age at time of death)?	_	
Z44.1	Total number of members age: 0 – 4 Years	_	
Z44.2	Total number of members age: 5 – 9 Years	_	
Z44.3	Total number of members age: 10 – 14 Years	_	
Z44.4	Total number of members age: 15 – 17 Years	_	
Z44.5	Total number of members age: 18 – 24 Years	_	
Z44.6	Total number of members age: 25+ Years	_	

HOUSEHOLD ROSTER

HOUSEHOLD CODE:					DATE OF INTERVIEW:			
RESPONDENT CODE	Z45	Z46	Z47	Z48	Z49	Z50	Z51	Z52
ID	Name	Year of Birth	Sex	Disabled?	HIV status	ART	School Attendance	Education
			(M/F)	(Y/N)	(+/-/?)	(Y/N)	(Y/N)	Class Completed
01								
02								
03								
04								
06								
07								
08								
09								
10								
11								
12								
13								
14								
			Assessor's Comment:					