

About you

NAME: _____

AGE: _____

SEX: MALE ☐ FEMALE ☐

DATE OF BIRTH: _____

RELIGION: _____

DO YOU HAVE A DISABILITY: YES ☐ NO ☐

WHAT IS THE NATURE OF YOUR DISABILITY: _____

WHAT STATE WERE YOU BORN IN: _____

HOW LONG HAVE YOU LIVED HERE: _____

WHERE DID YOU PREVIOUSLY LIVE: _____

HIGHEST EDUCATIONAL LEVEL ATTAINED: _____

HOW LONG DOES IT TAKE YOU TO GET TO SCHOOL : _____

HOW DO YOU TRAVEL TO SCHOOL: _____

HOW MANY PEOPLE LIVE IN YOUR HOUSE/
WHAT IS THEIR RELATIONSHIP TO YOU:

<input type="checkbox"/> 1	_____	<input type="checkbox"/> 6	_____
<input type="checkbox"/> 2	_____	<input type="checkbox"/> 7	_____
<input type="checkbox"/> 3	_____	<input type="checkbox"/> 8	_____
<input type="checkbox"/> 4	_____	<input type="checkbox"/> 9	_____
<input type="checkbox"/> 5	_____	<input type="checkbox"/> 10	_____

HOW MANY DWELLING ROOMS ARE IN YOUR HOUSE*: _____

(*Dwelling rooms include: living room, bedroom, dining room, drawing room, study room – with walls, doorway and roof)

WHERE DO YOU GET YOUR DRINKING WATER: INDOOR TAP ☐ HANDPUMP ☐ POND/LAKE ☐
WELL ☐ TANK ☐ SPRING/RIVER ☐

DO YOU HAVE A LATRINE INSIDE
YOUR HOUSE:

YES

☐

NO

☐

WHAT FUEL DO YOU USE IN YOUR
HOUSE FOR COOKING:

FIREWOOD

☐

LPG

☐

KEROSENE

☐

OTHER

☐

WHICH OF THE FOLLOWING DO YOU HAVE IN YOUR HOUSEHOLD (WRITE THE NUMBER IN THE
BOX):

TELEVISION

☐

SCOOTER / MOPED

☐

BICYCLE

☐

RADIO

☐

MOBILE PHONE

☐

CAR / VAN

☐

TELEPHONE

☐

NONE

☐

DO YOU HAVE ACCESS TO THE INTERNET (HOME, MOBILE OR WORK)?

YES

☐

NO

☐

Address:

Participant code

Name of school:

Contact telephone number:

**The information provided on this sheet will not be shared with anyone other than the
research team, other than in an anonymous format.*