

# 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:

HEIGHEST EDUCATIONAL LEVEL ATTAINED:

WHAT IS YOUR OCCUPATION:

HOW MANY KM FROM HOME TO WORK:

HOW DO YOU TRAVEL TO WORK:

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

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

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)

HOW WOULD YOU DESCRIBE THE  
TENURE OF YOUR HOME?

OWNED ☐  
OTHER ☐

RENTED ☐

WHAT IS YOUR PRINCIPLE SOURCE  
OF DRINKING WATER:

INDOOR TAP ☐ HANDPUMP ☐ POND/LAKE ☐  
WELL ☐ TANK ☐ SPRING/ RIVER ☐

WHAT IS YOUR PRINCIPLE SOURCE  
OF LIGHTING:

ELECTRICITY ☐ KEROSENE ☐ SOLAR ☐  
OTHER ☐

DO YOU HAVE A LATRINE INSIDE  
YOUR HOUSE:

YES ☐ NO ☐

WHAT IS YOUR PRINCIPLE SOURCE  
OF FUEL FOR HOUSEHOLD COOKING:

FIREWOOD ☐ LPG ☐ KEROSENE ☐  
OTHER ☐

WHICH OF THE FOLLOWING ASSETS 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

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.*