

Collection date of household characteristics:

(DD-MM-YYYY)

HOUSEHOLD CHARACTERISTICS

What type of household does the participant live in?

- ☐ Stand-alone house
☐ House split into two apartments/flats
☐ Apartment building
☐ Hotel/Motel
☐ Trailer/Mobile home
☐ Traditional dwelling
☐ Other

(If Other) Specify household type:

How many sleeping and living rooms are in the participant's household?

How many people live in the participant's household?

Does the participant's household have, or does the participant own, any of the following?

	Yes	No
Arable land	<input type="radio"/>	<input type="radio"/>
Pastures and hayfields	<input type="radio"/>	<input type="radio"/>
Pets	<input type="radio"/>	<input type="radio"/>
Farm animals	<input type="radio"/>	<input type="radio"/>
Bed	<input type="radio"/>	<input type="radio"/>
Blankets	<input type="radio"/>	<input type="radio"/>
Mattress	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>
Motorcycle or Scooter	<input type="radio"/>	<input type="radio"/>
Car or Truck	<input type="radio"/>	<input type="radio"/>
Electricity	<input type="radio"/>	<input type="radio"/>
Internet Connectivity	<input type="radio"/>	<input type="radio"/>
Microwave	<input type="radio"/>	<input type="radio"/>
Refrigerator	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>

Mobile phone	<input type="radio"/>	<input type="radio"/>
Computer or laptop	<input type="radio"/>	<input type="radio"/>

What is the participant's household's roof made of?

- ☐ Tile
- ☐ Concrete
- ☐ Wood
- ☐ Natural resources (e.g. straw)
- ☐ Scavenged resources (e.g. cardboard)
- ☐ Iron
- ☐ Asbestos
- ☐ Aluminium
- ☐ Other

(If Other) Specify the household's primary roof material:

Does the participant's household experience any leaking?

- ☐ During heavy rain (including light rain)
- ☐ During light rain only
- ☐ Never

What is the participant's household's wall made of?

- ☐ Brick
- ☐ Plaster
- ☐ Wood
- ☐ Cardboard
- ☐ Curtains
- ☐ Other

(If Other) Specify the household's primary wall material:

What is the participant's household's floor covering made of?

- ☐ Soil
- ☐ Wood
- ☐ Cement
- ☐ Tile
- ☐ Carpet/Rug
- ☐ Other

(If Other) Specify the household's primary floor covering material:

What is the main source of cooking fuel used in the participant's household?

- ☐ Electricity
- ☐ Wood
- ☐ Charcoal
- ☐ Gas
- ☐ Kerosene
- ☐ Oil
- ☐ Crop waste
- ☐ Other

(If Other) Specify main source of cooking fuel used in the household:

Where is cooking primarily conducted in the participant's household?

- ☐ Indoors
- ☐ Outdoors (Enclosed Area)
- ☐ Outdoors (Open Area)

(If Indoors) Is cooking and sleeping conducted in the same room?

- ☐ Yes
- ☐ No

In what type of developed settlement does the participant live?

- ☐ Urban
- ☐ Suburban
- ☐ Rural

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