

EMERGING MENT**AL** HEALTH SYSTEMS IN LOW-AND MIDDLE-INCOME COUNTRIES (**EMERALD**) PROJECT

Household Survey Manual

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Part 1: Introduction

Overview

Introduction

The EMERging MentAL Health Systems in Low- And MiDdle-Income Countries (EMERALD) Project Household Survey Manual is a tool to help implement the EMERALD Household Surveys in countries and to improve the quality of the interview process. This manual is intended to provide practical information about the survey instrument and its use during the household interviews.

Purpose

The manual is to be used as a training tool for interviewers when administering the questionnaire.

Intended Audience

The manual is intended for all parties responsible for implementing the EMERALD Household Survey and using the resulting data. The various parties include a wide range of people from interviewers, field staff, supervisors and principal investigator(s), to public health officials in the Ministry of Health and/or any health institutions

Guide to Using this Manual

This manual has been written in eight parts.

Each part is introduced with an overview and a short table of contents to help readers find specific topics.

In this section

This section contains the following topics:

- About EMERALD
- EMERALD Household Survey Questionnaire

Introduction

The Emerging mental health systems in low- and middle-income countries (EMERALD) Project is a five year research programme which will involve various research studies over this period, funded through the European Union's Seventh Framework Programme (FP7/2007-2013) under the EMERALD grant agreement n° 305968.

The project is being centrally coordinated by Prof. Graham Thornicroft of the Institute of Psychiatry at King's College London (KCL). EMERALD brings together psychiatrists, psychologists and researchers with a strong scientific and/or clinical background in the fields of global mental health/health system research from Europe, Africa and Asia. The EMERALD consortium consists of 12 participating institutions based in five different EU member states as well as six partners in Ethiopia, India, Nepal, Nigeria, South Africa and Uganda:

- 1. King's College London (United Kingdom)
- 2. Universidad Autonoma de Madrid (Spain)
- 3. World Health Organization (WHO)
- 4. Addis Ababa University (Ethiopia)
- 5. Public Health Foundation of India
- 6. Transcultural Psychosocial Organization (TPO, Nepal)
- 7. University of Ibadan (Nigeria)
- 8. University of Cape Town (South Africa)
- 9. University of KwaZulu Natal (South Africa)
- 10. Butabika National Mental Hospital (Uganda)
- 11. HealthNet TPO (The Netherlands).
- 12. GABO:mi (Munich).

This international consortium will collaborate to improve mental health outcomes by enhancing health system performance.

Basis of the EMERALD Household Study

This study looks at how people's financial situation is affected by their own mental health, and the mental health of the people they live with. The study also looks at how people's financial situation is affected by what mental health care services are available to them, and what mental health care services are available to the people they live with.

The study is part of the EMERALD (Emerging mental health systems in low- and middle-income countries) project, which is being carried out in Ethiopia, India, Nepal, Nigeria, South Africa and Uganda. The study in *SouthAfrica* is being carried out by *the University of Cape Town*.

Study Aims & Objectives

The overall aim of this study is to assess the impact of inadequate mental health service access on household consumption and production, as well as the economic consequences of improved access to appropriate care in Low and Middle Income Countries (LAMICs). Accordingly, our objectives for each participating country are:

- to assess the economic impact of prioritized mental, neurological, and substance use (MNS) disorders on household economic status, and;
- to assess the economic impact of mental health interventions on household economic status.

In this study, we would therefore like to answer the following questions:

- 1. What is the economic impact of MNS disorders on household economic status?
 - Do Households with mental illness display substantial and at times catastrophic health expenditure (defined as expenditure which exceeds 10% of household income), compared to households of people who attend primary care clinics, but do not have mental illness?
- 2. What is the economic impact of mental health interventions on household economic status?
 - Does receiving evidence-based treatment yield economic benefits for affected individuals and their households?

EMERALD Household Questionnaire

Introduction

The EMERALD Household Questionnaire consists of the following eight sections:

Section 0000: Coversheet

Section 0100: Recontact Information Section 0200: Household Roster

Section 0300: Housing

Section 0400: Household, Family Support Networks & Transfers

Section 0500: Assets and Household Income

Section 0600: Household Expenditure Section 0700: Financial Situation Outlook Section 0800: Interviewer Observations

In addition, there is one *Permission to Visit Household* form to be completed by individuals who are approached while attending their health facility; one *Consent Form* for the Identified Household Respondent as well as; *Participant Information Forms* for both the Approached Individuals and their Identified Household Respondent.

Purpose of the EMERALD Household Questionnaire

The household survey instrument is adapted from the previously validated and WHO ERC-approved SAGE survey on health and ageing developed specifically for use in low- and middle-income countries (see http://www.who.int/healthinfo/sage/cohorts/en/index2.html). The purpose of the EMERALD Household questionnaire is to collect data on a broad range of domains, specifically:

- 1. Housing (type and ownership of housing; number of residents);
- 2. Transfers (to/from those not living in household, including financial / non-financial help to and from family/friends, as well as state benefits; debts or loans);
- 3. Assets and income (asset index; sources and levels of income);
- 4. Expenditure (food and non-food items; health care costs and source of funds for these expenditures);
- 5. Global situation (financial strain index, perceived situation).

We would like to collect this data by visiting the households of people who have attended a health facility in our local study sites. Some of these people will be attending the health facility due to an MNS Disorder, while others will be attending the health facility for different reasons.

Once these Individuals have provided permission for our interviewers to visit/contact their households, Interviewers will visit their households to administer the questionnaire to the most knowledgeable adult in the home.

Some households will be revisited twelve (12) months after the baseline household survey is conducted, to repeat the same household questionnaire. The reason we will be repeating the

interview is to assess how certain household's economic status changes over the twelve-month period, following improved access to health services in their district.

Target Groups

The Household Questionnaire is to be administered to adults aged 18 years and older who have been identified as the Household Informant.

The term "Identified Household Informant" refers to the individual in the household who is most able to respond to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure). It is expected that for the majority of households, the Household Head will be the "Identified Household Informant". In some cases, however, we anticipate that the Household Head may either lack the information or, may lack capacity to respond to the household survey due to mental disorder or illness. In these cases, we will approach other adult members of the household (e.g. the spouse or partner of the household head or; the primary caregiver of the household head) who has the information, time and ability to complete the full interview. This person will then be our "Identified Household Informant", and will be asked to provide consent to participate. Should both the Household Head and the other adult members of the household lack the information or the capacity to respond to the household survey or to provide informed consent to participate; these households will be excluded from the study. In all cases, the role and identity of the "Identified Household Informant" will be recorded within the household survey.

Supervisors will instruct or assist interviewers about the targeted respondent for each household

Literacy

Respondents do not need to be able to read and write. However, depending on their age, maturity, and cognition, as well as the place where they come from, some questions or concepts may be more difficult to understand than others. Where participants are illiterate, they will only be allowed to participate in the study if: a) they have been read the participant information sheet by the interviewer/researcher; b) the interviewer has signed the informed consent form as witness that the participant has given his or her verbal informed consent to take part, and; c) this practice is legally permissible in the country.

Duration of Interviews

An interview is expected to last on average 60-90 minutes but may take longer depending on respondents' comprehension and literacy levels. Respondents with language difficulties, limited education, those who are very talkative or who suffer from poor health, may take longer to complete the interview.

Privacy

The preferred condition for interviewing respondents is in private, with no other member of the household present. In some situations this may be difficult. If total privacy is not possible, the respondent may have to be interviewed outside the house or where the respondent feels comfortable discussing matters which may be sensitive.

If the respondent wishes to have someone with them during the interview, these requests should be considered and noted in *Section 0800 Interviewer Observations*.

Part 2: Roles and Responsibilities

Overview

Introduction

This part of the manual will focus on the key roles required for administering the EMERALD Household Survey.

In this part

This part covers the following roles:

- Interviewers
- Individuals with Confirmed MNS Disorder
- Individuals without MNS Disorder
- Identified Household Informants
- Supervisors

Interviewers

Introduction

The interviewers are all those who have been trained to administer the EMERALD Household Survey in the field.

Core Roles

The core roles and responsibilities of an interviewer include:

- 1. Ensuring all respondents or individuals approached for participation are aware of the aims and objectives of the study, as well as the risks and benefits of participation.
- 2. Assess capacity for respondents to consent to participation.
- 3. Ensuring that the EMERALD Permission to Contact Form has been completed by PHC Attendees who have consented to have their Households Visited.
- 4. Physically locating and approaching households in specified areas.
- 5. Introducing the EMERALD Household Survey to the households and; obtaining household member participation and informed consent.
- 6. Identifying the Household Informant
- 7. Asking the questions in the survey, clarifying any confusion and answering queries respondents may have.
- 8. Setting the pace of the interview, keeping the respondent focused and interested and making the interview atmosphere comfortable and pleasant at all times.
- 9. Recording respondents' answers using Mobenzi or by pencil-and-paper and; editing completed questionnaires (for hand written surveys only).
- 10. Checking all forms and information before handing to supervisor.
- 11. Reporting any difficulties to supervisor.

Skills and Attributes

Interviewers should have the following general skills and attributes:

- Good oral and written communication skills; ability to use the Mobenzi Data Collection Platform in participating countries.
- Friendly manner and patience
- Good attention to detail
- Clean and tidy appearance.

Individuals with Confirmed MNS Disorder

Introduction

Individuals with Confirmed MNS Disorder refer to all Individuals who:

- Have screened-positive for an MNS disorder, and/or;
- Have been diagnosed with an MNS disorder by a health care provider, or;
- Have been identified in their community and assessed by a health provider who has provided diagnostic confirmation of MNS disorder.

For the EMERALD Household study, we are only interested in those Individuals with Confirmed MNS Disorder that provide permission for the EMERALD Interviewers to contact and visit their Households.

Core Roles

The core roles and responsibilities of the Individuals with Confirmed MNS Disorder are:

- 1. To listen carefully while interviewers discuss participant information and informed consent procedures.
- 2. To ask for clarifications whenever information seems unclear regarding the Permission to Contact Household.
- 3. To provide clear, unambiguous household contact and address information (for consenting Individuals with Confirmed MNS Disorder).

Skills and Attributes

Individuals with Confirmed MNS Disorder that are approached for Permission to Contact Households should have the following attributes:

- Aged 18 or above
- Have capacity to consent or; a caregiver who has capacity to consent.

Individuals without MNS Disorder

Introduction

Individuals without MNS Disorder refer to all Individuals who:

- 1. Have screened-negative for an MNS disorder, and/or;
- 2. Have been diagnosed with another chronic condition by a health care provider

For the EMERALD Household study, we are only interested in those Individuals without Confirmed MNS Disorder that provide permission for the EMERALD Interviewers to contact and visit their Households.

Core Roles

The core roles and responsibilities of the Individuals without Confirmed MNS Disorder are:

- 1. To listen carefully while interviewers discuss participant information and informed consent procedures.
- 2. To ask for clarifications whenever information seems unclear regarding the Permission to Contact Household.
- 3. To provide clear, unambiguous household contact and address information (for

consenting Individuals without Confirmed MNS Disorder).

Skills and Attributes

Individuals without MNS Disorder that are approached for Permission to Contact Households should have the following attributes:

- Aged 18 or above
- Have capacity to consent or; a caregiver who has capacity to consent.

Identified Household Informant

Introduction

Identified Household Informants are selected by the Interviewer during the Household Visit.

Household Visits are determined by whether the *Individuals with Confirmed MNS Disorder* or the *Individuals without MNS Disorder*, have: (1) provided permission for interviewers to visit their Households and; (2) provided accurate contact and address details.

The term "Identified Household Informant" refers to the individual in the household who is most capable of responding to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure).

- → It is expected that for the majority of households, the Household Head will be the "Identified Household Informant".
- → In some cases, however, we anticipate that the Household Head may either lack the information or, may lack capacity to respond to the household survey due to mental disorder or other illness.
- → In these cases, we will approach other adult members of the household (e.g. the spouse or partner of the household head or; the primary caregiver of the household head) who has the information, time and ability to complete the full interview. This person will then be our "Identified Household Informant", and will be asked to provide consent to participate.
- → Should both the Household Head and the other adult members of the household lack the information or the capacity to respond to the household survey or to provide informed consent to participate; these households will be excluded from the study.
- ightarrow In all cases, the role and identity of the "Identified Household Informant" will be recorded within the household survey.

Core Roles

The principle requirement of the Identified Household Informant is to cooperate with the interviewer and follow instructions. They should also:

- 1. Listen carefully while interviewers discuss participant information and informed consent procedures.
- 2. Listen to questions attentively without interrupting;
- 3. Think through the answers before answering, and try to give an accurate and complete response as much as possible; and,
- 4. Ask for clarifications whenever a question seems unclear to him and ask the interviewer to repeat or rephrase it.
- 5. Have the time to complete the interview.

→ Voluntary: Respondents can refuse to answer any question and can stop the interview at any time. Interviewers should attempt to continue but not force a person to continue.

Skills and Attributes

Identified Household Informants should have the following attributes:

- Aged 18 or above
- Most knowledgeable person in the household about the household members and characteristics, household's health status, transfers and financial status, including income and expenditures.
- Have capacity to consent or; a caregiver who has capacity to consent.

Supervisor

Introduction

The Supervisor is responsible for monitoring the progress and quality of the data collection, and ensuring that interviewers are performed to a high and consistent standard. Supervisors are the interface between data collection and the Principal Investigators. Supervisors may also be involved in training, monitoring the data entry process and quality control processes in every stage of the survey work.

Core Roles

The core roles of a Supervisor include:

- 1. Recruiting and training interviewers
- 2. Handling the logistics of the survey, including:
 - i. obtaining and managing household registers and maps of survey areas
 - ii. informing local authorities about the survey
 - iii. coordinating household information for follow-up interviews
 - iv. obtaining necessary supplies and equipment.
- 3. Supervising interview teams and the interview process including checking that:
 - i. contact procedures are correctly followed
 - ii. interviews are conducted appropriately
 - iii. standardized interviewing techniques are practiced
- 4. Checking completed questionnaires (where applicable) and ensuring data quality
- 5. Managing human resource performance and issues.
- 6. Providing feedback and progress updates to key EMERALD survey stakeholders.
- 7. Checking and supervising data entry where applicable
- 8. Ensuring the rights and interests of the participants are protected at all times.

Skills and Attributes

Supervisors should have the following skills and attributes:

- · Ability to work with teams and motivate people.
- Be well organized and efficient in planning EMERALD survey schedules.
- Able to mobilize multiple teams over a short period to complete data collection.
- Experienced in health population based surveys.
- Good understanding of the philosophy and objectives of EMERALD.

Part 3: Essential Survey Processes

Overview

Introduction

This part provides detailed descriptions of all essential processes for conducting the EMERALD Household Survey.

Intended Audience

This part is designed for use by those fulfilling the following roles:

- Interviewers
- Supervisors
- Programme for Improving Mental Heath CarE (PRIME) Project Partners

In this Part

This part covers the following topics:

- · Study Sites & Sample
- · Process Overview
- Key Stages for Implementing the Household Survey
- Linking the Recruitment for PRIME Cohort & EMERALD Household Studies
- Process for Recruiting Individuals With and Without MNS Disorder
- Process for Obtaining Informed Consent for Both Studies
- Recruitment Script
- · Processes after Informed Consent
- · Matching Individuals With and Without MNS Disorder
- · Process for Locating Households

Study Sites & Sample

EMERALD Household Study Sites

The EMERALD Household Study will be administered in six LAMICs in Africa and Asia (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda), all of which are making notable efforts to improve the coverage and quality of care provided to people with MNS disorders through concerted service development and implementation. Characteristics of the study sites in each country are summarized in the following table:

Country	District/sub-district	Population	Number of PHCs	Socio-economic characteristics	Number of MH specialists	
Ethiopia	Sodo	165,000	8	Literacy rate: 22% 90% rural	None	
India	Sehore (Madhya Pradesh state)	1,311,008	15	Literacy rate: 71% 81 % rural	1 part-time psychiatrist, 1 psychologist	
Nepal	Chitwan	575,058	4 Literacy rate=70% 73% rural		2 Psychiatrists	
South Africa	Kenneth Kaunda (North West Province)	632,790	28	Literacy rate: 88% 14% rural	1 Psychiatrist,1 Psychologist	
Uganda	Kamuli	740,700	41	Literacy rate: 62% 3% rural	1 Psychiatric Clinical Officer	
Nigeria	Lagelu, Ona-Ara, Oluyole, Ibadan North-West, Ibadan South-West	1,054,292	42	Literacy rate: 63%	None	
	Orolu, Osogbo, Irepodun, Egbedore, Olorunda, Aiyedade, Ifelodun and Odo-otin	966,714	80	Literacy rate: 58.9%	4 psychiatrists, 1 psychologist	

The EMERALD Household study will adopt the same core approach in all six countries. These sites have been selected because:

- They represent diverse socio-cultural, urban/rural and economic contexts offering opportunities for contextualization of the research goals and outputs; as well as evaluation of impacts in diverse disadvantaged populations.
- The lead research institutions in each country have strong, established capacity for carrying out the proposed research, including development of contextually appropriate tools for measurement of mental health outcomes and development and evaluation of primary and community mental health care.
- All these institutions have forged strong local partnerships involving the Ministries of Health, other academic institutions and NGOs. These include commitments to mobilize resources for using evidence to strengthen mental health care and thus maximize the chances of success of long-term goals of scaling up.
- They are participating in either the UK Department for International Development "PRIME" collaborative program (Ethiopia, India, Nepal, South Africa and Uganda) or; in the Wellcome Trust/MRC grant funded "STEPped CARE" randomized controlled trial for depression in primary care (Nigeria), which will serve as the recruiting ground for the EMERALD study.
- They are serving as the pilot sites for the implementation of new mental health care plans in local districts

Study Sample

The population of interest for the EMERALD Household Survey is the Identified Household Informants of Individuals with MNS Disorder, and the Identified Household Informants of Individuals without MNS Disorder, in each of our study sites.

Depending on the specific country and its priorities, the MNS disorders of interest will include depression and at least one additional disorder (psychosis, or epilepsy, or alcohol use disorder).

The EMERALD Household Survey will therefore be administered to:

- Identified Household Informants: all adult (aged 18 years and over) Individuals with MNS Disorder
- Identified Household Informants: all adult (aged 18 years and over) Individuals without MNS Disorder

Identified Household Informants

Reminder

The term "Identified Household Informant" refers to the individual in the household who is most able to respond to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure). It is expected that for the majority of households, the Household Head will be the "Identified Household Informant". In some cases, however, we anticipate that the Household Head may either lack the information or, may lack capacity to respond to the household survey due to mental disorder or illness. In these cases, we will approach other adult members of the household (e.g. the spouse or partner of the household head or; the primary caregiver of the household head) who has the information, time and ability to complete the full interview. This person will then be our "Identified Household Informant", and will be asked to provide consent to participate. Should both the Household Head and the other adult members of the household lack the information or the capacity to respond to the household survey or to provide informed consent to participate; these households will be excluded from the study. In all cases, the role and identity of the "Identified Household Informant" will be recorded within the household survey.

Introduction

As previously mentioned, the EMERALD Household Study will be administered in study sites that are participating in either:

- → the UK Department for International Development "PRIME" collaborative program (Ethiopia, India, Nepal, South Africa and Uganda), or;
- → the Wellcome Trust/MRC grant funded "STEPped CARE" randomized controlled trial for depression in primary care (Nigeria).

These research programs will serve as the recruiting ground for the EMERALD study participants.

This section of the manual will focus on the process for countries participating in the PRIME program.

Key Stages for Implementing the Household Survey

In all participating EMERALD sites, there are several overarching stages that need to occur in order to implement the Household Survey (refer to: **Error! Reference source not found.**).

STAGE 1. INDIVIDUALS IDENTIFIED AS:

- → Individuals with MNS Disorder or
- → Individuals without MNS Disorder

STAGE 2. ONCE IDENTIFIED, THESE INDIVIDUALS WILL BE APPROACHED AND ASKED TO PROVIDE CONSENT FOR EMERALD INTERVIEWERS TO CONTACT THEIR HOUSEHOLD.

- → If Consent Is Provided: Collect Household Address; Sign Consent Forms.
- → If Consent Is Not Provided: Make No Further Contact

STAGE 3. VISIT HOUSEHOLD

→ This Step Will First Involve Locating The Household Based On The Information Provided In The Previous Stage.

STAGE 4. IDENTIFY THE HOUSEHOLD INFORMANT

STAGE 5. ONCE IDENTIFIED, HOUSEHOLD INFORMANT WILL BE APPROACHED AND ASKED TO PROVIDE CONSENT FOR EMERALD INTERVIEWERS TO CONDUCT THE HOUSEHOLD QUESTIONNAIRE

- → If Consent Is Provided: Administer Household Questionnaire
- → If Consent Is Not Provided: Make No Further Contact

STAGE 6. 12 MONTHS LATER, REVISIT HOUSEHOLD

- \rightarrow Only Households Of Individuals with MNS Disorder Must Be Followed-Up And Revisited.
- → Households Of **Individuals without MNS** Disorder may also be followed up, but this is optional and will be confirmed by your local PI.

STAGE 7. HOUSEHOLD INFORMANT WILL BE APPROACHED AND ASKED TO PROVIDE TO CONDUCT THE HOUSEHOLD QUESTIONNAIRE

- → If Consent Is Provided: Administer Follow-Up Household Questionnaire
- → If Consent Is Not Provided: Make No Further Contact

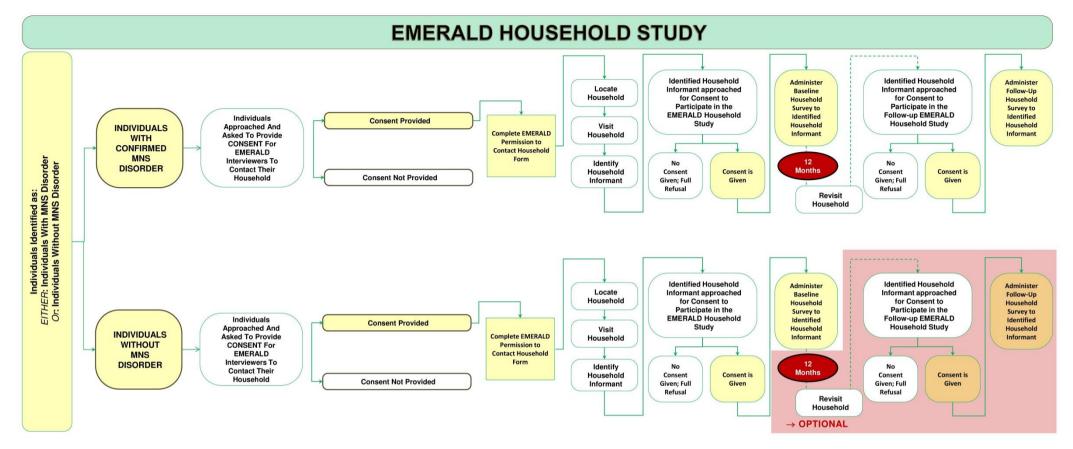


Figure 1 KeyStages for Implementing the Household Survey

→ N.B. 'OPTIONAL' means that some of the participating EMERALD countries will be including these groups as 'Comparison' groups.

Please check with your PI to determine whether this is relevant for your setting.

Overview

The purpose of the Programme for Improving Mental Health CarE (PRIME) is to generate world-class research evidence on the implementation and scaling up of treatment programmes of priority mental disorders, specifically depression, alcohol use disorders and severe mental disorder(s) (schizophrenia, epilepsy), which can be widely adopted by policy makers and practitioners in low and middle-income countries.

PRIME is being investigated by a consortium of research institutions and Ministries of Health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa & Uganda), with partners in the UK and the World Health Organization (WHO). PRIME is supported by the UK government's Department for International Development (DFID), and is a six year programme which was launched in May 2011. Notably, PRIME is being implemented in all EMERALD country sites, except Nigeria.

PRIME will achieve its purpose by addressing three major objectives in three overlapping phases across the duration of the research programme:

- Inception phase (Year 1): Development of an integrated mental health care plan comprising
 packages of care for priority mental disorders for delivery in primary care and maternal health
 care.
- **Implementation phase (Years 2-4):** Evaluate the feasibility, acceptability and impact of the packages of care in the contexts of routine primary health care and maternal health care.
- Scaling Up phase (Years 5-6): Evaluate the scaling up of these packages of care at the level of administrative health units (AHU), such as districts.

By and large, PRIME focuses its inquiry at the community and facility levels. It is therefore nonoverlapping with EMERALD, which will operate at the district, regional and national levels in relation to health system strengthening.

Throughout the duration of the PRIME programme, the design, implementation and impact of packages of care integrated within routine primary and maternal health care will be explored, in addition to the potential for added value from wider integration of mental health care within community-development programmes. This includes exploring questions around the impact of interventions on health and socio-economic outcomes for the beneficiaries.

EMERALD Household Study Stages Intersecting with PRIME

The ongoing and planned activities of the PRIME study in Ethiopia, India, Nepal, South Africa and Uganda provide a suitable platform for recruiting Households into the EMERALD Household Study being carried out in the same local study sites. To make reference to the earlier part of this section where <u>Key Stages for Implementing the Household Survey</u> were outlined, PRIME and EMERALD will primarily intersect at: Stage 1 and Stage 2 as follows:

	INDIVIDUALS IDENTIFIED AS:
STAGE 1	→Individuals with MNS Disorder, or;
	→Individuals without MNS Disorder
	ONCE IDENTIFIED, THESE INDIVIDUALS WILL BE APPROACHED AND ASKED TO
	PROVIDE CONSENT FOR EMERALD INTERVIEWERS TO CONTACT THEIR
STAGE 2	HOUSEHOLD.
	→If Consent Is Provided: Collect Household Address; Sign Consent Forms.
	→If Consent Is Not Provided: Make No Further Contact

PRIME Stages Intersecting with EMERALD Household Study

The commencement of EMERALD Household Study recruitment coincides with Phase 2 (Implementation Phase) of PRIME.

A key element of this phase is the impact evaluation component, conducted using before-after evaluations of the impact of the mental health care plan with cohorts of individuals with mental disorders identified in facilities (primary care and maternal health care) and community contexts. Specifically, the recruitment for this PRIME Cohort Study has been purposefully timed to coincide with the recruitment of Households for the EMERALD Household Study, in all country sites.

Overview of the PRIME Cohort Study

Three cohorts of Individuals: (1) those with Depression (and Maternal Depression); (2) Alcohol Use Disorder, and; (3) Severe Mental Disorder (psychosis, epilepsy); who have been identified as in need of treatment will be enrolled into the Cohort Study in each country site to receive the packages of care (Mental Health Care Plans) developed during *Phase 1* of PRIME for each study site. These cohorts of Individuals will be followed up over time to determine changes in patient clinical, social and economic functioning, and to explore predictors of patient outcomes.

The primary data collection tools for the PRIME Cohort Study will be quantitative, allowing for estimates of the impacts of the interventions to be derived against baseline assessments using contextually valid tools. Individuals recruited into the Cohort Study will be interviewed at Baseline and at Follow-up points in time (each country has selected their own follow-up points); follow-up will occur either at three months and/or six months and/or or twelve months from recruitment/baseline to detect immediate and longer-term changes in patient outcomes due to initiation of treatment. The cohort will be intention to treat, therefore anyone identified as needing treatment (either by screening or by provider diagnosis) is followed-up.

PRIME COHORT STUDY

Core Baseline & Follow-up Questionnaire Domains

- 1. Socio-demographics
- 2. Diagnosis/severity
- 3. Disability
- 4. Social functioning/Health related quality of life
- 5. Economic functioning
- 6. History of mental disorders
- 7. Pathways to care / history of and treatment for mental disorders
- 8. Economic functioning, Service use, costs, interventions prescribed and barriers to help-seeking
- 9. Family and service user knowledge, behaviour and attitudes (KAB) to mental illness
- 10. Explanatory models of mental illness
- 11. Caregiver burden
- 12. Extent of family support/engagement

Process indicators collected by the MHIS/case note review:

- 13. Referral pathway
- 14. Interventions prescribed (medication, psychosocial etc.)
 Adherence to intervention (drug adherence, number sessions attended etc.)

Additional Items asked at Follow-up

- 15. Interventions prescribed as part of MHCP
- Adherence to interventions (medicine and psychosocial interventions) and reasons for nonadherence
- 17. Family and service user level of engagement with programme
- 18. Process of care/disease management

The cohort is intention to treat, so all those who are identified as needing treatment are followed up irrespective of the level of treatment they ultimately receive.

The baseline and follow-up questionnaires will essentially be the same, apart from the disorder specific screening or diagnostic tools that will be used as the primary clinical outcome. The table

above summarizes the key domains of the Cohort questionnaire, as well as the additional questions that will be asked at follow-up:

Additional Components of the PRIME Cohort Study

1. **Controlled Intervention study:** As an additional component of the PRIME Cohort Study, some countries have planned to evaluate the effects of particular aspects of the MHCP. This will involve nesting the Depression and Alcohol-Use Disorder cohorts (only) into a controlled intervention study whereby one arm would receive the basic MHCP and the other arm would receive an 'enhanced' MHCP' (which includes adding clinical supervision, active case finding and/or additional psychosocial therapies) over and above the basic MHCP.

Countries that will nest the Cohort study into controlled interventions studies will benefit from being able to answer questions relating to the comparative effectiveness of the basic and enhanced MHCPs in improving individual clinical, social and economic outcomes, for Individuals affected by Depression and Alcohol-Use Disorder.

The method of recruiting people for the nested cohort, data collection tools etc. will be the same for the cohort studies not nested within a controlled intervention study (more details below). This enables both arms of the controlled study to be pooled into one treatment cohort to enable cross-country comparability of results with countries that did not use a comparison group.

Untreated Cohort: As a further optional method, a random sample of possible cases identified
through community case finding who did not attend primary care for diagnosis (possibly
matched to a person with SMD who is in the treatment cohort), will be selected. A specialist will
confirm the diagnosis using validated diagnostic tools, and those with confirmed diagnosis will
form an untreated cohort.

The treated and untreated cohorts can be compared to assess factors associated with help-seeking and patient outcomes, either through a cross-sectional survey of the untreated group, or following them up as a cohort to explore differences in patient outcomes over time.

PRIME Cohort Study Recruitment

As mentioned earlier in this section, the recruitment for this PRIME Cohort Study has been purposefully timed to coincide with the recruitment of Households for the EMERALD Household Study, in all country sites. It is therefore vital that both PRIME and EMERALD Interviewers and Research Teams are aware of the process of recruitment for both studies, and the resulting shared responsibilities of the teams.

The PRIME Cohort Study will recruit cohorts of approximately:

- 100-200 Individuals with Depression
- 100-200 Individuals with Alcohol-Use Disorder and
- 150 Individuals with Severe Mental Disorder (Psychosis/Schizophrenia and/or Epilepsy)
- Optional: 150 Individuals identified as possible cases through community case finding who did
 not attend primary care for diagnosis (possibly matched to a person with SMD who is in the
 treatment cohort), will be selected. A specialist will confirm the diagnosis using validated
 diagnostic tools, and those with confirmed diagnosis will form the untreated group.

Individuals will be identified for recruitment into the PRIME cohort study through either:

- → the third round of the PRIME Facility Detection Study (FDS), or;
- → the regional Health Management Information System data on diagnosed Individuals by PHC workers, or;
- → community case finding:

- (1) identifying individuals within the community that are already in contact with the health system.
- (2) identifying individuals within the community that are not in contact with the health system.

Given the nature of the disorders being investigated, and the relative challenges with identifying the presence of mental disorder among individuals in low resource settings, the Depression and Alcohol-Use Disorder Cohorts will be recruited primarily through (1) the third round of the PRIME Facility Detection Study (FDS), or; (2) Health Management Information System data on diagnosed Individuals by PHC workers. Please note that anyone with a diagnosis of depression or alcohol use disorder is eligible for these cohorts, regardless of their screening score on PHQ9 or AUDIT.

The Severe Mental Disorder (and untreated cohorts) will be primarily recruited through (3) community case finding, or; (4) through identifying individuals within the community that are already in contact with the health system, or; (5) through identifying individuals within the community that are not in contact with the health system.

For a complete overview of the PRIME Cohort Study, please refer to Figure 3 (page 21)

Differentiating between the Economic Aspects of EMERALD & PRIME

Both PRIME and EMERALD share an interest in the economic consequences of met and unmet mental health needs in resource-constrained countries. Where PRIME seeks to characterize these consequences for affected *Individuals*, EMERALD (in particular, this EMERALD Household Study) seeks to characterize these consequences and other broader social impacts for the

RIME

Characterizing the economic consequences of met and unmet mental health needs for Individuals with Confirmed MNS Disorder

- 1. Impact of MNS disorder on Individual Economic Functioning
- 2. Economic and financial drivers on the process of implementing mental health packages of care
- 3. Economic barriers to help-seeking for persons with Confirmed MNS Disorder

Improve the design, implementation and impact of mental health interventions, integrated into primary and community care

ERALD

Characterizing the
economic
consequences of met
and unmet mental
health needs for
Households with and
without Confirmed
MNS Disorder

- 1. Impact of MNS disorder on household economic functioning (household income, production and capital formation)
- 2. Impoverishing impacts of mental-ill health on the household
- 3. Economic impact of mental health interventions on household economic functioning

Make the economic case for scaling up mental health care by reporting on household-level social and economic benefits of receiving care

Figure 2 Overview of Economic Aspects of PRIME and EMERALD

affected Household, and for unaffected Households within the study sites.

By characterizing the economic consequences of met and unmet mental health needs for Individuals with Confirmed MNS Disorder, the PRIME Consortium seek to improve the design, implementation and impact of mental health interventions, developed by health service planners and providers and integrated into primary and community care in low and middle income countries. Overall, the economic aspects of mental health of most interest to the PRIME programme are: the impact of MNS disorder on individual economic functioning; the economic and financial drivers on the implementation process, and; the economic barriers to help-seeking for Individuals with Confirmed MNS Disorder.

By characterizing the economic consequences of met and unmet mental health needs for Households with and without Confirmed MNS Disorder, the EMERALD household study seeks to arrive at a better understanding of the impact of MNS disorders on household income, production and capital formation, as well as the economic impact of improved access to health services that are delivered in routine primary care settings. Overall, the economic aspects of mental health of most interest to the EMERALD programme are: the impact of MNS disorder on household economic functioning (household income, production and capital formation); the impoverishing impact of mental-ill health on the household, and the economic impact of mental health interventions on household economic functioning. The data generated will contribute to making the economic case for scaling up mental health care by reporting on household-level social and economic benefits of receiving care.

From the above it is clear that the deliverables associated with EMERALD are quite distinct from PRIME, and that this EMERALD Household Study will provide a critical complement to the work of PRIME by answering key questions that cannot be answered by these consortia.

Please refer to **Error! Reference source not found.** (above) for an overview of the Economic spects of EMERALD & PRIME.

PRIME COHORT STUDY To improve the design, implementation and impact of mental health interventions, developed by health service planners and **Overall Aim** providers and integrated into primary and community care in low and middle income countries. **OPTIONAL Untreated 150 Individuals** 100-200 Individuals 150 Individuals with **Target Sample Size per** 100-200 Individuals identified as possible cases with Alcohol-Use Severe Mental Disorder Disorder with Depression (matched to Individuals w/SMD) Disorder (SMD) PRIME Facility PRIME Facility Community Community **Detection Study (FDS) Detection Study (FDS)** Case-Finding Case-Finding **District Health District Health** Main Recruitment Identifying individuals Management Management Strategy within the community Identifying individuals within the **Information System Information System** community that have not had that are already in data on diagnosed data on diagnosed contact with the health contact with the health system Individuals by PHC Individuals by PHC system workers workers Quantitative **Baseline PRIME Cohort Questionnaire Baseline Data Collection** (2 versions of Baseline Questionnaire) **Tools** (1) WITHOUT Assets/Household Quality Questions (2) WITH Assets/Household Quality Questions 3 Month and/or 6 Month and/or 12 Month **Follow-up Data Collection Tools** Quantitative Follow-Up PRIME Cohort Questionnaire Other Data Collection Qualitative Semi-structured in-depth interviews with Individuals **Tools** Characterizing the economic consequences of met and unmet mental health needs for Individuals with MNS Disorder a. Impact of MNS disorder on Individual Economic Functioning **Economic Outcomes of** b. Economic and financial drivers on the process of implementing MHCP Interest c. Economic barriers to help-seeking for Individuals with Confirmed MNS Disorder

Figure 3 Overview of the PRIME Cohort Study

Linking the Recruitment for PRIME Cohort & EMERALD Household Studies

Why does it make sense to Link the Recruitment for both studies?

The recruitment for this PRIME Cohort Study has been purposefully timed to coincide with the recruitment of Households for the EMERALD Household Study, in all country sites. The rationale behind linking of the recruitment activities can be summarized as follows:

- I. PRIME is being implemented in all EMERALD country sites (Ethiopia, India, Nepal, South Africa & Uganda), except Nigeria.
- II. PRIME and EMERALD share an interest in the economic consequences of met and unmet mental health needs in resource-constrained countries.
 - PRIME seeks to characterize these consequences for affected Individuals through the PRIME Cohort Study
 - EMERALD seeks to characterize these consequences and other broader social impacts for the affected (and unaffected) Households through the EMERALD Household Study.
- III. The PRIME and EMERALD consortia have already collaborated on a number of successful research partnerships involving cross-country research activities in LAMIC settings.
- IV. The PRIME Research Teams are already immersed within our study sites and, these Teams will also be recruiting for Individuals with MNS disorder as part of their research programme.
- V. One of the most important considerations when conducting research is to ensure that participants are not overburdened by requests for participation and, are aware and reminded that their participation is voluntary.

Process for Recruiting Individuals With and Without MNS Disorder

Introduction

The Recruitment of Individuals With and Without MNS Disorder will be conducted in collaboration with the PRIME Research Teams in each Local Setting. Although these individuals (Individuals with and without MNS Disorder) are not the population of interest for the EMERALD study; these Individuals must be identified in order to be able to reach our population of interest (i.e. Identified Household Informants of Individuals with MNS Disorder, and; Identified Household Informants of Individuals without MNS Disorder, in each of our study sites).

Shared Recruitment Process

Recruitment for the EMERALD Household Study follows the same initial process as the recruitment for the PRIME Cohort Study.

- Recruitment for both studies begins by identifying Individuals with Confirmed MNS Disorders within primary health care and community contexts. Individuals will be identified for recruitment through either:
 - → the third round of the PRIME Facility Detection Study (FDS), or
 - → the regional Health Management Information System data on diagnosed Individuals by PHC workers, or
 - → community case finding, or
 - (1) identifying individuals within the community that are already in contact with the health system.
 - (2) identifying individuals within the community that are not in contact with the health system.

- → For EMERALD, recruitment also must involve identifying and gaining consent for Permission to Visit the Household of Individuals Without MNS Disorder, too (some PRIME Countries are also interested in this group). Thus, those that screen-negative to MNS Disorder during the third round of the PRIME Facility Detection Study (FDS) must still be approached to participate in the EMERALD Household Study. Additionally, Individuals Without MNS Disorder can be identified and recruited at the PHC if they are attending the facility for other chronic health conditions.
- 2. Once identified, these Individuals are asked to provide Informed Consent to participate in the study. If consent is given,
 - ightarrow For PRIME, this means that the Individual has been recruited into the Cohort Study.
 - → For EMERALD, this means recruitment can continue:
 - a. Individuals are asked for permission to contact and visit with their Households.
 - b. If permission is given, Interviewers will locate and visit their Household.
 - c. When contact with the **Household** is made, the **Identified Household Informant** must be determined by the Interviewer. Recall: The term "Identified Household Informant" refers to the individual in the household who is most capable of responding to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure).
 - d. Once Identified, the **Household Informant** will be recruited into the EMERALD Household Study if (s)he consents to participate. If consent it given,
 - → For EMERALD, this means that the Household has been recruited into the Household Study.

N.B: EMERALD will also follow this process for recruiting Households of Individuals Without MNS disorder into the screen-negative comparison group. This primarily refers to: (1) those that screen-negative to MNS disorder, or; (2) those that have been matched to screen-positive Individuals based on shared chronic health care needs and socio-demographic characteristics. If these Individuals (those without MNS Disorder) provide permission to contact their households, their Household Informant will be Identified and approached for consent to participate. If consent is given, this means that the Household has been recruited into the comparison group of the EMERALD Household Study.

- * Please refer to Figure 4 (page 24) for a complete overview of the Shared Recruitment Process.
- Please refer to Figure 5 (page 25) for a complete overview of the Additional Steps Required for EMERALD Household Recruitment.

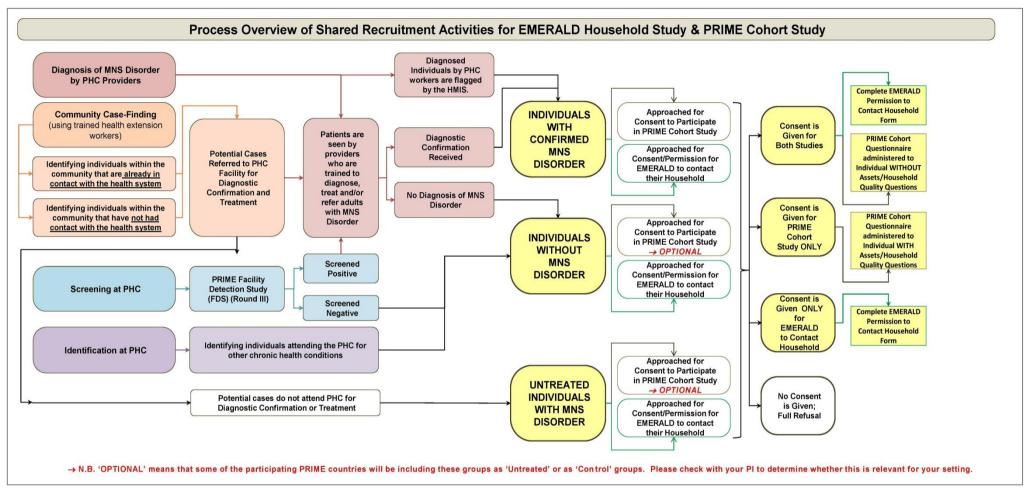


Figure 4 Process Overview of Shared Recruitment Activities for EMERALD Household Study & PRIME Cohort Study

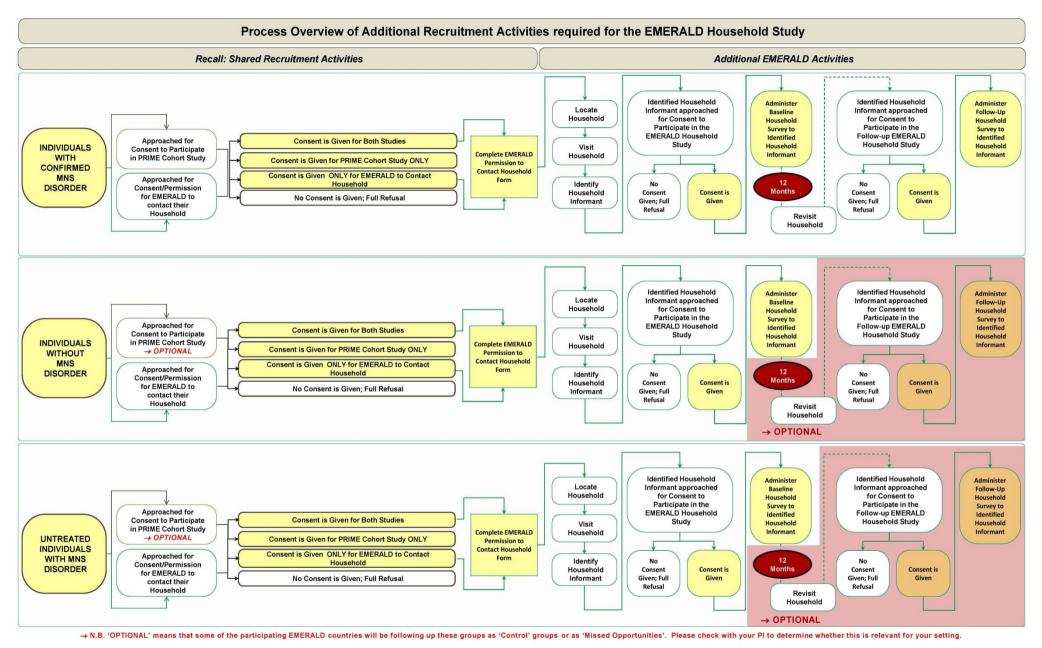


Figure 5 Process Overview of Additional Recruitment Activities required for the EMERALD Household Study

Process for Obtaining Informed Consent for Both Studies

Overview

The foundation of all ethical research involving human subjects is the requirement of informed consent for voluntary participation by research participants. Informed consent implies that two requirements have been met:

- 1. Research participants have been informed about the essential elements of the research, including the risks and benefits of participation, and have understood the information, and;
- 2. They have given their consent to participate.

Typically, potential participants are approached by a member of the Research Team who then provides them with information about the research study – this exchange of information is usually guided by an ethically approved Participant Information Sheet which the potential participant is given to keep.

Following the provision of information, a discussion between researchers and potential participants should occur whereby the researcher is able to determine whether the potential participant has a true understanding of the study.

Finally, the potential participant is asked for consent. They may provide consent and agree to participate *or*, they may not provide consent by refusing to participate.

- If potential participants refuse to participate, and sensible efforts have already been made
 to persuade them (see: <u>Persuading Reluctant Individuals to Participate</u>), they should not be
 contacted further.
- If potential participants provide consent and agree to participate, this agreement should be documented (written on an ethically approved consent form or, verbal (witnessed or recorded))

Responsibilities of both Research Teams

Given that we have decided to link the recruitment process for the PRIME Cohort Study and the EMERALD Household Study, potential participants (*Individuals with Confirmed MNS Disorder, Individuals without MNS Disorder, and Untreated Individuals with MNS Disorder*) that are approached for participation will be provided with detailed information regarding both studies.

The members of the Research Team who are involved in recruitment will provide this information to participants using the ethically approved Participant Information Sheets developed separately for the PRIME Cohort Study and for this EMERALD Household Study.

Therefore, both Research Teams need to work together to ensure that:

- 1. Information communicated to potential participants before enrollment is not excessive or too time-consuming
- 2. Information communicated to potential participants is not overwhelming for them.
- 3. Information communicated to potential participants does not induce any stress or anxiety
- 4. Potential participants are provided with enough information for them to understand the exact nature of both research studies and their outcomes, as well as to understand what it will mean if they agree to participate in either or both of the studies.
- 5. Potential participants know that their participation is voluntary and that they will not be disadvantaged in any way if they:
 - a. Refuse participation in both studies
 - b. Consent to participate in only one of the two studies
 - c. Require more time to make their decision.
- 6. Consenting participants sign the Consent Forms for both studies.

Recruitment Script

To help you through the process of communicating Participant Information for both the PRIME Cohort Study and EMERALD Household Study to potential participants, the following script can be used to guide the dialogue between you (as the Recruiter) and the potential participant.

1. Make sure your name tag is attached and is clearly visible. Introduce yourself and explain the reason for your visit as follows:

Recruiter:

Excuse me, sir/ madam, Do you have a minute?

My name is ______. I am a [Researcher] at [Local Institution] and I am working on a research studies in [District Name].

I would like to provide you with some information about the studies that are taking place in [District Name] to see whether you would like to participate.

2. At this stage, the Recruiter should provide an immediate opportunity to opt out as follows:

Recruiter: Is it OK for me to continue?

- →If individual says "no, not interested": stop, say thank you but do not continue.
- → If he/she says yes, then continue.

Recruiter: I'm approaching you to see if you'd like to take part in two studies that look at how health services in [District Name] are delivered and how these services affect the health and well-being of yourselves and your households. These studies are completely separate to the care you may already be receiving through your local health providers. Whether or not you decide to hear more about the research won't affect your care.

3. At this stage, the Recruiter should ask if he/she is interested in hearing more details:

Recruiter: So, are you interested in hearing some details about the research studies?

- →If individual says "no, not interested": stop, say thank you but do not continue.
- → If he/she says yes, then continue.
- 4. Make a statement about the distinct features of PRIME Cohort Study and the EMERALD Household Study:

Recruiter: As I mentioned, we are conducting two separate studies in [District Name].

The first study is being conducted for a project called PRIME and looks at integrating mental health care into the chronic care provided at your primary health care clinic.

The second study is being conducted for a project called EMERALD and looks at how people's financial situation is affected by their health, and the health of the people they live with. The study also looks at how people's financial situation is affected by what health care services are available to them, and what health care services are available to the people they live with.

Both studies are taking place in Ethiopia, India, Nepal, South Africa & Uganda.

The research teams that are conducting PRIME and EMERALD in [District Name] have already worked together on a number of successful research partnerships.

5. Invite Potential Participant to Participate:

Recruiter: We would like to invite you to participate in these research projects. You should only participate if you want to; choosing not to take part will not disadvantage you in any way.

Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve.

6. Provide the Potential Participant with the Participant Information Sheets for PRIME and for EMERALD

Recruiter: Because we are asking you to participate in two separate studies, I will go over the details of each study separately. Let's start with the PRIME Cohort Study.

7. Provide the Potential Participant with the Participant Information Sheets for PRIME and for EMERALD

Recruiter: [Talk through the essential elements of the PRIME Cohort Study including the risks and benefits of participation. Rather than reading the Participant Information Sheet verbatim, use the 'Roadmap for the PRIME Cohort Study' diagram (see **Figure 7**) to guide the provision of information].

8. Ask if they have any questions about the PRIME Cohort Study.

Recruiter: Do you have any questions about the PRIME Cohort Study?

- →If individual has questions, respond to each one and thank them for their interest and attention.
- → If he/she does not have any questions, then continue.
- 9. Ask the Potential Participant to now refer to the Participant Information Sheets for EMERALD:

Recruiter: Alright, now, let's move on to the EMERALD Household Study.... [Talk through the essential elements of the EMERALD Household Study including the risks and benefits of participation. Rather than reading the Participant Information Sheet verbatim, use the 'Roadmap for the EMERALD Household Study' (see Figure 6) diagram to guide the provision of information].

10. Ask if they have any questions about the EMERALD Household Study:

Recruiter: Do you have any questions about the Emerald Household Study?

- →If individual has questions, respond to each one and thank them for their interest and attention.
- → If he/she does not have any questions, then continue.
- 11. Once you have completed the verbal information exchange, ask the potential participant to review both Information Sheets independently (both for PRIME Cohort Study and for EMERALD Household Study)

Recruiter: Please have a look through these Information Sheets. They are yours to keep and they outline all of the details for each study that I have just communicated to you?

→ Allow the Potential Participant a few minutes to review the Information Sheets for each study.

12. Following the provision of information, a discussion between you and the potential participant should occur whereby you are able to determine whether the potential participant has a true understanding of the study, and, if there is any indication that the potential participant may lack capacity to consent. Ask if they have any questions about either the PRIME Study or the EMERALD Study:

Recruiter: Do you have any questions about the PRIME Cohort study or the EMERALD Household Study?

- →If individual has questions, respond to each one and thank them for their interest and attention.
- → If he/she does not have any questions, then continue.
- 13. Ask the Potential Participant to explain the major elements of each study to ensure that they have understood the implications of their Consent. Ideally, you will want to make sure that they understand that EMERALD will be primarily interested in their Households while PRIME will be primarily interested in them as an Individual. The subject need not know every detail, but a direct recitation of the Participant Information sheet, without comprehension, will not suffice. If the subject does not understand most of the key elements about the studies, repeat *Step 7* and *Step 9*. If there is any indication that they do not understand you because they lack capacity, please refer to: *Evaluating Capacity to Consent*
- 14. Ask the Potential Participant if they would like to participate in both studies:

Recruiter: So, would you like to participate in the PRIME Cohort Study and the EMERALD Household Study?

- →If the Potential Participant would like to participate in the PRIME Cohort Study and the EMERALD Household Study: continue (Complete both Consent Forms)
- → If the Potential Participant would like to participate in the PRIME Cohort Study ONLY: continue (Complete PRIME Cohort Consent Form ONLY)
- → If the Potential Participant would like to participate in the EMERALD Household Study ONLY: continue (Complete EMERALD Household Study Consent Form for Permission to Contact Household ONLY)
- → If the Potential Participant does not want to participate in either study: refer to <u>Persuading Reluctant Participants</u>, and/or make no further contact with the Individual.
- 15. Allow the Informant to read the consent forms or, in case of poor eyesight or illiteracy, read it out to them. Ensure that the respondent understands what his/her participation involves before asking them to sign the consent forms.

Recruiter: This/these Consent Form(s) will allow us to keep a record of your Consent for participation. By signing this Consent Form, you are indicating that you are aware of the studies' purpose and procedures and that you are agreeing to participate voluntarily. This form will also protect you, as a participant, by indicating that you are aware that you can withdraw from either study at any time. [Please read through the/these Consent Forms] or [Please can I read you these Consent Forms] before we sign them?

16. Use the following table to help with different situations when you are asking for Informed Consent:

IF THE INFORMANT	THEN
Answers 'No' to any question in the consent form	Ask whether they understand the question
Does not understand the question	Rephrase the question.
Agrees to the interview but does not wish to sign	Ask witness to sign or you as interviewer sign the form - and indicate reason.
Unable to sign for example if respondent is illiterate or has severe vision impairment.	Get the informant to mark the box, and you as interviewer sign the form.

- 17. The consent forms need to be signed by the Potential Participant in order for them to be recruited into the studies. The participant must sign both copies of the Consent Form for each study. Use two copies of each studies' consent forms as follows:
 - → One for the Participant to keep
 - → One for the EMERALD/PRIME study central office.
 - → For illiterate participants, witnessed verbal consent will be sought and recorded.

As the Recruiter, you must sign as a witness.

18. Thank him/her for agreeing to take part in the survey.

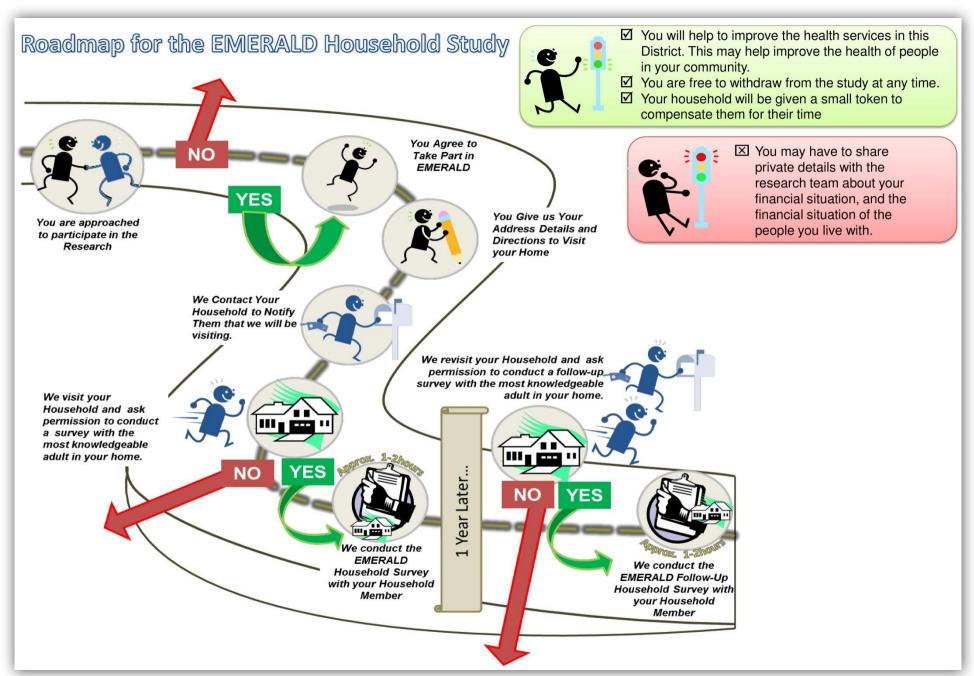


Figure 6 Roadmap for the EMERALD Household Study

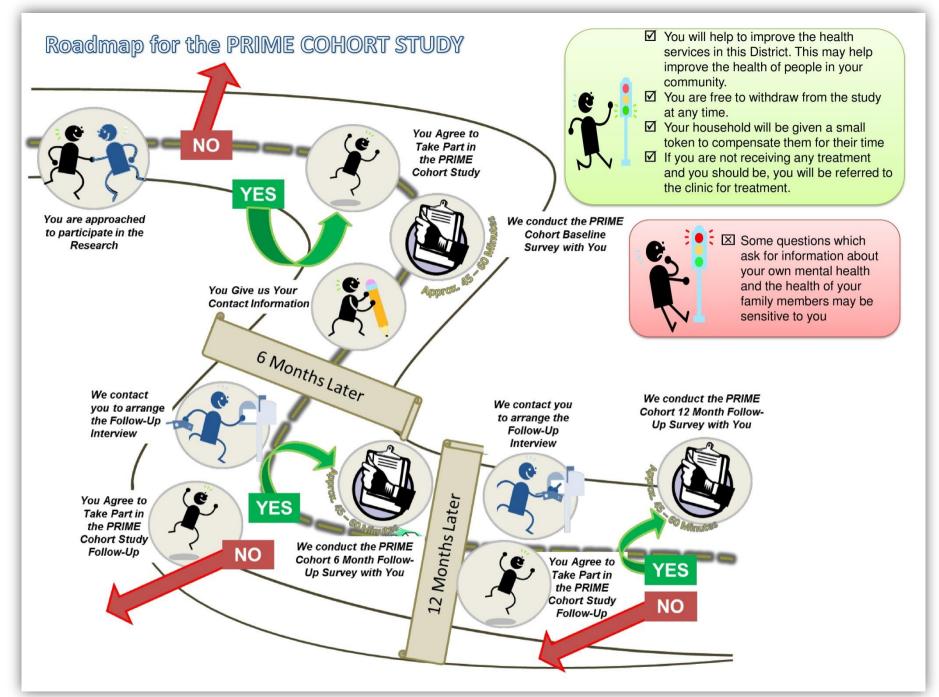


Figure 7 Roadmap for the PRIME Cohort Study

After Informed Consent

In most countries, the Recruitment of Individuals with and without MNS Disorder will be performed by the PRIME Research Teams. This is because these Research Teams will primarily be based in PHC Facilities within our study sites. EMERALD Research Teams will primarily operate in the communities as they will be identifying and locating Households.

- → If the participant has provided Informed Consent for both the PRIME Cohort Study and the EMERALD Household Study: the Recruiter (likely a member of the PRIME Research Team) will be required to submit the EMERALD Consent Forms (which authorize the EMERALD teams to contact the Households of the consenting participant) to the EMERALD Supervisor. In addition, the Recruiter must provide the EMERALD Supervisor with the Participant ID that has been allocated to the Participant for the PRIME Cohort Study. It is extremely important that the Recruiter ensures that all Contact Details and Name(s) are written clearly as this information will be used to locate Households within the community.
- → If the participant has provided Informed Consent for ONLY the PRIME Cohort Study: the Recruiter will be required to submit a reason (why the Potential Participant did not consent to the EMERALD teams contacting their Households,) to the EMERALD Supervisor. In addition, the Recruiter must provide the EMERALD Supervisor with the Participant ID that has been allocated to the Participant for the PRIME Cohort Study so that EMERALD can keep a record of non-response.
- → If the participant has provided Informed Consent for ONLY the EMERALD Household Study (and refused to Consent for the PRIME Cohort Study): the Recruiter will be required to submit the EMERALD Consent Forms (which authorize the EMERALD teams to contact the Households of the consenting participant) to the EMERALD Supervisor. It is extremely important that the Recruiter ensures that all Contact Details and Name(s) are written clearly as this information will be used to locate Households within the community.
- → If the participant has provided Informed Consent for ONLY the EMERALD Household Study (and were not eligible for the PRIME Cohort Study because they do not have confirmed MNS Disorder: the Recruiter will be required to submit the EMERALD Consent Forms (which authorize the EMERALD teams to contact the Households of the consenting participant) to the EMERALD Supervisor. It is extremely important that the Recruiter ensures that all Contact Details and Name(s) are written clearly as this information will be used to locate Households within the community. In addition, the Recruiter must indicate that this person is an: Individual without MNS Disorder, and specify the persons age and gender. It is vital that these Individuals are indicated because a key element of the EMERALD Household Survey analysis is to compare households of Individuals with MNS Disorder, with households of individuals without MNS Disorder.

The EMERALD Supervisor will then prepare a list of the Households for which EMERALD has permission to visit. The EMERALD Supervisor will work with the EMERALD Interviewers to locate the Households within the communities using maps before going out into the field. Ideally, the EMERALD Research Teams should aim to visit Households within the same geographic area on the same day, to reduce the travel time for Interviewers travelling between Households.

Matching Individuals With and Without MNS Disorder

Importance of the Comparison Group

The selection of **Households** of **Individuals Without MNS Disorder** for inclusion in the EMERALD Household Study allows us to generate a comparison group composed of Households similar to the Households of Individuals With Confirmed MNS Disorder.

This is useful because we ultimately wish to demonstrate that Households with mental illness display substantial and at times catastrophic health expenditure, compared to households of people who attend primary care clinics, but do not have mental illness.

Assessing the extent to which Households of Individuals With Confirmed MNS Disorder are economically impacted by MNS Disorder requires us to compare them with unaffected Households. In this way, we can isolate the effect of MNS Disorder on the welfare of the Household by arriving at a measure of the net economic impact attributable to MNS Disorder. Without this comparison group, it cannot be excluded that other factors are also responsible for the observed changes in the welfare of the affected Households over time.

For the comparison group to be valuable to our study, the Households in this group must be considered as similar as possible to the Households of Individuals With Confirmed MNS Disorder. The goal, therefore, is that the key difference between the Households in each group is the presence of MNS Disorder.

The process of ensuring that the Households of Individuals With and Without MNS Disorder are as similar as possible is known as *Matching*.

Practical Implications

There are several practical implications of Matching in for the EMERALD Household Study. To recall:

For EMERALD, recruitment also must involve identifying and gaining consent for Permission to Visit the Households of **Individuals Without MNS Disorder**, too (some PRIME Countries are also interested in this group).

Therefore, those that...

- 1. screen-negative to MNS Disorder during the third round of the PRIME Facility Detection Study (FDS) or,
- 2. are attending the facility for other chronic health conditions

...must still be approached to participate in the EMERALD Household Study.

If the potential participant has provided Informed Consent for ONLY the EMERALD Household Study and, were <u>not eligible for the PRIME Cohort Study</u> because they do not have confirmed MNS Disorder: the Recruiter will be required to submit the EMERALD Consent Forms (which authorize the EMERALD teams to contact the Households of the consenting participant) to the EMERALD Supervisor.

It is extremely important that the Recruiter ensures that all Contact Details and Name(s) are written clearly as this information will be used to locate Households within the community.

In addition, the Recruiter must indicate that this person is an: Individual without MNS Disorder, and specify the persons age and gender. It is vital that these Individuals are indicated because a key element of the EMERALD Household Survey analysis is to compare households of Individuals with MNS Disorder, with households of individuals without MNS Disorder.

The EMERALD Supervisor will then prepare a list of the Households for which EMERALD has permission to visit, and document this list in the <u>Supervisor Household Listing</u> form. This list will specify the name of the Individual who provided permission for Household contact and will additionally include:

either: a PRIME Cohort Study Participant ID Number which numerically denotes the MNS Disorder of the Individual (if applicable) as well as other identification details

or: if the participant was not eligible for the PRIME Cohort Study because they did not have a confirmed MNS disorder (and therefore did not receive a PRIME Cohort Study Participant ID

Number), the list will include the age and gender of the Individual as well as a note that they do not have an MNS disorder.

Using this list, the PI, supervisor and interviewers will match participants to ensure that the Individuals with Confirmed MNS Disorder and the Individuals Without MNS Disorder are as similar as possible with regards to the age and the gender of the Individuals.

N.B: It is implied that because Individuals without MNS Disorder will be recruited in Primary (Chronic) Health care Settings, they will inherently be matched by chronic health care needs.

Given that it is may not be possible to match every Individual Without MNS Disorder (that has provided consent for EMERALD to contact their Households) to an Individual With MNS Disorder (that has provided consent for EMERALD to contact their Households), we suggest over sampling Individuals Without MNS Disorder to ensure that we have sufficient variation of age and gender to match all those with MNS Disorder to.

Sample Sizes (& Recruitment Targets)

Sample size calculations for PRIME been based on the numbers needed to detect clinical and functional outcomes at the individual level however the EMERALD sample requirements focus on the numbers needed to detect economic outcomes at the household level.

Based on the recruitment needs of the PRIME Cohort Study (and in Nigeria, the STEPped CARE and mhGAP-Nigeria studies), our Recruitment and Sample Size Targets are outlined in the tables below. In view of the fact that alcohol-use disorder, epilepsy and psychosis affected households will be more difficult to recruit given the difficulties associated with identification of affected individuals in the study sites, we have provided both a best-case and worst-case recruitment scenario for each participating country based on input from country teams already working within the study sites through PRIME, STEPped CARE and mhGAP-Nigeria. In both cases, we will aim to recruit our comparison group (for baseline data collection) based on a 1:1 ratio (i.e. for each screen positive household included in the study, we will ensure that a screen negative household in included).

Ideal sample sizes per country

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		BASELINE I	DATA COL	LECTION	1	FOLLOW-UP				
Country	Depression	Alcohol-Use Disorder	Psychosis	Epilepsy	Comparison Group	Depression	Alcohol-Use Disorder	Psychosis	Epilepsy	Comparison Group
Ethiopia	200	0	30	0	500	200	0	300		500
Nigeria	200	200	150	150	700	200	200	150	150	
Nepal	200	200	150	150	700	200	200	150	150	
India	200	200	150	0	550	200	200	150	0	
Uganda	200	0	150	150	500	200	0	150	150	
South Africa	200	0	150	0	350	200	0	150	0	
Totals		Bas	seline: 6600)			Follow	up: 3800	•	

Minimum sample sizes per country

		BASELINE I	DATA COL	LECTION	١	FOLLOW-UP				
Country	Depression	Alcohol-Use Disorder	Psychosis	Epilepsy	Comparison Group	Depression	Alcohol-Use Disorder	Psychosis	Epilepsy	Comparison Group
Ethiopia	200	0	17	0	370	200	0	17	170	
Nigeria	200	25	0	0	225	200	25	0	0	
Nepal	200	25	70	100	395	200	25	70	100	
India	200	25	70	0	295	200	25	70	0	
Uganda	200	0	70	100	370	200	0	70	100	
South Africa	200	0	70	0	270	200	0	70	0	
Totals		Bas	seline: 3850	0			Follow-	up: 2295		

Process for Locating and Notifying Households

Locating Households

Conducting Household research in LAMICs may not always be easy due to the challenge of locating households within low resource settings. This task may be worsened by the absence of street address systems, making it difficult to uniquely identify and follow up with households. These environments can also be challenging because they change rapidly. Residents move often, and structures are rebuilt due to poor construction, natural disaster, change in tenant configurations, local politics, and sometimes forced eviction. In these dynamic settings, accurate contact details and location identifiers are critical for researchers to be able to locate Households.

While there is no single best method for locating households within these contexts, it is important to take some time before going out into the field to identify where the Households may be located, based on the details provided by the Individual with or without MNS disorder on their Consent Forms.

Correspondingly, those that are recruiting Individuals with or without MNS disorder must ensure that sufficient detail is provided in the Consent Forms for the Interviewers to locate the Households. Where street addresses are known to lack precision in the District, ensure that the consenting Individual has provided additional details such as walking directions or landmarks.

Your PIs and Supervisors have had experience working within these communities and will guide you as to the best method for your particular setting.

Notifying Households

We hope that selected Households (and their Identified Household Respondents) will be available for the Household Survey when the first contact with the Household is made. In some cases, the Identified Household Respondent or the other Household Members may not be home and Interviewers will need to Notify the Household of the Contact Attempt with a proposed return time and date. For detailed guidelines on this process, please refer to: Approaching Selected Households & Identifying Respondents.

Informing authorities

Before contacting the household, authorities in the country should be informed that a survey is going to be conducted. They should receive a letter stating the purpose of the survey, the areas to be covered and the time frame. Authorities such as local leaders may facilitate the work of the interviewers by holding village meetings, informing the population and, most of all, by providing reassurance.

Contact strategies

A number of strategies can be used to maximize the chances of getting an interview with the Household respondent. Not all of these strategies will be applicable in your local country site, your PIs will advise as to your specific procedures.

→ Sending an advance letter and brochure to respondent

An official letter from the local Institution conducting the survey may be sent to the respondent and should mention the following: purpose of the survey and why it is important, who will be doing it, who is asked to participate, how the interviews will be conducted, voluntary participation, types of questions that will be asked, and confidentiality of data. This will give the respondent time to prepare for the interview. The letter and brochure should be sent three to four days before visiting the household.

→ Follow-up calls and visits

In order to increase the chances of finding people in their homes it is important to know, whenever possible, the occupation of the respondent as this may help determine when s/he is likely to be absent. A farmer in a rural area will be up very early and may be home around mid-morning, whereas someone who works in an office will be home late evening. If the respondent is not at home, the interviewer should try to find out what is the best time for getting an interview.

Visits should be planned and maximized as much as possible by establishing a contact schedule covering different times throughout the week including week-ends. The interviewer should be ready and flexible to do the interview during the first contact. If the time is inconvenient, s/he should make an appointment and come back at a later stage. In order to avoid "no" answers, optional times in the form of open-ended questions should be suggested such as "Do you prefer afternoon or evenings?" or "When are you more available?.

Part 4: Interviewer's Guide

Overview

Introduction

This part provides generic guidelines for interviewers, from how to approach selected households to conducting the interviews and recording the responses.

Intended Audience

This part is designed for use by those fulfilling the following roles:

- Interviewers
- Supervisors

In this Part

This part covers the following topics:

- Training Overview
- Preparation
- Approaching Selected Households and Respondents
- General Interview Skills
- Probing
- Providing Feedback
- Questionnaire Conventions
- Recording Information

Training Overview

Introduction

The quality of EMERALD Household Survey results and their usefulness for within and across country comparisons largely depends on the quality of the interviews.

What you will Learn

In this training, you will learn how to:

- Be part of an interview team
- Interview respondents
- · Use and complete the EMERALD Household Survey questionnaire
 - o By Pencil-and-paper
 - o Using Mobenzi (optional; participating countries only).

Learning Outcomes

The main learning outcome is to conduct consistent and effective interviews and record accurate data. Specific learning outcomes for each module are provided in the table below:

Module	Learning outcome
Preparation	Knowing what materials and resources are required to conduct EMERALD interviews.
Approaching selected households	Able to introduce yourself well
Obtaining consent	Understand the consent process and need for high levels of participation.

Identification of Household Respondent	Able to Identify the most knowledgeable person within the household.
General interview skills, probing and feedback	Able to conduct interviews consistently, accurately and efficiently using standardized survey instruments and devices.
Questionnaire conventions	Identify and use interviewer instructions correctly throughout the questionnaire; Recognize typographical conventions and what they mean.
Recording information	Accurate, clear and complete questionnaires.

Preparation

Introduction

Before conducting your interviews, you will need to prepare all the necessary paper work and supplies, know what tasks you need to perform to complete the study and know the questionnaire contents thoroughly.

What you will need

The forms and resources you may need for data collection are listed in the following checklist:

Form	$\overline{\checkmark}$
(Pen)cil, eraser and clip board.	
Name Tag clearly displayed	
Maps	
Interviewer Household Contact Record Form	
Notification of EMERALD Study Visit Forms (incl. condensed Participant Information Sheet)	
Completed Permission to Contact Household Form	
Participant Information and Informed Consent Forms for the Identified Household Informant.	
'Roadmap' for EMERALD Household Data Collection	
EMERALD Household Questionnaire either: hardcopy/paper or: on Mobile-Device* * countries utilizing the Mobenzi platform for data collection are advised to keep hardcopies of the household survey with them at all times in case of technical issues.	
For Mobenzi data collection: Hardcopy of Section 0800 (Interviewer Observations) of the Household Questionnaire to keep note of observations throughout interview by pencil-and-paper	
EMERALD Household Survey Manual	
Token/voucher for compensating households for their time	

Interviewer Summary Task List

An overview of the tasks of an interviewer is included in the following checklist:

Task	\square
Locate and approach selected households.	
2. Brief household members on the purpose of the survey and gain their support	ort.

 Document reason(s) for non-response, if household members refuse interview. Attempt to do Task 4 (below) before final refusal. 	
 Identify a suitable informant to complete the Household Questionnaire (and ensure name of Identified Household Respondent is recorded). 	
5. Obtain informed consent from Identified Household Respondent	
6. Record all household members on the Household Roster Section 0200	
7. Conduct the Household Interview and record results.	
8. Throughout the Interview, ensure that all Interviewer Observations are documented pencil-and-paper. Specifically: i. Was someone else present during the interview? ii. What is your evaluation of the accuracy of the informant's answers? iii. Questions with doubtful answers iv. Questions needing follow-up or clarification from supervisor v. Other problems or issues vi. What questions did informant find difficult, embarrassing or confusing? vii. What questions did you the interviewer find difficult, embarrassing or confusing? a. For Mobenzi data collection: When Interview is Complete, interviewers	
will be prompted to enter all Interviewer Observations into the system	
b. For <i>pencil-and-paper data collection</i> : Interviewer will document by hand directly into <i>Section 0800</i> of the Household Survey Questionnaire	
9. For pencil-and-paper data collection: Perform a final check of the completed questionnaires before turning over to the Supervisor	
10. Report any difficulties to Supervisor.	

Note: Each of these tasks are described in more detail in the following sections.

Approaching Selected Households & Identifying Respondents

Introduction

To administer the EMERALD household questionnaire, you will need to physically visit individual households to conduct the survey.

Contact process

The table below briefly describes each stage of the contact process once Appointment Lists have been generated:

- 1. Locate the selected household
- 2. Physically approach the dwelling and make contact (knock on door, ring bell, call out...)
 - a. Recording on the Contact Record Form if no one is home. Revisit is required at another time.
- 3. Introduce yourself and exchange greetings.
- 4. Explain the reason for your visit and purpose of the EMERALD study.
- 5. Identify the Household Informant
- 6. Explain the interview process and what participation involves and the timeframe.
- 7. Obtain Informed Consent from the Household Informant.
- 8. Record each person living in the dwelling in the household roster.

Note: Each of these stages is described in more detail below.

Contact Attempts

Actual contact attempts must be made, either by knocking on the door of the household, calling out, or talking to people you encounter near the household. Simply walking by and thinking that no one is at home cannot be counted as an attempted contact.

Use the following table to help with different situations when you attempt to make contact.

IF	THEN
Someone is at home	Speak to the first adult you encounter in the household.
No one answers	Try again or ask neighbour if they know where the person might be.
No one is at home	Leave the EMERALD Participant information letter with date of anticipated return and record details in the contact record form.
Household members are not available at the time of the first visit.	Make at least 2 additional visits to obtain an interview. Choose times that are different – early morning or late afternoon. Ensure that you leave the EMERALD Participant information letter with date of anticipated return and record details in the contact record form.
Household members are not available at the time of the third visit.	Move on to next Household (see: recording details below)

Recording Household Details

All actual contact and contact attempts with households must be recorded. Use the following table to determine where to record contact/contact attempt details:

	THEN		
IF	For For PENCIL-AND-PAPER MOBENZI Data Collection Data Collection		
Someone is at home and available for the Interview	Record the date on the Household Questionnaire Coversheet (Section 0000 – Q0005: Date of Final Result) Date is automatically recorded		
No one is at home	On the Contact Record Form: Record the date and time of the Indicate whether it is the 1st, 2		
Household members are not available at the time of the first visit.	On the Contact Record Form: Record the date and time of the visit Indicate whether it is the 1st, 2nd or 3rd Contact Attempt Indicate whether a new appointment has been scheduled Indicate the new appointment details		
Household members are not available at the time of the third visit.	Record the date of the final contact attempt on the Household Questionnaire Coversheet (Section 0000 – Q0005: Date of Final Result; Record Final Result Code ((Section 0000 – Q0006) as: "05=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT"		

Introducing Yourself & Identifying the Household Informant

Identified Household Informants are selected by the interviewer during the Household Visit, and these individuals will be asked to respond to the Household Questionnaire.

The term "Identified Household Informant" refers to the individual in the household who is most capable of responding to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure).

Identified Household Informants should have the following attributes:

- Aged 18 or above
- Most knowledgeable person in the household about the household members and characteristics, household's health status, transfers and financial status, including income and expenditures.
- Have capacity to consent

Interviewer: I am glad you are home. My name is _____ and I work for _____. The reason I am contacting you is because we were given permission by [Name of Individual who provided Permission to Visit the Household] to visit your household. We are conducting a survey on health in [country] and I would like to invite your household to participate.

Interviewer may add:

I would like to talk to you for a few minutes I will not take much of your time Can I come in?
Is it a good time for you?
Am I interrupting anything?
Do you want me to come back later?
Are you busy?
Are you available now?
I am sorry about calling at such a time I hope I am not disturbing you

In order to determine who to speak to, please can you tell me who is the head of your household. By head of the household we mean the main decision maker in the household. The head can be either male or female. If two people are equal decision-makers, please provide the person in your household who is most capable of responding to questions regarding the financial welfare of your household.

2. At this stage, the household member should provide the Name of the Household Informant who is most capable of responding to the Household Survey.

Interviewer: Is this person at home right now?	
→If Identified Household Informant <u>is</u> Home:	
Interviewer: Please can you call them?	

- → Interviewer to complete Contact Record Form:
 - Record the date and time of the visit
 - Indicate whether it is the 1st, 2nd or 3rd Contact Attempt
 - Indicate whether a new appointment has been scheduled
 - Indicate the new appointment details
- → Interviewer to complete Notification of EMERALD Study Visit Form:
 - Record the date and time of current visit.
 - Record the date and time of new appointment.
- → Interviewer to leave a copy of the *Participant Information Form* and the *Notification of EMERALD Study Visit Form* at the household and return at scheduled time.
- 3. At this stage, the household member should call the Household Informant who is most capable of responding to the Household Survey. Once the Household Informant is present, introduce yourself and explain the reason for your visit as follows:

Interviewer: My name is _____ and I work for _____. The reason I am contacting you is because we were given permission by [Name of Individual who provided Permission to Visit the Household] to visit your household. We are conducting a survey on health in [country] and I would like to invite your household to participate.

You have been identified as the most knowledgeable respondent in your household. We would like to interview you to complete a questionnaire. This survey is currently taking place in Ethiopia, India, South Africa, Uganda, Nepal and Nigeria. The interview will take approximately 60 minutes.

The responses to our questionnaire will help us to understand how your households' economic situation is affected by health and health care access in your community.

The information you provide will only be used to understand the economic consequences of health and health care access in [Insert District Name].

You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

- 4. At this stage, allow the Identified Household Informant to read the Participant Information Form or, in case of poor eyesight or illiteracy, read it out to them.
- 5. After it has been read/read out, ask the Informant to provide you with their understanding of what it means to consent to the EMERALD study, whether they have any questions or concerns and address these appropriately. Ensure that the respondent understands what his/her participation involves before asking them to sign the consent form.

Obtaining Consent

The consent form needs to be signed by the Identified Household Respondent. Use two copies of the consent forms as follows:

- One for the Informant to keep
- One for the EMERALD study central office.
- 3. Allow the Informant to read the consent form or, in case of poor eyesight or illiteracy, read it out to them.
- 4. Ensure that the respondent understands what his/her participation involves before asking them to sign the consent form.

Use the following table to help with different situations when you are asking for Informed Consent:

IF THE INFORMANT	THEN
Answers 'No' to any question in the consent form	Ask whether they understand the question
Does not understand the question	Rephrase the question.
Agrees to the interview but does not wish to sign	Ask witness to sign or you as interviewer sign the form - and indicate reason.
Unable to sign for example if respondent is illiterate or has severe vision impairment.	Get the informant to mark the box, and you as interviewer sign the form.
Understands the question and the answer is still 'No'	Circle 'No' in the consent form. This means the respondent will not participate in the survey but attempt to complete the Household Roster (Section 0200 of the Household Questionnaire).

- 5. Get the informant to sign both copies of the Consent Form.
- 6. As interviewer, you must sign as a witness.
- 7. Thank him/her for agreeing to take part in the survey.

General Guidelines for Obtaining Informed Consent

As a member of any research team, it is important that you understand that the process of obtaining and properly documenting informed consent must also include steps to ensure that the potential participant truly understands the nature and implications of the research process.

Given that you will be initially approaching Individuals who are likely not to have any training in conducting research, technical research terms (e.g. *voluntary participation*, *publishing findings in scientific journal*, *risks and benefits of participation*) can often be misinterpreted for pressure or compulsion to participate.

This is particularly important for internationally sponsored research in developing countries where various items such as sponsorships, funding, assured benefits and risks, are required to be communicated to participants before enrollment, often leading to excessive, lengthy consent forms and procedures.

To help you through the process, remind yourself that the goal is to provide potential participants with enough information for them to understand the exact nature of the research study and its outcomes, as well as to understand what it will mean if they agree to participate.

Evaluating Capacity to Consent

For these research studies in particular, research teams must be prepared for potential participants that may have low levels of literacy and/or limited capacity to consent due to illness.

Local PIs must conduct training with researchers who will be directly undertaking the EMERALD research on local IRB/IEC approved researcher practices for conducting a screening for capacity to consent. Broadly, this screening would involve the researchers deciding whether the person could adequately retain information relevant to participation, weigh up the pros and cons of participation and communicate their decision.

For Individuals who do not have capacity to consent, but do not refuse participation, assent from their guardian(s) to visit their household to administer the household questionnaire will be accepted. If the Individual refuses to participate, the households of these participants will not be visited or included in the study.

When to Assess Capacity for Research Consent

All persons having reached the age of majority (adults) are presumed to have capacity to give informed consent to research. In the absence of any indication to the contrary, such capacity can be assumed without further evaluation or documentation.

Indications of potentially diminished capacity are:

- Diagnosis of severe mental disorder (psychosis, schizophrenia)
- Cognitive impairment reported in medical records or by a family member or person well acquainted with the potential participant.
- Abnormal degree of confusion, forgetfulness, or difficulties in communication that is observed in the course of interacting with the subject
- Psychotic symptoms, bizarre or abnormal behavior exhibited by the subject

When there is an indication that capacity for consent may be diminished, the subject's capacity to consent should be evaluated using the standards and procedures described below:

Standards for Assessing Capacity for Research Consent

The following standards for capacity to consent can help the assessor in their assessment:

- Did the Potential Participant "make a choice"? This is simply a question as to whether the subject can demonstrate a choice. If the subject offers a consistent choice about participating in the study this standard is met. If the subject's choice is ambiguous, either because it is inconsistent or unclearly demonstrated, then the standard is failed and the participant may lack capacity for research consent.
- 2. Did the Potential Participant show "understanding"? This standard requires memory for words, phrases, ideas, and sequences of information, and also comprehension of the fundamental meaning of information about the research study. A subject need not demonstrate complete or comprehensive understanding of the study in order to meet this standard. However, verbatim recitation of fact without evidence of comprehension is not sufficient either.
- 3. Did the Potential Participant show "reasoning/rational reasons"? This standard tests the capacity to use logical processes to compare the benefits and risks of various treatment options and weigh this information to reach a decision. The core of this standard is the ability to logically compare risks and benefits in order to reach a rational decision regarding participation. To meet this standard the subject needs to demonstrate the ability to consider both risk and benefit in relation to each other and use the information in a logical manner to come to a decision.
- 4. Did the Potential Participant show an "appreciation" of the personal risks/benefits of the study? This standard emphasizes the participants' awareness of the consequences of their decision in the context of his or her particular situation; an affective judgment of the impact of study participation. Meeting standard three would seem to generally suffice for meeting this standard as long as the subject has a realistic understanding of his or her circumstances.

How to Assess Capacity for Research Consent

Capacity must be assessed based on a direct examination of the subject; the report of others will not suffice.

The routine assessment of capacity should begin with the assessor reviewing The Informed Consent and Participant Information Form with the subject in the normal manner used to obtain consent.

When the assessor has reviewed the study, he or she should ask the subject to explain the major elements of the study. Those elements are: a) this is a research study, b) participation is voluntary, c) study procedures, d) risks, e) benefits. Based on the subject's behaviour and responses the assessor should consider if there is an indication that capacity for consent is diminished based on the standards described above.

There is no need to methodically evaluate each standard in every case. The assessor may focus on any or all of them, as seems appropriate given what is known about the potential participant. For example, it may quickly be clear that an Individual is experiencing a psychotic episode which would suggest that they cannot meet standard two (show 'understanding'). The assessor may then move directly to the issue of assent. Or, it may be clear that a subject with mild depression meets standards one, two and three, and it is only four that is questionable.

Suggested questions for assessing capacity to consent are provided below, with direct reference to their relationship to the four standards for capacity:

CTANDADD	OUESTIONS	CHIPE FOR INTERPRETATION
STANDARD	QUESTIONS	GUIDE FOR INTERPRETATION
Did the Potential Participant make a choice?	→ "Considering the risks and benefits we have discussed, would you like to take part in this study?"	Failure to respond in a consistent, unambiguous manner indicates that the Potential Participant has not met this standard.
Did the Potential Participant show understanding?	→ "Now I'd like to ask you some questions about study. Are we offering you your usual medical care, or are we asking you to be in a research study?" → "Must you take part in this study, or is it OK to say 'no'?" → "Tell me the main things that you would do in this study" → "Tell me the main risks (/benefits) of this study" → "Will this study mainly help you or others?"	The subject need not know every detail in order to meet this standard, but a direct recitation of the Participant Information sheet, without comprehension, will not suffice. If the subject does not understand most of these key elements about the study, the Potential Participant has not met this standard.
Did the Potential Participant show reasoning/rational reasons?	→ "Why?"	If the answer indicates a balancing of risk and benefit, even if vague, this standard can be met. For example: "I'd like to help and there's not much to lose" might be sufficient, especially if other questions had indicated that the subject had a reasonable idea of what the risks were. An answer that refers only to benefit should be questioned by pointing out there are risks. For example, if someone said "It seems like a good idea" you might ask "but what about the risks of the study?" If they can in response say something sensible that acknowledges the study's risks, this standard would be met. If they appeared not to understand that any risks were attached to the study, this standard would not be met.
STANDARD	QUESTIONS	GUIDE FOR INTERPRETATION

Did the Potential Participant show an <u>appreciation</u> of the personal Risks/ benefits of the study?	→ "Why?"	Standard 4 is usually met if standard 3 is met. The key difference is that the appreciation standard requires relating the facts to one's own situation; thus, patients with an impaired sense of reality might fail standard 4 while meeting standard 3. If a subject is delusional, for example, then they may be unable to relate information that they correctly understand to their own personal situation. Thus, for example, a participant may deny that they have an MNS disorder so believe that although a study would be good for someone with an MNS Disorder, it is not a good idea for him.
		Under such circumstances these patients might be fail to meet standard 4.

What happens if the Potential Participant lacks Capacity to Consent?

→ For Persons With and Without MNS Disorder:

If the Individual lacks capacity or has marginal capacity to provide consent for EMERALD to visit their Household, ask for the Individual's assent to participate. If the subject assents, and the subject's representative consents (caregiver, spouse), have **both the subject and the representative sign the consent form.**

→ For Identified Household Informants:

If the Identified Household Informant lacks capacity or has marginal capacity to respond to the Household Survey, you are likely to have selected an inappropriate Household Informant. Remember, the Household Informant is not necessarily the Household Head – especially if the Household Head has been determined to lack capacity to consent due to MNS Disorder.

The term "Identified Household Informant" refers to the individual in the household who is most capable of responding to questions regarding the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure) and should have the following attributes:

- 1. Aged 18 or above
- 2. Most knowledgeable person in the household about the household members and characteristics, household's health status, transfers and financial status, including income and expenditures.
- 3. Have capacity to consent

Persuading Reluctant Individuals to Participate

Introduction

You may encounter some people that express hesitancy or reservation, or refuse to participate. With the right approach you should be able to persuade all potential respondents to participate.

Approach

Persuasion is the art of telling it well to sell it well. You want to leave the household with a completed questionnaire in hand or with an appointment in your agenda. Even if the interviewer is not successful in getting an interview, persuasion techniques will at least minimize the refusal rate. The interviewer should be polite, pleasant and self-confident, and be well prepared. S/he should stress that s/he is a professional from a legitimate and reputable organization, that the survey is important and that the respondent's participation is valuable. The message to get across is that

you want the respondent to be part of the study and you need his assistance. The interviewer needs to be direct and sure of him / herself, and get straight to the point. In general, be pleasant good-natured and professional and most respondents will co-operate. Respondents must not be forced to respond to the whole interview or to any part of the survey process.

Guidelines for Persuading Respondents

If a person who is being contacted for the first time is reluctant to participate in the study, and you are not sure why (for instance, the person says, "I'm not interested"), then pick an issue (only takes a short time, importance of the study, use of results to improve health care in your country) and begin to discuss it. Once you understand the person's real objections, you can address them.

Follow the steps below for some tips on how to address respondents concerns, then quickly focus on the positive aspects of participating in the survey and eventually persuading them to participate.

- 1. Identify yourself and your organization and explain that:
 - a. you are not trying to sell anything
 - b. you are not doing market research
 - c. all information will be held in the strictest of confidence.
- 2. Focus on the positive aspects of the survey such as:
 - a. the study is important
 - b. most people enjoy the experience
 - c. time spent in an interview passes quickly.

IF	THEN	
The Identified Household Informant becomes defensive	Show patience and understanding; Provide empathy and understanding of his/her viewpoint, by, saying something like, 'I can understand that' or 'You' certainly have the right to feel that way'.	
You may have visited at a bad time	Tell the person that you will come back another time - try again later.	
The Identified Household Informant is uncomfortable discussing sensitive information about their finances	 Tell the person that you understand that there is the possibility that participation in the study may involve sharing private details regarding their households' financial situation. Remind them that: → they are free to refuse to answer any questions that they do not feel comfortable answering. → all records will be kept completely confidential. → identity will be anonymous and following analysis of the data, the transcripts will be destroyed. → data will only be seen by the researchers and investigators. 	
Household Informant is "Too busy, not interested"	 → "I realize that you are busy and that is why we need to interview someone like you to represent different people and situations". → "I can understand why you are not interested but you may find that the interview is a positive experience". → "I know your time is valuable and that is why we want to do the interview when it is most convenient for you (suggest days/times)". 	
Household Informant: "I don't do surveys"	→ "This survey is very important and is now being carried out in 10 other countries and many people like you are being interviewed. The information you give us will be confidential".	
Household Informant: "Who are you, what do you want"	→ "I understand that you don't want to give information to someone you don't know but I work for (name of organization). You can also check with (name of community leader or other authority) who can tell you about the survey".	
Household Informant: "Don't Know"	 → "You don't need to know anything. We just want to know about your opinions" → There are no right or wrong answers and you are the person we want to speak to. We want to speak to no one else". 	

IF	THEN
Household Informant: "I don't have any health problems"	 → "We are interested in people from all age groups and no one is too old" → "I am sorry that you are unwell. The best thing is for me to come back some other time (suggest time) when you are feeling better" → "I will speak louder. Is it better now?"
Household Informant: "I'm too old, too sick"	 → "You don't need to know anything. We just want to know about your opinions" → There are no right or wrong answers and you are the person we want to speak to. We want to speak to no one else".

- 3. Explain why we can't just contact someone else by stressing:
 - a. the uniqueness of this opportunity
 - b. how the respondent has been selected to participate in something that is important
 - c. a chance that is being offered to only a small number of people in the area.
- 4. If you think you may get a 'No' attempt to leave and suggest coming back later before you get a possible or absolute 'No'.
- 5. If you do receive an absolute 'No', you should attempt to at least complete the Household Roster as follows:

Interviewer: Thank you so much for your time so far. Although you have refused to participate in the full Household Questionnaire, would it be ok if I ask you a few short questions about who lives in your household? This will take less than ten minutes to complete. I will only ask you about:

How many people live here, their ages and their highest level of education. I will also ask you whether any of the people in this household require assistance because they are weak, sick or poor.

6. If they refuse all participation, including completion of the roster, then document in **Section 0000 Coversheet** and go to next household.

Non-Response

All effort must be made to minimize non-response, and to interview as many Household Informants as possible. The two possible non-response scenarios are:

- 1. The interviewer completes the household roster and the Household Informant refuses to participate in the full Household Interview.
- 2. The interviewer is refused access to the household and is unable to fill in the household roster.

Notes: In the second scenario ensure that at least all relevant questions in *Section 0000 Coversheet* are completed for the household.

General Interview Skills

Introduction

The EMERALD Household Survey is about finding out and recording a list of facts and behaviours relating to selected eligible Households. The Identified Household Respondent needs to feel comfortable about the survey and can refuse to be interviewed as participation is voluntary. Your interview should therefore be as natural as possible and conducted politely, like a normal conversation

Behaviour & Tact

The table below provides guidelines on appropriate behaviour during an interview:

BEHAVIOUR	GUIDELINES	
Respect confidentiality	Maintain the confidentiality of all information you collect.	
Interviewing older people	 With increasing age, sensory deficits may occur, including decreased vision and hearing. → Speak clearly and with sufficiently loud volume. → Give respondent's sufficient time to respond and prompt if needed. → Account for age differences between interviewer and respondent and any issues around this. 	
Respect respondents time	You are asking respondents for their time so be polite and prepared to explain.	
Tact	If you feel that a person is not ready to assist you, do not force them but offer to come back later.	
Friendly Disposition	Act as though you expect to receive friendly cooperation and behave accordingly.	
Body Language	This is very culture specific - for some, good body language is to maintain good eye contact and adopt appropriate body language (for instance, sit straight, show interest, no yawning).	
Pace of Interview	Don't rush the interview. Allow the respondent enough time to understand and answer a question. If pressured, a respondent may answer with anything that crosses their mind	
Patience	Be patient and polite at all times during the interview.	
Acceptance	No matter what the responses to questions, do not be judgemental of a respondent's lifestyle. Expression of any criticism may lead to refusing or concealing important information.	
Appreciation	Thank them for their help and cooperation.	

Asking Questions

The table below provides guidelines on asking questions in an interview:

TOPIC	GUIDELINES	
Right or wrong answers	Point out that there are no right or wrong answers and that the interview is not a test.	
Biased answers	Ask your questions according to guidelines given in the Q by Q guide to avoid biased answers and ensure comparability of data.	
Reading response options	 → Response categories in normal font (including bold) should all be read. → READING RESPONSE CATEGORIES IN SMALL CAPS IS OPTIONAL. → If a response category repeats often, it may be sufficient to read it to the Informant the first few times, but after not needed. Reading is encouraged if it improves the accuracy of responses. → Do not read response categories in italics to the respondent, for example, 'Don't know', 'Not Applicable', or 'Refused'. 	
Reading Questions	Questions should be read → As they are written in the text → Slowly and clearly emphasizing key words	

TOPIC	GUIDELINES	
	 → In a pleasant voice that conveys interest and professionalism → Entirely to make sure the respondent has heard it completely. Do not change the wording or the order of the questions. 	
Making Assumptions	Don't make assumptions about the respondents' answers with comments such as "I know this probably doesn't apply to you, but". This practice may prevent accurate and unbiased information.	

Providing Clarification

You may need to provide clarification when the respondent:

- Is unable to answer the question asked.
- Does not seem to understand the question and gives an inappropriate reply.
- Does not seem to have heard the question.
- Is taking a long time to answer the question and hesitates.
- Asks about a specific part of the question to be repeated (it is acceptable to repeat only that part).
- Asks for one option to be repeated (read all options again).
- Asks for one term to be clarified (refer to the explanations provided in the question by question guide).

Interruptions

Interruptions may occur during an interview. If they become too long or too many, suggest returning at another time to complete the interview. Take care that even if interrupted or delayed, you should remain patient and polite at all times.

Language issues

Be aware that if you use 'interpreters of convenience' (such as members of the respondent's family or household, the village headman, or domestic staff), you run the risk of collecting inaccurate information. If you don't get sufficient co-operation due to a language barrier, report this to your supervisor.

Probing

Introduction

You will need to probe further to get an appropriate response when the respondent:

- Seems to understand the question but gives an inappropriate response
- Does not seem to understand what is asked
- Misinterprets the question
- Cannot make up his or her mind
- Digresses from the topic or gives irrelevant information
- Needs to expand on what has been said to help you understand or clarify the response
- Gives incomplete information or an answer is unclear
- Says that he or she doesn't know the answer

Common responses that need probing

The table below lists some common responses that may need further probing:

IF THE INFORMANT RESPONDS	THEN
---------------------------	------

IF THE INFORMANT RESPONDS	THEN
"I don't know" (DK)	Repeat the Question
"I still don't know"	Probe once before recording (DK or '-8 Don't know'), for example, ask "Could you give me your best guess/estimate?"
"I still don't know"	This may mean the respondent: Is taking time to think and wants to gain time Does not want to answer because of personal reasons In fact does not know or has no opinion
"Refused"	The interviewer should attempt to determine the reason for the refusal, and attempt to probe and get an answer. Where this is not possible, the interviewer should circle '-9', or write 'REFUSED' in the margin to the right of the question row.

Probing Techniques

The table below provides a few techniques to use when probing further:

TECHNIQUE	GUIDELINES
Repeat the Question	The respondent may come up with the right answer if he/she hears the question a second time.
Pause	This gives the respondent time to collect his/her thoughts and expand on his/her answer.
Repeat the Informants Response	This is often a very effective way of having the respondent reflect on the answer he/she has just given.
Use Neutral Probes	Avoid biased responses and probes. Never give the impression that you approve or disapprove what the respondent says, or that their answer is right or wrong. Instead, if you want more information, ask "anything else?", or "could you tell me more about?

Providing Feedback

Introduction

It is important that the interviewer tell the respondent when s/he is doing well, throughout the interview process. You may need or choose to do this quite often. It is also a way of maintaining control over the interview. This will help maintain motivation and encourage good performance

When Feedback is needed

Feedback is needed when the Informant:

- Needs to focus and get his/her attention back on the question.
- Is digressing from the topic.
- Is making inappropriate or personal enquiries.
- Is performing well: listens attentively and answers appropriately.

Feedback techniques

Some useful feedback techniques include:

- → Vary the type of feedback by using different phrases.
- → Pause briefly after feedback.
- \rightarrow Give verbal as well as non-verbal feedback, such as a smile or a nod.
- → Use short feedback sentences for short responses and longer feedback sentences for longer responses.
- → Note down some of the things the respondent says. This will motivate the respondent because he/she will feels that what he/she is saying is important.

Suggested Phrases

Some suggested phases for a variety of respondent responses are provided in the table below.

IF THE INFORMANT	SUGGESTED PHRASES OR RESPONSE
Makes inappropriate enquiries Asks for advice or information Wants to know about the interviewer's personal experiences	In this interview, we are really interested in learning about your experiences. When we finish, let us talk about that. We can discuss that later.
Digresses from the questions by giving lengthy responses or unnecessary information.	I have many more questions to ask so we should really move on. If you would like to talk more about that, perhaps we can do it at the end of the interview.
Gives inappropriate responses or feels like conversing.	Silence can be quite effective in this case.

Acknowledging Informant's Performance

Feedback must always be neutral and you should acknowledge the respondent's performance by using appropriate feedback sentences such as those suggested in the table below.

то	RESPOND WITH
Acknowledge responses to close-ended questions	Thank you / Thanks I see All right Okay
Reinforce respondent motivation and attention on a long series of questions, open-ended questions, or questions that are difficult for the respondent	That is certainly useful/helpful information It is useful to get your ideas on this I see, that's helpful to know That can be difficult to remember/answer
Acknowledge that what the respondent has said is important and worth recording.	Let me get that down Let me make sure I have got that right (repeat answer) Let me go over what you have just told me

Gestures & Tone of Voice

In addition to listening to what the respondent is saying it is useful to pay attention to the gestures and tone of voice, as they can often give a better indication of what the respondent is trying to say if their verbal answer is confusing or not clear.

The respondent's anger or frustration may not come through verbally but may be communicated non-verbally. Be sure to keep track of all observations on the Interviewer Observation Form.

Recording Information

Introduction

All results that are completed by pencil-and-paper will be recorded on the EMERALD Household questionnaire form and must be written as clearly as possible to avoid ambiguity and confusion when checking and entering the results.

All results that are completed using the EMERALD Household questionnaire on the Mobenzi platform must be typed as carefully as possible to avoid ambiguity and confusion when checking the results.

Taking Notes

Find a comfortable place for writing/typing. Sit in front of the respondent or in a place where what you write/type cannot easily be seen by the respondent. It is better not to show the informant or respondent what you are writing or recording - and best to be as discrete as possible while documenting responses or taking notes. Attempt to record notes while the informant/respondent is talking, as appropriate. This will help reduce the interview time.

Note: For Interviewers using the Mobenzi Platform, be sure to keep handwritten notes of all Interviewer Observations using a print-out of *Section 0800: Interviewer Observations*. You will be prompted to enter this information once you have completed interviewing the Identified Household Informant.

General requirements

Some general requirements for recording response information are as follows:

→ Write clearly and legibly (all text to be written in uppercase)

- → Write the response during the interview, while the respondent is talking.
- → Record what is said, the way it is said word for word.
- → Do not erase any notes you make.
- → If a question has been skipped by mistake, correct it.
- → If an informant/respondent changes her/his response on one of the questions, use single line-out for old response and record the new response.
- → Record comments or explanations in brackets next to the corresponding question.
- → Don't get too absorbed recording. Keep the respondent's interest by saying the respondent's response aloud as you write it down.
- → Reach a standard agreement on how to write numbers (mainly 1s and 7s).

What not to Record:

Do not record the following responses:

- Justifications such as explanations to a closed-ended question.
- Digressions that are irrelevant to the question being asked.
- Hesitations, mumbling or feedback.

Handling Issues

Use the table below to help with some common issues you may encounter.

IF	THEN
You are uncertain about a response	Repeat the question and record the answer exactly. Do not paraphrase a response.
You have missed a question	Go back and ask the question, make a note in the left margin that the question was asked out of sequence.
The respondent does not know and a 'Don't Know' is not available in the response options.	Write '-8' or 'DK'
The respondent refuses to answer a question	Mark as '9" OR "99999" or 'REF' Note: Before accepting a refusal, explain the objective of the question to the respondent.

Checking and Editing

Before leaving the household check the questionnaire and make sure that:

- All the questions have been answered.
- The information recorded is clear and legible for others to read.
- Open-ended questions are written in full sentences and not in abbreviations.
- All cover sheet information is correctly completed (Section 0000).
- The address is correct in Section 0100
- Every attempted call to the household is recorded on the Contact Record Form
- The household roster is complete (Section 0200).
- The Interviewer Observations are completed (Section 0800)

Part 5: Guide to Completing the Household Questionnaire (Q x Q Guide)

Overview

Introduction

This part provides background information and guidance for completing each question in the Household Questionnaire.

Intended Audience

This part is designed for use by those fulfilling the following roles:

- Interviewers
- Supervisors

Intended Use

Use this guide in training, to prepare for the interviews, and as reference material during interviews if household informants request clarification about specific questions.

Interviewers and supervisors should refrain from offering their own interpretations.

In this Part

This part covers the following sections from the Household Questionnaire:

- Section 0000: Coversheet
- Section 0100: Recontact Information
- Section 0200: Household Roster
- Section 0300: Housing
- Section 0400: Household, Family Support Networks & Transfers
- Section 0500: Assets and Household Income
- Section 0600: Household Expenditure
- Section 0700: Financial Situation Outlook
- Section 0800: Interviewer Observations

Section 0000: Coversheet

Introduction

Completion of the Coversheet is essential for all Households that are visited – whether they consent or do not consent to the Household Questionnaire.

Requirement

Ensure that you are informed of the appropriate numbering and identification processes from your Supervisors. A guide for completing *Section 0000: Coversheet* is provided in the table below:

Question No.	Question	Guide for Completion
	Households participating in the EMERALD Household Survey will either be:	
		Households of Individuals with Confirmed MNS Disorder → where Individuals are enrolled in the PRIME Cohort Study and will have been assigned a PRIME Participant ID Number.
		→ For these households, the Household ID will be identical to PRIME, except for the second character which must be changed to "E" to indicate EMERALD as follows:
		${f D}^{ m epression}, {f E}^{ m pilepsy}, {f P}^{ m sychosis}, {f A}^{ m UD}, {f M}^{ m aternal Depression}$
		$\frac{2nd\ Digit = Respondent}{P^{atient},\ C^{aregiver},\ E^{MERALD}$
		<u>3rd – 6th Digit = Patient #</u> from 0001-9999
Q0001	HOUSEHOLD ID	→ For example, in Ethiopia, their first patient enrolled in the depression cohort will be DP0001. The caregiver is DC0001 and their Household would receive EMERALD Household ID is DE0001.
		Households of Untreated Screen-Positive Individuals: → where Individuals screened positive for MNS Disorder but did not attend health facility to receive diagnostic confirmation and/or treatment, 1st Digit = Untreated 2nd Digit = EMERALD
		 3rd – 6th Digit = Household # from 0001-9999 → For example, in Ethiopia, for the first household of an Individual who screened positive for MNS Disorder but did not receive diagnostic confirmation and/or treatment, the EMERALD Household ID is UE0001. Households of Individuals without MNS Disorder: → where Individuals who screen-negative for MNS Disorder or Individuals with other chronic health care needs that are
		approached for participation in EMERALD. 1st Digit = N ^{o MNS Disorder} 2nd Digit = E ^{MERALD}
		 3rd - 6th Digit = Household # from 0001-9999 → For example, in Ethiopia, for the first household of an Individual who screened negative for MNS Disorder, the EMERALD Household ID is NE0001.

Q0003	INTERVIEWER ID	All interviewers will be given a unique identification number. Use this ID for all interviews.			
Q0004	TOTAL NUMBER OF CALLS/VISITS:	Record TOTAL number of Contact Attempts here. Circle one answer only. Document all attempted calls to contact a respondent on the Contact Record Form. Make a minimum of 3 attempts to get an interview.			
Q0005	DATE OF FINAL RESULTS: (DD/MM/YYYY)	Date when interview, or final result if an interview was not conducted, actually took place.			
Q0006	FINAL RESULT CODE:	This refers to the final result code for the Household Questionnaire: whether or not the household informant accepted to do the interview and the reasons for non-interviews. Use the following codes to document final results: 01=Completed Interview 02=Partial Interview (interview is partially completed and person will not be contacted anymore). 03=ONLY HOUSEHOLD ROSTER COMPLETED 04=Final refusal by Household Head/Other Member 05=Unable to locate Household or Household informant 06=No interview because no eligible informant(all less than 18 or Mentally unfit or too ill). 07=Language barrier 08=House is vacant or household occupants are elsewhere (seasonal vacancy, other residence) 09=Unsafe or dangerous area or no access to Informant			
Q0007	DATE DATA ENTRY COMPLETED (DD/MM/YYYY)	Date when data entry was completed – for Questionnaires completed by pencil-and-paper			

Office-Use Only Box (Optional)

Depending on your country arrangements, further quality control information and checks (such as ID numbers for various members of the team) can be provided in an, "office use only" double-line box for the:

- Supervisor
- Field Editor
- Office Editor
- Data Entry Operator (Keyed By)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME DATE	NAME DATE		

Introduction

Re-contact information is important for follow-up as part of the EMERALD study.

Requirement

Collect as much information as possible, with as many specifics as you feel are needed to be able to go back to the household if needed. Write clearly and be consistent in how you record the information across the different households you interview. A guide for completing Section 0100: ReContact Information is provided in the table below:

Question No.	Question	Guide for Completion				
	What is the informant's full name? Q0101a. LAST NAME Q0101b. FIRST NAME	 Print in CAPITALS Verify spelling of the name and write clearly Enter last (surname) name then first (given) name. 				
Q0101	Q0101c. Was the Household Consent Form: 1 Agreed and signed 2 Agreed, but witness signed 3 Refused	 Choose the appropriate response from the given options. Choose 1 if Informant signed the consent form themselves. Choose 2 if Informant required a witness to sign the consent form (e.g. due to inability to write) Choose 3 if the Consent form was refused. 				
Q0102	What is the physical address of the Informants home?	 This would be a mailing address - or detailed directions for how to return to this dwelling. Print in CAPITALS. Verify spelling and write clearly. Where possible, follow the format: Street Number, Street Name, City, Postal Code If participant does not have an address that follows the format; please ensure that sufficient detail (e.g. landmark, direction) is provided to locate this household during follow-up.) 				
Q0103	Does this informant/household have a telephone?	 Can be a fixed (land) line or mobile (cellular) phone. Circle 'Yes' or 'No'. If 'No', →skip to Q0105 				
Q0104	What is the telephone number?	Print clearly in the boxes provided.Include the number with area code.				
Q0105	If we cannot reach you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	 Indicate a person or persons - who would know how to contact Informant in the event that the Informant in this dwelling moves to another location at any time in the future. Circle 'Yes' or 'No'. 				

Question No.	Question	Guide for Completion	
Q0106	What is this person's name, relationship to you and his or her address? Q0106a. LAST NAME Q0106b. FIRST NAME	 Print in CAPITALS Verify spelling of the name and write clearly Enter last (surname) name then first (given) name. 	
	Q0106c: What is the physical address of this person's home?	 This would be a mailing address - or detailed directions for how to reach the alternative contact person. Print in CAPITALS. Verify spelling and write clearly. Where possible, follow the format: Street Number, Street Name, City, Postal Code If participant does not have an address that follows the format; please ensure that sufficient detail (e.g. landmark, direction) is provided to locate this household during follow-up.) 	
Q0106 (con'd)	Q0106d. What is this person's relationship to you? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	Interviewer does not need to read out the list of options if the Informant can easily identify their relationship to the alternative contact person. If the Informant needs some help, then the Interviewer may read out the options. • Enter appropriate 2-digit code from the options provided.	
	Q0106e. What is their telephone number?	 Print clearly in the boxes provided. Include the number with area code. 	
	Q0106f. OTHER: If there is any additional location or contact information, please provide these here.	 Include any useful additional contact information not covered by the preceding questions here. E.g. INFORMANT HOUSEHOLD IS DIRECTLY OPPOSITE THE POLICE STATION. Print in CAPITALS Verify spelling and write clearly 	

Introduction

The Household Roster must be completed for all households selected into the survey sample. If the household refuses to participate, the interviewer should attempt to at least complete the household roster. If they refuse all participation, including completion of the roster, then document in "Section 0000: Coversheet" and go to next household.

The proper and complete listing and description of each person in the household is a critical component of the survey process.

Note: For Interviewers using the Mobenzi Data Collection Platform, the system will automatically jump to the Section 0000: Coversheet if the Household has refused all participation.

Purpose

The purpose of the Household Roster is to:

- Create a list of all household occupants:
- Ensure that the Informant is the most appropriate respondent for the Household Survey
- Better understand the impact of the household members on household dynamics;
- Collect basic information required for estimating the non-response bias in the survey; and,
- Provide key information for statistical analysis in order to determine the economic outcomes in your country.

Requirement

Questions Q0201 to Q0218 are to be answered by the member of the household who has been identified as the household informant. To remind you, the household informant:

- Is usually the person who is most knowledgeable about the household's health status, employment, financial condition, expenditures and health insurance.
- Has provided consent as the household informant.
- Is usually the Household Head

Note: If more than one person provides information on the Household Questionnaire, the person providing most of the information should be the household informant.

A guide for completing Section 0200: Household Roster is provided in the table below:

Question No.	Question	Guide for Completion
Q0201	What is the total number of people who live in this household?	 Please remember to also include children and any persons who are not at home, who are usually part of the household. A member of the household is someone who usually: stays in the household and who: share meals (eat out of the same cooking pot) sleeps there, shares meals, and has that address as primary place of residence spends more than four months a year living there usually stays there but is away for a short time (for instance, in an institution for a short time due to a health condition).

IMPORTANT:

- \rightarrow Questions Q0203 to Q0210 need to be repeated for <u>each member</u> of the Household (as identified in Q0201).
- → The first column must provide responses for the <u>Household Head</u>, even when the Household Head is not the Household Informant.
- → After responses for the Household Informant are entered, the Interviewer must go back to Q0203 and repeat Q0203-Q0210 for each member of the household.
- → The responses for each additional Household member will be entered in the columns provided, until all Household member details have been recorded.
- → Each Household member will occupy their own column within the Household Roster.
- → For Interviewers using Mobenzi, the system will automatically run Q0203-0210 for each member of the household (as indicated in Q0201). Interviewers must still ensure that the *first* time these questions are run, the responses for the <u>Household Head</u> are entered, even when the Household Head is not the Household Informant.

Question No.	Question	Guide for Completion
Q0202	INTERVIEWER: Indicate who is the 'Household Informant'? If Household Informant is Household Head, Record the Household Roster Person Number as 01.	 In most cases, Interviewer should enter 01 in this field indicating that the Household Informant is the Household Head. Where the Household Head lacks capacity/information to complete the household survey, and an alternative Household Member is completing the household questionnaire: The first column of the Household Roster must still provide responses for the Household Head. After responses for the Household Head are recorded in column 1, the Interviewer must go back to Q0203 and repeat Q0203-Q0210 for each member of the household. When the Interviewer has completed recording responses for each household member, go back to Q0202 (this question) and enter the column number of the individual who is responding to the household survey.

Section 0200: Q0203-Q0210:

Note: Repeat these questions for each household member, starting with the Household Head.

HOUSEHOLD ROSTER		Person (HH member) number			
			02	03	Continued → 15
Question No.	Question				Guide for Completion
Q0203	What is [HH MEMBER #]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON-IN-LAW OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	Household head	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	Circle the code corresponding to the relationship (from the list of categories provided) of each household member to the household head. • Interviewer does not need to read out the list of options if the Informant can easily identify the relationship to the Household Head of each Household Member. • If the Informant needs some help, then the Interviewer may read out the options. • The first column of the Household Roster must provide responses for the Household Head.
Q0204a	Is [<i>HH MEMBER #</i>] a male or a female? 1 = MALE 2 = FEMALE	1 2	1 2	1 2	Circle the appropriate number for each member of the household 1= Male; 2= Female
Q0204b	How old is he/she? (if less than 1 year old enter "00")				Record age in years at last birthday for each person in the household. • If less than 1 year of age, enter "00" • If unknown, estimate age.
Q0205	What is [HH MEMBER #]'s marital status? 1= NEVER MARRIED (AND NOT COHABITATING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 88=DON'T KNOW	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	Circle/Select the code corresponding to the marital status (from the list of categories provided) for each person in the household.
Q0206	What is the highest level of education [HH MEMBER #] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=SECONDARY/MIDDLE SCHOOL COMPLETED 4=HIGH SCHOOL (OR EQUIVALENT) COMPLETED 5=COLLEGE OR UNIVERSITY COMPLETED 6=POST GRADUATE DEGREE COMPLETED	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	Circle/Select education levels from the list of categories provided, for each person in the household. • Note: Secondary School does not refer to High School. • Secondary School refers to Middle/Junior schooling. • Typically Grade 4-8.
Q0207	Does [HH MEMBER #] have health insurance coverage? 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	Circle/Select health insurance types from the list of categories provided for each person in the household

HOUSEHOLD ROSTER		Pe			rson (HH member) number	
IIOOOLI			02	03	Continued → 15	
Question No.	Question				Guide for Completion	
Q0208	Does [HH MEMBER #] need care due to his/her health condition, such as a long-term physical or mental illness or disability, or because he/she is getting old and weak? 1 = YES Continue 2 = NO Go to Q0210 or Next Person	1 2	1 2	1 2	Record the appropriate response for each member of the household 1=Yes 2=No. → If 'No', skip to Q0210 or Next Person	
Q0209	How much care does he/she need? 1 = Needs help/watching all the time (day and night) 2 = Cannot be without help/ watching or be left alone at home for more than an hour 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving home 4 = Needs some help at home and sometimes needs to be accompanied	1 2 3 4	1 2 3 4	1 2 3 4	Read the response options and circle the appropriate response option codes.	
Q0210	Is [HH MEMBER #] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition? 1 = YES; 2 = NO	1 2	1 2	1 2	Circle the appropriate response.	
	t set of survey questions. For Mobe	ar on	the p	oaper v	version of the household survey until	
For Mobenzi data collection only: Is [HH MEMBER #] the main income earner for the household (person who brings in most money)? 1 = YES; 2 = NO For Mobenzi data collection only: • Each household can only have ON main income earner. • Therefore, this question can only be answered 'Yes' one time, per household. • Please make sure the identified Main Income Earner is indeed the Main Income Earner. • You will not be able to correct this answer.						
Go	Go to next HH member or if last HH member go to Q0211				Go back to Q0203, repeat for each household member. If all household members entered, move to next section. →Note: For pencil-and-paper data collection, if Household Head is not the Household Informant, go back to Q0202 and record the Column Number of the Household Informant responses before moving in to the next set of questions.	

Section 0200: Q0211-0214

	For Pencil-and-paper data collection only:			
Question No.	Question	Guide for Completion		
Q0211	Are there any other persons such as small children or infants that we have not listed? 1 = YES; 2 = NO	If there are additional members of the household, go Back and add them to the household roster (Q0203-Q0210). Remember to complete one column per household member. →This question appears after Q0201 on Mobenzi and if response is 'Yes', Interviewer will be prompted to revise response of Q0201 (What is the total number of people who live in this household?)		
Q0212	Are there any other persons not here at the moment who are usually part of your household? 1 = YES; 2 = NO	If there are additional members of the household, go Back and add them to the household roster (Q0203-Q0210). Remember to complete one column per household member. →This question appears after Q0201 on Mobenzi and if response is 'Yes', Interviewer will be prompted to revise response of Q0201 (What is the total number of people who live in this household?)		
Q0213	Who is the main income earner for the household (person who brings in most money)?	For pencil-and-paper data collection only: Insert the Person (HH member) number from the roster table. If person outside HH, circle "87". →This question appears after Q0210 on Mobenzi		
Q0214	Who is the household member who completed the household roster?	 For pencil-and-paper data collection only: Insert the Person (HH member) number from the roster table. If person outside HH, circle "87". In most cases, Interviewer should enter 01 in this field indicating that the Household Informant is the Household Head. Where the Household Head lacks capacity/information to complete the household survey, and an alternative Household Member is completing the household questionnaire:		

Section 0200: Q0215-0218

	<u> </u>				
Q0215	Has any member of this household died in the last 24 months? 1 = YES; 2 = NO	 Identify the correct time period, for example, "since [June] 2005?" and record the response. If 'No' skip to Section 0300: Housing 			
Q0216	How many deaths were there in the household in the last 24 months?	Record the number of deaths in the boxes provided or key in value.			
Q0217	Sex of deceased? 1=Male, 2=Female	For Pencil-and-paper data collection: Circle the sex for each of the deceased identified in Q0216. For Mobenzi data collection: Ask the respondent about each deceased household member one at a time. You will be asking the age and sex of each			

		deceased household member. The system will automatically run the questions for each deceased household member.
Q0218	What was his/her age at death (in years)? Age at last birthday.	Record age in years at last birthday for each deceased household member. If less than 1 year of age, enter "00" If unknown, estimate age.

Introduction

This section covers housing conditions. Housing characteristics measure material aspects of socioeconomic circumstances. Housing based indicators are used in high-, middle- and low-income counties, although the characteristics assessed differ.

In each of the participating EMERALD countries, the response options for this section have been adapted to fit the local country setting.

Rationale

The rationale for including these questions includes:

- Housing is generally the key component of most people's wealth, and accounts for a large proportion of the outgoings from income.
- Housing (and its context) is an important, multifaceted indicator of socioeconomic circumstance.
- Some housing characteristics may be direct exposures or markers of exposures for specific diseases.
- Housing characteristics and amenities are extensively used as measures of socioeconomic circumstances. They are comparatively easy to collect and may also provide some indications of specific mechanisms linking SEP to particular health outcomes (for example, crowding).

Requirement

Questions Q0301 to Q0310 are to be answered by the member of the household who has been identified as the household informant, and who has answered the preceding sections of the Household Survey. The Identified Household Informant may ask for help from other household members.

A guide for completing Section 0300: Housing is provided in the table below:

Question No.	Question	Guide for Completion
		Read the response options to the informant to determine the ownership status of the dwelling and circle the appropriate response.
Q0301	Is this dwelling where you live? Owned by the household head and fully paid off Owned by the household head but not yet fully paid off Owned by someone else in household and fully paid off Owned by someone else in household but not yet fully paid off Rented	 If "Other": For Pencil-and-paper data collection: Circle "7" and specify in the space provided. Print in CAPITALS. Verify spelling and write clearly.
	6 Provided free of charge	 For Mobenzi data collection: Select Option "7" Other The system will prompt you to specify the ownership status Verify spelling Note: If "Rented" or "Provided free of charge" or "Refused", skip to Q0303.

Question No.	Question	Guide for Completion
Q0302	If the owner were to sell this dwelling today, what is the approximate value (about how much is it worth)? Use local currency.	 This question considers the dwelling to be any building, structure, manufactured home or mobile home, or part thereof, used and occupied for human habitation or intended to be so used. This question does not include any land that is not occupied/fit for occupation by persons (e.g. vacant plot, adjacent land). Record the answer in local currency. If the informant is not sure, permit the informant to ask another household member. If necessary, probe by asking what the value of similar dwellings in the area are worth.
Q0303	How many rooms does this dwelling have in total, without counting the bathrooms/ toilets or hallways/passage ways?	Clearly state that bathrooms, closets, or hallways (even large hallways, unless used as a functional room) are not to be counted.
Q0304	What is the main material of the floor? INTERVIEWER TO OBSERVE 1 HARD FLOOR (TILE, CEMENT, BRICK, WOOD) 2 EARTH FLOOR	 Unless difficult to observe, this question does not need to be read aloud to the informant. Hard floor is any type of floor that is not the natural earth. Hard floor also includes flooring that had to be placed or is manmade. This includes carpeted floors.
Q0305	What is the main material of the Exterior Walls? INTERVIEWER TO OBSERVE 1 Cement, Brick, Stone Or Wood 2 Mud/ Mud Brick 3 Thatch And Other 4 Plastic Sheet 5 Metal Sheet 7 Other, Specify:	Unless difficult to observe, this question does not need to be read aloud to the informant. • If response is material not listed, mark 'Other'. For Pencil-and-paper data collection: • Circle "7" and specify in the space provided. • Print in CAPITALS. • Verify spelling and write clearly. • For Mobenzi data collection: • Select Option "7" Other • The system will prompt you to specify the ownership status • Verify spelling

Question No.	Question		Guide for Completion
Q0306	What is the main sour members of your hous		Circle the main type of drinking source and follow the appropriate skip.
	Piped Water Into Dwo Piped Water To Yard		 Do not read all options unless Informant asks for clarification; If the Respondent does not know, ask
	3 Public Tap/Standpipe 4 Tubewell/Borehole 5 Protected Dug Well . 6 Unprotected Dug We	Q0307 Q0307	to observe the water source and mark appropriate response.
	7 Protected Spring 8 Unprotected Spring 9 Rainwater Collection	Q0307 Q0307	 3. <u>If response is not listed, mark 'Other'.</u> For Pencil-and-paper data collection: Circle "87" Other, and specify in the
	10 Bottled Water	→ . Q0306a	space provided. • Print in CAPITALS.
	11 Small Scale Vendor . 12 Tanker-Truck	Q0307 Q0307	Verify spelling and write clearly.
	13 Surface Water (River, Dam, Lake, Pond, Stream, Canal, Irrigation Channels) Q0307		 For Mobenzi data collection: Select Option "87" Other The system will prompt you to specify
	87 Other, Specify:	Q0307	the other water source Verify spelling
	The following table pro	ovides additional deta	ills for the Q306's response options:
Q306 continued	Category	Defined as a	
	Piped Water Into Dwelling	system with in-house kitchen and bathroom	
	Piped Water To Yard/Plot	Piped water connecting a public or private piped distribution system to a tap outside the household.	
	Public Tap/Standpipe	Public water point from which the public may collect water. Also known as a public fountain or public tap	
	Tubewell/Borehole	Deep hole driven, bored or drilled with the purpose of reaching ground water supplies.	
	Protected Dug Well	Lined, encased well protected from runoff water, bird droppings and animals.	
	Protected Spring		ed from runoff, bird droppings and animals.
	Bottled Water	Water produced by reliable companies under quality control by an appropriate national authority. Can include Water Sachets.	
	Rainwater Collection	Rainwater collected from a roof or ground catchment and stored in a container, tank or cistern.	
	What is the main sou	-	This question is directed at those responding bottled water" in Q0306.
	your household for o as hand washing?	ther purposes such	Bottled water drinkers may use other water
	1 Piped Water Into Dwe		sources for washing and cleaning.
	2 Piped Water To Yard	/Plot → Q0308	The purpose is to know the main water
	3 Public Tap/Standpipe		source used by the household for purposes such as cooking and personal
	4 Tubewell/Borehole		hygiene.
	6 Unprotected Dug Well		, ,
Q0306a	7 Protected Spring 8 Unprotected Spring		Circle the main type of water source for other
	9 Rainwater Collection		purposes and follow the appropriate skip.If response is not listed, mark
	10 Bottled Water		'Other'and:
	11 Small Scale Vendor		 For Pencil-and-paper data collection: Circle "87" Other, and specify in the space
	12 Tanker-Truck		provided.
	13 Surface Water (River, Dam, Lake, Pond, Stream, Canal, Irrigation		Print in CAPITALS.
	Channels) 87 Other, Specify:		Verify spelling and write clearly.
	or Other, Specify.		

Question No.	Question	Guide for Completion
		 For Mobenzi data collection: Select Option "87" Other The system will prompt you to specify the other water source Verify spelling If the informant indicates "Piped water through house connection or yard" skip to Q0308.
Q0307	Q0307: How long does it take to go there, get water and come back? ☐ ☐ ☐ Minutes 0 Water On Premises→ Q0308 -8 Don't Know	Enter the amount of time in minutes, based on a typical round trip time (to get to the water source, obtain water, and return to the household) not the total time spent per day hauling water. • If the informant has difficulty responding, ask the approximate distance to the source and probe how long it takes to travel that distance and back. • If Water is on the Premises, skip to Q0308
	Q0307a: Who usually goes to this source to fetch the water for your household? 1 Adult Man 2 Adult Woman 3 Male Child (Under 15 Years Old) 4 Female Child (Under 15 Years Old) 7 Other, Specify:	Determine which family member usually performs the task of hauling water. Circle the appropriate response
Q0308	What type of toilet facility do members of your household usually use? 1 Flush/Pour Flush To Piped Sewer System 2 Flush/Pour Flush To Septic Tank 3 Flush/Pour Flush To Pit Latrine 4 Flush/Pour Flush To Other Location 5 Flush/Pour Flush To Unknown Place/Not Sure 6 Ventilated Improved Pit Latrine (Vip) 7 Pit Latrine With Slab 8 Pit Latrine With Slab 9 Composting Toilet 10 Bucket Latrine 11 Hanging Toilet/Hanging Latrine 12 No Facilities Or Bush Or Field → Q0310 87 Other, Specify:	Circle the appropriate option from the list of categories. • Do not read all options; if the Respondent does not know, provide options or ask to observe the toilet and mark appropriate response • If the informant indicates "flush" or "pour", probe to find out where it flushes to. • If response is not listed, mark 'Other'and: For Pencil-and-paper data collection: • Circle "87" Other, and specify in the space provided. • Print in CAPITALS. • Verify spelling and write clearly. For Mobenzi data collection: • Select Option "87" Other • The system will prompt you to specify the other toilet. • Verify spelling • If the informant indicates "No Facilities Or Bush Or Field" skip to Q0310.

Question No.	Question	Guide for Completion
Q0309	Do you share this facility with other households? 1 = YES; 2 = NO	 Circle/Select yes or no. "No" means that the toilet facility is exclusively used by the household and no other neighbouring households.
Q0310	Where is cooking usually done? 1 In a room used for living or sleeping 2 In a separate room used as kitchen 3 In a separate building used as kitchen 4 Outdoor 7 Other, specify:	Read the response options (except "Other, specify") and circle the appropriate response. If the informant indicates the cooking is done in a place not listed, record "7 Other, specify;" and: For Pencil-and-paper data collection: Circle "87" Other, and specify in the space provided. Print in CAPITALS. Verify spelling and write clearly. For Mobenzi data collection: Select Option "87" Other The system will prompt you to specify the other cooking area Verify spelling

Introduction

Household and family support networks refer to family and friends that are <u>not</u> living in the household.

- 1. The first part of this section is intended to collect information about sources of transfers INTO the household from those outside the household.
- 2. The second part of this section is intended to collect information about support GIVEN by the household to non-household members.
- 3. The third part of this section is intended to collect information about Personal or health care assistance that your household provided to others outside the household.

Rationale

Families and friends sometimes help one another in a variety of different ways, and each type of help or support can be important. The purpose of this section is to understand the type of help received by households and given by households via other family members, friends, and members of the community, and the government.

Requirement

Questions Q0401 to Q0415 are to be answered by the member of the household who has been identified as the household informant, and who has answered the preceding sections of the Household Survey. The Identified Household Informant may ask for help from other household members.

A guide for completing Section 0400: Household, Family Support Networks & Transfers is provided in the table below:

Section 0400: Q0401-0409

Questions Q0401 to 0409 determine what support is RECEIVED BY THE HOUSEHOLD ("TRANSFERRED IN") over the past 12 months. This could be financial or non-financial.

There are three parts, each with identical questions, the only difference being **who** they are referring to as follows:

QUESTIONS	REFERS TO
Q0401-Q0403 FAMILY & KIN	Family members that are not part of the household, that is do NOT live in the household.
Q0404-Q0406 COMMUNITY TRANSFERS & ASSISTANCE	Groups or clubs that are part of the community. This could include the local place of worship, or the local Red Cross, etc.
Q0407-Q0409 GOVERNMENT ASSISTANCE	Any local, regional or national government agency or office.

Question No.	Question	Guide for Completion
Q0401 Q0404 Q0407	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from? 1 = YES; 2 = NO	These questions refer to any cash or non-cash support received by the household from the respective parties. It includes non-cash support which has monetary value, such as food, clothing, medicine, etc. • If the answer is no or don't know, record the respective responses and skip to the next subsection.
	What type of support did your household <u>receive</u> ?	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. About how much was this amount in total over the last 12 months? (cash or cash equivalent) -8 Don't know
Q0402 Q0405	(a) Money, loans, tuition, paying for bills, fees or taxes (that is, cash)? (a) Money, loans, tuition, paying for bills, fees or support received.	in column 7, on the real of the types of
Q0408	(b). Value of food or other goods/services (that is, non-monetary)?	 If 'no' or 'don't know' or 'refused' skip to the next question. If 'yes', move to column B and enter the approximate
or activities (meal preparation, shopping, cleaning, laundry), providicare or transportation (he getting around outside the	preparation, shopping, cleaning, laundry), providing care or transportation (help	For (c), approximate value in average number of hours per week For Mobenzi data collection: 1. The content will promot you to enseit values if response in
	home)? INTERVIEWER: This DOES NOT include	 The system will prompt you to specify values if response is "Yes" The system will prompt you to the next question if response is "No" "Don't Know" or "Refused".
Q0403 Q0406 Q0409	Keeping in mind what you just described from the government, do you consider this as income or support that the household can count on in the future? 1 YES 2 No 8 Don'T KNOW 9 Refused	 Ask if the informant feels the household can rely on receiving this type of support on a regular basis, or when in need, in the future. Circle/Select the appropriate response.

Section 0400: Q0410-0413

Questions Q0410 to 0413 determine what support is GIVEN BY THE HOUSEHOLD ("TRANSFERRED OUT") over the past 12 months. This could be financial or non-financial.

There are three parts, each with identical questions, the only difference being **who** they are referring to as follows. The table below provides a guide to completing each type of "transfer out" question. There are two parts, each with identical questions, the only difference being who they are referring to as follows:

QUESTIONS	REFERS TO
Q0410-Q0411 FAMILY & KIN	Children, grandchildren, aunts, cousins, other extended blood relatives of both the informant and/or the informant's spouse who do not live in the household.
Q0412-Q04013 COMMUNITY, NEIGHBOURS AND OTHER KIN	Neighbours, friends, local charities, distant relatives, etc.

As the Interviewer, you must emphasize **the shift from receiving to giving assistance** in the next section.

Question No.	Question	Guide for Completion
Q0410 Q0412	In the last 12 months, has your household provided any financial or in-kind support to 1 = YES; 2 = NO	These questions refer to any cash or non-cash support GIVEN by the household TO the respective parties. It includes non-cash support which has monetary value, such as food, clothing, medicine, etc. • If the answer is no or don't know, record the respective responses and skip to the next subsection.
	What type of support did your household <u>provide</u> ?	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. About how much was this amount in total over the last 12 months? (cash or cash equivalent) -8 Don't know
Q0411 Q0413	(a) Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	Read the options: (a) cash, (b) non-cash or (c) time. In column A, circle "Yes" or "No" for each of the types of support provided
	(b). Value of food or other goods/services (that is, non-monetary)?	 If 'no' or 'don't know' or 'refused' skip to the next question. If 'yes', move to column B and enter the approximate value in local currency.
	(c). Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing	 For (c), approximate value in average number of hours per week
	care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid or hired help.	For Mobenzi data collection: 1. The system will prompt you to specify values if response is "Yes" 2. The system will prompt you to the next question if response is "No" "Don't Know" or "Refused".

Section 0400: Q0414-Q0415

Questions Q0414 to 0415 determine what **personal assistance or health care support** is GIVEN BY THE HOUSEHOLD ("TRANSFERRED OUT") over the past 12 months. These refer more to personal assistance or health care provided to someone. For these questions only, it could be a household member of someone outside the household.

Question No.	Question	Guide for Completion	
Q0414	During the last 12 months, did you or someone in your household provide help to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak? 1 = YES; 2 = NO	 This question refers only to the last 12 months. The assistance could be provided to an elderly parent who has a chronic illness or to a child with a mental or physical disability. If the informant says "yes", ask for example, if it was for a household member or someone not part of the household. If someone is currently living in a health institution temporarily, but normally is part of the household, then this person should be considered as a household member. If the informant answers no, skip to section 0500. 	
	What type of support did your household provide?	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. About how much was this amount in total over the last 12 months? (cash or cash equivalent) -8 Don't know	
	Q0415a. Helped with personal care, such as going to the toilet, washing, getting dressed, and eating?	Read out each of the three types of care that the informant may have provided: (a) personal care, (b) medical care or (c) time watching someone. If Column A is 'Yes', provide amount of time in Column B.	
Q0415	Q0415b. Helped with medical care, like changing bandages and giving medicines?	In column A, circle "Yes" or "No" for each of the types of support provided	
	Q0415c. Watched over them since their behaviour can be upsetting or dangerous to themselves or others?	 If 'no' or 'don't know' or 'refused' skip to the next Section (0500). If 'yes', move to column B and enter the approximate value in local currency. For (c), approximate value in average number of hours per week If Column A is 'No' or 'Don't know' or 'Refused', go to next Section For Mobenzi data collection: The system will prompt you to specify values if response is "Yes" The system will prompt you to the next question if response is "No" "Don't Know" or "Refused". 	

Introduction

This section covers the household's sources of income, and; whether or not the household (or a member of the household) possesses certain items (assets). Income and asset-ownership of are an important component of a household's socioeconomic environment. In each of the participating EMERALD countries, the response options for this section have been adapted to fit the local country setting.

As the Interviewer, you must be able to obtain valid responses to these questions as they address the key questions we are asking in this study. Although one can anticipate that some participants will be reluctant to respond to questions about their income and asset-ownership, it is crucial that interviewers employ techniques such as rapport building and use of nondirective probes to obtain more complete answers. Given the importance of this Section of the Household Survey, Interviewers are encouraged to spend as much time an necessary to ensure that all responses are valid.

General Factors to Consider

Some general factors to consider when asking these questions include:

- 1. Steps to minimize item nonresponse include:
 - a. Motivation. Motivate by providing information that will allow respondents to appreciate the importance of economic data for the study and to understand the steps that will be taken to preserve respondent anonymity. Motivation can also be increased through commitment and feedback techniques
 - b. **Respondent selection.** To the extent possible, ensure that the Identified Household Informant *is* the most knowledgeable respondent in the household to provide information about the economic status of the household.

2. How to avoid "Don't Know" or "Refusal" responses:

- a. It is better to ask first for an exact local currency amount response to an income question, since most respondents are willing to provide such a response and such responses are much more valuable analytically than are responses to a small set of income or wealth categories.
- b. **Unfolding Scale.** An important technique for minimizing item nonresponse to income questions is to follow up "Don't Know" and even "Refusal" responses with what is called an "unfolding scale" in which respondents are asked a short series of yes-no questions regarding amounts.
 - i. For example, "Don't Know" responses or refusals to questions about household income can be followed up with the following set of questions: "Is your annual income from work more than \$10,000?" (IF YES) "Is it more than \$20,000?" (IF NO) "Is it less than \$15,000", etc.
 - ii. Experience shows that respondents who say "Don't Know" often have a general idea of the amount requested, but respond "Don't Know" because they do not know the exact local currency amount. (On the other hand, individuals who repeatedly respond "Don't Know" to a series of economic questions are likely to be genuinely ignorant of their precise situation).
 - iii. An unfolding scale shows respondents that an approximation constitutes a legitimate response; they are often quite willing to respond to a few unfolding questions.

- iv. In the case of refusals as well, experience shows that a surprising number of respondents who refuse to answer the initial exact-local-currency- questions are quite willing to respond to a short set of unfolding questions.
- c. It is easy for respondents asked only for total income to forget some of the components or to misunderstand that a given component (e.g., income from household members other than the Household Head) is to be included in the total.
 - i. Asking for person-specific amounts (and then providing a summation of each amount) is likely to improve the quality of the data collected, but will take up more interviewing time.
- 3. **Data processing.** The quality of economic data gathered in surveys can also be enhanced by encouraging interviewers to take notes in the margins of the questionnaire (for **pencil-and-paper studies**) or, on the Interviewer Observation Form (for **Mobenzi studies**). This helps data editors determine answers or produce better imputations.
 - a. This is especially important if the time frame of the question does not fit the mindset of the respondent. For example, if the questionnaire asks about earnings per week or month and the respondent is paid every two weeks, then the respondent should be encouraged to provide the every-two-week response, written in the margin by the interviewer, with some kind of data-editing step performed during processing in which this marginal-note information is reviewed.

Requirement

Questions Q0501 to Q0537 are to be answered by the member of the household who has been identified as the household informant, and who has answered the preceding sections of the Household Survey. The Identified Household Informant may ask for help from other household members.

A guide for completing Section 0500: Assets and Household Income is provided below:

Section 0500: Q0501-0530

Questions Q0501 to Q0530 assess whether or not the household (or a member of the household) possesses the item in question. For some items, such as livestock, land, valuables and televisions, we also want to ask about the quantity or value owned by the household.

Question No.	Question	Guide for Completion	
	Q0501a. Do you have any televisions in your household?	Circle/Select 'Yes' if any member (adult or child) of the household possesses a television.	
Q0501	1 YES → Q0501b 2 NO → Q0502	 If the answer is no, record the respective response and skip to Q0502. 	
	Q0501b.How many televisions are there in your household?	 Record the number of televisions, regardless of their condition, the household possesses. If the amount is zero (previous question answered incorrectly), record '00' in the boxes. 	
Q0502	Does your household have electricity/solar power? 1 YES 2 NO	 Circle/Select 'Yes' if household has electricity or solar power. If the answer is no, record the respective response and skip to next question. 	
Does any member of your household own:			

Question No.	Question	Guide for Completion
Q0503	Bicycle? 1 YES 2 NO	
Q0504	Motorcycle or Motor Scooter? 1 YES 2 NO	Circle/Select 'Yes' if any member (adult or child) of the household owns this item.
Q0505	Animal-Drawn Cart? 1 YES 2 NO	If the answer is no, record the respective response and skip to next question.
Q0506	A Car or Truck? (any 4 wheeled vehicle) 1 YES 2 NO	
Does your	household or anyone in your household h	ave?
Q0507	A Radio or Transistor? 1=Yes; 2=No	
Q0508	A Clock or Watch? 1=Yes; 2=No	
Q0509	A Mobile telephone 1=Yes; 2=No	
Q0510	A Fixed-line telephone 1=Yes; 2=No	
Q0511	Protected Windows (Shutters, Glass, Curtains, Screens) 1=Yes; 2=No	
Q0512	Someone employed in house who is not a member of your family (gardener, cook, cleaner, driver)? 1=Yes; 2=No	
Q0513	A [Furniture Item 1] 1=Yes; 2=No	
Q0514	A [Furniture Item 2] 1=Yes; 2=No	
Q0515	A [Furniture Item 3] 1=Yes; 2=No	
Q0516	A [Furniture Item 4] 1=Yes; 2=No	Circle/Select 'Yes' if any member (adult or
Q0517	A [Furniture Item 5] 1=Yes; 2=No	child) of the household has these items.
Q0518	1 of 3 Poor Household Appliance 1=Yes; 2=No	If the answer is no, record the respective response and skip to next question.
Q0519	2 of 3 Poor Household Appliance 1=Yes; 2=No	
Q0520	3 of 3 Poor Household Appliance 1=Yes; 2=No	
Q0521	1 of 3 Middle Wealth Household Appliance 1=Yes; 2=No	
Q0522	2 of 3 Middle Wealth Household Appliance 1=Yes; 2=No	
Q0523	3 of 3 Middle Wealth Household Appliance 1=Yes; 2=No	
Q0524	1 of 3 Wealthy Household Appliance 1=Yes; 2=No	
Q0525	2 of 3 Wealthy Household Appliance 1=Yes; 2=No	
Q0526	3 of 3 Wealthy Household Appliance 1=Yes; 2=No	
Does your	household or anyone in your household h	ave?

Question No.	Question	Guide for Completion
Q0527	Livestock (cattle, goats, pigs, poultry, donkey, ducks, mules, sheep, buffalo)? 1 YES → Q0528 2 NO → Q0529	 Circle/Select 'Yes' if any member (adult or child) of the household possesses any livestock (not limited to the options provided here). If the answer is no, record the respective response and skip to Q0529.
	Please specify the type and quantity of livestock that your household owns	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. Quantity □□□□□ -8 Don'T KNOW
	Q0528a Goats or Sheep?	 Read out each of the types of livestock that the household may own: (a) to (e). In column A, circle "Yes" or "No" for each of
	Q0528b Chickens?	the types of livestock. o If 'no' or 'don't know' or 'refused' skip to the next type of Livestock.
	Q0528c Cows or Oxen?	o If 'yes', move to column B and
	Q0528d Pigs?	enter the approximate quantity For Mobenzi data collection:
Q0528	Q0528e Mules/Horses/Donkeys?	 The system will prompt you to specify quantity if response is "Yes" The system will prompt you to the next question if response is "No" "Don't Know" or "Refused".
	Q0528f Other, specify	If 'Other' Livestock not listed is owned by the household: For Pencil-and-paper data collection: 1. Specify type in Column A. a. Print in CAPITALS. b. Verify spelling and write clearly. c. Can be more than one other. 2. Specify quantity in Column B For Mobenzi data collection: 1. Select yes, when asked if other livestock is owned. 2. The system will prompt you to specify the type of other livestock and the quantity 3. Keep to the format: [LivestockType1_Quantity;Livestock Type2_Quantity]; e.g. Rabbit_12;Llama_12
Please tell other items	us if you own any land or jewellery and s of value.	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. About how much is this worth in total? (cash equivalent) -8 Don't know

Question No.	Question	Guide for Completion
Q0529	Land or property?	 This includes private, commercial or farm land. Property can be developed or undeveloped. If 'Yes' in column A, move to column B and enter the approximate value in local currency. If 'No' or 'Don't know', skip to the next question.
Q0530	Other valuable items, such as jewellery, books, art or other valuable items?	Try to identify if there are other items of value in the household and an approximate amount. Remind the person that we don't want to know details, but an approximate amount - and that this information will NOT be used for tax or benefit purposes. • If 'Yes' in column A, move to column B and enter the total approximate value in local currency. • If 'No' or 'Don't know', skip to the next question.

Section 0500: Q0531-Q0537

Questions Q0531 to Q0537 ask respondents about the **total income for the household in the last 12 months (previous to today)** from paid work or other sources. Remind the Household Informant that all information will be kept strictly confidential. It may also be useful to communicate that you appreciate that it may be difficult to calculate some of these values, and that you would be grateful if the Informant could give as accurate an amount as possible. The Interviewer must be patient, and take as much time as necessary to allow Household Informants to calculate these amounts.

Question No.	Question	Guide for Completion
Q0531	Does your household have a regular source of income? 1 Yes, regular source 2 Yes, regular but seasonal 3 No *Over the last 12 months	 Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions. Regular source of income refers to income that is received by the household often enough and that is constant.
		It does not have to be daily, weekly or even monthly, but it needs to be received on a regular and predictable basis so that the household can rely on its continuity.

I am now going to read you a list of possible sources of income.

Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year?

Please tell me whichever time period that is easier for you.

Question No.	Question	Guide for Completion
Q0532	Please tell me from which of these sources members of your household receive income:	A. If Yes, → Column B. 1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → skip to next Q 8 DK 9 REFUSED B. Can you estimate an approximate total amount of income for the household over the last [week/month/year- time period circled in Column A]? -8 Don't know -9 REFUSED
	Q0532a. Wages, salary from job?	 Read out each of the sources of income that the household may receive: (a) to (e); then ask if there are any "other" sources (f). In column A, circle "Yes" or "No" for each of the income sources If 'no' or 'don't know' or 'refused' skip to the next source of Income. If 'yes', choose either: YES, WEEKLY if Income Source is received weekly. YES, MONTHLY if Income Source is received monthly YES, YEARLY if Income Source is received yearly/annually Then, move to column B and enter the approximate value in local currency, based on chosen time period (e.g. \$10 per week).
	Q0532b. Earnings from selling, trading or hawking products?	
	Q0532c. Income from rental of property?	
	Q0532d. Pension fund (State/Private), Provident fund, grants and/or social security benefit?	
	Q0532e. Interest/dividends from savings account or fixed deposits (or other interest/dividends)?	For Mobenzi data collection: 1 The system will prompt you to specify value if response is: YES, WEEKLY; YES, MONTHLY, OR; YES, YEARLY 2 The system will prompt you to the next question if 3 response is "No" "Don't Know" or "Refused". NOTE: Please ensure consistency between time frame chosen and expression of the local currency value of each income source. I.e. if respondent has answered Yes, Yearly, ensure the local value in Column B is the annual total (and not, for example, the monthly salary).

Question No.	Question	Guide for Completion
Q0532 (con'd)	Q0532f. Other (specify):	If 'Other' Income not listed is received by the household: For Pencil-and-paper data collection: 1. Specify Type in Placeholder a. Print in CAPITALS. b. Verify spelling and write clearly. c. Can be more than one other. 2. Specify timing of income (e.g. Weekly, Monthly, Yearly) in Column A 3. Specify quantity in Column B For Mobenzi data collection: 1. Select yes, when asked if other Income Sources are received. 2. The system will prompt you to specify type and timing of income received 3. Separate different income sources and timing with a hyphen [-] or a comma [,] e.g. Inheritance-yearly, Gift-yearly, Donationmonthly 4. The system will prompt you to specify the total value of all other income sources (e.g. expressed as Weekly, Monthly, Yearly amount- depending on what was entered in step 3). a. I.e. if most other sources were received yearly, express value as total yearly figure.
Q0533	So to verify this information, your approximate total household income from <u>ALL</u> sources over the last 12 months is about how much? -8 DON'T KNOW	 Do NOT add up Q0532(a) to (f). There is no need for there to be consistency between the sum of Q0532(a) to (f) and this response. You do not need to force consistency here - this answer should be a spontaneous number - an approximate and accurate amount of income from all household members over the last 12 months.
Q0534	How many people depend on this income? Number of People -8 Don't Know	 Ask the informant how many people are dependent on the total income indicated in Q0533. This number can be more than the number of people in the household, that is a mother living somewhere else, or a child living at the university campus. If only the informant is dependent on this income then record "01". If more than the informant is dependent, then include the informant in the total number.

Question No.	Question	Guide for Completion
Q0535	Q0535a Does your household or any members of the household have current debt or outstanding loans? 1 YES→ Q0535b 2 NO→ Q0536 8 DON'T KNOW 9 REFUSED Q0535b. What is the approximate total amount of this debt or loan(s)?	 Debt or outstanding loans refer to money, goods or services owed to someone else or an institution. It is an obligation or liability to pay. If 'no' or 'don't know' or 'refused' skip to Q0536 If 'yes', move to next question to enter the approximate total value of debt.
	-8 DON'T KNOW - 9 REFUSED	Provide an approximate total amount for all current debt.
Q0536	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations? 1. YES 2. NO 8 DON'T KNOW	 "Daily living needs and obligations" refers to whether the basic needs of the household are covered by the total household income. If, for example, there is not enough money to buy the needed food or clothes for the household in general, then the answer is no. Probe if necessary, by asking what the informant considers daily living needs (excluding what is culturally thought of as luxury items, that is products or services that are not "needed").
Q0537	Would you say your household's financial situation is? Very Good Good Moderate Bad Very Bad	 Determine how the informant feels about the current financial situation of his/her household. Read the answer responses to the informant. If the informant is not clear what is meant by the response categories, repeat the question asking if they feel the household' financial situation is very good, good, etc.

Introduction

This section is about how much the household and all its members spend on food, household items, health services and other things. Expenditures can be monetary or non-cash (in-kind). The value of in-kind payments and items produced or raised, and consumed, by the household need to be estimated and included. As the Interviewer, you must be able to obtain valid responses to these questions as they address the key questions we are asking in this study. Although one can anticipate that some participants will be reluctant to respond to questions about their household's expenditure, it is crucial that interviewers employ techniques such as rapport building and use of nondirective probes

General Factors to Consider

Some general factors to consider when asking these questions include:

- **1.** *Consistency.* Do not focus on the consistency between the totals reported in one question and the sum of answers in the following ones.
- **2.** *Currency.* As with the preceding sections of the Household Survey, record all amounts in the local currency.
- **3.** *In-kind Expenditures*. If the value was paid in-kind (not in cash/credit/debit but through goods or services), then record the local currency value of the in-kind payment.

4. Time Frame.

- a. Be very clear with the informant about the time frame for each part of this section.
- b. Timeframes for expenditures vary from the last 7 days, last 30 days, to last 12 months.
- 5. Food items that can be purchased or produced and consumed by the household include:
 - a. Staple foods (rice, cassava, quinoa, cornmeal, potato, bread, pasta)
 - b. Meat (beef, pork, lamb, mutton, poultry, fish, seafood),
 - c. Fruits,
 - d. Vegetables,
 - e. Milk (and other dairy products) and eggs,
 - f. Non-alcoholic beverages (juice, water, soft drinks, coffee, tea),
 - g. Tobacco and Alcohol,
 - h. Spices and cooking oils.
- **6. Prepared food items** include food purchased at:
 - a. Restaurants,
 - b. Food Stalls,
 - c. Take-out/Take-away or;
 - d. Purchased elsewhere but prepared outside the household.
- 7. Large/Infrequent Expenditures. Large/Infrequent expenditures that have not actually occurred in the last 30 days may include:
 - a. Large and infrequent (vehicles, durable goods, household equipment or devices, housing upkeep, hospital costs) or;
 - b. Those occurring on an annual, bi-annual or bi-monthly basis (school fees, mortgage payments, insurance premiums, taxes)
 - ightarrow These should be reported under the 12 month expenditure

Requirement

Questions Q0601 to Q0628 are to be answered by the member of the household who has been identified as the household informant, and who has answered the preceding sections of the Household Survey. The Identified Household Informant may ask for help from other household members.

A guide for completing Section 0600: Household Expenditure is provided below:

Section 0600: Q0601-0602

Questions Q0601 to Q0602 ask about expenditure on:

FOOD ITEMS in the last SEVEN (7) DAYS.

Question No.	Question	Guide for Completion
Q0601(a) to Q0601(i)	In the last 7 days, how much did your household spend on: a) Staple foods? b) Meat? c) Fruits and vegetables? d) Milk and eggs? e) Spices and oils? f) Beverages and other non-alcoholic drinks? g) Tobacco and alcoholic beverages? h) Food eaten outside the dwelling? i) All other food items.	 Obtain the best estimate for costs of the items listed in Q0601(a) through to Q0601(i). Food expenditures include all food prepared and consumed by the household, along with food purchased and consumed outside the household (for example snacks, bag lunches). If No expenditure for Food Item category, enter "0000"
Q0602	In the last 7 days, how much did your household spend on food items overall?	 Do NOT add up Q0601(a) to (i). This answer should be a spontaneous number an approximate and accurate amount of all food expenditures in the last 7 days.

Section 0600: Q0603

Questions Q0603(a) to (e) ask about expenditure on: NON-FOOD ITEMS in the last THIRTY (30) DAYS.

Question No.	Question	Guide for Completion	
Q0603(a) to Q0603(e)	In the last 30 days, how much did your household spend on: a) Housing and Utilities? b) Clothing & Other personal items? c) Transportation? d) Recreation and entertainment? e) All other goods and services?	 Obtain the best estimate for costs of the items listed in Q0603(a) through to Q0603(e). This refers to regular household expenditures - excluding food. It does not include things purchased for use in a home business which receives payment for goods and services. Do not include "big expenditure" items that would be listed as expenditures in the last 12 months If No expenditure for Non-Food Item category, enter "0000" 	

Section 0600: Q0604-Q0610

Questions Q0604 to Q0610 ask about expenditure on: HEALTH CARE SERVICES AND ITEMS in the last THIRTY (30) DAYS.

Question No.	Question	Guide for Completion
Q0604 to Q0610	In the last 30 days, how much did your household spend on: (Q0604) Registration and consultation fees? (Q0605) Health care by traditional/alternative healers? (Q0606) Diagnostic and laboratory tests? (Q0607) Medications or drugs? (Q0608) Dentists or dental care? (Q0609) Ambulance? (Q0610) Any other health care products or services that were not included above?	 Obtain the best estimate for costs of the items listed in Q0604 through to Q0610. These are health expenditures that do NOT include an overnight stay in a health care facility. This refers to outpatient type care and items. If No expenditure for Health Care Services and Item category, enter "0000"

Section 0600: Q0611-Q0620

Questions Q0611 to Q0620 ask about expenditure on:

BIG EXPENSES/PURCHASES in the last TWELVE (12) MONTHS

Question No.	Question	Guide for Completion
Q0611 to Q0620	In the last 12 months, how much did your household spend on: (Q0611) Education Fees & Supplies? (Q0612) Durable goods? (Q0613) Vehicles and upkeep/repairs? (Q0614) Rituals, gifts and/or ceremonies? (Q0615) Taxes & non-health related insurance? (Q0616) Voluntary health insurance premiums? (Q0617) Health-related items? (Q0618) Overnight stays in a health facility? (Q0619) Long-term care facility? (Q0620) All other goods and services?	 It is important that expenditures listed in Q0603(a)-Q0603(e) are NOT included here. These questions refer to expenditures that are large and infrequent (vehicles, durable goods, household equipment or devices, housing upkeep, hospital costs) or; expenses occurring on an annual, bi-annual or bi-monthly basis (school fees, mortgage payments, insurance premiums, taxes) Education expenditures include school fees, uniforms, writing materials, books, etc. Rituals, ceremonies (funerals, weddings, Eid) or gifts includes costs for their own family, or flowers and gifts for such events outside their own family. Health care costs here refer to overnight stays at hospitals, health centres, institutions or long-term care facilities. Health care costs include any costs on health care that was not reimbursed (or paid) by public or private insurance. Obtain the best estimate for costs of the items listed in Q0611 through to Q0620 If No expenditure for Health Care Services and Item category, enter "0000"

Section 0600: Q0621-Q0627

WHICH FINANCIAL SOURCES WERE USED TO PAY FOR ANY/ALL HOUSEHOLD HEALTH EXPENDITURES in the last TWELVE (12) MONTHS

IMPORTANT: If no (zero/'0000') expenditures have been reported for:

- Q0604 through 0610 and;
- o Q0618 to 0620

 \rightarrow skip to Q0628

Question No.	Question	Guide for Completion		
the follow did your h	12 months, which of ing financial sources ousehold use to pay for li health expenditures?	A. If Yes, → Column B. If no → skip to next Q 8 DK 9 Refused B. How much did each source contribute to total health expenditures (in % terms)? □□□⁰₀ -8 Don't know -9 RefuseD		
Q0621	Current income of any household members (salaries, pensions, paid benefits)?	These questions refer only to payment for health costs in the last 12 months. This includes inpatient AND outpatient services and all health care items.		
Q0622	Savings?	 Read out each of the sources that the household may have used to pay for their health care costs in the past twelve (12) months: Q0621 to Q0626, then; ask if there are any "other" financial sources that were used to pay for their household health care costs (Q0627). 		
Q0623	Payment or reimbursement from a health insurance plan (including community health schemes)?	response as a percentage (1-100%). Do not worry about consistency here, responses from Column B of Q0621 to Q0627 do not need to add up to exactly 100% For Mobenzi data collection: The system will prompt you to specify proportion if response is: YES. The system will prompt you to the next question if response is "No" "Don't Know" or "Refused".		
Q0624	Sold items (land, property, furniture, livestock, jewellery)?			
Q0625	Relatives or friends from outside the household?			
Q0626	Borrowed from financial institutions or agencies (microfinance schemes, banks)?			
Q0627	Other, specify:	 credit scheme, or other. Payment or reimbursement includes costs that were: billed to the individual or family, and subsequently paid or reimbursed by a health insurance organization. 		

Question No.	Question	Guide for Completion
		Do not include the value of services that the insurance organization provides in-kind or pays directly to providers without billing the individual or family. Use "Other" to record any other sources of cash or kind to pay for health expenditures.

Section 0600: Q0628

Question Q0628 asks about:

AVERAGE TOTAL AMOUNT HOUSEHOLD SPENDS ON ALL ITEMS IN ONE (1) MONTH. This includes the total amount the household and all its members spent on everything, for example, clothing, transport, rent and rates, school fees, food, drink, entertainment, health care and all other expenses.

Question No.	Question	Guide for Completion
Q0628	In general, what is your household's average overall monthly spending? -8 DON'T KNOW -9 REFUSED	 Here again, we do not want the informant to simply add up expenditures from earlier questions. We want the informant to provide an estimate of average expenditures for a typical month. This answer should be a spontaneous number - an approximate and accurate total amount of all costs for running the household in a typical month.

Introduction

This is the last section of the Household Survey that requires input from the Household Informant. This section asks about the subjective financial well-being of the household. This relates to the way the Household Informant feels about the household's financial situation and, asks about specific actions that may have been taken by the household and its members due to financial difficulties, both currently and in the past.

This section of the Household Survey is critical in understanding the overall economic situation of the Household in a way that harmonizes the objective indicators of financial well-being (asked in the preceding sections of this survey) and, the subjective measures of financial well-being: how people think and feel about their financial wellbeing.

Requirement

Questions Q0701 to Q0710 are to be answered by the member of the household who has been identified as the household informant, and who has answered the preceding sections of the Household Survey.

A guide for completing Section 0700: Financial Situation Outlook is provided below:

Section 0700: Q0701-0705

Question		
No.	Question	Guide for Completion
Q0701	Taking everything into account, how satisfied do you think people living in this household are with the way it lives at present? Would you say - very satisfied, satisfied, dissatisfied or very dissatisfied? 1 Very Satisfied 2 Satisfied 3 Neither Satisfied OR DISSATISFIED 4 DISSATISFIED 5 Very DISSATISFIED 9 REFUSED	 Read the response options (except "Refused") and circle/select the appropriate response option where: 1 is 'Very Satisfied' and; 5 is 'Very Dissatisfied'. Remind the respondent that there are no right or wrong answers.
Q0702	How would you rate the financial situation of this household AT PRESENT? Is it very good, good, average, bad or very bad? 1 VERY GOOD 2 GOOD 3 AVERAGE 4 BAD 5 VERY BAD 9 REFUSED	 Read the response options (except "Refused") and circle/select the appropriate response option where: 1 is 'Very Good' and; 5 is 'Very Bad'. Remind the respondent that there are no right or wrong answers. Remind the respondent that you are asking them to rate the financial situation at PRESENT.
Q0703	How would you rate the financial situation of the household compared to three years ago? Is it better, the same or worse than three years ago? 1 Better 2 Same→ Q0705 3 Worse 9 Refused	 Read the response options (except "Refused") and circle/select the appropriate response option Remind the respondent that you are asking them to compare their financial situation three years ago with their financial situation today. If response is "Same", (2), then Skip to Q0705

Question No.	Question	Guide for Completion	
Q0704	What would you say is the MAIN reason for the change in the financial situation of the household?	 Only ask for one main reason. For Pencil-and-paper data collection: Specify in the space provided. Print in CAPITALS. Verify spelling and write clearly. For Mobenzi data collection: The system will prompt you to specify the reason in the space provided. Type in CAPITALS Verify spelling and write clearly 	
Q0705	How do you expect life will be like for this household in five years time? 1 BETTER 2 SAME 3 WORSE	 Determine how the respondent feels about what life would be like in the future for this household. Read the response options and circle/select the appropriate response Remind the respondent that you are asking them to consider their financial situation in the FUTURE. 	

Section 0700: Q0706-0715

These questions ask the Household Informant whether any of the household members (including themselves) have had to take any of the listed actions because of financial difficulty.

In this section, Informants will first be asked whether the action was taken in the last three years. Then, Informants will be asked whether the action is currently being taken.

Please ensure you complete **column A for the last three years** and **column B for current actions** addressing financial difficulty; for Mobenzi data collection, Interviewers will be prompted to complete responses for the last three years first and only once complete, interviewers will be prompted to ask about current actions being taken to address financial difficulty.

Question No.	Question	Guide for Completion	
In [TIME PERIOD]because of financial difficulty, have you had to:		A. In the last three years? 1 YES 2 NO	B. Do you currently have to do this? 1 YES 2 NO
Q0706	Ask friends and relatives for help?	•	circle/select "Yes" or "No" for each
Q0707	Ask an employer for help?		that may have been taken by any
Q0708	Ask a religious organization or an NGO for help?	member(s) of the household because of financial difficulty in the last three (3) year	
Q0709	Borrow from a bank, moneylender or loan shark?	-	circle/select "Yes" or "No" for each
Q0710	Cut down on food consumption?	of the actions that are currently taken by any member(s) of the household because of financial difficulty.	
Q0711	Try to find extra work?		
Q0712	Run up an account with a shop?		
Q0713	Draw on your savings, sell shares/stocks?	For Mobenzi data collection:	
Q0714	Withdraw Children from School?	 The system will prompt you to the next 	
Q0715	Reduce medical visits/treatment?	question onceThe system verified three years fine	e response is received. vill ask for all actions in the past rst, before prompting for all are currently being taken.
Q0716	If you or your household members have had to take any other actions because of		ions have been taken in response difficulty that are not listed, specify

Question No.	Question	Guide for Completion	
	financial difficulty, please specify them here? SPECIFY:	 them here. Please keep responses as brief as possible If the respondent is able to provide a time period for the "other action", please include in your response as either: 'PAST' or 	
		 'CURRENT'. For Pencil-and-paper data collection: Specify in the space provided. Print in CAPITALS. Verify spelling and write clearly. 	
		 For Mobenzi data collection: The system will prompt you to describe the other actions in the space provided. Type in CAPITALS Verify spelling and write clearly 	

Section 0800: Interviewer Observations

Introduction

This section provides the interviewer with space to identify any issues or problems related to the interview or other associated factors for the selected household. This information is important for the editing, cleaning and interpreting processes and will be used by the Supervisors and Principal Investigators to improve the questionnaire and your interview process for follow-up surveys. We want your (the Interviewer) observations of the respondent and your impressions of how the respondent engaged with you during the interview.

Requirement

All Interviewers are required to complete a pencil-and-paper copy of Section 0800: Interviewer Observations, regardless of whether or not Mobenzi has been used for the data collection.

It is advised that Interviewers become very familiar with this section before administering the Household Survey. This way, Interviewers can make rough notes of key items to include in this section, as the survey is being conducted. Once the survey has been administered to the Household Informant, the Interviewer can then refer to their notes to guickly complete this section.

Questions Q0801 to Q0807 are to be answered by the Interviewer who conducted the Household Survey in the household.

A guide for completing Section 0800: Interviewer Observations is provided below:

Section 0800: Q0801-0807

Question No.	Question	Guide for Completion	
Q0801	Was someone else present during the interview? 1 YES 2 No	 If at any point during the interview, another person was present during the interview, circle "Yes". This could be a household member or other person. This person may or may not have contributed to the interview - either way, indicate if a person was physically present. 	
Q0802	What is your evaluation of the accuracy of the informant's answers? 1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD	This is the interviewer's perception about the accuracy of the household informant's responses.	
Note: Only answer these questions if they are relevant to this interview. They will be used for quality control purposes only - and for assisting with future rounds of data collection.		QUESTION NOTES	
Q0803	Questions with doubtful answers	Clearly write the number of any questions for which you felt the respondent provided a response that was unsure or inaccurate. A space is also provided for any notes about these responses.	
Q0804	Questions needing follow-up or clarification from supervisor	Identify questions that you feel need attention, follow-up or clarification.	

Question No.	Question	Guide for Completion
Q0805	Other problems or issues	 Indicate any questions or issues during the interview that created problems - and need follow-up by the field Pl/supervisor.
Q0806	What questions did informant find difficult, embarrassing or confusing?	 Clearly write the number of questions that were uncomfortable or confusing for the respondent. Any additional notes can be added in the column to the right.
Q0807	What questions did you the interviewer find difficult, embarrassing or confusing?	Clearly write the number of questions that were uncomfortable or confusing for you, the interviewer. Clarifying notes would be helpful.
N/A	INTERVIEWER NOTES	Space is provided at the end of Section 0800 for any additional information related to the interview or the interviewing process. Specify in the space provided. Print in CAPITALS. Verify spelling and write clearly.

Part 6: Forms and Reference Material

All forms and reference materials required to prepare and administer the Household Survey are included in this section.

NOTE: The only items that have not been included here are your local Participant Information and Consent Forms. Please make sure to add the following: <u>Additional Item for your Existing Consent Forms</u>

Interviewer Kit

Please note that when approaching Households, the Interviewer should have:

(Pen)cil, eraser and clip board.	
Name Tag clearly displayed	
Maps (or geographic aids)	
Interviewer Household Contact Record Form	
Notification of EMERALD Study Visit Forms (incl. condensed Participant Information Sheet)	
Participant Information and Informed Consent	
Forms for the Identified Household Informant.	
'Roadmap' for EMERALD Household Data	
Collection	
EMERALD Household Questionnaire	
either: hardcopy/paper	
or: on Mobile-Device*	
* countries utilizing the Mobenzi platform for data collection	
are advised to keep hardcopies of the household survey with them at all times in case of technical issues.	
For Mobenzi data collection: Hardcopy of Section	
0800 (Interviewer Observations) of the Household	
Questionnaire to keep note of observations	
throughout interview by pencil-and-paper	
EMERALD Household Survey Manual	
Token/voucher for compensating households for their time	

Household Register for Study Supervisor

	ldent Either Column (*	ifiers 1) or Columr	n (2)	Household Contact Details From Consent/Permission Form	Household ID Number	Interviewer(s) Allocated to Household
Name of Individual From Consent/Permission Form	(1) Confirmed MNS Disorder	No MNS		Address and/or Directions/Landmarks	To be determined by Supervisor and Listed here:	To be determined by Supervisor and
	PRIME Cohort ID Number	Gender (M/F)	Age (###)		and Eloted Here.	Listed here:

PRIME-EMERALD Recruiter Name Tag Template





First Last Recruiter

EMERALD / PRIME RECRUITMENT Baseline 2014







First Last Recruiter

EMERALD / PRIME RECRUITMENT Baseline 2014



INSERT LOCAL INSTITUTION LOGO

First Last Recruiter

EMERALD / PRIME RECRUITMENT Baseline 2014



INSERT LOCAL INSTITUTION LOGO



First Last Recruiter

EMERALD / PRIME RECRUITMENT Baseline 2014



INSERT LOCAL INSTITUTION
LOGO



First Last Recruiter

EMERALD / PRIME RECRUITMENT Baseline 2014



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First Last Interviewer

EMERALD Household Survey Baseline Data Collection 2014



First Last Interviewer

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Baseline Data Collection 2014



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First Last Interviewer

EMERALD Household Survey
Baseline Data Collection 2014

Household Contact Record Form

				Informant Not Av	2) = Household ailable/ No one at me	Emeralo
Name of Individual	Household Contact Details From Consent/Permission Form	Household ID Number	Visit #1	New Appointment Scheduled Visit #2	New Appointment Scheduled Visit #3	Final Contact and Outcomes documented in Coversheet?
From Consent/Permission Form	Address and/or Directions/Landmarks		// Day/Month/Year	// Day/Month/Year	// Day/Month/Year	V
						_
			/// Day/Month/Year	// Day/Month/Year	// Day/Month/Year	
			// Day/Month/Year	// Day/Month/Year	// Day/Month/Year	
			// Day/Month/Year	// Day/Month/Year	// Day/Month/Year	
			// Day/Month/Year	/_ // Day/Month/Year	/_ // Day/Month/Year	
			/// Day/Month/Year	// Day/Month/Year	// Day/Month/Year	

Notification of EMERALD Household Study Visit

INSERT LOCAL
INSTITUTION LOGO

Today, Interviewers from [Insert Local Institution Name] visited your home to conduct a survey with the main decision maker in your household. This is a household survey that will be carried out in your country as well as in several other countries over the next months.

Your household was selected for our study because your household member:

	Insert Name of Individual that provided Permission/Consent to Contact Household
-	
	provided us with your address and permission to contact you.

Your participation is very valuable. By taking part in this study, you may help to improve the health services in **[Insert District Name]**. This can help improve the health of people in your community.

If you agree to take part in the study, a professional interviewer from **[Institution Name]** will ask you some questions. For example questions about all the people you live with; where you live; the kind of place in which you live; what belongings you and all the people you live with have; your income and livelihood; and what you spend your money on.

The interview will take about 1 $\frac{1}{2}$ to 2 hours to complete. Households who participate in the study receive a **[voucher/token details]** at the end of each completed interview to thank them for their time and participation.

The information provided will not be disclosed to anyone and will only be used for research purposes. It is up to you to decide whether to take part or not. If you decide to take part in the study, you do not have to complete any question(s) you are uncomfortable answering. You can also withdraw from the study at any time and without giving a reason. For more information about the study, please read through the enclosed Information Sheet.

We will try and return on the date indicated below. Interviewers will be wearing identification badges with the name of [Insert Local Institution Name] displayed clearly. [Insert Local Institution Name] is a fully accredited institution, which has extensive survey experience in [Insert District Name].

Date of Visit		
Next Visit	Day/Date:	Time:
Contact Person		

If this is not a convenient time, please contact us to make a suitable time for the survey.

THANK YOU

[Insert Country Institution]
[Insert Local Address Line 1]
[Insert Local Address Line 2]
Contact Person:[Insert Name of Contact Person]
Contact Number:+[Insert Contact Number]



INFORMATION SHEET

INSERT LOCAL INSTITUTION LOGO



EMERALD

Interview for Assessing the Economic Impact of Health on Households in [Insert District Name, Country Name]

Baseline 2014

We would like to invite you to participate in this original research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish.

What are the study's aims?

This study looks at how people's financial situation is affected by their health, and the health of the people they live with. The study also looks at how people's financial situation is affected by what health care services are available to them, and what health care services are available to the people they live with.

Who are we recruiting for the study?

We are visiting people who have attended a health facility in their homes. We are interviewing the most knowledgeable person in the home of the person who attended the health facility.

What will happen if you agree to take part?

If you agree to take part in the study, we will ask you some questions. A professional interviewer from <code>[Institution Name]</code> will ask the questions. The interview will take about 1 ½ to 2 hours to complete. We will ask you a broad range of questions; for example questions about all the people you live with; where you live; the kind of place in which you live; what belongings you and all the people you live with have; your income and livelihood; and what you spend your money on.

We may visit you again in 12 months' time, and ask you the same questions. This will also take about 1 ½ to 2 hours. The reason we will be repeating the interview is to assess how your household's economic status has changed over the twelve-month period, following improved access to health services in your district.

The study in **insert country** is being carried out by **insert local partner**. If you have any questions or require more information about this study, please contact the research team using the following contact details:

[Insert Country Institution] [Insert Local Address Line 1] [Insert Local Address Line 2]

Contact Number:+[Insert Contact Number]

Are there any risks or disadvantages associated with taking part in the study?

If you take part in this study, you may have to share private details with the research team about your financial situation, and the financial situation of the people you live with. If any of the people you live with do not feel comfortable about sharing this information, you are free to withdraw from the study at any time.

Are there any benefits of taking part in the study?

There is no direct benefit to you or the people you live with by taking part in this study. However, by taking part in this study, you may help to improve the health services in *[Insert District Name]*. This may help improve the health of people in your community.

What will we do with your information?

After the end of this study, the information you give us may be stored and used by other researchers, but they will not be able to identify you in any way. If we come across any harmful activity during the research, we do not have a legal obligation to tell anyone about this. However, if we think that you or anybody else is at risk of being harmed, we may ask a support team to do something about this, or we can try to help you contact a relevant support person if you wish.

What will be done with the results of the study?

We plan to publish the findings in scholarly journals and at conferences. We will also tell our findings to policy makers within the Ministry of Health in *insert country* name and other similar countries.

Do I have to take part in the study?

It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw from the study at any time and without giving a reason. You may also withdraw any information you have already provided up until one month after your interview. A decision to withdraw at any time, or a decision to take part, will not affect the standard of care you receive, or disadvantage you in any way. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form



Additional Item for your Existing Consent Forms

For Individuals

Please append the following table to your locally approved Consent Forms for Individuals Consenting/Providing Permission to Contact their Households:

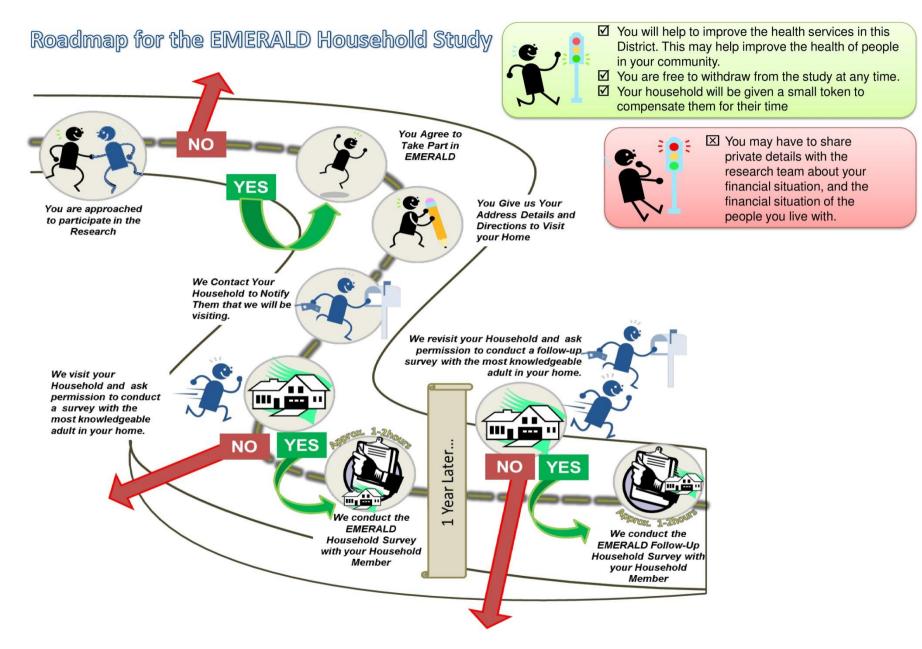
Local Partners must insert/append the table below to Local EMERALD Participant Consent Forms for **Individuals** providing Permission for EMERALD to Contact their Households

Contact Information

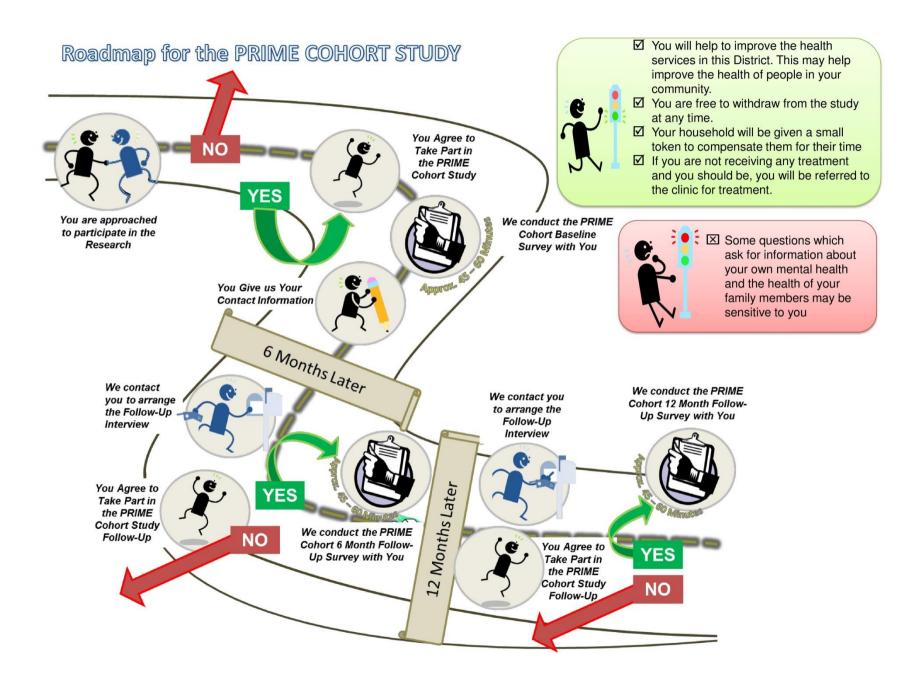
	PERMISSION TO CONTACT HOUSEHOLD RECEIVED FROM: (FULL NAME)
LAST NAME	
FIRST NAME	
	Household Contact Details
STREET NUMBER AND NAME	
CITY/SUBURB	
POSTAL CODE	
LANDMARKS AND DIRECTIONS TO REACH HOUSEHOLD	
HOUSEHOLD CONTACT NUMBER IF AVAILABLE	
	Identifier
	PRIME COHORT STUDY PARTICIPANT ID NUMBER:
IF ENROLLED/ELIGIBLE FOR PRIME COHORT STUDY:	
	AGE OF CONSENTING INDIVIDUAL:
IF NOT ENROLLED/ELIGIBLE FOR PRIME COHORT STUDY:	GENDER OF CONSENTING INDIVIDUAL:
	M/F

For Internal Use ONLY – PRIME Recruiters, Please Complete and Return to the EMERALD Fieldwork Supervisor.

Roadmap for EMERALD Data Collection



Roadmap for PRIME Data Collection



Interviewer Observation Sheet (Section 0800)

Section 0800: Interviewer Observations			
Q0801	Was someone else present during the interview?	1 2	Yes No
Q0802	What is your evaluation of the accuracy of the informant's answers?	1 2 3 4 5	VERY GOOD GOOD MODERATE BAD VERY BAD

Q0802	What is your evaluation of informant's answers?	the accuracy of the	2 GOOD3 MODER4 BAD5 VERY BA		
		QUESTION NUMBER(s)	NOTES	
Q0803	Questions with doubtful answers				
Q0804	Questions needing follow-up or clarification from supervisor				
Q0805	Other problems or issues				
Q0806	What questions did informant find difficult, embarrassing or confusing?				
Q0807	What questions did you the interviewer find difficult, embarrassing or confusing?				
INTERV	EWER NOTES				
	ALD HOUSEHOLD ID:				
DAIL	OF COMPLETION:				



EMERALD HOUSEHOLD QUESTIONNAIRE FOR USE IN [DISTRICT] OF [COUNTRY] 1

BASELINE 2014

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Section 0800: Interviewer Observations	130

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¹ BASED ON THE <u>SAGE STUDY ON GLOBAL AGEING AND ADULT HEALTH</u>
WORLD HEALTH ORGANIZATION (2006). WHO STUDY ON GLOBAL AGEING AND ADULT HEALTH (SAGE):
WAVE 1 HOUSEHOLD QUESTIONNAIRE. GENEVA, WORLD HEALTH ORGANIZATION.

Section 000)U- (Cover	sheet
-------------	-------	-------	-------

Q0001	HOUSEHOLD ID	
Q0003	INTERVIEWER ID	
Q0004	TOTAL NUMBER OF CALLS/VISITS:	1 2 3
Q0005	DATE OF FINAL RESULTS: (DD/MM/YYYY)	
Q0006	FINAL RESULT CODE:	
	01=COMPLETED INTERVIEW 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=ONLY HOUSEHOLD ROSTER COMPLETED 04=FINAL REFUSAL BY HOUSEHOLD HEAD/OTHER MEMBER 05=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT 06=NO INTERVIEW BECAUSE NO ELIGIBLE INFORMANT(ALL LESS THAN 18 OR MENTALLY UNFIT OR TOO ILL). 07=LANGUAGE BARRIER 08=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 09=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO INFORMANT	
Q0007	DATE DATA ENTRY COMPLETED (DD/MM/YYYY)	

Section 0100: Recontact Information

Interviewer: you will select an informant to complete this household questionnaire.

A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

INTERVIEWER: For the Household Informant, choose the person in the household <u>most knowledgeable</u> about the financial welfare of the household (i.e. questions relating to the household asset ownership, income and expenditure). Several persons in the household may have to be spoken to in order to determine this, but the most knowledgeable should be identified and coded in Q0101a.

- It is expected that for the majority of households, the Household Head (the <u>main decision maker</u> in the household; if two people are equal decision-makers, take the older person) will be the Household Informant.
- In some cases, the Household Head may either lack the information or, may lack capacity to consent/to respond to the household survey.
- In these cases, approach other adult members of the household (e.g. the spouse or partner of the household head or; the primary caregiver of the household head) who has the information, time and ability to complete the full interview. This person will then be our "Household Informant" and will be asked to provide consent to participate.
- Should both the Household Head and the other adult members of the household lack the information or the capacity to respond to the household survey or to provide informed consent to participate, these households will be excluded from the study.
- In all cases, the role and identity of the "Household Informant" will be recorded within the household survey.
- If more than one person provides information on the Household Questionnaire, the person providing most of the information should be coded as the household informant.

	What is the informant's full name? (verify spelling	g and write clearly)		
Q0101	Q0101a. Last Name (surname):			
	Q0101b. First NAME:			
	Q0101c. Was the Household Consent 1 2 3	Agreed and signed Agreed, but witness signed Refused→	Next Section	
Q0102	What is the physical address of the Informants ho	me?		
Q0102	(If participant does not have an address that follows the format: Street Number, Street Name, City, Postal Code; please ensure that sufficient detail (e.g. landmark, direction) is provided to locate this household during follow-up.)			
Q0103	Does this informant/household have a telephone?	1 YES 2 No→	Q0105	
Q0104	What is the telephone number?			
Q0105	If we cannot reach you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 NO	Next section	

	What is this person's name, relationship to you and his or her address?			
	Q0106a. Last Name (surname):			
(Q0106b. First NAME:			
(Q0106c. What is the physical address of this persons home?			
	(If participant does not have an address that follows the format: Street Number, Street Name, City, Postal Code; please ensure that sufficient detail (e.g. landmark, direction) is provided to locate this household during follow-up.)			
-				
	Q0106d. What is this person's relationship to you?			
	01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT			
	06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE			
	11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW			
(Q0106e. What is their telephone number?			
	Please enter all additional location information below.			
'	Q0106f. OTHER: If there is any additional location or contact information, please provide these here.			
-				
-				
-				
-				
	A survey supervisor may be calling or visiting you again to verify this interview or to collect additional information in the future			

Section 0200: Household Roster

INTERVIEWER: The Household Roster must be completed for all households selected into the survey sample. If the household refuses to participate, the interviewer should attempt to at least complete the household roster. If they refuse all participation, including completion of the roster, then document in "Section 0000: Coversheet" and go to next household.

In order to determine who to interview, I need to know who lives at this address. Let me assure you that any information you provide is strictly confidential. By asking "who lives at this household?", I mean those who share meals ('eat out of the same cooking pot') and usually stay here for at least four months a year.

I would like to know the <u>age, sex, marital status, educational level and relationship to the household head</u> of each of the members of this household who live here.

Please include people who may presently be in an institution due to their health (for example, in hospital or old people's home) for a short time.

Q0201	What is the total number of people who live in this household?	Porco	ne	
		Perso	118	

We want to start with the person who is the head of the household. By head of the household we mean the <u>main decision maker</u> in the household. The head can be either male or female. If two people are equal decision-makers, take the older person.

INTERVIEWER: Use Column 01 on the Household Roster for this person.

Q0202	INTERVIEWER: Indicate who is the 'Household Informant'?	
	Record the Person (HH member) number from the Household Roster (next page)	
	If Household Informant is Household Head, Record the Household Roster Person Number as 01.	

INTERVIEWER: remember to include people who may presently be in an institution for a short time due to their health.

Complete one column for each household member in the table on the following pages.

HOUSEHOLD ROSTER								Pers	on (HH		r) numk	er				
пооз	EUOFD KOSIEK	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Q0203	What is [HH MEMBER #]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON-IN-LAW OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	Household head	01 02 03 04 05 06 07 08 09 10 11 88													
Q0204a	Is [HH MEMBER #] a male or a female? 1 = MALE 2 = FEMALE	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0204b	How old is he/she? (if less than 1 year old enter "00")															
Q0205	What is [HH MEMBER #]'s marital status? 1= NEVER MARRIED (AND NOT COHABITATING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 88=DON'T KNOW	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88	1 2 3 4 5 88
Q0206	What is the highest level of education [HH MEMBER #] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=SECONDARY/MIDDLE SCHOOL COMPLETED 4=HIGH SCHOOL (OR EQUIVALENT) COMPLETED 5=COLLEGE OR UNIVERSITY COMPLETED 6=POST GRADUATE DEGREE COMPLETED	0 1 2 3 4 5	0 1 2 3 4 5 6	0 1 2 3 4 5	0 1 2 3 4 5 6											

Continue questions for HH Member on next page

	OCUAL D DOCTED	Person (HH member) number														
HOU	SEHOLD ROSTER	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Q0207	Does [HH MEMBER #] have health insurance coverage? 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0208	Does [HH MEMBER #] need care due to his/her health condition, such as a long-term physical or mental illness or disability, or because he/she is getting old and weak? 1 = YES Continue 2 = NO Go to Q0210 or Next Person	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0209	How much care does he/she need? 1 = Needs help/watching all the time (day and night) 2 = Cannot be without help/watching or be left alone at home for more than an hour 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving home 4 = Needs some help at home and sometimes needs to be accompanied when leaving home	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0210	Is [HH MEMBER #] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition? 1 = YES; 2 = NO	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Go to next HH member or if last HH member go to Q0211

	to make E Q <i>0201)</i>	sure I have a complete listing of every	yone in the hou	usehold -	you sa	id previously th	nat:		
		people live in this household							
		ER: Check Q201 - make sure total nur rsons living in the household.	mber of person	ns listed i	n the ro	ster table abov	∕e is ed	qual to th	e
	Q0211	Are there any other persons such a infants that we have not listed?	s small childre	en or		'ES Io		(GO BAC TO ROSTER	НН
	Q0212 Are there any other persons not here at the moment who are usually part of your household?			ent who		=			ETE N)
	Q0213	Who is the main income earner for to the street (person who brings in most money) interviewer: insert the Person (HH) the roster table above. If person outside	87 Отн	HER PERSON					
	Q0214	Who is the household member who household roster? INTERVIEWER: insert the Person (HH the roster table above.	·						
		e household/dwelling in last 24 mon		/dwelling	in the l	ast 24 months			
	Q0215 r r	Has any member of this household die months? INTERVIEWER: (identify the correct the example, "since April 2014?").	ed in the last 24	4	1 2	YES No		Next Section	
Q021	6 How month	many deaths were there in the housel hs?	hold in the last	24					
			a. Person 1	b. Per	son 2	c. Person 3	d. Pe	erson 4	
Q021		of deceased? ale, 2=Female	1 2	1 2		1 2		1 2	
Q021		was his/her age at death (in years)?							
		nt last birthday. Hildren less than 1 year, enter "000".							

I would like to ask you some questions about your dwelling or home.

Q0301	Is this dwelling where you live?	7 Owned by the household head and fully paid off	
	INTERVIEWER: read options to the respondent.	Owned by the household head but not yet fully paid off	
	·	Owned by someone else in household and fully paid off	
		Owned by someone else in household but not yet fully paid off	
		11 Rented→	Q0303
		12 Provided free of charge→	Q0303
		7 Other, specify:	
		-9 REFUSED→	Q0303
Q0302	If the owner were to sell this dwelling today, what is the approximate value (about how much is it worth)? Use local currency.	-8 DON'T KNOW	
Q0303	How many rooms does this dwelling have in total, without counting the bathrooms/ toilets or hallways/passage ways?	-9 REFUSED	
Q0304	What is the main material of the floor? INTERVIEWER TO OBSERVE	1 Hard Floor (Tile, Cement, Brick, Wood)2 Earth Floor	
Q0305	What is the main material of the Exterior Walls? INTERVIEWER TO OBSERVE	1 Cement, Brick, Stone Or Wood 2 Mud/ Mud Brick 3 Thatch And Other 4 Plastic Sheet 5 Metal Sheet 7 Other, Specify:	
Q0306	What is the main source of drinking water for members of your household? INTERVIEWER: do not read all options; if the Respondent does not know, ask to observe the water source and mark appropriate response.	1 Piped Water Into Dwelling	Q0308 Q0308 Q0307 Q0307 Q0307 Q0307 Q0307 Q0307 Q0307
		10 Bottled Water	Q0306a Q0307 Q0307 Q0307 Q0307

	used by your household for other purposes such as handwashing?	1 Piped Water Into Dwelling	Q0308 Q0308
Q0307	How long does it take to go there, get water and come back?	Minutes 0 Water On Premises→ -8 Don't Know	Q0308
	Q0307a. Who usually goes to this source to fetch the water for your household?	1 Adult Man 2 Adult Woman 3 Male Child (Under 15 Years Old) 4 Female Child (Under 15 Years Old) 7 Other, Specify:	
Q0308	What type of toilet facility do members of your household usually use? INTERVIEWER: do not read all options; if the Respondent does not know, ask to observe the toilet and mark appropriate response; If respondent indicates "flush" or "pour flush", probe: Where does it flush to?	1 Flush/Pour Flush To Piped Sewer System 2 Flush/Pour Flush To Septic Tank 3 Flush/Pour Flush To Pit Latrine 4 Flush/Pour Flush To Other Location 5 Flush/Pour Flush To Unknown Place/Not Sure 6 Ventilated Improved Pit Latrine (Vip) 7 Pit Latrine With Slab 8 Pit Latrine Without Slab/Open Pit 9 Composting Toilet 10 Bucket Latrine 11 Hanging Toilet/Hanging Latrine 12 No Facilities Or Bush Or Field	Q0310
Q0309	Do you share this facility with other households?	1 YES 2 No	
Q0310	Where is cooking usually done?	 In a room used for living or sleeping In a separate room used as kitchen In a separate building used as kitchen Outdoor Other, specify: 	

Section 0400: Household, Family Support Networks & Transfers

INTERVIEWER: The first part of this section is intended to collect information about sources of transfers into the household from those outside the household.

The next questions are about your family and friends, specifically those <u>not living with you</u> in this household.

Families and friends sometimes help one another in a variety of different ways, and each type of help or support can be important. Part of our survey involves finding out how they do that. We would now like to ask some questions about your family and friends who do not live with you, and the different ways in which you help or support each other. The next questions are about help received by your household in the last 12 months.

FAMILY AND KIN (TRANSFERS IN)

Q0401	In the <u>last 12 months</u> , has anyone in the household <u>received</u> any financial or in-kind support from your family (children, siblings or parents) and relatives (other kin) who do not live with you?	1 YES 2 No 8 Don't know	
Q0402	What type of financial or in-kind support did your household receive?	A. If Yes, → Column B. If no → skip to next Q	B. About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0402a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES → Column B 2 No → Q0402b 8 DK 9 Refused	-8 DON'T KNOW
	Q0402b. Value of food or other goods (that is, non-monetary)?	1 YES → Column B 2 No → Q0402c 8 DK 9 Refused	-8 DON'T KNOW
	Q0402c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid or hired help.	1 YES → Column B 2 No → Q0403 8 DK 9 Refused	AVERAGE HOURS PER WEEK -8 DON'T KNOW
Q0403	Keeping the support you just identified in mind, do you consider this as income or support that the household can count on in the future?	1 YES 2 No 8 Don't know 9 Refused	

COMMUNITY TRANSFERS AND ASSISTANCE (TRANSFERS IN)

Q0404	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from any CLUBS, OR GROUPS IN YOUR COMMUNITY?	1 YES 2 No		Q0407 Q0407 Q0407
Q0405	What type of financial or in-kind support did your household receive?	A. If Yes, → Column B. If no → skip to next Q	B. About how much was thi amount in total over the months? (cash or cash equivalent)	-
	Q0405a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 Yes → Column B 2 No → Q0405b 8 DK 9 Refused	-8 Don't know	

	Q0405b. Value of food or other goods (that is, non-monetary)?	1 Yes → Column B 2 No → Q0405c 8 DK 9 Refused	-8 Don't know
	Q0405c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid or hired help.	1 Yes → Column B 2 No → Q0406 8 DK 9 Refused	AVERAGE HOURS PER WEEK -8 Don't know
Q0406	Keeping in mind what you just described from your community, do you consider this support as income that the household can count on in the future?	3 YES 4 No 8 Don't know 9 Refused	

GOVERNMENT ASSISTANCE (TRANSFERS IN)

Q0407	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from the government?	1 YES 2 NO	→ Q0410
Q0408	What type of support did your household receive?	A. If Yes, → Column B If no → skip to next Q	B. About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0408a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES → Column B 2 No → Q0408b 8 DK 9 Refused	-8 Don't know
	Q0408b. Value of food or other goods/services (that is, non-monetary)?	1 YES → Column B 2 No → Q0409 8 DK 9 Refused	-8 Don't know
Q0409	Keeping in mind what you just described from the government, do you consider this as income or support that the household can count on in the future?	1 YES 2 No 8 DON'T KNOW 9 Refused	

INTERVIEWER: emphasize the shift **from receiving to giving assistance** in the next section.

Now, moving away from assistance your household received, we would like to find out what financial and in-kind assistance you or other members of your household provided in the last 12 months to others who do not live with you.

FAMILY AND KIN (TRANSFERS OUT)

Q0410	In the <u>last 12 months</u> , has your household <u>provided</u> any financial or in-kind support to any of your children, grandchildren and/or other relatives (and those of your spouse) who do not live in this household?	1 YES 2 NO	Q0412 Q0412 Q0412	
Q0411	What type of financial or in-kind support did your household give?	A. If Yes, → Column B If no → skip to next Q	B. About how much was thi in total over the last 12 n (cash or cash equivalent)	nonths?

Q0411a. Money, loans, tuition, paying for bills, fees or taxes (cash)?	1 2 8 9	YES → Column B No → Q0411b DK REFUSED	-8 Don't know
Q0411b. Value of food or other goods (that is, non-monetary)?	1 2 8 9	Yes → Column B No → Q0411c DK REFUSED	-8 Don't know
Q0411c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid or hired help.	1 2 8 9	Yes → Column B No→ Q0412 DK REFUSED	AVERAGE HOURS PER WEEK -8 DON'T KNOW

COMMUNITY, NEIGHBOURS AND OTHER KIN (TRANSFERS OUT)

Q0412	In the <u>last 12 months</u> , has your household <u>provided</u> financial or in-kind support to any other kin, neighbours, or community members/groups?	1 YES 2 NO	Q0414 Q0414
Q0413	What type of support did your household give?	A. If Yes, → Column B If no → skip to next Q	B. About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0413a. Money, loans, tuition, paying for bills, fees or taxes, religious and community events?	1 Yes → Column B 2 No → Q0413b 8 DK 9 REFUSED	-8 Don't know
	Q0413b. Value of food or other goods (that is, non-monetary)?	1 Yes → Column B 2 No → Q0413c 8 DK 9 REFUSED	-8 DON'T KNOW
	Q0413c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid or hired help.	1 Yes → Column B 2 No→ Q0414 8 DK 9 REFUSED	AVERAGE HOURS PER WEEK -8 Don't know

In addition to providing the assistance you indicated above, we would like to know if you or someone in your household has provided any type of personal or health care to other persons. Remember this is for persons outside the household.

Here the household members are the members who are staying under the same house. Whoever is living outside the household, they are considered outsiders

Q0414	During the <u>last 12 months</u> , did you or someone in your household <u>provide help</u> to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak?	1 YES 2 NO 9 REFUSED	→	Q0501
Q0415	Please tell me the kind of care that was provided:	If no \rightarrow skip to next Q 0	B. About how many hours on average, was this o 12 months?	

g	Q0415a. Helped with personal care, such as going to the toilet, washing, getting dressed, and eating?	1 2 8 9	YES → Column B NO → Q0415b DK REFUSED	AVERAGE HOURS/ WEEK -8 Don't know
	Q0415b. Helped with medical care, like changing bandages and giving medicines?	1 2 8 9	YES → Column B NO → Q0415c DK REFUSED	AVERAGE HOURS/ WEEK -8 DON'T KNOW
b	Q0415c. Watched over them since their behaviour can be upsetting or dangerous to hemselves or others?	1 2 8 9	YES → Column B NO → Next Section DK REFUSED	AVERAGE HOURS/ WEEK -8 DON'T KNOW

Section 0500: Assets and Household Income

PERMANENT INCOME INDICATORS (ASSETS)

I would like to ask you a few more questions about your home and items you might have in your home. Remember that any information you provide will be kept confidential.

Q0501	Q0501a. Do you have any televisions in your household?	3 YES→ Q0501b 4 NO→ Q0502
	Q0501b How many televisions are there in your household?	TELEVISIONS
Q0502	Does your household have electricity/solar power?	1 YES 2 No

Does any member of your household own:

Q0503	Bicycle?	1 2	YES NO
Q0504	Motorcycle or Motor Scooter?	1 2	YES NO
Q0505	Animal-Drawn Cart?	1 2	YES NO
Q0506	A Car or Truck?	1 2	YES NO

Does your household or anyone in your household have...?

Q0508 A Clock or Watch? 2 NO 1 YES 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 3 NO 3	
Q0508 A Clock or Watch? 2 NO Q0509 A Mobile telephone 1 YES 2 NO	
Q0509 A Mobile telephone 1 YES 2 NO	
Q0509 A Mobile telephone 2 NO	
· Z NO	
Q0510 A Fixed-line telephone	
· Z NO	
Q0511 Protected Windows (Shutters, Glass, Curtains, Screens)	
, Z NO	
Q0512 Someone employed in house who is not a member of your 1 YES	
family (gardener, cook, cleaner, driver)?	
Q0513 A [Furniture Item 1]	
Q0513 A [Fulfillule itelli 1] 2 NO	
OOE44 A [Furniture Norm 2]	
Q0514 A [Furniture Item 2]	
OOS45 A (Supplementation of the second of th	
Q0515 A [Furniture Item 3]	
1 VES	
Q0516 A [Furniture Item 4]	
A [Euroituro Itom 5]	
Q0517 A [Fulliture item 5] 2 NO	
1 VEQ	
Q0518 1 of 3 Poor Household Appliance 2 NO	
OSTIO O COR III III YES	
Q0519 2 of 3 Poor Household Appliance 2 NO	
2 NO 1 YES	
I O0520 I 3 of 3 Poor Household Appliance	
Z NO	
Q0521 1 of 3 Middle Wealth Household Appliance 1 YES	
2 NO	

Q0522	2 of 3 Middle Wealth Household Appliance	1 2	YES NO	
Q0523	3 of 3 Middle Wealth Household Appliance	1 2	YES NO	
Q0524	1 of 3 Wealthy Household Appliance	1 2	YES NO	
Q0525	2 of 3 Wealthy Household Appliance	1 2	YES NO	
Q0526	3 of 3 Wealthy Household Appliance	1 2	YES NO	
Q0527	Livestock (cattle, goats, pigs, poultry, donkey, ducks, mules, sheep, buffalo)?	3 4	YES → NO →	Q0528 Q0529

Q0528	Please specify the type and quantity of livestock that your household owns	A. If Yes, → Column B If no → skip to next Q	B. Quantity
	Q0528a Goats or Sheep?	1 Yes → Column B 2 No 8 DK 9 Refused	8 DK
	Q0528b Chickens?	1 YES → Column B 2 No 8 DK 9 REFUSED	8 DK
	Q0528c Cows or Oxen?	1 YES → Column B 2 No 8 DK 9 REFUSED	8 <i>DK</i>
	Q0528d Pigs?	1 YES → Column B 2 No 8 DK 9 REFUSED	8 DK
	Q0528e Mules/Horses/Donkeys?	1 YES → Column B 2 No 8 DK 9 REFUSED	8 DK
	Q0528f Other, specify	→ Enter Quantity in Column	8 DK

I would now like to know if you own any land or jewellery – and the approximate value (amount). I know this is sensitive information and will not share this with any persons outside of the survey team.

	Α.	
	If Yes, → Column B	B.
Please tell us if you own any land or jewellery and	If no → skip to next Q	About how much is this worth in

other items of value.			total? (cash equivalent)
Q0529	Land or property?	1 Yes → Column B 2 No → Q0530 8 DK 9 REFUSED	-8 Don't know -9 Refused
Q0530	Other valuable items, such as jewellery, books, art or other valuable items?	1 YES → Column B 2 No → Q0531 8 DK 9 REFUSED	-8 Don't know -9 Refused

In the last part of this section, I will ask about the <u>total income for the household in the last 12 months</u> (previous to today) from paid work or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess overall health and well-being of people in your household compared to other similar households.

Q0531	Does your household have a regular source of income?	1 2	Yes, regular source Yes, regular but seasonal
	Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.	3	No

I am now going to read you a list of possible sources of income. Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

Q0532	Please tell me from which of these sources members of your household receive income:	A. If Yes, → Column B If no → go to next Q	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year- time period circled in Column A]?
	Q0532a. Wages, salary from job?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → Q0532b 8 DK 9 REFUSED	-8 Don't know -9 Refused
	Q0532b. Earnings from selling, trading or hawking products?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → Q0532c 8 DK 9 REFUSED	-8 Don't know -9 Refused
	Q0532c. Income from rental of property?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → Q0532d 8 DK 9 REFUSED	-8 Don't know -9 Refused
	Q0532d. Pension fund (State/Private), Provident fund, grants and/or social security benefit?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → Q0532e 8 DK 9 REFUSED	-8 Don't know -9 Refused
	Q0532e. Interest/dividends from savings account or fixed deposits (or other interest/dividends)?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY	-8 Don't know

	4 No → Q0532f 8 DK 9 REFUSED	-9 Refused
Q0532f. Other (specify):	1 Yes, weekly 2 Yes, monthly 3 Yes, yearly 4 No → Q0533	-8 Don't know -9 Refused

Q0533	So to verify this information, your approximate total household income from <u>ALL</u> sources over the last 12 months is about how much?	-8 DON'T KNOW
Q0534	How many people depend on this income? (INTERVIEWER: This number should include the respondent - so enter "01" if only the respondent depends on/is supported by this income.)	NUMBER OF PEOPLE -8 DON'T KNOW
Q0535	Q0535a Does your household or any members of the household have current debt or outstanding loans?	3 YES→ Q0535b 4 NO→ Q0536 8 DON'T KNOW 9 REFUSED
	Q0535b. What is the approximate total amount of this debt or loan(s)?	-8 DON'T KNOW - 9 REFUSED
Q0536	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	1 YES 2 NO 8 DON'T KNOW
Q0537	Would you say your household's financial situation is?	7 Very Good 8 Good 9 Moderate 10 Bad 11 Very Bad

Section 0600: Household Expenditure

I would like to ask you some questions about how much your household and all its members spends on food, household items, health services and other things. Expenditures can be monetary or non-cash (in-kind). The value of in-kind payments and items produced or raised, and consumed, by the household need to be estimated and included. We ask about different time periods, so please listen carefully to the time frame.

For all questions in this section report all amounts in local currency, whether paid in cash or in kind.

I would like to start by asking about household expenses over the last 7 days. The next questions are about <u>food</u> <u>items</u> purchased by the household. I would like to start with asking details about the types of food your household has purchased in cash or kind and/or self-produced goods consumed in the last 7 days.

	7 days, how much did your household spend on: EWER: Use "0" for no expenditure below.)	
Q0601	Q0601a. Staple foods (rice, grains, potatoes, bread, crackers)?	-8 DON'T KNOW -9 REFUSED
	Q0601b. Meat (beef, pork, lamb, mutton, chicken, turkey, or other meat - fish or other seafood)?	-8 DON'T KNOW -9 REFUSED
	Q0601c. Fruits and vegetables?	-8 DON'T KNOW -9 REFUSED
	Q0601d. Milk and eggs?	-8 DON'T KNOW -9 REFUSED
	Q0601e. Spices and oils (salt, sugar, curry, garlic, ginger, pepper, chilli, or other - butter, lard, cooking oils (coconut oil, palm oil, vegetable oil, corn oil))?	-8 DON'T KNOW -9 REFUSED
	Q0601f. Beverages and other non-alcoholic drinks such as coffee, tea, juice, water and soft drinks.	-8 DON'T KNOW -9 REFUSED
	Q0601g. Tobacco and alcoholic beverages (including, beer, wine, spirits)?	-8 DON'T KNOW -9 REFUSED
	Q0601h. Food eaten outside the dwelling (for example, at vendors, kiosks or restaurants)?	-8 DON'T KNOW -9 REFUSED
	Q0601i. All other food items.	-8 DON'T KNOW -9 REFUSED
Please if y	ou could now give us a total of how much your household spe	nt overall on food items.

Q0602	In the <u>last 7 days</u> , how much did your household spend on food items overall?	-8 DON'T KNOW		
	Now I will shift into expenses for your household over the <u>last 30 days</u> . We are interested in frequent or regularly occurring <u>non-food</u> expenditures for the household.			
In the last	30 days, how much did your household spend on:			
Q0603	Q0603a. Housing and utilities (rent, mortgage/bond, electricity, heating/cooking fuel, water, telephone)?	-8 DON'T KNOW -9 REFUSED		
	Q0603b. Clothing (footwear, hats, shirts, pants, dresses, skirt, jackets, coats) and other personal items (soap, shampoo, cosmetics, shaving cream)?	-8 DON'T KNOW -9 REFUSED		
	Q0603c. Transportation (bus fares, cab/taxi fares, vehicle repair costs, petrol)?			

-8 DON'T KNOW -9 REFUSED

-8 DON'T KNOW -9 REFUSED

-8 DON'T KNOW

-9 REFUSED

I would like to ask you more specific questions about how much your household and all its members spent in cash or in-kind on all health care and services that did <u>not</u> require an overnight stay. Again, we want expenses in the last 30 days. If payment was in-kind, please estimate a monetary value. Please exclude costs to be reimbursed by insurance.

Q0603d. Recreation and entertainment?

Q0603e. All other goods and services?

last 12 months (Q0611-0621)

INTERVIEWER: See QxQ for acceptable items - do not include

"big expenditure" items that would be listed as expenditures in the

Specify:

In the last	30 days, how much did your household spend on:	
Q0604	Registration and consultation fees by doctors, nurses, or trained midwives that did <u>not</u> require an overnight stay?	-8 DON'T KNOW -9 REFUSED
Q0605	Health care by traditional or alternative healers (midwife without formal training, traditional healer, religious healer, masseur, herbalist, acupuncture or aromatherapy practitioners)?	-8 DON'T KNOW -9 REFUSED
Q0606	Diagnostic and laboratory tests such as X-rays or blood tests?	-8 DON'T KNOW -9 REFUSED
Q0607	Medications or drugs (prescription, non-prescription, traditional, homeopathic)?	-8 DON'T KNOW -9 REFUSED

Q0608	Dentists or dental care?	
		-8 DON'T KNOW -9 REFUSED
Q0609	Ambulance?	-8 DON'T KNOW -9 REFUSED
Q0610	Any other health care products or services that were not included above? Specify:	-8 DON'T KNOW -9 REFUSED
I know these questions may be difficult to answer - try to give us the best estimate of expenses. Now I want you to focus on household expenses over the <u>last 12 months</u> . These are expenses that may be more periodic or "big purchases". I would like to ask how much money was spent by all household members for the following items in the <u>last 12 months</u> .		
In the last 12 months, how much did your household spend on:		

In the last	12 months, how much did your household spend on:	
Q0611	Education fees and supplies (tuition, course fees, books)?	-8 DON'T KNOW
		-9 REFUSED
Q0612	Durable goods (televisions, phones, bed sheets, towels, tools), furniture (tables, chairs, beds) and appliances (refrigerators)?	-8 DON'T KNOW -9 REFUSED
Q0613	Vehicles (trucks, cars, motorcycles, scooters, bicycles) and upkeep/repairs?	-8 DON'T KNOW -9 REFUSED
Q0614	Rituals, gifts or ceremonies (funerals, birthdays, weddings)?	-8 DON'T KNOW -9 REFUSED
Q0615	Taxes (property tax, vehicle tax, income tax) and non-health related insurance (personal, vehicle, household, life)?	-8 DON'T KNOW -9 REFUSED
Q0616	Voluntary health insurance premiums (including, community health insurance schemes)?	-8 DON'T KNOW -9 REFUSED
Q0617	Health-related items (prescription glasses, hearing aids, canes, prosthetic devices)?	-8 DON'T KNOW -9 REFUSED
Q0618	Costs associated with overnight stays in a hospital or health facility?	-8 DON'T KNOW
	Please exclude any reimbursements from insurance and transportation costs.	-9 REFUSED

Q0619	Costs associated with long-term care facility?	
	Long-term care facilities include old age homes, shelter for old, or social development centres for developmental or MNS disorders, or old age. Please exclude any reimbursements from insurance and transportation costs.	-8 DON'T KNOW -9 REFUSED
Q0620	All other goods and services (property, land, livestock, cleaning services, repair services)?	
		-8 DON'T KNOW -9 REFUSED

INTERVIEWER:

If no (Q0604-Q0610= "0" and Q0617-Q0619= "0") health expenditure has been

recorded for questions:

Q0604-Q0610 and; Q0617-Q0619

→ SKIP TO Q0629

Next, I want you to think of how you paid for your <u>health care expenditures</u> over the <u>last 12 months</u>. This includes costs for all fees, services and goods, including overnight stays.

In the <u>last 12 months</u>, which of the following financial sources did your household use to pay for <u>any and all health expenditures</u>? How much did each source contribute to total health expenditures (in % terms)?

Q0621	Current income of any household members (salaries, pensions, paid benefits)?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0622	Savings?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0623	Payment or reimbursement from a health insurance plan (including community health schemes)?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0624	Sold items (land, property, furniture, livestock, jewellery)?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0625	Relatives or friends from outside the household?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0626	Borrowed from financial institutions or agencies (microfinance schemes, banks)?	1 YES 2 NO 8 DON'T KNOW 9 REFUSED	-8 DON'T KNOW -9 REFUSED
Q0627	Other, specify:	1 YES 2 NO	-8 DON'T KNOW -9 REFUSED

To complete this section, we want you to think of a typical month and the expenditures for your household. We want to know an average total amount your household spends on all items in a typical month. This includes the total amount your household and all its members spent on everything, for example, clothing, transport, rent and rates, school fees, food, drink, entertainment, health care and all other expenses.

Q0628	In general, what is your household's average overall monthly spending?	
		-8 DON'T KNOW -9 REFUSED

Section 0700: Financial Situation Outlook

This is the final section of our household survey. We would like you to answer a few questions regarding the way you and your household members feel about your household's financial situation.

Q0701	Taking everything into account, how satisfied do you think people living in this household are with the way it lives at present? Would you say - very satisfied, satisfied, dissatisfied or very dissatisfied?	6 VERY SATISFIED 7 SATISFIED 8 NEITHER SATISFIED OR DISSATISFIED 9 DISSATISFIED 10 VERY DISSATISFIED 9 REFUSED
Q0702	How would you rate the financial situation of this household AT PRESENT? Is it very good, good, average, bad or very bad?	6 VERY GOOD 7 GOOD 8 AVERAGE 9 BAD 10 VERY BAD 9 REFUSED
Q0703	How would you rate the financial situation of the household compared to three years ago? Is it better, the same or worse than three years ago?	4 BETTER 5 SAME→ 6 WORSE 9 REFUSED
Q0704	What would you say is the MAIN reason for the change in the financial situation of the household? (Write exact words and only ONE reason))	
Q0705	How do you expect life will be like for this household in five years time?	1 BETTER 2 SAME 3 WORSE

Finally, we would like to ask you whether you or your household members have had to take any of the following actions because of financial difficulty.

We will first ask you whether these actions were taken over the last three years. We will then ask you whether you currently have to do this.

INTERVIEWER: please ensure you complete column A for the last three years and column B for current actions addressing financial difficulty.

In [TIME PERIOD]because of financial difficulty, have you had to:		In the <u>last three years</u> ? 3 YES 4 NO	Do you <u>currently</u> have to do this? 1 YES 2 NO		
Q0706	Ask friends and relatives for help?	Q0706a	Q0706b		
Q0707	Ask an employer for help?	Q0707a	Q0707b		
Q0708	Ask a religious organization or an NGO for help?	Q0708a	Q0708b		
Q0709	Borrow from a bank, moneylender or loan shark?	Q0709a	Q0709b		
Q0710	Cut down on food consumption?	Q0710a	Q0710b		
Q0711	Try to find extra work?	Q0711a	Q0711b		
Q0712	Run up an account with a shop?	Q0712a	Q0712b		
Q0713	Draw on your savings, sell	Q0713a	Q0713b		

	shares/stocks?			
Q0714	Withdraw Children from School?	Q0714a	Q0714b	
Q0715	Reduce medical visits/treatment?	Q0715a	Q0715b	

Q0716	If you or your household members have had to take any other actions because of financial difficulty, please specify them here?	SPECIFY:

This completes the household section of our survey. Thank you for your time and answers.

Section 0800: Interviewer Observations

Q0801	Was someone else present during the interview?	3 4	Yes No
Q0802	What is your evaluation of the accuracy of the informant's answers?	6 7 8 9 10	VERY GOOD GOOD MODERATE BAD VERY BAD

		QUESTION NUMBER(s)	NOTES
Q0803	Questions with doubtful answers		
Q0804	Questions needing follow-up or clarification from supervisor		
Q0805	Other problems or issues		
Q0806	What questions did informant find difficult, embarrassing or confusing?		
Q0807	What questions did you the interviewer find difficult, embarrassing or confusing?		

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Part 7: Mobenzi

The Mobenzi web console allows you to view captured data, design and deploy surveys and manage handsets and people in your studies.

Users

There are two types of users that will need access to the Mobenzi Researcher Web Console:

- 1. Console users: Console users have access to the research console.
- 2. Fieldworkers: Fieldworkers are only able to conduct surveys and cannot login to the research console

Console users may have specific permissions configured for each study (or none at all).

Permissions

User management related permissions are:

Permission to:

- → Manage other users
- → Manage fieldworkers

Survey-related permissions are:

Permission to:

- → Conduct surveys (this is the only permission that fieldworkers typically have)
- → Create and design surveys
- → Move surveys between studies
- → Preview a survey
- → View responses
- → Modify responses

Activating Access for your Teams

In order to activate access for all of our in-country teams, I am going to need some information.

User	1	2	3	4	5	6	
User First Name							
User Last Name							
User Email Address							
Fieldworker (F) or							
Supervisor (S) Permissions?							
Device Manufacturer							
Device Model							
Country Name							
Mobile Number							
(international format +)							
IMEI Number							
Contract or Prepaid Device							

A fieldworker can have multiple devices assigned to them and the same device can be assigned to multiple fieldworkers. A fieldworker must have at least 1 handset assigned to them to receive and conduct surveys.

Please note:

Handsets must have an active SIM card with more than R2 airtime (or local equivalent). Ensure the handset is able to access the internet.

After Access is Activated

After I have received the information requested from your Research Team, I will enable access.

Gaining Access to the Mobenzi Console

To gain access to the Mobenzi Researcher Web Console, each user must:

- 1. Browse to https://www.researchconsole.com/.
- 2. Click on "I forgot my password".
- 3. Enter your email address and click on "Submit". You will receive an email with a link to reset your password.
- 4. Reset the password and use your email address to login.

Gaining Access to the Mobenzi on your Device

Once I have enabled access, Mobenzi will send a Download link to your Device which (when clicked) will prompt you to download the necessary software and provide access to the Household Survey.

Existing Mobenzi Users (through PRIME)

If any member of your Research Team already has access to the PRIME Cohort Study questionnaires, it is most likely that their device details and information is already on the system. If this is the case, kindly include their name in the table and make a note that their details are already loaded on the system. After I have added them to our Survey, they will be able to view the survey on their existing Mobenzi Console.