

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD SCHEDULE

IDENTIFICATION																			
WARD/VILLAGE _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER.....																			
HOUSEHOLD NUMBER.....																			
PROVINCE.....																			
URBAN/RURAL (urban=1, rural=2).....																			
MAIN TOWN/OTHER URBAN/RURAL..... (main town=1, other urban=2, rural=3)																			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
RESULT***	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
NEXT VISIT:      DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
<b>***RESULT CODES:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (specify)				TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> TOTAL: ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> ELIGIBLE MEN <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> LINE NO. OF HHOLD RESPONDENT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>

LANGUAGE OF QUESTIONNAIRE:      ENGLISH	3
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LANGUAGE INTV:	TEAM LEADER	FIELD EDITOR	OFFICE EDITOR	KEYED BY
SHONA.....1	NAME _____	NAME _____	_____	_____
NDEBELE.....2	DATE _____	DATE _____	_____	_____
ENGLISH.....3				
OTHER           6				

H1

**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY		
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER
										What is the highest level of school (NAME) attended?*	IF AGE LESS THAN 25 YEARS					
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO DK		YES NO DK		(15)		
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01		
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02		
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03		
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04		
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05		
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06		
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07		
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08		
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09		
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10		

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO DK		YES NO DK		
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE MEN

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES  → ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  → ENTER EACH IN TABLE NO
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES  → ENTER EACH IN TABLE NO

\* CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

- |                                   |                       |                          |
|-----------------------------------|-----------------------|--------------------------|
| 01= HEAD                          | 05= GRANDCHILD        | 09= OTHER RELATIVE       |
| 02= WIFE OR HUSBAND               | 06= PARENT            | 10= ADOPTED/FOSTER CHILD |
| 03= SON OR DAUGHTER               | 07= PARENT-IN-LAW     | 11= NOT RELATED          |
| 04= SON-IN-LAW OR DAUGHTER-IN-LAW | 08= BROTHER OR SISTER | 98= DK                   |

\*\* CODES FOR Q.9

- |                     |                               |
|---------------------|-------------------------------|
| LEVEL OF EDUCATION: | YEARS:                        |
| 1= PRIMARY          | 00=LESS THAN 1 YEAR COMPLETED |
| 2= SECONDARY        | 98=DK                         |
| 3= HIGHER           |                               |

\*\*\* These questions refer to the biological parents of the child. Record 00 if parent not member of household.

8= DK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO OWN RESIDENCE/YARD/PLOT.....11 → 18 COMMUNAL TAP.....12 WELL WATER PROTECTED WELL.....21 UNPROTECTED WELL.....22 BOREHOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM/LAKE.....33 RAINWATER.....41 → 18 OTHER _____ 96 (SPECIFY)																
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
18	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 BLAIR TOILET.....22 NO FACILITY.....31 OTHER _____ 96 (SPECIFY)																
19	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY?	1	2	A radio?	1	2	A television	1	2	A refrigerator?	1	2	
	YES	NO																
ELECTRICITY?	1	2																
A radio?	1	2																
A television	1	2																
A refrigerator?	1	2																
20	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
21	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)																
22	Does any member of your household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A modern oxcart?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A bicycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A motorcycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A modern oxcart?	1	2	A bicycle?	1	2	A motorcycle?	1	2	A car?	1	2	
	YES	NO																
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