1999 KAZAKHSTAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF KAZAKHSTAN
ACADEMY OF PREVENTIVE MEDICINE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4) . . . . . .

URBAN/RURAL (URBAN=1, RURAL=2) . . . .

HOUSEHOLD ELIGIBLE FOR MEN'S INTERVIEW (YES = 1, NO = 2) . . . .

HOUSEHOLD ELIGIBLE FOR WOMEN'S ANTHROPOMETRY AND ANEMIA TESTING (YES = 1, NO = 2) . . . .

HOUSEHOLD ELIGIBLE FOR MEN'S ANEMIA TESTING (YES = 1, NO = 2) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	1 9 9 9
INTERVIEWER'S NAME	_____	_____	_____	NAME	
RESULT*	_____	_____	_____	RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____			

*RESULT CODES:
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 OF TIME
4. POSTPONED
5. REFUSED
6. DWELLING VACANT OR ADDRESS NOT A DWELLING
7. DWELLING DESTROYED
8. DWELLING NOT FOUND
9. OTHER _____
                    (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

1

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	SEX	RESIDENCE		AGE	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 59
-1	-2	-3	-4	-5	-6	-7	-8	-9
			M F	YES NO	YES NO	IN YEARS		
1		☐☐	1 2	1 2	1 2	☐☐	1	1
2		☐☐	1 2	1 2	1 2	☐☐	2	2
3		☐☐	1 2	1 2	1 2	☐☐	3	3
4		☐☐	1 2	1 2	1 2	☐☐	4	4
5		☐☐	1 2	1 2	1 2	☐☐	5	5
6		☐☐	1 2	1 2	1 2	☐☐	6	6
7		☐☐	1 2	1 2	1 2	☐☐	7	7
8		☐☐	1 2	1 2	1 2	☐☐	8	8
9		☐☐	1 2	1 2	1 2	☐☐	9	9
10		☐☐	1 2	1 2	1 2	☐☐	10	10

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/ STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

2

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION						
	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	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS				
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	During the school year ended in May 1999, did (NAME) attend school at any time?	During that school year, what level and grade [was] (NAME) attending?	During the previous school year ended in May 1998, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?	
	-10	-11	-12	-13	-14	-15 LEVEL | GRADE	-17	-18 LEVEL | GRADE	-19	-20 LEVEL | GRADE	
1	YES 1 NO 2 DK 8 → GO TO 12	☐☐	YES 1 NO 2 DK 8 → GO TO 14	☐☐	YES 1 NO 2 NEXT LINE	☐ | ☐☐	YES 1 NO 2 GO TO 19	☐ | ☐☐	YES 1 NO 2 NEXT LINE	☐ | ☐☐	
2	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
3	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
4	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
5	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
6	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
7	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
8	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
9	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	
10	1 2 8 → GO TO 12	☐☐	1 2 8 → GO TO 14	☐☐	1 2 NEXT LINE	☐ | ☐☐	1 2 GO TO 19	☐ | ☐☐	1 2 NEXT LINE	☐ | ☐☐	

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY/SECONDARY
2 = SECONDARY SPECIAL
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

3

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 59
-1	-2	-3	-4		-5	-6	-7	-8	-9
			M 1	F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS		
11		☐☐	1	2	1 2	1 2	☐☐	11	11
12		☐☐	1	2	1 2	1 2	☐☐	12	12
13		☐☐	1	2	1 2	1 2	☐☐	13	13
14		☐☐	1	2	1 2	1 2	☐☐	14	14
15		☐☐	1	2	1 2	1 2	☐☐	15	15
16		☐☐	1	2	1 2	1 2	☐☐	16	16
17		☐☐	1	2	1 2	1 2	☐☐	17	17
18		☐☐	1	2	1 2	1 2	☐☐	18	18
19		☐☐	1	2	1 2	1 2	☐☐	19	19
20		☐☐	1	2	1 2	1 2	☐☐	20	20

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4

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	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS			
		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?***	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	During the school year ended in May 1999, did (NAME) attend school at any time?	During that school year, what level and grade [was] (NAME) attending?	During the previous school year ended in May 1998, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?
	-10	-11	-12	-13	-14	-15	-17	-18	-19	-20
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE
11	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
12	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
13	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
14	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
15	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
16	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
17	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
18	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
19	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐
20	1 2 8	☐☐	1 2 8	☐☐	1 NEXT LINE 2 ↵	☐ ☐☐	1 GO TO↵ 19 2	☐ ☐☐	1 NEXT LINE 2 ↵	☐ ☐☐

TICK HERE IF CONTINUATION SHEET USED   ☐

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, who have not been listed?   YES ☐ →   ENTER EACH IN TABLE   NO ☐

5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

21	What is the main source of drinking water for members of your household?[1]	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED INTO YARD/PLOT 12
		   PUBLIC TAP 13
		WATER FROM OPEN WELL
		   OPEN WELL IN DWELLING 21
		   OPEN WELL IN YARD/PLOT 22
		   OPEN PUBLIC WELL 23
		
		TANKER TRUCK 61
		BOTTLED WATER 71
		
		OTHER _____ 96
		       (SPECIFY)
			→23
			→23
			
			→23
			→23
			
			→23

22	How long does it take you to go there, get water, and come back?	MINUTES .... ☐☐☐ ON PREMISES 996	
23	What kind of toilet facility do most members of your household use?	FLUSH TOILET .... 11 PIT TOILET/LATRINE .... 21 NO FACILITY .... 31 OTHER _____ 96 (SPECIFY)	 →25
24	Do you share this facility with other households?	YES .... 1 NO 2	

25	Does your household have:
	
	    Electricity?
	    A radio?
	    A television?
	    A telephone?
	    A refrigerator?
		YES NO
		ELECTRICITY 1 2
		RADIO 1 2
		TELEVISION 1 2
		TELEPHONE 1 2
		REFRIGERATOR 1 2	

26	What type of fuel does your household mainly use for cooking?	ELECTRICITY .... 01 LPG/NATURAL GAS .... 02 BIOGAS .... 03 KEROSENE .... 04 COAL, LIGNITE .... 05 CHARCOAL .... 06 FIREWOOD, STRAW .... 07 TEZEK .... 08 OTHER _____ 96 (SPECIFY)	

27	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 11
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		FINISHED FLOOR
		   PARQUET OR POLISHED WOOD 31
		   LYNOLEUM 32
		   CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		       (SPECIFY)	

28	Does any member of your household own:
	
	    A bicycle?
	    A motorcycle or motor scooter?
	    A car or truck?
		YES NO
		BICYCLE 1 2
		MOTORCYCLE/SCOOTER 1 2
		CAR/TRUCK 1 2	

6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33	Does your household have any place which is used for hand washing?	YES .... 1 NO 2	→ 35
34	ASK TO SEE THE PLACE USED MOST OFTEN AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	YES NO WATER/TAP ....1 2 SOAP, ASH OR OTHER CLEANSING AGENT ....1 2 BASIN 1 2	
34A	Ask respondent to bring the package of salt and note: Type of package _____ (Name of producer)	PLASTIC .... 1 PAPER .... 2 NO PACKAGE .... 3 NO SALT 4	→ 35 → 35
34B	Salt iodized or not iodized	IODIZED SALT .... 1 NOT IODIZED SALT .... 2 NOT WRITTEN 3	
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) .... 1 7 PPM .... 2 15 PPM .... 3 30 PPM .... 4 75 PPM 5	

35A	Where do you usually keep your salt?	IN THE CLOSED PACKAGE/AWAY FROM
		   PLACE OF COOKING/
		   IN THE DARK PLACE 1
		IN THE OPENED PACKAGE/NEAR TO PLACE
		   OF COOKING/
		   IN THE LIGHT 2	

35B	Do you know, that it is necessary to include into ration iodized salt to reduce risk of getting the number of deceases	YES .... 1 NO 2	
36	Does anybody in your household own dacha, or have access to a garden from which you obtain fruits and vegetables during the growing season?	YES .... 1 NO .... 2 OTHER _____ 6 (SPECIFY)	
37	Does anybody in your household have animal husbandry?	YES .... 1 NO .... 2 OTHER _____ 6 (SPECIFY)	