

**ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>			
DISTRICT _____				
CSA NUMBER.....				
SEA NUMBER.....				
HOUSEHOLD NUMBER.....				
NAME OF HOUSEHOLD HEAD _____				
URBAN/RURAL (urban=1, rural=2).....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>			
LUSAKA/OTHER CITY/TOWN/VILLAGE..... (Lusaka=1, other city=2, town=3, village=4)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	NAME <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
RESULT*	_____	_____	_____	RESULT <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
NEXT VISIT:      DATE TIME	_____ _____	_____ _____	<div style="border: 1px solid black; width: 20px; height: 20px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>	TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
<b>*RESULT CODES:</b> 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
LANGUAGE OF QUESTIONNAIRE:      ENGLISH				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>

# 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			Is (NAME)'s natural father alive?	IF ALIVE	
										What is the highest level of school (NAME) attended?	IF AGED LESS THAN 25 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				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
01	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?	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS [ ][ ]	YES NO 1 2	LEVEL YEARS [ ][ ] [ ][ ]	YES NO 1 2	YES NO DK 1 2 8	[ ][ ]	YES NO DK 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 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 TABLENO ☐

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 TABLENO ☐

3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH IN TABLENO ☐

## \* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD  
 02= WIFE OR HUSBAND  
 03= SON OR DAUGHTER  
 04= SON OR DAUGHTER-IN-LAW

05= GRANDCHILD  
 06= PARENT  
 07= PARENT-IN-LAW  
 08= BROTHER OR SISTER

09= OTHER RELATIVE  
 10= ADOPTED, FOSTER, STEPCHILD  
 11= NOT RELATED  
 98= DK

## \*\* CODES FOR Q.9

LEVEL OF EDUCATION:

1= PRIMARY  
 2= SECONDARY  
 3= HIGHER  
 8= DK

YEARS:

00=LESS THAN 1 YEAR COMPLETED  
 98=DK

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	TO
16	What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INTO HOME OR PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)	→18 →18 →18 →18 →18	
17	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996		
18	Does your household get drinking water from this same source?	YES.....1 NO.....2	→20	
19	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME OR PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)		
20	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 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)		
21	Does your household have: Electricity? A radio? A television? A refrigerator?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2		
22	How many rooms in your household are used for sleeping?	ROOMS.....		
23	What is the material of the floor?	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS/BOARDS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 TERRAZO TILE.....32 PVC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....41 (SPECIFY)		
24	Does any member of your household own: A bicycle? A motorcycle? A car?	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2		