

1996 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION													
CLUSTER NUMBER.....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
PROVINCE.....													
DISTRICT.....													
HOUSEHOLD NUMBER.....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
NAME OF HOUSEHOLD HEAD.....													
URBAN/RURAL (urban=1, rural=2).....	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>												
LUSAKA/OTHER CITY/TOWN/VILLAGE..... (Lusaka=1, Other city=2, Town=3, Village=4)													
HOUSEHOLD SELECTED FOR MEN'S SURVEY? (YES=1, NO=2).....													

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME				MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
RESULT*				YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE				NAME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
TIME				RESULT <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
*RESULT CODES:				TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>								
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"><tr><td></td><td></td></tr></table>												
TOTAL ELIG. WOMEN <table border="1"><tr><td></td><td></td></tr></table>												
TOTAL ELIG. MEN <table border="1"><tr><td></td><td></td></tr></table>												
LINE NUMBER OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td></td><td></td></tr></table>												
LANGUAGE OF QUESTIONNAIRE: ENGLISH <table border="1"><tr><td>0</td><td>1</td></tr></table>					0	1						
0	1											
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME _____ <table border="1"><tr><td></td><td></td></tr></table>				NAME _____ <table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>				
DATE _____ <table border="1"><tr><td></td><td></td></tr></table>				DATE _____ <table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>				
				KEYED BY <table border="1"><tr><td></td><td></td></tr></table>								

H EN 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*	RESIDENCE		SEX	AGE	EDUCATION			MARITAL STATUS IF AGE 12 YEARS OR OLDER	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD****				ELIGIBILITY WOMEN	ELIGIBILITY		
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?		IF AGE 6 YEARS OR OLDER		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 (13)			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 (15)
											What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(16A)		
	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	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO		YES NO DK		YES NO DK					
01			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		01	01		
02			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		02	02		
03			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		03	03		
04			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		04	04		
05			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		05	05		
06			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		06	06		
07			1 2	1 2	1 2		1 2		1 2		1 2 8		1 2 8		07	07		

LINE (1)	RESIDENTS/VISITORS (2)	RELATIONSHIP (3)	RESIDENCE (4) (5)		SEX (6)	AGE (7)	EDUCATION (8) (9)		(10)	MAR. STAT. (11)	PARENTAL (12)	SURVIVORSHIP (13)	AND RESIDENCE (14) (15)		ELIG. (16)	ELIG. (16A)						
			YES 1	NO 2	M 1 F 2	IN YEARS [][]	YES 1	NO 2	YES 1	NO 2		YES 1	NO 2	DK 8	YES 1	NO 2	DK 8					
08		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	08	08
09		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	09	09
10		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	10	10
11		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	11	11
12		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	12	12
13		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	13	13
14		[][]	1	2	1	[][]	1	2	[][]	1	2	[][]	1	2	8	[][]	1	2	8	[][]	14	14

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

* 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

09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DON'T KNOW

** CODES FOR Q.9

EDUCATION LEVEL:

1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR
COMPLETED

*** CODES FOR Q.11

MARITAL STATUS

1 = MARRIED
2 = LIVING TOGETHER
3 = SEPARATED
4 = DIVORCED
5 = WIDOWED
6 = NEVER MARRIED

**** Q.12 THROUGH Q.14:

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

H EN 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
17	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME OR PLOT.....11 → 19 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 → 19 PUBLIC SHALLOW WELL.....22 PUBLIC TRADITIONAL WELL.....23 PUBLIC BOREHOLE.....24 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 → 19 TANKER TRUCK.....51 BOTTLED WATER.....61 → 19 OTHER _____ 96 (SPECIFY)																
18	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																
19	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 _____ 96 (SPECIFY)																
20	Does your household have: Electricity? A radio? A television? A refrigerator?	<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>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
21	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
22	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD.....11 RUDIMENTARY FLOOR WOOD PLANKS/BOARDS.....21 FINISHED FLOOR WOODEN TILE.....31 CERAMIC/TERRAZO/ MARBLE TILE.....32 CEMENT/CONCRETE.....33 OTHER _____ 96 (SPECIFY)																
23	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																
24	We would like to check whether the salt used in your household is iodized. May we see a sample of the salt used to cook meal eaten by members of your household last night?	IODIZED.....1 NOT IODIZED.....2 NOT TESTED.....3 NO SALT AT HOME.....4	→ IND. QRE.															
25	RECORD IODATE SCORE	0.....01 25.....02 50.....03 75.....04 100+.....05																