

1996 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
CLUSTER NUMBER.....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
PROVINCE _____																						
DISTRICT _____																						
HOUSEHOLD NUMBER.....																						
NAME OF HOUSEHOLD HEAD _____																						
URBAN/RURAL (urban=1, rural=2).....																						
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" style="width: 20px; height: 20px;"></table>
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>
				YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>
TIME	_____	_____		
<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				TOTAL IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIG. WOMEN <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIG. MEN <table border="1" style="width: 20px; height: 20px;"></table> LINE NUMBER OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="width: 20px; height: 20px;"></table>

LANGUAGE OF QUESTIONNAIRE:      ENGLISH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>	0	1
0	1		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 20px; height: 20px;"></table>	NAME _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
DATE _____	DATE _____		

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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) married, living together, separated, divorced, or never married? ***	Is (NAME)'s natural mother alive?			IF ALIVE		Is (NAME)'s natural father 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					Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (13)			
(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		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	01	01				
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	02	02				
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	03	03				
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	04	04				
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	05	05				
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	06	06				
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="checkbox"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	07	07				

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

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																