

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____	<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>																					
WARD NAME _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN = 3, RURAL=4)																						
MALE SURVEY (YES=1, NO=2)																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
NEXT VISIT: 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 <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
LANGUAGE OF QUESTIONNAIRE:				LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
ENGLISH <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">3</table>				

LANGUAGE OF INTERVIEW:	SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
------------------------	--	--

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

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	ELIGIBILITY	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS 0-14 YEARS OLD**			
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?			Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
01	(NAME)		1 2	1 2	M F	IN YEARS	01	1 2 8		1 2 8		
02			1 2	1 2	1 2		02	1 2 8		1 2 8		
03			1 2	1 2	1 2		03	1 2 8		1 2 8		
04			1 2	1 2	1 2		04	1 2 8		1 2 8		
05			1 2	1 2	1 2		05	1 2 8		1 2 8		
06			1 2	1 2	1 2		06	1 2 8		1 2 8		
07			1 2	1 2	1 2		07	1 2 8		1 2 8		
08			1 2	1 2	1 2		08	1 2 8		1 2 8		
09			1 2	1 2	1 2		09	1 2 8		1 2 8		
10			1 2	1 2	1 2		10	1 2 8		1 2 8		
11			1 2	1 2	1 2		11	1 2 8		1 2 8		
12			1 2	1 2	1 2		12	1 2 8		1 2 8		
13			1 2	1 2	1 2		13	1 2 8		1 2 8		
14			1 2	1 2	1 2		14	1 2 8		1 2 8		

*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

** Q.9 THROUGH Q.12
THESE QUESTIONS
REFER TO THE
BIOLOGICAL PARENTS OF
THE CHILD. IN Q.10 AND
Q.12, RECORD '00' IF
PARENT NOT LISTED IN
HOUSEHOLD SCHEDULE

***CODES FOR Qs. 14, 15C AND 15F
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

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

LINE NO.	EDUCATION															
	IF AGE 3 YEARS OR OLDER				IF AGE 3 -24 YEARS											
	Has (NAME) ever been to school?		What is the highest level of school (NAME) attended or attending?*** What is the highest grade (NAME) completed at that level?***		Is (NAME) currently attending school?		Was (NAME) ever in attendance in school at any point during this school year?		During this school year, what level and grade [is (NAME) attending / was (NAME) enrolled in]?		Did (NAME) attend school during the previous school year?		Was (NAME) ever in attendance in school at any point during the previous school year?		During the previous school year, what level and grade [did (NAME) attend/was (NAME) enrolled in]?	
(13)		(14)		(15A)		(15B)		(15C)		(15D)		(15E)		(15F)		
YES NO		LEVEL GRADE		YES NO		YES NO		LEVEL GRADE		YES NO		YES NO		LEVEL GRADE		
01	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
02	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
03	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
04	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
05	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
06	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
07	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
08	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
09	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
10	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
11	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
12	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
13	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			
14	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
	NEXT LINE			GO TO 15C	GO TO 15D			GO TO 15F	NEXT LINE			GO TO 15F	NEXT LINE			

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
16	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO OWN DWELLING 11 → 18 PIPED INTO YARD/PLOT 12 → 18 PUBLIC TAP 13 WELL WATER PROTECTED WELL 21 UNPROTECTED WELL 22 BOREHOLE 23 SURFACE WATER SPRING 31 RIVER/STREAM 32 POND/LAKE/DAM 33 RAINWATER 41 → 18 OTHER _____ 96 → 18 (SPECIFY)																			
17	How long does it take you 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 or sanitation facility do most members of your household use?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE/BLAIR TOILET 22 NO FACILITY/BUSH/FIELD 31 → 19 OTHER _____ 96 (SPECIFY)																			
18A	With how many other households do you share this facility? RECORD "OO" IF TOILET NOT SHARED	OTHER HOUSEHOLDS <input type="text"/> <input type="text"/>																			
19	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A television?	1	2	A telephone?	1	2	A refrigerator?	1	2	
	YES	NO																			
Electricity?	1	2																			
A radio?	1	2																			
A television?	1	2																			
A telephone?	1	2																			
A refrigerator?	1	2																			
19A	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE/PARAFFIN 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																			
21	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A modern oxcart/scotchcart?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A bicycle?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A motorcycle?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A car or truck?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A modern oxcart/scotchcart?	1	2	A bicycle?	1	2	A motorcycle?	1	2	A car or truck?	1	2				
	YES	NO																			
A modern oxcart/scotchcart?	1	2																			
A bicycle?	1	2																			
A motorcycle?	1	2																			
A car or truck?	1	2																			
22A	Does your household have any bednets that are used while sleeping?	YES 1 NO 2 → 22E																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
22B	CHECK 5 AND 7 : NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT NONE <input type="checkbox"/> _____ ONE <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> _____ ↓		→22E →22D												
22C	Did (NAME) sleep under a bednet last night?	YES 1 NO 2	<input type="checkbox"/> →22E												
22D	Did all, some or none of the children under age 5 who slept in the household last night sleep under a bednet?	ALL CHILDREN 1 SOME CHILDREN 2 NONE 3													
22E	Does your household have any place which is used for hand washing?	YES 1 NO 2	→23												
22F	ASK TO SEE THE PLACE USED MOST OFTEN AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2	
	YES	NO													
WATER/TAP	1	2													
SOAP, ASH OR OTHER CLEANSING AGENT	1	2													
BASIN	1	2													
23	TYPE OF SALT TEST OF IODINE.	00 PPM (NO IODINE/UNDETECTABLE) ... 1 01-14 PPM 2 15+ PPM 3													

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				HEIGHT AND WEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1994 OR LATER			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
						LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

