

**2001 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE
CENTRAL BOARD OF HEALTH/ CENTRAL STATISTICAL OFFICE**

IDENTIFICATION																												
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <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> <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>																											
NAME OF HOUSEHOLD HEAD _____																												
CLUSTER NUMBER																												
HOUSEHOLD NUMBER																												
PROVINCE																												
URBAN/RURAL (URBAN=1, RURAL=2)																												
LUSAKA = 1 / OTHER CITY = 2 / TOWN = 3 / VILLAGE=4																												
LINE NUMBER OF WOMAN SELECTED FOR Qs. 720A - 720L																												
HOUSEHOLD SELECTED FOR MEN'S SURVEY? (YES = 1, NO = 2)																												
HOUSEHOLD SELECTED FOR SUGAR SAMPLE? (YES= 1, NO= 2)																												

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		
<p>* RESULT CODES</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 OF TIME</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 PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESP. TO HOUSEHOLD QUEST.

LANGUAGE OF QUESTIONNAIRE: ENGLISH				0 1
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____	NAME _____	_____	_____	
DATE _____	DATE _____	_____	_____	

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			
			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 CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NO. OF WOMAN SELECTED FOR Qs. 720A-720L	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)	
	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?*	M F	YES NO	YES NO	IN YEARS					
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	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
 09 = NEPHEW OR NIECE
 10 = CO-WIFE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 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?***	Is (NAME) currently attending school/ Did (NAME) attend school in 2001?	During the current school year/year 2001, did (NAME) attend school at any time?	During the current school year/year 2001, what level and grade [is/was] (NAME) attending?***	During the previous school year/year 2000, did (NAME) attend school at any time?	During that school year/year 2000, what level and grade did (NAME) attend?****			
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)				
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>

** 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:
0 = NURSERY SCHOOL, KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)			
			M F	YES NO	YES NO	IN YEARS							
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11	11			
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12	12			
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13	13			
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14	14			
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15	15			
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16	16			
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17	17			
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18	18			
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19	19			
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20	20			

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	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

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? IF 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? IF 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? IF YES, ENTER EACH IN TABLE NO

TICK HERE IF CONTINUATION SHEET USED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 → 23 PIPED INTO YARD/PLOT 12 → 23 COMMUNAL TAP 13 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT 21 → 23 OPEN PUBLIC WELL 22 COVERED WELL/BOREHOLE PROTECTED WELL IN YARD/PLOT 31 → 23 PROTECTED PUBLIC WELL 32 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE/DAM 43 RAINWATER 51 → 23 TANKER TRUCK 61 BOTTLED WATER 71 → 23 OTHER _____ 96 (SPECIFY)																						
22	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																						
23	How do you store your drinking water?	CLOSED CONTAINER/ JERRY CAN . 1 OPEN CONTAINER / BUCKET 2 OTHER _____ 6 (SPECIFY)																						
24	Do you usually boil your drinking water?	YES, MOST OF THE TIME 1 YES, SOME OF THE TIME 2 NO 3																						
25	Have you ever seen or heard of a product called <i>Clorin</i> —a liquid that is sold in a bottle and can be used to make water safe to drink?	YES 1 NO 2 → 29																						
26	Where have you seen or heard messages about <i>Clorin</i> ? CIRCLE ALL MENTIONED.	RADIO A TELEVISION B SHOP C LEAFLETS / BOOKLETS D POSTER E COMMUNITY-BASED AGENT F OTHER _____ G (SPECIFY)																						
27	Is your household water currently treated with <i>Clorin</i> from a bottle or packet?	YES 1 NO 2																						
29	What kind of toilet facilities does your household have?	FLUSH TOILET 11 TRADITIONAL PIT LATRINE 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 → 31 OTHER _____ 96 (SPECIFY)																						
30	Do you share these facilities with other households?	YES 1 NO 2																						
31	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <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>Solar Power?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A telephone or cell phone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	Solar Power?	1	2	A radio?	1	2	A television?	1	2	A telephone or cell phone?	1	2	A refrigerator?	1	2	
	YES	NO																						
Electricity?	1	2																						
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A radio?	1	2																						
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A telephone or cell phone?	1	2																						
A refrigerator?	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																				
32	What is the main source of energy used for cooking?	ELECTRICITY 01 GAS 02 SOLAR 03 PARAFFIN / KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 WOOD 07 COW DUNG 08 OTHER _____ 96 (SPECIFY)																																							
33	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH / MUD / DUNG 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET / WOOD TILES 31 BRICK 32 TERRAZO / CERAMIC TILES 33 CONCRETE / CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)																																							
34	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> <td></td> </tr> <tr> <td>BICYCLE</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> </table>				YES	NO		BICYCLE	1	2		MOTORCYCLE/SCOOTER ...	1	2		CAR/TRUCK	1	2																						
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BICYCLE	1	2																																							
MOTORCYCLE/SCOOTER ...	1	2																																							
CAR/TRUCK	1	2																																							
35	Does your household own any mosquito nets that can be used to protect against mosquitoes while sleeping?	YES 1 NO 2			→ 42																																				
36	How many mosquito nets does your household own?	NUMBER OF NETS <input style="width:40px;" type="text"/>																																							
37	ASK THE FOLLOWING QUESTIONS FOR EACH NET.	NET # 1	NET #2	NET #3																																					
	How long ago did your household obtain the mosquito net? MOs AGO = MONTHS AGO. IF LESS THAN 1 MONTH, RECORD '00'.	MOs . <input style="width:30px;" type="text"/> AGO MORE THAN 3 YEARS AGO . 96	MOs . <input style="width:30px;" type="text"/> AGO MORE THAN 3 YEARS AGO . 96	MOs . <input style="width:30px;" type="text"/> AGO MORE THAN 3 YEARS AGO . 96																																					
38	Was the mosquito net treated with insecticide to repel mosquitoes or bugs when you obtained it?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8																																					
39	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8																																					
40	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	LINE NO <table border="1" style="width:100%; height:100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <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>													LINE NO <table border="1" style="width:100%; height:100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <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>													LINE NO <table border="1" style="width:100%; height:100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <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>													
41		GO BACK TO 37 IN NEXT COLUMN; OR, IF NO MORE NETS, GO TO 42.	GO BACK TO 37 IN NEXT COLUMN; OR, IF NO MORE NETS, GO TO 42.	GO TO 42.																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	Do you have any sugar in your house now?	YES 1 NO 2 NOT SURE 8	→ 44 → 44
43	ASK RESPONDENT TO BRING THE PACKAGE OF SUGAR. RECORD TYPE OF SUGAR PACKAGE. IF HOUSEHOLD IS SELECTED FOR SUGAR SAMPLE, COLLECT SUGAR AS INSTRUCTED.	OPAQUE PACKAGE LABELED ZAMBIA SUGAR /KALUNGWISHI 1 TRANSPARENT PLASTIC LABELED ZAMBIA SUGAR /KALUNGWISHI 2 LABELED, NOT FROM ZAMBIA 3 TRANSPARENT PLASTIC, NO LABEL 4 OTHER, NOT SEEN 8	
44	Approximately how much sugar does this household usually consume in one week?	NONE. 1 LESS THAN 250 GRAMS ... 2 ABOUT HALF A KILO 3 ABOUT ONE KG 4 MORE THAN ONE KG 5 DOES NOT KNOW/ NOT SURE 8	
45	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) / NO COLOUR 1 7 PPM 2 15 PPM 3 30 PPM OR MORE 4 NO SALT IN THE HH 5 SALT NOT TESTED 6 (SPECIFY REASON)	
46	These days, would you say that this household usually has enough food to eat, sometimes has enough food to eat, seldom has enough food to eat, or never has enough food to eat?	USUALLY/ALWAYS 1 SOMETIMES 2 SELDOM 3 NEVER 4	
47	In the last 12 months, have you or any member of this household been denied care from a health facility because you couldn't pay?	YES 1 NO 2 DO NOT KNOW/ NOT SURE .. 8	
48	In the last 12 months, have you or any member of this household been prescribed medicine that you didn't obtain because you couldn't pay?	YES 1 NO 2 DO NOT KNOW /NOT SURE .. 8	

TABLE OF THE SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

Take the last digit of the sequential questionnaire number. This is the number of the row you should go to. See the total number of eligible women on the cover sheet of the household questionnaire. This is the number of the column you should go to. Find the box where the row and the column meet. Circle the number that appears in the box. This is the number of the woman who will be asked the domestic violence questions. Then, go to Column 9(B) in the household schedule and circle the corresponding line number of the eligible woman (e.g. if the number in the box is '2' and there are three women in the household whose line numbers are '02', '03', and '07', the line number of the eligible woman for domestic violence questions is '03').

Last digit of the questionnaire number	Total number of eligible women in the household							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

WEIGHT AND HEIGHT MEASUREMENT

CHECK COLUMNS (8) AND (9A): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)
<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 OF CHILDREN BORN IN 1996 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
		YEARS	DAY MO. YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

There will be an education survey done at a later point in time. Your household may or may not be asked to participate in this survey. If your household is included in the survey, someone will return to your house and ask additional questions about education.

INFORMED CONSENT FOR SYPHILIS AND HIV TESTS

SYPHILIS TESTING

Hello, my name is (YOUR NAME) and I am from the Ministry of Health. As my colleague has informed you already, we are doing a health survey. In this survey, we are studying syphilis among women 15-49 of age and men 15-59 of age in Zambia. Syphilis can cause serious problems if it is not treated. The results from this survey will help the government to develop programs to prevent and treat syphilis.

We encourage you to participate in this test by giving a small amount of blood from your arm. For this test we use sterile instruments that are clean and completely without risk. The blood will be analyzed this evening and I will be back tomorrow to give you the results if you tell me when you will be here. If the test results show that you have syphilis, we would provide free treatment for you and your partner(s) at home or at the nearest health center. No one will know the results of your test except you and me.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the syphilis test? GO BACK TO COLUMN (62). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the syphilis test? GO TO COLUMN (62). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ THE CONSENT FORM TO YOUTH.

IF CONSENTED, TAKE BLOOD. THEN ASK: If the test shows that you have syphilis and we can't find you for treatment at home, we would like to give that information to the health authorities so that they can follow up. Do you agree that we can give your name and the location of this house to the health authorities if the test shows that you need treatment? CIRCLE CODE FOR ' YES' OR ' NO' IN COLUMN (63).

HIV TESTING

CHECK SYPHILIS CONSENT STATEMENT:

CONSENTED



NOT CONSENTED



We are also studying HIV among women and men in our survey. HIV is a serious health problem. As you may know, HIV is the virus that causes AIDS, which is usually fatal. This survey will assist the government to develop programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by authorizing us to use a few drops of the blood that we have already collected for the syphilis test.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your HIV test and no one will be able to trace the test back to you. However, if you want to know your HIV status you will be referred to the nearest health facility which will offer you free testing and counseling.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ CONSENT FORM TO YOUTH.

We are also studying HIV among women and men in our survey. HIV is a serious health problem. As you may know, HIV is the virus that causes AIDS, which is usually fatal. This survey will assist the government to develop programs for preventing HIV and AIDS.

We ask that you participate in this test by giving a few drops of blood from your finger. For this test we use sterile instruments that are clean and completely without risk. Blood will be tested later in the laboratory.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your HIV test and no one will be able to trace the test back to you. However, if you want to know your HIV status you will be referred to the nearest health facility which will offer you free testing and counseling.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ CONSENT FORM TO YOUTH.

NOTE FOR THE NURSE/COUNSELOR:

THE RESPONDENT HAS THE RIGHT TO REFUSE HIV/SYPHILIS TEST(S), AND THEREFORE SHOULD NOT BE FORCED.

SYPHILIS AND HIV TESTING

CHECK COLUMNS (8) AND (9A): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-59.

LINE NO. FROM COL. (8) AND (9A)	NAME FROM COL.(2)	AGE FROM COL.(7)	CHECK COLUMN (59) (AGE)	LINE NO. OF PARENT OR OTHER ADULT RESPONSIBLE FOR THE CARE OF THIS PERSON	READ THE SYPHILIS CONSENT STATEMENT TO THE WOMAN/MAN OR RESPONSIBLE ADULT. CIRCLE THE CODE (AND SIGN). 15-17 YEAR OLD RESPONDENTS MUST CONSENT AS WELL AS THE GUARDIAN.	AGREES RESULT BE GIVEN TO HEALTH AUTHORITIES	READ THE HIV CONSENT STATEMENT TO THE WOMAN/MAN OR RESPONSIBLE ADULT. CIRCLE THE CODE (AND SIGN). 15-17 YEAR OLD RESPONDENTS MUST CONSENT AS WELL AS THE GUARDIAN.	SAMPLE COLLECTED?
(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
<input type="checkbox"/>	_____	<input type="checkbox"/>	AGE 15-17 1 AGE 18-49/59 2 GO TO 62 ←	<input type="checkbox"/>	AGREED 1 REFUSED 2 (SKIP TO 64) ← ABSENT/OTHER 3 SIGN _____	YES 1 NO 2	AGREED 1 REFUSED 2 ABSENT/OTHER 3	TEST TUBE 1 FILTER PAPER . 2 NO SAMPLE ... 3
TICK HERE IF CONTINUATION SHEET USED					<input type="checkbox"/>			