

2018 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE
 ZAMBIA
 MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION												
LOCALITY NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
*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: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>			
0												
1												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 04 LOZI 07 NYANJA 02 BEMBA 05 LUNDA 08 TONGA 03 KAONDE 06 LUVALE									
SUPERVISOR												
NAME _____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
				NUMBER								

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health and other topics all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . . 2 → END



100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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></tr></table>				
		MINUTES <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) 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 → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO 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 = OTHER RELATIVE
 - 10 = ADOPTED/FOSTER/STEPCHILD
 - 11 = NOT RELATED
 - 98 = DONT KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 2 YEARS OR OLDER		IF AGE 2-24 YEARS		IF AGE 0-4 YEARS; IF 5 OR OLDER GO TO 31
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name?	Has (NAME) ever attended school or a nursery/kin dergarden?	What is the highest level of school (NAME) has attended? What is the highest year (NAME) completed at that level?	Did (NAME) attend school or a (nursery/kin dergarden) at any time during the 2018 school year?	During the 2018 school year, what level and year at that level [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
		RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
02	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
03	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
04	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
05	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
06	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
07	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
08	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
09	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
10	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL YEAR
 0 = NURSERY/KINDERGARDEN 00 = LESS THAN 1 YEAR COMPLETED
 1 = PRIMARY (USE '00' FOR Q. 17 ONLY.)
 2 = SECONDARY THIS CODE IS NOT ALLOWED FOR Q. 19.)
 3 = HIGHER
 8 = DON'T KNOW 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 11 = NOT RELATED |
| 06 = PARENT | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 2 YEARS OR OLDER		IF AGE 2-24 YEARS		IF AGE 0-4 YEARS; IF 5 OR OLDER GO TO 31
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or a nursery/kin dergarden?	What is the highest level of school (NAME) has attended? What is the highest year (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or a (nursery/kin dergarden) at any time during the 2018 school year?	During the 2018 school year, what level and year at that level [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
12	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
13	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
14	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
15	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
16	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
17	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
18	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
19	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
20	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

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

YEAR
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)
98 = DON'T KNOW

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP					
31	CHECK COL.9 IN THE HOUSEHOLD SCHEDULE AND WRITE THE TOTAL NUMBER OF WOMEN AGE 15-49 YEARS.	TOTAL NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>						
32	CHECK THE NUMBER OF WOMEN AGE 15-49 YEARS IN 31: ZERO <input style="width:20px; height:20px;" type="text"/> TWO OR MORE <input style="width:20px; height:20px;" type="text"/>	ONE <input style="width:20px; height:20px;" type="text"/>	101 33					
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p>EXAMPLE: THE HOUSEHOLD NUMBER IS '16' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.</p>								
LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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
33	NAME OF SELECTED WOMAN _____		HH LINE NUMBER OF SELECTED WOMAN		<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DONT KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DONT KNOW 8	→ 108A		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DONT KNOW Z			
108A	How do you store your drinking water?	CLOSED CONTAINER/JERRY CAN 1 OPEN CONTAINER/BUCKET 2 DOES NOT STORE WATER 3 OTHER _____ 6 (SPECIFY)			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DONT KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 SOLAR POWER 02 LIQUID PROPANE GAS (LPG) 03 NATURAL GAS 04 BIOGAS 05 KEROSENE 06 COAL, LIGNITE 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG 12 NO FOOD COOKED IN HOUSEHOLD. 95 OTHER _____ 96 (SPECIFY)	→ 116																											
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 116																											
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																												
116	How many rooms in this household are used for sleeping?	ROOMS <table border="1" data-bbox="1209 947 1347 1003" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																												
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119																											
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Traditional cattle? b) Dairy cattle? c) Beef cattle? d) Horses, donkeys, or mules? e) Goats? f) Sheep? g) Chickens? h) Pigs? i) Rabbits/Other Poultry?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a) TRADITIONAL CATTLE</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>b) DAIRYCATTLE</td> <td></td> <td></td> </tr> <tr> <td>c) BEEF CATTLE</td> <td></td> <td></td> </tr> <tr> <td>d) HORSES/DONKEYS/MULES</td> <td></td> <td></td> </tr> <tr> <td>e) GOATS</td> <td></td> <td></td> </tr> <tr> <td>f) SHEEP</td> <td></td> <td></td> </tr> <tr> <td>g) CHICKENS</td> <td></td> <td></td> </tr> <tr> <td>h) PIGS</td> <td></td> <td></td> </tr> <tr> <td>i) RABBITS/OTHER POULTR</td> <td></td> <td></td> </tr> </table>	a) TRADITIONAL CATTLE			b) DAIRYCATTLE			c) BEEF CATTLE			d) HORSES/DONKEYS/MULES			e) GOATS			f) SHEEP			g) CHICKENS			h) PIGS			i) RABBITS/OTHER POULTR			
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i) RABBITS/OTHER POULTR																														
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																											

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How much hectares, acres, or lima of agricultural land do members of this household own? IF 95 OR MORE HECTARES, CIRCLE '950'. IF 95 OR MORE ACRES, CIRCLE '951'. IF 95 OR MORE LIMA, CIRCLE '952'.	HECTARES 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> . <input type="text"/> LIMA 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 95 OR MORE ACRES 951 95 OR MORE LIMA 952 DON'T KNOW 998	
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A computer? e) A refrigerator? f) Access to Internet? g) A bed? h) A table? i) A sofa? j) A washing machine? k) An air conditioner? l) A generator? m) A microwave? n) A geyser (water heater)? o) A grain grinder? p) A plough? q) A tractor? r) A hammer mill?	YES NO a) ELECTRICITY 1 2 b) RADIO 1 2 c) TELEVISION 1 2 d) COMPUTER 1 2 e) REFRIGERATOR 1 2 f) INTERNET 1 2 g) BED 1 2 h) TABLE 1 2 i) SOFA 1 2 j) WASHING MACHINE 1 2 k) AIR CONDITIONER 1 2 l) GENERATOR 1 2 m) MICROWAVE 1 2 n) GEYSER 1 2 o) GRAIN GRINDER 1 2 p) PLOUGH 1 2 q) TRACTOR 1 2 r) HAMMER MILL 1 2	
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A banana boat?	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) ANIMAL-DRAWN CART 1 2 f) CAR/TRUCK 1 2 g) BOAT WITH MOTOR 1 2 h) BANANA BOAT 1 2	
123	Does any member of this household have a bank account?	YES 1 NO 2	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
124A	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	↗ 127

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO/REEDS 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL (PVC) OR ASPHALT STRIPS 32 CERAMIC/TERRAZZO TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES/HARVEY TILES 34 CEMENT 35 ROOFING SHINGLES 36 MUD TILES 37 ASBESTOS 38 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>MUD 13</p> <p>RUDIMENTARY WALLS</p> <p>MUDBRICK 21</p> <p>BAMBOO WITH MUD 22</p> <p>STONE WITH MUD 23</p> <p>UNCOVERED ADOBE 24</p> <p>PLYWOOD 25</p> <p>CARDBOARD 26</p> <p>REUSED WOOD 27</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BURNED BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>									
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
146	RECORD THE TIME.	<p>HOURS <table border="1" data-bbox="1203 1025 1347 1084"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p> <p>MINUTES <table border="1" data-bbox="1203 1084 1347 1142"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
