

DEMOGRAPHIC AND HEALTH SURVEYS  
 HOUSEHOLD QUESTIONNAIRE

ZAMBIA  
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

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>								
HOUSEHOLD SELECTED FOR ANEMIA? (1=YES, 2=NO) .....												
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>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
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: 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; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table>	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>												
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      04 LOZI      07 NYANJA 02 BEMBA      05 LUNDA      08 TONGA 03 KAONDE      06 LUVALE									
TEAM	TEAM SUPERVISOR											
<table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER	_____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER											

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health in collaboration with Zambia Statistics Agency (ZamStats). 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?

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; vertical-align: middle;"><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>				
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	IF AGE 15 OR OLDER	ELIGIBILITY		
				8	9			10	11		
1	2	3	4	5	6	7	7-1	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>RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.</p>	<p>ENTER 1 FOR HEAD OF HOUSEHOLD</p> <p>SEE CODES BELOW.</p>	<p>Is (FULL NAME) male or female?</p>	<p>Does (FULL NAME) usually live here?</p>	<p>Did (FULL NAME) stay here last night?</p>	<p>How old was (FULL NAME) on their last birthday?</p> <p>IF 95 OR MORE, RECORD '95'</p>	<p>Are there any other persons living in this household?</p>	<p>What is (FIRST 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 0-14</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	05	05	05

7A) 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

7B) 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

7C) 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 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17A	17B	18	19	20
	Is (FIRST NAME)'s biological mother alive?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER  IF NO: RECORD '00'	Does (FIRST NAME)'s biological 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 (FIRST NAME)'s biological father alive?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER  IF NO: RECORD '00'	Does (FIRST NAME)'s biological 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 (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended?  SEE CODES BELOW.	What is the highest grade (FIRST NAME) completed at that level?  SEE CODES BELOW.	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2023 school year?  (4)	During [this/that] school year, what level and grade [is/was] (FIRST NAME) attending?  SEE CODES BELOW.	Does (FIRST NAME) have a birth certificate?  IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority?  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 <input type="text"/>	GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> GO TO 26
02	1 2-8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2-8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> GO TO 26
03	1 2-8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2-8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> GO TO 26
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05	1 2-8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2-8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> GO TO 26

**CODES FOR Qs. 17 AND 19: EDUCATION**

<b>LEVEL</b>	<b>GRADE</b>
0 = EARLY CHILDHOOD EDUCATION PROGRAM	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
1 = PRIMARY	98 = DON'T KNOW
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

		IF AGE 5 OR OLDER																																																																					
LINE NO.	DISABILITY																																																																						
	26	27	28	29	30	31																																																																	
	<table border="1"> <tr> <td>4 = MALE</td> <td>4 = FEMALE</td> </tr> </table> <p>Does (FIRST NAME) wear glasses or contact lenses to help him see?</p> <p>Does (FIRST NAME) wear glasses or contact lenses to help her see?</p>	4 = MALE	4 = FEMALE	<p>I would like to know if (FIRST NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty seeing. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>Does (FIRST NAME) wear a hearing aid?</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing even when using a hearing aid. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>																																																															
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HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER				
LINE NO.	DISABILITY			
	32	33	34	35
	<p>I would like to know if (FIRST NAME) has difficulty communicating when using his/her usual language. Would you say that (FIRST NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty remembering or concentrating. Would you say that (FIRST NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty walking or climbing steps. Would you say that (FIRST NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty bathing all over or dressing. Would you say that (FIRST NAME) has no difficulty bathing all over or dressing, some difficulty, a lot of difficulty, or cannot bath all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOF ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p><b>BOREHOLE</b> ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>BOTTLED WATER ..... 91</p> <p>SACHET WATER ..... 92</p> <p>WATER KIOSK ..... 93</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOF ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p><b>BOREHOLE</b> ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD/PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>→ 106</p>
104	How long does it take to go there, wait, get water, and come back?	<p>MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
105	Who usually goes to this source to collect the water for your household?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	<p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p><b>FLUSH OR POUR FLUSH TOILET</b></p> <p>FLUSH TO PIPED SEWER SYSTEM . . . . 11</p> <p>FLUSH TO SEPTIC TANK . . . . . 12</p> <p>FLUSH TO PIT LATRINE . . . . . 13</p> <p>FLUSH TO SOMEWHERE ELSE . . . . . 14</p> <p>FLUSH, DON'T KNOW WHERE . . . . . 15</p> <p><b>PIT LATRINE</b></p> <p>VENTILATED IMPROVED PIT LATRINE . . 21</p> <p>PIT LATRINE WITH SLAB . . . . . 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23</p> <p>COMPOSTING TOILET . . . . . 31</p> <p>BUCKET TOILET . . . . . 41</p> <p>HANGING TOILET/HANGING LATRINE . . . . 51</p> <p>NO FACILITY/BUSH/FIELD . . . . . 61</p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 117
110	Do you share this toilet facility with other households?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 112
111	Including your own household, how many households use this toilet facility?	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/></p> <p>10 OR MORE HOUSEHOLDS . . . . . 95</p> <p>DON'T KNOW . . . . . 98</p>	
112	Where is this toilet facility located?	<p>IN OWN DWELLING . . . . . 1</p> <p>IN OWN YARD/PLOT . . . . . 2</p> <p>ELSEWHERE . . . . . 3</p>	
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED	OTHER <input type="checkbox"/> → 117	
114	<p>CHECK 109:</p> <p>CODE <input type="checkbox"/> 12 ↓</p> <p>CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓</p> <p>CODE <input type="checkbox"/> 31 ↓</p> <p>a) Has your septic tank ever been emptied?</p> <p>b) Has your pit latrine ever been emptied?</p> <p>c) Has your composting toilet ever been emptied?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 117
115	<p>CHECK 109:</p> <p>CODE <input type="checkbox"/> 12 ↓</p> <p>CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓</p> <p>CODE <input type="checkbox"/> 31 ↓</p> <p>a) The last time the septic tank was emptied, was it emptied by a service provider?</p> <p>b) The last time the pit latrine was emptied, was it emptied by a service provider?</p> <p>c) The last time the composting toilet was emptied, was it emptied by a service provider?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT ..... 1 BURIED IN A COVERED PIT ..... 2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND ..... 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 4  OTHER _____ 6 (SPECIFY)  DON'T KNOW ..... 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE ..... 01 SOLAR COOKER ..... 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03 PIPED NATURAL GAS STOVE ..... 04 BIOGAS STOVE ..... 05 LIQUID FUEL STOVE ..... 06 MANUFACTURED SOLID FUEL STOVE/ BRAZIER ..... 07 TRADITIONAL SOLID FUEL STOVE ..... 08 THREE STONE STOVE/OPEN FIRE ..... 09  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL ..... 01 GASOLINE/DIESEL ..... 02 KEROSENE/PARAFFIN ..... 03 COAL/LIGNITE ..... 04 CHARCOAL ..... 05 WOOD ..... 06 STRAW/SHRUBS/GRASS ..... 07 AGRICULTURAL CROP ..... 08 ANIMAL DUNG/WASTE ..... 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 10 GARBAGE/PLASTIC ..... 11 SAWDUST ..... 12  OTHER _____ 96 (SPECIFY)	
121	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)	→ 123
122	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
123	What does this household use to heat the home when needed?  IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING ..... 01 MANUFACTURED SPACE HEATER ..... 02 TRADITIONAL SPACE HEATER ..... 03 MANUFACTURED COOKSTOVE/BRAZIER ..... 04 TRADITIONAL COOKSTOVE ..... 05 AIR CONDITION UNIT ..... 06 THREE STONE STOVE/OPEN FIRE ..... 07  NO SPACE HEATING IN HOUSEHOLD/NO NEED ..... 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 125 → 126 → 125

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	Does it have a chimney?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY ..... 01 PIPED NATURAL GAS ..... 02 SOLAR AIR HEATER ..... 03 LIQUEFIED PETROLEUM GAS (LPG) /COOKING GAS ..... 04 BIOGAS ..... 05 ALCOHOL/ETHANOL ..... 06 GASOLINE/DIESEL ..... 07 KEROSENE/PARAFFIN ..... 08 COAL/LIGNITE ..... 09 CHARCOAL ..... 10 WOOD ..... 11 STRAW/SHRUBS/GRASS ..... 12 AGRICULTURAL CROP ..... 13 ANIMAL DUNG/WASTE ..... 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 15 GARBAGE/PLASTIC ..... 16 SAWDUST ..... 17  OTHER _____ 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY ..... 01 SOLAR LANTERN ..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN ..... 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN ..... 04 BIOGAS LAMP ..... 05 GASOLINE LAMP ..... 06 KEROSENE OR PARAFFIN LAMP ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 AGRICULTURAL CROP ..... 11 ANIMAL DUNG/WASTE ..... 12 OIL LAMP ..... 13 CANDLE ..... 14  NO LIGHTING IN HOUSEHOLD ..... 95  OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES .....	1	→ 130
		NO .....	2	
129	How many of the following animals does this household own?  IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Traditional cattle? b) Dairy cattle? c) Horses, donkeys, or mules? d) Beef cattle? e) Goats? f) Sheep? g) Chickens? h) Pigs? i) Rabbits/other poultry?	a) TRADITIONAL CATTLE .....	<input type="text"/>	<input type="text"/>
		b) DAIRY CATTLE .....	<input type="text"/>	<input type="text"/>
		c) HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>
		d) BEEF CATTLE .....	<input type="text"/>	<input type="text"/>
		e) GOATS .....	<input type="text"/>	<input type="text"/>
		f) SHEEP .....	<input type="text"/>	<input type="text"/>
		g) CHICKENS .....	<input type="text"/>	<input type="text"/>
		h) PIGS .....	<input type="text"/>	<input type="text"/>
		i) RABBITS/OTHER POULTRY .....	<input type="text"/>	<input type="text"/>
130	Does any member of this household own any agricultural land?	YES .....	1	→ 132
		NO .....	2	
131	How many 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"/>
		ACRES ..... 2	<input type="text"/>	<input type="text"/>
		LIMA ..... 3	<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	
132	Does your household have:		YES	NO
	a) Electricity?	a) ELECTRICITY .....	1	2
	b) A radio?	b) RADIO .....	1	2
	c) A television?	c) TELEVISION .....	1	2
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE ..	1	2
	e) A computer?	e) COMPUTER .....	1	2
	f) A refrigerator?	f) REFRIGERATOR .....	1	2
	g) Access to Internet?	g) INTERNET .....	1	2
	h) A bed?	h) BED .....	1	2
	i) A table?	i) TABLE .....	1	2
	j) A sofa?	j) SOFA .....	1	2
	k) A washing machine?	k) WASHING MACHINE .....	1	2
	l) An air conditioner?	l) AIR CONDITIONER .....	1	2
	m) A generator?	m) GENERATOR .....	1	2
	n) A microwave?	n) MICROWAVE .....	1	2
	o) A geyser (water heater)?	o) GEYSER .....	1	2
	p) A grain grinder?	p) GRAIN GRINDER .....	1	2
	q) A plough?	q) PLOUGH .....	1	2
	r) A tractor?	r) TRACTOR .....	1	2
	s) A hammer mill?	s) HAMMER MILL .....	1	2
133	Does any member of this household own:		YES	NO
	a) A watch?	a) WATCH .....	1	2
	b) A mobile phone?	b) MOBILE PHONE .....	1	2
	c) A bicycle?	c) BICYCLE .....	1	2
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER ..	1	2
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART .....	1	2
	f) A car or truck?	f) CAR/TRUCK .....	1	2
	g) A boat with a motor?	g) BOAT WITH MOTOR .....	1	2
	h) A banana boat?	h) BANANA BOAT .....	1	2
	i) A canoe?	i) CANOE .....	1	2



MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER ..... <input type="text"/> <input type="text"/>	
140	I would like to take a look at the nets. Can you show me the first net?  RECORD IF THE NET WAS OBSERVED OR NOT OBSERVED.	OBSERVED ..... 1 NOT OBSERVED ..... 2	
141	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	
142	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PermaNET ..... 11 Olyset ..... 12 DuraNet ..... 13 Veeralin ..... 14 TANA NET ..... 15 OTHER/ DON'T KNOW BRAND (LLIN) .... 16  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
143	Did you get the net through a mass distribution campaign, school distribution, during an antenatal care visit, during an under five visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN .... 1 YES, SCHOOL DISTRIBUTION ..... 2 YES, ANC VISIT ..... 3 YES, DURING UNDER 5 VISIT ..... 4 YES, IMMUNIZATION VISIT ..... 5 NO ..... 6	→ 145
144	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH ASSISTANT ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	
145	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 147 → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>	       → 148   
147	What was the main reason this net was not used last night?	TOO HOT ..... 01 DON'T LIKE NET SHAPE/COLOR/SIZE ..... 02 DON'T LIKE SMELL ..... 03 UNABLE TO HANG NET ..... 04 SLEPT OUTDOORS ..... 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT ..... 06 NO MOSQUITOES/NO MALARIA ..... 07 EXTRA NET/SAVING FOR LATER ..... 08 UNCOMFORTABLE/ SUFFOCATING ..... 09  OTHER _____ 96 (SPECIFY)	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.		



ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT (MUD) ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p>MUDBRICK ..... 27</p> <p><b>FINISHED WALLS</b></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>					
154A	<p>How does your household usually dispose of garbage?</p>	<p>COLLECTED BY FORMAL SERVICE PROVIDER ..... 1</p> <p>COLLECTED BY INFORMAL SERVICE PROVIDER ..... 2</p> <p>DISPOSED OF IN DESIGNATED WASTE DISPOSAL AREA ..... 3</p> <p>DISPOSED OF WITHIN HOUSEHOLD</p> <p>YARD OR PLOT ..... 4</p> <p>BURIED OR BURNED ..... 5</p> <p>DISPOSED OF ELSEWHERE ..... 6</p> <p>DON'T KNOW ..... 8</p>					
155	<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><b>SALT TESTED</b></p> <p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p><b>SALT NOT TESTED</b></p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD ..... 3</p> <p>HOUSEHOLD DOES NOT USE SAL ..... 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>					
156	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" data-bbox="1301 1471 1435 1529" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1301 1529 1435 1586" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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