

**HOUSEHOLD QUESTIONNAIRE**

**FORM A**

**Individual questionnaire eligibility:**

IVQs: young adults  Y  N

IVQs: older adults  Y  N

**Questionnaire processing dates:**

Corrections generated

Corrections completed

Batch

**HOUSEHOLD IDENTIFICATION**

Q001 **Census district:** \_\_\_\_\_ **Ward:**

Q002 **Village:** \_\_\_\_\_

Q003 **Name of household head (R6):** \_\_\_\_\_

Q004 **Name of household head (R7):** \_\_\_\_\_

Q005 **Category of household (R6)\*:**

Q006 **Study site reference & cluster.**

Q007 **Household number:**

Q008 **Growth point or compound:** Yes 1   
No 2

Q009 **Distance from nearest (tarred) roadside business centre**

Q010 **GPS coordinates** Longitude   
Latitude   
Altitude

**INTERVIEWER VISIT**

	1	2	3
Q011 <b>Date:</b>	_____	_____	_____
Q012 <b>Time:</b>	_____	_____	_____
Q013 <b>Interviewer:</b>	_____	_____	_____
Q014 <b>Result**:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q015 <i>How many deaths have there been in the household in the last 12 months?</i>			<input type="text"/>
Q016 <i>How many of the people who died were aged 15-59 years at their last birthday?</i>			<input type="text"/>

**Do NOT correct after completing interview.**

**CHECKED BY SUPERVISOR**

Q017 **Signature:** \_\_\_\_\_

Q018 **Date:** \_\_\_\_\_

**\*HOUSEHOLD CATEGORY**

Follow-up household from R6	1
Household refused at R6	4
Household missed at R6	5
New household in the area since R6	8
New study site	6
Other (specify) _____	98

**\*\*RESULT CODES**

Completed	1
No one at home	2
Household away for duration of survey	3
Postponed	4
Refused	5
Dwelling vacant or address not a dwelling	6
Dwelling destroyed	7
Dwelling not found	8
Other (specify) _____	9
Household relocated - within study areas	10
Household relocated - outside study areas	11
Household dispersed (split up)	12

"Now I would like to get some information about the people who were staying in the household when we came to see you last time"...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS (ROUND 6)	REL'SHIP TO H.O.H.		SPOUSE IN SAME HOUSEHOLD	SEX	AGE (*12-13)	PARENTS SURVIVAL FOR CHILDREN UNDER 18 YEARS OLD					EDUCATION		HOUSEHOLD MEMBER'S SURVIVAL STATUS NOW	RESIDENCE			ELIGIBILITY FOR INTERVIEW		
		(R6)	(R7)				FALIVE	FBC	YFDIED	MALIVE	MBC	YMDIED	Q030		Q031	Q032	Q034	Q035	Q036	Q037

Q019	Q020	Q021	Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q034	Q035	Q036	Q037	Q038	Q039
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Circle line no. of respondent.	Is (NAME) married to another member of this household?	If yes: record spouse's line no.	Is (NAME)'s NATURAL BIOLOGICAL father still alive?	Tick "BC" if checked identity - birth certificate.	Year died	Is (NAME)'s NATURAL BIOLOGICAL mother still alive?	Tick "BC" if checked identity - birth certificate.	Year died	State highest level of education completed.**	Is (NAME) still alive?	If died, record month and year of death. Go to Q035 if more than a year ago.	Was (NAME) staying here in the same month last year?	Does (NAME) still stay in this household on a regular basis? (at death)	How many nights is it since (NAME) last slept in / left household? (see Q035) this household?	How many nights has (NAME) slept here in the last month?	Codes for CATEGORY:		
																Y	N	#

	Y	N	#	M	F	Years	Y	N	DK	BC	Year	Y	N	DK	BC	Year	Level	Years	Y	N	DK	Mth	Yr	Y	N	Y	N	# or >1yr	#	MUT6NO	#	Code
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1	Serina Nyauzanza	1	1	2		2	46	1	2	8		1	2	8					1	2	8			1	2	1	2				1	7
2	Angelina Nyazuna	3	1	2		2	27	1	2	8		1	2	8					1	2	8			1	2	1	2		1	2	1	
3	Edmore Nyazuna	5	1	2		1	8	1	2	8		1	2	8					1	2	8			1	2	1	2			3		
4	Telma Nyazuna	5	1	2		2	4	1	2	8		1	2	8					1	2	8			1	2	1	2			4		

HOUSEHOLD MEMBERS FORM

Q. No:

"Now I would like to get some information about the people who were NOT members of the household when we came 5 years ago but who are staying here now or who have done so since we came last time " ...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS <sup>†</sup>	RELATED TO H.O.H. (R7)	SPOUSE IN SAME HOUSEHOLD	SEX	AGE	PARENTS SURVIVAL RELATIONSHIP TO CARER FOR CHILDREN UNDER 18 YEARS OLD	EDUCATION	HOUSEHOLD MEMBER'S SURVIVAL STATUS	RESIDENCE	ELIGIBILITY FOR INTERVIEW										
Q019	Q020	Q022	Q023	Q024	Q025	Q026	Q027	Q028	Q029	Q030	Q031	Q032	Q033	Q034	Q035	Q036	Q037	Q038	Q039	
	Please give me the names of the new persons who have been staying (physically) in this household on a regular basis (starting with the head of household)	What is the relationship of (NAME) to the head of household?	Is (NAME) married to another member of this household? female?	Is (NAME) male or female?	How old is (NAME)?	Is (NAME)'s NATURAL BIOLOGICAL father still alive? Tick "BC" if Year checked identity died. - birth certificate.	Is (NAME)'s NATURAL BIOLOGICAL mother still alive? Tick "BC" if Year checked identity died. - birth certificate.	State highest level of education still completed.** alive?	Is (NAME) staying here in this month house-hold?	When did (NAME) start staying in this house-hold? year?	Was (NAME) here in the same last year?	Does (NAME) STILL stay in this household on a regular basis? (at death)	How many nights is (NAME) last slept here in the last month?	How many nights has (NAME) the last month?	Codes ...	Circle line no if person selected for inter-view***				
	Circle line no. of respondent.	If yes: record spouse's line no.																		

See footnote\* Y N # M F Years Y N DK BC Year Y N DK BC Year Level Years Y N DK Mth Yr Mth Yr Y N Y N # #

70 1			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 1
70 2			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 2
70 3			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 3
70 4			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 4
70 5			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 5
70 6			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 6
70 7			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 7
70 8			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 8
70 9			1 2		1 2		1 2 8					1 2 8				1 2	1 2			70 9
71 0			1 2		1 2		1 2 8					1 2 8				1 2	1 2			71 0

Tick here, if a further continuation sheet is used:

Enter total numbers of individuals selected for interview:

AGYW (15-24 yrs)   
 Young men (15-29 yrs)   
 Older adults (25/30+ yrs)

"Just to make sure that I have a complete listing" ...

Q040 Are there any other persons such as small children or infants that we have not yet listed? Number:  Add each in table above.

Q041 In addition, are there any other people who may not be members of your family, such as lodgers, friends or domestic servants who live here now or have done so in the last three years? Number:  Add each in table above.

Q042 Are there any other family members or other people who usually stay elsewhere, but who sleep here from time to time and stayed overnight within the last month? Number:  Add each in table above.

Q043 Are there any other people who stayed here for a while but have now passed away? Number:  Add each in table above.

\* CODES FOR Q021: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 Head	07 Parent-in-law	13 Paternal uncle
02 Wife or husband	08 Brother or sister (natural)	14/15 Maternal grandfather/mother
03 Son or daughter (natural)	09 Stepfather/mother (father's co-wife)	16/17 Paternal grandfather/mother
04 Son or daughter-in-law	10 Maternal aunt	18 Other relative/cousin
05 Grandchild	11 Paternal aunt	19 Adopted/foster child
06 Father / mother (natural)	12 Maternal uncle	20 Not related

\*\* CODES FOR Q030 & Q031: LEVEL & YEARS OF EDUCATION

Level:	Years: years completed:
0 None	0 Less than one year completed
1 Primary	98 Don't know
2 Secondary	

\*\*\*ELIGIBLE PERSONS (Q038/Q039)

Usual residents or regular visitors who stayed in the household at least 4 nights last month
11 AGYW (15-24 yrs)
12 Young men (15-29 yrs)
13 Older adults (25/30+ yrs) - 'Yes' households only

† Regular visitors are people who, on average, stay in the household at least once a month

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q044	What is the main source of drinking water for members of your household?	Piped into residence Private tap in yard or plot Communal tap Own well or borehole Other well or borehole Protected spring Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/>																											
Q045	What kind of toilet facility does your household have?	Flush toilet Blair toilet Pit latrine Other (specify) No facilities	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> - Q047																											
Q046	Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?	Household alone Shared with neighbours Communal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																											
Q047	Does your household have: Electricity? A refrigerator? A radio? A television?	Electricity Refrigerator Radio Television	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
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Q048	Record house type.	Pole and dagga structure Brick house - thatched roof Brick house - tiled/sheeting roof Cabin/other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>																											
Q049	Observe and record type of floor of the main dwelling.	Natural floor (earth/sand/dung) Rudimentary (planks/palm/bamboo) Finished (wood/cement/carpet...)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																											
Q050	Does any member of your household own? ... A bicycle? A motorcycle? A car? A tractor?	Bicycle Motorcycle Car Tractor	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
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Q051	How many cattle does your household own?	Number of cattle	<input type="text"/>																											
Q052	Now I would like to ask you some questions about food: During the last 12 MONTHS, was there a time when: 1) You or others in your household worried about not having enough food to eat because of a lack of money or other resources? 2) Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? 3) Was there a time when you or others in your household ate only a few kinds of food because of lack of money or other resources? 4) Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? 5) Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? 6) Was there a time when your household ran out of food because of a lack of money or other resources? 7) Was there a time when you or others in your household were hungry but did not eat because there was a lack of money or other resources for food? 8) Was there a time when you or other in your household went without eating for a whole day because of a lack of money or other resources?		<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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