

ZSHP HOUSEHOLD SURVEY FORM

Study ID number __ __/__ __/__ __/__ __

(Province 2 digits; District 2 digits; SEA 2 digits; household number 2 digits)

Is this household living in an ODF certified village?

1. Yes
2. No
99. Do not know

Date (__ __/ __ __/ __ __) (dd/mo/yr)

1.0 HOUSEHOLD SOCIO-DEMOGRAPHIC DATA

1.1 How old are you? __-__ (years) (99 IF UNKNOWN)

1.2. What is the highest level of education that you attained?

1. No education
2. Primary (grades 1-7)
3. Secondary (grades 8-12)
4. College
5. University

1.3. What ethnic group or tribe do you belong to?

1. Bemba
2. Tumbuka
3. Chewa
4. Ngoni
5. Kaonde
6. Lozi
7. Luvale
8. Lunda
9. Tonga
10. Other (specify) _____

1.4. What is your main occupation?

1. Housewife
2. Farmer
3. Business/self employed
4. Civil servant
5. Unemployed
6. Other (specify) _____

1.5. What is your marital status?

1. Single/not married
2. Married
3. Separated/divorced
4. Widowed

1.6. Who is the head of this household?

1. Respondent
2. Husband/partner
3. Female relative
4. Male relative

IF RESPONSE TO Q1.6 IS "RESPONDENT", SKIP TO Q1.11.

1.7 How old is the head of household?__ __ (years) (99 IF UNKNOWN)

1.8. What is the highest level of education that the head of household attained?

1. No education
2. Primary (grades 1-7)
3. Secondary (grades 8-12)
4. College
5. University
99. Do not know

1.9. What ethnic group/tribe does the head of household belong to?

1. Bemba
2. Tumbuka
3. Chewa
4. Ngoni
5. Kaonde
6. Lozi
7. Luvale
8. Lunda
9. Tonga
10. Other (specify) _____
99. Do not know

1.10. What is the main occupation of the head of household?

1. Housewife
2. Farmer
3. Business/self employed
4. Civil servant
5. Unemployed
6. Other (specify) _____
99. Do not know

1.11. How many people live in this household? __ __

1.12. How many children under five years old live in this household? __ __

1.13. How many children aged 5-12 years live in this household?__ __

1.14 Of the children born to you alive:	Number of male children	Number of female children
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How many children are living with you now?		
How many children are living elsewhere?		
How many children have died?		

1.15. Who owns the house you live in?

1. Household
2. Rented
3. Relative - no rent is paid
4. Supplied by employer
5. Other (specify)_____

1.16. What type of floor does the house have?

1. Sand/earth
2. Dung
3. Cement
4. Bamboo/palm
5. Parquet or polished wood
6. Vinyl or asphalt
7. Ceramic tiles
8. Carpet
9. Other (specify)_____

1.17. What is the main type of material that the house walls are composed of?

1. No walls
2. Cane/palm/trunk
3. Mud
4. Bamboo pole with mud
5. Stone with mud
6. Plywood
7. Cardboard
8. Cement
9. Stone with lime/cement
10. Bricks
11. Cement blocks
12. Wood planks/shingles
13. Other (specify)_____

1.18. What material is the roof of the house made of?

1. No roof
2. Thatch/palm leaf
3. Rustic mat
4. Palm/bamboo
5. Metal/iron sheets
6. Wood

7. Calamine/cement fiber (asbestos)
8. Concrete
9. Ceramic/Harvey tiles
10. Roofing shingles
11. Mud tiles
12. Other (specify)_____

1.19. What is the main type of cooking fuel that you use in this house?

1. Electricity
2. Solar
3. Gas
4. Kerosene
5. Charcoal
6. Wood
7. Straw/shrubs/grass
8. No food cooked in household
9. Other (specify)_____

1.20. Does your household own any of these? (SHADE ALL THAT APPLY)

1. Radio
2. Cassette player
3. VCR/DVD player
4. Mobile telephone
5. Non-mobile telephone
6. Watch
7. Refrigerator
8. Television
9. Bed
10. Chair
11. Table
12. Cupboard
13. Sofa
14. Clock
15. Fan
16. Sewing machine
17. Plow
18. Tractor
19. Hammer mill
20. Grain grinder

1.21. Does your household own any of the types of transport? (SHADE ALL THAT APPLY)

1. Bicycle
2. Animal drawn cart
3. Motorcycle/scooter
4. Car/truck
5. Boat with a motor
6. Banana boat
7. Canoe

1.22. Does your household own or have any of the following? (SHADE ALL THAT APPLY)

1. Cattle

1.0 A If yes, number of cattle _ _ _

2. Agricultural land

2.0 A If yes, how many hectares of land? _ _ _

3. Bank/savings account (at least one household member has an account)

1.23 How much did your family spend on health (treatment and prevention of illness) in the last 3 months? _____ZMW

2.0 HAND WASHING PRACTICES AND KNOWLEDGE OF DISEASE CAUSATION

2.1 When do you consider important for washing hands?

FIRST ASK QUESTION AND ALLOW RESPONDENT TO PROVIDE RESPONSES WITHOUT PROMPTING AND ENTER RESPONSES IN COLUMN 2. SECOND, REVIEW EACH OPTION AND DOCUMENT RESPONSE

Category	Response without prompt (yes/no)	Response with prompt (yes/no)
Before preparing food		
Before eating		
Before feeding a child		
After defecation or visiting a toilet		
After washing child's bottom or changing diapers		
After disposing of child feces		
Other (specify)		
Other (specify)		

2.2 Which of the following activities did you perform most recently today?

1. Prepared food
2. Fed a child
3. Defecation
4. Washed child's bottom or changed diapers
5. Disposed of child feces

IF RESPONSE WAS "1. PREPARED FOOD" OR "2. FED A CHILD", THEN ASK Q2.3a.

2.3a. Did you wash your hands before this activity?

1. Yes
2. No

IF RESPONSE WAS "3. Defecation", "4. Washed child's bottom or changed diapers, or "5. Disposed of child feces", THEN ASK Q2.3b.

2.3b. Did you wash your hands after this activity?

1. Yes
2. No

IF RESPONSE TO Q2.3a or Q2.3b IS "2. NO", THEN SKIP Q2.4.

2.4. Please describe how you washed your hands during this activity?

1. With water only?
2. With water and soap or detergent
3. With water and ash
4. Mud/sand
5. Other (specify)_____

2.5. Do you have a specific place where you usually wash your hands?

1. Yes
2. No

IF THE RESPONSE IS '2. NO', SKIP TO Q2.7.

2.6. Where do you usually wash your hands? (SHADE ALL THAT APPLY)

1. Inside or at a location near the toilet
2. Inside or near the kitchen or cooking place
3. Elsewhere in yard
4. Outside yard

2.7 How much do you usually spend per week on supplies (e.g. soap, detergent, ash) to wash your hands?

_____ ZMW

2.8. What do you think is the harm or danger of not treating water to drink or not storing drinking water safely? (SHADE ALL THAT APPLY; DO NOT PROMPT)

1. Diarrhea
2. Cholera
3. Typhoid
4. Acute respiratory infection
5. Water will be contaminated
6. Sickness (unspecified)
7. Other (specify)_____

2.9. What do you think is the harm or danger of not washing hands with soap after defecation or disposing of child feces? (SHADE ALL THAT APPLY; DO NOT PROMPT)

1. Diarrhea
2. Cholera
3. Typhoid
4. Acute respiratory infection
5. Will contaminate water or food
6. Sickness (unspecified)
7. Other (specify)_____

2.10. What do you think is the harm/danger of not using a clean latrine for defecation? (SHADE ALL THAT APPLY)

1. Diarrhea
2. Cholera
3. Typhoid
4. Acute respiratory infection
5. Will contaminate water or food
6. Sickness (unspecified)
7. Other (specify)_____

2.11. What do you think is the harm/danger of defecating in the open (ground)? (SHADE ALL THAT APPLY)

1. Diarrhea
2. Cholera
3. Typhoid

4. Acute respiratory infection
5. Will contaminate water or food
6. Sickness (unspecified)
7. Other (specify)_____

2.12. What do you think are important causes of diarrhea? (SHADE ALL THAT APPLY)

1. Dirty water
2. Dirty food
3. Uncleanliness/bad hygiene
4. Dirty environment
5. Flies
6. Other 1 (specify)_____
7. Other 2 (specify)_____

2.13. What do you think are important causes of acute respiratory infections? (SHADE ALL THAT APPLY)

1. Dirty water
2. Dirty food
3. Uncleanliness/bad hygiene
4. Dirty environment
5. Overcrowding
6. Cold
7. Indoor air pollution
8. Sick family members or friends
8. Other 1 (specify)_____
9. Other 2 (specify)_____

3.0 WATER SOURCES

3.1. What is the main source of drinking water for members of your household?

1. Piped water into dwelling
2. Piped water to yard/plot
3. Public well or standpipe
4. Borehole/tubewell¹
5. Protected dug well²
6. Protected spring³
7. Bottled water
8. Rainwater
9. Unprotected spring
10. Unprotected dug well
11. Cart with small tank/drum (water trucked into community and sold from water truck)
12. Tanker truck

¹ Water delivered through a pump powered by human, wind, electric, diesel or solar means

² Protected from runoff water by a well lining or casing raised above ground level and a platform that directs spilled water away from the well. It is covered so that bird/animal droppings cannot fall into the well

³ Protected from bird/animal droppings by "spring box" constructed of brick/concrete and built around the spring so that water flows directly out of the box into a pipe or cistern without being exposed to outside pollution.

13. Surface water (rivers, dams, lakes, ponds, streams, canals, irrigation channels)
14. Other (specify)_____

THE FOLLOWING QUESTION SHOULD BE ASKED OF THOSE WHOSE RESPONSE TO Q3.1 WAS “BOTTLED WATER”. IF ANOTHER RESPONSE WAS PROVIDED, PROCEED TO Q3.2.

3.1a. What is the main source of water used by your household for other purposes, such as cooking and hand washing?

THIS QUESTION SHOULD BE ASKED OF THOSE WHOSE RESPONSE TO Q3.1 WAS “BOTTLED WATER”.

1. Piped water into dwelling
2. Piped water to yard/plot
3. Public well or standpipe
4. Borehole/tubewell
5. Protected dug well
6. Protected spring
7. Rainwater
8. Unprotected spring
9. Unprotected dug well
10. Cart with small tank/drum (water trucked into community and sold from water truck)
11. Tanker-truck
12. Surface water (rivers, dams, lakes, ponds, streams, canals, irrigation channels)
13. Other (specify)_____

3.2. How long does it take to go to the source of drinking water and come back?

DO NOT ASK THIS QUESTION IF RESPONSE TO Q3.1 IS “PIPED WATER INTO DWELLING” OR “PIPED WATER TO YARD/PLOT”.

No of minutes__ __ __ (999 IF DO NOT KNOW)

3.3. Who is responsible for fetching the water for the household? CHECK ALL THAT APPLY.

THIS QUESTION IS FOR THOSE WHO RESPONDED TO Q 3.2 ABOVE.

1. Adult woman
2. Adult man
3. Female child (under 15 years)
4. Male child (under 15 years)
5. Do not know

3.4. How many times a day does the household fetch water each day?

__ __ (number of times)

3.5. Do you treat your water in any way to make it safer to drink?

1. Yes
2. No

IF RESPONSE TO Q3.5 IS “NO”, SKIP Q 3.6 TO 3.9, AND PROCEED TO SECTION 4.0.

3.6. What do you usually do to the water to make it safer to drink? CHECK ALL THAT APPLY.

1. Boil
2. Add bleach/chlorine
3. Use water filter (ceramic, sand, composite)
4. Solar disinfection
5. Strain it through a cloth
6. Let it stand to settle
7. Other (specify)_____

3.7 When was the last time you treated water to make it safe to drink?

1. Today
2. Within the last week
3. Within the last month
4. Within the last 2 months
5. Over 2 months ago

3.8 Which method did you use the last time you treated water to make it safe?

1. Boil
2. Add bleach/chlorine
3. Use water filter (ceramic, sand, composite)
4. Solar disinfection
5. Strain it through a cloth
6. Let it stand to settle
7. Other (specify)_____
88. Do not remember

3.9 How much do you spend per week to treat water to make it safer to drink?_____ (ZMW)

4.0 SANITATION

4.1. What kind of toilet facility do members of your household usually use?

1. Flush/pour flush to (piped sewer system, septic tank, pit latrine)
2. Ventilated improved pit latrine (VIP)
3. Pit latrine with the pit well covered by a slab
4. Composting toilet
5. Pit latrine without a slab to cover the pit well/open pit
6. Bucket
7. Hanging toilet/hanging latrine
8. No facilities; use bush or field
9. Other (specify)_____

IF THE RESPONSE TO Q4.1 IS “8. NO FACILITIES”, SKIP “Q4.2 TO Q4.9” AND PROCEED TO Q4.10

4.2. Do you share this facility with other households?

1. Yes
2. No

IF RESPONSE TO 4.2 IS “NO”, THEN SKIP Q4.3.

4.3. How many households use this toilet facility?

__ __ (No. households)

4.4. Can any member of the public use this toilet?

1. Yes
2. No

4.5. Who provided the funding/resources/materials for the construction of this toilet?
(SHADE ALL THAT APPLY)

1. Household
2. Family member
2. NGO not part of ZSHP/CLTS project, (Specify)_____
3. ZSHP/CLTS project
4. Government
5. Church/mission
6. Other, specify _____

4.6. When was this toilet constructed?

1. Within the last 6 months
2. Within 6 months to one year
3. Within the last one to two years
4. More than 2 years ago
99. Do not know

4.7. When was this toilet rehabilitated?

1. Within the last 6 months
2. Within 6 months to one year
3. Within the last one to two years
4. More than 2 years ago

88. Not applicable (Has not been rehabilitated)

4.8. How much did it cost to construct this toilet facility? _____ ZMW
(99999 IF DO NOT KNOW)

4.9. How much does it cost per month to maintain this toilet facility? _____ ZMW
(99999 IF DO NOT KNOW)

4.10. The last time the youngest child (0-3 years) in this household passed stools, what was done to dispose of the feces?

1. Child use toilet/latrine
2. Put/rinsed into toilet or latrine
3. Buried
4. Put/rinsed into drain or ditch
5. Thrown into garbage
6. Left in the open
7. Other (specify) _____
88. Not applicable (all children aged >3 years)
99. Do not know

4.11. How often does any member of this household (apart from children under five years old) defecate outside on the ground?

1. Daily
2. At least once a week
3. Occasionally
88. Never
99. Do not know

4.12. Where do you dispose of your household waste (garbage)? CHECK ALL THAT APPLY.

1. Throw in the backyard
2. Throw in open spaces
3. Deposit in the dumping space
4. Collected by agency free of charge
5. Collected by agency but we pay for it
6. Burning
7. Burying

5.0 SOURCES OF INFORMATION ON WATER, SANITATION, AND HYGIENE

5.1. Where do you normally receive information on water, sanitation and hygiene? (SHADE ALL THAT APPLY)

1. Posters and handbills
2. Health education by community health workers
3. Health education by community health assistants (CHAs)
4. Health education by ZSHP (CLTS) committee members and volunteers
5. Radio
6. Television
7. Newspapers
8. Drama groups
9. Other (specify) _____

5.2. When was the last time you received a message on hand-washing with soap?

1. Within the last week
2. Within 1 month
3. Within 2 months
4. Within 6 months
5. More than 6 months ago
88. Never
99. Cannot remember

5.3. What was the source of this message?

1. Posters and/or handbills
2. Health education by community health workers
3. Health education by community health assistants (CHAs)
4. Health education by ZSHP (CLTS) committee members and volunteers
5. Radio
6. Television
7. Newspapers
8. Drama groups
9. Other (specify) _____
99. Cannot remember

5.4. When was the last time you received a message on use of safe water?

1. Within the last week
2. Within 1 month
3. Within 2 months
4. Within 6 months
5. More than 6 months ago
88. Never
99. Cannot remember

5.6. What was the source of this message?

1. Posters and handbills
2. Health education by community health workers
3. Health education by community health assistants (CHAs)
4. Health education by ZSHP (CLTS) committee members and volunteers
5. Radio

6. Television
7. Newspapers
8. Drama groups
9. Other (specify) _____
99. Cannot remember

5.7. When was the last time you received a message on sanitary latrine use and feces disposal?

1. Within the last week
2. Within 1 month
3. Within 2 months
4. Within 6 months
5. More than 6 months ago
88. Never
99. Cannot remember

5.8. What was the source of this message? (SHADE ALL THAT APPLY)

1. Posters and handbills
2. Health education by community health workers
3. Health education by community health assistants (CHAs)
4. Health education by ZSHP (CLTS) committee members and volunteers
5. Radio
6. Television
7. Newspapers
8. Drama groups
9. Other (specify) _____
99. Cannot remember

5.9. When was the ZSHP CTLS project initiated in your village?

1. Not yet
2. within the last 3 months
3. Within the last 4-6 months
4. Within 6 -12 months
5. More than 12 months ago
99. Do not know

5.10. Has any member/volunteer of this project visited your home to talk about/discuss sanitation and hygiene issues (i.e. sanitary feces disposal, safe water use and hand washing practices)?

1. Yes
2. No

5.11. When was the last time he/she visited?

1. Within the last week
2. Within 1 month
3. Within 2 months
4. Within 6 months
5. More than 6 months ago
88. Not applicable (No visit)
99. Cannot remember

5.12 Have you participated in a group event organized by the CLTS where you discussed about water, sanitation and hygiene?

1. Yes
2. No

5.13. When was the last time you participated in such an event?

1. Within the last week
2. Within 1 month
3. Within 2 months
4. Within 6 months
5. More than 6 months ago
88. Not applicable (No participation)
99. Cannot remember

6.0 DIARRHEA AND ARI PREVALENCE AND TREATMENT

6.1. Characteristics of children under the age of 5 years, diarrhea and ARI prevalence, their immunization status and anthropometry.

	Child 1	Child 2	Child 3
Age (years)			
Sex (M/F)			
Breastfeeding (Y/N)			
Diarrhea in the last two weeks*			
How many days did the diarrhea last			
Cough in the last two weeks (Y/N)**			
Runny nose in the last two weeks (Y/N)**			
Difficult or fast breathing in the last two weeks (Y/N)**			
Vitamin A supplementation in last 12 months (Y/N)			
Immunizations (review under 5 card)			
BCG			
OPV 0			
OPV 1			
OPV 2			
OPV 3			
DPT-hepB-Hib 1			
DPT-hepB-Hib 2			
DPT-hepB-Hib 3			

Measles			
Rotavirus			
Weight of child			
Height/length of child			
Mid upper arm circumference of child			

*Diarrhea defined as ≥ 3 loose or watery bowel movements per 24 hours

**ARI defined as cough plus runny nose or cough with fast or difficulty breathing

6.2. Diarrhea treatment in children under the age of 5 years who have had an episode of diarrhea during the past two weeks.

	Child 1	Child 2	Child 3
Was child given any of these?			
Fluids from ORS sachet			
ORS fluid			
Homemade fluid			
Was child taken to health facility during the diarrhea?			
How was child breastfed/fed during the diarrhea	a) Less b) Same c) more	a) less b) same c) more	a) less b) same c) more
Was child given any of these during the diarrhea?			
Zinc			
Amoxicillin pill/syrup			
Cotrimoxazole (septrin)			
Antimotility pill/syrup			
Unknown pill/syrup			
Injection			
IV Fluids			
Home remedies/herbal			
Other (specify)			
Cost of treatment			

6.3. ARI treatment in children under the age of 5 years who have had an episode of ARI during the past two weeks

	Child 1	Child 2	Child 3
Was child taken to health facility during the ARI?			
Was child given any of these during the ARI?			
Amoxicillin pill/syrup			
Cotrimoxazole (septrin)			

Cough mixture (syrup)			
Panadol/aspirin			
Other antibiotic			
Home remedies/herbal			
Other (specify)			
Cost of treatment			

6.4. Household roster of children 5 to 12 years of age and diarrhea and ARI prevalence

	Child 1	Child 2	Child 3
Age (years)			
Sex (M/F)			
Diarrhea in the last two weeks*			
How many days did the diarrhea last?			
Cough in the last two weeks**			
Runny nose in the last two weeks**			
Fast or difficult breathing in the last two weeks*			

*Diarrhea defined as ≥ 3 loose or watery bowel movements per 24 hours

**ARI defined as cough plus runny nose or cough with fast or difficulty breathing

6.5. Diarrhea treatment in children 5-12 years of age who have had an episode of diarrhea during the past two weeks

	Child 1	Child 2	Child 3
Was child given any of these?			
Fluids from ORS sachet			
ORS fluid			
Homemade fluid			
Was child taken to health facility during the diarrhea?			
How was child fed during the diarrhea	d) Less e) Same f) more	d) less e) same f) more	d) less e) same f) more
Was child given any of these during the diarrhea?			
Zinc			
Amoxicillin pill/syrup			
Cotrimoxazole (septrin)			

Antimotility pill/syrup			
Unknown pill/syrup			
Injection			
IV Fluids			
Home remedies/herbal			
Other (specify)			
Cost of treatment			

6.6. ARI treatment in children 5 – 12 years of age who have had an episode of ARI during the past two weeks

	Child 1	Child 2	Child 3
Was child taken to health facility during the ARI?			
Was child given any of these during the ARI?			
Amoxicillin pill/syrup			
Cotrimoxazole (septrin)			
Cough mixture (syrup)			
Panadol/aspirin			
Other antibiotic			
Home remedies/herbal			
Other (specify)			
Cost of treatment			

7.0 OBSERVATION OF WATER STORAGE

7.1 How is water stored for drinking?

1. Bottles
2. Jerry cans
3. Earthen pots
4. Buckets
5. Jugs
6. Other (specify)_____

7.2 Is the container covered?

1. Completely covered
2. Partially covered
3. Uncovered

7.3 Does it have a narrow or wide mouth?

1. Narrow
2. Wide

7.4 Does it have a spigot?

1. Yes
2. No

7.5. Is it within the reach of children?

1. Yes
2. No

7.6. Is it within the reach of animals?

1. Yes
2. No

8.0 OBSERVATION OF TOILET FACILITY

8.1 Type of toilet facility?

1. Flush/pour flush to (piped sewer system, septic tank, pit latrine)
2. Ventilated improved pit latrine (VIP)
3. Pit latrine with the pit well covered by a slab
4. Composting toilet
5. Pit latrine without a slab to cover the pit well/open pit
6. Bucket
7. Hanging toilet/hanging latrine
8. No facilities; use bush or field
9. Other (specify)_____

8.2. Is there evidence of recent use of the pathway to the latrine?

1. Yes
2. No
99. Not sure

8.3 Is there evidence of recent use of the latrine?

1. Yes
2. No

99. Not sure

8.4 Is the toilet area clean?

1. Yes
2. No

8.5 Is stool visible on the slab or floor?

1. Yes
2. No

8.6. Is there any fecal smell in the toilet area?

1. Yes
2. No

8.7. Are there flies or insects in the toilet area?

1. Yes, many flies or insects
2. Yes, a few flies or insects
2. No

8.8. Is water and soap for washing hands in or close by?

1. Yes
2. No

9.0 OBSERVATION OF HAND WASHING AREAS

Location 1: _____

9.1 Is water available?

1. Yes
2. No

9.2 What type of water?

1. Running water (pipe stand, sink, etc)
2. Water in a bucket with tap
3. Water in a bowl/bucket with mug
4. Water in a bowl/bucket without mug

9.3. Is washing agent available?

1. Yes
2. No

9.4 What type of washing agent?

1. Soap
2. Detergent
3. Ash/mud
4. Other (specify other _____)
88. Not applicable

9.5 Are there any traces of recent use such as water in the sink or partially used soap?

1. Yes
2. No

Location 2: _____

9.6 Is water available?

1. Yes
2. No

9.7 What type of water?

1. Running water (pipe stand, sink, etc)
2. Water in a bucket with tap
3. Water in a bowl/bucket with mug
4. Water in a bowl/bucket without mug

9.8. Is washing agent available?

1. Yes
2. No

9.9 What type of washing agent?

1. Soap
2. Detergent
3. Ash / mud
4. Other (specify other _____)
9. Not applicable

9.10 Are there traces of recent use (as above)?

1. Yes
2. No