

**DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD SCHEDULE**

CONFIDENTIAL

JORDAN
DEPARTMENT OF STATISTICS

IDENTIFICATION																																																									
1. GOVERNORATE.....	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																								
2. DISTRICT.....																																																									
3. LOCALITY.....																																																									
4. STRATUM NUMBER.....																																																									
5. ULTIMATE AREA BLOCK.....																																																									
6. CLUSTER NUMBER.....																																																									
7. HOUSEHOLD NUMBER.....																																																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEWER'S NAME				DAY MONTH YEAR INT. CODE RESULT
DATE				
RESULT***				
SUPERVISOR				TOTAL NUMBER OF VISITS
***RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD TOTAL ELIGIBLE WOMEN

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY
--------------	--------------------------	---------------------------	-------------------	--------------

TICK HERE IF CONTINUATION SHEET USED

HOUSEHOLD SCHEDULE

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP BETWEEN HH MEMBERS	RESIDENCE		SEX	AGE	ORPHANHOOD	
			Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female ?	How old is he/she? (in completed years)	Is his/her father still alive?	Is his/her mother still alive?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO DK
01			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
02			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
03			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
04			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
05			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
06			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
07			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
08			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
09			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
10			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
11			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
12			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
13			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
14			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES → ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES → ENTER EACH IN TABLE NO

NO.	EDUCATION FOR PERSONS 5 YEARS +				MARITAL STATUS	WIDOWHOOD	POLYGAMY	ECONOMIC ACTIVITY	INSURANCE COVERAGE	ELIGIBILITY	
	Has (NAME) ever been to school?	Is (NAME) still in school?		What is the highest level of school he/she attended? What is the highest grade he/she completed at that level?		FOR PERSONS 13 YEARS + What is his/her marital status? Single.....1 Married.....2 Divorced.....3 Widowed.....4	FOR PERSONS EVER-MARRIED Is his/her first spouse alive?	FOR ALL MARRIED MEN How many wives does (NAME) have?	FOR PERSONS 13 YEARS AND OVER What did he/she do during the previous week?	RECORD SUM OF CODE(S) None.....0 MOH.....1 RMS.....2 Private...4 UNRWA....8	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
(1)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)

	YES	NO	NO	GRADE	LEVEL	GRADE	LEVEL		YES	NO	DK					
	1	2	3						1	2	8					
01																01
02																02
03																03
04																04
05																05
06																06
07																07
08																08
09																09
10																10
11																11
12																12
13																13
14																14

NUMBER OF BIRTHS IN THE HOUSEHOLD DURING THE PAST 12 MONTHS <input type="text"/> 21	FAMILY TYPE (Coded in DOS) <input type="text"/> 22	During the last 12 months, have any of the usual members of this household died? IF NO→29					If the deceased was an ever-married woman aged 15-49, what is the cause of death? 28	
		NO.	SEX	AGE AT DEATH	MARITAL STATUS PERSONS 13+	DATE OF DEATH		
		23	24	25	26	27		
			M F			MONTH YEAR		
		1. 1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		2. 1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		3. 1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		4. 1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPECIAL INFORMATION: PERSONS 13+

NO.	UNEMPLOYED PERSONS		EMPLOYED PERSONS	COUNTRY OF WORK	
	Did you turn down a job offered to you when you were unemployed?	Why did you refuse? Low salary..1 Far away....2 Work unsuitable..4 Other.....8	How are you paid? Monthly salary..1 Daily.....2 Self employed...4 Other.....8	Was (NAME) employed outside Jordan until this summer? If "yes", where? (NAME OF COUNTRY)	
(29)	(30)	(31)	(32)	(33)	
	YES NO			YES NO	
01	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
02	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
03	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
04	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
05	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
06	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
07	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
08	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
09	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
10	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
11	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
12	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
13	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
14	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>

