

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD SCHEDULE

IDENTIFICATION																						
PLACE NAME _____ NAME OF RESPONDENT _____ LANGUAGE OF QUESTIONNAIRE _____				<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
P.S.U. NUMBER.....																						
HOUSEHOLD NUMBER.....																						
REGION (Northwest=1, Northeast=2, Central=3, South=4).....																						
URBAN/RURAL (urban=1, rural=2).....																						
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
RESULT***	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
	_____	_____	_____	NAME <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
	_____	_____	_____	RESULT <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
NEXT VISIT: DATE	_____	_____	<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																			TOTAL NUMBER OF VISITS
TIME	_____	_____	_____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
***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 <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY																		
DATE	_____	_____	_____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>																		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE				ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	IF AGED 6 OR OLDER		IF AGED LESS THAN 15 YEARS			
									Has (NAME) ever been to school?	What is the highest level of school (NAME) attended?	IF AGED LESS THAN 25 YEARS	Is (NAME) still in school?	Is (NAME)'s natural mother alive?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK		
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK		
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

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

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD
- 02= WIFE OR HUSBAND
- 03= SON OR DAUGHTER
- 04= SON OR DAUGHTER-IN-LAW
- 05= GRANDCHILD
- 06= PARENT
- 07= PARENT-IN-LAW
- 08= BROTHER OR SISTER

** CODES FOR Q.9

LEVEL OF EDUCATION:

- 1= PRIMARY
- 2= SECONDARY
- 3= HIGHER
- 8= DK

GRADE:

- 00=LESS THAN 1 YEAR COMPLETED
- 98=DK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
16	What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	18 18															
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
18	Does your household get drinking water from this same source?	YES.....1 NO.....2	20															
19	What is the source of drinking water for members of your household?	PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)																
20	What kind of toilet facility does your household have?	FLUSH TOILET.....11 TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 BUCKET.....23 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																
21	Does your household have: Electricity? A radio? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
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RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
23	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND.....11 DUNG.....12 WOOD PLANKS.....21 PALMS/BAMBOO.....22 PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....41 (SPECIFY)																
24	Does any member of your household own: A donkey cart or horse? A bicycle? A motorcycle? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DONKEY CART OR HORSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DONKEY CART OR HORSE.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	
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