

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX		AGE	EDUCATION			MARITAL STATUS				ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?		Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Has (NAME) ever been married?	IF AGE 10 YEARS OR OLDER			
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO	GRADE	YES NO	YES NO		YES NO	YES NO	(13)	
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	1 2	1 2	07	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2	1 2	14

TICK HERE IF CONTINUATION SHEET USED

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) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

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-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 = NEPHEW OR NIECE

10 = CO-WIFE

11 = OTHER RELATIVE

12 = ADOPTED/FOSTER/STEP CHILD

13 = NOT RELATED

98 = DON'T KNOW

** CODES FOR Q.9

GRADE FOR EDUCATION

00 = LESS THAN 1 YR

01 = GRADE 1

02 = GRADE 2

03 = GRADE 3

04 = GRADE 4

05 = GRADE 5

06 = GRADE 6

07 = GRADE 7

08 = GRADE 8

09 = GRADE 9

10 = COMPLETED SLC

11 = INTERMEDIATE FIRST YEAR

12 = INTERMEDIATE COMPLETE

13 = BACHELORS'S NOT COMPLETE

14 = BACHELOR'S/HIGHER

95 = NON-FORMAL EDUCATION

98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR MUD/DUNG 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR POLISHED WOOD 31 CEMENT 32 LINOLEUM 33 MARBLE CHIPS 34 CARPET 35 OTHER _____ 96 (SPECIFY)</p>	
22	<p>What type of salt is usually used for cooking in your household?</p> <p>(ASK TO SEE SALT PACKAGE).</p>	<p>PACKAGED IODIZED 11 NOT IODIZED 12 NOT PACKAGED CRYSTAL SALT 21 LOOSE SALT 22 OTHER _____ 96 (SPECIFY)</p>	
23	<p>TEST THE SALT AND WRITE THE RESULT.</p>	<p>IODINE READING (PPM) .. <input type="text"/> <input type="text"/> <input type="text"/></p>	

