



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  Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	RESIDENCE		SEX		AGE	EDUCATION		MARRIAGE	ELIGIBILITY  CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15 - 49.
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	Is (NAME) male or female? (5)	How old is he/she in completed years? (6)	What is the highest level and grade of school (NAME) completed? (7)	Has (NAME) ever been married? (8)			
(1)	(2)	YES NO	YES NO	M F	IN YEARS	LEVEL GRADE	YES NO	(9)		
01	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	01		
02	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	02		
03	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	03		
04	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	04		
05	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	05		
06	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	06		
07	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	07		
08	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	08		
09	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	09		
10	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	10		
11	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	11		
12	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	12		
13	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	13		
14	_____	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	14		

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

NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE		SEX		AGE	EDUCATION		MARRIAGE		ELIGIBILITY			
		ALL AGE 10 AND ABOVE												
(1)	(2) Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	Does (NAME) usually live here? (3)		Did (NAME) sleep here last night? (4)		Is (NAME) male or female? (5)		How old is he/she in completed years? (6)		What is the highest level and grade of school (NAME) completed? (7)		Has (NAME) ever been married? (8)		CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15 - 49. (9)
		YES	NO	YES	NO	M	F	IN YEARS		LEVEL	GRADE	YES	NO	
15	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	15
16	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	16
17	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	17
18	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	18
19	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	19
20	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	20
21	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	21
22	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	22
23	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	23
24	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	24
25	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	25
26	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	26
27	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	27
28	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	28
29	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	29
30	_____	1	2	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	30

NOTE: IN ARABIC QUESTIONNAIRE THE SPACE IS PROVIDED TO RECORD UPTO 39 HOUSEHOLD MEMBERS