

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. LINE NO. (1)	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. (2)	RELATIONSHIP 1 Head 2 Spouse 3 Son/daugh. 4 Broth/sis. 5 Grandchild 6 Parent 7 Other rel. 8 Unrelated (3)	RESIDENCE		SEX		AGE	FOSTERING		ELIGIBILITY CIRCLE LINE NUMBER OF WOMEN AND HUSBANDS ELIGIBLE FOR INDIVIDUAL INTERVIEW (9)
			Does (NAME) usually live here? (4)	Did (NAME) sleep here last night? (5)	Is (NAME) male or female? (6)	How old is he/she? (7)	ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household?*			
			YES NO	YES NO	M F	IN YEARS	YES NO			
01	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	01	
02	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	02	
03	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	03	
04	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	04	
05	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	05	
06	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	06	
07	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	07	
08	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	08	
09	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	09	
10	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	10	
11	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	11	
12	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	12	
13	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	13	
14	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	14	
15	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	1 2	15	

NO. LINE 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.	RELATIONSHIP 1 Head 2 Spouse 3 Son/daugh. 4 Broth/sis. 5 Grandchild 6 Parent 7 Other rel. 8 Unrelated	RESIDENCE		SEX Is (NAME) male or female?	AGE How old is he/she?	FOSTERING		ELIGIBILITY CIRCLE LINE NUMBER OF WOMEN AND HUSBANDS ELIGIBLE FOR INDIVIDUAL INTERVIEW
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household?*		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
			YES NO	YES NO	M F	IN YEARS	YES NO		
16	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	16	
17	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	17	
18	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	18	
19	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	19	
20	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	20	
21	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	21	
22	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	22	
23	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	23	
24	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	24	
25	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	25	

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

TOTAL NUMBER OF ELIGIBLE HUSBANDS

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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