

HOUSEHOLD SCHEDULE

INSTITUTE OF OBSTETRICS AND PEDIATRICS MINISTRY OF HEALTH

| IDENTIFICATION | |
|---|--|
| CITY/TOWN/VILLAGE NAME | |
| NAME OF HOUSEHOLD HEAD | |
| REGION | |
| OBLAST | |
| RAION | |
| CLUSTER NUMBER | |
| URBAN/RURAL (urban = 1; rural = 2) | |
| LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (large city = 1, small city = 2, town = 3, countryside = 4) | |
| HOUSEHOLD NUMBER | |
| THE HOUSEHOLD IS: IN APARTMENTS BLOCK BUILDING (1) OR IN ALONE STANDING DWELLING UNIT (2) | |

| INTERVIEWER VISIT | | | | |
|---|---|---|---|--|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| INTERVIEWER'S NAME | | | | |
| RESULT* | | | | |
| NEXT VISIT: DATE | | | | TOTAL NO. VISITS <input type="text"/> |
| TIME | | | | |
| * RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 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 <input type="text"/> <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <input type="text"/> <input type="text"/> |

| | | | |
|---------------------------------|---------------------------------|----------------------|----------------------|
| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY |
| NAME _____ <input type="text"/> | NAME _____ <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DATE _____ | DATE _____ | | |

INFORMATION ABOUT HOUSEHOLD MEMBERS AND VISITORS

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 Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. | RELATIONSHIP TO HEAD OF HOUSEHOLD* | RESIDENCE | | SEX Is (NAME) male or female? | AGE How old is (NAME)? | NATIONALITY** What is (NAME's) nationality? | EDUCATION | | | PENSION Is (NAME) pensioner? | PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**** | | | | ELIGIBILITY CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW | |
|----------|---|---|--------------------------------|----------------------------------|--------------------------------------|---|--|---------------------------------|---|---------------------------|-------------------------------------|--|---|---|---|--|---|
| | | | Does (NAME) usually live here? | Did (NAME) stay here last night? | | | | Has (NAME) ever been to school? | IF AGE 7 YEARS OR OLDER | | | IF AGE 50 YEARS OR OLDER | Is (NAME's) natural mother alive? | IF ALIVE Does (NAME's) natural mother live in this household? IF YES: What is her name? | Is (NAME's) natural father alive? | | IF ALIVE Does (NAME's) natural father live in this household? IF YES: What is his name? |
| | | | | | | | | | What is the highest level of school (NAME) attended? | IF AGE LESS THAN 35 YEARS | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | |
| 01 | | <input type="checkbox"/> <input type="checkbox"/> | YES NO 1 2 | YES NO 1 2 | M F 1 2 | IN YEARS <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | YES NO 1 2 | LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | YES NO 1 2 | YES NO DK 1 2 8 | YES NO DK 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | YES NO DK 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 01 | |
| 02 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 8 | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 02 | |
| 03 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 8 | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 03 | |
| 04 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 8 | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 04 | |
| 05 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 1 2 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 | 1 2 8 | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 1 2 8 | <input type="checkbox"/> <input type="checkbox"/> | 05 | |

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
|-----|-----|-----|--------|--------|-----|----------|-----|--------|-------------|--------|-----------|-----------|------|-----------|------|------|
| | | | YES NO | YES NO | M F | IN YEARS | | YES NO | LEVEL GRADE | YES NO | YES NO DK | YES NO DK | | YES NO DK | | |
| 06 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 06 |
| 07 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 07 |
| 08 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 08 |
| 09 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 09 |
| 10 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 10 |
| 11 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 11 |
| 12 | | | 1 2 | 1 2 | 1 2 | | | 1 2 | | 1 2 | 1 2 8 | 1 2 8 | | 1 2 8 | | 12 |

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 (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 | 09 . CO-WIFE |
| 02 . WIFE OR HUSBAND | 10 . OTHER RELATIVE |
| 03 . SON OR DAUGHTER | 11 . ADOPTED/FOSTER/STEP CHILD |
| 04 . SON-IN-LAW OR | 12 . NOT RELATED |
| DAUGHTER-IN-LAW | 98 . DK |
| 05 . GRANDCHILD | |
| 06 . PARENT | |
| 07 . PARENT-IN-LAW | |
| 08 . BROTHER OR SISTER | |

** CODES FOR Q.8
NATIONALITY

| | |
|----|--------------|
| 01 | KYRGYZ |
| 02 | RUSSIAN |
| 03 | UZBEK |
| 04 | UKRAINIAN |
| 05 | TATAR |
| 06 | KAZAK |
| 07 | TADZHIK |
| 08 | GERMAN |
| 09 | AZERBAIDZHAN |
| 10 | BYELORUSSIAN |
| 11 | ARMENIAN |
| 12 | OTHER |

*** CODES FOR Q.10
LEVEL OF EDUCATION:

| | |
|-------|----------------------------|
| 1 | PRIMARY AND SECONDARY |
| 2 | SECONDARY SPECIAL |
| 3 | HIGHER |
| 8 | DK |
| GRADE | |
| 00 | LESS THAN 1 YEAR COMPLETED |
| 98 | DK |

**** THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

RECORD 00 IF PARENT NOT MEMBER OF HOUSEHOLD.

| No | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--------------------------------------|-----|----|----------------|---|---|---------------|---|---|---------------|---|---|--------------|---|---|-----------------|---|---|--|
| 18 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT... 11 PUBLIC TAP... 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT... 21 PUBLIC WELL... 22 SURFACE WATER SPRING WATER... 31 RIVER/STREAM... 32 POND/LAKE... 33 DAM... 34 RAINWATER... 41 TANKER TRUCK... 51 BOTTLED WATER... 61 OTHER _____ 96 (SPECIFY) | → 20 → 20 → 20 → 20 → 20 | | | | | | | | | | | | | | | | | | |
| 19 | 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 | | | | | | | | | | | | | | | | | | | |
| 20 | What kind of toilet facility does your household have? | FLUSH TOILET OWN FLUSH TOILET... 11 SHARED FLUSH TOILET... 12 PIT TOILET/LATRINE TRADITIONAL TYPE... 21 IMPROVED - VENTILATED... 22 NO FACILITY (BUSH/FIELD)... 31 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 21 | Does your household have: Electricity? A radio? A television? A telephone? A refrigerator | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <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>TELEPHONE...</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR...</td> <td>1</td> <td>2</td> </tr> </table> | | YES | NO | ELECTRICITY... | 1 | 2 | RADIO... | 1 | 2 | TELEVISION... | 1 | 2 | TELEPHONE... | 1 | 2 | REFRIGERATOR... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| RADIO... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEVISION... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEPHONE... | 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 | NATURAL FLOOR EARTH/SAND... 11 TEZEK... 12 RUDIMENTARY FLOOR WOOD PLANKS... 21 STRAW/SAWDUST... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD... 31 LINOLEUM OR ASPHALT... 32 CERAMIC TILES... 33 CEMENT... 34 CARPET... 35 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 24 | Does any member of your household own A bicycle? A motorcycle? A car? | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</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> </table> | | YES | NO | BICYCLE... | 1 | 2 | MOTORCYCLE... | 1 | 2 | CAR... | 1 | 2 | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| BICYCLE... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| CAR... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 25 | What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE). | LOCAL SALT... 01 PACKAGED SALT (IODIZED)... 02 PACKAGED SALT (NOT IODIZED)... 03 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 26 | Does anybody in your household own dacha, or have access to a garden from which you obtain fruits and vegetables during the growing seasons? | YES... 1 NO... 2 OTHER _____ 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 27 | Does anybody in your household have animal husbandry? | YES... 1 NO... 2 OTHER _____ 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | |