

DEPARTMENT OF CENSUS AND STATISTICS OF SRI LANKA
DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION	
ZONE _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____	
SECTOR: URB/RURAL/ESTATE _____	
WARD/GS DIV/ESTATE _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
SURVEY BLOCK NUMBER _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
HOUSING UNIT NUMBER _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER _____	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">MONTH <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></div> <div style="text-align: center;">YEAR <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></div> </div>
INTERVIEWER'S NAME..				<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
RESULT (*)				<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
TIME	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 HH PRESENT BUT NO COMPETENT RESPONDENT AT HOME</p> <p>3 HH ABSENT NIGHT BEFORE INTERVIEW</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT/ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER</p>				

NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

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

NAMES Please give me the names of the persons who usually live in your household or who are staying with you now. (RECORD NAME OF HEAD OF HOUSEHOLD FIRST) (1)	RESIDENCE		SEX		AGE	MAR STAT	ELIGIBILITY				
	Does (NAME) usually live here? (2)	Did (NAME) sleep here last night? (3)	Is (NAME) male or female? (4)		How old is he/she? (5)	FORMERLY MAR.=1 CURRENTLY MAR.=2 NEVER MAR.=3 (6)	*CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (7)				
LINE NO.	YES	NO	YES	NO	M	F	IN YEARS	F	C	N	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF
ELIGIBLE WOMEN
ON THIS SHEET ☐

*WOMAN IS ELIGIBLE IF COL. (3)=1, (4)=2, (5)=15-49, (6)=1 OR 2.

Just to make sure that I have this right:

- 1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → CORRECT AND ENTER NAMES IN TABLE NO ☐
- 2) In addition, are there any other people who usually live here but are not members of your family, such as domestic servants, lodgers or friends whom we have not listed? YES ☐ → CORRECT AND ENTER NAMES IN TABLE NO ☐
- 3) Are there any guests or visitors who are temporarily staying with the family and who spent last night here that are not listed? YES ☐ → CORRECT AND ENTER NAMES IN TABLE NO ☐

CONTINUATION SHEET FOR HOUSEHOLD SCHEDULE

NAMES Please give me the names of the persons who usually live in your household or who are staying with you now. (RECORD NAME OF HEAD OF HOUSEHOLD FIRST) (1)	RESIDENCE				SEX		AGE	MAR STAT			ELIGIBILITY
	Does (NAME) usually live here? (2)		Did (NAME) sleep here last night? (3)		Is (NAME) male or female? (4)		How old is he/she? (5)	FORMERLY MAR.=1 CURRENTLY MAR.=2 NEVER MAR.=3 (6)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (7)		
LINE NO.	YES	NO	YES	NO	M	F	IN YEARS	F	C	N	
13	1	2	1	2	1	2		1	2	3	13
14	1	2	1	2	1	2		1	2	3	14
15	1	2	1	2	1	2		1	2	3	15
16	1	2	1	2	1	2		1	2	3	16
17	1	2	1	2	1	2		1	2	3	17
18	1	2	1	2	1	2		1	2	3	18
19	1	2	1	2	1	2		1	2	3	19
20	1	2	1	2	1	2		1	2	3	20
21	1	2	1	2	1	2		1	2	3	21
22	1	2	1	2	1	2		1	2	3	22
23	1	2	1	2	1	2		1	2	3	23
24	1	2	1	2	1	2		1	2	3	24
TOTAL NUMBER OF ELIGIBLE WOMEN ON THIS SHEET											
TOTAL NUMBER OF ELIGIBLE WOMEN ON BOTH SHEETS											