

FORM MDHS-H/92

IDENTIFICATION		
REGION/DISTRICT		
TA/STA/TOWN		
ENUMERATION AREA		
VILLAGE OR PLACE		
MDHS CLUSTER NUMBER.....		
HOUSEHOLD NUMBER		
URBAN/RURAL (urban=1, rural=2).....		
NUMBER OF DWELLING UNITS USED BY HOUSEHOLD.....		

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
RESULT***				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE TIME				NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
***RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME AT TIME OF VISIT 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 NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				TOTAL NO. -ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				-ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				LINE NO. OF HH RESP. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

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 AND LITERACY				PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Has (NAME) ever been to school?	IF ATTENDED SCHOOL		ASK ONLY IF LESS THAN SECOND. SCHOOL	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (13)	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (15)	
								What is the highest level of school (NAME) attended? How many years did (NAME) complete at that level?***	IF AGED LESS THAN 25 YEARS						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
01			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO	YES NO DK		YES NO DK		01
02			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		05
06			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		06
07			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		07
08			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		08
09			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		09
10			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO	YES NO DK		YES NO DK		
11			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		12
13			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		13
14			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		14
15			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		15
16			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		16
17			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		17
18			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		18
19			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		19
20			1 2	1 2	1 2		1 2		1 2	1 2	1 2 8		1 2 8		20

TICK HERE IF CONTINUATION SHEET USED ☐TOTAL NUMBER OF ELIGIBLE WOMEN (15-49 years) TOTAL NUMBER OF ELIGIBLE MEN (20-54 years)

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 TABLENO ☐

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, but that were not already listed?

YES ☐ ENTER EACH IN TABLENO ☐

3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night that we have not already listed?

YES ☐ ENTER EACH IN TABLENO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= WIFE OR HUSBAND

03= SON OR DAUGHTER

04= SON OR DAUGHTER-IN-LAW

05= GRANDCHILD

06= PARENT

07= PARENT-IN-LAW

08= BROTHER OR SISTER

09= OTHER RELATIVE

10= ADOPTED/FOSTER CHILD

11= NOT RELATED

98= DO NOT KNOW

** CODES FOR Q.9

LEVEL OF EDUCATION:

1= PRIMARY

2= SECONDARY

3= HIGHER

8= DO NOT KNOW

YEARS:

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.

H 3

BIRTHS AND DEATHS IN LAST 12 MONTHS

Now we would like some information about all of the births and deaths that occurred in this household to usual residents during the last 12 months. First, let's talk about all of the births.

	NAME OF CHILD	SEX	DATE OF BIRTH		SURVIVAL	
			MONTH	YEAR	CHILD	MOTHER
	Please give me the names of all the children born in in this household over the past 12 months, that is, since (MONTH OF INTERVIEW) 1991. PROBE: Have you included all births, even if the child lived only a few moments, days, or weeks?	Was (NAME) born a boy or a girl?	In what month was (NAME) born? PROBE: In what season?	In what year was (NAME) born? PROBE: this year? or last year?	Is (NAME) still alive?	Is the mother of (NAME) still alive?
	(17)	(18)	(19)	(20)	(21)	(22)

		M	F	MONTH	YEAR	YES	NO	YES	NO
1		1	2	<input type="text"/>	<input type="text"/>	1	2	1	2
2		1	2	<input type="text"/>	<input type="text"/>	1	2	1	2
3		1	2	<input type="text"/>	<input type="text"/>	1	2	1	2
4		1	2	<input type="text"/>	<input type="text"/>	1	2	1	2
5		1	2	<input type="text"/>	<input type="text"/>	1	2	1	2

TOTAL BIRTHS IN HOUSEHOLD	
---------------------------	--

Now we would like some information about all of the deaths that occurred in this household to usual residents during the last 12 months.

	NAME OF PERSON	SEX	AGE AT DEATH	DATE OF DEATH		PLACE OF DEATH
				MONTH	YEAR	
	Please give me the names of all the persons who were usual residents of this household and died during the last 12 months, that is, since (MONTH OF INTERVIEW) 1991. CHECK CONSISTENCY WITH Q. 21	Was (NAME) born a male or female?	How old was (NAME) when he/she died? RECORD IN COMPLETED YEARS	In what month did (NAME) die? PROBE: During what season?	In what year did (NAME) die? PROBE: this year? or last year?	Where did (NAME) die? HOUSEHOLD = 1 HOSPITAL/CLINIC = 2 ON WAY TO HOSPITAL/CLINIC = 3 OUTSIDE HOUSEHOLD = 4 (28)
	(23)	(24)	(25)	(26)	(27)	

		M	F	YEARS	MONTH	YEAR	
1		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL DEATHS IN HOUSEHOLD	
---------------------------	--

HOUSEHOLD AMENITIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
29	What is the main source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 → 31 PIPED INTO YARD/PLOT12 → 31 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 → 31 OTHER71 (SPECIFY)																
30	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 DK.....998																
31	Does your household get drinking water from this same source?	YES.....1 → 33 NO.....2																
32	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY)																
33	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT LATRINE TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY31 OTHER41 (SPECIFY)																
34	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td></td> <td></td> </tr> <tr> <td>A radio?</td> <td></td> <td></td> </tr> <tr> <td>A paraffin lamp?</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	Electricity?			A radio?			A paraffin lamp?						
	YES	NO																
Electricity?																		
A radio?																		
A paraffin lamp?																		
35	How many rooms in all of the dwelling units of this household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
36	Does any member of your household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A bicycle?</td> <td></td> <td></td> </tr> <tr> <td>A motorcycle?</td> <td></td> <td></td> </tr> <tr> <td>A car?</td> <td></td> <td></td> </tr> <tr> <td>An oxcart?</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	A bicycle?			A motorcycle?			A car?			An oxcart?			
	YES	NO																
A bicycle?																		
A motorcycle?																		
A car?																		
An oxcart?																		

37A	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p> <p>NOTE: IF THE HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN FLOOR MATERIALS, RECORD YOUR OBSERVATION ON THE FLOOR OF THE DWELLING OF THE HEAD OF HOUSEHOLD.</p>	<p>MUD/EARTH FLOOR11</p> <p>FINISHED FLOOR</p> <p>CEMENT31</p> <p>BRICKS32</p> <p>WOOD33</p> <p>TILES34</p> <p>OTHER _____ 41</p> <p>(SPECIFY)</p>
37B	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p> <p>NOTE: IF THE HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN ROOF MATERIALS, RECORD YOUR OBSERVATION ON THE ROOF OF THE DWELLING OF THE HEAD OF HOUSEHOLD.</p>	<p>GRASS THATCH.....1</p> <p>IRON SHEETS.....2</p> <p>IRON AND TILES.....3</p> <p>ASBESTOS4</p> <p>CEMENT.....5</p> <p>WOOD...6</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p>

H 6