

1993 NATIONAL DEMOGRAPHIC SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION	
PROVINCE.....	
CITY/MUNICIPALITY.....	
BARANGAY.....	
CLUSTER NUMBER.....	
URBAN/RURAL (urban=1, rural=2).....	
HOUSEHOLD CONTROL NUMBER.....	
SAMPLE HOUSEHOLD SERIAL NUMBER.....	
ADDRESS _____	

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	<hr/>	<hr/>	<hr/>	DAY	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
INTERVIEWER'S NAME	<hr/>	<hr/>	<hr/>	MONTH	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
RESULT*	<hr/>	<hr/>	<hr/>	YEAR	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
NEXT VISIT:	DATE TIME	<hr/> <hr/>	<hr/> <hr/>	TOTAL NUMBER OF VISITS	<table border="1"><tr><td></td></tr></table>						
* 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/HOUSEHOLD NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td></td><td></td></tr></table>							
LANGUAGE OF QUESTIONNAIRE: _____											
NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table border="1"><tr><td></td><td></td></tr></table>							

HOUSEHOLD ROSTER

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*	FAMILY TYPE AND RELATIONSHIP	RESIDENCE		SEX		AGE
				Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is (NAME) as of his/her last birthday?	
(1)	(2)	(3)	(4)	(8)	(9)	(10)	(11)	
01			TYPE REL.	YES NO	YES NO	M F	IN YEARS	
02				1 2	1 2	1 2		
03				1 2	1 2	1 2		
04				1 2	1 2	1 2		
05				1 2	1 2	1 2		
06				1 2	1 2	1 2		
07				1 2	1 2	1 2		
08				1 2	1 2	1 2		
09				1 2	1 2	1 2		
10				1 2	1 2	1 2		
11				1 2	1 2	1 2		
12				1 2	1 2	1 2		
13				1 2	1 2	1 2		
14				1 2	1 2	1 2		
15				1 2	1 2	1 2		

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing, I have listed _____ people.

- (5) Are there any other persons such as small children or infants that we have not listed? YES ☐ ENTER EACH IN TABLE NO ☐
- (6) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here we have not listed? YES ☐ ENTER EACH IN TABLE NO ☐
- (7) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD/FAMILY:

- 01= HEAD
02= WIFE OR HUSBAND
03= SON OR DAUGHTER
04= SON/DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER/SISTER OR BROTHER/SISTER-IN-LAW
09= UNCLE/AUNT OR UNCLE/AUNT-IN-LAW
10= COUSIN/COUSIN-IN-LAW
11= NIECE/NEPHEW OR NIECE/NEPHEW-IN-LAW
12= GRANDPARENT OR GRANDPARENT-IN-LAW
13= ADOPTED/FOSTER CHILD
14= NOT RELATED
98= DK

FAMILY TYPE:

- 0 = NO FAMILY NUCLEUS
1 = FIRST FAMILY
2 = SECOND FAMILY
3 = THIRD FAMILY
AND SO FORTH

EDUCATION		PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY
AGED 6 YEARS OR OLDER						
IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER OF WOMEN ELI- GIBLE FOR INDIVIDUAL INTERVIEW
Has (NAME) ever been to school? IF YES, What is the highest grade/year (NAME) completed?**(12)	IF AGED LESS THAN 25 YEARS Is (NAME) still in school? (13)					
<input type="checkbox"/>	YES NO 1 2	YES NO DK 1 2 8	<input type="checkbox"/>	YES NO DK 1 2 8	<input type="checkbox"/>	01
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	02
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	03
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	04
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	05
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	06
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	07
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	08
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<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	10
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	11
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	12
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<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	14
<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	15

** CODES FOR Q.12 GRADE/YEAR:

00= NO EDUCATION	21= HIGH SCHOOL YEAR 1
11= ELEMENTARY GRADE 1	22= HIGH SCHOOL YEAR 2
12= ELEMENTARY GRADE 2	23= HIGH SCHOOL YEAR 3
13= ELEMENTARY GRADE 3	31= COLLEGE YEAR 1
14= ELEMENTARY GRADE 4	32= COLLEGE YEAR 2
15= ELEMENTARY GRADE 5	33= COLLEGE YEAR 3
16= ELEMENTARY GRADE 6	34= COLLEGE YEAR 4
17= ELEMENTARY GRADE 7	35= COLLEGE YEAR 5
	40= COLLEGE GRADUATE

*** 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 TO															
19	What is the main source of water your household uses for handwashing and dishwashing?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11 →21 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21 →21 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23 →21 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAIN WATER.....51 →21 OTHER.....71 (SPECIFY)																
20	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> WITHIN PREMISES.....996																
21	Does your household get drinking water from this same source?	YES.....1 →23 NO.....2																
22	What is the main source of drinking water for members of your household?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAIN WATER.....51 OTHER.....71 (SPECIFY)																
23	What kind of toilet facility does your household have?	FLUSH TOILET (WATER SEALED) OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																
24	Does your household have: Electricity? An electric/gas range? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC/GAS RANGE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	ELECTRIC/GAS RANGE.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
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ELECTRICITY.....	1	2																
ELECTRIC/GAS RANGE.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
25	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
26	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 MARBLE.....35 OTHER.....41 (SPECIFY)																
27	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
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