

MAY 01, 1987

FAMILY PLANNING ASSOCIATION OF TRINIDAD AND TOBAGO  
DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD SCHEDULE

IDENTIFICATION

PLACE NAME .....

CLUSTER NUMBER .....

HOUSEHOLD NUMBER (in cluster) .....

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE .....				MON <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME..				<input type="text"/> <input type="text"/>
RESULT (*) .....				<input type="text"/>
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <input type="text"/>
TIME				

\*RESULT CODES:

- 1 COMPLETED
- 2 HH PRESENT BUT NO COMPETENT RESPONDENT AT HOME
- 3 HH ABSENT NIGHT BEFORE INTERVIEW
- 4 POSTPONED
- 5 REFUSED
- 6 DWELLING VACANT/ADDRESS NOT A DWELLING
- 7 DWELLING DESTROYED
- 8 DWELLING NOT FOUND
- 9 OTHER

NAME

FIELD EDITED BY

OFFICE EDITED BY

KEYED BY

KEYED BY

DATE

NAMES		RESIDENCE		SEX		AGE	ELIGIBILITY
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)		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)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (6)
LINE NO		YES ↓ 1	NO ↓ 2	YES ↓ 1	NO ↓ 2	M ↓ 1 F ↓ 2	IN YEARS [ ][ ]
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

INTERVIEWER:

TICK HERE IF CONTINUATION SHEET USED [ ]

TOTAL NUMBER OF ELIGIBLE WOMEN ON THIS SHEET [ ][ ]

NOTE: WOMAN IS ELIGIBLE IF COL. (3)=1, COL. (4)=2, AND COL. (5)=15-49.

Just to make sure that I have this right:

- Are there any other persons such as small children or infants that we have not listed? YES [ ] CORRECT AND ENTER NAMES IN TABLE NO [ ]
- 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 [ ]
- 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	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)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (6)
LINE NO ↓	YES ↓ 1	NO ↓ 2	YES ↓ 1	NO ↓ 2	M ↓ 1 F ↓ 2	IN YEARS  [ ][ ]
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24

INTERVIEWER: \_\_\_\_\_

TOTAL NUMBER OF ELIGIBLE  
WOMEN ON THIS SHEET [ ][ ]

TOTAL NUMBER OF ELIGIBLE  
ON BOTH SHEETS [ ][ ]