

UGANDA MINISTRY OF HEALTH
DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

ENGLISH VERSION

IDENTIFICATION

DISTRICT _____
 SUBCOUNTY/TOWN _____
 PARISH/WARD _____
 SUBPARISH/RC2 _____
 CLUSTER NUMBER.....
 HOUSEHOLD NUMBER.....

INTERVIEWER VISITS

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

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
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HOUSEHOLD SCHEDULE

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

NO.	USUAL RESIDENTS AND VISITORS Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household. (2)	RESIDENCE		SEX		AGE	FOSTERING	ELIGIBILITY
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	Is (NAME) male or female? (5)	How old is he/she? (6)	ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household? (7)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (8)	
(1)		YES NO	YES NO	M F	IN YEARS	YES NO		
01		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	01	
02		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	02	
03		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	03	
04		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	04	
05		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	05	
06		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	06	
07		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	07	
08		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	08	
09		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	09	
10		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	10	
11		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	11	
12		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	12	

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐
- 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? YES ☐ → ENTER EACH IN TABLE NO ☐
- Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ENTER EACH IN TABLE NO ☐

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE WOMEN ON THIS SHEET

HOUSEHOLD SCHEDULE

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

NO. (1)	USUAL RESIDENTS AND VISITORS (2) Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	RESIDENCE		SEX		AGE (6) How old is he/she?	FOSTERING	ELIGIBILITY (8) CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	Is (NAME) male or female? (5)	ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household? (7)			
		YES NO	YES NO	M F	IN YEARS		YES NO	
13		1 2	1 2	1 2			1 2	13
14		1 2	1 2	1 2			1 2	14
15		1 2	1 2	1 2			1 2	15
16		1 2	1 2	1 2			1 2	16
17		1 2	1 2	1 2			1 2	17
18		1 2	1 2	1 2			1 2	18
19		1 2	1 2	1 2			1 2	19
20		1 2	1 2	1 2			1 2	20
21		1 2	1 2	1 2			1 2	21
22		1 2	1 2	1 2			1 2	22
23		1 2	1 2	1 2			1 2	23
24		1 2	1 2	1 2			1 2	24

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐
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- Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ENTER EACH IN TABLE NO ☐

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE WOMEN ON THIS SHEET
TOTAL NUMBER OF ELIGIBLE WOMEN ON BOTH SHEETS