

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION				
REGION _____ DISTRICT _____ COUNTY _____ SUB-COUNTY/TOWN _____ PARISH/RC2 NAME _____ EA NAME _____ UDHS NUMBER..... URBAN/RURAL (Urban=1, Rural=2)..... CITY/MUNICIPALITY/TOWN/COUNTRYSIDE..... (City=1, municipality=2, town=3, countryside=4) HOUSEHOLD NUMBER..... NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2) _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
*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 NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD TOTAL WOMEN 15-49 MEN 15-54 LINE NO. OF RESP. OF HOUSE- HOLD SCHEDULE
LANGUAGE OF QUESTIONNAIRE: ENGLISH				
SUPERVISOR		FIELD EDITOR		7
NAME _____	NAME _____	OFFICE EDITOR	KEYED BY	
DATE _____	DATE _____			

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 (NAME) male or female?	AGE How old is (NAME)?	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN CIRCLE LINE NUMBER OF ALL WOMEN AGED 15-49	HUSBAND LINE NUMBER WRITE LINE NUMBER OF THE HUSBAND OF EACH ELIGIBLE WOMAN WRITE DO IF NOT MARRIED OR IF HUSBAND NOT IN HOUSEHOLD	ELIGIBILITY MEN CIRCLE LINE NUMBER OF ALL MEN AGED 15-54 (IF HOUSEHOLD FALLS IN MAN SAMPLE)
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Has (NAME) ever been to school?	IF AGE 6 YEARS OR OLDER		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 (12)	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 (14)			
								What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS Is (NAME) still in school?							
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK		(15)	(16)	(17)
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10		10

HOUSEHOLD SCHEDULE CONTINUED

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

TICK HERE IF CONTINUATION SHEET USED ☐TOTAL NUMBER OF ELIGIBLE WOMEN TOTAL NUMBER OF ELIGIBLE MEN

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?

YES ☐ → ENTER EACH IN TABLENO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES ☐ → ENTER EACH IN TABLENO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= SPOUSE

03= SON OR DAUGHTER

04= SON-IN-LAW OR DAUGHTER-IN-LAW

05= GRANDCHILD

06= PARENT

07= PARENT-IN-LAW

08= BROTHER OR SISTER

09= CO-WIFE

10= OTHER RELATIVE

11= ADOPTED/FOSTER CHILD/STEP CHILD

12= NOT RELATED

98= DOES NOT KNOW

** CODES FOR Q.9

LEVEL OF EDUCATION

1= PRIMARY

2= JUNIOR

3= SECONDARY

4= UNIVERSITY

8= DOES NOT KNOW

GRADE:

1-7

1-3

1-6

1-5

8= DOES NOT KNOW

*** These questions refer to the biological parents of the child. Record 00 if parent not member

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18A	What is the main source of drinking water for members of your household?	PIPED INTO RESIDENCE/YARD/PLOT....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 BOREHOLE.....23 SPRING.....31 RIVER/STREAM.....32 POND/LAKE/DAM.....33 GRAVITY FLOW SCHEME.....34 RAINWATER.....41 BOTTLED WATER.....51 OTHER.....96	→20 →20 →20 →20
18B	Where do you store the drinking water?	POT.....1 JERRY CAN.....2 PAN.....3 KALABASH.....4 OTHER.....6	
18C	How much water is used in this household every day?	LITRES.....	<input type="text"/> <input type="text"/> <input type="text"/>
19	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	
20	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 IMPROVED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....96	
21	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A Video An Electric cooker	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 TELEPHONE.....1 2 REFRIGERATOR.....1 2 VIDEO.....1 2 ELECTRIC COOKER.....1 2	
22	How many rooms in your household are used for sleeping?	ROOMS.....	<input type="text"/> <input type="text"/>
23	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND.....11 COW DUNG.....12 PARQUET OR POLISHED WOOD.....21 VINYL OR ASPHALT STRIPS.....22 CERAMIC TILES.....23 CEMENT.....24 OTHER.....96 (SPECIFY)	
24	Does any member of your household own: A bicycle? A motorcycle? A Motor vehicle (CAR, BUS, LORRY, TRACTOR)	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 MOTOR VEHICLE.....1 2	
25	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE)	LOCAL SALT.....1 PACKAGED SALT (IODIZED).....2 PACKAGED SALT (NOT IODIZED).....3 SALT FOR ANIMALS.....4 OTHER SALT.....6	
25A	TEST THE SALT AND WRITE THE RESULT.	IODINE READING (PPM).....	<input type="text"/> <input type="text"/> <input type="text"/>
26	How many meals did the household have yesterday? (MEALS: OTHER THAN TEA AND SNACKS)	NUMBER OF MEALS	<input type="text"/>
27	In terms of household consumption, do you think that your household is: Surplus household Neither surplus nor deficit Occasionally deficit Always deficit	SURPLUS.....1 NEITHER SURPLUS NOR DEFICIT.....2 OCCASIONALLY DEFICIT.....3 ALWAYS DEFICIT.....4 DOES NOT KNOW.....8	