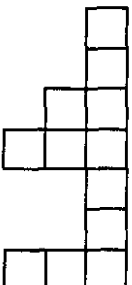


UZBEKISTAN DEMOGRAPHIC AND HEALTH SURVEY QUESTIONNAIRE

HOUSEHOLD SCHEDULE

REPUBLIC OF UZBEKISTAN

INSTITUTE OF OBSTETRICS AND GYNECOLOGY MINISTRY OF HEALTH

IDENTIFICATION	
CITY/TOWN/VILLAGE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
REGION	
OBLAST	
RAION	
CLUSTER NUMBER	
URBAN/RURAL (urban = 1; rural = 2)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (large city = 1, small city = 2, town = 3, countryside = 4)	
HOUSEHOLD NUMBER	

INTERVIEWER VISIT				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				TOTAL NO. 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 _____ <div style="text-align: center; font-size: small;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD □□ TOTAL ELIGIBLE WOMEN □□ LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE □□

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ □□	NAME _____ □□	□□	□□
DATE _____	DATE _____		

INFORMATION ABOUT HOUSEHOLD MEMBERS AND VISITORS

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			PENSION	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				ELIGIBILITY
							IF AGE 7 YEARS OR OLDER		IF AGE 50 YEARS OR OLDER		IF ALIVE	IF ALIVE			
							Has (NAME) ever been to school?	IF ATTENDED SCHOOL					Is (NAME) pensioner?	Is (NAME's) natural mother alive?	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?		What is the highest level of school (NAME) attended?	IF AGE LESS THAN 35 YEARS			Does (NAME's) natural mother live in this household? IF YES: What is her name?	Does (NAME's) natural father live in this household? IF YES: What is his name?	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW	
(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 GRADE	YES NO	YES NO DK	YES NO DK		YES NO DK		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2 8		1 2 8		05

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 GRADE	YES NO	YES NO DK	YES NO DK		YES NO DK		
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	12

TICK HERE IF CONTINUATION SHEET USED ☐

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 TABLE

NO

2) In addition, are there any other people who may not be members of your family (lodgers or friends) who usually live here?

YES

ENTER EACH IN TABLE

NO

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 TABLE

NO

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 . HEAD	05 . GRANDCHILD	09 . CO-WIFE
02 . WIFE OR HUSBAND	06 . PARENT	10 . OTHER RELATIVE
03 . SON OR DAUGHTER	07 . PARENT-IN-LAW	11 . ADOPTED/FOSTER/STEP CHILD
04 . SON-IN-LAW OR DAUGHTER-IN-LAW	08 . BROTHER OR SISTER	12 . NOT RELATED
		98 . DK

** CODES FOR Q.9
LEVEL OF EDUCATION:

1 . PRIMARY AND SECONDARY
2 . SECONDARY SPECIAL
3 . HIGHER
8 . DK

GRADE
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.

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
17	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT..... 1 1 PUBLIC TAP..... 1 2 WELL WATER WELL IN RESIDENCE/YARD/PLOT..... 2 1 PUBLIC WELL..... 2 2 SURFACE WATER SPRING WATER..... 3 1 RIVER/STREAM..... 3 2 POND/LAKE..... 3 3 DAM..... 3 4 RAINWATER..... 4 1 TANKER TRUCK..... 5 1 BOTTLED WATER..... 6 1 OTHER..... 9 6 (SPECIFY)	19 19 19 19 19 19
18	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES..... 996	
19	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET..... 1 1 SHARED FLUSH TOILET..... 1 2 PIT TOILET/LATRINE TRADITIONAL TYPE..... 2 1 IMPROVED - VENTILATED..... 2 2 NO FACILITY (BUSH/FIELD)..... 3 1 OTHER..... 9 6 (SPECIFY)	
20	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator	YES NO ELECTRICITY..... 1 2 RADIO..... 1 2 TELEVISION..... 1 2 TELEPHONE..... 1 2 REFRIGERATOR..... 1 2	
21	How many rooms in your household are used for sleeping?	ROOMS.....	
22	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND..... 1 1 TEZEK..... 1 2 RUDIMENTARY FLOOR WOOD PLANKS..... 2 1 STRAW/SAWDUST..... 2 2 FINISHED FLOOR PARQUET OR POLISHED WOOD..... 3 1 LINOLEUM OR ASPHALT..... 3 2 CERAMIC TILES..... 3 3 CEMENT..... 3 4 CARPET..... 3 5 OTHER..... 9 6 (SPECIFY)	
23	Does any member of your household own A bicycle? A motorcycle? A car?	YES NO BICYCLE..... 1 2 MOTORCYCLE..... 1 2 CAR..... 1 2	
24	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	LOCAL SALT..... 0 1 PACKAGED SALT (IODIZED)..... 0 2 PACKAGED SALT (NOT IODIZED)..... 0 3 OTHER..... 9 6 (SPECIFY)	