VIETNAM DEMOGRAPHIC AND HEALTH SURVEY - II
HOUSEHOLD SCHEDULE

GENERAL STATISTICAL OFFICE

IDENTIFICATION

PROVINCE/MUNICIPALITY_____

DISTRICT _____

COMMUNE _____

CLUSTER NAME _____

CLUSTER NUMBER ....

NAME OF HOUSEHOLD HEAD _____ _____

HOUSEHOLD NUMBER ....

ADDRESS_____
—

URBAN/RURAL (URBAN=1, RURAL=2) ....

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ....
(large city=1, small city=2, town=3, countryside=4)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	1 9 9 7
INTERVIEWER'S NAME	_____	_____	_____	NAME	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____			

*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 OF TIME
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 ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX	MONTH AND YEAR OF BIRTH	AGE	EDUCATION			MARITAL STATUS					ELIGIBILITY
								IF AGE 5 YEARS OR OLDER			IF AGE 13 YEARS OR OLDER					
									IF ATTENDED SCHOOL							
	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 of female?	In what month and year was (NAME) born?	How old is (NAME)? IF AGE 95 OR ABOVE, WRITE '95'.	Has (NAME) ever been to school?	What is the highest grade of education (NAME) completed? USE EQUIVALENCY TABLE	IF AGE <25 YEARS Is (NAME) still in school?	What is the current marital status of (NAME)?					CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(5A)	(7)	(8)	(9)	(10)	(11)					(15)
			YES NO	YES NO	M F		IN YEARS	YES NO	GRADE	YES NO	CM	W	D	S	NM	
01		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	01
02		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	02
03		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	03
04		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	04
05		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	05
06		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	06
07		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	07
08		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	08
09		☐☐	1 2	1 2	1 2	MO. ☐☐ YR.☐☐☐☐	☐☐	1 2	☐☐	1 2	1	2	3	4	5	09

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX	MONTH AND YEAR OF BIRTH	AGE	EDUCATION			MARITAL STATUS					ELIGIBILITY
								IF AGE 5 YEARS OR OLDER			IF AGE 13 YEARS OR OLDER					
	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 of female?	In what month and year was (NAME) born?	How old is (NAME)? IF AGE 95 OR ABOVE, WRITE '95'.	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		What is the current marital status of (NAME)?					CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 15-49
									What is the highest grade of education (NAME) completed? USE EQUIVALENCY TABLE	IF AGE <25 YEARS Is (NAME) still in school?						
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)					(15)
			YES NO	YES NO	M F		IN YEARS	YES NO	GRADE	YES NO	CM	W	D	S	NM	
10		▯▯	1 2	1 2	1 2	MO. YR.	▯▯	1 2	▯▯	1 2	1	2	3	4	5	10
11		▯▯	1 2	1 2	1 2	MO. YR.	▯▯	1 2	▯▯	1 2	1	2	3	4	5	11
12		▯▯	1 2	1 2	1 2	MO. YR.	▯▯	1 2	▯▯	1 2	1	2	3	4	5	12
13		▯▯	1 2	1 2	1 2	MO. YR.	▯▯	1 2	▯▯	1 2	1	2	3	4	5	13
14		▯▯	1 2	1 2	1 2	MO. YR.	▯▯	1 2	▯▯	1 2	1	2	3	4	5	14

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, such as domestic servants, 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 HOUSEHOLD HEAD):
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DTR.-IN-LAW
05 = GRANDCHILD
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
12 = NOT RELATED, 98=DON'T KNOW
CODES FOR Q.9
EDUCATION GRADE
00 = LESS THAN 1 YEAR
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED INTO RESIDENCE/PLOT .... 11 → 18 PIPED TO PUBLIC TAP .... 12 WELL IN RESIDENCE/PLOT .... 21 → 18 PUBLIC WELL .... 22 SPRING .... 31 RIVER/STREAM .... 32 POND/LAKE .... 33 DAM .... 34 RAINWATER .... 41 → 18 TANKER TRUCK .... 51 BOTTLED WATER .... 61 → 18 OTHER _____96 (SPECIFY)	
17	How long does it take you to go there, get water, and come back?	MINUTES .... ☐☐☐	
18	What kind of toilet facility does your household have?	OWN FLUSH TOILET .... 11 SHARED FLUSH TOILET .... 12 TRADITIONAL PIT TOILET/LATRINE . 21 VENTILATED IMPROVED PIT (VIP) TOILET/ LATRINE .... 22 NO FACILITY/BUSH/FIELD .... 31 OTHER _____96 (SPECIFY)	
19	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A sewing machine?	YES NO ELECTRICITY .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 TELEPHONE .... 1 2 REFRIGERATOR .... 1 2 SEWING MACHINE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20	How many rooms in your household are used for sleeping?	ROOMS .... ☐☐	
21	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND .... 11 ROUGH WOOD/BAMBOO .... 21 FINISHED FLOOR (POLISHED WOOD/CERAMIC TILES/STONE/ ETC.) OTHER _____96 (SPECIFY)	
21A	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	CONCRETE .... 1 TILE/FIBRO/ASBESTOS .... 2 GALVANIZED IRON/ALUMINUM/TIN .... 3 GRASS/STRAW .... 4 OTHER _____6 (SPECIFY)	
22	Does any member of your household own: A bicycle? A motorcycle? A car? A boat? A ploughing machine? A motor scooter?	YES NO BICYCLE .... 1 2 MOTORCYCLE .... 1 2 CAR .... 1 2 BOAT .... 1 2 PLOUGHING MACHINE .... 1 2 MOTOR SCOOTER 1 2	
23	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	LOCAL SALT .... 01 PACKAGED SALT (IODIZED) .... 02 PACKAGED SALT (NOT IODIZED) ..... 03 LOOSE SALT .... 05 OTHER _____96 (SPECIFY)	