

HOUSEHOLD SCHEDULE

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
- 02 = WIFE/HUSBAND/PARTNER
- 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 = NIECE/NEPHEW
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEP CHILD
- 12 = NOT RELATED
- 98 = DONT KNOW

** CODES FOR Q.10 (EDUCATION GRADE)

00 = LESS THAN 1 YEAR COMPLETED

- 71 = SUB A/CLASS 1
- 72 = SUB B/CLASS 2
- 01 = STANDARD 1
- 02 = STANDARD 2
- 03 = STANDARD 3
- 04 = STANDARD 4
- 05 = STANDARD 5
- 06 = STANDARD 6
- 07 = STANDARD 7
- 08 = STANDARD 8
- 09 = STANDARD 9
- 10 = STANDARD 10
- 11 = FURTHER STUDIES INCOMPLETE
- 12 = DIPLOMA/OTHER POSTSCHOOL COMPLETE
- 13 = FURTHER DEGREE COMPLETE
- 98 = DONT KNOW

*** CODES FOR Q.14

- 11 = ASSAULT IN HOME
- 12 = POLITICAL VIOLENCE
- 13 = OTHER ASSAULT OUTSIDE OF HOME
- 14 = SELF INFLICTED VIOLENCE
- 21 = TRAFFIC COLLISION
- 22 = ACCIDENT AT WORK
- 23 = SPORT
- 96 = OTHER UNINTENTIONAL

**** Q.15 THROUGH Q.18:

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

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	GRANTS/PENSION	EDUCATION		WORK AGE 10+	INJURIES IN THE LAST MONTH		PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD****				ELIGIBILITY			
			Does (NAME) usually live here?	Did (NAME) stay here last night?				Is (NAME) male or female?	How old is (NAME)? (WRITE 00 IF UNDER 1 YEAR). IF 95 OR OVER, WRITE '95'		Does (NAME) receive a child maintenance grant, a disability grant or a pension from the government?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL	IF AGE LESS THAN 25 YEARS	Did (NAME) work for pay during the last 7 days?	Did (NAME) have any injury that was treated by a doctor or nurse during the last 30 days?	IF INJURED IN LAST 1 MONTH	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
01	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?	YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO	YES NO	YES NO	YES NO DK	YES NO DK	YES NO DK	YES NO DK	YES NO DK	YES NO DK				
			1 2	1 2	1 2	1 2	1 2 8	1 2	1 2	1 2	1 2	1 2 8	1 2 8	1 2 8		1 2 8	1 2 8	1 2 8	01	01
02			1 2	1 2	1 2	1 2	1 2 8	1 2	1 2	1 2	1 2	1 2 8	1 2 8	1 2 8		1 2 8	1 2 8	1 2 8	02	02
03			1 2	1 2	1 2	1 2	1 2 8	1 2	1 2	1 2	1 2	1 2 8	1 2 8	1 2 8		1 2 8	1 2 8	1 2 8	03	03

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
04			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		04	04	
05			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		05	05	
06			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		06	06	
07			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		07	07	
08			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		08	08	
09			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		09	09	
10			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		10	10	
11			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		11	11	
12			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		12	12	
13			1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		13	13	

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
- 2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here? YES
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	Has anyone in the household died in the last 12 months?	YES 1 NO 2	→ 25
22	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS <input type="text"/>	
23	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS <input type="text"/>	
24	In the last 12 months, how many persons in your household died from an unintentional injury they sustained such as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS <input type="text"/>	
25	What is the main source of drinking water for members of your household?	PIPED WATER (TAP) IN DWELLING 11 PIPED WATER (TAP) IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/TANKER 21 BOREHOLE/WELL 31 DAM/RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER 96	→ 28 → 28 → 28
26	How long does it take you to get there, get water, and come back?	MINUTES <input type="text"/> ON PREMISES 996	
27	Who fetched the water yesterday? RECORD ALL MENTIONED.	FEMALE ADULT A MALE ADULT B FEMALE CHILD C MALE CHILD D DON'T KNOW Z	
28	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96	
29	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2 PERSONAL COMPUTER 1 2 WASHING MACHINE 1 2	
30	What does your household use for cooking and heating? RECORD ALL MENTIONED.	ELECTRICITY A GAS B PARAFFIN C WOOD D COAL E ANIMAL DUNG F OTHER X	
31	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
32	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION	EARTH/SAND/DUNG 11 BARE WOOD PLANKS 21 CEMENT 31 VINYL 32 CARPET 33 CERAMIC TILES 34 PARQUET OR POLISHED WOOD 35 OTHER 96																			
33	MAIN MATERIAL IN THE WALLS. RECORD OBSERVATION	PLASTIC/CARDBOARD 11 MUD 12 MUD AND CEMENT 13 CORRUGATED IRON/ZINC 21 PREFAB 22 BARE BRICK/CEMENT BLOCK 23 PLASTER/FINISHED 31 OTHER 96																			
34	Let us speak about the household and what it can afford. Would you say that the people here often, sometimes, seldom or never go hungry?	OFTEN 1 SOMETIMES 2 SELDOM 3 NEVER 4																			
35	Does any member of your household own: A bicycle? A motorcycle? A car? A donkey or a horse? Sheep or cattle?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR</td> <td>1</td> <td>2</td> </tr> <tr> <td>DONKEY/HORSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHEEP/CATTLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE	1	2	CAR	1	2	DONKEY/HORSE	1	2	SHEEP/CATTLE	1	2	
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