



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	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY		
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF AGED 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		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
										What is the highest level of school (NAME) attended?  How many years did (NAME) complete at that level?***	IF AGED LESS THAN 25 YEARS  Is (NAME) still in school?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
01		<input type="checkbox"/>	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS <input type="checkbox"/>	YES NO 1 2	LEVEL YEARS <input type="checkbox"/>	YES NO 1 2	YES NO DK 1 2 8	<input type="checkbox"/>	YES NO DK 1 2 8	<input type="checkbox"/>	01		
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	02		
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	03		
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	04		
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	05		
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	06		
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	07		
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	08		
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	09		
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	10		

HOUSEHOLD SCHEDULE CONTINUED

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

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

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 listec? 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) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  → ENTER EACH IN TABLE NO

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD                      05= GRANDCHILD  
 02= WIFE OR HUSBAND        06= PARENT  
 03= SON OR DAUGHTER        07= PARENT-IN-LAW  
 04= SON OR DAUGHTER-IN-LAW 08= BROther OR SISTER

- 09= OTHER RELATIVE  
 10= ADOPTED, FOSTER, STEPCHILD  
 11= NOT RELATED  
 98= DK

\*\* CODES FOR Q.9

LEVEL OF EDUCATION:

- 1= PRIMARY  
 2= SECONDARY  
 3= HIGHER  
 8= DK

YEARS:

- 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	SKIP																
		CODING CATEGORIES	TO															
16	What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INTO HOME OR PLOT.....11 → 18 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 → 18 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 → 18 TANKER TRUCK.....51 BOTTLED WATER.....61 → 18 OTHER.....71 (SPECIFY)																
17	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																
18	Does your household get drinking water from this same source?	YES.....1 → 20 NO.....2																
19	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME OR PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)																
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 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																
21	Does your household have: Electricity? A radio? A television? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
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ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
23	What is the material of the floor?	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS/BOARDS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 TERRAZO TILE.....32 PVC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....41 (SPECIFY)																
24	Does any member of your household own: A bicycle? A motorcycle? A car?	<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> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
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