


NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE--ENGLISH

IDENTIFICATION	
PLACE NAME _____	
NAME OF RESPONDENT _____	
CLUSTER NUMBER.....	
HOUSEHOLD NUMBER.....	
STATE.....	
URBAN/RURAL (urban=1, rural=2).....	
CITY/TOWN/RURAL (city=1, town=2, rural(village)=3).....	

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE				DAY □ □	MONTH YEAR □ □ □ □
INTERVIEWER'S NAME					□ □ □ □ □
RESULT*					
NEXT VISIT:	DATE			TOTAL NUMBER OF VISITS	□
	TIME				
*RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 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;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD □ □ TOTAL ELIGIBLE WOMEN □ □	

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			FOSTERING ***		ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Has (NAME) ever been to school?	What is the highest level and grade of schooling** he/she completed?	FOR ALL AGED LESS THAN 25 YRS.	FOR EVERYONE AGED LESS THAN 15 YRS.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	Please give me the names of the persons who usually live in your household or are staying with you now, 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	LEVEL GRADE	YES NO	Does his/her natural mother live here? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Does his/her natural father live here? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
01			1 2	1 2	1 2		1 2		1 2			01
02			1 2	1 2	1 2		1 2		1 2			02
03			1 2	1 2	1 2		1 2		1 2			03
04			1 2	1 2	1 2		1 2		1 2			04
05			1 2	1 2	1 2		1 2		1 2			05
06			1 2	1 2	1 2		1 2		1 2			06
07			1 2	1 2	1 2		1 2		1 2			07
08			1 2	1 2	1 2		1 2		1 2			08
09			1 2	1 2	1 2		1 2		1 2			09
10			1 2	1 2	1 2		1 2		1 2			10
11			1 2	1 2	1 2		1 2		1 2			11
12			1 2	1 2	1 2		1 2		1 2			12
13			1 2	1 2	1 2		1 2		1 2			13
14			1 2	1 2	1 2		1 2		1 2			14

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

*** RECORD '00' IF PARENT NOT MEMBER OF HOUSEHOLD.

** CODES FOR Q.9

LEVEL OF EDUCATION:

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

GRADE: 00= LESS THAN ONE YEAR COMPLETED

98=DK

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			FOSTERING ***		ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is he/she?	Has (NAME) ever been to school?	What is the highest level and grade of schooling** he/she completed?	FOR ALL AGED LESS THAN 25 YRS.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	Please give me the names of the persons who usually live in your household or are staying with you now, 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	LEVEL GRADE	YES NO			
15			1 2	1 2	1 2		1 2		1 2			15
16			1 2	1 2	1 2		1 2		1 2			16
17			1 2	1 2	1 2		1 2		1 2			17
18			1 2	1 2	1 2		1 2		1 2			18
19			1 2	1 2	1 2		1 2		1 2			19
20			1 2	1 2	1 2		1 2		1 2			20
21			1 2	1 2	1 2		1 2		1 2			21
22			1 2	1 2	1 2		1 2		1 2			22
23			1 2	1 2	1 2		1 2		1 2			23
24			1 2	1 2	1 2		1 2		1 2			24
25			1 2	1 2	1 2		1 2		1 2			25
26			1 2	1 2	1 2		1 2		1 2			26

TICK HERE IF CONTINUATION SHEET USED. ☐

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed?
- 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?
- Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH IN TABLE

NO ☐

YES ☐ → ENTER EACH IN TABLE

NO ☐

YES ☐ → ENTER EACH IN TABLE

NO ☐