

III. HOUSEHOLD

							AGE ≥15
NO	USUAL RESIDENTS AND VISITORS (NAME)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTION 1-5 BELOW TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS (5)-(15) FOR EACH PERSON</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>*) SEE CODES BELOW</p>	<p>Is (NAME) male or female?</p> <p>ENCIRCLE ONE OF THE CODES</p>	<p>Does (NAME) usually live here?</p> <p>ENCIRCLE ONE OF THE CODE</p>	<p>Did (NAME) stay here last night?</p> <p>ENCIRCLE ONE OF THE CODE</p>	<p>How old is (NAME)?</p> <p>AGE MUST BE FILLED.</p> <p>IF 95 OR MORE RECORD '95'</p> <p>IF LESS THAN 1 RECORD '00'</p>	<p>What is (NAME)'s current marital status?</p> <p>1= NEVER MARRIED 2= MARRIED 3= LIVING TOGETHER 4= DIVORCED 5= SEPARATED 6= WIDOWED</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	YEARS <input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>

***) CODES FOR COLUMN (3): RELATIONSHIP TO HEAD OF HOUSEHOLD**

- | | |
|-----------------------------|------------------------|
| 01 = HEAD OF HOUSEHOLD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = CHILD | 10 = ADOPTED CHILD |
| 04 = SON OR DAUGHTER-IN-LAW | 11 = STEPCHILD |
| 05 = GRANDCHILD | 12 = NOT RELATED |
| 06 = PARENT | 98 = DON'T KNOW |
| 07 = PARENT-IN-LAW | |

****) CODE FOR COLUMN (13 AND 16): EDUCATION**

- | | |
|------------------------|-----------------|
| LEVEL: | GRADE: |
| 1 = PRIMARY SCHOOL | 0 = FIRST YEAR |
| 2 = JUNIOR HIGH SCHOOL | 1-6 = GRADE 1-6 |
| 3 = SENIOR HIGH SCHOOL | 7 = COMPLETED |
| 4 = ACADEMY/ D1/D2/ D3 | 8 = DON'T KNOW |
| 5 = UNIVERSITY | |
| 8 = DON'T KNOW | |

*****) CODES FOR COLUMN (17): BIRTH CERTIFICATE OWNERSHIP**

- 1 = HAVE BIRTH CERTIFICATE
2 = REGISTERED
3 = NEITHER
8 = DON'T KNOW

SCHEDULE

ELIGIBILITY			AGE 5 YEARS OR OLDER		AGE 5-24 YEARS				AGE 0-4
			EVER ATTENDANCE SCHOOL		CURRENT/ATTEND SCHOOL RECENTLY				BIRTH REGISTRATI ON
CIRCLE LINE NUMBER OF ALL MARRIED MAN, AGED 15-54 YEARS	CIRCLE LINE NUMBER OF ALL WOMAN, AGED 15-49 YEARS	CIRCLE LINE NUMBER OF ALL NEVER MARRIED MAN, AGED 15-24 YEARS	Has (NAME) ever attended school?	What is (NAME) highest level completed/ attended?	Did (NAME) attend school recently?	Did (NAME) attend school at any time during the 2010-2011 school year?	During the 2010-2011 school year, what level and grade [is/was] (NAME) attending?		Does (NAME) have a birth certificate?
			IF CODE '2' IS CIRCLED, GO TO NEXT HOUSEHOLD MEMBER	What is (NAME) highest grade completed? **) SEE CODES BELOW	IF CODE '1' IS CIRCLED, GO TO NEXT HOUSEHOLD MEMBER	IF CODE '2' IS CIRCLED, GO TO NEXT HOUSEHOLD MEMBER	**) SEE CODES BELOW		IF 'NO', ASK: Has (NAME) ever been registered to the Civil Registration Office? ***) SEE CODES BELOW
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
			YES NO 1 2	LEVEL GRADE	YES NO 1 2	YES NO 1 2	LEVEL GRADE		
01	01	01		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
02	02	02		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
03	03	03		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
04	04	04		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
05	05	05		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
06	06	06		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
07	07	07		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
08	08	08		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
09	09	09		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
10	10	10		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
11	11	11		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
12	12	12		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
13	13	13		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete

- | | | | |
|---|-----------------------------------|---------------------|--------------------------------|
| 1. Are there other persons such as small children or infants that we have not listed? | YES
<input type="checkbox"/> → | ENTER EACH IN TABLE | NO
<input type="checkbox"/> |
| 2) Are there any other people who may not be members of your family, such as domestic servans lodgers or friends who usually live here? | <input type="checkbox"/> → | ENTER EACH IN TABLE | <input type="checkbox"/> |
| 3) Are there any guests or temporary visitors staying here or anyone else who selpt here for six monts or more, who have not been listed? | <input type="checkbox"/> → | ENTER EACH IN TABLE | <input type="checkbox"/> |
| 4) Are there any other people who usually live here, but we have been away for less than 6 months? | <input type="checkbox"/> → | ENTER EACH IN TABLE | <input type="checkbox"/> |
| 5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move? | <input type="checkbox"/> → | DELETE | <input type="checkbox"/> |

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
107	What kind of toilet facility do members of your household usually use? IF PRIVATE TOILET, RECORD IF CONNECTED TO SEPTIC TANK	PRIVATE WITH SEPTIC TANK11 WITH NO SEPTIC TANK 2 SHARED/PUBLIC.....21 RIVER/STREAM/CREEK31 PIT41 YARD/BUSH/FOREST51 OTHER _____ 96 (SPECIFY)	→ 109A → 109A
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
109A	CHECK 102: <input type="checkbox"/> WELL (CODE 21, 22, 23, 31, 32, 33)	<input type="checkbox"/> OTHER THAN CODE 21, 22, 23, 31, 32, 33	→ 110
109B	What is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER). IF ≥ 95 RECORD '95'	DISTANCE (IN METER..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
110	Does your household have: Electricity? Radio? Television? Telephone? Hand phone? Refrigerator?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 HAND PHONE 1 2 REFRIGERATOR 1 2	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS02 BIOGAS03 KEROSENE 04 COAL, LIGNITE..... 05 CHARCOAL06 WOOD07 STRAW/SHRUBS/GRASS08 AGRICULTURAL CROP09 ANIMAL DUNG10 NO FOOD COOKED IN HOUSEHOLD95 OTHER _____ 96 (SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO												
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES NO	→ 123												
122	<p>How many of the following animals does this household own?</p> <p>Cattle?</p> <p>Milk Cows/Bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats/sheep?</p> <p>Pig?</p> <p>Poultry?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p>	<p>CATTLE <table border="1" data-bbox="1258 275 1351 604" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>COWS/BULLS</p> <p>HORSES/DONKEYS/MULES</p> <p>GOATS/SHEEP</p> <p>PIG</p> <p>POULTRY</p>													
123	Does any member of this household have a bank account?	YES 1 NO 2													
137	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEI 3 NOT OBSERVED, OTHER REASON 4	→ STOP												
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2													
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C													



