

HOUSEHOLD QUESTIONNAIRE

FORM A

Questionnaire processing dates:	
Corrections completed	<input type="text"/>
Data entered	<input type="text"/>

HOUSEHOLD IDENTIFICATION

Q001 **Census district:** _____ **EA:**

Q002 **Village:** _____

Q003 **Name of household head:** _____

Q004 **Study site reference:**

Q005 **Household number:**

Q006 **Growth point or compound:** **Yes** 1

No 2

INTERVIEWER VISIT

	1	2	3
Q007 Date:	_____	_____	_____
Q008 Time:	_____	_____	_____
Q009 Interviewer:	_____	_____	_____
Q010 Result*:	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECKED BY SUPERVISOR

Q011 **Signature:** _____

Q012 **Date:** _____

- * RESULT CODES
- Completed 1
 - No one at home 2
 - Household away for duration of survey 3
 - Postponed 4
 - Refused 5
 - Dwelling vacant or address not a dwelling 6
 - Dwelling destroyed 7
 - Dwelling not found 8
 - Other (specify) _____ 9

HOUSEHOLD MEMBERS FORM

Q. No:

"Now I would like to get some information about the people who stay in your household on a regular basis" ...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	RELATION TO H.O.H.	SPOUSE IN SAME HOUSEHOLD	RESIDENCE	SEX	AGE	EDUCATION	PARENTAL SURVIVORSHIP FOR PERSONS UNDER 16 YEARS OLD	ELIGIBILITY FOR INDIVIDUAL INTERVIEW				
Q013	Q014	Q015	Q016	Q017	Q018	Q019	Q020	Q021 Q022	Q023	Q024 Q025	Q026 Q027	Q028	
	<i>Please give me the names of the persons who stay (physically) in this household on a regular basis starting with the head of household?</i>	<i>What is the relationship of (NAME) to the head of household?*</i>	<i>Is (NAME) married to another member of this household? If yes: record spouse's line no.</i>	<i>How many nights has (NAME) slept here in the last month?</i>	<i>Was (NAME) staying here at the same month last year?</i>	<i>Is (NAME) male or female?</i>	<i>How old is (NAME)?</i>	<i>State highest level of education completed.**</i>	<i>Is (NAME)'s natural father still alive? Tick "BC" if checked identity - birth certificate. Year died.</i>	<i>Is (NAME)'s natural mother still alive? Tick "BC" if checked identity - birth certificate. Year died.</i>	<i>Tick if person is eligible for inter-view***</i>	<i>Circle line no if person selected for inter-view***</i>	<i>Note time of app'm't.</i>
	<u>Circle line no. of respondent.</u>												
	See footnote*	Y N	#	#	Y N	M F	Years	Level Years	Y N DK BC	Year	Y N DK BC	Year	Date
0 1			1 2		1 2	1 2			1 2 8		1 2 8		0 1
0 2			1 2		1 2	1 2			1 2 8		1 2 8		0 2
0 3			1 2		1 2	1 2			1 2 8		1 2 8		0 3
0 4			1 2		1 2	1 2			1 2 8		1 2 8		0 4
0 5			1 2		1 2	1 2			1 2 8		1 2 8		0 5
0 6			1 2		1 2	1 2			1 2 8		1 2 8		0 6
0 7			1 2		1 2	1 2			1 2 8		1 2 8		0 7
0 8			1 2		1 2	1 2			1 2 8		1 2 8		0 8

* CODES FOR Q015: 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 Don't know

** CODES FOR Q021 & Q022: LEVEL & YEARS OF EDUCATION

- Level:
- 0 None
 - 1 Primary 3 Higher
 - 2 Secondary 8 Don't know
- Years: years completed:
- 0 Less than one year completed
 - 98 Don't know

***ELIGIBLE PERSONS (Q027/28)

- Women 15-44; men 17-54 (Q020);
- Stayed >3 nights last month (Q017);
- Stayed here same time last year (Q018)
- Max 1 person per marital group (Q018)

HOUSEHOLD MEMBERS FORM (CONTINUED)

Q. No:

Q013	Q014	Q015	Q016	Q017	Q018	Q019	Q020	Q021	Q022	Q023	Q024	Q025	Q026	Q027	Q028	
	<i>Please give me the names of the persons who stay (physically) in this household on a regular basis starting with the head of household?</i>	<i>What is the relationship of (NAME) to the head of household?*</i>	<i>Is (NAME) married to another member of this household?</i>	<i>How many nights has (NAME) slept here in the last month?</i>	<i>Was (NAME) staying here at the same time last year?</i>	<i>Is (NAME) male or female?</i>	<i>How old is (NAME)?</i>	<i>State highest level of education completed.**</i>		<i>Is (NAME)'s natural father still alive?</i>		<i>Is (NAME)'s natural mother still alive?</i>		<i>Tick if person is eligible for inter-view***</i>	<i>Circle line no if person selected for inter-view***</i>	<i>Note time of app'm't.</i>
	<u>Circle line no. of respondent.</u>		<u>If yes: record spouse's line no.</u>							<u>Tick "BC" if checked identity - birth certificate.</u>	<u>Year died.</u>	<u>Tick "BC" if checked identity - birth certificate.</u>	<u>Year died.</u>			
	See footnote*	Y N	#	#	Y N	M F	Years	Level	Years	Y N DK BC	Year	Y N DK BC	Year			Date
0 9			1 2		1 2	1 2				1 2 8		1 2 8				0 9
1 0			1 2		1 2	1 2				1 2 8		1 2 8				1 0
1 1			1 2		1 2	1 2				1 2 8		1 2 8				1 1
1 2			1 2		1 2	1 2				1 2 8		1 2 8				1 2
1 3			1 2		1 2	1 2				1 2 8		1 2 8				1 3
1 4			1 2		1 2	1 2				1 2 8		1 2 8				1 4
1 5			1 2		1 2	1 2				1 2 8		1 2 8				1 5
1 6			1 2		1 2	1 2				1 2 8		1 2 8				1 6
1 7			1 2		1 2	1 2				1 2 8		1 2 8				1 7
1 8			1 2		1 2	1 2				1 2 8		1 2 8				1 8

Tick here, if a further continuation sheet is used:

Enter total number of eligible adults:

"Just to make sure that I have a complete listing" ...

Q029 Are there any other persons such as small children or infants that we have not yet listed?

Number:

Add each in table above.

Q030 In addition, are there any other people who may not be members of your family, such as lodgers, friends or domestic servants who usually live here?

Number:

Add each in table above.

Q031 Are there any other family members who usually stay elsewhere, but who slept here at least once in the last month?

Number:

Add each in table above.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO												
Q032	<i>What is the main source of drinking water for members of your household?</i>	Piped into residence 1 <input type="checkbox"/> Private tap in yard or plot 2 <input type="checkbox"/> Communal tap 3 <input type="checkbox"/> Own well or borehole 4 <input type="checkbox"/> Other well or borehole 5 <input type="checkbox"/> Protected spring 6 <input type="checkbox"/> Other (specify) 10 <input type="checkbox"/>													
Q033	<i>What kind of toilet facility does your household have?</i>	Flush toilet 1 <input type="checkbox"/> Blair toilet 2 <input type="checkbox"/> Pit latrine 3 <input type="checkbox"/> Other (specify) 4 <input type="checkbox"/> No facilities 5 <input type="checkbox"/>	- Q035												
Q034	<i>Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?</i>	Household alone 1 <input type="checkbox"/> Shared with neighbours 2 <input type="checkbox"/> Communal 3 <input type="checkbox"/>													
Q035	<i>Does your household have:</i> <i>Electricity?</i> <i>A radio?</i> <i>A television?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Electricity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Radio	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
	Y	N													
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Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
Q036	<u>Record house type.</u>	Pole and dagga structure 1 <input type="checkbox"/> Brick house - thatched roof 2 <input type="checkbox"/> Brick house - tiled/sheeting roof 3 <input type="checkbox"/> Cabin/other 8 <input type="checkbox"/>													
Q037	<u>Observe and record type of floor of the main dwelling.</u>	Natural floor (earth/sand/dung) 1 <input type="checkbox"/> Rudimentary (planks/palm/bamboo) 2 <input type="checkbox"/> Finished (wood/cement/carpet...) 3 <input type="checkbox"/>													
Q038	<i>Does any member of your household own:</i> <i>A bicycle?</i> <i>A motorcycle?</i> <i>A car?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Bicycle</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Motorcycle</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>Car</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Bicycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Motorcycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Car	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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Motorcycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
Car	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
Q039	<i>In which sector of employment does the head of household work?</i> <u>Record job (below) and tick most appropriate box.</u>	Estates (cotton, tea, coffee, forestry) 1 <input type="checkbox"/> Manufacturing or building trade 2 <input type="checkbox"/> Police or army 3 <input type="checkbox"/> Education 4 <input type="checkbox"/> Services or retail (shops) 5 <input type="checkbox"/> Subsistence farming 6 <input type="checkbox"/> Informal sector (other) 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>													
Q040	<i>What kind of work does he or she do?</i> <u>ie: level of employment.</u>	Professional or managerial 1 <input type="checkbox"/> Self-employed (small business) 2 <input type="checkbox"/> Skilled labour 3 <input type="checkbox"/> Manual/unskilled labour 4 <input type="checkbox"/> Unemployed (excl. agriculture) 5 <input type="checkbox"/>													
Q041	<i>Which religion does the head of this household belong to?</i> <u>Record name of church.</u>	Traditional 1 <input type="checkbox"/> Spiritual 2 <input type="checkbox"/> Apostolic - Marange 3 <input type="checkbox"/> Apostolic - Other 4 <input type="checkbox"/> Zionist 5 <input type="checkbox"/> Christian (other) 6 <input type="checkbox"/> Other 8 <input type="checkbox"/>													