

CONFIDENTIAL



HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF BOTSWANA

IDENTIFICATION	
LOCALITY NAME/CODE _____	<input type="text"/>
DISTRICT NAME _____	
STRATUM.....	<input type="text"/>
PSU NUMBER.....	<input type="text"/>
DWELLING NO.....	<input type="text"/>
HOUSEHOLD NUMBER.....	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				INT. CODE <input type="text"/> <input type="text"/>
RESULT*				<input type="text"/>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <input type="text"/>
*RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <input type="text"/> <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/>

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

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 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.	RELATIONSHIP 1 Head 2 Spouse 3 Son/daughter 4 Brother/sister 5 Grandchild 6 Parent 7 Other relative 8 Unrelated 9 Don't know	RESIDENCE		SEX Is (NAME) male or female?	AGE How old is he/she?	FOSTERING ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do either of his/her natural parents usually live in this household?	ELIGIBILITY CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (Slept here last night; female 15-49 years old)
			Does (NAME) usually live here?	Did (NAME) sleep here last night?				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			YES NO	YES NO	M F	IN YEARS	YES NO	
01		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	01
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	02
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	03
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	04
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	05
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	06
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	07
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	08
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	09
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	10
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	11
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	12

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 listed?

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 ☐

HOUSEHOLD QUESTIONNAIRE

NO. (1)	USUAL RESIDENTS AND VISITORS (2) 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.	RELATIONSHIP (3) 1 Head 2 Spouse 3 Son/daughter 4 Brother/sister 5 Grandchild 6 Parent 7 Other relative 8 Unrelated 9 Don't know	RESIDENCE		SEX		AGE (7) How old is he/she?	FOSTERING		ELIGIBILITY (9) CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (Slept here last night; female 15-49 years old)
			Does (NAME) usually live here? (4)	Did (NAME) sleep here last night? (5)	Is (NAME) male or female? (6)	Do either of his/her natural parents usually live in this household? (8)				
			YES NO	YES NO	M F	IN YEARS	YES NO			
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	13		
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	14		
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	15		
16		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	16		
17		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	17		
18		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	18		
19		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	19		
20		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	20		
21		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	21		
22		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	22		
23		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	23		
24		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	24		

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